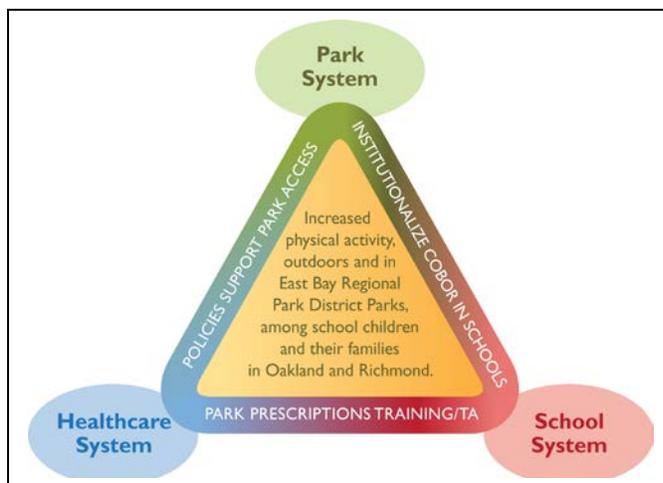


PROJECT NARRATIVE

Get Outdoors! (GO!) Network for Kids Health: *A Healthy Parks Healthy People Initiative*

Overview: East Bay Regional Park District (EBRPD) proposes to lead a multi-sector collaborative – the **Get Outdoors! (GO!) Network for Kids Health** – that will work to *increase outdoor and physical activity, particularly physical activity outdoors in the park system, among children and their families in Oakland and Richmond, CA*. These communities face similar challenges in public health, as well as social determinants of health, including economic status, educational and environmental challenges, infrastructure and public safety.

The GO! Network aligns with CTG strategic direction #2: Active Living and Healthy Eating and CDC’s long term objective *to reduce the rate of obesity through nutrition and physical activity interventions by 5%*. GO! is also a local initiative of *Healthy Parks, Healthy People U.S.*, working to reintegrate health into the mission of public parks and lands.



The GO! Network is innovative in linking three often-disconnected sectors that *should work together to improve public health*: the healthcare system, the school system, and park system. This GO!

Network “3 by 3 diagram” illustrates how these three sectors will collaboratively

implement three strategies: 1. **Park Prescriptions** training and technical assistance, 2. School system changes through **California Outdoors Children’s Bill of Rights (COBOR)**; and 3. New, replicable model **policies** to increase awareness, promote outdoor activity, and reduce park access barriers - all to achieve increased outdoors physical activity in target communities.

A. Background and Need

1. Current capacity to support activities in the CTIP, including identified timelines.

The East Bay Regional Park District (EBRPD)¹ is an independent, regional local government land use and resources management agency that was founded in 1934 by citizens concerned about protecting regional open space. Its jurisdiction covers 1,745 square miles in Alameda and Contra Costa counties, on the eastern shore of San Francisco Bay. With nearly 112,000 acres containing 65 regional parks, recreational areas, wildernesses, shorelines, ecological preserves, and land bank areas, as well as more than 1,200 miles of trails, **EBRPD is the largest regional park and trail agency in the United States.**

EBRPD's *mission* is to preserve a rich heritage of cultural and natural resources and provide safe open space, parks, trails, healthful recreation and environmental education. Underscoring its capacity, EBRPD has a decades-long track record of promoting public park lands to improve health. In the mid 1970s, EBRPD pioneered the concept of developing an integrated network of paved bicycle and pedestrian trails linking the 33 communities throughout the East Bay with transit nodes, schools, employment centers and housing. Working closely with regional, state and national transportation planners and transit agencies including the Federal Highway Administration, the California Department of Transportation, the Metropolitan Transportation Commission, the Association of Bay Area Governments and the Bay Area Rapid Transit District, EBRPD has developed over 200 miles of paved bicycle and pedestrian trails. These "Green Transportation" corridors provide a healthful, non-polluting alternative to motorized vehicles, and are supported throughout the region by public health, "smart growth," and transportation advocates. This is just one of many areas (with more discussed below) where EBRPD has been a leader in promoting change.

¹ A California Public Resources Code 5500 Special District.

To maintain park space and operate programs, EBRPD oversees a \$173.7 million annual budget, with funding from property taxes, bond and ballot measures; this base provides the stability and capacity to lead innovative, collaborative public benefit projects.

EBRPD is unique as a CTG applicant in that it is **not a public health entity**, but has a history of maintaining unique programmatic partnerships with organizations of all types: public health, education, community services, physical education, nutrition, etc.

To impact proposed CTG activities at the school and health system level in a timely manner, and to help break down barriers that can form between various public sectors, EBRPD has brought together just such a multi-sector collaborative of long-time partners (as detailed in our Community Transformation Implementation Plan):

- **Children’s Hospital & Research Center Oakland (CHRCO)**, established in 1912, is a large, private, non-profit pediatric medical center in Oakland, CA. It serves as a medical “safety net” for children living in Oakland, the Greater Bay Area, and beyond. About 70% of children seen at CHRCO receive Medicaid or other government health insurance. In 2004, to address an emerging public health concern, CHRCO opened one of the first comprehensive obesity programs in Northern California. CHRCO’s Cardiology Department runs this program, called the Healthy Hearts Clinic. The mission of the Healthy Hearts Clinic is to prevent and treat childhood obesity and diseases caused by obesity, particularly heart disease, high blood pressure, and diabetes.
- **Oakland Unified School District (OUSD)**: OUSD is the local public education agency serving Oakland, CA. With 133 elementary, middle, high and special needs schools, it serves over 46,000 students and their families each year. OUSD is currently working to reestablish schools as centers of community by transforming OUSD into a *full-service*

community school district. In addition to high-quality instruction, health, physical education, nutrition, medical, dental, recreation, housing, employment and language acquisition services are provided in this model, with the school acting as the hub of activity. OUSD has an active Science Department which includes active physical education and nutrition services, and drives programming which brings health, nutrition, physical, activity and science-based curriculum together. This includes implementing the *Full Option Science System (FOSS)* curriculum at 61 schools, a Garden Education Program, Weekend Walkabouts, and professional development for all schools in the district. OUSD also has 14 School-Based Health Clinics, more per capita than any other U.S. school district. In 2010-2011, clinics served 3,790 students.

- **West Contra Costa Unified School District (WCCUSD):** WCCUSD serves six cities in West Contra Costa County, including Richmond. The district has 58 schools serving nearly 30,000 students and their families; 22 of these elementary, middle, and high schools are located in Richmond. GO! will partner with the WCCUSD Comprehensive School Health department. GO! will complement WCCUSD's present collaboration with the Energy Balance 4 Kids (EB4K) project that works with 3rd-5th grader in class, during PE , and in the cafeteria, helping students make healthy food choices. WCCUSD is also training teachers to introduce healthy food choices, as well as add physical activity to lesson plans. In Richmond, WCCUSD operates three high-school based health clinics, and three elementary schools also have on-site health services.
- **Alameda County Office of Education (ACOE):** ACOE is the largest provider of K-12 professional development and support services in the Bay Area. In 2006, ACOE implemented an ambitious program to improve the health and nutrition of vulnerable

populations attending Alameda County schools. At the core of this effort is Project EAT (Educate. Act. Thrive), funded primarily by the Network for a Healthy California, a program of the California Department of Public Health to integrate nutrition education into schools. Project EAT engages multiple strands of the socioecological model to increase the consumption of fruits and vegetables and the number of minutes youth are physically active. It now operates in 40 schools in four districts.

- **EcoVillage**, a project of Earth Island Institute, is a community based not-for-profit whose mission is to improve and transform people, communities and their environment through various "hands/mind on" programs which include: development and community engagement, urban organic farming, environmental stewardship, and healthy eating/activity living. EcoVillage works with all sectors of the Richmond and greater East Bay communities, including schools in WCCUSD and OUSD, local businesses and health care providers. They serve approximately 4,500 participants per year.

These partners, their unique capacities and roles will be discussed throughout this proposal.

2. Past policy, environmental, programmatic, infrastructure successes, including demonstrated improved community outcomes.

EBRPD has been a leader in the *Healthy Parks, Healthy People (HPHP) U.S.* initiative, working to reintegrate human, environmental and ecological health into the mission of public parks. As the largest regional park district in the nation, EBRPD has worked closely with the U.S. National Parks Service and other global organizers to promote use of parks as a pathway to health. Under HPHP, EBRPD is working on many initiatives to support public health:

- In 2011, EBRPD launched a Healthy Parks Regional Collaborative effort with the National Park Service, Golden Gate National Recreational Area and the Institute at the

Golden Gate. Together, the agencies developed a founding advisory council that is steering the HPHP Bay Area effort . By working with leaders of open space, schools and higher education, community planning and health care, this “collective impact” approach will identify Parks Prescriptions strategies to reduce barriers and foster increased physical activity levels using the outdoors in parks, open spaces and on trails. This collaborative approach is focused on impacting residents of the entire San Francisco Bay Area.

- A key infrastructure success was the 2011 opening of EBRPD’s Tidewater Aquatic Center on the Oakland Estuary (with a boathouse, launching dock and extensive on-and-in-the-water programming), in response to East Oakland needs for local access to the shoreline for recreational and environmental education activities. With very few safe public spaces in East Oakland, EBRPD has provided the public with extensive new opportunities, partnering with CBOs like the YMCA (which is providing swim lessons), OUSD and the City of Oakland, to develop ongoing Joint Use Agreements so that students at nearby public schools can have ongoing access to the center.
- EBRPD served on the development committee, and has supported and adopted the *California Children’s Outdoor Bill of Rights (COBOR)*, a model statewide resolution established by the California Roundtable on Recreation, Parks and Tourism. COBOR’s goal is to increase healthy outdoor activity and awareness, recommending ten outdoor activities that every child has the “right” to experience before the age of 14, such as learning to swim and ride a bike, following a trail, and exploring nature (COBOR is detailed in Section E.3). Although COBOR has not yet emerged as a formal state or local *policy*, EBRPD is working to promote and institutionalize it through programmatic work. For example, we are integrating COBOR in public schools through the current pilot of a

new third grade curriculum, the *Healthy Kids Outdoors Challenge*, which connects COBOR activities directly with State of California curriculum content standards to infuse outdoors education and physical activity in curricula, and to bring children to our parks to experience activities in the Bill of Rights. This curriculum will be piloted (and evaluated) in 30 third grade classrooms in Alameda and Contra Costa Counties in the 2012-2013 school year. Our partners from ACOE Project E.A.T. have helped develop the curricula.

- *Trails Challenge*, another program created through partnership with Kaiser Permanente, is in its 19th year. EBRPD has created an on-line guide, maps and materials for the public to engage in a self-guided, self-paced hiking program, encouraging them to get fit outdoors. Participants receive a t-shirt after completing 5 hikes or 26 miles, and last year nearly 10,000 individuals registered for the challenge. The Challenge was also recognized by First Lady Michelle Obama as a model initiative during remarks at the 2010 National Recreation and Park Association Congress.
- The fundraising partner of EBRPD, the Regional Parks Foundation (RPF), is a private, sole-purpose 501(c)(3) with a mission of providing broader public access to parks, especially for youth. Through private fundraising, the RPF funds many programs including Parks Express, providing bus service to the parks for children in low-income schools. Many of these school children would not otherwise have the opportunity to take field trips outdoors. In 2011, we had almost 60,000 students participating in naturalist-led interpretive programs during the school day.
- As in section A.1, above, EBRPD's Green Transportation initiative is a key policy and infrastructure success, involving over 30 partnerships with a wide variety of public and private entities. Building upon this, in 2010, EBRPD received a \$10.2 million TIGER II

grant from the U.S. Department of Transportation for its Green Transportation Corridors Projects. With these funds, EBRPD is working with municipal and transportation planning agencies to close walking and biking gaps in its 200 miles of paved trails, creating transportation alternatives in our communities, and improving opportunities for physical activity. Construction has begun on the I-580 under-crossing; EBRPD is in the final stages of signing work agreements to obligate the rest of the funding.

Our GO! partners also conduct complementary programs, including CHRCCO's efforts to implement nationally-known *Park Prescriptions* strategies (in which health providers prescribe outdoor physical activity to prevent or treat health problems resulting from inactivity and poor diet) in their Healthy Hearts program, which has served over 1,500 patients since 2009. Patients with a BMI over the 85th percentile are eligible for the program, but most (93%) have a BMI \geq 95th and many (50%) are above the 99th percentile. About 75% have heightened or abnormal cholesterol levels, and about 25% are classified as pre-diabetic. Healthy Hearts has helped obese children ages 2 to 18 manage their weight. Overall, two thirds of patients have decreased their BMI. When patients start with a high total cholesterol, two thirds of them decreased their total cholesterol. Providers in this program have learned important strategies – including use of parks under a physician's prescription – to share with other educators and providers.

As noted, ACOE operates the Project E.A.T. Program, and over the past several years, Project EAT's Bridge to Health/Puente a la Salud project trained 466 teachers at 20 elementary under-resourced school sites. This professional development translated to an overall increase of 5th grade students in the Healthy Fitness Zone for BMI from 22.7% in Spring 2008, to 61.3% in Spring 2011. In addition, the number of minutes students spent in moderate to vigorous physical activity more than doubled from an average of 58 minutes in 2008 to 140 minutes in 2011.

3. Lessons learned from past policy/environmental/programmatic/infrastructure successes.

EBRPD knows that our programs (and those of our partners) make a difference in the physical activity and fitness levels of our communities. In 2011, EBRPD had over 355,000 visitors in our Visitor Centers, and almost 170,000 participants in public programs and events. A 2011 longitudinal analysis of perceptions about EBRPD, conducted by Strategy Research Institute, found that *99% of park users visit EBRPD parks to feel fit and healthy.*

We know that time spent outdoors usually equates to increased physical activity. A study of 10-12 year olds showed that for every hour spent outside, physical activity increased by 27 minutes/week; the prevalence of overweight was also 27-41% lower among those spending more time outdoors.² Research also suggests that time outdoors in “green,” natural spaces, like parks, may have additional direct and positive impacts on physical and emotional well-being, although the evidence-base for this has not been systematically assessed.³ Organizations like the National Environmental Education Foundation’s Children and Nature Initiative address prevention of health conditions like obesity and diabetes, *specifically* by reconnecting children to nature.

Each year, we learn more about the intersection between public park lands and public health, and about how we can work with community partners of all stripes to make this connection clear to our constituents. However, this is an emerging field of study, and we’ve learned that there is much we *don’t* know. In Section E, we will cite international research suggesting that a recommendation (or prescription) from a physician to get outdoors helps people increase physical activity outside, but we don’t know how well it will work in our target areas, or how effectively it will drive community members to *parks*. Other key questions are: If schools infuse fun and exciting park-related activities into school and after school programming and policies

² Burdette HL, et al. *Arch Pediatr Adol Med* 2004;159:46-50; Cleland V, et al. *Int J Obesity* 2008;32:1685-93.

³ Bowler et al. *BMC Public Health* 2010, 10:456.

(e.g., COBOR), will children spend more time in physical activity, outdoors and in parks? Will they involve their *families*? What *barriers* might they experience and how can barriers be removed? And, in the long term, if children and families – particularly children and families from under-privileged, “nature deficit disordered”⁴ communities spend more time outside in parks – what will be the impact on weight and health?

We’re not sure anyone has answers to these questions yet, but as the largest, and one of the most programmatically innovative, regional park agencies in the country, we know we are in a unique position to help answer these questions.

4. Intervention area, population to be served, population size and other characteristics.

In spite of many obstacles, including high crime, drug infestation, and poverty, our children come to school and work to learn their grade-level standards every day. Many are English language learners, some are welfare recipients and all are low-income families. Because of this, they don’t have the same opportunities to travel and explore wilderness that other children might...where their parents have more money, education, resources or access to the world beyond their local community.

-3rd Grade Teacher at an EBRPD *Healthy Kids Outdoors* pilot school in East Oakland

EBRPD and its multi-sector coalition of partners propose to serve *school aged children and their families* in two urban centers within the Park district - Oakland and Richmond, California - partnering with the school districts which serve these cities (Oakland Unified School District/OUSD and West Contra Costa USD/WCCUSD) to impact childhood health outcomes.

As per the chart below, population intervention size is *approximately 160,000*.

Population Indicators	Richmond	Oakland
Total Population	103,701	390,724
Number of family households with children < 18	11,556	36,618
Average family size	3.43	3.27
Estimated Intervention Population*	40,000	120,000

*2010 U.S. Census data, Number of family households with children < 18 times average family size.

⁴ A term referring to the divorce between humans and nature, by Richard Louv in *Last Child In the Woods*, 2005.

The World Health Organization’s Commission on Social Determinants of Health tell us that *social determinants*, the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness, are shaped by a wide set of forces: economics, education, social policies, and politics. The poorest people around the world are inevitably the least healthy, and health equity demands action on the social determinants of health. (*Closing the Gap in a Generation*, WHO, 2008).

This concept is key to GO! because the communities of Oakland and Richmond face the greatest challenges in public health and the social determinants of health (e.g., education, economics, public safety) of nearly all communities located within the EBRPD.

GO! aims to create a sustainable and replicable model which draws the clear connection between good health, effective educational systems (a key social determinant) and regular use of public space. Data from target communities underscore the dire need for intervention.

The chart below shows that the two selected target areas (Oakland and Richmond) have similarly high ethnic diversity, many English language learners, and very serious economic challenges (e.g., poverty and unemployment), especially when compared with the state of California as a whole. In fact, U.S. Census data released in 2011 showed that nearly three of every ten children in Oakland live in poverty, an increase of more than 50% from three years prior (Glantz, *The Bay Citizen*, November 29, 2011).

Population Indicators	Richmond	Oakland	State of CA
Total population	103,701	390,724	37,253,596
Families with children <18 with income below poverty level	27.2%	25.3%	17.6%
Median household income	\$46,996	\$49,190	\$57,708
Families in local school district eligible for Free and Reduced Price Lunch (◆)	67.7%	70.4%	N/A
% English language learners in the in local school district (◆)	33.5%	26%	N/A
May 2012 unemployment rate (◆)	14.6%	13.7%	10.8%
% medically underserved (no health insurance)	22.4%	18.4%	18.5%

Ethnicity			
% Hispanic/Latino (<i>of any race</i>)	39.5%	25.4	37.6
% White	31.4	34.5	57.6
% African American	26.2	28.0	6.2
% Asian	13.5	16.8	13.0
% Pacific Islander	0.5	0.6	.4
% American Indian/Alaska Native	0.6	0.8	1.0
% Other/Two or More Races	27.4	19.3	21.9

Data from 2010 U.S. Census and 2010 American Community Survey 1-Year Estimates, except ♦ Education Data Partnership, 2010-2011 data; † State of California Employment Development Department.

With these social determinants, the health of children, adults and families in the target areas is disproportionately poor, and lack of physical activity is one risk factor for poor health. The link between a healthy weight and regular physical activity is well understood. Initiatives like the first lady's *Let's Move Outside*⁵ aim to engage children need 60 minutes of play with moderate to vigorous activity every day to grow up to a healthy weight. Unfortunately, there is much work to be done in this area in target communities:

Obesity BMI measures: In California, students take the California Physical Fitness test in 5th, 7th and 9th grades, and 2010-11 Report data shows that OUSD-wide, 39.4% of 5th graders and 35.5% of 7th graders were scored “High Risk” with regard to Body Composition or BMI.

However, this rate varies widely by income level. In a “wealthy school” (i.e., with a very low to non-existent Free and Reduced Price lunch program), as few as 2% may score in this range, while low-income schools in the poorer Oakland flatlands can have as many as 50-60% of students whose BMI puts them at high risk. (California Department of Education Data Quest, 2010-2011) The California Healthy Kids (CHKS) survey for 2010-11 shows that 49% of 5th graders are “doing something to try to lose weight.”

In West Contra Costa USD (which serves numerous cities in Contra Costa County, including Richmond), 39.9% of 5th graders and 35.5% of 7th graders were scored “High Risk” with regard

⁵ <http://www.letsmove.gov/lets-move-outside/>

to Body Composition or BMI. However when we look at WCCUSD schools in *Richmond*, the rates are worse. For instance, 5th grade classes in Richmond elementary schools have about 48-56% in the High Risk BMI Zone. Similar to OUSD, 49% of 5th graders said they were trying to lose weight (2008-2009 CHKS survey). The problem is so grave that the City of Richmond is attempting to combat obesity with a proposed penny-per-ounce soda tax.

Underscoring this problem, CHRCO reports that nearly 40% of all children seen by their providers are overweight or obese. The Healthy People 2020 target for obese children and adolescents aged 2 to 19 years is 14.6%.

Physical Activity Measures: 2008 Physical Activity Guidelines for Americans recommend that children and adolescents participate in physical activity for 60 minutes or more each day (U.S. Department of Health and Human Services, 2008). However, the 2010-2011 CHKS survey in OUSD shows that just 45% of 5th graders exercised on 6 or 7 days per week. In WCCUSD (most recently available report from 2008-2009), even fewer (37%) exercised on 6 - 7 days per week.

Moreover, a 2010 study of the OUSD PE program (by researchers from the University of California, San Francisco) found that lower-income schools received even fewer minutes spent in moderate to vigorous physical activity (just 30-40% of PE lesson time), partially due to the need to use classroom time to improve academic performance.

Obesity related indicators for targeted communities: Obesity is a risk factor in a variety of chronic health problems such as diabetes. Although diabetes may not manifest in childhood, long-term obesity and inactivity contributes to diabetes later in life. For example, a recent study showed that among U.S. adolescents aged 12 to 19 years, the prevalence of prediabetes/diabetes increased from 9% to 23% among overweight and obese adolescents.⁶ Across Alameda County,

⁶ May, et.al.(2012) Prevalence of cardiovascular disease risk factors among US adolescents, 1999-2008. *Pediatrics*: 129(6):1035-1041.

6.5% of adults have diagnosed diabetes, but this rate increases to 12.5% of African Americans.⁷ Oakland had the third highest diabetes death rate of cities in Alameda County: 29.2 per 100,000 population vs. 21.6 countywide.⁸

Per the Contra Costa County Health Services, Richmond had the highest number of diabetes deaths among residents (86) of all the cities in Contra Costa County (2005-2007).⁹ The diabetes death rates in Richmond was 32.4 per 100,000 vs. 18.9 countywide.

Life Expectancy Rates: In 2009 and 2010, the *Oakland Tribune* commissioned a *Shortened Lives* series funded by The California Endowment. As part of this series, an epidemiologist from the Alameda County Department of Public Health mapped mortality rates (using death certificate data from 1999 to 2001) and calculated age-adjusted life expectancies for Alameda and Contra Costa County zip codes. Findings were startling, with people in Oakland and Richmond most likely to die earlier. Oakland posted four of the lowest life expectancy zip codes, ranging from 71-73 years, and Richmond's low-income 94804 zip code posted 74 years. By comparison, people in higher income zip codes lived well into their 80s. Heart disease – a condition related to obesity and lack of physical exercise - was a major contributor to early mortality. Other conclusions were that, “choosing healthy lifestyle habits is more difficult in neighborhoods that lack basic resources such as *safe parks*, libraries, good schools and grocery stores.”¹⁰

These assessments provide an overview of community needs to be addressed by GO! Network strategies to increase the level of physical activity of children and their family members

⁷ California Diabetes Program. (2009). Diabetes in California Counties. Sacramento, CA: California Diabetes Program, California Department of Public Health; University of California San Francisco.

⁸ Select Health Indicators for Cities in Alameda County, 2007, Community Assessment, Planning, and Education Unit Alameda County Public Health Department, August 2007

⁹ Community Health Assessment, Planning and Evaluation (CHAPE) Unit of Contra Costa Health Services.

¹⁰ Oakland Tribune, <http://www.insidebayarea.com/life-expectancy-data>

in Oakland and Richmond. This will serve as a basis for an in-depth project-specific community assessment to be conducted by the Leadership Team in the first few months of the project.

5. Assets and barriers to successful program implementation.

As a special district covering two counties, EBRPD has unique assets that will enable it to successfully implement the program. First, EBRPD is an active partner in virtually every physical fitness-related activity taking place across two counties. We have broad and deep partnerships with schools, healthcare providers, transit agencies, planning commissions, legislators, elected officials and community groups in the target communities. The school districts, key partners in impacting childhood behaviors and health, are in our GO! collaborative. In other words, GO! activities have a direct path to reach school children and their families.

Due to decades of work in the community, we are aware of the many challenges we may face in project implementation. First, most school districts are pressured to “Teach to the Test” during any given school day. This can create challenges to introducing other activities and policies, such as those related to the Children’s Outdoors Bill of Rights (COBOR).

Next, even with encouragement and the best of intentions, children and families may not always be able to easily get to parks due to time constraints, transportation barriers, lack of knowledge and awareness – and many other factors. In short, we must work to impact and remove access barriers to parks use.

Most important, the connection between park use, educational and health care systems is not always obvious or well understood - either to providers or to the public. One major goal of the GO! Network is to clearly draw connections between these sectors, both in terms of public awareness and public policy.

EBRPD is committed to implementing proven and promising practices, and developing innovative new ones to improve and *measure* the impact we have. We've convened a high energy, multi-sector collaborative – with long-term partners - to help break down barriers, explore the parks-health connection, and contribute our findings to the field.

B. Program Infrastructure

1. Existing and additional required staff, qualifications, and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment.

EBRPD has designed the GO! Network as a three component program – all of which must coordinate and compliment each other to achieve project objectives. One component involves training and technical assistance by our public health partner (CHRCO) delivered at the school and community level; the second is work directly within the school system to better support physical activity through school policies and curricula; and the third involves a community Advisory Board advocating to establish new, replicable model policies to increase awareness, promote outdoor activity, fund collaborations, and reduce park access barriers.

Because this unique level of collaboration requires activities taking place at many levels (two school districts, a County Office of Education, a health provider, community-based organizations), EBRPD is proposing to implement a new coordination structure within the Community Outreach division of its Interpretive & Recreation Services Department.

GO! will operate with core leadership staff at the EBRPD hub, coordinating the efforts of partner agencies in the three different project components.

At EBRPD, the following key staff will oversee and implement the GO! Network.

- **GO! Project Manager (1.0 FTE)**: This position will be filled first, *immediately* upon grant award, by Elizabeth Hales, EBRPD's current Community Outreach Coordinator. Ms.

Hales has a Masters in Education and since 2008, has gained significant project management experience as the EBRPD Community Outreach Coordinator. In this role, she has coordinated efforts across many community groups, including those working with serving underserved communities. This position will staff and support the GO!

Leadership Team, liaison with the CDC, develop and monitor partners subcontracts, be responsible for EBRPD staff hiring and supervision; liaison with the evaluator, gather all data, and perform all project evaluation and reporting functions; conduct community liaison and public relations, and all other project management responsibilities. In the first three months of the project, this position will work with the Leadership Team to build on community health data in Section A to create a community health assessment of health conditions and chronic disease risk factors relevant to the selected outcome measures.

Ms. Hales exceeds the position qualifications as outlined in the Job Descriptions in the Appendices. She will be supported by an Administrative Aide.

- GO! Project Coordinator (1.0 FTE): Under the GO! Project Manager, this new hire will be responsible for on the ground, day-to-day project implementation, in close coordination with CHRCO, OUSD, WCCUSD, and other partners. This position will be hired within 30 days of grant award. In the first three months of the project, the Coordinator will coordinate weekly project implementation meetings with partners, complete an initial CTG community assessment, and develop and finalize project scopes of work with each partner. Afterwards, the position will conduct bi-weekly partner meetings to monitor progress, and will spend time at each partner site, providing technical assistance to ensure that activities are proceeding according to the scope of work and CTIP. This position will also work with partners to convene the Community

Advisory Board, and will staff and support it at bi-monthly meetings. This position must have a Bachelor's degree and at least one year's relevant experience.

- Supervising Naturalist (1.0 FTE) – A new position hired within 30 days, this position will support the curriculum development and training/TA associated with GO! Network activities at the school district level, and will co-lead specified training and TA with CHRCO staff. This position provides the school districts' direct linkages to park sites to support the successful implementation of Park Prescriptions strategies. This position must have a Bachelor's degree and at least four years of field experience in interpretive work.

On an in-kind (leveraged) basis, EBRPD will provide legislative TA (e.g., drafting policies and resolutions, working with transportation and land use agencies) from Government Relations and Legislative Affairs Manager, Erich Pfuehler; staff supervision from the EBRPD Chief of Interpretive Services, and project oversight/liaison to the EBRPD General Manager from Carol Johnson, Assistant General Manager.

Go! Network Partner Positions: In this unique “coordination of coordinators” structure, each partner agency will also require staffing to implement individual scopes of work (see section E and the CTIP in the Appendices), in coordination and with support from EBRPD staff.

- Each school district (OUSD and WCCUSD) will hire a 1.0 FTE GO! District Coordinator to drive district-level activities in each of the two target communities. These will both be new hires. Both districts plan to hire coordinators at the level of a Teacher on Special Assignment (minimum Bachelors degree; Masters preferred with California Clear Teaching Credential and English Learner authorization). These positions will be responsible for the coordination of all training and professional development, curriculum

development and other school district activities. Please see section B.2, below, for a discussion of the hiring timeline, which will not be longer than two months.

In OUSD, this position will be overseen by Caleb Cheung, MA, Manager of the Science Department. For the past six years, he has overseen science, PE and nutritional curricula and activities districtwide.

In WCCUSD, the new coordinator position will be hired as in the Comprehensive School Health department under Wendell Greer, MA, Associate Superintendent of K-12 operations. Mr. Greer has worked in WCCUSD since 2006, and has served as Associate Superintendent since 2007.

- At CHRCO, a physician-level Project Director will oversee design and content of training and TA, and a Coordinator position (who must have an advanced degree or equivalent experience in public health education/community outreach) will oversee the day-to-day implementation of training and TA activities at the district level, in coordination with the two GO! District Coordinators. CHRCO is filling positions with existing staff, supporting immediate implementation.

At ACOE and EcoVillage, rather than hire new positions, EBRPD is contracting for existing staff time to support project activities. This includes a consultation from ACOE to align new district programming and curricula with state PE curricula standards by grade, and staff time from EcoVillage to implement community outreach, education and engagement activities.

In the Appendices, EBRPD and GO! Network partners are submitting résumés for Carol, Johnson, Erich Pfuehler, Elizabeth Hales (EBRPD); Caleb Cheung (OUSD), Wendell Greer (WCCUSD); Drs. Nooshin Razani and June Tester (CHRCO), and Craig McKinley (ACOE PE consultant) – as well as proposed job descriptions for the EBRPD Project Manager, Coordinator,

and naturalist; school district Coordinators, and CHRCO project staff. A collaborative Organizational Chart shows how GO! will be governed across partner agencies.

2. Any potential known barriers to quick hiring and strategies to streamline processes.

EBRPD has unionized employees, and although the Project Manger is already an existing employee, new hires would be approved through union processes. We project this can be accomplished within 30 days. Next, EBRPD will be subcontracting with community partners, and the Project Manager will be charged with putting contracts in place immediately up grant award. This process is anticipated to take place during the first 30 days. The school districts each have a Coordinator position to hire, and a school board approval process for creating new positions. Depending on the school board meeting schedule, approval could take 3-4 weeks, and the hiring process (fingerprinting, background checks, etc.) another 3-4 weeks. Depending on the timing, both districts can explore internal staff transfers which would speed up the hiring process. Fortunately, each district has a representative on the Leadership Team (see Section D) who can help with initial project start-up activities in the first few months of the grant period.

3. Documentation of organizational commitment to meeting the funding requirements, including benchmarks for obligating funds to positions and contracts.

The EBRPD Board of Directors has signed a resolution underscoring agreement at the highest levels of the organization to implement a Community Transformation Grant according to the requirements set forth in the CDC Funding Opportunity Announcement (FOA) – please see *Appendices*. Moreover, the discussion in sections B.1&2 serves as documentation of commitment to meet internal hiring benchmarks, with the Project Manager (an existing EBRPD employee), available immediately. The Project Manager will immediately develop partnership agreements (contracts to obligate funds) with partners, and monitor progress to ensure that hiring

benchmarks at partner agencies are met in a timely manner, pending dissolution of the contract. The Project Manager will also oversee timely obligation of funds, monitor all expenditures on an ongoing basis, and communicate progress to the CDC Program Officer.

Although we understand that there are no statutory match requirements for this program, EBRPD and its partners are generously leveraging other resources and related on-going efforts to promote sustainability, and these resources are reflected in our Budget Narrative.

Finally, EBRPD is very experienced in grants administration, having received over 550 grants on an allocation or competitive basis from numerous state and federal agencies. This represents an award of funds in excess of \$136 million in successfully completed projects.

4. Applicant mission and whether the primary mission is public health.

As noted in Section A, EBRPD is not a public health agency, although per its vision and mission, the use of public lands to foster and promote public health is key among its aims. A copy of the EBRPD mission statement is included as an Appendix.

C. Fiscal Alignment and Management

1. How funding will support strategies that align with the goals of the initiative and estimated cost per expected beneficiary for each selected outcome.

The GO! collaborative network seeks to impact CTG strategic direction #2: **Active Living and Healthy Eating**, with goals of *preventing and reducing obesity and increasing physical activity*. In section A, we provided detailed information on the target population of focus – school-aged children and their families in the cities of Oakland and Richmond, CA.

EBRPD will reach beneficiaries through its partnerships with OUSD and WCCUSD. Although some *strategies* will be directed to subsets of beneficiaries (e.g., to families in OUSD vs. WCCUSD), overall, approximately 160,000 beneficiaries will be impacted by activities

related to the selected CDC outcome (that is, increasing physical activity with an ultimate goal of reducing obesity).

With an overall request of \$1.297 million project Year 1, the annual cost per capita is \$8.11. This is well in line with the per capita funding guidelines in the CDC's Funding Opportunity Announcement, and for doing business in high-cost regions like the San Francisco Bay Area, where salaries and benefits must be higher to support the cost of living.

2. Describe fiscal management procedures and reporting systems.

As a special district with an annual budget of \$173.7 million, EBRPD monitors a complex array of funding from sources ranging from property taxes, bond and ballot measures and capital bond measures. In addition, as previously noted in Section B, EBRPD has successfully administered over 550 grants on an allocation or competitive basis from numerous state and federal agencies.

EBRPD maintains an accounting system that accurately reflects fiscal transactions with the necessary controls and safeguards of an internal audit process. The district has developed sophisticated budget and reporting systems, which meet the highest level of Generally Accepted Accounting Principles. EBRPD budgets and Comprehensive Annual Financial Reports (CAFRs) consistently have been awarded Certificates of Achievement for Excellence in Financial Reporting from the Government Finance Officers Association of the U.S. and Canada.

The District has a balanced budget policy requiring that the annual budget be balanced, with financial resources that equal or exceed uses, at the time of adoption. Budget planning is overseen by the EBRPD General Manager and Finance Department (supervised by the Budget Manager). Planning begins each March and ends with the adoption of the next year's budget at the second public hearing in December. In addition, the public can attend public hearings and

contact District staff to provide input and feedback. The General Manager presents the proposed budget to Board Finance Committee in November and presents final operating and project budgets to the Board of Directors and public at meetings in December.

Unique project budgets are represented by unique project cost centers and monitored by Project Managers who provide reports to the General Manager and Board of Directors annually. EBRPD maintains budgetary controls to ensure compliance with legal provisions embodied in the appropriated budget approved by the Board. Financial statements and audits are reviewed by the Board annually, and reported to the public in a Comprehensive Annual Financial Report. These procedures are currently being used to monitor major federal and capital projects, such as the \$10.2 million TIGER grant from the U.S. Department of Transportation.

3. Describe fiscal practices to capture funds leveraged from other sources.

Budgeting practices promote the capture of leveraged funding, whether cash or in-kind contributions, from unique EBRPD projects and collaborative partners.

At the EBRPD level, a project management budgeting system tracks expenditures for all project-related services and funding (both cash and in-kind). In-kind contributions are coded so that they can be easily extracted, and reported separately from cash expenditures.

To track leveraged funds from other sources (e.g., from collaborative partner agencies), the GO! Project Manager will develop individual contracts requiring quarterly reports, including the expenditure of leveraged funds. Figures from these reports will be uploaded into the EBRPD project budgeting system for capture and reporting to the CDC.

4. Describe additional sources of funding the program will pursue.

The GO! Network is already supported through the leveraging of funds from multiple outside sources. This includes Kaiser Permanente's funding and support of the *Healthy Kids Outdoors*

pilot project. EBRPD is also pursuing additional funding from private foundations interested in the intersection of public health and park spaces. We have had exploratory meetings with The California Endowment, Bank of America Foundation, and continue rich programmatic partnerships with Kaiser Permanente. Both OUSD and EBRPD are developing relationships with the S. D. Bechtel, Jr. Foundation for initiatives to improve educational programming. Our CITP outlines plans for developing *at least* one proposal during Year 2 to help sustain gains and activities made in the program. (Please also see the discussion of sustainability in section E.)

D. Leadership Team and Cross-Sector Engagement

1. Potential members of the Leadership Team, proposed roles and responsibilities.

EBRPD has convened a collaborative comprised of agencies and organizations with whom we have had collaborative programs and relationships. This group of seven partners will each have specific responsibilities to implement and evaluate the GO! Network, and will provide key membership to the initiative’s Leadership Team, per the chart below.

Member	Partner roles/responsibilities	Representative(s)
EBRPD Park Sector	<ul style="list-style-type: none"> ▪ Network convener/leader, and overall project coordination ▪ Facilitate Leadership Team ▪ Hire and oversee project management staff ▪ Initiate and monitor subcontracts to collaborative partner organizations ▪ Reporting/liaison to CDC ▪ Staff and support the GO! community Advisory Board ▪ Participate in training and TA activities ▪ Develop various project resources and marketing materials ▪ Lead community policy change efforts ▪ Lead activities related to evaluation and Culminating Conference 	Carol Johnson, Assistant General Mgr. Erich Pfuehler, Government Relations and Legislative Affairs Manager Elizabeth Hales, GO! Project Manager
CHRCO Public Health Sector	<ul style="list-style-type: none"> ▪ Provide expert provider staff to lead Parks Prescriptions training and TA efforts ▪ Hire and oversee MD Project Manager and nutritionist coordinator to support toolkit development, training and TA 	Nooshin Razani, MD June Tester, MD
Oakland Unified School District	<ul style="list-style-type: none"> ▪ Hire, house, orient and support new district GO! Coordinator position to coordinate GO! activities at 	Caleb Cheung, Science Manager

Education Sector	district, school, and after school program level ▪ Support work towards GO! policies and resolutions per Section E	
West Contra Costa County USD Education Sector	“ “	Wendell Greer, Associate Superintendent Tashaka Merriweather, Office of Comprehensive School Health
Alameda COE (ACOE) – Project EAT Education Sector	Provide staff consultation to help align curricula with PE state content standards, and provide training and TA to both district coordinators, and leadership team	Chris Boynton, Director Craig McKinley (PE Coordinator) Project EAT
EcoVillage Community-Based Sector	<ul style="list-style-type: none"> ▪ Provide TA in community engagement in low-income, isolated, urban communities which don’t frequent parks, connecting families with outdoor opportunities ▪ Ensure cultural competence of project materials ▪ Coordinate community events or series of meetings to raise awareness about the GO! Network and COBOR 	Shayaam Shabaka, Executive Director
U.C.B. Center for Weight & Health	▪ Evaluation partner	Pat Crawford, Ph.D., Principal Investigator

Section E further details the activities each network partner will conduct. *All* Leadership Team members will be utilized to facilitate implementation and continuous quality improvement of the program, and will participate in quarterly initiative trainings, national trainings, evaluation activities, and in developing project materials for distribution.

In addition to the project Leadership Team, EBRPD will convene a multi-sector *Advisory Board* consisting of elected representatives, city municipalities, community groups and nonprofits, transportation and land use agencies, school PTAs, youth leadership groups.

Letters of Support from all current Leadership Team/collaborative members are included in the *Appendices*, documenting their specific commitments to the selected strategies and outcomes.

2. Plan for support and utilization of the Leadership Team.

Starting with Notice of Grant Award, the Leadership Team will meet monthly to ensure successful implementation of the program. The Project Manager will staff, schedule and support

the Leadership Team, produce meeting minutes, and ensure that the meeting is consistently used for project implementation trouble-shooting, review of evaluation data, and program refinement.

3. Plans for establishing a new, or engaging an existing, cross-sector network of partners to participate in planning, implementation, and evaluation.

EBRPD is proud of the multi-sector network convened to increase physical activity in Richmond and Oakland, CA. Although many members came together in June 2012 as the GO! Network collaborative, and it is the first time some have worked together, EBRPD's history with members is the "glue" cementing this new multi-sector network. In other words, EBRPD has drawn on a history of existing collaborations to convene the network. For example, with ACOE, EBRPD has coordinated activities with Project EAT, including a promotional event for State Superintendent of Education Tom Torlakson at Tennyson High School this spring.

For the past four years, EBRPD has been engaged with the OUSD's Oakland Science Partners, a group of local organizations, university departments, and businesses supporting science instruction in OUSD. Partners meet twice a year to develop events like "Dinner with a Scientist" and the OUSD Science Fair. EBRPD has hosted teacher trainings, called "Walkabouts," including a Naturalist-led canoe program at Tidewater Boating Center and guided hikes. In addition, OUSD's Physical Education Teacher on Special Assignment (in the Science Department), helped develop the *Kids Healthy Outdoors* curriculum in a series of Spring 2012 educator workgroups designed to align it with state curriculum standards. OUSD teachers from East Oakland also participated on this workgroup, and EBRPD's Tidewater complex also has joint use agreements with nearby OUSD schools in East Oakland.

With CHRCO, EBRPD is collaborating to add Park Prescriptions, and a special parks passport to patients in the Healthy Hearts Clinic; this initiative is targeted specifically at individual overweight/obese young patients at risk of developing chronic health conditions.

4. Successes working with other organizations/sectors to advance public health outcomes.

In addition to the programmatic ties above, a large part of EBRPD's mission to create healthful public spaces is driven by partnerships with multi-sector agencies. As noted in Section A, the 1970s saw EBRPD pioneering an integrated network of paved bicycle and pedestrian trails linking East Bay communities with transit nodes, schools, employment centers and housing. This work would have been impossible without close collaboration with transportation planners and transit agencies including the Federal Highway Administration, the California Department of Transportation, the Metropolitan Transportation Commission, the Association of Bay Area Governments and BART. In addition, our Healthy Kids Outdoors and Trails Challenges are supported by Kaiser Permanente, a national health maintenance organization.

4. Coordination efforts with multiple sectors.

Per the table above, the sectors represented on our GO! Network Leadership Team include parks and recreation, public health, education, nutrition and the community based sector, as well as a respected university-based public health research organization (our evaluation team from the U.C. Berkeley Center for Weight & Health).

Beyond this Team, EBRPD will convene a 10-15 member Advisory Board to advance work in the GO! policy strategy. This board will include representation from the transportation sector (BART, as evidenced by a letter of support, the Alameda County Transportation Commission, and others); community planning agencies; municipalities and elected officials; parent/youth members; and other CBOs representative of the communities served.

5. Other letters of commitment and evidence of support and connections.

In the Appendices to the proposal, EBRPD is submitting Letters of Support/Commitment from all GO! network partners, as well as nearly 30 community support letters from elected officials, business leaders, community and transportation groups.

E. Strategy Selection and Community Transformation Implementation Plan

1. Selected strategies and implementation to achieve goals, objectives & outcome measures.

EBRPD proposes to lead the multi-sector GO! Network collaborative in implementing three component strategies to increase outdoor and physical activity *among school children and their families in Oakland and Richmond*. It seeks to impact CTG strategic direction #2: **Active Living and Healthy Eating**, with goals of *preventing and reducing obesity and increasing physical activity*. The CDC outcome we intend to impact is increasing physical activity, *particularly physical activity out of doors in the park system*.

GO! also supports two Healthy People 2020 goals, including: Creating healthy and safe physical environments, *and* promoting healthy behaviors across all life stages.

The GO! Network is also a local initiative supporting the *Healthy Parks, Healthy People US* initiative. As the largest regional park district in the nation, EBRPD has worked with the U.S. National Park Service (NPS) to promote the use of parks as a pathway to health.

Three GO! Network Components: As depicted in the “3 by 3 diagram” on page 1, the GO! Network is innovative in linking *three often-disconnected sectors* that optimally *should work together to improve public health*: the healthcare system, school system, and parks system. In the Network, these three entities are represented by CHRCO, two school districts and the Alameda COE, and EBRPD. The diagram depicts the interplay between the three systems with three core strategies to improve the level and quality of physical activity in target communities:

▪ **Strategy 1. Park Prescriptions Training and TA:** As part of the effort to establish full service community schools and districts – a model which promotes schools as sites to holistically meet student, family and community needs – we plan to implement nationally known Park Prescriptions strategies in OUSD, and Richmond schools in the WCCUSD. Park Prescriptions is the healthcare-to-schools link of the GO! Network, and is designed to create a healthier population by strengthening the connection between health systems and healthy lifestyles, and outdoor activities, particularly use of local parks.

▪ **Strategy 2. School System Changes through Children’s Outdoor Bill of Rights (COBOR):** GO! will promote and institutionalize the model COBOR, a statewide resolution established by the CA Roundtable on Recreation, Parks and Tourism. COBOR’s goal is to increase healthy outdoor activity and awareness, with ten outdoor activities that every child has the “right” to experience before the age of 14:, e.g., learning to swim and ride a bike, and following a trail. GO! will work to infuse COBOR principles in OUSD, and Richmond schools in WCCUSD.

▪ **Strategy 3. New, replicable model policies** to increase awareness, promote outdoor activity, and reduce park access barriers. Work in the strategy will include public marketing and education about to increase awareness of GO! activities and policies. Also central to this strategy is the question, “How do we build policies, infrastructure and systems to make the GO! Network a model for replication in other communities across the state and nation?”

The following chart depicts the three strategies, activities within strategies, and the partner responsible for each. The CTIP (in the *Appendices*) links strategies to proposed objectives, time frames, and specific health disparities (as addressed in Section A).

Activities	Lead Partner(s)
Strategy 1. Park Prescriptions Training and TA	
▪ <i>Toolkit development</i> during the <i>first 6 months</i> of the project, about the health benefits of physical activity using materials from Park Prescriptions	CHRCO’s expert provider staff will

<p>to support children and families in getting physical activity in the EBRPD. This toolkit is intended first for use by educators in OUSD and WCCUSD, as well as health care providers associated with their school-based clinics. In future years, it may be expanded for use to other healthcare providers throughout the East Bay. Toolkit will include:</p> <ul style="list-style-type: none"> ○ Materials that identify safe and accessible parks and walking routes, building on trail ratings from tested trail rating system like Albuquerque, NM’s <i>Prescription Trails</i>¹¹. Ratings will give educators and health providers a sense of the range of patients, including those with morbid obesity and resulting chronic disease conditions to those who seek strenuous physical exercise, who can benefit from the park. ○ Culturally and linguistically appropriate brochures on health benefits of outdoor time, posters for waiting rooms and schools, maps of neighborhood green spaces, information about EBRPD programming, and public transportation to locations. <p>▪ <i>Educator trainings starting in Month 7:</i> with EBRPD Supervising Naturalist, CHRCO will conduct toolkit trainings, and pass out materials to staff at district and school levels, as well as in federally-funded after school programs. One 2-hour training will be held bi-monthly through Year 2.</p> <p>▪ <i>School-based clinic trainings starting in month 7:</i> In Year 1, CHRCO will pilot Park Prescriptions Toolkit training and TA to healthcare providers in two school-based clinics in OUSD. In <i>Year 2, expand training to the 20 clinics in Richmond and Oakland schools</i>, ultimately providing training to 75% of them. Training and TA in using the toolkit will include:</p> <ul style="list-style-type: none"> ○ Encouraging healthcare professionals to write prescriptions for park and trail use for physical activity, including the location of a local green space, the name of a specific trail and, when possible, exact mileage. ○ Co-lead trainings with the EBRPD Naturalist who can provide strategies on attracting teens to parks (e.g., special teen programs), as well as provide hands on information on park resources for patients and health providers alike. ○ Training providers and staff on how to gauge which level of physical activity to recommend for their patients, and which park may be most suitable. ○ Providing trail and park information through a printed walking guide and a web-based mapping tool to healthcare professionals so they can effectively prescribe their use ○ Training clinics on creating a “Family Navigator” in their office 	<p>lead Park Prescriptions training and TA efforts.</p> <p>EBRPD staff will support school and after-school level trainings.</p> <p>OUSD and WCCUSD Coordinators will schedule training.</p> <p>CHCRO Coordinator, with support from EBRPD Supervising Naturalist</p>
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¹¹ Grade 1 = Fully accessible to all users. Grade 2 = Mostly accessible. Grade 3 = Slightly challenging - from Albuquerque Prescription Trails website: www.prescriptiontrails.org

<p>who can help direct and support patients’ families towards an appropriate EBRPD for their health needs.</p> <ul style="list-style-type: none"> ○ Providing ongoing TA by phone and in person site visits to one provider champion at each participating school-based clinic. ○ Develop incentive system (in-kind through EBRPD) – e.g., a parks passport rangers can stamp - and a “prize” for when the patient fulfills the prescription and accesses the parks or recreational programming. 	
Strategy 2. School System Changes through COBOR	
<p>Work to infuse COBOR principles in school curricula, activities and systems in OUSD, and Richmond schools in the WCCUSD:</p> <ul style="list-style-type: none"> ▪ Within <i>first 6 weeks</i> of project, districts hire GO! Coordinators to coordinate all training/TA, guide COBOR-related curriculum development, implement new curricula, and support district-wide field trip planning - at district, school, and federally funded after school program level. ▪ EBRPD GO! staff conduct outreach and training on COBOR with Coordinators and staff at the district, school, and federally funded after school program level during the <i>first 6 – 12 months of project</i>. ▪ Introduction and training on tools and existing curricula – e.g., the EBRPD third grade <i>Healthy Kids Outdoors Challenge</i> COBOR curriculum – to support ease of implementation of the COBOR within schools, aligned with curriculum standards. To occur <i>during Year 2</i> in <i>50 school sites in OUSD and WCCUSD</i> (after 2012-2013 <i>Healthy Kids Outdoors Challenge</i> pilot project, funded through Kaiser Permanente). ▪ ACOE consult to help align curricula with state content standards, and provide training and TA to both district coordinators, and leadership team. Topics to include: linking PE standards for each grade level to state required curriculum; e.g., recommendations to make meeting these standards easier; Consultation will occur <i>in Year 1</i> to prepare for introduction of new curricula in Year 2. ▪ Design and implement systems to improve outdoor field trip planning and scheduling (e.g., an electronic trip-planning system) by end of <i>Year 2</i>. ▪ <i>Throughout the project</i>, promote GO! and COBOR at districtwide conferences, health fairs and family events, e.g., PTA meetings, presentations at annual WCCUSD Parents as Partners conference. ▪ Implement policies to sustain COBOR-related activities, including work towards passage of resolution adopting COBOR at district and ACOE level <i>by end of Year 2</i>. 	<p>OUSD and WCCUSD</p> <p>EBRPD Coordinator</p> <p>EBRPD Coordinator, with school district coordinators</p> <p>ACOE Project EAT PE consultant</p> <p>OUSD Science Mgr. w/District Coordinators</p> <p>District Coordinators</p> <p>Leadership team, with two district coordinators</p>

<ul style="list-style-type: none"> ▪ <i>OUSD only</i>: To infuse outdoors educational programming more deeply at all grade levels, OUSD will also develop new COBOR-promoting curricula for other grade levels, including grade 5, (building on the <i>Healthy Kids Outdoors Challenge</i>) to support ease of implementation of COBOR within its schools, aligned with curriculum standards. Curricula will be developed in Year 1 of the project with trainings of a Teacher Champions at 50 school sites in <i>both years</i>. <ul style="list-style-type: none"> ○ <i>Each year</i>, to help Teacher Champions learn skills to conduct outdoors programs, OUSD will lead four outdoors trainings (e.g., an overnight camping trip) for 25 teachers each. These trips will be hands-on and concrete trainings to instill permanent techniques for using nature as a classroom, and to better implement COBOR-related curricula. 	<p>EBRPD Coordinator, with OUSD coordinators</p>
Strategy 3. Creating new, replicable model policies – and increasing public awareness	
<ul style="list-style-type: none"> ▪ <i>By end of first quarter</i>, convene GO! Advisory Board comprised of approximately 10-15 representatives from city municipalities, community groups and nonprofits, transit and land use agencies, school PTAs, youth leadership groups, etc. ▪ Work with districts, municipalities and local transit agencies to develop policies to connect OUSD and WCCUSD families to community resources, including parks and public transportation. Advocate for policies that reduce access barriers to outdoor spaces, e.g., to free transportation days/community parks passes for school groups, kids and teens, etc. Activities to include at least <i>two annual presentations</i> at transportation and metropolitan planning agencies about the barriers to accessing safe and healthy outdoor environments. ▪ Work to pass COBOR resolution in ACOE, OUSD and WCCUSD. ▪ In <i>Year 2</i>, pilot a GO! transportation/marketing campaign in the target communities in Bay Area Rapid Transit (BART) stations, Alameda County transit stops, public transit hubs, hospitals, and schools, with signage, park maps and other marketing materials promoted at these locations. ▪ Conduct community outreach and two community education forums <i>per year</i> regarding proposed and adopted resolutions and policies in the target communities (with community groups, faith-based organizations, school communities, etc.). ▪ By the <i>end of Year 2</i>, develop a plan to advocate for future COBOR resolutions or passage as a piece of legislation at the local municipality and state level in future years. 	<p>EBRPD Project Manager with Leadership Team</p> <p>EBRPD Project Manager with Leadership Team and Advisory Board members</p> <p>As above</p> <p>EBRPD Project Manager with Leadership Team and Advisory Board members EcoVillage ED with Leadership Team</p> <p>EBRPD Project Manager with Advisory Board</p>
Activities across all strategies	
<ul style="list-style-type: none"> ▪ Update and build on GO! Network community assessment in <i>first two</i> 	<p>EBRPD Project</p>

<p><i>months</i> of project to help refine and finalize scope of work; develop network subcontracts.</p> <ul style="list-style-type: none"> ▪ <i>In Year 2, hold a culminating GO! Conference</i> focusing on strengthening the connection between schools, health care and healthy lifestyles, the outdoors and public park lands. ▪ By the <i>end of Year 2</i>, develop at least two GO! products for local, state and national dissemination, including a Park Prescriptions Toolkit, and a set of model GO! policies and strategies. ▪ Conduct <i>ongoing</i> evaluation of project impact, including collection of data at district level. 	<p>Manager with Leadership Team</p> <p>“ “ and district-level Coordinators</p> <p>EBRPD Project Manager with Leadership Team</p> <p>U.C.B Center for Weight & Health w/Leadership Team</p>
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2. Reasoning for selecting these strategies, including the evidence base for strategies.

In Section A, EBRPD discussed how the study of systems to encourage children and families outdoors is an evolving field, where there are as many questions as answers. Although a survey of the research¹² indicates that the evidence base is in flux, there are foundational and well-known practices which have informed our project design. These include the GO! Network’s connection to Healthy Parks Healthy People (HPHP), an initiative of the National Park Service.

Although strategies are supported by emerging model practices, as well as practice-based evidence, we believe these strategies are innovative, and thus are using this section to justify and present the growing evidence base for our proposal. As noted in Section A, we look forward to robust evaluation of strategies to contribute to the growing evidence base, detailed in Section F.

Strategy 1. Park Prescriptions is a movement to create a healthier population by strengthening the connection between the healthcare system and public lands across the country. The Institute at the Golden Gate is a key convener of organizations and leaders engaged in Park Prescriptions, and in 2010, they released a publication called *Park Prescriptions: Profiles and Resources for Good Health from the Great Outdoors*. This report highlights case studies of model programs

¹² Bowler et al. BMC Public Health 2010, 10:456.

working to increase physical activity through the use of public lands. In 2011, the Institute launched an online best-practice portal, The Institute Parks & Health Guide.¹³

GO! Network members have studied the practice-based evidence from these guides to design activities. One model is Prescription Trails New Mexico designed to increase physical activity, especially among those who are “totally physically inactive” or do not exercise. The provider identifies walking venues that are safe and accessible, writes prescriptions for park and trail use, and provides trail and park information. This model is also used by the Porter Health System, in collaboration with the NPS’s Indiana Dunes National Lakeshore park to encourage patients to get healthy using the great outdoors as a tool. CHRCO has been piloting the use of Park Prescription in their Healthy Hearts Clinic and through the GO! Network will bring the model to school district educators and school-based clinic providers.

Research suggests that other effective practices include guidance from rangers and naturalists, as well as patient incentives to fulfill prescriptions. Although incentives cannot be funded through the CTG opportunity, EBRPD and CHRCO are exploring incentives such as park passports (to be stamped after visits) and pins to encourage patients to follow doctor’s orders.

Some international research is beginning to support the effectiveness of Park Prescriptions. A Swedish study measured effectiveness of issuing 6300 physical activity referrals over 2 years, and half of the patients reached reported increased physical activity at 3 months and 12 months. A program in Spain recruited 4000 physically inactive patients and provided exercise referrals to half; 6 months later, patients who received the referrals were more active.¹⁴

Strategy 2. This strategy is designed to increase child and family physical activity, during the school day and beyond, by institutionalizing activities from the 2012 California Children's

¹³ <http://parkshealthguide.org/>

¹⁴ Leijon et al. *Scand J Med Sci Sports* 2009;19:627-36; Grandes et al. *Arch Intern Med* 2009;169:694-701.

Outdoor Bill of Rights (COBOR) in schools. COBOR was created in 2004 by the California Roundtable on Recreation, Parks and Tourism and endorsed by the Governor, cities, counties, and EBRPD. COBOR states that by age 14, every child should have the opportunity to: 1. Play in a safe place; 2. Explore nature; 3. Learn to swim; 4. Go fishing; 5. Follow a trail; 6. Camp under the stars; 7. Ride a bike; 8. Go boating; 9. Connect with the past; and 10. Plant a seed.¹⁵

COBOR is innovative and aspirational, its impact not yet backed by research. However, COBOR-based programming will support and build on the CDC's recommendations to explore different physical activities both during PE class and during other lessons (e.g., a nature walk during science class).¹⁶

EBRPD is also embarking on a test of COBOR's impact in a 2012-13 pilot of *Healthy Kids Outdoors Challenge*, a new COBOR-curricula, which will be tested in 20-30 3rd grade classrooms (supported by funding from Kaiser Permanente). Training and curricula related to COBOR are also consistent with the movement towards full service community schools and districts, with schools holistically meeting student, family and community needs.

Strategy 3. GO! enjoys a significant policy base already, including its ongoing work on Healthy Parks Healthy People, as advanced by the National Health Service. Moreover, for many years, the CDC has been advancing policy strategies to impact public health. The GO! Leadership Team and Advisory Board will use many of these strategies to develop new policies to improve physical activity, such as adoption of COBOR-related resolutions, transportation access policies, and even legislation. This includes: identifying engaging and communicating with many individuals who may have competing priorities; effective interaction with schools; bringing

¹⁵ http://www.calroundtable.org/cobor_endorsements.html

¹⁶ Youth Physical Activities: The Role of Schools. National Center for Chronic Disease Prevention and Health Promotion, CDC, 2009.

influential parent groups to the table; facilitating and fostering collaboration; and connecting with state and community organizations.¹⁷

3. How intervention strategies will maximize public health impact of CTG funding.

The transformative nature of the proposed GO! Network lies in the innovation of formally linking three public sectors – health care, school and park systems. Too often, these systems, and the public, overlook the complementary qualities and strategies they can bring to bear on common public health problems. GO! represents a coordinated strategy to fill a systemic gap, and help improve health and physical activity for up to 160,000 children and family members in two of the most challenged communities within EBRPD’s boundaries. As outlined in Section A, these communities face intense public health challenges in the areas of obesity and physical activity, and public health-led programs have not yet solved the problem. Systemic linkages and well-considered strategies to get families into nature will have significant impact, not just on levels of physical activity and obesity, but as discussed in Section A, on emotional well-being.

4. How strategies affect intervention population, potential for broad reach and impact.

The GO! Network will gain access to the target population through its school system partners (OUSD and WCCUSD). GO! is designed to reach children and families at different levels: in school, in school-based health clinics, and through public policy, marketing and awareness events. Moreover, to extend program reach, strategies include extensive training and TA for other sub-populations: the educators and school-based clinic providers who work with the target population. Based on U.S. Census figures and district enrollment, we anticipate 160,000 school-aged children and their family members to be reached by at least one arm of the program.

¹⁷ *Key Lessons From California Schools Working to Change School Food Environments*, The California Endowment, the Center for Weight and Health, University of California, Berkeley; Samuels & Associates, California Project LEAN, and the Partnership for the Public’s Health; 2007.

The mix of strategies has been selected based on the justifications in section E.2 and, moreover, to put a unique parks and nature spin on the inherently linked problems of lack of physical activity and obesity. Thus, not only do strategies take community health disparities (as outlined in Section A) into account, they present an opportunity to better understand the impact of formally linking three often-disconnected public sectors, and provide tools to get individuals more active outdoors. *Please see Section F, following, for a discussion of all information pertaining to evaluation, outcome measurement and data collection.*

5. Plans for sustainability and leveraging resources.

In addition to the leveraging of resources in our budget, including funding from Kaiser Permanente as discussed in Section C, the GO! Network is implementing systemic strategies to support sustainability. First, the formal connections proposed between the health, park and school systems is a strategy which helps sustain program gains. Each sector, and the project staff working in each sector, have unique skills and expertise to share with each other. This project sets up formal systems for each sector to leverage the expertise of the others (e.g., the CHRCO Park Prescription Toolkit trainings in school districts, the EBRPD naturalist working with CHRCO staff), and to set up permanent relationships and structures which will build the skills, systems and capacity (as well as linkages to resources) of each sector to address physical activity. In other words, we see GO! filling systemic skills gaps in each sector.

Next, several of the strategies (e.g., widespread school district trainings, policies and resolutions established in strategy 3, outdoors training for teacher champions in OUSD) are designed to increase the likelihood that knowledge and messages will take hold, and activities will be sustained over time, without ongoing funding.

Finally, outreach to underserved communities is a permanent EBRPD priority, and budget funds are dedicated to this function. At the end of the grant period, EBRPD will assess whether portions of GO! positions (e.g., GO! Project Manager) can be assumed into its permanent budget. This will help ensure that systemic linkages and policies are sustained, and that new programs building on GO! activities and learnings will be developed in the future. Future sources of funding for ongoing activities may include The California Endowment, The Wellness Foundation, The Bechtel Foundation, and local corporate funding (e.g., North Face, Clif Bar).

6. Incorporate selected strategies into a comprehensive and robust CTIP.

The collaborative has designed a robust Community Transformation Implementation Plan (CITP) based on the strategies and activities in Section E.1, tied to objectives, milestones, timeframes, and health disparities (as addressed in Section A). The CTIP maximizes opportunities for collaboration between the school, park and health systems and details the integrated approach to achieving selected outcome measures, leading to the long-term objectives.

F. Performance Monitoring and Evaluation

Because the GO! Network is proposing a unique trio of inter-related strategies, we will *rigorously evaluate the impact of proposed innovative strategies*, thereby adding to the evidence base of community prevention strategies involving increased physical activity.

1. Plans for collecting data on selected outcome measures and performance monitoring information: pre-implementation, year 1 & 2.

▪ **Evaluation Partner:** Evaluation activities will be led by Principal Investigator *Pat Crawford, DrPH, RD*, of the *University of California at Berkeley's Atkins Center for Weight and Health (CWH)*. Since 1999, CWH has been conducting inter-disciplinary research, linking academic researchers with community stakeholders, to provide science-based solutions to prevent weight-

related health problems, particularly among low-income children and their families. CWH's current research portfolio includes 15 projects supported by a staff of 35 whose professional backgrounds include public health, public policy, epidemiology, statistics, nutrition science, physical activity, medicine, minority health, and community-based participatory research. CWH evaluated Kaiser Permanente's Community Health Initiative designed to promote healthy eating and physical activity in 40 low-income communities. They also led the quantitative evaluation of the California Endowment's Healthy Eating Active Communities (HEAC) program, assessing its impact on health, behaviors, attitudes and knowledge in 6 low-income communities of color.

Pat Crawford is the Director of CWH and Adjunct Professor in the School of Public Health at U.C. Berkeley. She led the 10-year longitudinal *NHLBI Growth & Health Study*, an epidemiologic study on obesity in African American girls and FitWIC, WIC's five state obesity prevention initiative. She is currently leading studies evaluating a wide variety of state and national nutrition programs and policies. She co-authored the book, *Obesity: Dietary & Developmental Influences*, and is widely published in the area of child nutrition and obesity.

▪ **Overview of Research Methods:** A mix of qualitative and quantitative methods will be used. For each of the two years, participating grade 5 students will complete a self-administered survey on physical activity knowledge, attitudes and patterns, in and out of school. Curricular learning objectives provided the basis for developing the knowledge and attitude questions. Student knowledge about the program will be assessed and used in conjunction with school observations and staff interviews to determine dose of program in each school.

As an overall indicator of program success, annual measures of student cardiovascular fitness and Body Mass Index from Fitnessgram reports will be obtained from each district. While we do

not expect to see a BMI change, we will compare 5 years of Fitnessgram data (5th grade) for each participating school.

Semi-structured interviews will be conducted annually with stakeholders to assess and record the length and breadth of students' exposure to activities resulting from GO!. Program attributes will be identified and rated using a Likert scale. Ratings for each attribute will be summed to provide a total assessment score. Degree of implementation = $N1 + N2 + N3$ is the sum of the ratings for all attributes for each component. Thus student exposure will be operationalized by categorizing the participating schools as having "highly developed" or "lesser-developed" components of GO! in place during the course of the two years.

▪ **Evaluation Plan:** An initial Leadership Team planning meeting will review objectives and plan next steps. Subsequent scheduled conference calls will facilitate development and refinement of an evaluation draft plan; its overall objective will be to *demonstrate the public health impact of GO! interventions and related policy, programmatic, systems, and environmental changes.*

To capture the change process (*the new partnership between three public sectors: park systems, school systems; healthcare system*), the evaluation will examine engagement of leaders; challenges and successes; community support, resistance, and expectations; coalition/relationship building efforts; new established partnerships; linkages to local, regional, state, and national initiatives; and leveraging of existing efforts/ resources. The outcomes-focused portion of evaluation will assess changes in environments, policy, practices, and systems; specific behaviors that are targeted by interventions; and potential health impact.

A multi-modal evaluation approach will be proposed and both qualitative and quantitative data will be collected, triangulated, and synthesized. Depending on the implementation plan,

proposed assessment methods will include environmental observations, policy tracking, key informant interviews, surveys, and secondary data analysis. Analysis of existing data sources will be suggested whenever possible to complement primary data collection methods.

▪ **Evaluation Strategies:**

Methods for evaluating Strategy 1: Park prescriptions training and technical assistance

Evaluation targets: This aspect of the evaluation will target the effectiveness of the Park Prescriptions to promote and increase opportunities for physical activity for youth, with behavior change and improved physical activity as anticipated outcomes. Evaluation of this strategy will be targeted at park and recreation department representatives, educators, healthcare providers, parents and students. Evaluation activities will be tailored to assess the final intervention strategies that are implemented. The evaluation measures will be developed to capture specific aspects and outcomes appropriate to each type of intervention.

Proposed methods:

- *Pre-post online educator surveys* will be administered to teachers, school administrators and educators trained in the Park Prescriptions toolkit. The survey will ask about strategies used to promote and implement the Park Prescriptions toolkit, school support for the toolkit, progress made towards desired outcomes, successes, challenges, and impact.
- *Pre-post online healthcare provider surveys* will be administered to providers in school-based clinics participating in the Park Prescriptions toolkit training. The survey will ask about use of the Park Prescriptions by the school clinic, number of patients given prescriptions, estimated actual usage of prescriptions by patients, and about perceived challenges, successes and progress implementing the Park Prescriptions program.

Items from previously validated survey instruments will be used to design appropriate

questions that will address the evaluation objectives, with original survey items developed and pretested as needed. Likert rating scales will support the efficiency of responses and subsequent analyses wherever possible. Surveys will take 10-15 minutes to complete to ease participant burden. Informed consent will be obtained from respondents.

In addition to the online surveys, *performance monitoring data* will be collected quarterly using an online log system to document that the project is meeting its milestones and those in attendance will be logged. Successful completion of training activities will be evaluated by questionnaire at the end of each training. The EBRPD Program Manager will be responsible for monitoring and, with the evaluation team, will develop tools to discuss at monthly Leadership Team meetings, where process and outcome evaluation data will be used to facilitate continuous program improvements.

Key indicators for Strategy 1 include:

- a. By the end of Year 2, 75% of teachers and educators trained in the Park Prescriptions toolkit will have used the information and materials in their classrooms.
- b. By the end of Year 2, at least 75% of Oakland and Richmond school-based clinics participating in training will have issued and followed up on Parks Prescriptions with at least 25% of their clients.
- c. Each year, at least 50% of those issued a Parks Prescription will report visiting a park (data collected by providers).

Methods for evaluating Strategy 2: Institutionalize COBOR in school curricula and systems

Evaluation targets: Examination of the impact of COBOR trainings and curriculum development, and the impact of Year 2 activities resulting from training.

Proposed methods:

Key informant interviews: Approximately 30 stakeholder telephone interviews will be conducted in years 1 and 2 by trained experienced staff to provide qualitative information about the process of making school system changes through the COBOR implementation in school curricula. Respondents will include district administrators, teachers, school principals and administrators, parents, youth, and other school officials who worked on the program. They will represent varied schools levels, regions and income levels. The semi-structured interview questions will be adapted from similar tested assessment tools that have been developed and pretested for use during CWH's earlier community studies, HEAC and HEAL. Respondents will be asked to describe changes that have been made as part of this intervention, challenges, successes, and potential impact on physical activity and health behavior. Informed consent will be obtained before starting the interviews.

Student surveys: Student surveys of approximately 15 minutes, administered in classrooms or other school locations according to school/teacher preference, will be used to determine the impact of GO! strategies on student physical activity behaviors, attitudinal and preference shifts, and students' awareness of, and exposure to, changes made in the school and community as a result of the project. Surveys will be translated into Spanish. In addition, an online fifth grade teacher survey will be developed to assess the extent to which COBOR is being implemented in the classroom.

Secondary data source review: We will review data sources from EBRPD to determine changes in park usage over the time period of the grant and changes in family participation in EBRPF educational/recreational programming.

Secondary data: Fitnessgram data on height weight and aerobic capacity, that is collected on all California 5th, 7th, and 9th grade students annually, will be acquired from the state and analyzed

by project statisticians. Pre-post T-tests will be used to evaluate change in BMI and aerobic capacity for the children in the high and low dose schools. A graph of BMI slope will be computed for each school, using linear regression technique and the difference will be tested.

Key indicators for Strategy 2 include:

- a. By end of Year 2, at least 60% of teachers participating in EBRPD/district COBOR training will indicate they have infused COBOR lessons into the school day as assessed by the online educator survey.
- b. By end of Year 2, at least 50 schools in OUSD and 11 in WCCUSD Richmond schools will implement a COBOR-based curriculum.
- c. By end of Year 2, 50% of students in schools participating in COBOR-related curricula will indicate they have spent have visited the parks two or more times.
- d. By the end of Year 2, increase awareness of local park resources, will result in an increase of 10% in family participation in EBRPD educational/recreational programming.

Methods for evaluating Strategy 3: New, replicable model policies

Evaluation targets: Examination of the impact of a range of existing and new strategies, policies, and programs aimed at promotion of outdoor physical activity, and assessment of their impact on the larger systems they affect. It is anticipated that these diverse physical activity strategies will act synergistically to create healthier communities.

Proposed methods:

▪ *Key informant interviews* will be conducted with 8-10 stakeholders involved with and/or targeted by GO! to learn about the policy development process, advocacy, barriers, opportunities for impact, and potential for replication in other locales and sectors (e.g. other transportation opportunities). We will include policymakers in this sample to gauge their receptivity to various

policy strategies. The semi-structured interview questions will be adapted from similar tested assessment tools that were developed for the community wide HEAC and HEAL studies.

Trained interviews will conduct the 30 minute phone interviews.

- *Policy tracking* will monitor progress made towards the development and implementation of policies to promote outdoor activity and reduce park barriers, including the BART transportation campaign. We will review and offer content analysis of organizational and public policies. The outcome focused portion of the evaluation will gauge the extent to which these policies have been implemented, assess whether policy adoption actually led to change, and evaluate potential for impact. A policy tracking log system that has been used in previous studies will be modified for use in this evaluation.

Key indicators for Strategy 3 include:

- a. By the end of Year 2, two urban school districts will adopt a resolution committing to ongoing promotion of the California Children’s Outdoor Bill of Rights.
- b. By the end of Year 2, at least one access/transportation policy or program reducing park access barriers will be passed or adopted.

- **Research Design:** A two year prospective design was chosen instead of a traditional randomized controlled trial to take advantage of the variability in the implementation of the new program. The evaluation will compare changes in the outcomes of interest among students who were differentially exposed to the initiative due to variation in program development at individual schools. This design will allow for the evolution of the initiative to take place “naturally” during the evaluation.

EVALUATION LOGIC MODEL

Activities (for Performance Monitoring)	Short Term Outcomes (2 years)	Data Collection Timeline	Long Term Outcomes

Leadership Team – new collaboration of multi-sector partners	-Process measures of collaborative functioning and effectiveness	-Leadership team interviews in years 1 and 2	Changes in education of youth regarding outdoor activity
Strategy 1. Development of Park Prescriptions Toolkit, district and school based clinic training Park Prescriptions delivered in school based clinics	-75% of teachers and educators trained in the Park Prescriptions toolkit had used the information and materials in their classrooms. - 75% of Oakland and Richmond school-based clinics participating in training will have issued and followed up on Parks Prescriptions to at least 25% of their clients. -50% of those issued Park Prescription will report visiting a park	-Pre-post online educator survey -Pre-post online health care provider survey -Performance monitoring at quarterly intervals using online logging system	Increased physical activity levels of youth Decreased BMI of youth
Strategy 2. COBOR training and development of additional training modules for educators	-50% of students in schools participating in COBOR-related curricula will visit parks two or more times. -Increase of 10% in family participation in EBRPD educational/recreational programming	-Pre-post key informant interview -Online educator survey -Pre-post student survey -Assessment of BMI cardiovascular fitness from annual Fitnessgram data over a 5 year period	Increased physical activity levels of youth Decreased BMI of youth
Strategy 3. Development of model policies	-Two urban school districts will adopt a resolution committing to ongoing promotion COBOR -At least one access/transportation policy or program reducing park access barriers will be passed.	-Pre-post key informant interviews -Policy tracking at quarterly intervals -Pre-post data will be collected 2 times over the first quarter and over the last quarter	Local policies supporting park access

- **Data Management and Analysis:** All questionnaire data will be entered using Epidata (v2.1, Denmark). For quality control purposes, 10% of the data will be randomly selected to be double data entered. The statistical software SAS, version 9.1 (SAS Institute, Cary, NC), will be used. We will employ multivariate procedures to examine the association of exposure with the program and will control for baseline values and sociodemographic characteristics. Multiple comparisons will be adjusted for using Bonferroni’s test at a procedure-wise error rate of 5%.
- **Sample Size and Approvals:** Sample size and power estimates were based upon t-tests contrasting physical activity outcomes across students defined by the dose groups (low vs high).

The targeted physical activity outcome is the number of days participating in any physical activity outside of school in the past week. Estimates of mean and SD, (2.88 ± 2.31) on the reported number of days the child spent time being physically active outside was obtained from the 7000 student HEAC survey. Based upon these estimates, a sample of 1342 participants assigned to each of the dose groups would provide power exceeding 0.80 for tests on the outcome of physical activity with an alpha equal to 0.05. We will aim to recruit a sample of 2000 per group ($N = 4000$) from 50 schools in the event of dropouts or attrition. With 2000 participants per dose group, the minimum detectable difference would equal 0.25 or 0.11 SD. This would allow us to detect an average difference of 1 day per month.

Analysis of qualitative data from key informant interviews will be conducted using an MS Access database. Conceptual analysis, a tool used to determine the presence of certain concepts within sets of texts known as codes or themes, will be applied to examine responses for each open-ended question that is asked. Data will then be coded and a set of relevant themes will be selected. The codes will be quantified and tallied for their presence in response to each question. The number of times each theme occurs will be tabulated and quotes that illustrate specific themes will be highlighted. Codes will then be entered into an SPSS database and analyzed quantitatively in relation to the data obtained using other methods.

Analysis of quantitative data will be conducted using SPSS. Descriptive statistics, frequencies, and measures of association will be calculated to summarize data. Multivariate analyses using ANOVA and multiple regression will also be generated to identify predictor variables.

In order to link student survey data to anonymous Fitnessgram results, an ecological approach will be employed to aggregate survey response data and Fitness measures for each

group of students of the same grade, gender, and ethnicity within each school. Within group means for mile run time, BMI Z-scores, and survey results will be assessed. Linear regression taking clustering by school into account will be used to examine the relationship among variables. All data to be collected will be approved by the U.C. Berkeley Committee for the Protection of Human Subjects.

3. Plan for developing at least two unique dissemination products.

The GO! Network will develop and distribute at least two unique documents for stakeholders or other community members based on program activities and monitoring data. Key products that may be distributed for use by communities include the final CHRCO Parks Prescription Toolkit and the Healthy Kids Outdoors curriculum, as well as other curricula developed by OUSD.

These will be accompanied by data from performance monitoring, and individual case studies from implementation. Other useful products may include draft policy language or briefing updates including COBOR resolutions for other municipalities to implement.

The products of this evaluation may also include reports to the project partners and CDC, peer-reviewed scholarly journal articles, white papers and policy briefs, and presentations of findings to partners affiliates, as well as at local, state, and national (CDC), professional, community, policy, and scientific meetings. Per the CITP, the network will work towards dissemination of final products in the last two quarters of the grant period.

As outlined in Section D, all members of the GO! Network also commit to participation in CDC activities, including participation in national evaluation activities.

G. Participation in Programmatic Support Activities

1. Commitment/capacity to participate in the development of national program materials.

EBRPD has met several times with GO! Network members to develop this proposal, letters of support, and commitment to project activities. Each partner has committed to participate in evaluation of project activities (providing assistance and access to the CDC and other national experts), and committing organizational and staff capacity to help EBRPD develop national program materials. This includes providing descriptive information about the local program, and reviewing and commenting on national draft materials. As outlined in Section F and the CITP, this also includes participating in development of unique dissemination products, such as the CHRCO Park Prescription Toolkit, and articles based on evaluation findings.

2. Commitment from the leadership team members to participate in training/TA.

The GO! budget includes commitment to participating in both national (CDC) and state level conferences, with support included for Leadership Team members from EBRPD and CHRCO to attend national CDC training/conferences. Ongoing training needs of staff and the Leadership Team will be met through relationships with the Prevention Institute and The Institute at Golden Gate (which advances Park Prescriptions, and with whom EBRPD sits on the Bay Area Healthy Parks Healthy People advisory council). There is also *extensive* internal expertise available from CHRCO (in the areas of childhood obesity and chronic, related health conditions), as well as the U.C. Berkeley Center for Weight and Health. To support implementation, per the CITP, the GO! Project Manager will ensure that at least one training (e.g., interpreting evaluation results and using them in a continuous quality improvement loop, local and national trends/models in promoting increased physical activity) will take place each quarter.

3. Collaborating to implement strategies, disseminating lessons learned.

In addition to regular meetings and conference calls with the CDC program officer, CDC webinars, meetings and trainings to facilitate peer exchange, GO! Leadership Team members

will participate in national and state conferences, including CDC meetings, national Park Prescriptions and Healthy Parks Healthy People conferences (through the Institute at Golden Gate). Partners commit to sharing lessons learned in conference settings through panel and poster sessions. Moreover, in Year 2 of the project, partners propose a culminating GO! Conference to disseminate lessons learned, and to plan for next steps with a wide variety of stakeholders.

Conclusion

Edward Abbey said, “*Wilderness is not a luxury but a necessity of the human spirit, as vital to our lives as water and good bread.*” Today, encouraging people to get outdoors in nature is emerging as a promising way to impact *numerous* health outcomes.

People who are outdoors are moving. People who move are more physically active, and may lose more weight. They feel emotionally better. The loss of weight impacts health outcomes across the board. Hypertension declines. Diabetes and heart disease rates decrease. Natural settings inspire, and even heal.

In two years, the GO! Network can’t promise all this. But we believe we *can* demonstrate improvements in levels of physical activity in challenged communities, resulting from a unique collaboration of park systems, health systems, and school systems. This is the GO! Network’s focus, and our mission.