



Healthy Communities Research Group Surveillance and Management Toolkit Year 3 Report February, 2016



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Liberty Hospital Foundation, and many other local organizations and individuals

I. Executive Summary

This is the third year of *Beta Site* testing of the Healthy Communities Surveillance and Management Toolkit (SMT) in Liberty, Missouri, and this year, there were clear signs of further progress. This toolkit is designed to create systematic assessment of various health factors, primarily focused on increasing physical activity and reducing obesity in youth. Years One and Two of the Beta Site process in Liberty included collection and analysis of full inventory of all public assets and programs available for youth, compilations of relevant policies and financial factors, and strong community information gathering and engagement to identify key factors. See <http://www.gpred.org/initiatives/healthy-communities-research-group/> for full reports. Of paramount importance was establishing a foundation for future efforts in this suburban Midwest community, just outside of Kansas City, Missouri. The formation of the Liberty Community Health Action Team (LCHAT) in Year One of the project was visionary. What was most needed in Year Three were clear markers that this entity would become robust – a collective representation of the community, and focused in its mission.

Progress to date has been clear and compelling. In addition to creating a vibrant leadership group in LCHAT, there was an urgent need to examine funding and personnel to lead, and a refined mission. With the support of several local public agencies (Clay County Public Health, Liberty Parks and Recreation Department, and Liberty Hospital Foundation) and other community partners, the necessary fiscal support for the near term has been solidified.

Of vital importance for the evolving success of the LCHAT was the hiring of a dedicated project leader. Ms. Kate Lesnar has assumed the duties of Project Director. This has taken place with the support of the Liberty Hospital Foundation and Clay County Public Health. The continuing support of these three primary agencies (Clay County Public Health, Liberty Parks and Recreation Department, and the Liberty School system) have made the first three years of this *Beta* site operation a clear and compelling success. Other members of the LCHAT, including the Liberty Hospital Foundation, Liberty public officials, HyVee markets, and others, have created a welcoming climate for all entities in Liberty to join forces to identify, combat, and reduce lifestyle related chronic illnesses. From a structural viewpoint, Liberty is well prepared to move forward in becoming a top tier “healthy community.” Yet this will require greater involvement of businesses, industry, civic organizations, parents, health care professionals, environmentalists, law enforcement, etc. The challenge is real and immediate!

The cost of lifestyle related chronic illnesses continues to rise. It is estimated that in Liberty and Clay County, Missouri, these illnesses cost the health care system some \$100 million annually. Nationally, estimates of the cost of being overweight or obese are also staggering. Finally, lost productivity in the workplace is clearly a product of lifestyle choices. The challenge of reducing health care costs and optimizing human productivity is before us. The efforts of LCHAT have established the front lines of a campaign to create healthy, vibrant communities.

Key outcomes in Year Three include:

- Formalization and Designation of LCHAT as a 501(c)(3) non-profit organization
- Enhanced Identity, Visibility, and Membership of LCHAT
- Revisions and evaluation of the Youth Activities and Nutrition Survey
- A Community Survey to determine broader priorities for all ages and awareness of LCHAT
- Policy changes in food options and their nutritional value (Liberty Parks and Recreation Department and Liberty School System)
- Program and facility enhancements including:
 - Refocus of Liberty recreation programs to “outcomes based”
 - Adoption of the Trails and Greenways Master Plan revision
 - Liberty Park Board including “creating a Healthy Community” in its vision statement
 - Inclusion of health and physical activity in park rejuvenation plans

II. Introduction

During Year Three of this Surveillance and Management Toolkit (SMT) *Beta Site* Project, much was accomplished. The efforts of the LCHAT leadership and members have resulted in a stronger foundation. This foundation has been created by several targeted actions. These include a steadfast effort to secure designation by the State of Missouri as a non-profit agency. In 2015, the Liberty Community Health Action Team (L-CHAT), was accorded 501(c)(3) non-profit status by the State of Missouri. This major step forward has created the infrastructure for a diverse

amalgamation of Liberty organizations, services, and businesses to focus on creating and sustaining a healthy community. LCHAT offices are being integrated into Clay County Public Health (CCPH) agency operations to ensure a seamless effort to address lifestyle related chronic illnesses. In addition, LCHAT was able to hire a Project Director (Kate Lesnar) to lead the newly formed organization.

It has become clear to many that the coordinated efforts to prevent obesity and reduce health care costs in Liberty and Clay County has been long needed. The efforts of CCPH in conducting a citizen health survey, providing space for meetings, and providing staff for technical assistance have been instrumental in the success of this *Beta Site* project. Policy changes related to nutrition in two municipal agencies (Liberty School System [LSS] and Liberty Parks and Recreation Department [LPRD]) have advanced policies that are aimed at increasing better nutrition habits and reducing undesirable food and drink. Additional policy initiatives from LPRD have focused on increasing accessibility to active living venues and programs. Through the leadership of LCHAT member HyVee food markets, there has been a concerted effort to increase awareness of healthy food consumption. The Liberty Hospital Foundation has continued to be a major donor to these efforts over the three years of operation. Throughout the past year, LHCAT has worked diligently on creating “brand” awareness of LCHAT and its purpose. In addition, Project Director Lesnar has focused on creating a marketing effort to the citizens of Liberty.

LCHAT Year Three Mission Statement

Examine and monitor youth activity providers, policies, funding allocation, assets, and affordances. Our actions will focus on:

- Increasing daily nutritional regimen
- Increasing levels of physical activity
- Increasing tolerance and inclusion of all

Periodic progress and outcome reports will be made to participants, partners, and citizens of Liberty.

The Youth and Nutrition Survey (YANS) conducted in 2014 was reexamined during year three by GP RED staff. It was concluded that the BMI scores of the 2,600 plus middle school youth remains elevated, according to healthy weight to high healthy weight ratios from the Center for Disease Control and Prevention (CDCP). While approximately 60% of middle school students are within the healthy range, there are approximately 30% who are overweight or obese. In addition there are 5% who are underweight. According to Gary Zaborac, Director, CPH, the cost to Liberty and Clay County is around \$100 million annually. The commitment by members of LCHAT to transform Liberty, MISSOURI into a healthy, active, connected community is not just noble, but appears essential!

A. Background of the Healthy Communities Surveillance and Management

Toolkit (SMT) Project

Since 2009, the Healthy Communities Research Group (GP RED staff, GreenPlay, East Carolina University, Design Concepts, and various *Beta Site* communities) have been working together to develop and test the Healthy Communities Surveillance and Management Toolkit (SMT) Project. The project targets community aspects that influence obesity and active living, with a three year systematic process focusing on factors that increase physical activity and help reduce obesity in 10-14 year old youth. The initial “alpha project,” in Bloomington, Indiana, was successful, and the methods have been integrated into a training process and toolkit used by “beta” site communities for further refinement and testing. Liberty, Missouri, was the second beta site to engage. Other sites include South Bend, Indiana; and Arlington Heights, Illinois.

NOTE: *The Liberty Healthy Communities project is an ongoing facet of GP RED’s validation and refinement of Beta Testing protocols in the HCRG Surveillance and Management Toolkit.*

The economics of overweight/obese Americans

According to Wang, et al (2008), the obesity epidemic continues to plague the USA economy. The direct costs (*excluding indirect costs*) of this epidemic based on analytical models will cost the USA between \$860-975 billion by 2030. This is \$1 of every \$6 spent on health care.

Projection models indicate that by 2030 ~90% (86.3%) of ALL Americans would become overweight or obese, and 51.1% would be obese. This increase in the prevalence of obesity and overweight Americans does not factor in the cost of *absenteeism* or *presenteeism* in the workplace.

Wang et al (2008). Will all Americans become overweight or obese? Estimating the progression and cost of the US obesity epidemic. Obesity, 2008. 16(10), 2323-30.

B. Seminal Research Questions for Year Three

During Year Three, the GP RED Healthy Communities Research Group consultants collaborated with LCHAT leadership and members to assist in addressing the following questions:

- a. ***How could LCHAT become a bona fide and recognized entity in the Liberty community?*** Key leaders (Gary Zaborac, Janet Bartnik, Becky Gossett, and others) were determined to see the organization be grounded as a viable non-profit organization. The aim was to secure broad support from community leaders, affiliated organizations, and key personnel in business, industry, health care, education, and business. To secure LCHAT's bona fide position among the community, it applied for (and was granted) State of Missouri approval as a non-profit organization. It has also increased its membership through active recruiting by the principal players and its new Project Director, Kate Lesnar.
- b. ***How could community planning contribute to a healthy community?*** While the initial three years of the SMT research were focused on identifying and addressing factors that affect 10-14-year-old youth, the LCHAT mission has expanded to include other professionals, business and industry, parents/guardians, other service providers such as law enforcement, elected officials, etc.
- c. ***Was it possible to seek direct input from local citizens on their perceptions of factors contributing to their well-being?*** A survey of factors influencing the health of citizens was conducted by the Clay County Public Health Department (CCPH). The results of this survey have provided clear insight into the health issues and priorities of a population sample. These data will be used as benchmarks for future tracking of health impact data in Liberty and Clay County.
- d. ***How would data be used to inform decision making?*** Utilization of information, including implementing the youth survey and pertinent indicators, to influence policies relevant to children and youth is the focus. Data from CCPH, YANS survey results, and a database of "affordances" of other local providers is to be collected and examined. Further, there are plans to synchronize data collection efforts from the affordance providers of active living options. Upgrading of the software registration program used by Liberty Parks and Recreation Department was set back as other priorities were funded this past year. The amalgamation and utilization of citizen use of affordances and assets is essential to planning.

- e. ***How would data from users of services be used to inform LCHAT and its strategic planning efforts?*** In this regard there are numerous data points available ranging from the LPRD data base on assets and affordances to agency specific data that might contribute to knowing about patterns of behavior, interests, policy implications, practice challenges, etc. GP RED Consultants Drs. Kim and Compton have committed to assist Janet Bartnik, Director, LPRD, in the development and operation of a systems model focused in understanding the dynamics of trail use in the Liberty metropolitan area. A preliminary model with a customer focus has been drafted. Further refinement of the model will continue following GP RED's SMT Beta contract end in February, 2016.

III. Liberty LCHAT Year Three Priorities

A. LCHAT Summary of Priorities

The priorities for the third year of the *Beta Site* project were spelled out by the LCHAT core team members. In assessing progress to date in 2015-16, three categories were essential to achieving the goals established by LCHAT and its community partners. In addition, GP RED recommended that several tasks would serve to advance core elements of constructing a “healthy community” as the organization moved forward. The categories were as follows:

Category I. Foundation and Structural: Those factors that are critical to creating and sustaining the LCHAT as a non-profit organization, embraced by public and private entities as well as the citizens it serves.

Category II. Marketing, Messaging, and Branding: The processes that underpin a consistent, visible, impactful marketing campaign. Messaging from and to citizens that affect behavioral change in habits of nutrition, physical activity, and social engagement. Persistent cultivation of brand identity related to a healthy lifestyle and habits that result in measureable change in BMI among citizens of Liberty, Missouri.

Category III. Policies, Practices and Documented Impact: Adoption of positive policies to replace those deemed restrictive, yet protecting public safety. Demonstrated competence in creating positive customer experiences through professional practices. The use and synchronization of databases to perform system analytics which affect youth behavior, habits, and engagement in affordances offered by the Liberty community.

As of January, 2016 the status of listed tasks by category is indicated in brackets:

Category I. Foundation and Structural

- ✓ Hire a director of LCHAT (*Completed*)
- ✓ Adopt a charter for LCHAT (*In progress*)
- ✓ Secure 501(c)(3) status as a non-profit entity (*Completed*)
- ✓ Secure funding support for a staff member to lead LCHAT (*Completed*)
- ✓ Secure operational funds for an annual budget (*Completed*)
- ✓ Clarify the relationships between public, private, non-profit, and other entities who serve as members of LCHAT (*In progress*)
- ✓ Formalize membership in LCHAT of community partners (*In process*)

Category II. Marketing, Messaging and Branding

- ✓ Create a marketing plan with input from the private sector and media consultants to target the 10-14-year-old cohort (*Not completed*)
- ✓ Explore the use of social media to target messages which lead to positive habits (e.g.) nutrition, physical activity, social dynamics, etc. (*In process*)
- ✓ Engage “sentinel” youth Advisory Council to examine their beliefs on how to reach this cohort and alter selected habits (e.g.) sitting, TV time, food consumption, etc. (*Not initiated*)
- ✓ Engage selected groups (e.g.) parents, policy makers, health care professionals, etc., using focus group processes to mine their perceptions, ideas, and barriers to a healthy lifestyle (*Not initiated*)
- ✓ Research, test, and adopt a branding campaign that leads to a “Liberty” recognizable, behavior changing moniker for healthy lifestyle among its citizens (*In process*)
- ✓ Create a community “Healthy Habits” affinity card that provides incentives to all citizens, merchants, services to be active, eat healthy, increase physical activity, and reduce time using electronics or watching TV (*Considering and exploring options*)

Category III. Policies, Practices, and Documented Impact

- ✓ Carefully review current policies to identify those policies, ordinances, laws, etc. that are affecting optimal engagement of youth in after school activities (*In progress with LPRD*)
- ✓ Advance positive policies in youth serving agencies that are constructed with middle school youth, parents/guardians, and LCHAT members (*In progress with LPRD*)

- ✓ Train all staff of youth serving agencies (e.g.) schools, libraries, recreation centers, gymnasias, etc. in optimal customer service techniques (*No progress*)
- ✓ Practice positive customer interactions through training, “Secret shopper” monitoring, to create positive places and experiences (*No progress*)
- ✓ Rebalance activity options for youth to insure there are ample opportunities for “Non-consequential” engagement in activities beyond “Consequential” options (*In process at LPRD*)
- ✓ Establish a data base to track utilization of assets and affordances in Liberty by youth (*LPRD will address when updated RecTrac™ registration system is updated*)
- ✓ Utilizing the Clay County Public Health Department data on lifestyle related chronic illnesses, and those of the health care entities in Liberty, create metrics on the status of health in Liberty (*Currently operating*)

B. LCHAT Tasks and Milestones

| Project Tasks and Milestones | Status |
|--|---|
| Planning meetings w/staff and LCHAT members | 4 full meetings of LCHAT; 12+ meetings of committees |
| 2015 Middle Schools (3) Direct Observation and Ratings for YANS review | September, 2015 conducted in three Liberty Middle Schools |
| YANS review and revisions | Revised October—December, 2015 |
| CCPH 2015 Citizen Health Survey | Data collected, analysis completed, awaiting publication and distribution |
| LCHAT 501(c)(3) designation | Completed, 2015 |
| Messaging, marketing, and branding | October, 2015 (Logo, website, and brochure) |
| Nutrition education and healthy habits | Ongoing |
| Liberty Affordance Interagency Inventory | In progress |

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IV. LCHAT Year Three Accomplishments

A. LCHAT 501(c)(3) designation

During Year Three, LCHAT leadership focused on securing the entity as an official non-profit with the incumbent state and federal approval. In keeping with this goal, LCHAT leadership secured its 501(c)(3) designation as a non-profit corporation (See **Appendix A**). This was a major step forward and authenticates the organization in law. To ensure that the community coalition was purposed with achievable goals, structured in a manner that is representative of key partners, and can operate in the long term as a catalytic agent for change in Liberty, Missouri, the formalization of this organization is a major milestone. The current LCHAT membership is comprised of working professionals. While their participation is critical in these formative stages, it is clear that there needed to be financial resources to underwrite the efforts in the long term. Year Three was a watershed year for the organization. It was important to ensure that the momentum built by the coalition members was carried forward. The Liberty coalition model is also vitally important to future *Beta* sites. It has shown how a community can coalesce around a campaign to address the public health challenges for our children and youth.

B. CCPH Community survey

The *LCHAT Data Dissemination Team* was led by Dr. Ximena Somoza, CCPH, with members from the City of Liberty, Liberty Parks and Recreation, and Clay County Public Health Center. During 2015, this committee conducted a survey of citizens to determine their awareness of, and priorities for, “health-related issues, risk factors, and risk behaviors, as well as the awareness of the LCHAT,” (See **Appendix B**). Dr. Somoza reported that the team, “used an earlier version of a Community Health Needs Assessment survey following the Mobilizing for Action through Planning and Partnerships (MAPP), a community driven strategic planning process for improving community health and adopted by Clay County Public Health Center as part of its Community Health Development program.” The data derived from this study is to be used in the forthcoming City of Liberty Community Health Profile and Community Health Assessment (See **Appendix C**).

C. LCHAT: Evolving identity, visibility and membership

During the course of the past year, Project Director Kate Lesnar has led the organization in its attempt to gain visibility and to connect with local businesses, organizations, associations, government, and industries. The efforts have been anchored in the creation of a new logo and a brochure (See **Appendix D**). In addition, the organization created an operating website, which is currently active. In addition, a brochure was created, and copies have been used to: a) create awareness, b) recruit members, and c) inform the general public of their mission, vision, and efforts to make Liberty, Missouri, a healthy community. The Website address is www.lchat.org. In addition, the recruitment of members to LCHAT has been quite successful. The list of members has grown significantly over the past year (See **Appendix E** for a list of the members). Ms. Lesnar has been very active in presenting the LCHAT message to civic groups, public officials, businesses, and health care providers. The new location of offices for LCHAT at the CCPH Center is a major step forward. This location places her at the center of public health promotion in Clay County.

D. Evolution of Policies and Practices in Liberty, Missouri

Throughout the course of Year Three, it was clear to GP RED consultants that there had been an evolution at the *Beta* site. From the outset of this project, the GP RED team of consultants has advocated attention to some of the underlying aspects of planning. Transformation of existing policies, practices, and procedures is not instantaneous; it evolves. While the structural aspects of assembling a coalition have been front and center, it is clear that change in policies and practices is emerging. There are two examples that point to structural change which may yield behavioral change in the near term. First, there were policy changes at the Liberty School District with regard to nutrition. While these were fundamental shifts in policy to monitor the type, amount, and consumption of food and drink, they are, in some respects, still not as rigorous as needed. The broader issue of nutrition education for students and parents/guardians remains a challenge. Likewise, the Liberty Parks and Recreation Department was able to advance policies related to the types of food and beverages offered at the community center. Yet this too may be less than desirable. Ultimately, there will need to be policies regarding the types of “snacks” issued by parents/guardians/coaches prior to and after games. These are not currently regulated. Another policy effort is being undertaken by the Liberty Parks and Recreation Department. This focuses in the effort to balance the offerings of youth sports.

Children and youth who participate in youth sports are more likely to exit for the following reasons: a) they are not selected because of their skills, b) the cost of advancing to higher level competition is too high, c) increased requirements of parents/guardians time for transportation, and/or d) the necessity to pay for costly specialized training. National data suggest that 40-70 percent of youth drop out of competitive, consequential sport by the time they are 14-15 years of age. The pathway to idleness is fraught with young people who desire to be included but are dismissed by a “system” of elitism. The Liberty Parks and Recreation Department is addressing this issue by examining alternatives to consequential sport that would serve as a sort of catchment for those youth who are dispatched. There are also efforts to address policies related to “accessibility” to venues, facilities, programs, and services in Liberty. Over the past three years, it has become evident to the project team that Liberty is not among the best “walkable” cities. Access for children, youth, people with disabilities, and seniors is inhibited, and often prohibited, by the main roads that run through the city. Policies that address these “barriers” should emerge in any future planning in the municipality. LCHAT can, and should, serve as a catalytic agent for policy and practice change. In the immediate future, planning at the municipal level would benefit from the collective wisdom of their members. Becoming a model healthy community where all citizens have unfettered access to the assets and affordances offered in Liberty is not just a wish, but should be of the highest priority. Policies and practices have the power to shape healthy outcomes and increased capacities. They serve as a foundation for those who serve the public.

E. Integration and Utilization of Data for Planning, Actions, and Outcomes

Throughout Year Three, there has been an evolving effort to use data to make informed decisions. From the outset, GP RED consultants laid out the scope and context for obtaining, utilizing, and applying data to decision making. In several training sessions and meetings during Year Three, it was clear that the effort to obtain data from the citizens was a priority. GP RED consultants, in collaboration with the Clay County Public Health Center, were able to usher in processes for obtaining data. From these efforts, there are now two large data sets that will serve as benchmarks for future study of health behaviors, utilization of services, concerns, and priorities of citizens, etc. Data regarding use of Liberty assets and affordances by the Liberty Parks and Recreation Department has been, and will be, a cornerstone of knowing the needs of the customer (citizen). In addition, the YANS data has provided a clear benchmark from which policy, practices, and programs may be launched to address the issues of obesity in Liberty.

In the near term though, the compilation of data should not be an exercise but a process in forging where efforts, resources, policies, and practices can yield measureable outcomes. Throughout the three Years, and especially in Year Three, GP RED consultants have advanced the necessity of examining “systems” within Liberty. It is essential to continue building systems models that illustrate cause and effect, change in desired outputs, etc. While these methods are used in business and industry, including medicine, they are absent in public services. If we are to change behaviors that clearly lead to overweight, obese, and morbidly obese individuals, there must be benchmarks, models, and data to document the outcomes we desire in the community. The cost of not knowing, doing nothing, appears unacceptable. GP RED consultants (Drs. Compton and Kim) have committed to assisting Janet Bartnik, Director, Liberty Parks and Recreation Department, in building and operating a “Liberty Trails” systems model. These services are offered without compensation following the GP RED contract. The initial draft of this model may be found in **Appendix F**.

F. YANS Survey of Middle School Youth (Revisions)

The Liberty School District participated in a study of Middle School Youth in May 2014 as part of Year One of GP RED’s Healthy Communities Research Group’s *Surveillance and Management Toolkit (SMT)* project, in alliance with the Liberty Community Health in Action Team (L-CHAT). This study was first conducted in 2013 with 245 students using the Youth Activity and Nutrition Survey (YANS 1.0). The results of that survey were helpful in establishing a baseline test of the survey instrument, yet the limited number of students completing the survey narrowed the level of analysis that could be undertaken as a representative sample for Liberty. The results of the Fall 2014 YANS 2.0 survey (n=2,664), as well as the CCPH survey results, appear to provide a clearer community-specific picture of middle school youth physical activity patterns, nutritional choices for meals throughout the week, and the role of social interaction as they pertain to their daily lives. In a January 2016 onsite visit, Dr. Compton met with key leaders of the LCHAT movement (Zaborac, Bartnik, Gossett, and Somoza). The topic of data collection from children and youth in Liberty was broached. The Liberty School District controls what surveys and/or studies can be done in the schools. CCPH also conducts periodic surveys of adults. It was suggested that future data collection from children and youth be coordinated so as to ensure that useable data is obtained for long term planning and programmatic direction. It was clear that the leaders in this community want to be minimally invasive with testing and data collection.

Yet they see the need to be informed of trends that may influence curriculum, policies, preventive measures, program options, etc. for children, youth, and their parents/guardians. It appears that LCHAT will be at the center of a coordinated, strategic plan to obtain data for planning, policy, programs, and professional practice.

Key Observations and Findings

The following findings from the survey of four middle schools provided data for parents, school authorities, health care professionals, and Liberty policy makers. Most importantly, the survey results indicate some key areas where the school system, parents/guardians, and youth themselves can act to increase their health today and in the long term. These data were reanalyzed in 2015 and the validated results offer guidance for planning in the immediate future. (*Note: for the results of the full YANS report go to www.lchat.org or www.gpred.org/initiatives/healthy-communities-research-group/*)

- a) **BMI.** On average students (male and female) have mean and median BMI scores that are considered by the Centers for Disease Control and Prevention (CDC) to be high healthy weight and/or borderline overweight. Approximately 60 percent of the study participants were of healthy weight, yet approximately 35 percent were overweight or obese. Another five percent were underweight. These findings are of concern. It should be noted that as a student is elevated to the next grade level, their BMI score tends to increase. This may be due to natural maturation over this period. The primary contributing factors to this trend are undetermined, but should be a priority for school personnel, public health officials, and LCHAT members. An informal on-site visual follow-up rating of students was conducted at three Liberty Middle Schools (Compton, Lesnar, Somoza, and Dr. Julie Moore, Principal) in 2015. This informal study was conducted to determine if the initial BMI data were consistent with the 2014 student reported data which indicated mean BMIs near 30. These observations led the GP RED staff to reanalyze the initial data. A coding error attributed to software transmission was detected. Recalculation of the BMI data yielded a result that was closer to the “observed” findings. The bottom line is that there remains concern over the percentage of students who are in the “high healthy weight” or “overweight” categories.

- b) **Nutrition regimen.** The nutritional regimen of students (male and female) at all three grade levels will require more attention by school officials and parents/guardians. The number of meals skipped, those consumed at fast food outlets, as well as the low consumption of fresh fruits and vegetables are of concern. While there is a good amount of water and milk consumed, it appears to be offset by the number of sodas, energy drinks, etc. that are high in undesirable ingredients.
- c) **Physical activity.** The physical activity behavior of students appears to be tied primarily to organized sport activities. Yet many of the students who appear to be involved may also belong to the same cohort who drop out of programs early. This situation is not just local, but national in scope. The study participants also appear to be deeply immersed in sedentary and solitary behaviors via electronic media (e.g.) TV, video games, tablets, etc. in the hours of 3:00-6:00pm after school.
- d) **Media vs. academics.** Youth reported that about a third of time available on week days and weekends is spent pursuing academic subjects. The choices for active engagement preferred by students appear to revolve around “being with friends” and “having fun.” Add to these activities where “skill development,” “intrinsic motivation,” “reducing stress,” and “social engagement” as core elements, and these may form the basis to engage students in meaningful activities after school.
- e) **Social dynamics.** From the current data, it appears there is a need to further examine the social relationships among middle school students. The students who are in organized sports and outdoor activities report having more friends than those in other after school activities. Developing and sustaining social networks is critical to youth in these formative years. Social inclusion over the teen years is essential, not optional. It is incumbent upon all agencies serving youth to examine the social culture and ensure a sense of belonging, self-worth, inclusion, and social capital. Parental engagement and modeling may also warrant further action campaigns.

- f) **Transportation and Access Options – Inhibitors to being active.** There are few students who walk or bicycle to and from schools. In addition, one might surmise that from the high percentage who are delivered to school by vehicles that the middle school population is not encouraged to be physically active through alternative transportation options. The Year One GP RED report cited a number of issues related to walking, bicycling, and other forms of connectivity due to major obstacles (e.g.) main thoroughfares, bus routes, etc. Walkability to desired venues where youth can engage actively after school is of concern. Major roads through Liberty serve as barriers to children, youth, and their parents who seek active pursuits. The City will be well served to continue to address these limitations through coordinated bike and pedestrian planning.

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V. Liberty: Achievements and future considerations

During Year Three of this SMT *Beta Site* project, the Liberty, MISSOURI community has made substantive progress in creating and sustaining a healthy community through actions that help promote physical activity and may help reduce obesity. The LCHAT Board of Directors and its members have addressed structural, organizational, fiscal, programmatic, logistic, and personal challenges in the formation and operation of LCHAT. Each member is to be commended for their efforts and achievements.

This project is a great example of the strong community outcomes that can be achieved when parks and recreation and public health departments work together with schools, other local government agencies, and the private and non-profit sectors to mutually address factors related to improving health.

A. Key LCHAT Agency Contributions

Especially important are the contributions of five key agencies (Clay County Public Health Department, Liberty Parks and Recreation Department, Liberty School District, the Liberty Hospital Foundation, and the Liberty municipal government).



MISSION STATEMENT

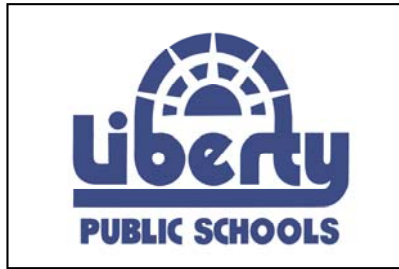
PREVENT • PROMOTE • PROTECT

Clay County Public Health Department (CCPH) Director Gary Zaborac has been a cornerstone in leading the “executive” team in the formative years of this project. The Department has graciously offered space, meeting rooms, and other amenities to support the early phases of the project. During the past two years, the CCPH has been instrumental in conducting surveys of citizens in Liberty, providing technical assistance from its staff, and synchronizing efforts of LCHAT with its own agency operations. In 2015-16, CCPH also supported a part time staff member of LCHAT with office space in its building. Several other CCPH staff members have also contributed significantly to the success of LCHAT and the overall movement. These include Dr. Ximena Ilbaca-Somoza. She has chaired committees, organized, and conducted the Liberty health survey and, above all, has been a strong advocate in the community. Finally, CCPH hired Kate Lesnar as a Community Specialist with a portion of her duties assigned to lead the LCHAT coalition.

Over the three years of the project, CCPH contributed \$15,000 to support the efforts of collecting data, leading organizational efforts and supporting the operations of LCHAT. Of particular note is the fact that the Clay County Public Health Department was awarded full accreditation in 2016. The agency joins an elite group of less than 100 public health agencies who have received this prestigious citation. The contributions by CCPH to the healthy community movement in Liberty have been exceptional. While leading the effort in the community, the agency also received full accreditation from the Public Health Accreditation Board in 2015-16. It is one of 86 public health agencies that have received accreditation in the United States (Note: There are nearly 3,000 public health agencies) (See **Appendix F**).



The Liberty Parks and Recreation Department (LPRD), under the leadership of Janet Bartnik, has been a cornerstone agency in this project. Janet has been a major force in shaping the LCHAT organization during its formative years. She has engaged many organizations and high level public officials in conveying the message of the importance of addressing the obesity issues. Janet Bartnik, Director of the Liberty Parks and Recreation Department, has also been a passionate professional who surged forward with the “Healthy Communities” opportunity to place parks and recreation in a core position. While this pathway had been advocated by scholars in the profession, few administrators have taken the challenge. She has been a formidable leader in shifting the goal of her own agency, while rallying others in the community to join forces. Her effort to raise awareness among elected officials and appointed managers has been invaluable. Janet and her staff at LPRD have been fully engaged in the Beta site process. Since the inception of the project, LPRD has made a major investment in the healthy communities Beta Site project. The Department was instrumental in leading on municipal efforts to revise vending policies, advancing nutritious options, accessibility to local park and recreation venues, and training its staff in advanced methods of data analysis. Its staff have served on a multitude of committees including several of the major committees of LCHAT. In addition, it has provided innumerable hours in reviewing their own operations, goals, services, and holdings. In these processes, the LPRD has evolved. During the past two years there have been significant contributions to the LCHAT operations and the Healthy Communities Beta site project. Over the three years of the project, LPRD has provided financial support each year (\$25,000 plus the GRASP® expenses in 2013), \$10,000 (2014), and \$10,000 (2015) (See **Appendix G** for staff contributions).



The Liberty School District has been an important team member in the process of determining the extent of the obesity issue in Liberty Middle Schools. As is evident, our efforts to address the obesity issue have been focused on 10-14 year old youth. Under the direction of Mrs. Becky Gossett, Director of Special Programs, Liberty Middle Schools and its students have been made available

for study. The YANS data collected over the past two years would not have been possible without the leadership of Mrs. Gossett and support of district officials. In addition, the level of access to students, teachers, and the principals at each middle school was made possible by the school district administrators and their research coordinator. Overall, the principals, teachers, staff, and School District were instrumental in allowing GP RED and the LCHAT team to have access to students for data collection. The YANS study would not have been possible without their cooperation and authorization.

The Liberty Hospital Foundation Live Well Grant Program has been a major financial supporter of the Liberty Beta site project. In 2015, the foundation approved grant in the amount of \$25,000 to support Liberty LCHAT operations. Its unwavering support of the project was a significant underwriting of research, planning, and program development in Liberty. Their continued support was essential to establish LCHAT and sustain the progress that is evident today.



The Liberty municipal government provided other staff who served in the LCHAT organizational phase of the Beta site startup. In these formative efforts they were essential to ensure that the city was informed of the

direction, goals, desired outcomes, and necessary support to ensure success. The technical assistance provided by Liberty staff was invaluable in strategic planning, especially as it related to business and industry in and around Liberty proper.



Sustainability for Your
Health & Our Environment

The Hy Vee Employee Owned Corporation has provided professional staff (Registered Dietitians (Rochelle Hochgraber [Chair, communications team; Lindsey Nelson; and Tamra Thole, Chair, LCHAT Nutrition team]). Through its business partnership with LCHAT, HyVee has provided increased awareness about the importance of healthy foods and choices in Liberty, MISSOURI. In addition, they provide excellent leadership of the LCHAT Nutrition Committee, linked with the public school system, and are in the community raising awareness of fresh foods and the challenges of uncontrolled eating habits.

In sum, these agencies, and the members of LCHAT have made significant strides toward shaping the community toward healthy outcomes. Yet this juncture may be considered the *Alpha* in the long process ahead. Much remains to be done to redirect, guide and shape the future of the citizens of Liberty, MISSOURI. The foundation for the future of Liberty, Missouri lies just ahead and LCHAT will be an integral part of this movement.

VI. Liberty, Missouri: Foundations of a *Signature Healthy Community*

A. Observations, and Recommendations

Observations

Throughout the course of this Healthy Communities Beta site project it has been a distinct honor and privilege to work with Liberty, Missouri, professionals and civic leaders who see Liberty as being a model “healthy community” by design and determination. GP RED, Design Concepts, and East Carolina University staff and project managers want to convey our sincere thanks for a three-year journey marked with success and promise.

Of particular importance is the fact that key public agencies (public health, public schools, and parks and recreation) worked collaboratively throughout this evolutionary process. In addition, the private sector (Liberty Hospital, HyVee Food markets, etc.) also provided important contributions. Finally, the Liberty Hospital Foundation grant support was a major factor in keeping the momentum moving forward.

The quest to address the obesity issue among the youth in Liberty has been launched. The *Beta Site* process leading to the formation of the LCHAT collection of partners was a first, and incredibly important, step in obtaining community involvement, direction, and actions. Under the guidance of the LCHAT Board of Directors, we believe that there are many more healthy community milestones to conquer in the immediate and long term.

B. Additional Strategies to Consider

GP RED project staff offer the following ten (10) strategies to LCHAT members. These are based on evidence gleaned from research literature, evidence based management practices, and successful health promotion strategies across the country. While LCHAT may subscribe to some of these, it may choose to seek other evidence based practices that produce “healthy citizens” and a “healthy community” by any measure.

1. Use Varying Forms of Media to Penetrate Target Markets

In efforts to attract and retain customers, communities must employ varying forms of media to ensure being heard, but most importantly, acted upon. The case for increasing immunizations among children and youth is an example. Policy alone does not produce compliance. Lower prices do not bring all potential customers to the door step. Utilizing varying forms of media that are directed at the consumer and/or parent are of necessity if we are to prevent avoidable illnesses, diseases, and lifestyle related issues such as TV watching. The steps at present to establish a website (www.lchat.org), and to have a presence on *You Tube* (<https://youtube.com/watch?v=EElKogRvHgv>) and *Facebook* (<https://www.facebook.com/libertycommunityhealthactionteam/>) is a very impressive beginning.

2. Employ Evidence Based “Messaging”

While we are often stuck in traditional ways of communicating with children, youth, adults, parents, etc., times have changed dramatically. New cultures arise every several years. It seems imperative to know how individuals communicate to one another. As well, it is essential to understand what they respond to and value in a message. Social media, smart phones, and other devices are in the hands of our grandchildren. The most successful businesses today have clear and varied methods of targeting their potential customers. Campaigns should address: Where do we stand in messaging, and customers acting on the message?

3. Engage and Listen to “Customers/Citizens”

Of critical importance in planning for a community is obtaining information about habits, likes, preferences, options, etc. from the “customer.” The “voice of the customer” is among the most important streams of information the organization can obtain. This project obtained baseline data and perceptions from middle school youth and a community survey. Ongoing collection of updated data is necessary. We often move forward with what has always worked in the past and disregard the expressed desires and/or needs of the customer. This is especially true when it comes to programs or services designed for children and youth. Have we accurate and direct information upon which to plan? Engage them...listen carefully...act accordingly.

4. Own the 3:00-6:00 p.m. Time Slot

The results of the YANS study clearly indicate that middle school youth are consumed during this time period with TV and video games. Add the 10 steps to the fridge, and we have a solid formula to increase BMI. Your agencies must not default to these magnetizing entities. Public agencies now need to “own” these vital hours. Create positive, active, connected, and productive time use during this critical period of each school day. Habits are formed and affirmed in this time frame, and not many of them contribute to a healthy lifestyle. This group of Liberty citizens are the future of the City. Their *intrinsic motivation* to change their behavior must of the highest priority. Our extrinsic motivational strategies are fleeting attempts to create change. Change comes from within the person first, to be applicable at a community and societal level.

5. Data Driven Decision Making

In business, industry, health care, and media, “data” are not just an option, they are essential. Likewise, entities such as LCHAT must obtain, analyze, and utilize data derived from a number of sources. These data must have relevance, utility, and collectively inform your organization. The ongoing effort to “feel” the pulse of the community should not be a onetime occasion. In fact, polling the citizens of Liberty on issues, needs, and health status should be a seminal part of LCHAT’s database. Decisions that are the derivative of information, expressed need, and utilization of services are essential.

What data does LCHAT collect? For what purposes? How will it be used? Further, the application of systems analytics to the trails improvement project of LPRD is a perfect opportunity to demonstrate how trail use might affect physical activity levels of various user groups (i.e.) families, children/youth, seniors, special interest groups such as bicyclists, joggers, botanists, birdwatchers, etc.

6. Strategically Create Healthy Blocks and Spawn Others

There are numerous examples in the literature that cite efforts to “win” back neighborhoods one block at a time. In LCHAT’s efforts to create a healthy community, it may be advisable to start “one block” at a time. The book entitled “The Neighborhood Project” is a classic example of planting seeds and then spreading the concept to other blocks in neighborhoods. A recent TED talk on creating a green look in an urban area of New York City also speaks volumes to the principal of winning the battle to preserve green spaces in urban concrete jungles. Transforming the environment, behaviors, and commitment, can spread a preventive message that neighborhoods are the building block of a healthy Liberty community.

7. Examine Policy and its Effects on Youth and Families

Far too often, the underlying policies of government affect the behavior of a people in a negative manner. The recent changes in food policies at the Liberty School District and the City of Liberty are good examples of *positive policies*. Yet a comprehensive examination of current policies related to the use of public assets (buildings, pools, etc.) and affordances (programs, services, etc.) is not evident. Messaging directed at preventing injury, litigation, and harm are understandable, and often necessary. Yet most signage in public facilities does not convey a positive, welcoming, or healthy context. If we desire to create *brand loyal customers* in our health oriented buildings, facilities, and programs, then the visual and verbal environments must change.

8. Create Full Access To and Utility of Assets/Affordances

In Liberty, the inventory and level of service analyses conducted in Years One and Two have identified some obvious architectural barriers (e.g. major roads, venue locations, etc.). In addition, the most attractive and potentially needed facilities are not accessible by public transportation. All citizens should be provided access to the *assets* and *affordances* where their healthy behaviors can be advanced. *Accessibility* needs to be comprehensive, and means more than providing “a ramp.”

Access also implies that once a young person is in a competitive sport there should be carefully designed options to ensure that these individuals are not excluded from other forms of active “sport” where their friendships may be expanded, not extinguished. Various programs promoting access, such as the 8:80 Program (www.880cities.org) can provide guidelines and ideas for moving forward with full accessibility. Programs that promote access and participation, such as “Park Prescriptions” from the medical community, are showing strong positive effect on increasing utility of the assets and programs that are available in the community.

9. Study Ongoing Relationships between Physical Activity, Nutrition, and Social Engagement

There is clear and compelling evidence that obesity and being overweight is predicated on one’s *nutrition* and *exercise* habits. The data gathered in Years One and Two point to a third important facet to the triangle of healthy people. There is growing evidence that the social connectedness of children, youth, and adults is a major facet that is often missing. More focus on how to prevent social isolation, bullying, hazing, and deselection is necessary. Parental modeling and engagement behaviors are often crucial. While item #4 in this list focused on owning 3:00-6:00 pm, the gravity of isolation, and being deemed “not worthy,” is a powerful agent in shaping healthy or unhealthy habits.

10. Track Progress against Benchmarks

This SMT primarily assesses and establishes data to help set priorities. The ability of LCHAT and its members to track progress regularly will be essential. This will demonstrate that the collective effort of many has impact on the health and well-being of the citizens of Liberty. *Tracking* implies that not only will the health behavior markers of obesity, illness, disease, injury, etc. be recorded, but other *markers* measuring healthy habits of citizens will be obtained. The efforts of Clay County Public Health are a core source of data on illness, immunizations, utilization of health care services, etc. In addition, there should be a coordinated effort to collect data from LCHAT member agencies on a regular basis that focus on the healthy habits and behaviors. This might be done by employing a universal “loyalty” card. There are numerous examples of these programs for merchants. In point of fact, HyVee has one in its stores. LCHAT could benefit financially from a “universal” Healthy Liberty card that would track healthy habits (i.e.) fitness centers, pools, trail use, classes, etc.

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Appendix A: LCHAT Articles of Incorporation

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**ARTICLES OF INCORPORATION
OF
LIBERTY COMMUNITY HEALTH ACTION TEAM**

A Missouri Not-for-Profit Corporation

The incorporator named herein, being a natural person of the age of eighteen years or more and a citizen of the United States, for the purpose of forming a corporation under the "General Not-for-Profit Corporation Law" of the State of Missouri (the "Act"), does hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation is Liberty Community Health Action Team.

ARTICLE II

The corporation is a public benefit corporation.

ARTICLE III

The duration of the corporation is perpetual.

ARTICLE IV

The name and street address of the corporation's registered agent in Missouri is as follows:

Janet Bartnik, Director of Parks and Recreation
City of Liberty
1600 S. Withers Road, Liberty, MO 64068

ARTICLE V

The name and address of the incorporator is as follows:

Gary E. Zaborac, Director of Public Health
Clay County Public Health Center
800 Haines Drive, Liberty, MO 64068

ARTICLE VI

In all events and under all circumstances, and notwithstanding merger, consolidation, reorganization, termination, dissolution, or winding-up of this corporation, voluntary or involuntarily or by operation of law, the following provisions shall apply. This corporation is organized, and shall be operated, exclusively for charitable and educational purposes within the



meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue Law (the "Code"), including, but not limited to, providing individuals, families, businesses, and other organizations the means to financially contribute to health and wellness programs, projects, and services benefiting the Liberty community. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its trustees, directors, officers or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered, to advance or reimburse an allowance for actual expenditures, and to make payments and distributions, in furtherance of the purposes set forth in this Article. The corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office. Except to the extent permitted by section 501(h) of the Code, no substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation. Any other provision of these Articles to the contrary notwithstanding, the corporation shall not carry on any other activities not permitted to be carried on by a corporation:

- (a) exempt from the Federal income tax under section 501(c)(3) of the Code,
- (b) contributions to which are deductible under section 170(c)(2) of the Code, and
- (c) organized under the Act as now existing or hereafter amended.

It is intended that the corporation shall have, and continue to have, the status of an organization which is exempt from the Federal income tax under section 501(c)(3) of the Code, and all terms and provisions of these Articles of Incorporation and the Bylaws of the corporation, and all activities of the corporation, shall be construed, applied and carried on with such intent.

ARTICLE VII

The corporation shall not have members.

ARTICLE VIII

The business, assets and affairs of the corporation shall be managed by incorporator until the appointment of its initial Board of Directors, and the number of persons to constitute its first Board of Directors shall be five (5), four of which shall be representatives selected by each of the four project partners and the fifth being an appointed member from the Liberty Community and agreed upon by the four project partners. Thereafter, the number of directors serving on the corporation's Board of Directors shall be as set forth in the Bylaws of the corporation.

ARTICLE IX

The corporation shall have all the powers permitted a corporation that is both a nonprofit public benefit corporation under the Act and an exempt organization described in section 501(c)(3) of the Code and shall have all of the powers and duties set forth in the Bylaws of the corporation as they may be amended from time to time.

ARTICLE X

Bylaws of the corporation, consistent with these Articles, shall be adopted by the Board of Directors, and may be amended in the manner provided in the Bylaws or the Act.

ARTICLE XI

These Articles may be amended by the Board of Directors in the manner provided by law.

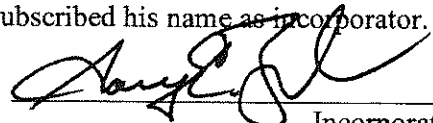
ARTICLE XII

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, distribute all the assets of the corporation to one or more organizations then qualified under section 501(c)(3) of the Code and classified as a "public charity" under the Code as selected by the Board of Directors of the corporation. Any of such assets not so disposed of shall be disposed of by the Circuit Court in Clay County in which the principal office of the corporation is then located to such organization or organizations as said court shall determine and as are then qualified under section 501(c)(3) of the Code and classified as a public charity under the Code.

ARTICLE XIII

The effective date of this document is the date on which it is filed by the Office of the Secretary of State of Missouri.


IN WITNESS WHEREOF, the undersigned has subscribed his name as incorporator.


_____, Incorporator

STATE OF MISSOURI)
) ss.
COUNTY OF CLAY)

I Barbara J. Travis, a notary public, do hereby certify that on the 12 day of February, 2015, personally appeared before me Barry E. Dabore, and, being first duly sworn by me, acknowledged that he/she signed as his/her free ~~act~~ and deed the foregoing document as incorporator, and declared that the statements contained therein are true to his/her best knowledge and belief.

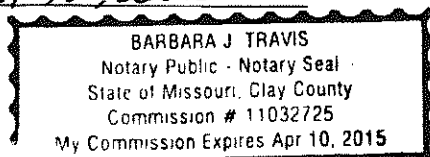
IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year written above.



Notary Public

My commission expires:

April 10, 2015



STATE OF MISSOURI



Jason Kander
Secretary of State

CERTIFICATE OF INCORPORATION

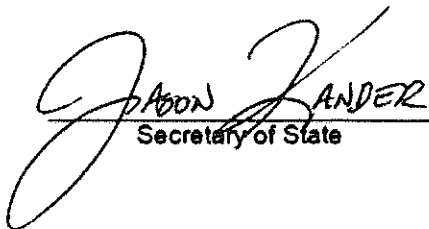
WHEREAS, Articles of Incorporation of

Liberty Community Health Action Team
N000698995

have been received and filed in the Office of the Secretary of State, which Articles, in all respects, comply with the requirements of Missouri Nonprofit Corporation Law;

NOW, THEREFORE, I, JASON KANDER, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do hereby certify and declare this entity a body corporate, duly organized this date and that it is entitled to all rights and privileges granted corporations organized under the Missouri Nonprofit Corporation Law.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of June, 2015.


Secretary of State



Appendix B: CCPH Liberty Citizen Health Survey Results

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**LCHAT COMMUNITY
SURVEY**



INTRODUCTION

Liberty Community Health Action Team (LCHAT) is a community coalition initiative, under the leadership of Liberty Parks and Recreation, Clay County Public Health Center, Liberty Public Schools and Liberty Hospital. It is in the second year of implementation. LCHAT's vision is to create a community where healthy behaviors are the easy and preferred choice. Their mission is transforming Liberty today toward a healthy, active, connected community tomorrow. One of their steps for this year was the development of three committees: Community Input and Direction, Communications and Social Services. The initial goal of the Community Input and Direction Committee was to seek community input on the proposed goals and objectives from Liberty community members.

The committee identified early on, that in order to seek input on the proposed goals, it first needed to survey the community to identify community awareness and priorities on health-related issues, risk factors and risk behaviors, as well as awareness of LCHAT work, which the group perceived as a weakness in the process.

It is the expectation of the committee that the results will be incorporated into the City of Liberty Community Health Profile and Community Health Assessment, as well as to drive the development of community wide messaging from LCHAT and future directions to improve the health in Liberty.



CALL TO ACTION

The information contained in this report provides important insights into the perceptions and opinions of respondents on health issues and risky behaviors in the Liberty community, as well as their own self reported health status and exercise habits. The results are especially enlightening when viewed by race/ethnicity, as differences clearly exist in perceptions of healthy community factors and risky behaviors.

This survey data is an important component of the comprehensive health data contained in the Clay County Public Health Center's *Community Health Profile and Community Health Assessment*. Cumulatively, this vast information provides an unprecedented look at the health status of our community members and their views on issues affecting community health.

Community members are encouraged to review the findings and get involved in changing the health of the community for the better.

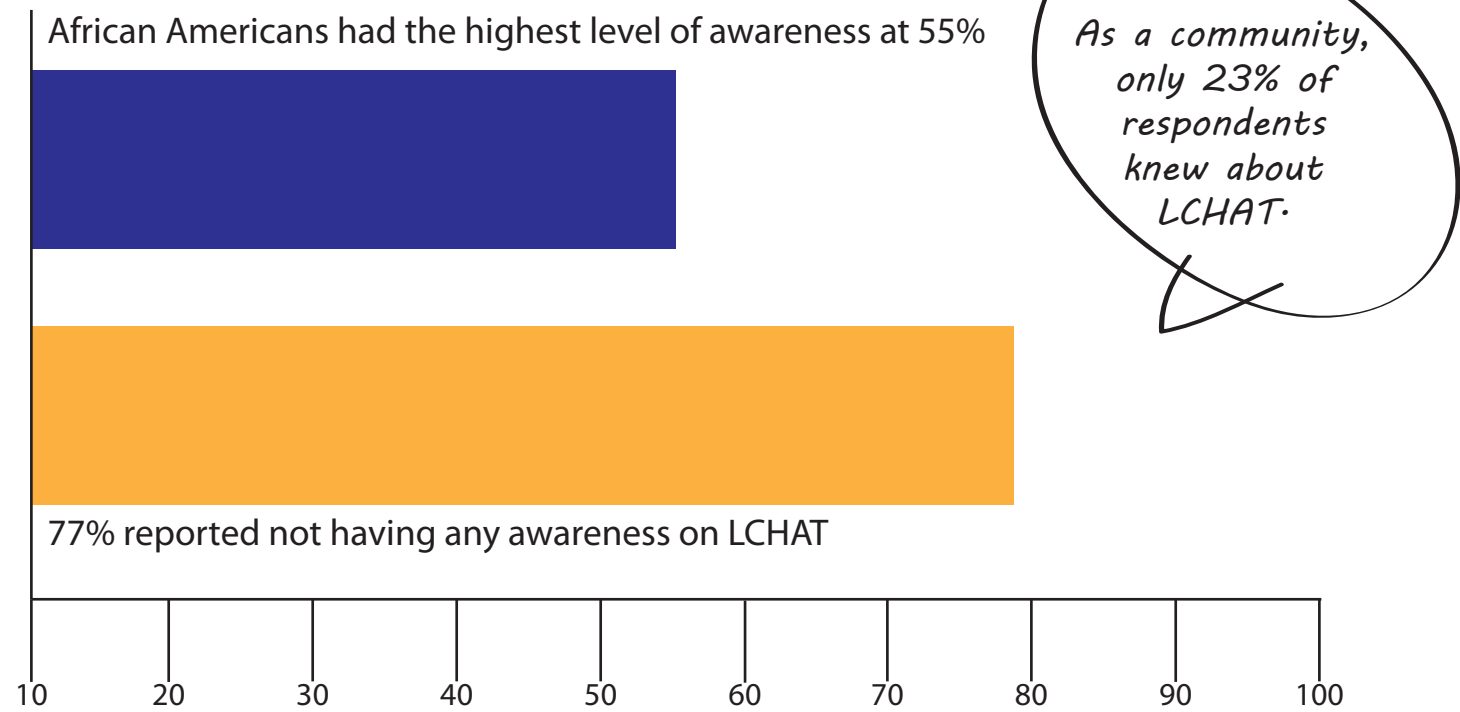
How can I get involved?

- One way is to learn more about LCHAT and get the word out. Visit www.lchat.org to learn more and ways you can help.
- Community members are encouraged to attend a meeting, spread awareness of the group's work and encourage others to take the lead in being healthy as well.
- Become involved in the policy making process. Contact your elected officials to start the conversation for such policies as clean air ordinances, clean environment, urban planning, etc.
- City and business leaders can use this data to target specific community concerns and needs.
- Rally behind organizations, such as the Liberty Public Schools on healthy eating and exercise programs.

Who can I contact?

Kate Lesnar, LCHAT project coordinator
klesnar.lchat@gmail.com
Website: www.lchat.org
Office: 816-595-4213

LCHAT AWARENESS



EXERCISE & PHYSICAL ACTIVITY

Despite this survey being done during the winter months, self-reported physical activity in the last 30 days was reported at **76%**. Although the community center was the least used, walking trails and parks were the most popular venue for physical activity.



52% Used walking trails



29% Used community center



44% Used parks

METHODOLOGY

The committee worked on a previously designed Community Health Needs Assessment survey, a community driven strategic planning process for improving community health, adopted by the Clay County Public Health Center as part of the Community Health Development program.

- The original instrument consisted of:
- Demographics: To identify anyone who works, plays or lives in the community being surveyed, with a focus on basic demographics, such as gender, age, race/ethnicity, income, educational attainment, household size and household income.
 - Community beliefs on the most important factors for a “healthy community.”
 - Community beliefs on the most significant health problems.
 - Community beliefs on the most significant risky behaviors.
 - With the help of Dr. David Compton, GP Red Consultant, LCHAT added four questions to the original survey. The respondents self-rated on health status, if they had done physical activity in the last 30 days, most common venue they used for physical activity and knowledge/awareness of LCHAT.

The sample size was estimated at 588, with a 95 percent confidence level and a 4 percent confidence interval. The survey was developed in Survey Monkey and the information collected was anonymous. A news release was issued in early January, and the survey went live January 6, 2015 through February 15, 2015, more than 800 responses were received. Approximately 50 surveys were voided for incomplete responses.

PRELIMINARY FINDINGS

The charts on the following pages describe what the Liberty community believes are the top five most important factors in the areas of a healthy community, most significant health problems, risky behaviors and exercising and physical activity.

HEALTHY COMMUNITY FACTORS



61% Low crime & safe neighborhoods



38% Access to healthy food



60% Good schools



54% Access to health care



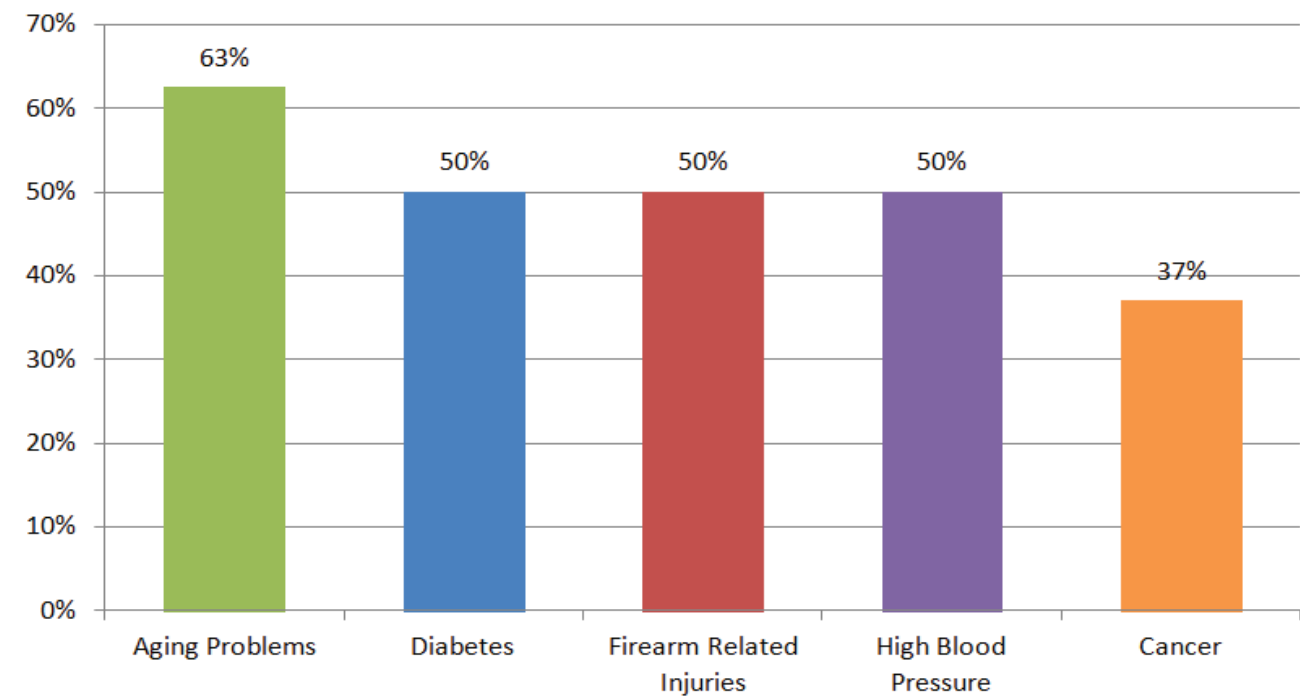
47% Good jobs and economy

These were closely followed by: good place to raise children at 37% and a clean environment at 36.1%.

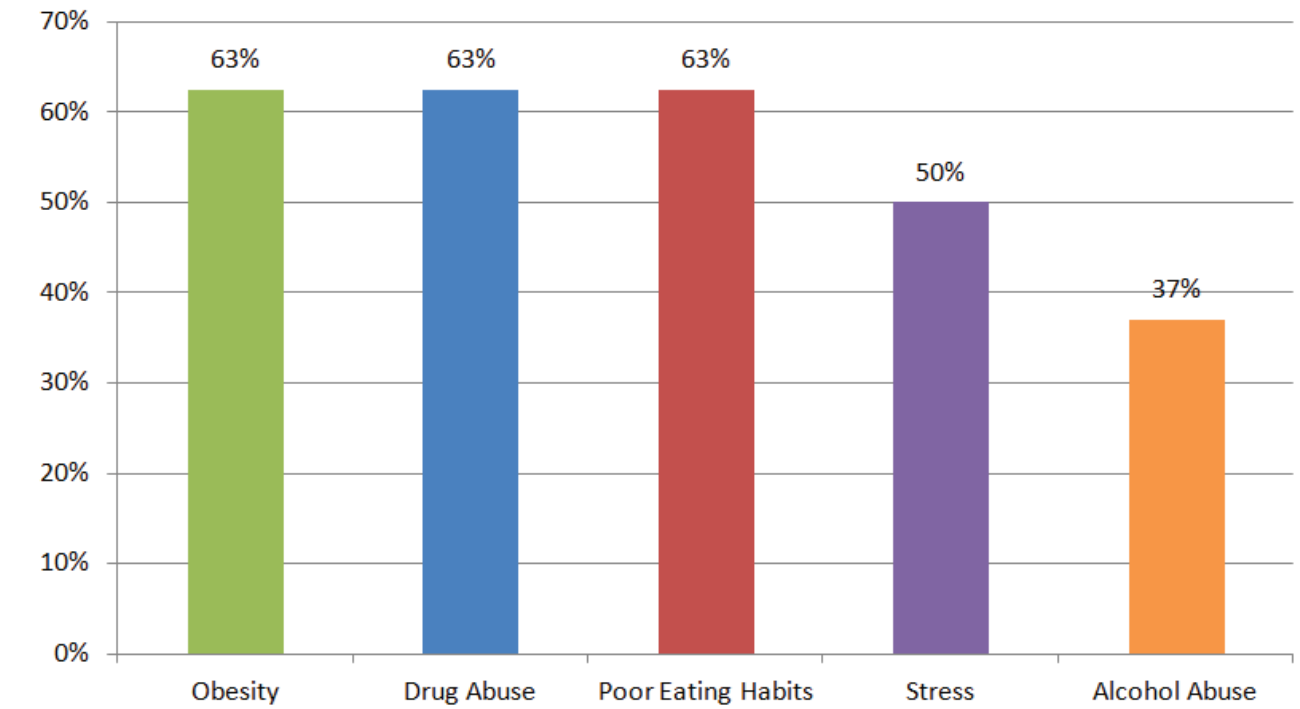
For the two largest minority groups in Liberty, community factors linked to housing were rated as important. For Hispanics, a clean environment was an important factor, as for African Americans, it was affordable housing.

Hispanics noted in almost 40% of responses spiritual values as a protective health factor.

SIGNIFICANT HEALTH PROBLEMS



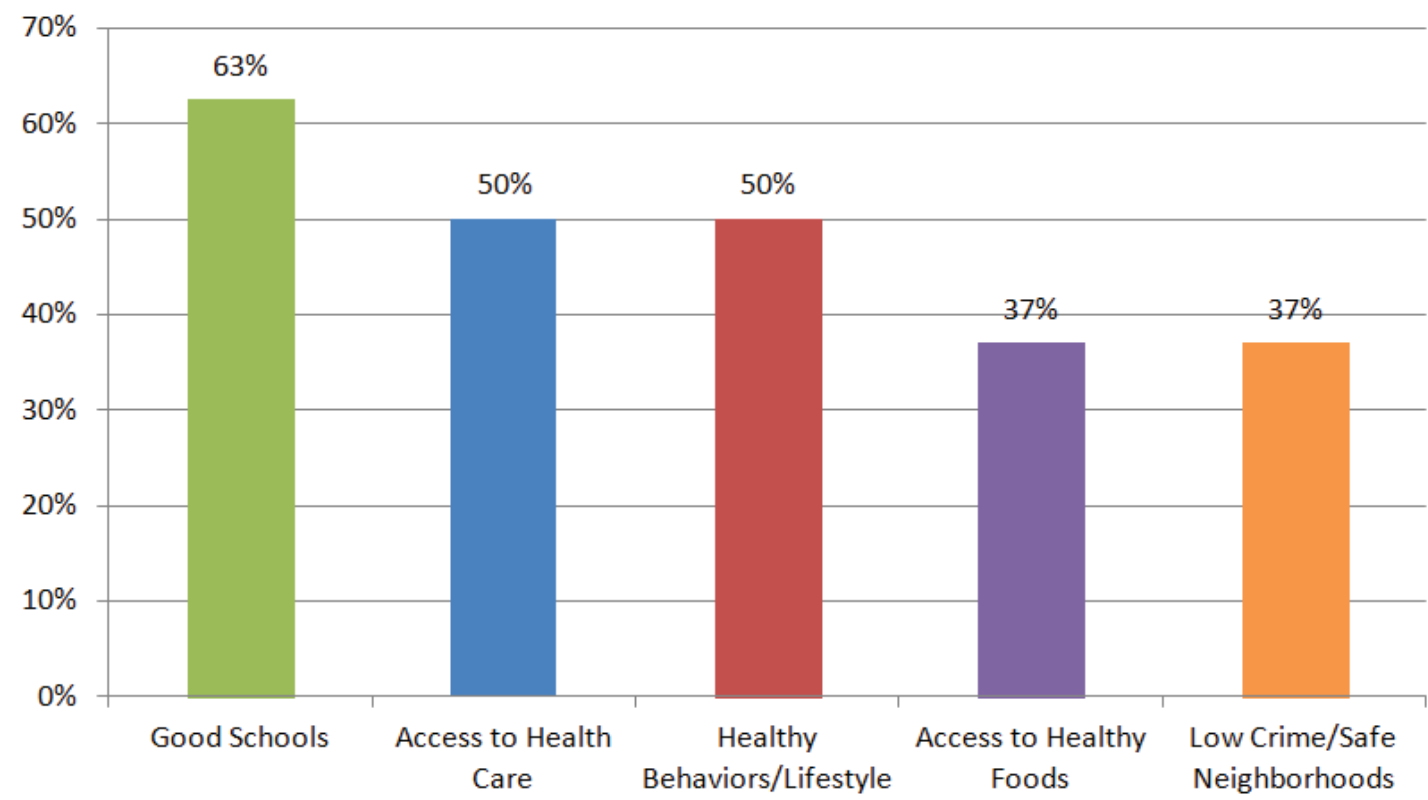
SIGNIFICANT RISKY BEHAVIORS



ASIANS

A total of eight Asians responded to the survey. Thirty-eight percent had a household income of \$50,000 or more, while 38% were at \$25,000 or less. The average age of the respondents were 45.5 years old, with an average household size of 4.5 people.

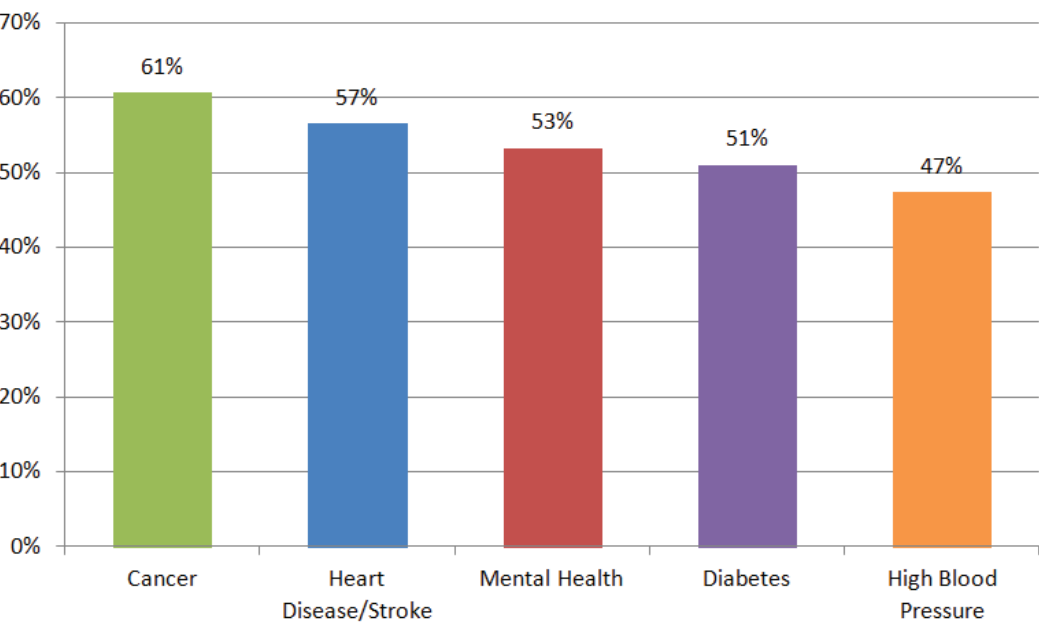
HEALTHY COMMUNITY FACTORS



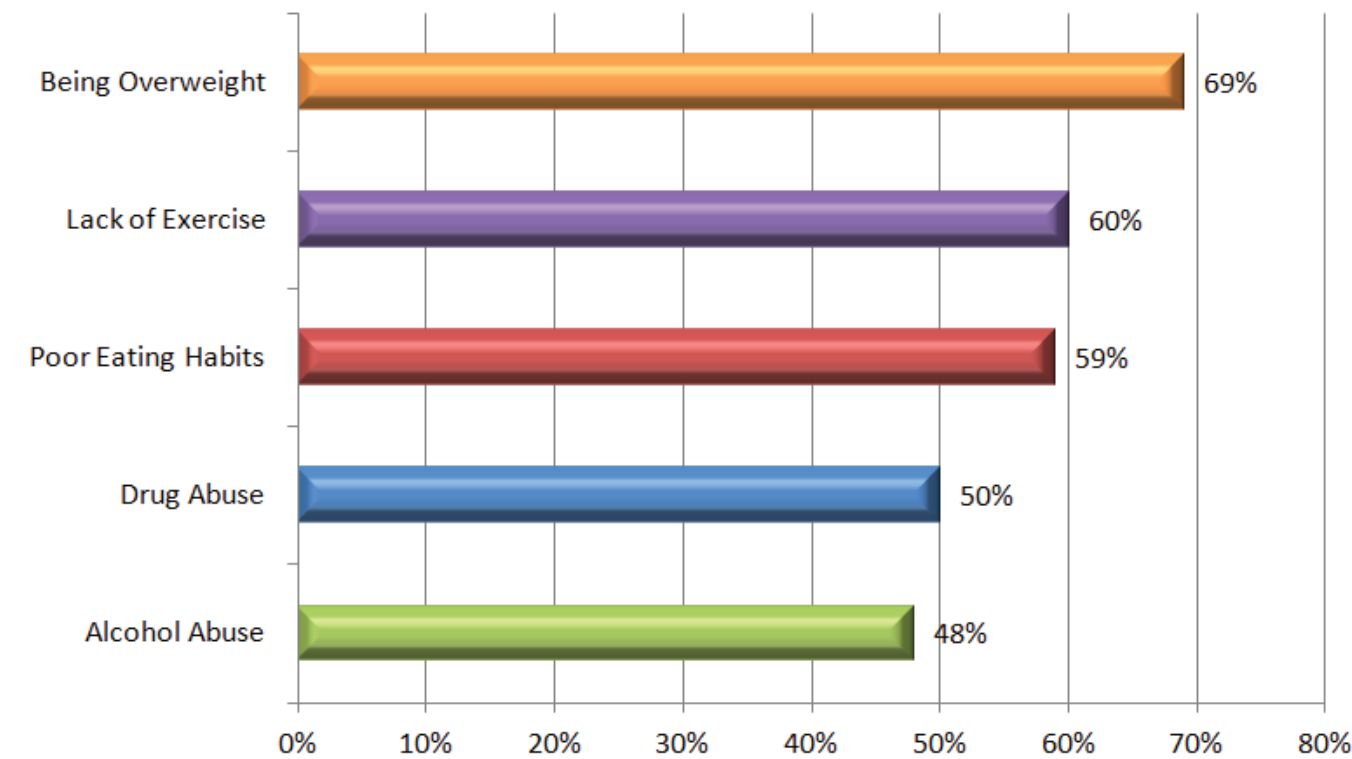
SIGNIFICANT HEALTH PROBLEMS

Minorities in Liberty, although on agreement with the top health problems, identified different health problems for to each community.

For Hispanics, it was domestic violence and aging problems, and for Asians, it was firearm related injuries. African Americans reported high concerns for STD's and teen pregnancy.



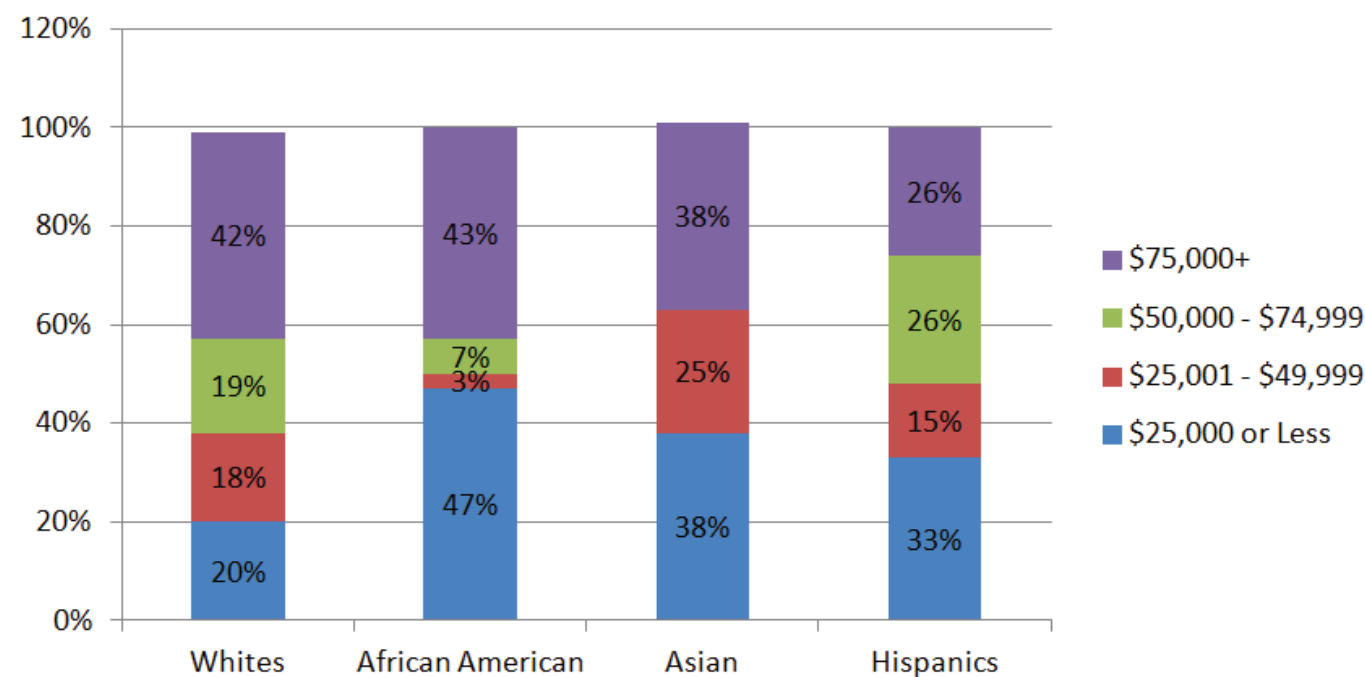
SIGNIFICANT RISKY BEHAVIORS



The only different identified risky behaviors for Hispanic and Asian communities in Liberty was stress. For African Americans, their concerns were linked to their perceived health problems, such as unsafe sex, dropping out of school, racism and stress in 33% of respondents. Very closely behind was tobacco/e-cigarettes and alcohol abuse.

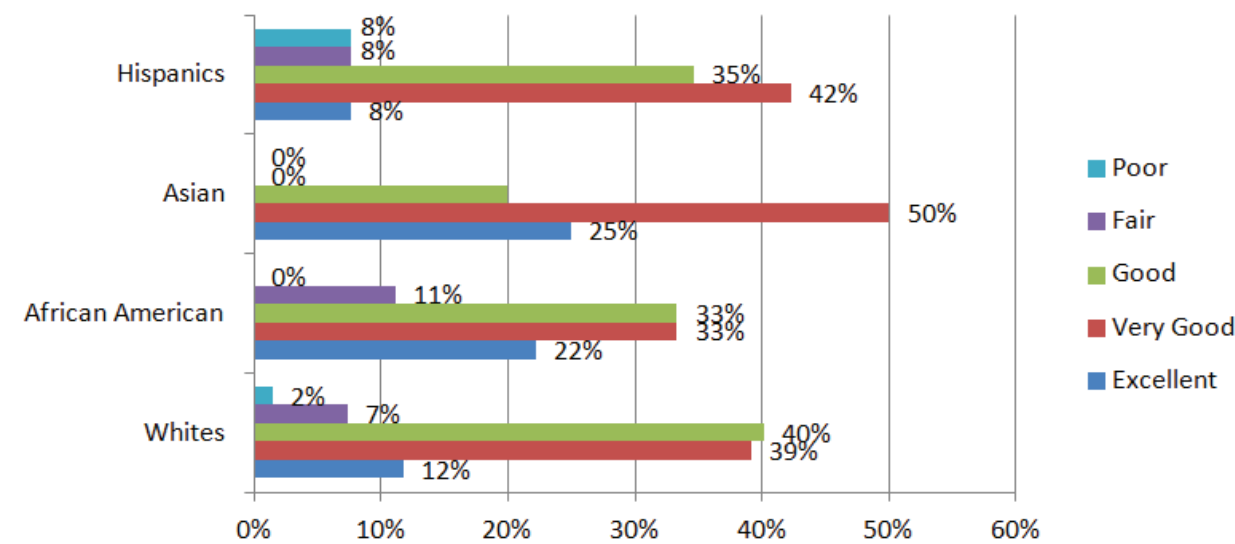
PRELIMINARY FINDINGS - CONTINUED

Household Income by Race/Ethnicity



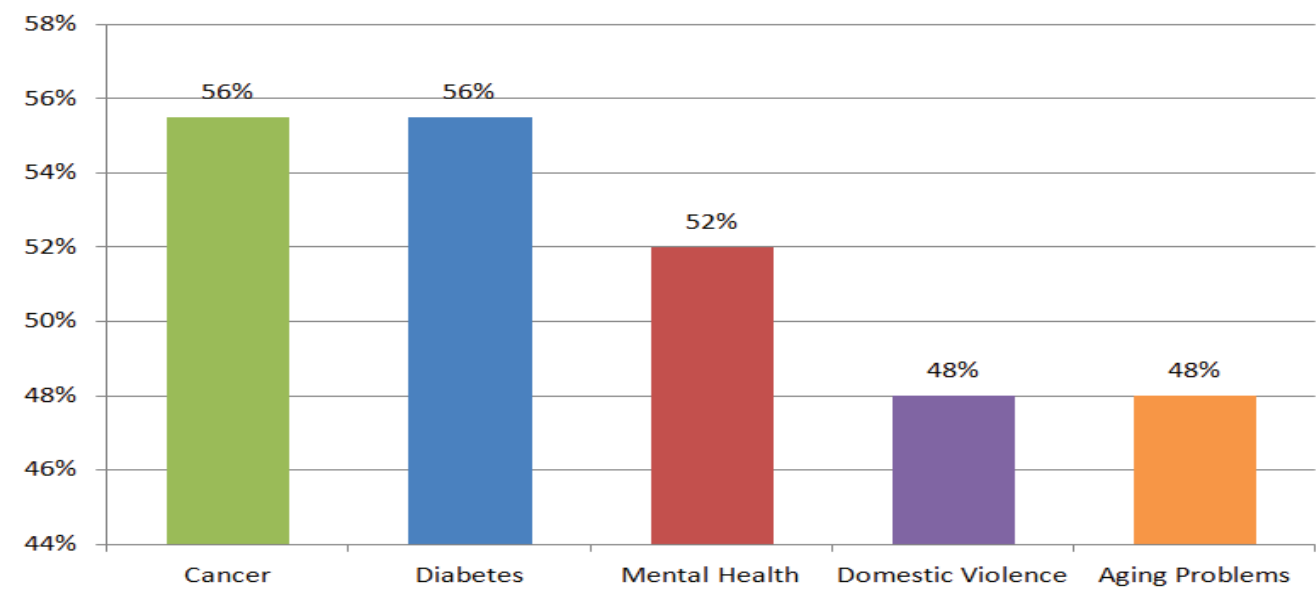
For household income, respondents show that among certain groups, such as Asian and African Americans, they are on either extremes of income, under \$25,000 or above \$75,000.

Self-Reported Health Status by Race/Ethnicity - Liberty



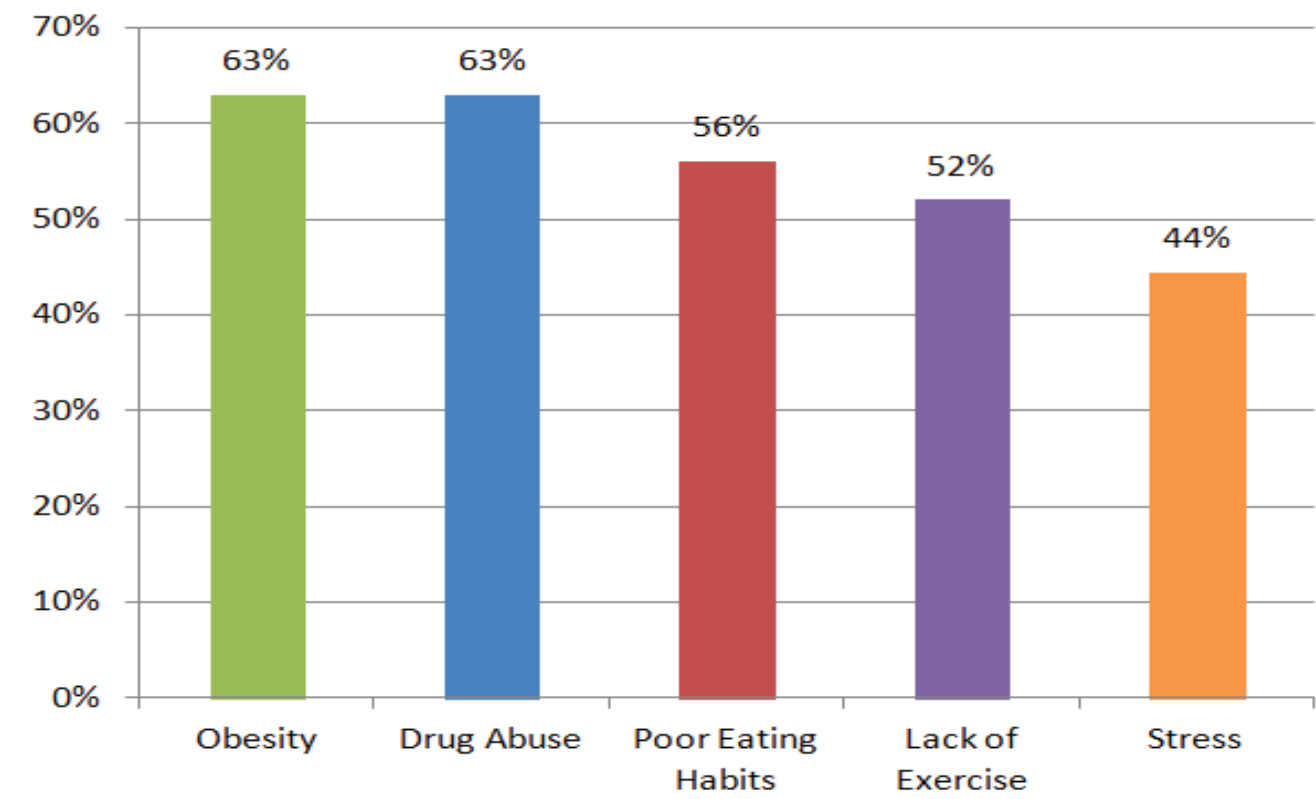
Overall, nearly 80% of the respondents in the Liberty community reported their health as very good or good. The groups with the highest disparities in self reported health status are seen among Hispanics and Whites. Asians as a group have the best self reported health status.

SIGNIFICANT HEALTH PROBLEMS



Other significant health problems included high blood pressure at 44% and heart disease and stroke at 41%.

SIGNIFICANT RISKY BEHAVIORS

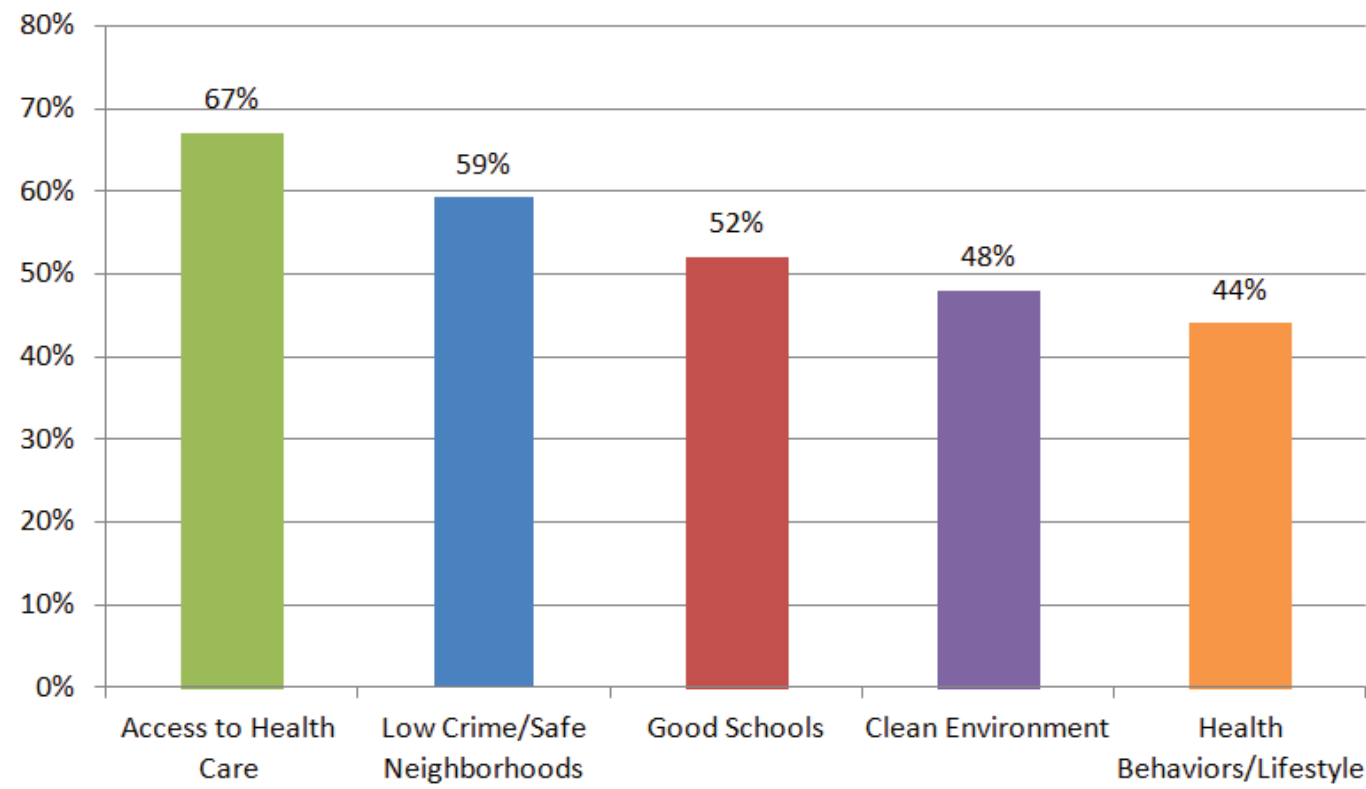


Other risky behaviors identified were alcohol abuse at 44%, dropping out of school and not getting shots to prevent disease, both at 37%.

HISPANICS

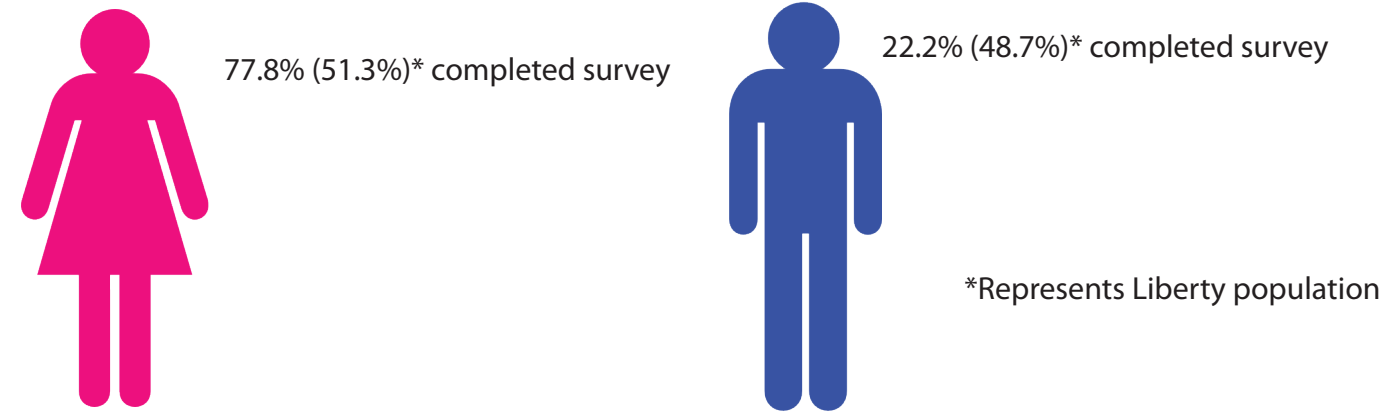
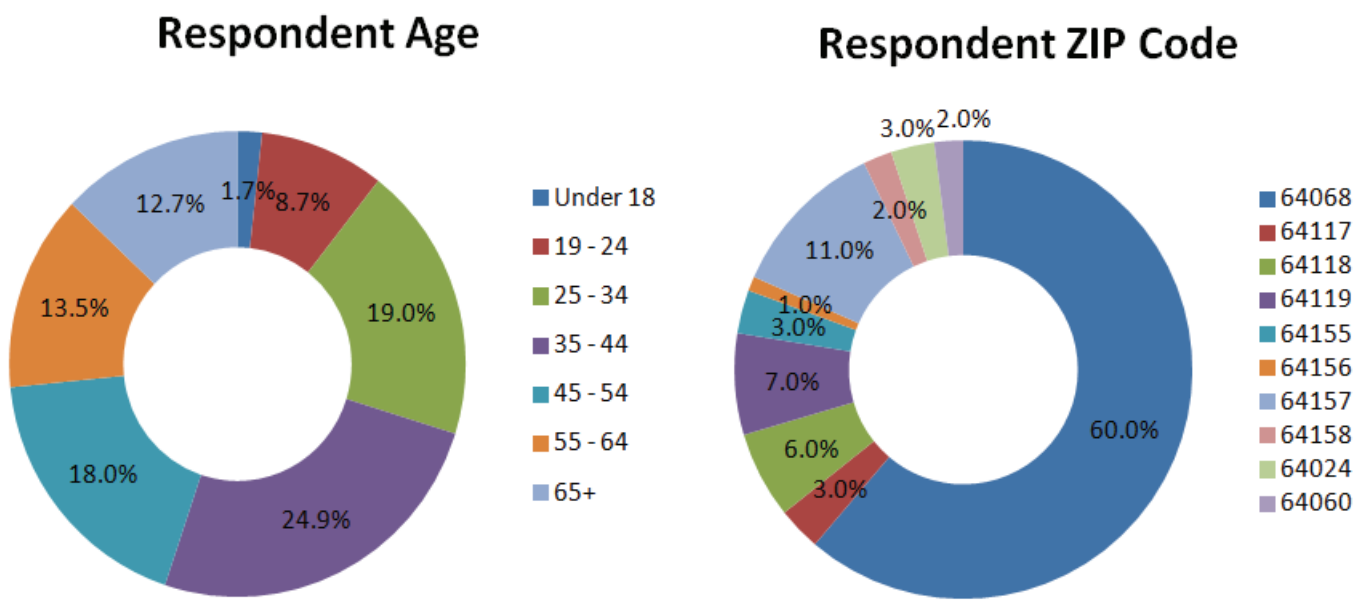
A total of 27 Hispanics responded to the survey. Fifty-two percent had a household income of \$50,000 or more, while 33% were at \$25,000 or less. The average age of the respondents were 42 years old, with an average household size of 3.5 people.

HEALTHY COMMUNITY FACTORS



In sixth place, was spiritual values at 37%.

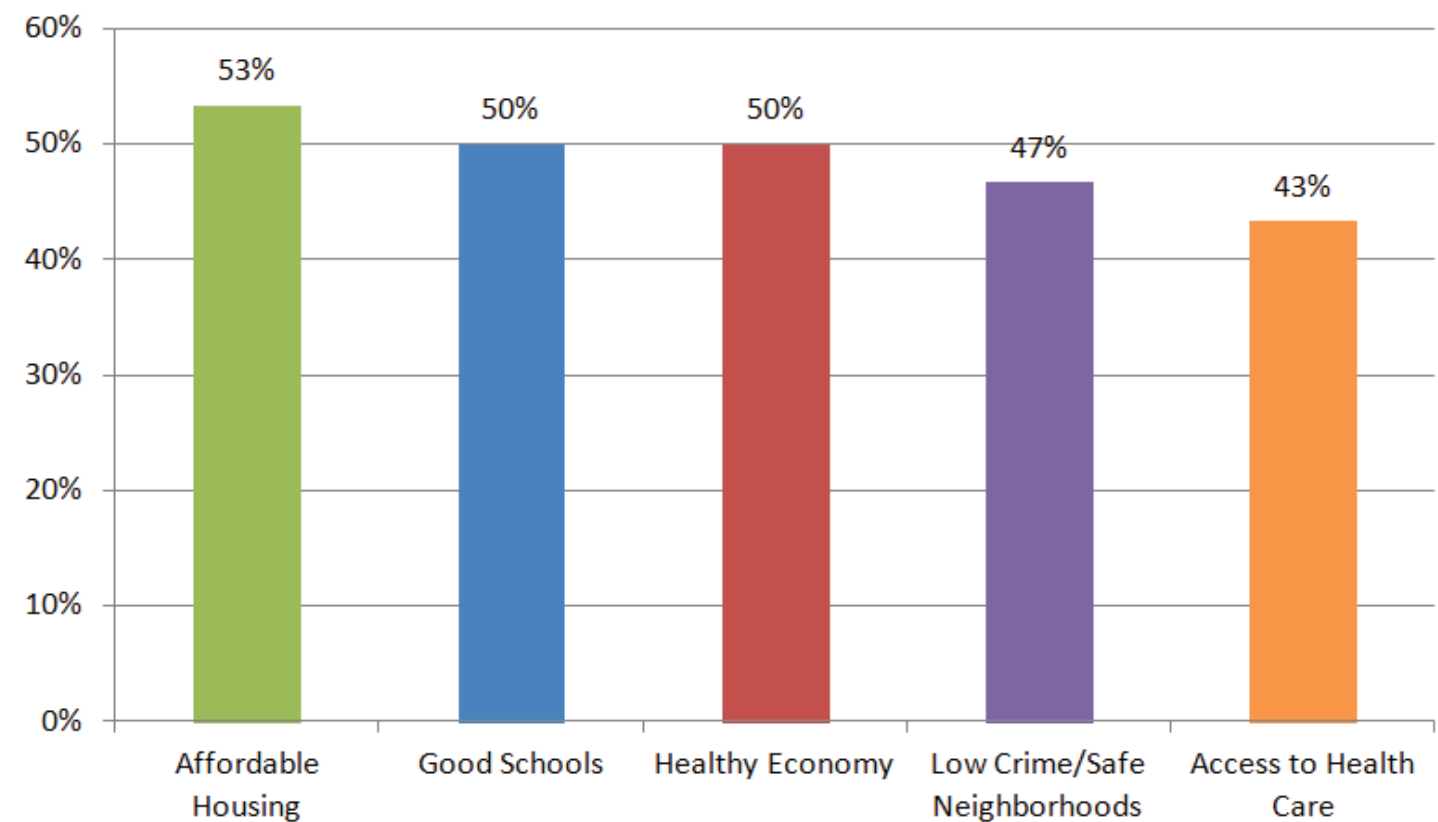
SURVEY DEMOGRAPHICS



AFRICAN AMERICANS

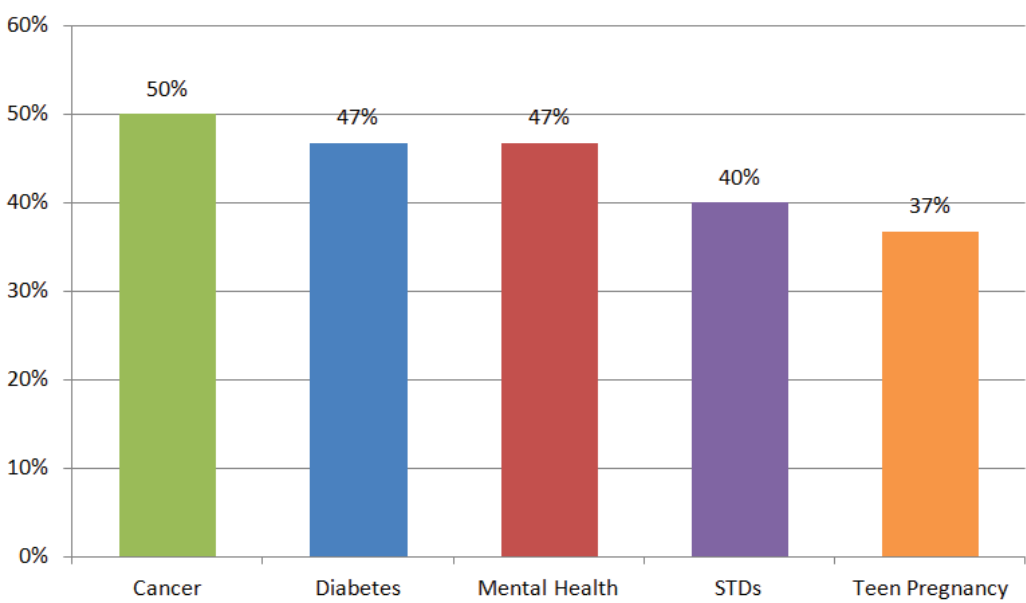
A total of 30 African Americans responded to the survey, with an average age of 36.4 (younger than Hispanics), with an average household size of five.

HEALTHY COMMUNITY FACTORS



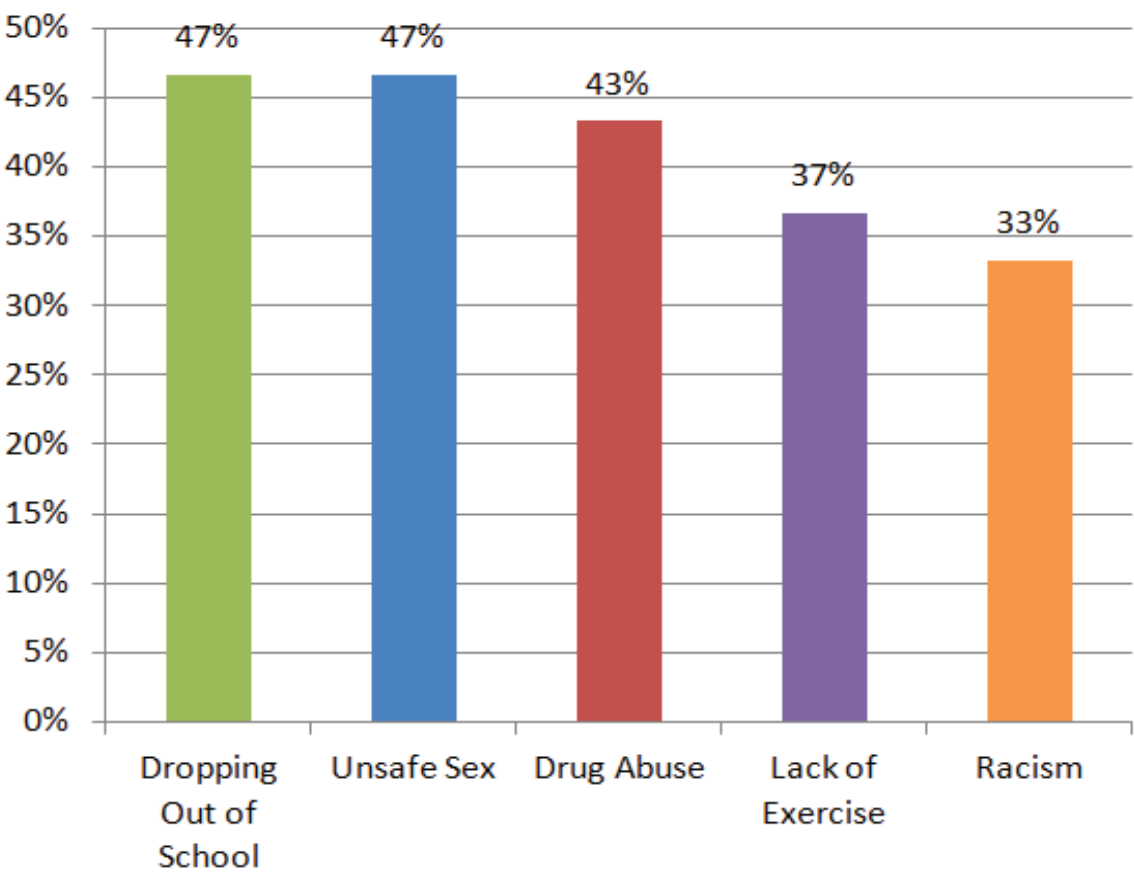
Other factors discussed include a good place to raise children and access to healthy food, both receiving 37%.

SIGNIFICANT HEALTH PROBLEMS



Heart conditions, such as heart disease, stroke and high blood pressure all got 33%.

SIGNIFICANT RISKY BEHAVIORS



Other risky behaviors identified are stress at 33% and tobacco/e-cigarettes and alcohol abuse receiving 30%.

Appendix C: Proposed HIA Fact Sheet for Health Impact Assessment

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HEALTH IMPACT ASSESSMENT FACT SHEET

February 2013

What is a Health Impact Assessment?

Health Impact Assessment (HIA) is a practical approach that uses data, research and stakeholder input to determine a policy or project's impact on the health of a population.

In practice, HIA is a useful way to

- Ensure that health and health disparities are considered in decision-making.
- Engage stakeholders in the process.

How is it Done?

A typical HIA includes six steps:

1. Screening - Determines the need and value of an HIA
2. Scoping - Determines which health impacts to evaluate, the methods for analysis, and the work plan for completing the assessment
3. Assessment - Provides: a) profile of existing health conditions; b) evaluation of health impacts
4. Recommendations - Provides strategies to manage identified adverse health impacts
5. Reporting - Includes development of the HIA report and communication of findings and recommendations
6. Monitoring - Tracks impacts of the HIA on decision-making processes and the decision, as well as impacts of the decision on health determinants

Within this general framework, approaches to HIA vary as they are tailored to work with the specific needs, timeline, and resources of each particular project.

When is it Done?

HIA is a flexible process. Generally an HIA should be carried out before a decision is made or policy is implemented, to allow the HIA to inform the decision or policy.

How Much Does it Cost?

Because HIA can be described as a spectrum of practice, there is no standard cost for conducting one. Health Impact Assessments are highly tailored to work with individual budgets. Scale and approaches of HIA vary based on:

- The depth and breadth of issues analyzed
- The types of research methods employed
- The extent to which stakeholders are involved in developing the HIA
- The way that HIA findings are used
- The relationship to regulatory requirements

Health-focused foundations and public agencies are increasingly interested in funding HIAs as a way to proactively reduce costly negative health outcomes that may be associated with a proposed decision or policy.

HOW DOES HIA START?

An HIA can be initiated by public health practitioners, community groups, advocacy organizations, affected stakeholders, responsible public agencies, or policy-makers who are interested in the consideration of health in a decision-making process. HIA can also be required by project-specific legislation or to comply with environmental regulations.

Is HIA Time Consuming?

Like cost, the length of an HIA can vary, but even a long and complicated HIA is likely to reduce the time associated with project approval. When recommendations from a well-executed HIA (e.g., one that involves community stakeholders) are implemented, the project is less likely to get held up in the approval process or by litigation.

What Does an HIA Produce?

Generally, a completed HIA results in a report that documents the HIA process and findings. This report can then be used to inform policy-makers and engage communities in advocating for decisions in the best interest of community health.

How Do I Know if an HIA is Appropriate?

In order to assess whether an HIA is appropriate, one should consider the potential for the HIA to influence the proposal, the timing of the proposal, and the capacity of stakeholders and community members to participate. Screening, the first step in conducting an HIA, will help you determine if the HIA is appropriate by addressing these considerations.

Is an HIA Ever Required?

Currently, there are few state and no federal regulations that require HIA. However, because many laws and regulations do require the consideration and analysis of health effects on proposed project and plans, an HIA can be a great way to comply with these types of requirements. HIA can also add value to Environmental Impact Assessment.

What Is the Result of an HIA?

There are two desired outcomes of an HIA. One is to influence policies and projects in a way that improves health and diminishes health disparities. The other is to engage community members and stakeholders so they understand what impacts health and how to advocate for improving health.

The Benefits of HIA

At Human Impact Partners, we are dedicated to helping organizations and public agencies who work with low-income communities and communities of color to understand the effects of projects and policies on community health. And we help them use this information to take action.

Our HIAs have looked at many topics, including land use, transportation and housing plans and projects, as well as employment, incarceration and education policy.

Here's what our work has led to:

- *Changes in proposed developments that improve neighborhood housing and employment conditions.*
- *The inclusion of comprehensive health analyses in decision-making processes that would have otherwise not included such analyses.*
- *Changes in how policies are framed and debated to improve public health.*
- *An increase in coverage of health impacts of decisions in the news.*
- *New collaborations between community organizations, public agencies, and other stakeholders to make sure health is considered in decisions.*
- *Increased participation in decision-making processes by community residents and empowerment of community organizations.*
- *New capacity among our partners to conduct HIA successfully.*

Appendix D: LCHAT Brochure

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HISTORY

In January 2013, The Liberty Parks and Recreation Department was selected as the second nationwide "beta site" for the Healthy Communities Surveillance and Management project. Not wanting efforts to dissolve once this 3-year project finished, LCHAT was formed.

We have made great strides in the last 3 years, and hope to make many more through additional community involvement! LCHAT is officially a 501(c)3, non-profit organization. If you would like to make a tax deductible donation to LCHAT, please contact the LCHAT Project Coordinator at 816-595-4213.



Project Coordinator, Kate Lesnar

800 Haines Drive

Liberty, MO 64068

Phone: 816-595-4213

E-mail: klesnar.lchat@gmail.com

www.lchat.org

Email Kate to learn more or join one of our four teams:

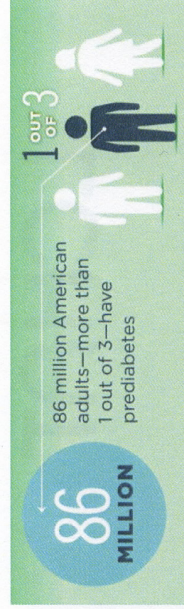
1. Nutrition
2. Physical Activity
3. Communications
4. Social Inclusion/Service Providers



Creating a community
where healthy behaviors
are the easy and
preferred choice!

CHALLENGE

The increase in obese Americans is costing our country billions of dollars in healthcare costs annually, and at its current rate, will affect **1 in 3 people by the year 2050**. Through proactive community initiatives, The Liberty Community Health Action Team (LCHAT) is pursuing preventative measures to combat the obesity epidemic and improve the quality of public health for Liberty, Missouri.



In the Robert Wood Johnson Foundation's 2012 County Health Rankings, Clay County's adult obesity rate was cited at 28 percent. Fifty-two percent of nutritional opportunities in our community are fast food. This average sits well above the national rate and contributed to Clay County ranking last in physical environment among Missouri's 115 counties. LCHAT's mission aims to raise awareness to these challenges and connect community partners to unite to act against them.

WHAT IS LCHAT?

LCHAT is a coalition of community partners including a number of local businesses, individual community advocates, the City of Liberty, Clay County Public Health Center, Liberty Hospital, the Liberty Public School District and the parents who support it.



LCHAT's vision is to **create a community where healthy behaviors are the easy and preferred choice**.

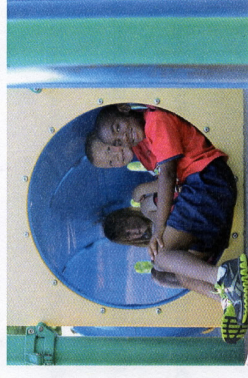
LCHAT has three key performance areas:

1. Promote healthy eating
2. Increase physical activity
3. Advance social acceptance & inclusion for all

LCHAT's goals and objectives for each performance area will shape public policies, practices and programs to disrupt and improve the current health environment in Liberty, MO. These improvements are key to your community's well-being; where you live matters to your health!

ACCOMPLISHMENTS

- Implemented a healthy food & beverage vending machine policy in Liberty Public Schools — first to do so in the KC Metro!
- Established Liberty Parks & Rec programs that promote physical activity, like fencing, in school facilities after the school day ends.
- Facilitated new park development through Liberty Parks & Rec who purchased three parcels for assembly in a neighborhood that had previously not had access to a park, with-in walking distance.



HOW YOU CAN HELP

Are you a parent, business owner, or community member that cares about making Liberty an empowering place to live, work and play? We value having diverse opinions and advocacy members in our coalition and invite you to join our cause.

Help make an impact in your community and consider joining one of LCHAT's taskforces!

Contact LCHAT Project Coordinator, Kate Lesnar at klesnar.lchat@gmail.com, **816-595-4213** or www.lchat.org to learn more or get involved.

Appendix E: LCHAT Membership Roster 2015-2016

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LCHAT Teams & Members



LCHAT Board

| Name | Position | Organization | Email | Phone |
|----------------|-------------|------------------|--|--------------|
| Gary Zaborac | Chairperson | CCPHC | gzaborac@clayhealth.com | 816-595-4202 |
| Janet Bartnik | Co-Chair | LPR | jbartnik@ci.liberty.mo.us | 816-439-4363 |
| Diane Kipping | Secretary | Liberty Hospital | dkipping@libertyhospital.org | 816-415-5283 |
| Rebecca Fisher | Treasurer | LPS | rfisher@liberty.k12.mo.us | 816-736-2701 |

Nutrition Team

| Name | Position | Organization | Email | Phone |
|---------------------|----------|------------------|--|--------------|
| Tamra Thole | Lead | Hy-vee | 1384dietitian1@hy-vee.com | 816-792-3210 |
| Barb Vukits | Member | Aramark | vukits-barbara@aramark.com | |
| Beth Reule | Member | | bethreule@aol.com | |
| Brad Kramer | Member | LPS-Food Service | bkramer@liberty.k12.mo.us | |
| Diane Kipping | Member | Liberty Hospital | dkipping@libertyhospital.org | 816-415-5283 |
| DK Taylor | Member | LPR | dkaylor@ci.liberty.mo.us | |
| Gary Zaborac | Member | CCPHC | gzaborac@clayhealth.com | 816-595-4202 |
| Janet Bartnik | Member | LPR | jbartnik@ci.liberty.mo.us | 816-439-4363 |
| JD Biggs | Member | Advocare/Parent | jdbiggs12@gmail.com | 816-885-5686 |
| Jennifer Cantrell | Member | Parent | gigi.cantrell@gmail.com | 816-213-5213 |
| Misty newland | Member | LPS-Food Service | mnewland@liberty.k12.mo.us | |
| Rachelle Hochgraber | Member | Tru Balance | rhochgraber@findtrubalance.com | 816-792-3210 |
| Rebecca Fisher | Member | LPS | rfisher@liberty.k12.mo.us | 816-736-2701 |
| Ximena Somoza | Member | CCPHC | xsomoza@clayhealth.com | |
| Von Gulliford | Member | LPS-FS Director | vgulliford@liberty.k12.mo.us | |

Priorities

- Increase fruit and vegetable consumption
- Increase number of days students eat breakfast a week.
- Increase adhesion to school wellness policies, focusing on:
 - Using teachers as positive, healthy role models
 - Not using food as a reward
 - Parents education
- Increase daily water consumption from 68% to 75% in students by 2017.

Physical Activity Team

| Name | Position | Organization | Email | Phone |
|------------------|----------|-----------------|--|--------------|
| Chris Wilson | Lead | LPR | cwilson@ci.liberty.mo.us | 816-439-4384 |
| Becky Gosset | Member | LPS | bgosset@liberty.k12.mo.us | |
| Brittany Fischer | Member | LPR | bfischer@ci.liberty.mo.us | |
| Gene Gentrup | Member | City Councilman | ggentrup63@gmail.com | 816-679-7249 |
| Jamie Powers | Member | CCPHC | jpowers@clayhealth.com | 816-595-4237 |
| Janet Bartnik | Member | LPR | jbartnik@ci.liberty.mo.us | 816-439-4363 |
| Katherine Sharp | Member | City | ksharp@ci.liberty.mo.us | |

Priorities

- Complete walkable/bikable assessment of community.
- Complete pedestrian crossing assessment
- Increase outdoor recreation

Service Providers Team

| Name | Position | Organization | Email | Phone |
|------------------|----------|-------------------|--|--------------|
| Chris Lucas | Member | LPR | clucas@ci.liberty.mo.us | |
| Brittany Fischer | Member | LPR | bfischer@ci.liberty.mo.us | |
| Drew Elam | Member | | delam@clclodging.com | |
| Ed Hughes | Member | Roller rink owner | northlandsk8@gmail.com | |
| Gary Zaborac | Member | CCPHC | gzaborac@clayhealth.com | 816-595-4202 |
| Janet Bartnik | Member | LPR | jbartnik@ci.liberty.mo.us | 816-439-4363 |
| Kathleen Welton | Member | CCPHC | kwelton@clayhealth.com | |
| Wenne Tarama | Member | CCPHC | wtarama@clayhealth.com | |
| Gene Gentrup | Member | City Councilman | ggentrup63@gmail.com | 816-679-7249 |

No Current Lead

Priorities

- Develop small focus groups providers to help determine plan to gain support of other service providers

Communications Team

| Name | Position | Organization | Email | Phone |
|---------------|----------|------------------|--|--------------|
| Aaron Smullin | Member | CCPHC-Comm. | asmullin@clayhealth.com | 816-595-4257 |
| BJ Staab | Member | LPR | bstaab@ci.liberty.mo.us | 816-439-4391 |
| Curt McCoy | Member | Website Design | curt@mfsdesignservices.com | 816-679-5411 |
| Diane Kipping | Member | Liberty Hospital | dkipping@libertyhospital.org | 816-415-5283 |
| Evan Cloepfil | Member | LPR-Marketing | ecloepfil@ci.liberty.mo.us | 816-439-4366 |

No Current Lead

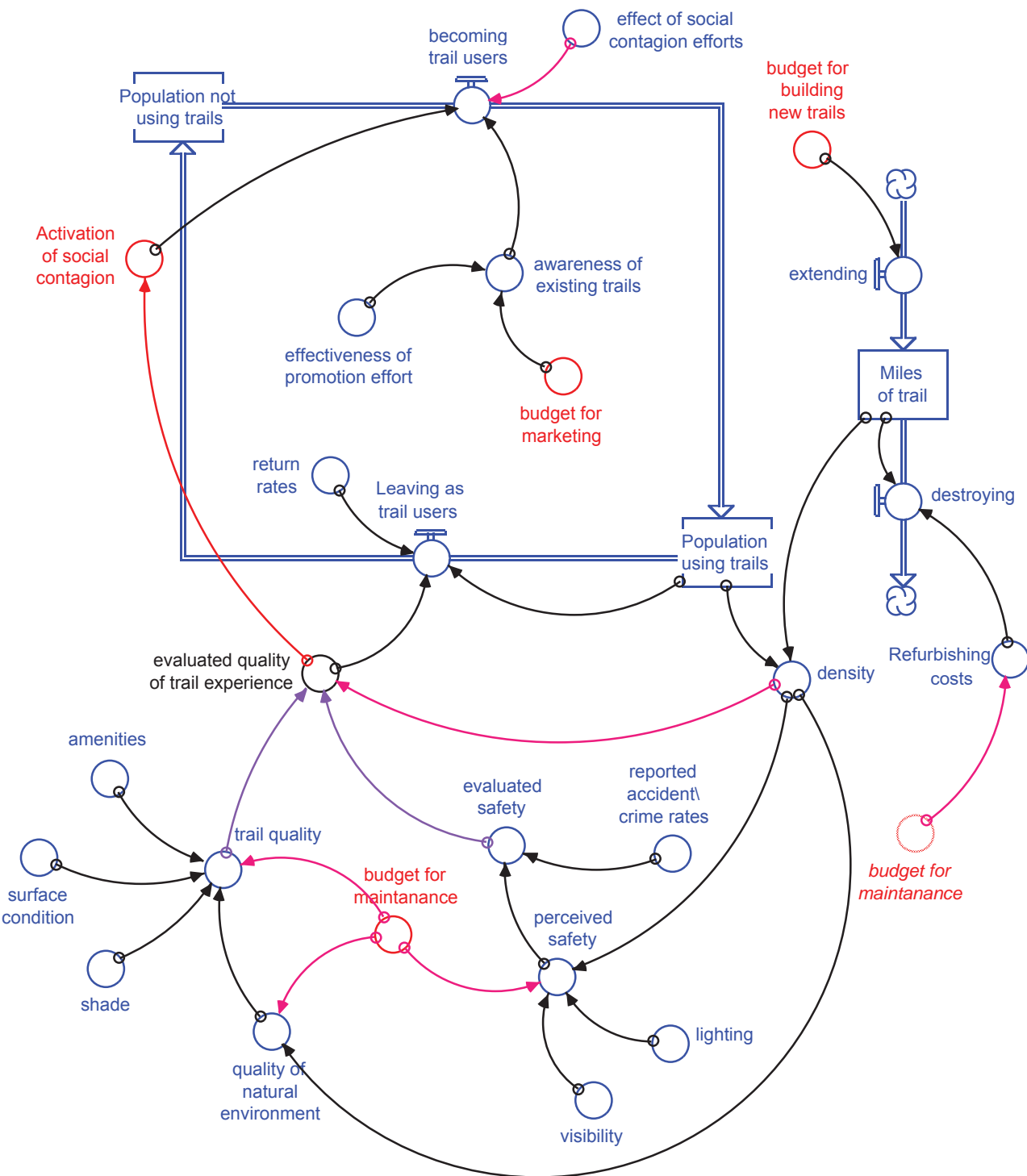
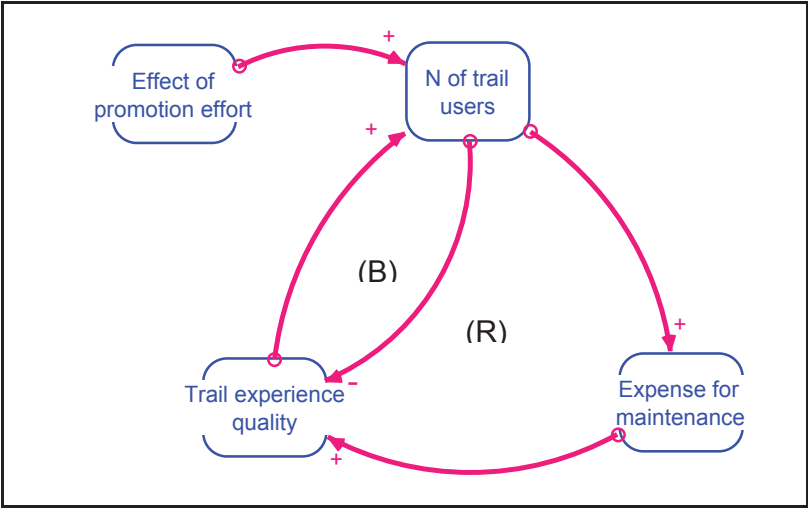
Priorities

- Finalize elevator speeches
- Get more content on website & start social media pages
- Increase awareness of LCHAT

| | | | | |
|---------------------|--------|-------------------------|--|--------------|
| Gene Gentrup | Member | City Councilman | ggentrup63@gmail.com | 816-679-7249 |
| JD Biggs | Member | Advocate/Parent | jdbiggs12@gmail.com | 816-885-5686 |
| Rachelle Hochgraber | Member | Tru Balance | rhochgraber@findtrubalance.com | 816-792-3210 |
| Rebecca Fisher | Member | LPS | rlfisher@liberty.k12.mo.us | 816-736-2701 |
| Sam Cangelosi | Member | Lib. Hospital-Marketing | sam.cangelosi@libertyhospital.org | 816-407-2319 |
| Tamra Thole | Member | Hy-vee | 1384dietitian1@hy-vee.com | 816-792-3210 |

Appendix F: Liberty Trails System Model

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Social contagion: A marketing theory explaining a way to transfer one's behaviors to others. There are three strategic mechanisms to facilitate information diffusion.

1) Informative Influence: providing people with specific information that they can benefit from being there directly and immediately.

2) Normative Influence: educating that the target behavior has a normative value so that people experience a normative pressure if they not engage in the target behavior (i.e.) local businesses will donate money to the "Liberty Trails Challenge" based on total total miles of walking. in a given period.

3) Network Externality: The value (efficiency) of product [trail use] is dependent on the number using the product (Example: Telephone). As the number of trail users increases the "brand loyal" [Liberty Trail Foundation Members] receive added benefits discounts, & other incentives. This accelerates the conversion process from "one off" users to "Frequent users" to "Brand Loyal Users."

Appendix G: Liberty Parks and Recreation Department Staff Contributions to LCHAT

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The following staff members of Liberty Parks and Recreation Department provide invaluable services to the LCHAT formative years as well as ongoing services. Special recognition is extended to each for their invaluable efforts in the “trenches.” Donna Kay Taylor, Facilities and Membership Services Manager served as the project manager of the Healthy Communities contract with GP RED, She led in data collection in year one, developed healthy vending policy for Liberty Community Center, and put it into practice. Chris Lucas, Recreation Programs Manager, led the service provider’s implementation team. Chris Wilson, Parks and Open Space Manager, led the physical activity implementation team as well as the Trails and Greenways Master Plan revision. BJ Staab, Assistant Director, worked with the Missouri Extension office to identify healthier concessions offerings for Fountain Bluff Sports Complex. Other staff involved included: LeAnn Lawlor, Community Services Manager; Evan Cloepfil, Special Events and Marketing Coordinator; Charles Anderson, Aquatics Supervisor; Casey Gaines, Aquatics Coordinator; Kyle Crews, Sports Programs Supervisor; Brittany Fischer, Fitness Supervisor; Paul Miller, Theater Supervisor; Brittany Johnston, Sports Program Coordinator

Other full time staff were also involved in the healthy communities formation and support efforts at LPR including: Rich Kingman; Pam Young; Deanie Lyons; Jim Longbrake; Deb Abernathy; Joe Overstreet; Ryan Hinners; Brock Winklebauer; Tom Henke; Tom Shadid; Nick Vassmer; Curtis Renno ;Devin Skillman; Cameron Leeds; Bryan Young; Mike McClure; Brigitte Thomas; Angel Rose; Mary Narron