

ACTIVE IOWA: Increasing Physical Activity in Iowa Communities

Program Manual of Implementation



ACKNOWLEDGEMENTS

This publication is a product of a Health Promotion and Disease Prevention Research Center supported by Cooperative Agreement Number (DP19-001) from the Centers for Disease Control and Prevention. The findings and conclusions in this publication are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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A special thanks to our Community Advisory Board partners and members for their guidance and support: Lynelle Diers, Wapello County Public Health; Brian Dunn, Sieda Community Action; Rebecca Ellingson, Indian Hills Community College; Claudia Gates, U.S. Bank; Kim Hellige, Ottumwa Community School District; Himar Hernandez, Iowa State University Extension and Outreach; Molly Layton, River Hills Community Health Center; Gene Rathje, Ottumwa Park & Recreation Department; and Garrett Ross, Ottumwa Family YMCA. We also thank everyone who took the time to review this manual and provide valuable feedback.



EXECUTIVE SUMMARY

Purpose of the Manual

This manual is designed to support your efforts to promote more active lifestyles among residents of your community. It presents the “Active Iowa” program and guides you through the process of putting this program into practice and evaluating the results. The information and tools presented herein can be used in a variety of settings, but because each community is distinctive, we recommend adaptation of the strategies in this guide to your community.

Manual Content and Organization

The manual begins with background information on physical activity related to health and the setting of a community. We then introduce a process that you can follow to create an “Active Iowa” program for your community. We lay out the steps that our research shows you should take to design an effective program:

- Develop a Community Advisory Board for your organization (Chapter 2)
- Become familiar with the evidence-based strategies and begin thinking about them in relation to your community (Chapters 3-5)
- Consider ways to adapt the evidence-based strategies to your community (Chapter 6)
- Complete a community assessment (Chapter 7)
- Create a Logic Model that puts all of the guidance in the previous chapters together in one big picture (Chapter 8)
- Decide what information you need to evaluate your program and choose sources and procedures that will supply that information (Chapter 9)
- Plan for maintaining your program over the long term (Chapter 10)
- Select resources and tools that will support your planning (Appendices)

These steps, while they involve a lot of thoughtful work, can be an exciting, creative process for your community group. They give you a solid foundation for putting your ideas into practice—and ensuring that the effect of your program will be long lasting.





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INTRODUCTION

Physical Inactivity: Scope of the Problem

Physical activity is critical to a person's overall health. Diseases related to lack of exercise - such as heart disease, stroke, cancer, hypertension, type 2 diabetes, and cardiovascular disease - cause 1 in 10 premature deaths in the U.S.^{1,2} Sustained physical activity can help prevent high blood pressure and cholesterol, reduce obesity, build strong bones, and reduce anxiety and stress.^{1,2}

In Iowa, our data show that we need to increase physical activity to improve the health and well-being of all Iowans.⁴ Our state ranks high in the nation for obesity and also has high rates of diseases related to physical inactivity and poor nutrition. In 2019, over a quarter of the state's residents (26.5%) said they engaged in no physical activity or exercise during the previous 30 days outside the tasks required for their regular job.^{4,5} The maps to the right show the percentages of residents who were physically inactive in the US (by state) and in Iowa (by county).⁶

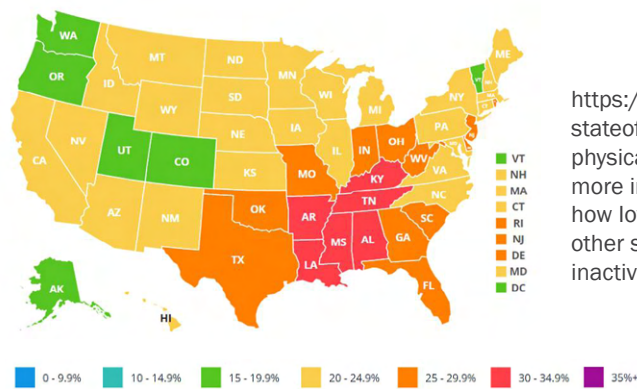
Disparities in Physical Inactivity

Some individuals, such as racially and ethnically diverse and disabled populations, experience higher rates of physical inactivity and greater barriers to physical activity opportunities.

In Iowa, 32.4% of Hispanic adults and 28.4% of non-Hispanic black adults reported no leisure time physical activity in comparison to 24.2% of non-Hispanic white adults.⁷ Much of this disparity is due to less convenient or affordable access for places to be physically active.⁸

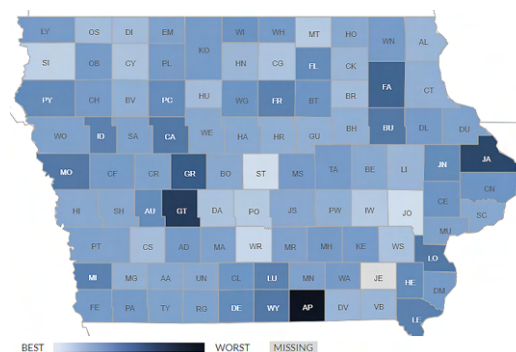
Distribution of Physical Inactivity in the US and Iowa

Adult Physical Inactivity in US (2017)³



<https://www.stateofobesity.org/physical-inactivity/> for more information on how Iowa compares to other states in physical inactivity

Adult Physical Inactivity in Iowa (2016)⁶



<https://www.countyhealthrankings.org/app/iowa/2020/measure/factors/70/map> for more information on physical inactivity in Iowa's 99 counties

21.1% of Iowans identify as having a disability.⁹ Nationally, nearly half of disabled people report receiving no leisure time physical activity. This population also faces three times higher rates of heart disease, stroke, diabetes, and cancer—diseases physical activity prevents and reduces disease impact.¹⁰

Benefits of Being Physically Active

- Reduced risk of developing high blood pressure¹¹
- Lowered risk of type 2 diabetes and certain cancers (such as breast and colon cancer)^{11,12}
- Reduced risk of developing coronary heart disease¹¹
- Reduced risk of stroke¹
- Maintenance of weight and weight loss¹³
- Reduced stress and improved self-esteem²
- Improved mental health (lower anxiety, depression, and negative mood)^{13,14}
- Improved sleep, increased energy and stamina, reduced fatigue¹⁵
- Reduced arthritis pain and disability caused by this pain¹³
- Reduced risk for falls and osteoporosis in older adults and improved ability to accomplish their daily activities^{11,13}

Setting and Physical Activity

Many Iowans live in mid-sized rural communities, called “micropolitan,” which are non-metropolitan regions with populations between 2,500 and 50,000 people.¹⁶ This manual is designed to be used in micropolitan communities, which have some unique features:

- Nearly all are considered rural by the US Census Bureau’s definitions.¹⁷
- They are home to 61% of all rural residents and 10% of the US population.^{18,19}
- They tend to have higher rates of poverty, higher unemployment, and greater economic and social disadvantages.
- They can serve as hubs of information for rural residents, as well as centers for employment, trade, health, and social services.^{18,20,21}
- They are valued for having many of the comforts of a larger city, while keeping a small-town charm and social connectedness.²²
- In comparison to urban areas, their residents have lower rates of physical activity and less access to opportunities for physical activity.



People's health can be affected by various characteristics of rural or urban areas. The following characteristics of micropolitan or rural communities can positively or negatively affect the ability of their residents to be physically active.²³

Geography — Being geographically isolated can mean long distances between homes and places where people can access recreation. Rural areas may also lack adequate public transportation services.²³ Simple physical activity, such as walking, can also be challenging in rural communities, where residential sidewalks are not always available or well maintained.²⁴

Demographics — The relatively small population size of many rural communities can reduce the availability of physical activity opportunities.²⁴ Micropolitan communities tend to have older populations, because younger residents move away for education and employment opportunities.^{25,26} The older individuals who continue to reside, often have more chronic health problems.^{25,26} The increasing cultural diversity of many Iowa communities may call for diverse physical activity offerings to meet the interests and needs of these residents.²⁷

Occupations — Many residents are engaged in agriculture or manufacturing, and the laborious nature of those jobs can influence workers' levels of leisure-time physical activity, as well as increase their risk of injuries from repetitive movements and heavy lifting.^{16,28,29}

Digital Divide — Residents' awareness of opportunities, including physical activity programs, can be negatively affected by the disparity in broadband access between rural and more urban communities.³⁰

Access to Health Care — Poor health can impact people's ability to be active, and the isolation of many rural communities can mean less available health care. A lack of access to care can make it harder to obtain physician recommendations for physical activity.^{31,32}

Infrastructure — Underdeveloped structures, whether physical (e.g., sidewalks) or political (e.g., governmental and non-governmental systems) can make it harder to find safe places to be active.³³

Social Capital — Rural residents tend to have strong social connections, which can serve to promote community programs. The social environment, broadly defined as reciprocity, cooperation, and trust among community members in pursuit of a common goal, can encourage or discourage residents' participation in physical activity.^{34,35,36,37}

Political Voice — Community members' feeling that they have a strong political voice to advocate for their health can lead to decisions and policies that promote physical activity.^{23,24}

Key Terms Used throughout this Manual

Active Iowa: A program designed to activate community resources so as to increase physical activity opportunities, better utilize existing resources (such as parks and recreational areas) and provide social and behavioral support for community members to increase their physical activity levels.

Active Iowa Ambassadors (AIAs): Key leaders who have influence and are trusted members of their community and who advocate for the program within their social networks.

Active Ottumwa (AO): A pilot program through which the Active Iowa strategies were developed and tested in the community of Ottumwa, IA. In some chapters of this manual, we use examples from this pilot program.

The Community Guide: A collection of evidence-based findings compiled by the Community Preventive Services Task Force (CPSTF), an independent panel of experts in public health and prevention appointed through the Centers for Disease Control and Prevention (CDC). The panel draws on science-based findings to decide if a particular strategy works and publishes their recommended approaches to behavior change, disease prevention, and environmental change (<https://www.thecommunityguide.org/about/about-community-guide>). The Active Iowa program that was developed and pilot-tested as “Active Ottumwa” is based on the approaches included in the Community Guide.

Evidence-based Interventions: Program strategies that are based on the scientific evidence currently available on a topic.³⁸

Lay Health Advisors (LHAs): Natural helpers in a community who can bring attention to a community issue.³⁹

Physical Activity Leaders (PALs): Volunteers in Active Iowa communities who are trained to lead physical activities and support community members’ behavioral changes related to physical activity. An outline of the PAL training can be found in Appendix 1.1.

Community leaders: Individuals or organizations who are either involved in a program’s operations, served or affected by a program, or make use of a program’s evaluation findings.⁴⁰

Sustainability: The ability to maintain a program over time by continuing to deliver program activities.

STEP 1

BUILDING A FOUNDATION

Chapter 1: Overview

Active Iowa is a collection of evidence-based strategies that can promote physical activity among residents of micropolitan communities by increasing both the awareness and number of physical activity opportunities. The program focuses on individuals beginning their journey to a more active life; providing low impact and accessible options for those new or newly returning to activity. The strategies were pilot-tested as “Active Ottumwa” [2014–2019], when researchers from the University of Iowa Prevention Research Center for Rural Health partnered with organizations and individuals in Ottumwa. They designed a community-based physical activity program, with an emphasis on increasing community members’ use of the city’s parks and recreational facilities. The program proved effective: Ottumwa residents showed a significant shift from being sedentary toward light physical activity after it was implemented (see <https://prc.public-health.uiowa.edu/active-ottumwa-core-project-2014-2018> or “Active Ottumwa: Adapting Evidence-Based Recommendations to promote Physical Activity in a Micropolitan New Destination Community” at <https://www.mdpi.com/1660-4601/15/5/917>).



Now the University of Iowa Prevention Research Center for Rural Health is looking to share the Active Ottumwa model with other communities to increase the physical activity of residents within each participating community. The model designed and tested in Ottumwa can be adapted to a variety of contexts throughout the state of Iowa. We hope you and your organization can use this manual to determine what Active Iowa strategies will best serve your community while still staying true to the conceptual frameworks that guided the success of the Active Ottumwa project.

We feel it is important to express that a successful Active Iowa program will not “pop up” overnight. It takes time to build partnerships, acquire community interest, and gain momentum within your community. The process of developing your program may take a year or longer, which will require patience and perseverance. Once planned, your program will continue to grow and evolve which will need additional guidance and supervision by program leaders. We feel that the time and energy will be worth the reward of increasing the physical activity and quality of life of your community residents. These benefits can expand far beyond weight loss and into improved mental health and quality of life of your community members.

To encourage community members to use Iowa’s parks and recreational facilities for physical activity

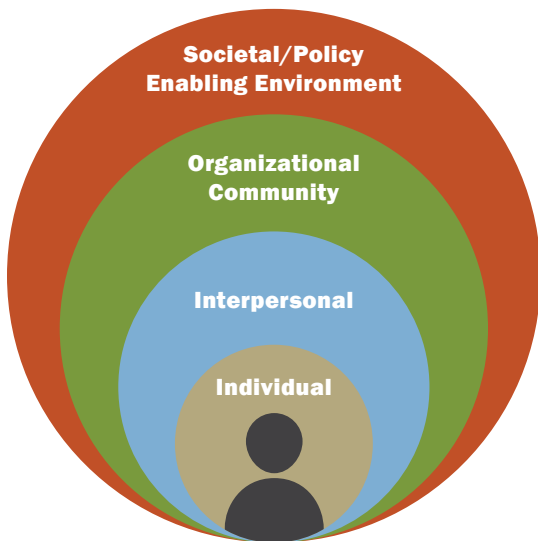
To increase the number of Iowa community members who are physically active

Conceptual Frameworks

These frameworks can help guide your thinking as you organize and plan an Active Iowa program for your community.

Each of these frameworks can be used for different purposes when organizing and planning your Active Iowa program, but all 3 should be used in conjunction with your program.

Social Ecological Model (SEM)



Adaptation Guidance Tool



1) Social Ecological Model (SEM) — This model presents four levels of interventions that impact health behaviors and can interact to influence a person's overall health.⁴¹

Individual Level (biological and personal history): Interventions at this level aim to influence attitudes, beliefs, and behaviors and can be promoted through education and skills training.

Interpersonal Level (closest social circle of peers, family members, and other close relationship ties): Interventions at this level may involve peer or mentoring programs or programs focused on promoting healthy and supportive relationships that facilitate behavior change of the individual.

Organizational/Community Level (settings where social relationships occur): Interventions at this level depend on changing culture within an organizational or community setting or offering increased support through partnership with other community programs.

Policy Level (local, state, national, and global laws and policies): Healthy behaviors can be supported by implementing public policies.⁴²

Implementing interventions at many SEM levels can be useful to help extend the reach and impact of your Active Iowa program throughout your community and ensure your program has a lasting effect on increasing your community's physical activity.

2) Cancer Prevention and Control Research Network (CPCRN) developed the Adaptation Guidance Tool — This can be used to determine how to make the Active Iowa program best fit the needs of your community while still staying true to the essential parts that make Active Iowa successful. By utilizing this tool, you can determine the strengths and assets, culture and traditions, and trusted leaders within your community as well as better understand how supportive your community's physical environment is of a physically active lifestyle for its residents. You can then adapt the Active Iowa program to your community's context. By ensuring program fit, the program's acceptability to and effectiveness in your community is improved.

3) RE-AIM: The RE-AIM evaluation framework is used by program planners and evaluators to help think through indicators of public health program effectiveness.⁴³ Thinking about these indicators during the planning phase, prior to implementing the program helps to ensure that all programmatic elements are in place, and that relevant data is collected to report on your program's progress⁴³:

Reach: The number, proportion, and representativeness of individuals willing to participate in a given initiative, intervention, or program.

Sample planning question: How will we reach the target population with this program activity (or product)?

Sample evaluation question: Are we connecting with the people we intend to serve?

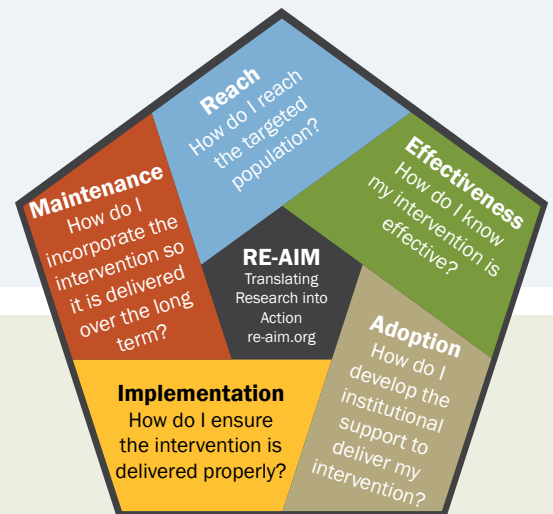
Active Iowa example: How many members of our community heard about and/or participated in our program activities?

Effectiveness: The impact of an intervention on the desired outcomes, such as quality of life or economic outcomes (including its potentially negative effects).

Sample planning question: How will we know our program activity is successful in improving physical activity?

Sample evaluation question: Are the activities achieving our goal(s)?

Active Iowa example: Did our program increase the number of people who meet CDC physical activity guidelines (30 min/day, at least 5 days/week)?



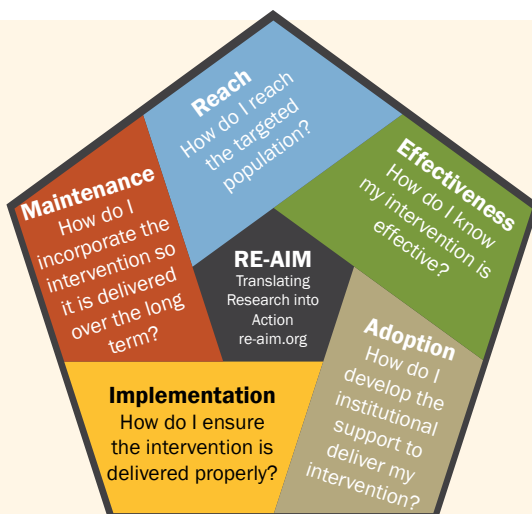
Conceptual Frameworks: 3) RE-AIM

Adoption: The number, proportion, and representativeness of settings (deliverers of the program) willing to initiate a program.

Sample planning question: How will we develop organizational support to deliver our program?

Sample evaluation question: Is our program being accepted and utilized by individuals, program implementers, and community organizations?

Active Iowa example: How many (and which) organizations agreed to partner with us (for example, by offering space, including the program in their hosted community events, and/or distributing our messaging through their organization)?



Implementation: The delivery of a program to the target population as planned. Implementation can include the program's consistency to perform planned activities, the time needed for delivery, costs, and ultimately participants' use of intervention strategies.

Sample planning question: How will we ensure that a program activity is put into practice as we planned it?

Sample evaluation question: Are the activities being put into practice as designed?

Active Iowa example: Was the program activity put into practice as we planned?

Maintenance: The extent to which an intervention becomes part of either an organization's or an individual's routine policies or practice. At the individual level, maintenance has been defined as the effects of a program six or more months after the most recent intervention contact.

Sample planning question: How can we ensure the intervention can be delivered over the long term?

Sample evaluation questions: Have the effects of our program become a normal part of an organization or a person's life?

Active Iowa example: Has our program become part of the policies and practices of our organization and of our supporting community organizations? Are the physical activity levels of individuals in our target population still affected by our program six months or more after their participation?

Chapter 2: Establishing a Community Advisory Board

A Community Advisory Board (CAB) is the group of community members who will support the implementation of the program in your community by working on all aspects of designing, implementing, and evaluating a local effort. Creating and maintaining a CAB encourages community participation, formalizes community partnerships, helps ensure that community members are being represented in all program activities, enhances fit of the program to your community, and improves program effectiveness.

Representing your Community

CAB members represent your community's voice and views. Typically, the individuals from community organizations (or businesses) who make up your CAB will have goals that align with Active Iowa's, but a CAB also allows residents to voice how they envision the specific program in your community.

It is important that the representation of community organizations in the CAB be diverse and equitable. Membership diversity should consider gender, race/ethnicity, disability status, role in community, and sectorial representation (i.e., education, labor, health, economic). There may be situations in which some community members have more influence than others as a result of formal positions, informal leadership, or even personality, but, in a successful CAB, processes are put in place such that all members are able to express their opinions with an equal voice.

Your community may determine that an agency needs to take the lead in conducting CAB activities. Having a lead agency could be helpful in guiding CAB discussions, collecting community input to improve programming, organizing meetings, and centralizing program activities.

CAB Roles

Collectively your CAB represents community views on the direction of the program. More specifically, CAB members take on these responsibilities:

- Attend regular meetings to discuss program progress
- Serve as a liaison between the program and the CAB member's organization
- Assist in the development of program goals
- Voice opinions, concerns, and suggestions for the program from the perspective of different community groups
- Work with other community organizations to help achieve a common goal
- Develop operating principles and hold each CAB member accountable to following these principles
- Express support for the program to other individuals

Establishing a CAB

You can establish a CAB in two ways, depending on what your community already has to offer. You can build a CAB “from scratch” by first identifying community members who are affiliated with community organizations that have similar goals to Active Iowa. Then, you:

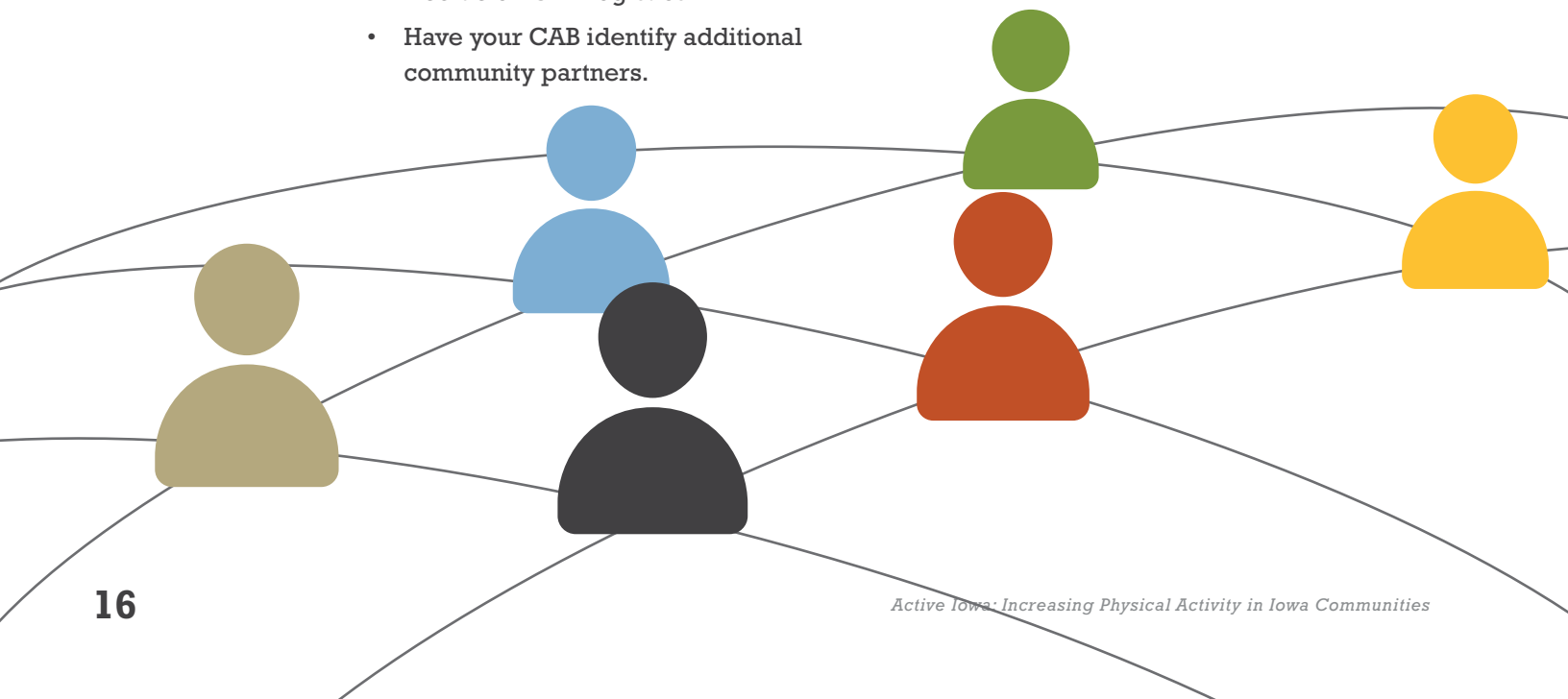
- Develop a mission and goals for your CAB
- Develop operating principles (Appendix 2.1)
- Decide on CAB logistics, such as the frequency and time of meetings
- Use your CAB to identify additional community partners.

Or, you can create a CAB from an existing group by first identifying a community group that works on a similar topic as your intended CAB. Then you:

- Add a goal (if necessary) of improving levels of physical activity within the community
- Add members suited to the new mission and goals
- Develop operating principles (Appendix 2.1)
- Decide on CAB logistics
- Have your CAB identify additional community partners.

Each community will have its own resources and potential community partners. Think creatively about the partnerships your program can create and benefit from, such as:

- Parks and Recreation Organizations
- Health Departments
- Fitness Centers
- Major Employers
- City Administrator or City Officials
- Chamber of Commerce
- Hospitals and Clinics
- Local Universities or Colleges
- Land Grant Extension Agency
- School Districts
- School Board Representatives
- Local Churches
- Local Community Action Organizations or Non-Profits
- Local Disability Advocacy Organizations
- Restaurants
- Grocery Stores
- Local Advocate Groups or Coalitions
- Local Businesses and Retailers
- Community Members Interested and Invested in Physical Activity



Maintaining a CAB

Forming your CAB is only the beginning. Members must continue to work with each other to maintain a successful partnership. If your regular meetings are well organized and relevant, you have consistent communication with all members, and members are available to answer each others' questions, then everyone will feel informed and engaged in the CAB and the program. It is important to check in with your CAB to ensure they feel they are getting something out of the time and effort they invest in your program. If members feel they, their organizations, or their clients are benefiting from the program, it can keep CAB members coming and invested in your program.

Summary

A Community Advisory Board is crucial to successfully developing an Active Iowa program. It should be as diverse as the community it represents and operate with impartiality and fairness. Your CAB, and the community partnerships it brings together, will look and function differently from other communities' CAB since it will be designed to best fit your needs. Other helpful resources for establishing a CAB can be found in the supplemental resources section of this Manual of Implementation (MOI).

Example of the CAB for Active Ottumwa

Representatives from 10 community organizations formed the Active Ottumwa CAB:

- Ottumwa schools
- Ottumwa Parks Department
- Sieda Community Action
- United Way of Wapello County
- Wapello County Public Health
- US Bank
- Indian Hills Community College
- River Hills Clinic
- Iowa State Extension and Outreach
- Ottumwa family YMCA

This group met monthly to design and discuss Active Ottumwa, resolve any issues that arose throughout the program, and plan for its sustainability.

With assistance from University of Iowa researchers, the Ottumwa CAB developed operating principles, which covered organizational structure, communication within the group, decision making, publications and presentations, and communication to the media and public.



The Community Guide, defined in the Introduction (Key Terms), is a valuable resource for designing programs to improve health and prevent disease in a state, community, business, community organization, healthcare organization, or school. Published by the CDC, the guide presents evidence-based findings about interventions on a wide range of health topics. For physical activity programming, the Community Guide (<https://www.thecommunityguide.org/content/task-force-findings-physical-activity>) suggests 1) behavioral and social approaches, 2) campaigns and informational approaches, and 3) environmental and policy approaches. Each chapter in this section covers one of those approaches, briefly describing strategies related to the approach that have been shown (through research results) to increase people’s physical activity. Listed with each strategy are one or more examples of activities researchers have found to be effective. You can select and combine strategies from each of the approaches to create the most impactful change in your community. For more information, resources or examples, visit the Community Guide website at the URL listed above.

The strategies presented in Chapters 3, 4, and 5 integrate with the four levels of the Social Ecological Model (SEM)— individual, interpersonal, organizational/community, and policy (defined in Chapter 1 – Conceptual Frameworks). The SEM helps us understand how various aspects of our lives can interact to influence our physical activity and therefore our health. Ensuring that your Active Iowa program operates on all SEM levels will increase its effectiveness.^{41,44,45}

STEP 2

STRATEGIES TO SUCCESS

Chapter 3: Behavioral and Social Approach

Community Guide Strategies for Physical Activity

Behavioral and social strategies are designed to give individuals both the skills and the social support they need to adopt and/or maintain healthy behaviors. These strategies reflect both the Individual and Interpersonal Levels of the SEM. You can promote individuals' behavior change through their interpersonal connections with other program participants and interaction with your Physical Activity Leaders (PALs) and Active Iowa Ambassadors (AIAs). For example, your participants can learn about goal setting, providing self-rewards, and problem solving to help maintain their physical activity levels, and PALs and AIAs can provide or help them obtain social support that reinforces that knowledge.⁶⁰ Some specific strategies include:

Physical Activity Groups. Organized groups that engage in physical activity together build social support and social networks within your community. Nine out of 10 interventions reviewed in the Community Guide that used walking groups or other activity groups as a program component reported increased levels of physical activity.^{35,36,37,46,47,48,49,50,51}

Examples:

- physical activity classes conducted on weekdays by PALs at various community locations (elementary school, community health center, etc.). Activities included walking groups, conditioning and strength-building exercises, circuit training, dance and aerobic exercises. Each class lasted about an hour⁴⁷
- group-based physical activity training sessions at a local senior center and community college. Activities such as walking and/or jogging⁵²
- information (handouts) on how to organize a walking and rolling group or walk/roll with a partner on a regular basis to create social support⁴⁶



Buddy Systems. Partnerships can support, motivate, and encourage individuals who are working to adopt new health behaviors. Several research studies have reported increased physical activity in programs that used a buddy system.^{35,36,37}

Examples:

- dividing group members into pairs that practice together, motivate each other, and check in on each other's personal efforts³⁵
- asking participants to organize a walking group and rolling or walk/roll with a partner on a regular basis, with the goal of walking at least three times a week for 20 minutes⁴⁶

Goal Setting and Self-Monitoring. These behavior modification strategies can create positive change in an individual's physical activity habits. Goal setting includes identifying a specific aim to achieve by a specific time ('I will be walking for at least 20 minutes each day for three days per week by next month'). Self-monitoring includes collecting data to keep track of progress towards goal (check box of days on which you walk or roll, writing down the minutes walked/rolled each time, etc). When used with other programs to promote health (such as those mentioned above), they have shown significant effects.³⁵

Examples:

- diaries as tools for self-monitoring of food intake and physical activity³⁶
- informational sessions to discuss goal-setting and self-monitoring of progress³⁵
- buddy system used to support development of goal-setting and self-monitoring skills³⁵
- telephone and mail contacts to follow up on participants' physical activity goals⁵³
- email messages with "small-step" goals to help participants develop realistic goal-setting strategies (example: I will walk /roll or do errands or window shop on my lunch hour rather than sitting in the cafeteria or at my desk, at least two days this week)^{54,55}

Self-Reward and Positive Self-Talk.

Positive self-talk can include having a positive or optimistic voice and view about the events happening in a person's life. Self-reward includes recognizing the accomplishments made and "rewarding" oneself when goals or milestones are achieved. These empowering strategies can help your participants change their behavior.⁵⁶

Examples:

- weekly sessions led by peer health educators that included strategies for implementing self-reward and positive self-talk. After the sessions ended, participants were contacted via telephone and mail to assist with the use of self-reward and positive self-talk physical activity strategies⁵³
- monthly newsletters that supported physical activity and encouraged the use of self-reward and positive self-talk⁵⁷

Physical Activity Contracts. Participants can make a contract with themselves, a program leader, or someone else that describes their goals and plans for increased physical activity. A commitment of this type, which feels more formal, can help participants attain exercise-related goals and stick to their plans. Research on programs that used physical activity contracts has reported significant behavioral change.^{36,55,58}

Examples:

- having participants sign contracts of agreement with co-signatures from a “buddy” and a family member³⁶
- asking participants to write down specific aerobic exercise programs they intended to follow for six months and add names of people who would be witnesses to the weekly exercise⁵⁸
- 15-minute face-to-face counseling sessions in which participants signed (and were given a copy of) a contract detailing their physical activity goals⁵⁶

Summary

The Community Guide’s recommended strategies for the Social and Behavioral approach include organized physical activity groups and classes that bring people together and give them encouragement as well as information. Group sessions can also cover how to set goals and how to monitor their own progress; skills can be reinforced by self-reward, positive self-talk, and buddy systems. Additional information, reminders, and motivational messages can be distributed by telephone, mail, email, and/or newsletters. Mobile apps are another useful tool for monitoring chronic conditions and promoting physical activity. More formal “contracts” can help participants maintain their commitment to their goals and plans.



Building awareness of your Active Iowa program can take several forms, from mass media campaigns to community-level programs. Messages can be distributed through television, radio, newspapers, websites, and public health programs.⁶⁰ Adopting strategies from the campaign and informational approach can help you change attitudes, knowledge, and beliefs (the Individual Level of the SEM), as well as build the community's awareness and acceptance of your program (Organizational/Community Level).⁵⁹

Paid Advertising. The use of mass media is attractive given its ability to reach a large number of people. Newspaper, television, and radio ads can encourage communities to adopt healthy behaviors, but on their own they are less effective in changing behavior. Media strategies must be supplemented with other Active Iowa activities.^{60,61,62}

Examples:

- local radio, television, and newspaper messages to increase health knowledge, program awareness, and program activities⁶³
- a series of five-minute radio programs to raise awareness and community support for a public health program⁶⁴
- a weekly newspaper column⁶⁵

Community Events. Hosting or partnering around existing community events in your area provides opportunities to market your Active Iowa program. For example, your PALs may be able to lead physical activities at an event, engaging community members not yet involved with your program. Having informational programming and materials at large community events can increase the impact of your awareness-building efforts.^{60,66}

Examples:

- participating in “Open Streets” activities (see Chapter 5 – Open Streets Events)^{22,67}
- organizing a county celebration of National Trails Day, including hiking, walking, and biking events⁶⁸
- holding promotional and educational events connected with a Bike, Walk, and Roll Week, including bike repair and bike donation programs⁶⁹
- free fitness classes at a local community center, each class targeting a specific age group⁷⁰
- bicycle and pedestrian safety education offered to community members of all ages and a variety of ability levels^{67,69}



Chapter 4: Campaign and Informational Approach

Press Conferences and News Coverage.

News stories can increase general awareness of your Active Iowa goals and events or address specific issues. It can also attract attention from key community leaders.⁷¹ Media attention has been found to create a sense of urgency among leaders especially in regard to needed physical and environmental changes (i.e., sidewalks, improved streets for safety, park renovations).⁷²

Examples:

- a press conference as a kick-off to announce a program to local media outlets⁷³
- press releases and photographs sent to media outlets, and media staff invited to events⁷⁴
- periodic press conferences during the program year⁷⁵

Website Exposure. A website provides information to the widest possible audience at a low cost.⁷⁴ It can inform community members of upcoming events and programs and give contact information for your program staff.^{74,76} Your “branding” is more effective when the website address is on all program materials, and you can keep track of the number of visitors to your site.^{77,78}

Examples:

- information on community events and programs^{74,75,76}
- information on places to be physically active in the community⁷⁹
- tips on increasing physical activity levels⁷⁵
- pedestrian and bike safety plans for the community⁷⁹
- videos of community events/programs and of residents being physically active⁷⁹
- here is an example of the Active Ottumwa’s website:
www.activeottumwa.org

Summary

Campaign and Informational strategies increase awareness and understanding of your program. Paid advertising is not the only option for media coverage; your local radio and television outlets or newspaper may welcome public service announcements or a regular column on physical activity. Your ongoing work with local media can include press releases and even press conferences for major program events. Creating a presence at community events also offers creative opportunities for program recognition. Finally, a well-maintained website and/or social media profile on a platform appropriate for your community can be central to keeping your community informed of your program’s activities and successes.

Environmental strategies for increasing physical activity usually focus on a community's physical environment, policies, and laws (which create change on the Organizational/Community and Policy Levels of the SEM). They often involve partnerships among people from community organizations; the public health field; and parks/recreation, transportation, and/or planning departments.^{60,80} By forging strong partnerships that support programming in a variety of locations, you can significantly enhance the physical activity environment of your community. While policy and environmental changes take time and resources, planning an Active Iowa program can open conversations about these types of beneficial changes in your community.

Joint Use Agreements. Joint use agreements allow one organization to facilitate the use of its space (which was not originally intended for access by the larger community) by another organization in order to enhance access to places for community physical activity. These formal agreements between organizations describe the terms and conditions for that shared use of public or private property. Joint use agreements can increase physical activity in a community by allowing community members, for example, to use school recreational facilities outside of normal hours. Researchers have only begun to study the effect of joint use agreements to promote physical activity, but the results are promising, with program participants (of “In-Motion,” Honolulu) reporting they had a safe place to be physically active, were more motivated to exercise, and were more confident in their ability to exercise at least 30 minutes per day on most days of the week.^{81, 82, 83}

Not every community will use a joint use agreement. The use of joint use agreements will depend on the needs of your community, and the availability of community spaces for physical activity. For more information, see item 12 in the supplemental resources section of the MOI. Appendix 9.5 provides a modifiable template you can choose to use for joint use agreements with organizations in your community.

Examples:

- established agreements for free use of recreational facilities and parks and community groups for programming in neighborhoods where adults and children had limited access to physical activity facilities. Programs included swimming, aerobic classes, exercise using fitness videos and walking clubs.⁸³
- recreational classes based on priorities of community members (i.e., type of classes offered, times classes offered).⁸³
- morning and evening adult classes were held at a high school and advertised as “free and available” (aerobics, yoga, dance, and a walking program).⁸³



Chapter 5: Environmental and Policy Approach

Walking Trails. Building new walking trails and paths can create more community spaces for physical activity that is free to participants. Numerous studies have shown that availability of trails and paths is effective in changing physical activity behaviors.^{75, 84, 85, 86} In addition, adding signs posted along paths showing distance traveled and number of steps likely accumulated can encourage and incentivize walking.⁷⁵

Examples:

- building a walking path eight feet wide that ran for six blocks and connected a park to the commercial area of a community⁸⁵
- forming a greenway (a corridor of open space physically linking community resources) that served as a pedestrian-friendly connection between a community's residences, businesses, schools, and other community spaces^{86, 87}

Open Streets Events. These community-based projects allow residents to bike, walk, roll and participate in other physical activities on public streets that have been temporarily closed to motor vehicles. Open Streets projects can be found in many US cities, with populations ranging from 12,000 to 8,000,000 people.^{88, 89, 90, 91, 92} Not only do Open Streets projects provide a safe space for residents to be physically active, they also promote a culture of active transportation, healthy lifestyles, and a sense of belonging to a community.⁹³ These initiatives have been shown to increase resident physical activity, improve air quality, enhance a community's economy, and increase social connection among residents.⁸⁹

Examples:

- streets closed to traffic for extended periods of time and open for physical activity including walking, biking, skateboarding, and wheelchair use⁹⁰
- volunteer staff and police enforcing road closures (allowing periodic crossing of vehicles)⁹⁰
- hubs at each end of the closed street featuring merchandise, non-profit organizations' information, bicycle repairs, and raffles⁹⁰



Park Installations and Renovation. Some communities have developed new parks or renovated existing park facilities to create places for physical activity. While these improvements have shown varying degrees of success in increasing physical activity, some research results suggest they may be effective strategies.^{85,94,95,96} Evaluating these assets in your community will help you determine which ones you may want to increase usage of and which might be more useful with some renovation. For example, Active Ottumwa planners identified permanent shelters and stationary exercise equipment in one of the parks as valuable resources that already existed.

Examples:

- eight pieces of weather- and vandal-resistant equipment (suitable for strength training and aerobic exercise) installed in several parks⁹⁵
- supervisors hired to keep a fenced playground open after school hours and on weekends⁸⁵
- local park renovations that included landscaping; fencing (to keep out motor vehicles); and a new barbeque area, all-abilities playground, walking track (1/4 of a mile), and fenced, leash-free dog area⁹⁶

Bicycle Lanes. Building bicycling infrastructure creates a safer environment for cyclists and motorists both. After bicycle lanes were installed on a community's major street, the average number of cyclists on adjacent roads decreased, indicating their preference for routes with that safety feature.⁹⁷

Example:

- a one mile, five-foot-wide, striped bike lane installed on each side of a major street. The bike lane was located between the travel lanes and the parking lanes⁹⁷

Summary

The strategies of the Environmental and Policy approach can be the most time consuming, expensive, and difficult to achieve, but they offer highly effective ways to increase physical activity in your community. Access to existing resources can be increased through joint use agreements or other contractual arrangements and by offering free activities at locations throughout a community. Building sidewalks and walking paths, hosting Open Streets event, renovating parks, and developing bicycle lanes all make physical activity safer, more accessible, and more attractive for community members.

ADAPTING ACTIVE IOWA TO YOUR COMMUNITY

Chapter 6: Adapting Active Iowa Strategies

The concepts and strategies of Active Iowa can be shaped to fit the needs and resources of your community, which means adding, deleting, or substituting program components in ways that best fit the population and/or community you want to serve, while maintaining basic components vital to program success.⁹⁸ We recommend an approach to adapting Active Iowa that uses a tool created by the Cancer Prevention and Control Research Network (identified in Chapter 1 – Conceptual Frameworks) to help community planners create health-related programs.



The chart on the following page places the Active Iowa strategies that were presented in Chapters 3-5 into the three categories of the CPRN's Adaptation Guidance Tool. We placed the strategies in the green, yellow, or red category based on our evaluation of the Active Ottumwa program:

- **Red (strategies that are core components - DO NOT CHANGE)**
We found these activities central to the success of Active Ottumwa and recommend they be included in your planning without any adaptation.
- **Yellow (strategies that can be changed with caution)**
We found these activities considerably valuable to Active Ottumwa so while you may choose to adjust them to your community, we encourage you to consider including them in your program.
- **Green (strategies that can be freely changed)**
These are activities you can choose to implement but also can choose not to implement. They are not critical to success.

Summary

By adapting Active Iowa strategies, you create a program that takes into account your community's assets and needs, but changes should be made carefully to preserve components essential to program effectiveness. We sorted evidence-based strategies into the categories of the CPRN Adaptation Guidance Tool to help you view strategies based on their adaptability and essential value. Without a thoughtful approach to adaptation, planners risk choosing only strategies that are most appealing or easiest to implement and may overlook key components that make a program successful.

Adapting Active Iowa to Your Community

Strategies that are Core Components - DO NOT CHANGE

Behavioral and Social

- Groups exercising together, providing mutual help and encouragement
- Buddy system for goal-setting and self-monitoring
- Physical activity classes by PALs on various days/times

Campaign and Informational

- Community event participation
- Social media engagement (appropriate to the community)

Environmental and Policy

- Free activities available throughout the community

Strategies that can be changed with caution

Behavioral and Social

- Monthly newsletters

Campaign and Informational

- Local radio, television, and newspaper coverage
- Press releases for larger program events
- Public relations activities
- Website content:
 - Information on program events
 - Tips on increasing physical activity levels
 - Videos of community events/programs and residents being physically active

Environmental and Policy

- Joint use agreements

Strategies that can be freely changed

Behavioral and Social

- Sessions on goal-setting and self-monitoring
- Telephone and mail follow-ups on physical activity goals
- Email messages with “small-step” goals
- Physical activity contracts
- Use of mobile apps

Campaign and Informational

- Series of short radio shows
- Weekly newspaper column on physical activity
- Classes offered and marketed for specific age groups
- Press conferences
- Safety education
- Annual walking or biking event(s)
- Bike repair and bike donation program
- Website content:
 - Success stories
 - Pedestrian and bike safety plans
 - Information on locations to be physically active

Environmental and Policy

- Open Streets events
- Walking trails and paths
- Bicycle lanes
- Park development and renovation

This adaptation tool is part of the CPCRn workshop “Putting Public Health Evidence into Action” (in session 5 at <https://cpcrn.org/training>).

Chapter 7: Assessing your Community

Community participation is key to your successful Active Iowa program.

When you first bring program leaders together, you can begin by thinking about the following aspects of your community:⁹⁹

- Strengths and assets, culture, and traditions relevant to increasing physical activity
- Community leaders and trusted individuals to engage in your programming
- What community members think about physical activity and their current norms around being physically active
- Current physical environment and community resources supporting physical activity

These aspects can help you identify areas you may want to focus on in your program planning.

To support and deepen your community assessment, you can use the “Am I Rural?” tool (Rural Health Information Hub - Appendix 7.1) to assess your community’s rurality. This can be helpful in determining grants you may be eligible for as well as gives a general background of your community’s access to healthcare.¹⁰⁰

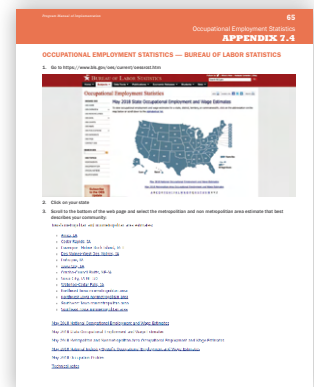
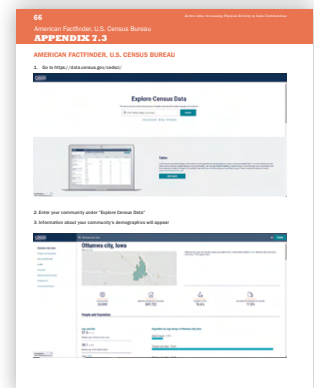
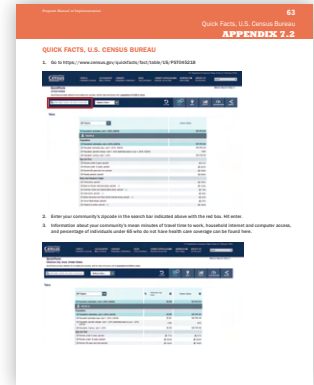
The eight characteristics of rural communities that affect community members’ health²³ are another useful framework for your assessment. For each of these characteristics, we offer the following tools (and you may think of or find others as you look to understanding the larger picture of your community):

Geography (isolation, physical environment) - The U.S. Census Bureau’s Quick Facts website offers information on the mean minutes of travel time to work (see Appendix 7.2).¹⁰¹

Demographics (population size, characteristics, diversity) - The U.S. Census Bureau provides data on population size, average income, and household information based on a community’s name or zip code (see Appendix 7.3).¹⁰²

Occupation (primarily agricultural and manufacturing work) - Occupational Employment Statistics from the Bureau of Labor Statistics show the most common occupations in a state or other area (see Appendix 7.4).¹²⁴

Digital Divide (broadband access



disparities) - The US Census Bureau's Quick Facts website offers information on household computer access and internet access (see Appendix 7.2).¹⁰¹ In addition, the Digital Divide Index for U.S. Counties gives a more detailed picture of a community's broadband access, combining broadband infrastructure and adoption indicators with data on socioeconomic characteristics known to affect technology adoption (see Appendix 7.5).¹⁰³

Access to Health Care (availability of health care services) - The "Am I Rural?" tool (Rural Health Information Hub) provides data under the "shortage designations" heading (see Appendix 7.1).¹⁰⁰ The US Census Bureau's Quick Facts website presents the percentage of individuals under 65 who do not have health care coverage (see Appendix 7.2). The County Health Rankings of the Robert Wood Johnson Foundation show how your area (by community or zip code) ranks in terms of access to healthcare compared to state and national data (see Appendix 7.6).¹⁰⁴

Infrastructure (the "built" physical, governmental, or social environment) - The TownWide Assessment scoring tool (one of the Rural Active Living Assessment Tools) is useful to understand how the environmental structures of your community impact health and physical activity (the link to the guidebook for this tool can be found in Appendix 7.7).

Social Capital (social connectedness

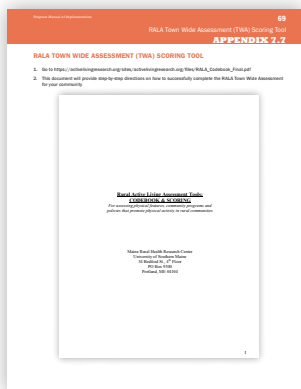
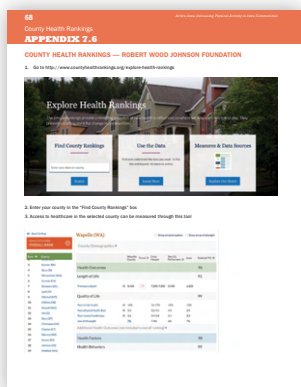
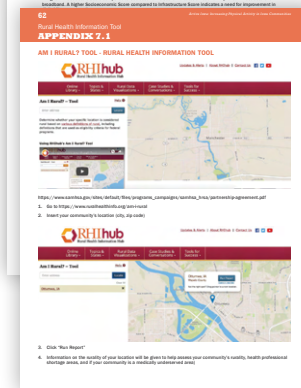
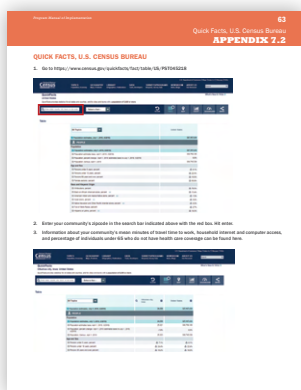
in pursuit of a common goal) - The Geography of Social Capital in America is a tool that measures social capital based on county-level data (see Appendix 7.8).¹⁰⁵

Political Voice (confidence in advocacy capability) - The Walk Score can help you determine how car-dependent, bike-able, walk-able, and transit-friendly your community is (see Appendix 7.9).¹⁰⁶ Tools from the Community Health Inclusion Index can help you gather information on how inclusive resources are in your community for all people—including persons with disabilities (see Appendix 7.10). These resources can be used as a starting ground to find where advocacy for physical activity may have already occurred and where future advocacy could be targeted.

Summary

Taking the time to step back and look at your community from various perspectives is a good way to start thinking about what form your Active Iowa program might take. The eight characteristics of rurality provide a framework to view your community in terms of factors that can influence residents' health, and you can find many valuable assessment tools online.

The data you collect on your community should be used to drive the adaptations made to the yellow and green strategies mentioned in Chapter 6 to best fit your community.



IMPLEMENTING, EVALUATING, AND MAINTAINING ACTIVE IOWA

Chapter 8: Planning for Implementation

An implementation plan is the “outline” form of your program that you create before any specific program plans are made. This plan can then be used to review and guide your activities and decisions throughout the program, because it will show how each activity or decision is linked into the program’s “big picture.”

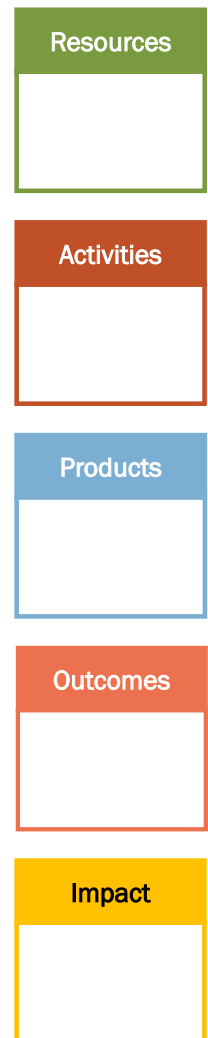
As you plan for implementation, creating a logic model for your program can visually show the key parts of your program, the change(s) you want to make in your community through your program, the activities you believe will lead to the change, and the resources needed to make this change happen.¹⁰⁷ Logic models serve as a program road map and are a way to show how program activities and needed resources will drive a program to succeed.¹⁰⁸

Logic Models

Typically, columns from left to right in the logic model present this information:

- **Resources** - materials, personnel, organizational and community support
- **Activities** - the intentional actions taken by your group to implement your Active Iowa program
- **Products** - products, materials, services resulting from your programming
- **Outcomes** - changes in behavior, knowledge, and skills that occur because of your program
- **Impact** - changes at the organizational, community, or policy levels that you expect will result from your program

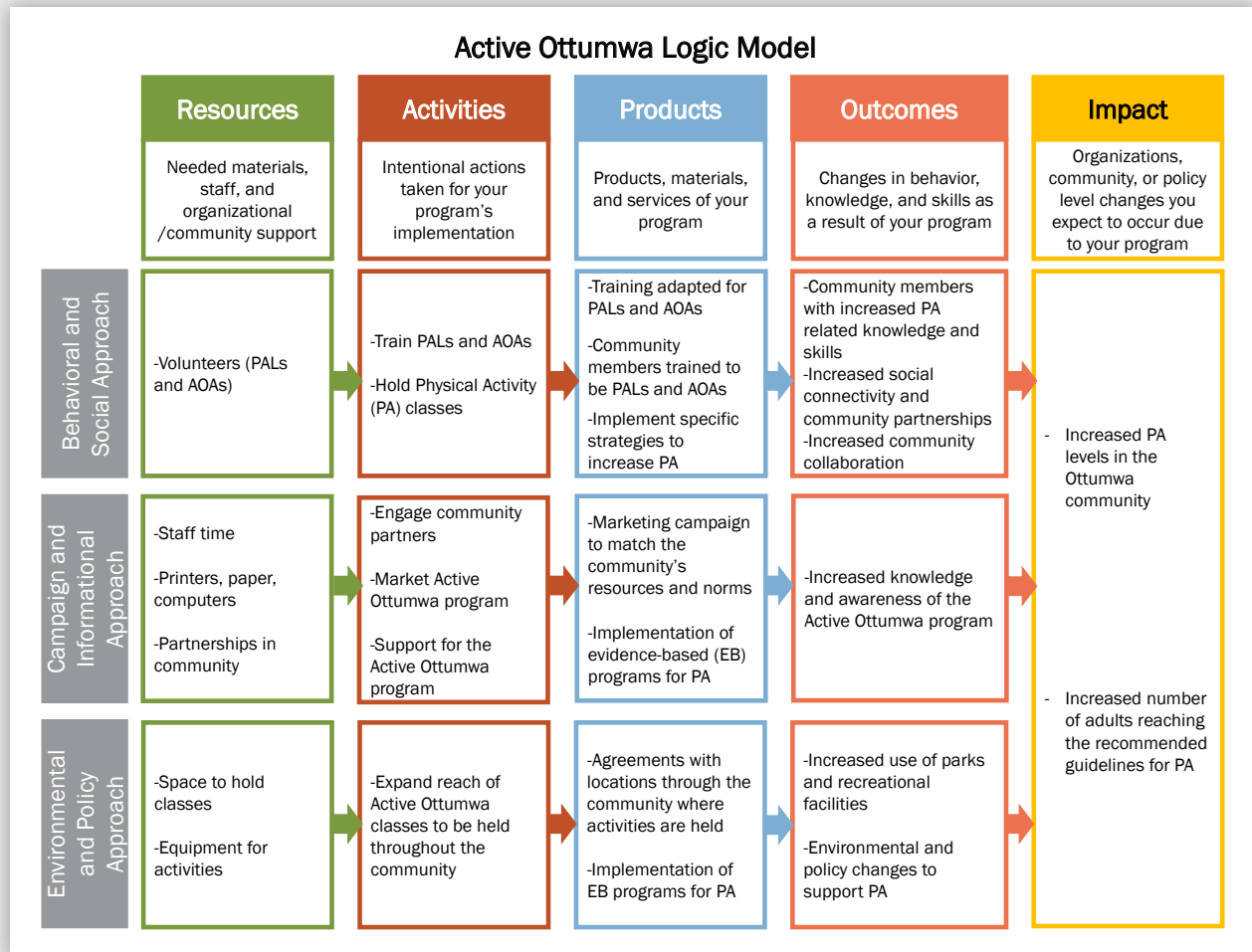
Your logic model will also guide your evaluation planning: you can align your evaluation activities with each of your products and outcomes. More information on developing a logic model can be found in the W.K. Kellogg Foundation Logic Model Development Guide (<https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>).¹⁰⁸





Example of Logic Model for Active Ottumwa

The Active Ottumwa project, using feedback from the CAB and through the efforts of Active Ottumwa personnel, PALs, and Active Ottumwa Ambassadors (AOAs), delivered a program in the Ottumwa community that is summarized in the following logic model:



How can I fund Active Iowa?

We understand that with any new program, it is important to consider how the costs for the program (i.e., staff time, program materials) will be covered. Appendix 8.2 shows mock budgets for Active Iowa and ideas on how to best leverage resources in your community to cover the costs of Active Iowa.

Summary

Creating an implementation plan or logic model gives you an overall vision for your program and can bring together all the pieces presented in this manual. When you construct a logic model for your Active Iowa program, you link the resources, program activities, products, and outcomes that add up to its impact. This shows you, your PALs and other personnel, and your community leaders, the path to your program's success.

Chapter 9: Planning for Evaluation

Gathering and analyzing various types of information about your program - information that you use to determine that the program is meeting the goals you planned to accomplish — is critical¹⁰⁹. The information you gather will also help guide decisions to adapt or change the program so as to improve it. Finally, the evaluation process can reveal your program's successes, more specifically its impact on the people you want to serve. Showing your program is successful will make it easier to obtain the support—from local businesses, community leaders, participants and others—that you need to sustain the program.

WHO should evaluate our program?

Your Active Iowa program is YOUR program so you should develop an evaluation plan and find an evaluation team that best fits your needs and the needs of your CAB. Make sure the person (or persons) collecting information makes the most sense within your organization's infrastructure. After you assess the capacity of your team to conduct and maintain each data measure that you select, you may find that consultation and/or technical assistance would be helpful. Support is available to you from the University of Iowa Prevention Research Center for Rural Health to help discuss and determine available evaluation resources and potential evaluation options for your program.

WHEN should we evaluate our program?

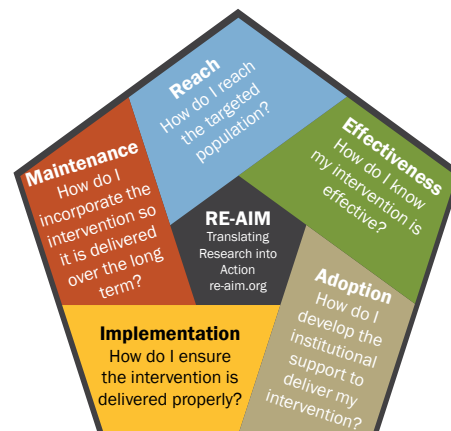
People make the mistake of thinking that first they plan a program, and when it is up and running (or over), then they think about how to evaluate it. In fact, evaluation plans need to be built into your program from the beginning. As you move along, you can update your evaluation plans to cover changes or new ideas to capture the results of those decisions.

HOW should we evaluate our program?

We recommend using the RE-AIM framework, which was presented in Chapter 1 (Conceptual Frameworks), to think about these questions:

- **Reach** – are we connecting with the people we intend to serve?
- **Effectiveness** - are the activities achieving our goal(s)?
- **Adoption** – is our program being accepted and utilized by individuals, program implementers, and community organizations?
- **Implementation** – are the activities being put into practice as designed?
- **Maintenance** – have the effects of our program become a normal part of an organization or a person's life?

We suggest collecting information on each of the RE-AIM principles. In the rest of this chapter, we present elements of an evaluation plan, with examples of evaluation documents provided in Appendix 9.1-9.7.



medical appointment. Basically, if a person answers “yes” to any of the questions in the top green box, then it is recommended that they visit their primary care physician and receive permission to participate in your Active Iowa program (you can give them a copy of the form to take to the appointment). For confidentiality purposes, the PAR-Q can be separated from the liability waiver and not kept with other program records.

Who collects this information?

Completing waiver and PAR-Q forms can be the responsibility of either PALs or participants. PALs can have people fill them out before each activity begins, or it can be explained to participants that a signed liability waiver and PAR-Q must be submitted (either online, through the mail, or at your organization’s office) before they can attend an activity. Either way, guidelines for the collection of these documents need to be clear to your program staff, PALs, and potential participants.

When is this information collected?

You can determine the procedures that best fit your group, making sure that all members of your team and your PALs understand it, so they can catch if anyone has fallen through a gap in your liability waiver system.

3) HIGHLY RECOMMENDED - PAL and AIA Contracts (Appendix 9.4)

- **Adoption** - shows the number of PALs and AIAs leading physical activities
- **Implementation** - shows the number of PALs trained to put motivational and social support strategies into practice

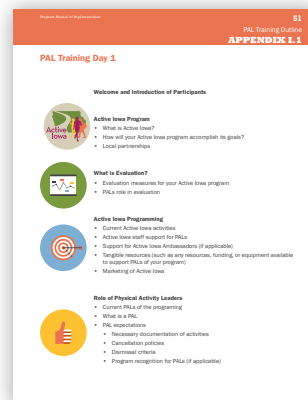
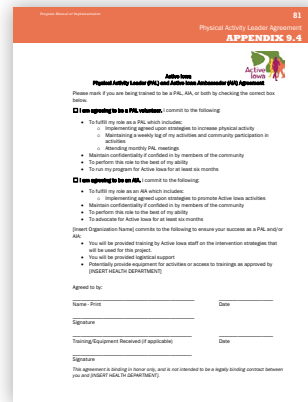
A PAL/AIA contract does not need to be a legally binding document but rather a clarification of roles and responsibilities that a person agrees to as a Physical Activity Leader or Active Iowa Ambassador.

Who collects this information?

The staff person who trains the PALs and AIAs would be the most likely person to collect the contracts.

When is this information collected?

You should try to collect contracts from each PAL immediately after they complete their training (if for some reason, that does not happen, make sure you have follow-up procedures in place). An outline for the PAL and AIA trainings can be found in Appendix 1.1.



WHAT types of materials and resources do we use to evaluate our program?

4) RECOMMENDED - Joint Use Agreements with supporting Organizations (Appendix 9.5)

- **Reach** - can show how many individuals receive information from partnering organizations that agree to advertise your programming
- **Adoption** - shows the businesses and organizations in your community that have adopted your strategies
- **Implementation** - records how your partners distribute promotional materials and enact any other strategies they have the resources to support
- **Maintenance** - shows you which strategies are being maintained by your partners over the long term, when partners re-sign (or renegotiate) their joint use agreements

Who collects this information?

The administrative person or organization(s) coordinating Active Iowa activities for your community.

When is this information collected?

This type of document can be produced once a partnering organization or leader has agreed to support your program. Data on maintenance are collected by updating an agreement, possibly on a yearly basis.

5) RECOMMENDED - Media Campaign Tracking Sheet (Appendix 9.6)

- **Reach** - records all the information-distribution outlets you use to inform your community about your program. Details could also include the number of flyers distributed, the number of events you participated in (and flyers distributed at those events), and your social media activities (found on in the analytics tab of the administrative account page on the social media platform).
- **Implementation** - can show the resources (number of flyers, staff time) you need for programming and events

Who collects this information?

The main Active Iowa coordinator making contact with partnering organizations in the community, handing out flyers, and attending community events.

When is this information collected?

Information should be maintained throughout your program’s implementation period. Whenever your Active Iowa program hands out flyers, attends a community event, or is invited to present on the Active Iowa program for a community group or organizational meeting. It is best to track analytics information from social media platforms at least monthly. Staying on top of recording these advertising and outreach activities as they happen will greatly benefit your evaluation plan.

6) OPTIONAL – Community Survey (see Appendix 9.7, 9.8)

- **Effectiveness** - shows if your program had an effect on community members’ levels of physical activity, by surveying them before your program begins and after it ends
- **Maintenance** - if data is collected over time, the maintenance physical activity changes of participants can be shown

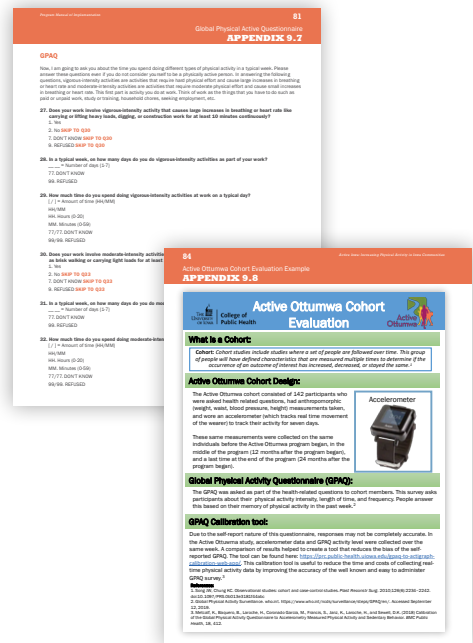
This type of survey can be time consuming and is not easy to design and administer, but it shows you the actual effect of your program in hard numbers. Assistance is available to you from the University of Iowa Prevention Research Center for Rural Health, which can offer technical support related to how to select the people to survey, how to develop the survey, and how to field it. Various online tools are also available for you to use.

Who collects this information?

If your organization has expertise in survey design and sampling, your organization’s staff can conduct this survey in your community. You may have one or more CAB members with expertise in survey development and administration that could help or take the lead in this data collection. Or you can consider the resources in your community (such as faculty/students at a local college) for partnering around this project. You may also consider contracting with evaluation experts, such as the UI Prevention Research Center faculty and staff.

When is this information collected?

The specific timing of pre- and post- program surveys will depend on the survey plan you choose, but they are basically conducted before beginning your program and after a designated program period.



Examples from Evaluating Active Ottumwa

The Active Ottumwa program was designed to test if the community engagement and evidence-based strategies described in this manual were effective in increasing community-wide physical activity. Therefore, Active Ottumwa had a comprehensive evaluation design with the following components:

- Two community-wide surveys (by random-digit-dial telephone) in 2013 and 2018 (reports can be found here: <https://prc.public-health.uiowa.edu/active-ottumwa-core-project-2014-2018>)
- A group of study participants randomly selected and evaluated (on their physical activity levels and health behaviors) at baseline, 12-month, and 24-month follow-up
- Media campaign tracking (capturing number of events attended, number of flyers distributed, and all marketing materials distributed)
- Social media tracking (through Facebook analytics)
- Partnership tracking (number of community partners)
- Numbers of participants and class offerings tracked through sign-in sheets
- Liability waivers to identify the total individual community members who attended classes
- A survey to measure participants' thoughts on how to best maintain Active Ottumwa
- PAL contracts and PAL engagement

An information sheet celebrating the successes of Active Ottumwa is included in Appendix 9.10. Reporting on this information was possible due to the evaluative efforts of the Active Ottumwa team and community partners.

Your program is not a research program, so your evaluation plan does not need to be the same as Active Ottumwa's. Your plan should be developed in line with the evidence-based strategies you choose to use in your Active Iowa program and the resources of your unique community. Make sure to keep your CAB involved throughout your evaluation program's design and refer to their guidance whenever program changes are made or problems arise. The University of Iowa Prevention Research Center for Rural Health is also available to help assist and guide your program evaluation as needed.

Summary

Evaluation is a highly important ongoing activity of your program. It is the way you identify ways to improve the program and measure its successes. Improving your program as you go gives it powerful momentum moving forward and having clear indicators of success will maintain and attract more support from your community. You begin planning for evaluation along with your initial program planning, and your CAB reviews the evaluation plan and results regularly. The RE-AIM framework can help guide your thinking as you identify the information you want to collect, the methods, the timetable, and the people responsible for each evaluation activity.



Chapter 10: Planning for Sustainability

Sustainability refers to the ability to keep an Active Iowa program going, even as resources or other circumstances may change.^{110,111} Sustainable programs are more likely to produce lasting outcomes and result in healthier communities.¹¹² They are also important for maintaining community support and trust, which can be compromised if a program ends abruptly.¹¹³ Sustainability can be challenging to achieve, so it is important to plan for sustainability from the very beginning.

Planning for sustainability helps you anticipate and prepare your program for changes in your organization or community.¹¹⁰ As with your program planning, the sustainability plan that you develop with your program partners should include strategies for all four levels of the Social Ecological Model (SEM).^{42,114}

Possible strategies include:

- engagement and advocacy with policy makers (Policy).
- participation in community events (Organizational/Community).
- opportunities for community members to voice their visions and ideas for the program with one another (to increase community buy-in of the program) (Interpersonal).
- social support to motivate individuals to sustain their physical activity change (Individual).

Your community partnerships are the key to program sustainability. Developing sustainable partnerships begins from the beginning of program development. First, you choose partners who share your Active Iowa goals and believe in your mission; mutual respect for each other's goals and priorities will lead to long-lasting collaborations.¹¹⁴ For each partnership, needs should be clearly defined, and you want to ensure that each member of the partnership receives benefits from the collaboration. Finally, the ongoing maintenance of partnerships should be a priority throughout your program, accomplished through regular meetings, attendance at partners' events, and clear communication about the progress of the program.

Your partners may have varying goals for associating themselves with your program. For example, a trails committee pushing policy change may look to you for data that support their argument or for programming that incorporates use of their trails, while a United Way organization may be interested in ways to collaborate on events and increase overall community engagement.

Examples of Sustainability of Active Ottumwa

The Active Ottumwa CAB chose a specific strategy to sustain the momentum of their informational campaign: Active Ottumwa Ambassadors (AOAs), who were committed community members trained in the program's motivational and social support strategies (through a separate training from the PALs that was completed using online modules). AOAs helped to increase community receptivity to Active Ottumwa messaging and recruit more community members by distributing program information through their social networks. Example AOAs included (but were not limited to) the Director of the City's Chamber of Commerce who sent promotional materials to community contacts and invited the program to participate in community events, a prominent local financial advisor who shared information on Active Ottumwa with his clients, and the director of the local community college's foundation who shared the calendar and promotional materials with all employees of the college.

PALs were also an important aspect of the Active Ottumwa sustainability plan. They were not only leaders of activity groups but also sources of information and resources for participants. Between the AOAs and the PALs, Active Ottumwa maintained a committed group of community members who can influence and motivate their friends and neighbors to view physical activity as a life-long, valuable practice.

Although making environmental changes requires patience and long-term planning, the Active Ottumwa CAB collaborated with various partners (a well-established Trails Committee, YMCA, and Ottumwa Regional Health Center) on plans for environmental changes that supported physical activity, specifically installing trail signage, hosting Open Streets events, and making park improvements.



Summary

Sustainability may look different across communities but planning ahead to create a lasting impact should be a priority for every Active Iowa program. Barriers to sustainability, like lack of funding and community support, can be overcome with the help of strong, respectful partnerships, which lead to enhanced insight for the program designers of the community's assets and needs to improve physical activity. Partnerships contribute to expanded resources and show the community's investment in the program to local government and leaders.¹¹⁸ By employing sustainability strategies on each level of the SEM, your Active Iowa program will be enjoyed by your community for years to come.



CONCLUSION

You have now completed reviewing the program manual of implementation for the Active Iowa program. We hope this manual is a launching point for you and your community to begin your journey designing and implementing Active Iowa strategies to fit the resources and opportunities of your community. We know this manual will not account for the complexities of your community but is a starting place to gather needed partners and initiate discussions on how to achieve wider physical activity access and participation among your community's constituents using strategies that have evidence supporting their success.

You are not alone. Other communities are also working on their own Active Iowa programs and can be a great source to discuss ideas and troubleshoot issues. We hope you can learn from each other's successes and pitfalls.

Welcome to the program that is helping Iowa communities be more physically active!



1. **The State of Obesity:** A collaborative project of the Trust for America's Health and the Robert Wood Johnson Foundation that highlights key data collected through nation-wide surveys on obesity-related trends and stories.
2. **Inclusion Resources:** Below are resources for creating a program that is more inclusive of all individuals in your community, including people with disabilities.
 - Iowa Compass: Connects people to services and supports in Iowa communities.
 - Foundational Principles of Sustainable Inclusion of People with Intellectual Disability: Provides principles to support a foundation of sustainable inclusion of people with intellectual disability.
 - Disability and Health Inclusion Strategies: Strategies to support inclusion of individuals with a disability.
 - United Spinal Foundation Disability Etiquette: Discusses people first language and how to help empower people with a disability through your language and communication.
 - The National Center on Physical Activity and Disability videos: Video library focusing on promoting inclusivity in communities and supporting healthy lifestyles for individuals with disabilities and other chronic conditions.
 - Easterseals Iowa Assistive Technology Center: Helps Iowans learn about and access assistive technology to live safely and independently.
3. **CDC's Physical Activity Why it Matters:** Provides a large-picture view of the benefits of physical activity and why increasing physical activity levels can protect health of individuals and benefit communities.
4. **Micropolitan America: A New and Critical Part of the Nation's Geography:** A document prepared by The Rural Policy Research Institute that overviews the importance of Micropolitan communities, reviews a variety of features of Micropolitan America, and discusses an agenda for future work in these communities.¹¹⁶
5. **Dietary Guidelines for Americans 2015-2020 Eighth Edition:** (Chapter 3 The Social-Ecological Model). The Office of Disease Prevention and Health Promotion discusses how the Social-Ecological Model can be applied to understand how different levels of influence interact to shape a person's food and physical activity choices.
6. **Principles of Community Engagement (Second Edition):** This document was developed as part of the Clinical and Translational Science Awards (CTSA) Consortium's Community Engagement Key Function Committee. It provides an overview of the science of community engagement as well as gives practical guidance for engaging partners within communities.¹¹⁷
7. **Community Guide Findings for Physical Activity:** A table reviewing the summary of findings from The Community Preventive Services Task Force's work around determining evidence-based recommendations for effectively promoting and increasing physical activity.
8. **The Community Toolbox:** A free, online resource developed by The Center for Community Health and Development at the University of Kansas that is targeted to help organizations working to build healthier communities to bring about social change.

SUPPLEMENTARY RESOURCES

9. **Active People Healthy NationSM:** This website provides strategies to help people be more active, data & statistics on physical activity, and provides additional resources & publications surrounding physical activity research.
10. **Active Ottumwa website:** Developed by the University of Iowa Prevention Research Center for Rural Health and gives an overview of the Active Ottumwa project, the pilot site for the Active Iowa program.¹¹⁸
11. **The Open Streets Guide:** A report developed by the Alliance for Biking & Walking and The Street Plans Collaborative that discusses Open Streets initiatives including the benefits, a summary of findings, case studies, and ends with lessons learned and best practices.
12. **Model Joint Use Agreement Resources:** Here ChangeLab Solutions gives brief overview of Joint Use Agreements and provides downloadable documents to model new Joint Use Agreements.
13. **CPCRN tool:** Session 5. Part of CPCRN's Putting Public Health Evidence in Action Training Workshop, session 5 reviews adapting an evidence-based intervention to fit your community.
14. **County Health Rankings and Road Maps:** A website developed and maintained by the University of Wisconsin Population Health Institute and funded by Robert Wood Johnson Foundation that provides annual rankings that give a snapshot of how health is influenced by where people live, learn, work, and play. Results are presented by county and report on measures of health outcomes, health factors, health behaviors, clinical care, social & economic factors, and physical environment.
15. **Foundation Logic Model Development Guide:** A guide developed by W.K. Kellogg Foundation to provide practical assistance to nonprofits and community members to successfully develop and follow logic models to enhance their program planning, implementation, and dissemination activities.
16. **University of Wisconsin-Madison Extension's Logic Model Toolkit:** Provides examples, templates, reading, and online courses to help public health professionals and community members develop effective logic models.
17. **RE-AIM:** Website that further discusses the RE-AIM evaluation framework and gives examples and guidance on applying the RE-AIM framework.
18. **Social Media Analytics:** Below are links for social media insights directions and help centers to help in understanding and interpreting viewing and reach information available through each site.
 - Facebook¹¹⁹
 - Instagram¹²⁰
 - Snapchat¹²¹
 - Twitter¹²²
 - Youtube¹²³

SUPPLEMENTARY RESOURCES

- 17. A Sustainability Planning Guide for Health Communities:** CDC gives a synthesis of science- and practice-based evidence to help professionals and leaders develop, implement, and evaluate successful sustainability plans.

- 18. Inclusive Planning in Tribal Communities: Engaging People with Disabilities in Designing Safe and Accessible Transportation Systems:** The National Center on Health, Physical Activity, and Disability shares tips for tribal communities for engaging people with disabilities to design accessible transportation systems.

- 19. The Planner’s Playbook: A Community-Centered Approach to Improving Health & Equity:** This report provides guidance to make equity a core piece of the health planning practice.

- 20. Toolkit for Making Written Material Clear and Effective:** This comprehensive toolkit provides tools to ensure your materials are easily understood by the communities for whom they are designed.

- 21. The Active Communities Tool Action Planning Guide:** The CDC helps multidisciplinary teams make a plan for changing built environments to facilitate physical activity in this guide.

- 22. The Active Communities Tool Assessment Modules:** In this follow-up to the previous supplemental resource, the CDC provides a guide to assessing plans to changing built environments for the purpose of encouraging physical activity.

- 23. Mobilizing Community Partnerships in Rural Communities: Strategies and Techniques:** The National Association of County & City Health Officials (NACCHO) created this guide to support practitioners in building and sustaining partnerships with rural communities.

- 24. Physical Activity Guidelines for Americans 2nd Edition:** This resource from the Department of Health and Human Services shares evidence-based information to helping people participate in regular physical activity to stay healthy. A media campaign called Move Your Way has been developed to help promote these guidelines with many videos, fact sheets, and helpful resources for reaching a variety of populations (adults, older adults, kids, parents, pregnant women, Latinos, etc.). Also look at the activity tracker as a great tool for individuals to make a physical activity plan.

- 25. The Tension of Turf: Making it Work for the Coalition:** The Prevention Institute discusses the phenomenon of turf struggle that occurs when different groups fight to “win” against other groups or gain all recognition for program success. This brief describes and provides solutions for turf struggle in program collaborations.

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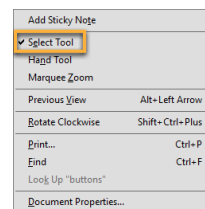
APPENDICES

All documents found in this Appendix and other potentially helpful templates and resources will be provided by the University of Iowa Prevention Research Center for Rural Health staff on the Active Iowa website.

Creating Microsoft Word files from any of the pdf pages in this manual

To copy only selected content from the PDF:

1. **Open the PDF document in Reader.** Right-click the document, and choose Select Tool from the pop-up menu.
2. **Choose the Select tool.** Drag to select text, or click to select an image. Right-click the selected item, and choose Copy.
3. **Copy selected content.** The content is copied to the clipboard. In an another application, choose Edit > Paste to paste the copied content.

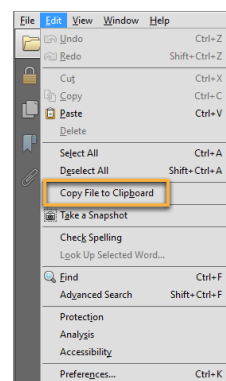


The following enhancements have been made to the default behavior of the Radio buttons in Acrobat forms:

- Multiple copies of the radio buttons are placed in the same group by default. You can change this behavior and place each radio button in a separate group by selecting the Copy radio buttons in the Properties dialog box.
- Duplicating radio buttons across the page will create separate groups per page.
- In the Properties dialog box, when multiple radio buttons are selected, you now have the option to change the group name in a single click using the Group Name field.

To copy an entire PDF:

1. **Open the PDF document in Reader.** Choose Edit > Copy File to Clipboard.



Physical Activity Leader (PAL) Training Day 1

Welcome and Introduction of Participants



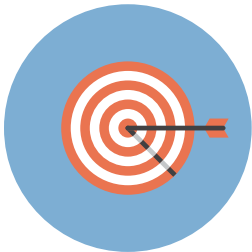
Active Iowa Program

- What is Active Iowa?
- How will your Active Iowa program accomplish its goals?
- Local partnerships



What is Evaluation?

- Evaluation measures for your Active Iowa program
- PALs role in evaluation



Active Iowa Programming

- Current Active Iowa activities
- Active Iowa staff support for PALs
- Support for Active Iowa Ambassadors (if applicable)
- Tangible resources (such as any resources, funding, or equipment available to support PALs of your program)
- Marketing of Active Iowa

Role of Physical Activity Leaders

- Current PALs of the programming
- What is a PAL
- PAL expectations
 - Necessary documentation of activities
 - Cancellation policies
 - Dismissal criteria
 - Program recognition for PALs (if applicable)



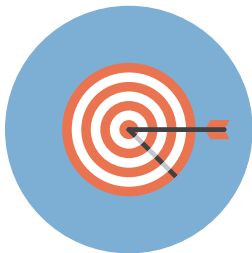
Active Iowa Ambassador (AIA) Training

Welcome and Introduction of Participants



Active Iowa Program

- What is Active Iowa?
- How will your Active Iowa program accomplish its goals?
- Local partnerships



Active Iowa Programming

- Physical Activity Recommendations and Benefits
- Current Active Iowa activities and PALs
- Importance of Walking



Role of Active Iowa Ambassadors

- What is an AIA
- AIA expectations



Review of Intervention Strategies

- Listening to individuals
- Types of support
- Positive reinforcement
- Buddy system
- Your social networks
- Active lifestyle mind-set
- Barriers to physical activity
- Goal-setting

Promoting Active Iowa

Summary and wrap-up items

Advisory Board Operating Principles

APPENDIX 2.1**[Insert Organization Name]****Active Iowa Community Advisory Board (CAB)***Formally adopted [DATE]**Revised [DATE]***Operating Principles**

The CAB will contribute to building a health promotion partnership that will produce return on investment for the community's residents, and have a positive impact on the health of [INSERT COMMUNITY NAME] residents.

Organizational Structure

Board Membership: The Advisory Board will consist of representatives from community agencies and organizations that can provide resource linkages and different perspectives in the [INSERT NAME] community. CAB members can be nominated and chosen by [INSERT APPROPRIATE PEOPLE]. The CAB will review qualifications and attributes of individuals/organizations under consideration. Once the CAB approves an individual to serve as a member, an invitation to participate will be sent from the CAB co-chairs/vice chair. CAB members can, with approval, send other representatives from their organizations to ensure the continuity of the organization's participation.

The duties of CAB members are as follows:

- Identifying community needs and concerns
- Approval core and affiliated Active Iowa projects
- Educating the community and key leaders about Active Iowa (getting the word out)
- Recruiting and recommending potential members
- Assisting in advocating for public and community policy to promote physical activity
- Understanding the mission, goals and organization of the Active Iowa
- Identifying important local networking opportunities which foster collaboration among partners
- Completion of yearly evaluation of the CAB

Membership Turnover: When a CAB member needs to leave the CAB they will notify the CAB as soon as possible. Since CAB membership is organizational, it is up to the member organization or agency to appoint a new member to attend. If they are unable to do so they are to inform Active Iowa staff. At that point in time the CAB will discuss whether to identify a new member /organization for membership.

Meetings: Special meetings of the Advisory Board may be requested by Advisory Board members. Special meetings can be convened by the Chair(s).

Reimbursement: Advisory Board members may be reimbursed for authorized expenses incurred as members of the committee.

Community Committee participation: At least one member and an alternate will agree to participate in the Community Committee to the best of their abilities being respectful of their job duties. If someone can no longer participate they will inform the Committee and a replacement will be discussed at the next upcoming CAB meeting.

Co-Chairs/Vice Chair: The CAB will have a co-chair from [INSERT LEAD COMMUNITY ORGANIZATION NAME] and a community co-chair and vice chair. The vice chair after one year of training will be the next community co-chair. The community co-chair will serve a one-year term. The CAB will solicit volunteers or nominees for the vice chair-elect position at the annual retreat. The group will then vote to select the vice chair. The chairs will jointly set the agenda for the meeting and facilitate the meeting. The community chairs may serve as the nominal representative of the CAB to the Community Committee. The co-chairs will serve as a point of contact for concerns of CAB members with the center.

Sub-Committee: On items that require more intensive deliberation a subcommittee can be formed. A sub-committee can consist entirely of CAB members or can include other important community partners and leaders as relevant. All subcommittee decisions and activities will be reported back to the larger CAB in its entirety.

Communication

- Changes in meetings times or locations should be communicated early
- If members are unable to attend, they should notify the CAB
- The draft of the agenda will be sent out prior to all meetings and CAB members may provide input on the schedule
- Community Committee members should provide updates at CAB meetings
- Minutes should be recorded and provided
- All handouts and materials should be made available
- Regular attendance at monthly CAB meetings is important so decisions can be made. Attendance should be at [INSERT DETERMINED ATTENDANCE POLICY] We will have [#] of meetings per year
- Meeting times should be consistent
- Discussions will be open to everybody's input
- We will be respectful of others' opinions and experiences and adopt an open listening attitude

Decision Making

- We will attempt to reach full consensus on decisions. Full consensus means that every member fully supports the decision
- If the group is unable to reach full consensus, we will strive for the "70% rule." If 100% support from every member is not possible, we require a minimum threshold of 70% support of each member to move forward on that issue
- In the event that we are unable to reach 70% consensus, we will put the item on subsequent agendas if possible so that everyone has a chance to consider the issue. If this is not possible because a decision must be made, or the group determines that the item has been discussed enough times, we will make the decision by majority vote

Accelerated decision-making: While we will always strive to anticipate deadlines, we recognize that on occasion we need to make decisions more quickly. In that case, we will communicate the information via email and/or telephone, and the sender will clearly outline the decision to be made and the deadline for response. We will utilize a rule of "passive assent" that states that if a response is not received by the deadline, that you assent to whatever decision is being considered

Communication about CAB Activities & Findings to Media/Public

- All articles and/or releases for media and public consumption will be approved in advance of distribution by the CAB
- All articles and/or releases will acknowledge the collaborative nature of the CAB and will note the funding sources and the relevant community partners involved in the project (CDC appropriate language)
- Requests for materials, tools and products should be directed to your organization's staff
- CAB members will alert Active Iowa staff of all media requests and shared data about Active Iowa project(s) with the community
- The CAB will approve fact sheets and talking points on activities and projects thereby ensuring a consistent message and mission of the group

These procedures will be reviewed and updated annually by the CAB

APPENDIX 6.1

ACTIVE IOWA




[Month] In Review

YEAR

Here we share a photo from the previous month's activities or events.

PAL Spotlight

Last month review!

Each month, we celebrate program achievements, provide updates, and recap last month's events and activities. This may include new activities, community events we participated in, or program milestones.



CAB Spotlight



Each month, we spotlight a CAB member. Recognizing a member of the CAB connects our PALs and participants with our partner organizations and helps shed light on CAB processes that can seem "behind-the-scenes." Most importantly, it allows us to recognize CAB members for all of their hard work and dedication!

With our PAL Spotlight, we hope to thank our amazing PALs for making our program possible. Every month, we highlight a PAL who has gone above and beyond. We also hope that these spotlights will provide participants with a friendly face when they attend Active Iowa activities or events, as well as a resource about the Active Iowa program!

Upcoming Events

Providing reminders upcoming Active Iowa events and spotlighting events from our community partners helps keep PALs and participants involved and excited about Active Iowa!

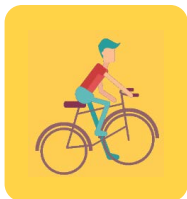
ACTIVE OTTUMWA

Tip of the Month

Each month, we included information on physical activity, tips for PALs, or other relevant information for Active Iowa participants and PALs. These tips were evidence-based, often including information from the CDC. Graphics were all from piktochart.com. Below is an example of one “Tip of the Month.” For four consecutive months, we highlighted each part of the IDPH’s 5-2-1-0 initiative.



Extended screen time can hinder you and your family from living an active lifestyle. Aim to limit your recreational screen time to less than 2 hours a day using these tips!



Unplug and get active!

The warm weather will quickly come to an end, so unplug and get active by participating in fun summer activities while there is still time.

YEAR



Spend quality time with others!

Make an effort to spend time with family and friends in situations where you may normally be distracted by electronics.

Contact Us



Hold yourself accountable!

Try to keep track of your screen time. Remember, less than 2 hours of screen time a day is ideal!

If you have questions about upcoming events or request that we appear at an event, we want to hear from you! Please contact [CONTACT PERSON] at the office.



[CONTACT INFO]:

[Address]

[Address]

[Phone]

[Website URL]



Encourage each other!

Instead of communicating with friends through technology, get together and work toward your health goals by being active and spending time together.

1. “Why 5-2-1-0 Works” (2018). IDPH. <http://www.iowahealthieststate.com/resources/individuals/5210/why5210works/>
2. “5-2-1-0 Health Choices Count.” (2018). IDPH. <https://idph.iowa.gov/nutrition-physical-activity/healthy-choices>



WHY FOCUS ON PHYSICAL ACTIVITY?

- Regular physical activity can help decrease the risk of developing chronic diseases such as cardiovascular disease, cancer, and diabetes and can also lessen the disability burden from these diseases.
- More than half of Iowa's adults do not meet physical activity recommendations and those who report no PA have higher rates of heart disease and stroke compared with Iowans who meet PA recommendations.
- The Centers for Disease Control and Prevention (CDC) encourages all Americans to engage in at least 150 minutes of moderate-intensity aerobic exercise each week to reduce negative health consequences.
- Our project will use proven strategies to promote physical activity and focuses on the whole community rather than a portion of the population.


WHAT ARE THE GOALS OF ACTIVE IOWA?



HOW WILL ACTIVE IOWA REACH THESE GOALS?

In order to reach these goals, we will work with community members to further design and implement several activities including:


1. Providing health education and information dissemination around physical activity
2. Support and guidance to individuals including personal goal-setting, organizing buddy systems, and creating walking and other physical activity groups to provide social support to community members
3. Working to create a healthy environment through support for policies such as those that develop walking trails and walkable neighborhoods



Physical Activity Leaders (PALs) will be the center of the Active Iowa project. PALs are community members who are natural leaders and are known to others as a source of information, help, and influence. They will work within groups (e.g., schools, churches, walking groups) and their circles of friends and acquaintances to carry out project activities. We will recruit, train, and support PALs to adapt and deliver the recommended strategies. All community members can and are encouraged to participate in the activities planned by the PALs.

WHAT DOES ACTIVE IOWA MEAN FOR COMMUNITY MEMBERS?

Through project activities and with the help of PALs we plan to see a substantial increase in the number of community members who are physically active. Additionally, after the conclusion of Active Iowa, we hope to see that the community continues to become a more exercise friendly community and creates an environment that encourages and enables community members to be physically active.



(Insert any necessary acknowledgements here)

APPENDIX 6.3

Want to become a PAL for Active Iowa?



What is Active Iowa?

Active Iowa (AI) is a community-based program that aims to increase physical activity in adults. We organize **FREE** physical activities for all community members.

What are Physical Activity Leaders?

PALs are members of the community that volunteer to lead group physical activities and help to motivate and support community members in increasing their physical activity levels.



What does it take to be a PAL?

- Attend PAL orientation training
- Attend booster trainings as offered
- Lead 1 weekly activity and help participants sign up
- Communication with AI staff including biweekly phone meetings
- Total time commitment: ~ 2 to 3 hours a week for at least 6 months

What can I do?

Examples of activities you can lead are:

- Walking
- Jogging
- Biking
- Or other activities you're interested in

Will I be paid?

No, PALs are volunteers from the community. There is a yearly stipend that can be used on approved items to help develop their physical activity program.

What is in it for me?

- **FREE** training & support from AI staff
- A stipend each year to help carry out activities
- Communication skills and more health information
- Rewarding experience by helping your community become more active and discovering community resources!



Interested? Contact us!

Phone:
 Email:
 Address:

Want to become an AIA for Active Iowa?



What is Active Iowa?

Active Iowa is a community-based program that aims to increase physical activity in adults. We organize **FREE** physical activities for all community members.

What are Active Iowa Ambassadors?

AIAs are members of the community that volunteer to promote Active Iowa activities and help to motivate their family and friends to participate in our **FREE** group activities.



What does it take to be an AIA?

- Be outgoing and energetic
- Have strong connections within our and surrounding communities
- Be willing to share on social media
- Interest in our goal to improve the health and well-being of local residents

What type of outreach would I do?

Examples of promotions include:

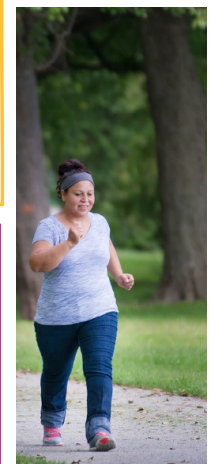
- Create Facebook posts or announcements about upcoming activities or share our posts
- Attend PAL led activities when possible
- Discuss Active Iowa's values and goals with other community members

Will I be paid?

No, AIAs are volunteers in the community. Being an AIA is not a large time commitment, but it is an important role used to help communicate the programming to the community.

What is in it for me?

- **FREE** training & support from Active Iowa staff
- Communication skills and more health information
- A rewarding experience by helping your community members to become more active



Interested in becoming an AIA? Contact us!

Phone:

Email:




Address:

APPENDIX 6.5

Mall Walking/Rolling Benefits



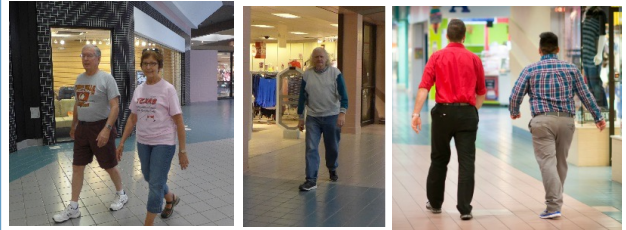
The Centers for Disease Control and Prevention recommends getting at least 150 minutes of brisk walking/rolling a week. Walking has many health benefits including:

-  Improving heart health
-  Burning calories and losing weight
-  Increasing energy and lifting mood

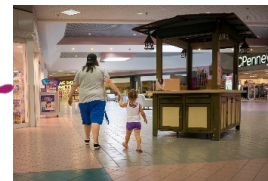
[INSERT PICTURE OF YOUR MALL HERE]

Walking/rolling is a great way to achieve low-impact exercise at any age or fitness level.

Joining a walking and rolling group is a great opportunity to meet new people and can increase your likelihood of continuing to be active.



- Mall Walking is **FREE**, meaning no monthly charges or hidden fees.
- You can create your own walking pattern that fits your schedule and needs.
- You can exercise within the comfort of a climate-controlled environment. No more days walking in the rain, snow, heat, or humidity.
- There is level ground that reduces the chance of injury or having a fall.



Register for Active Iowa Mall Walking Club at **[MALL NAME]!** Forms can be found at **[INSERT LOCATION.]**

Don't forget to like Active Iowa on Facebook and check out our website **[WEBSITE URL]** to find the most up to date information on our free physical activity opportunities!

Tips for Getting More Physical Activity

Get out the leash

It's a great activity for both you and your furry friend. Your heart — and your pooch — will thank you! Take your pup out a walk around your community and remember to clean up your pet's waste.

Take your child for a walk

It's a great way to get some quality time with your family. Go exploring in different neighborhoods or turn your walk into a scavenger hunt!

Mall walk

Is it too hot (or too cold) to walk outside? Join one of Active Iowa's mall walking clubs and take a brisk stroll around the inside of the mall with friends and family.

Join a team

Pick a sport or activity you love and round up some friends. Team sports are fun ways to stay motivated and accountable.

Walk and talk

Even if you're glued to your phone for work calls, you don't have to be glued to your seat. Make it a habit to talk and walk. You can also try to have walking meetings.



Tune into fitness

Walk, jog in place or use the treadmill at home or at the gym while you watch your favorite television show.

Park and walk

Spare yourself the stress of finding the perfect spot and gain more energy by parking far away and walking farther to your destination. time.

Take the stairs

Take the stairs instead of the elevator. You may huff and puff at first, but over time, your body will thank you.

Dance!

Do it in a ballroom, at a club or even in your living room. You'll burn calories and gain a new hobby.

Skip the cake

Say goodbye to pie and take a walk after dinner. You'll get a reward that's sweeter than dessert: more family time.

Divide your time

Is 30 minutes of physical activity too much at one time? Break up your 30 minutes into three 10-minute segments throughout the day. To reap the benefits of physical activity, you should be active for at least 10 minutes at a time.

APPENDIX 7.1

AM I RURAL? TOOL - RURAL HEALTH INFORMATION TOOL



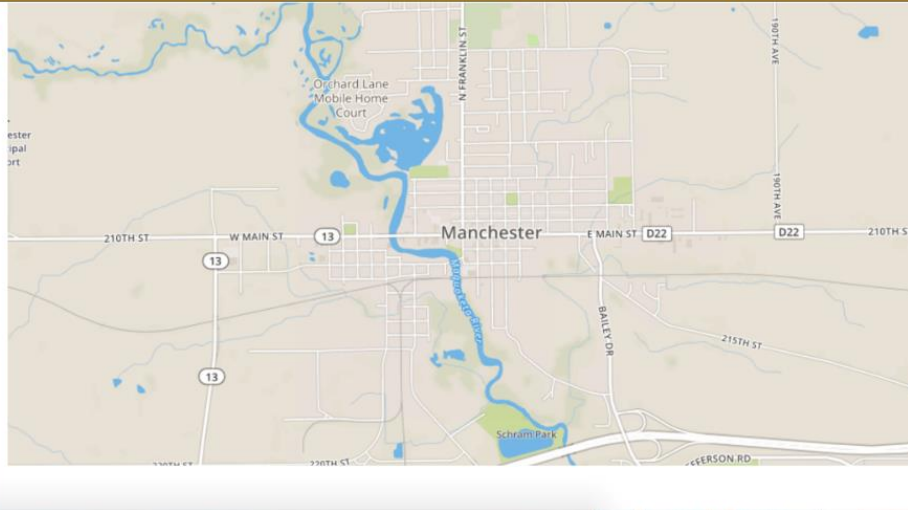
[Updates & Alerts](#) | [About RHIhub](#) | [Contact Us](#)   

Online Library -	Topics & States -	Rural Data Visualizations -	Case Studies & Conversations -	Tools for Success -
----------------------------------	---------------------------------------	---	--	-------------------------------------

Am I Rural? – Tool [Help ?](#)

Determine whether your specific location is considered rural based on [various definitions of rural](#), including definitions that are used as eligibility criteria for federal programs.

Using RHIhub's Am I Rural? Tool



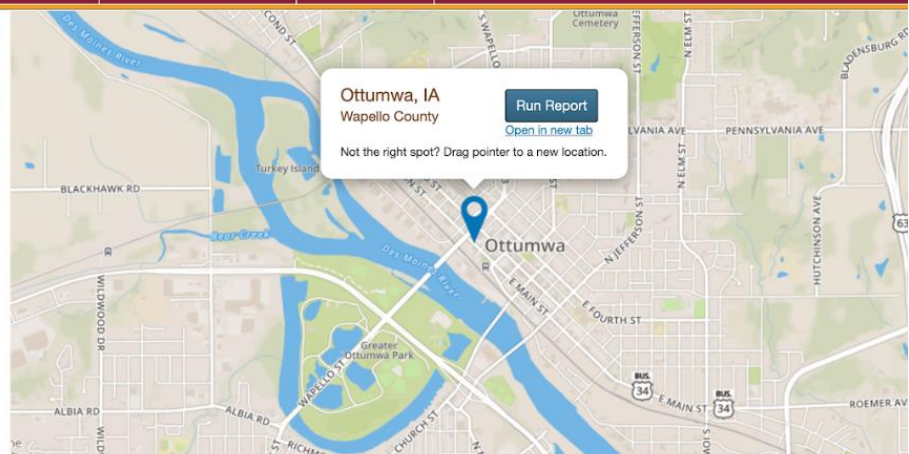
1. Go to <https://www.ruralhealthinfo.org/am-i-rural>
2. Insert your community's location (city, zip code)



[Updates & Alerts](#) | [About RHIhub](#) | [Contact Us](#)   

Online Library -	Topics & States -	Rural Data Visualizations -	Case Studies & Conversations -	Tools for Success -
----------------------------------	---------------------------------------	---	--	-------------------------------------

Am I Rural? – Tool [Help ?](#)



3. Click "Run Report"
4. Information on the rurality of your location will be given to help assess your community's rurality, health professional shortage areas, and if your community is a medically underserved area)

QUICK FACTS, U.S. CENSUS BUREAU

1. Go to <https://www.census.gov/quickfacts/fact/table/US/PST045218>

The screenshot shows the QuickFacts website interface for the United States. At the top, there is a navigation bar with categories like TOPICS, GEOGRAPHY, LIBRARY, DATA, SURVEYS/PROGRAMS, NEWSROOM, and ABOUT US. Below this is the 'QuickFacts United States' header. A search bar is highlighted with a red box, containing the text 'Enter state, county, city, town, or zip code'. Below the search bar is a table of statistics for the United States, with a dropdown menu set to 'All Topics'. The table includes sections for 'PEOPLE' and 'Population', with various demographic data points.

All Topics	United States
Population estimates, July 1, 2018, (V2018)	327,167,434
PEOPLE	
Population	
Population estimates, July 1, 2018, (V2018)	327,167,434
Population estimates base, April 1, 2010, (V2018)	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	6.0%
Population, Census, April 1, 2010	308,745,538
Age and Sex	
Persons under 5 years, percent	6.1%
Persons under 18 years, percent	22.4%
Persons 65 years and over, percent	16.0%
Female persons, percent	50.8%
Race and Hispanic Origin	
White alone, percent	76.5%
Black or African American alone, percent (a)	13.4%
American Indian and Alaska Native alone, percent (a)	1.3%
Asian alone, percent (a)	5.9%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.2%
Two or More Races, percent	2.7%
Hispanic or Latino, percent (b)	18.3%

2. Enter your community's zipcode in the search bar indicated above with the red box. Hit enter.
3. Information about your community's mean minutes of travel time to work, household internet and computer access, and percentage of individuals under 65 who do not have health care coverage can be found here.

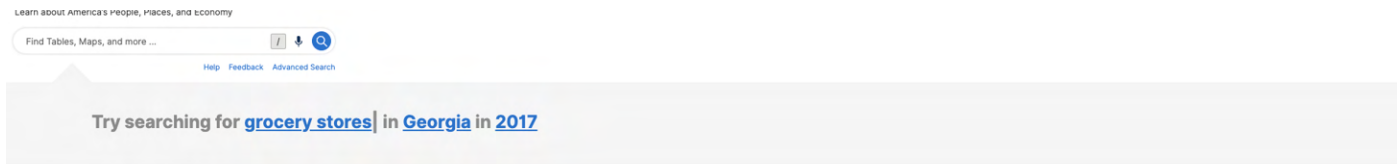
The screenshot shows the QuickFacts website interface for Ottumwa city, Iowa. The search bar now contains 'Ottumwa city, Iowa'. The table of statistics compares Ottumwa city, Iowa to the United States. The 'All Topics' dropdown is still set to 'All Topics'. The table includes sections for 'PEOPLE' and 'Population', with various demographic data points.

All Topics	Ottumwa city, Iowa	United States
Population estimates, July 1, 2018, (V2018)	24,550	327,167,434
PEOPLE		
Population		
Population estimates, July 1, 2018, (V2018)	24,550	327,167,434
Population estimates base, April 1, 2010, (V2018)	25,021	308,758,105
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	-1.9%	6.0%
Population, Census, April 1, 2010	25,023	308,745,538
Age and Sex		
Persons under 5 years, percent	7.1%	6.1%
Persons under 18 years, percent	24.4%	22.4%
Persons 65 years and over, percent	15.2%	16.0%

APPENDIX 7.3

AMERICAN FACTFINDER, U.S. CENSUS BUREAU

1. Go to <https://data.census.gov/cedsci/>



find tables

Economic Census
EC1700BASIC | All Sectors: Summary Statistics for the U.S., States, and Selected Geographies: 2017
 ECNBASIC2017

Notes | Geos | Years | Topics | Surveys | Codes | Hide | Filter | Restore | Excel | CSV | ZIP | Print | More Data | Map

Geographic Area Name	Meaning of NAICS code	Number of firms	Pivot Mode
Allegany County, Maryland	Wholesale trade	43	<input type="checkbox"/> Search...
	Merchant wholesalers, durable goods	26	<input type="checkbox"/> Geographic identifier code
	Merchant wholesalers, nondurable goods	17	<input checked="" type="checkbox"/> Geographic Area Name
	Hardware, plumbing and heating equipment and supplies merchant wholesalers	5	<input type="checkbox"/> 2017 NAICS code
	Professional and commercial equipment and supplies merchant wholesalers	4	<input checked="" type="checkbox"/> Meaning of NAICS code
	Machinery, equipment, and supplies merchant wholesalers	4	<input type="checkbox"/> Type of operation code
	Paper and paper product merchant wholesalers	3	<input type="checkbox"/> Meaning of Type of operation
	Petroleum and petroleum products merchant wholesalers	3	<input type="checkbox"/> Tax status code
	Metal and mineral (except petroleum) merchant wholesalers	0	<input type="checkbox"/> Meaning of tax status code
	Miscellaneous durable goods merchant wholesalers	0	<input type="checkbox"/> Year
	Grocery and related product merchant wholesalers	434	<input checked="" type="checkbox"/> Number of firms
			<input type="checkbox"/> Number of establishments

Explore the thousands of tables we have. We are adding new tables every week.
[Explore Tables](#)

2. Enter your community under “Explore Census Data”

3. Information about your community’s demographics will appear

2020 Decennial Census

2,927 Tables, 2,927 Maps, 2 Pages

View: 10 | 25 | 50

Tables >

- Decennial Census
P1 | RACE
[View All 4 Products](#)
- American Community Survey
DPO5 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES
[View All 13 Products](#)
- American Community Survey
S0101 | AGE AND SEX
[View All 12 Products](#)
- American Community Survey
S0601 | SELECTED CHARACTERISTICS OF THE TOTAL AND NATIVE POPULATIONS IN THE UNITED STATES
[View All 12 Products](#)
- American Community Survey
S0701 | GEOGRAPHIC MOBILITY BY SELECTED CHARACTERISTICS IN THE UNITED STATES
[View All 12 Products](#)
- American Community Survey
S0801 | COMMUTING CHARACTERISTICS BY SEX
[View All 12 Products](#)
- American Community Survey
S0802 | MEANS OF TRANSPORTATION TO WORK BY SELECTED CHARACTERISTICS
[View All 12 Products](#)

Place
Ottumwa city, Iowa
Total Population: 25,529
Median Household Income: \$48,198
Bachelor's Degree or Higher: 19.6%
Employment Rate: 58.7%
Total Housing Units: 11,254
Without Health Care Coverage: 6.5%
Total Households: 10,279
Hispanic or Latino (of any race): 4,013
[View Profile](#)

Related Searches

- Ottumwa city, Iowa Business and Economy
- Ottumwa city, Iowa Education
- Ottumwa city, Iowa Employment
- Ottumwa city, Iowa Families and Living Arrangements
- Ottumwa city, Iowa Government
- Ottumwa city, Iowa Health
- Ottumwa city, Iowa Housing
- Ottumwa city, Iowa Income and Poverty
- Ottumwa city, Iowa Populations and People
- Ottumwa city, Iowa Race and Ethnicity

OCCUPATIONAL EMPLOYMENT STATISTICS – BUREAU OF LABOR STATISTICS¹²⁴

1. Go to <https://www.bls.gov/oes/current/oesrcst.htm>

The screenshot shows the Bureau of Labor Statistics website. The main heading is "Occupational Employment Statistics" with a sub-heading "May 2018 State Occupational Employment and Wage Estimates". Below this, there is a map of the United States with state abbreviations. To the left of the map is a navigation menu with options like "BROWSE OES", "OES HOME", "OES OVERVIEW", etc. Below the map, there are links for "May 2018 National Occupational Employment and Wage Estimates", "May 2018 Metropolitan Area Occupational Employment and Wage Estimates", and an alphabetical list of states from A to Z.

2. Click on your state
3. Scroll to the bottom of the web page and select the metropolitan and non metropolitan area estimate that best describes your community:

Iowa's metropolitan and nonmetropolitan area estimates:

- [Ames, IA](#)
- [Cedar Rapids, IA](#)
- [Davenport-Moline-Rock Island, IA-IL](#)
- [Des Moines-West Des Moines, IA](#)
- [Dubuque, IA](#)
- [Iowa City, IA](#)
- [Omaha-Council Bluffs, NE-IA](#)
- [Sioux City, IA-NE-SD](#)
- [Waterloo-Cedar Falls, IA](#)
- [Northeast Iowa nonmetropolitan area](#)
- [Northwest Iowa nonmetropolitan area](#)
- [Southwest Iowa nonmetropolitan area](#)
- [Southeast Iowa nonmetropolitan area](#)

[May 2018 National Occupational Employment and Wage Estimates](#)

[May 2018 State Occupational Employment and Wage Estimates](#)

[May 2018 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates](#)

[May 2018 National Industry-Specific Occupational Employment and Wage Estimates](#)

[May 2018 Occupation Profiles](#)

[Technical notes](#)

Occupational Employment Statistics

APPENDIX 7.4 PAGE 2

OCCUPATIONAL EMPLOYMENT STATISTICS — BUREAU OF LABOR STATISTICS

Display records

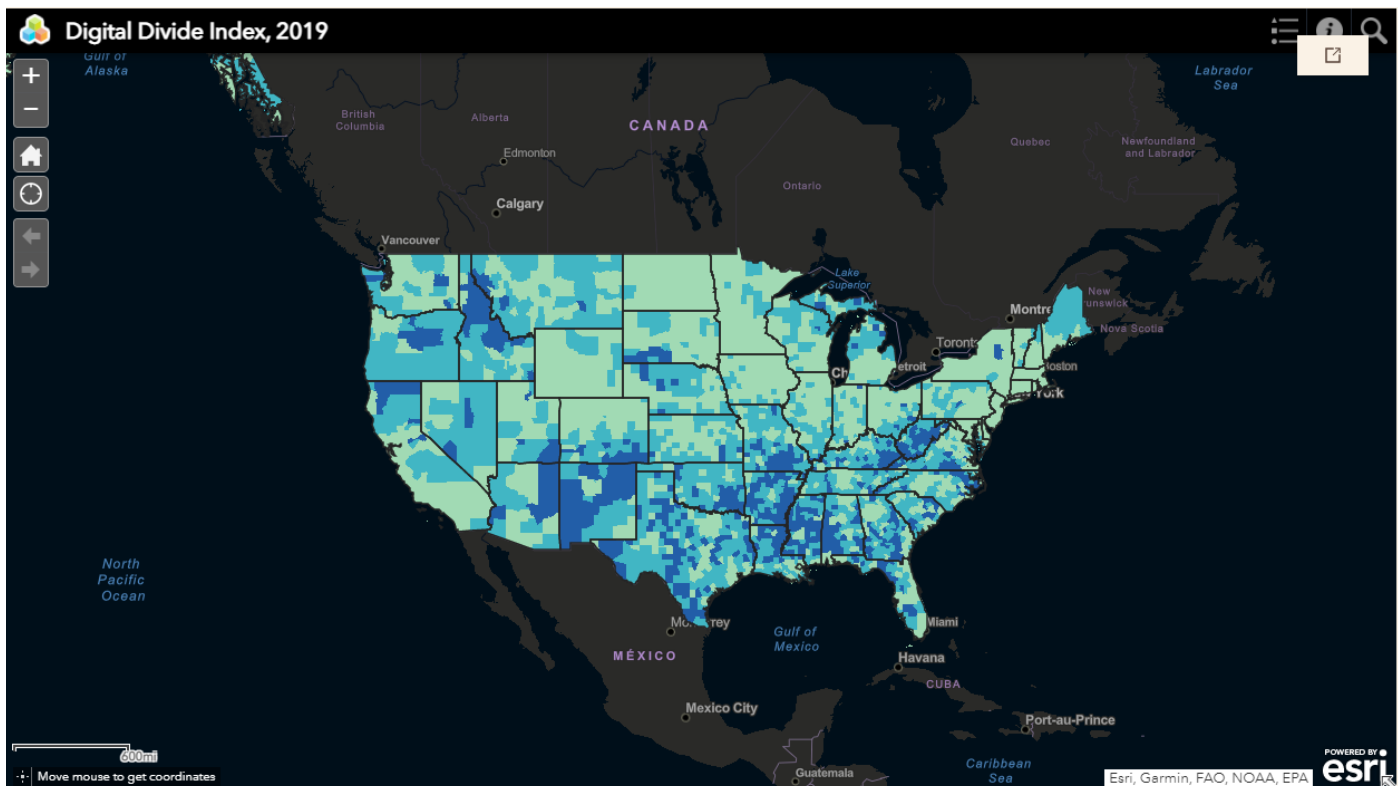
Filter Table by Text: Text search table:

Occupation code	Occupation title (click on the occupation title to view its profile)	Level	Employment	Employment RSE	Employment per 1,000 jobs	Location quotient	Median hourly wage	Mean hourly wage	Annual mean wage	Mean wage RSE
00-0000	All Occupations	total	226,690	1.8%	1000.000	1.00	\$17.19	\$20.42	\$42,460	1.0%
11-0000	Management Occupations	major	11,280	3.2%	49.772	0.95	\$39.03	\$44.00	\$91,530	1.8%
11-1011	Chief Executives	detail	200	14.2%	0.875	0.65	\$52.78	\$65.30	\$135,820	11.6%
11-1021	General and Operations Managers	detail	3,320	4.6%	14.653	0.93	\$35.31	\$44.71	\$93,000	3.7%
11-1031	Legislators	detail	250	29.4%	1.110	3.19	(4)	(4)	\$40,490	17.2%
11-2021	Marketing Managers	detail	390	9.0%	1.737	1.05	\$44.07	\$46.53	\$96,790	3.5%
11-2022	Sales Managers	detail	350	11.0%	1.539	0.59	\$52.91	\$59.07	\$122,860	5.9%
11-2031	Public Relations and Fundraising Managers	detail	90	23.6%	0.401	0.80	\$31.10	\$41.51	\$86,340	10.9%
11-3011	Administrative Services Managers	detail	230	10.6%	0.999	0.51	\$37.06	\$40.09	\$83,390	2.7%
11-3021	Computer and Information Systems Managers	detail	280	16.4%	1.214	0.45	\$54.17	\$59.10	\$122,930	4.3%
11-3031	Financial Managers	detail	910	14.6%	4.013	0.96	\$40.98	\$47.98	\$99,800	2.7%
11-3051	Industrial Production Managers	detail	930	8.4%	4.123	3.29	\$45.68	\$49.31	\$102,570	1.7%
11-3061	Purchasing Managers	detail	110	16.3%	0.482	1.00	\$38.73	\$44.83	\$93,240	3.2%
11-3071	Transportation, Storage, and Distribution Managers	detail	150	10.7%	0.670	0.78	\$40.56	\$43.00	\$89,430	7.5%
11-3121	Human Resources Managers	detail	210	22.2%	0.947	0.95	\$44.47	\$50.17	\$104,350	4.1%
11-3131	Training and Development Managers	detail	40	17.6%	0.165	0.67	\$40.93	\$39.77	\$82,710	4.6%
11-9021	Construction Managers	detail	440	21.4%	1.920	1.00	\$39.22	\$40.33	\$83,890	6.1%
11-9031	Education Administrators, Preschool and Childcare Center/Program	detail	80	22.8%	0.364	1.04	\$19.20	\$18.30	\$38,060	8.3%
11-9032	Education Administrators, Elementary and Secondary School	detail	(8)	(8)	(8)	(8)	(4)	(4)	\$98,270	2.9%
11-9033	Education Administrators, Postsecondary	detail	280	11.9%	1.214	1.22	\$39.04	\$45.05	\$93,700	9.7%
11-9039	Education Administrators, All Other	detail	(8)	(8)	(8)	(8)	\$35.94	\$39.15	\$81,430	9.2%
	Architectural and									

4. A table (similar to the one above) will show of all of the occupations in the selected region and can be modified to look at employment numbers by descending order

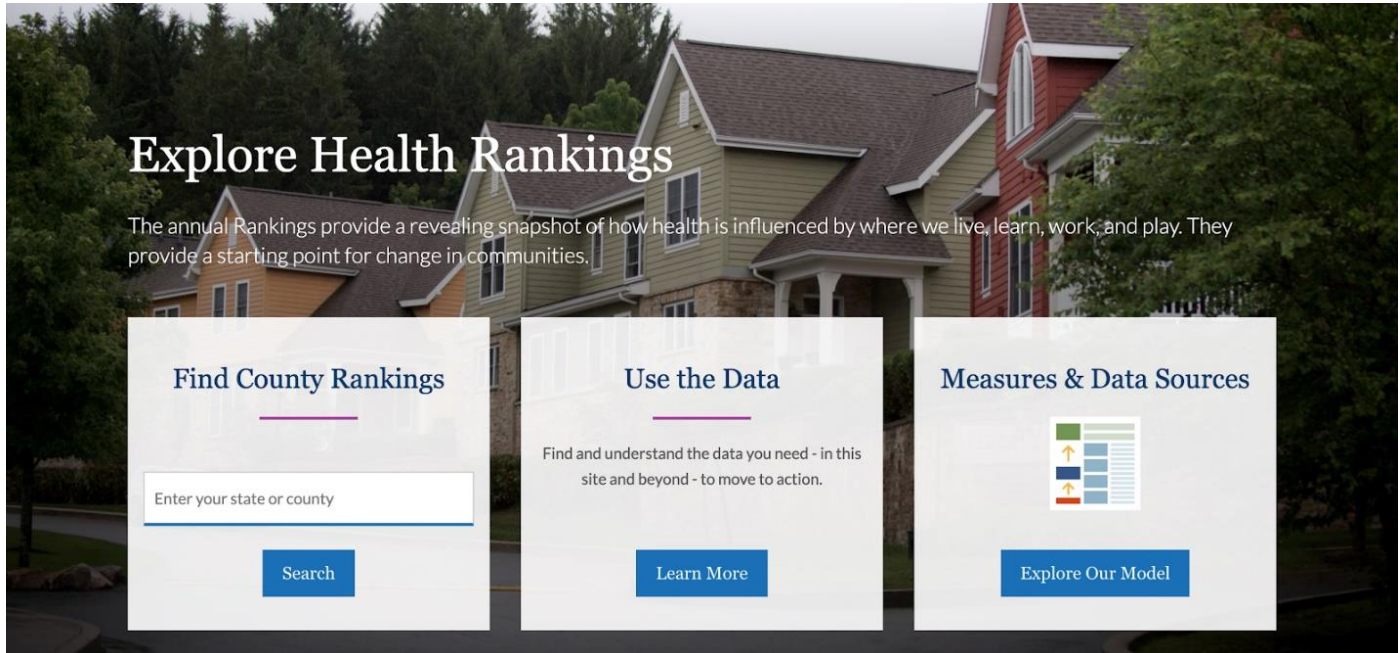
DIGITAL DIVIDE INDEX FOR U.S. COUNTIES — THE PURDUE CENTER FOR REGIONAL DEVELOPMENT

1. Go to <http://pcrd.purdue.edu/ddi>
2. Find your community on the interactive map to see the digital divide of the area.
3. According to the Federal Communications Commission, broadband access requires a download speed of at least 25 Mbps and an upload speed of at least 3 Mbps. Values below these thresholds are considered slow and values above these thresholds are considered good or fast.
4. A higher Infrastructure Score compared to Socioeconomic Score indicates a need for improved infrastructure for broadband. A higher Socioeconomic Score compared to Infrastructure Score indicates a need for improvement in digital literacy education.



COUNTY HEALTH RANKINGS – ROBERT WOOD JOHNSON FOUNDATION

1. Go to <http://www.countyhealthrankings.org/explore-health-rankings>



2. Enter your county in the “Find County Rankings” box
3. Access to healthcare in the selected county can be measured through this tool

← Back To Map

HEALTH OUTCOMES OVERALL RANK

Rank	County
1	Adair (AD)
2	Adams (AD)
3	Bremer (BR)
4	Sioux (SI)
5	Winneshiek (WN)
6	Grundy (GU)
7	Delaware (DL)
8	Lyon (LY)
9	Mitchell (MT)
10	O'Brien (OB)
11	Kossuth (KO)
12	Ida (ID)
13	Story (ST)
14	Chickasaw (CK)
15	Clayton (CT)
16	Warren (WR)
17	Boone (BO)
18	Johnson (JO)
19	Madison (MA)

Wapello (WA) Show areas to explore Show areas of strength

County Demographics +

	Wapello County	Trend	Error Margin	Top U.S. Performers	Iowa	Rank (of 99)
Health Outcomes						
Length of Life						
Premature death	8,400		7,300-9,500	5,400	6,200	
Quality of Life						
Poor or fair health	16%		16-17%	12%	13%	
Poor physical health days	3.3		3.2-3.5	3.0	2.9	
Poor mental health days	3.6		3.4-3.8	3.1	3.3	
Low birthweight	7%		7-8%	6%	7%	
Additional Health Outcomes (not included in overall ranking) +						
Health Factors						
						98
Health Behaviors						
						99

RALA TOWN WIDE ASSESSMENT (TWA) SCORING TOOL¹²⁵

1. Go to https://activelivingresearch.org/sites/activelivingresearch.org/files/RALA_Codebook_Final.pdf
2. This document will provide step-by-step directions on how to successfully complete the RALA Town Wide Assessment for your community

Rural Active Living Assessment Tools:
CODEBOOK & SCORING

For assessing physical features, community programs and policies that promote physical activity in rural communities

Maine Rural Health Research Center
University of Southern Maine
34 Bedford St., 4th Floor
PO Box 9300
Portland, ME 04104

APPENDIX 7.8

SOCIAL CAPITAL PROJECT INDEX

1. Go to <https://www.lee.senate.gov/public/index.cfm/scp-index>

social capital project

The Geography of Social Capital in America

About the Index

Watch the Video

Download Report (PDF)

Download Data (xlsx)

Social capital index and subindex scores for commuting zones, metropolitan areas, and micropolitan areas.

Read the Report

View the Maps

2. Scroll down to "county index and sub index national percentiles." Click on the plus sign of this box to expand the box (red circle below). In the search bar enter your county's name (red square below). This will show your county's social capital index and how it fares in relation to other communities.

Explore the Rankings

Click a column to reorder by index or subindex state ranking (1 is best, 51st is worst) or county percentile (100th percentile is best, 0 is worst). For county rankings within states, click a county in the map above. Use the search box to jump to a specific county or state.

State Index and Subindex Rankings +

County Index and Subindex National Percentiles +

Search:

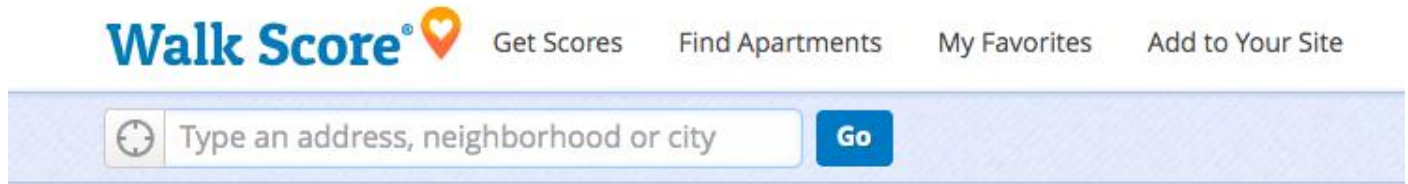
County	FIPS Code	Overall County SCI	Family Unity Subindex	Community Health Subindex	Institutional Health Subindex	Collective Efficacy Subindex
Wapello County, Iowa	19179	72	54	76	80	40

Showing 1 to 1 of 1 entries (filtered from 3,142 total entries)



WALK SCORE

1. Go to <https://www.walkscore.com/walkable-neighborhoods.shtml>



Walkable Neighborhoods

Walkability offers surprising benefits to our health, the environment, our finances, and our communities.

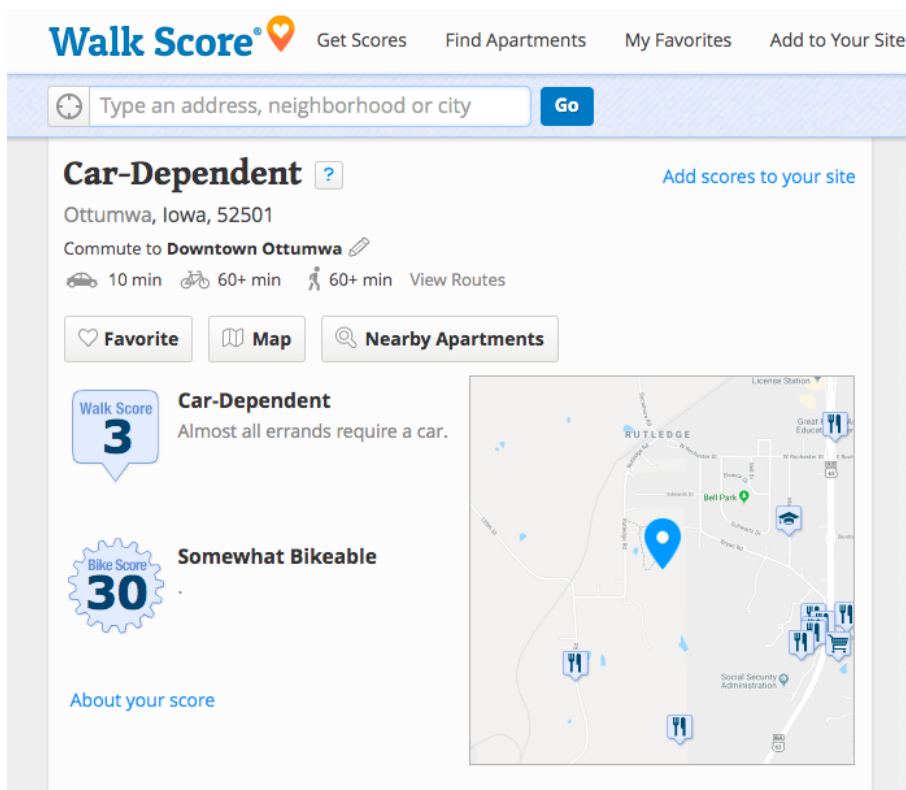
Health: The average resident of a walkable neighborhood weighs 6-10 pounds less than someone who lives in a sprawling neighborhood.¹

Cities with good public transit and access to amenities promote happiness.²



© Urban Advantage and Roma Design

2. Insert your community's zip code in the search bar and click "go".



3. Ratings on your town's car-dependence, walkability, bikeability, and transit-friendliness are available on this screen.

Community Health Inclusion Index (CHII)

APPENDIX 7.10**COMMUNITY HEALTH INCLUSION INDEX (CHII)**

1. Go to <https://www.nchpad.org/1273/6358/Community~Health~Inclusion~Index>

The screenshot shows the NCHPAD website. The main content area is titled "Community Health Inclusion Index". Below the title, there is a "Background" section with the following text:

The Community Health Inclusion Index (CHII) is a set of survey tools used to help communities gather information on the extent to which there are health living resources that are inclusive of all members of the community, including persons with disabilities. Healthy living resources are defined as resources that aid in the promotion of Physical Activity and Healthy Eating, two key areas that the Centers for Disease Control and Prevention (CDC) has focused on in the national effort to combat obesity. The CDC, National Center on Birth Defects and Developmental Disabilities (NCBDDD) has highlighted the disparities that exist in the rates of obesity and physical inactivity among persons with and without disabilities. More can be read here:

1. <http://www.cdc.gov/ncbddd/disabilityandhealth/healthy.html>
2. <http://www.cdc.gov/ncbddd/disabilityandhealth/healthy.html>

The last pages in this article include information on the using the CHII, how it was developed, and how it is organized.

Links provided in the article include:

- [Using the Community Health Inclusion Index \(CHII\)](#)
- [Development of the CHII](#)
- [Structure of the CHII](#)
- [PDF versions of the CHII to Download](#)

The "Table of Contents" sidebar on the right lists the following sections:

- Background
- Using the Community Health Inclusion Index (CHII)
- Development of the CHII
- Structure of the CHII
- PDF versions of the CHII to Download
- What is the CHII?/Notes
- Related Articles
 - Inclusion: Primary Markets
 - Inclusion: Health-Creation Initiatives
 - Commit to Inclusion is a Right, Not a Privilege
 - Community Health Inclusion Sustainability Planning Guide
 - Inclusion: Health-Creation

2. Click on “PDF versions of the CHII to Download”.

The screenshot shows the "PDF versions of the CHII to Download" page. The page lists the following PDF documents:

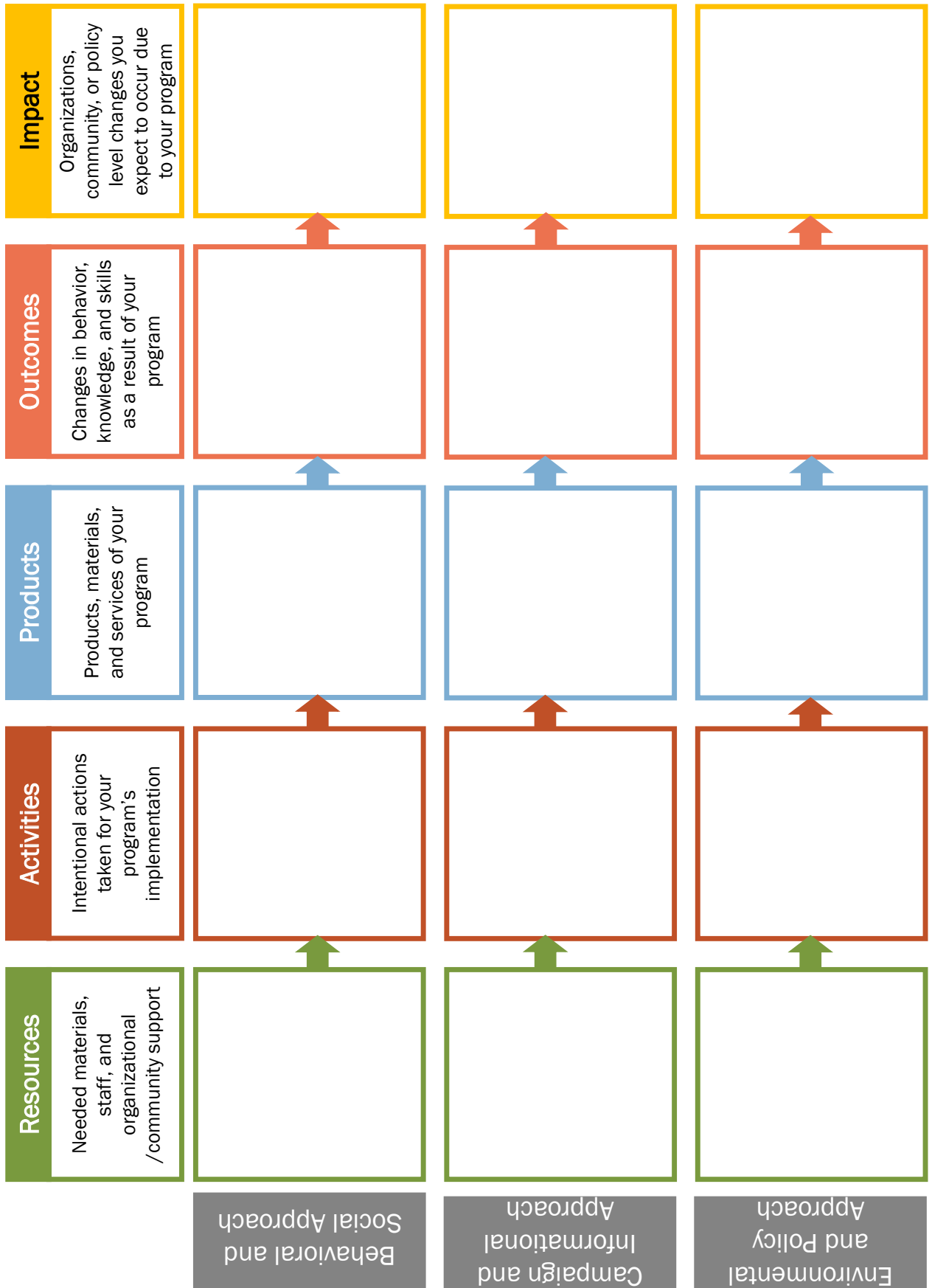
1. CHII Organizational Assessment.pdf
2. CHII On-Site Assessment.pdf
3. CHII Macro-Community Assessment.pdf
4. CHII Manual.pdf
5. CHII Glossary.pdf

If interested in using digital/online versions of the CHII to collect and enter data, please contact Yochai Eisenberg at yeyisen2@iuc.edu.

3. Choose the “CHII Macro-Community Assessment.pdf” link to perform a large picture inclusion assessment of your community including the transportation services, community design policies and programs, and community wellness initiatives.
4. “CHII Organizational Assessment” can additionally help learn about inclusivity of particular sectors/organizations/resources in your community. The “CHII On-Site Assessment” helps to navigate the usability of facilities for persons with disabilities.
5. More information can be found in the “CHII Manual” and “CHII Glossary.”

APPENDIX 8.1

Active Iowa Logic Model Worksheet



Active Iowa Cost Check List and Mock Budget

APPENDIX 8.2**Active Iowa Budget Checklist**

Below is a table of potential costs associated with the Active Iowa project. It is important to consider which of the below checklist can be covered through donations in your community, resources that your community already has, or through volunteer time. Partners of your Active Iowa program may also be key in supporting the costs of the below potential expenses of your program.

BUDGET ITEM	PRIORITY OF PURCHASE	IDEAS FOR FUNDING SUPPORT
1. Active Iowa coordinator	Must have	Add under supervision of person who does similar tasks Break up tasks among various individuals from a variety of supporting organizations Add hours to an already employed person Hire someone
2. Computers, printers, and office supplies	Must have	Utilize existing equipment and supplies of your organization and willing supporting organizations
3. Copies of liability waivers	Strongly encouraged	Utilize existing printing resources of your organization or a supporting organization Print in grey scale instead of color Create an online system for signing liability waivers
4. Copies of sign in sheets (tracks activities and participants to shows program accomplishments)	Strongly encouraged	Utilize existing printing resources of your organization or a supporting organization Print in grey scale instead of color Create an online system for PALs to submit participation numbers
5. Copies of monthly calendars	Strongly encouraged	Utilize existing printing resources of your organization or a supporting organization Print in grey scale instead of color Over time create an e-mail list of people and organizations to send the monthly calendar to electronically instead of hand out only printed copies Have an online calendar of events or other social media presence where the calendar is posted
6. Program flyers and fact sheets	Strongly encouraged	Utilize existing printing resources of your organization or a supporting organization Print in grey scale instead of color
7. PAL binders and training materials	Strongly encouraged	Utilize existing printing resources of your organization or a supporting organization Print in grey scale instead of color Buy binders in bulk
8. Banner of program for events	Strongly encouraged	Split costs of the banner with another program sponsored by your organization Split costs of the banner with a partnering organization's program that has similar goals

BUDGET ITEM	PRIORITY OF PURCHASE	IDEAS FOR FUNDING SUPPORT
9. PAL stipends (for trainings and equipment)	Strongly encouraged	Ask local businesses and organizations for donations to cover the costs of a specific class or for specific activity equipment Write a small grant to help obtain funds for equipment needed for classes
10. Event table fees	Moderately encouraged	Attend events where no cost for a table is required Ask organizing group for a non-profit discount Split costs with partnering Active Iowa organization
11. Meals during 2 days of PAL training and during 1 day of AIA training	Encouraged	Ask local restaurants to donate food for these trainings (to sponsor the trainings)
12. CAB stipends for organization participation	Encouraged	Ask organizations to participate in CAB at no cost (especially for organizations that share principles of the Active Iowa mission) Offer food at meetings as a draw for members to attend instead of payment to the organization for participation
13. Booster trainings/PAL lunches	Encouraged	Ask local restaurants to donate food for these trainings (to sponsor the trainings) Have these meetings be potlucks where attending individuals bring a dish
14. Raffle at community events (gift card and tickets for the raffle)	Encouraged	Ask local businesses (grocery stores, restaurants, or other stores) to donate gift cards Print out your own raffle tickets Partner with another organization planning to do a raffle at community events
15. Promotional giveaways for events	Moderately encouraged	Buy more promotional items at a time to reduce costs per unit Ask to split costs of printing with other organizations with similar program missions
16. Class location costs	Moderately encouraged	Ask organizations to offer usage of space for free (joint use agreements with organizations may help with these negotiations) Ask local businesses and organizations for donations to cover the costs of a holding a class in locations that need payment
17. Radio Professional advertisements (radio, television, movie theater)	Low priority	Ask local radio stations for interview slots for you to talk about Active Iowa on the air Ask local television stations to do a news segment about your Active Iowa program Request a reporter to interview your program PALs or participants at your Active Iowa events as part of a news story Hire a professional marketing agency to work on negotiations and pricing Purchase more spots at a time to reduce the costs of each individual spot or commercial
18. Social media promotion costs	Low priority	Be selective with the posts you choose to boost Rely and encourage your PALs, participants, and other supporting community members to interact with posts to extend your posts reach

APPENDIX 9.1

Sign-In Sheet



PAL Name: _____
 Activity: _____
 Date: _____
 Time: _____

DISCLAIMER: By signing this sheet, you agree that the Active Iowa project and its affiliates assume no responsibility, including but not limited to injury due to participation in this activity. You are responsible for your own safety.

#	Name	Have you been to this activity before? (Y/N)	E-mail Address	Phone #	Do you prefer text or call? (T/C)	Gender	Age
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							



Group Training Liability Waiver

Personal Information:

Name: _____ Date of Birth: ___/___/___

Address: _____ Phone: _____

City/State/Zip: _____

Emergency Contact Person: _____

Emergency Phone: _____ Relationship: _____

Release of Liability: In consideration of being permitted to participate in this Active Iowa program (Program), on behalf of myself, my family, my heirs, and my assigns, I hereby release the University of Iowa; [INSERT HEALTH DEPARTMENT]; the Board of Regents, State of Iowa; the State of Iowa, and each of their respective employees, agents and representatives from any and all liability for personal injury, including death, or property damage or loss suffered by me as a result of, arising out of, or in any way involving my participation in the Program, except to the extent that such liability results directly from the negligence of the University of Iowa, [INSERT HEALTH DEPARTMENT], their agents, or employees.

Assumption of Risk: I acknowledge that I know, understand, and appreciate the inherent risks in participating in the Program. These risks range from minor scrapes, sprains, strains and bruises to significant injuries such as broken bones, eye injury or loss, concussions, paralysis, and even death. The risks include exacerbation of pre-existing medical conditions. By signing this agreement, I fully assume the inherent risks associated with this Program, and assert that I am voluntarily participating in the Program.

Photo Release: I, the undersigned, do hereby consent to photographs/video being taken of me by the University of Iowa ("University") or [HEALTH DEPARTMENT] during my participation in the Program, and that the photographs/video taken may be used for the purposes of publications, posters, ads, and websites. The photographs/video may be so used in perpetuity, in whole or in part, without compensation to me, and I irrevocably waive any right I may have to edit or approve them in any of their forms. I hereby transfer and assign to the University and [HEALTH DEPARTMENT] any right, title and interest I may have in and to the photographs/video, including the copyright, and in and to all works based upon, derived from, or incorporating them. I also irrevocably release the University, [HEALTH DEPARTMENT], their employees, agents, representatives and assigns, from any and all claims I may have at any time arising out of, or related to, the photographs/video or the use of them, including, but not limited to, any claims based on the right of privacy, publicity, libel, or defamation.

Physical Capability: I am physically capable of participating safely in the Program. I understand that Active Iowa PALs and staff are not medical professionals. In the event of a medical emergency or incident requiring medical attention, I understand that staff will seek the assistance of medical professionals.

By signing this form, I certify that I am at least 18 years of age and fully competent. I understand and agree to all terms of the waiver and release form stated above.

Signature: _____ Date: ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___

(needed if participant is under 18 years of age)

Physical Activity Readiness Questionnaire (PAR-Q)

APPENDIX 9.3**Physical Activity Readiness Questionnaire (PAR-Q)**

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of any other reason why you should not engage in physical activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

	Medical Questions	Yes	No
1	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.) _____ _____		
2	Have you ever had any surgeries? (If yes, please explain.) _____ _____		
3	Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.) _____ _____		
4	Are you currently taking any medication? (If yes, please list.) _____ _____		



**Active Iowa
Physical Activity Leader (PAL) and Active Iowa Ambassador (AIA) Agreement**

Please mark if you are being trained to be a PAL, AIA, or both by checking the correct box below.

I am agreeing to be a PAL volunteer. I commit to the following:

- To fulfill my role as a PAL which includes:
 - Implementing agreed upon strategies to increase physical activity
 - Maintaining a weekly log of my activities and community participation in activities
 - Attending monthly PAL meetings
- Maintain confidentiality if confided in by members of the community
- To perform this role to the best of my ability
- To run my program for Active Iowa for at least six months

I am agreeing to be an AIA. I commit to the following:

- To fulfill my role as an AIA which includes:
 - Implementing agreed upon strategies to promote Active Iowa activities
- Maintain confidentiality if confided in by members of the community
- To perform this role to the best of my ability
- To advocate for Active Iowa for at least six months

[Insert Organization Name] commits to the following to ensure your success as a PAL and/or AIA:

- You will be provided training by Active Iowa staff on the intervention strategies that will be used for this project.
- You will be provided logistical support
- Potentially provide equipment for activities or access to trainings as approved by [INSERT HEALTH DEPARTMENT]

Agreed to by:

Name - Print

Date

Signature

Training/Equipment Received (if applicable)

Date

Signature

This agreement is binding in honor only, and is not intended to be a legally binding contract between you and [INSERT HEALTH DEPARTMENT].

APPENDIX 9.5



Active Iowa Partnership Agreement

Organization Information

Org Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Org Contact Name: _____

Org Contact Email: _____ Position: _____

Value of Partnership

Active Iowa (AI) works with community members, organizations, and local businesses to improve the health of Iowans. Through regular and free peer-led physical activity classes throughout the community, AI aims to increase the number of community members who are physically active. Partnerships are key to the success of the program. Whether it's increasing program awareness, providing space for activities, or supporting AI in other ways, these partnerships are invaluable to the success of AI.

Participation

Please check the box(es) for the type of support you're willing to provide.

- Provide facility to hold Active Iowa activities
- Co-host Active Iowa activities
- Distribute Active Iowa promotional materials via email/social media
- Distribute physical copies of Active Iowa promotional materials (calendars, newsletters, etc)

Other _____

Signature: _____ Date: _____

Global Physical Active Questionnaire

APPENDIX 9.7**Global Physical Active Questionnaire**

Now, I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. In answering the following questions, vigorous-intensity activities are activities that require hard physical effort and cause large increases in breathing or heart rate and moderate-intensity activities are activities that require moderate physical effort and cause small increases in breathing or heart rate. This first part is activity you do at work. Think of work as the things that you have to do such as paid or unpaid work, study or training, household chores, seeking employment, etc.

27. Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging, or construction work for at least 10 minutes continuously?

- 1. Yes
- 2. No **SKIP TO Q30**
- 7. DON'T KNOW **SKIP TO Q30**
- 9. REFUSED **SKIP TO Q30**

28. In a typical week, on how many days do you do vigorous-intensity activities as part of your work?

- __ __ = Number of days {1-7}
- 77. DON'T KNOW
- 99. REFUSED

29. How much time do you spend doing vigorous-intensity activities at work on a typical day?

- [/] = Amount of time {HH/MM}
- HH/MM
- HH. Hours (0-20)
- MM. Minutes (0-59)
- 77/77. DON'T KNOW
- 99/99. REFUSED

30. Does your work involve moderate-intensity activities that cause small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously?

- 1. Yes
- 2. No **SKIP TO Q33**
- 7. DON'T KNOW **SKIP TO Q33**
- 9. REFUSED **SKIP TO Q33**

31. In a typical week, on how many days do you do moderate-intensity activities as part of your work?

- __ __ = Number of days {1-7}
- 77. DON'T KNOW
- 99. REFUSED

32. How much time do you spend doing moderate-intensity activities at work on a typical day?

- [/] = Amount of time {HH/MM}
- HH/MM
- HH. Hours (0-20)
- MM. Minutes (0-59)
- 77/77. DON'T KNOW
- 99/99. REFUSED

Now think about the usual way you travel to and from places. For example, to work, for shopping, to the market, to your place of worship, etc. Do not include physical activities you mentioned in the previous section.

33. Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?

- 1. Yes
- 2. No **SKIP TO Q36**
- 7. DON'T KNOW **SKIP TO Q36**
- 9. REFUSED **SKIP TO Q36**

34. In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?

- __ __ = Number of days {1-7}
- 77.DON'T KNOW
- 99.REFUSED

35. How much time do you spend walking or bicycling for travel on a typical day?

- [/] = Amount of time {HH/MM}
- HH/MM
- HH. Hours (0-20)
- MM.Minutes (0-59)
- 77/77. DON'T KNOW
- 99/99. REFUSED

Now think about sports, fitness, and recreational activities that you engage in. Do not include physical activities you mentioned in the last two sections.

36. Do you do any vigorous-intensity sports, fitness, recreational or leisure activities that cause large increases in breathing or heart rate, like running or football for at least 10 minutes continuously?

- 1.Yes
- 2.No **SKIP TO Q39**
- 7.DON'T KNOW **SKIP TO Q39**

9.REFUSED **SKIP TO Q39**

37. In a typical week, on how many days do you do vigorous-intensity sports, fitness, recreational or leisure activities?

- __ __ = Number of days {1-7}
- 77.DON'T KNOW
- 99.REFUSED

38. How much time do you spend doing vigorous-intensity sports, fitness, recreational or leisure activities on a typical day?

- [/] = Amount of time {HH/MM}
- HH/MM
- HH. Hours (0-20)
- MM.Minutes (0-59)
- 77/77. DON'T KNOW
- 99/99. REFUSED

39. Do you do any moderate-intensity sports, fitness, recreation, or leisure activities that cause a small increase

Global Physical Active Questionnaire

APPENDIX 9.7 PAGE 3

in breathing or heart rate, such as brisk walking, cycling, swimming, volleyball, etc. for at least 10 minutes continuously?

1. Yes

2. No **SKIP TO Q42**

7. DON'T KNOW **SKIP TO Q42**

9. REFUSED **SKIP TO Q42**

40. In a typical week, on how many days do you do moderate-intensity sports, fitness, recreational, or leisure activities?

__ __ = Number of days {1-7}

77. DON'T KNOW

99. REFUSED

41. How much time do you spend doing moderate-intensity sports, fitness, recreational, or leisure activities on a typical day?

[/] = Amount of time {HH/MM}

HH/MM

HH. Hours (0-20)

MM. Minutes (0-59)

77/77. DON'T KNOW

99/99. REFUSED

This next part is about sitting at work, at home, getting to and from places, or with friends, including time spent sitting at a desk, at meals, traveling in a car, bus, or train, reading, playing cards or watching television, etc., but do not include time spent sleeping.

42. How much time do you usually spend sitting or reclining on a typical day?

[/] = Amount of time {HH/MM}

HH/MM

HH. Hours (0-20)

MM. Minutes (0-59)

77/77. DON'T KNOW

99/99. REFUSED



College of
Public Health

Active Ottumwa Cohort Evaluation



What is a Cohort:

Cohort: Cohort studies include studies where a set of people are followed over time. This group of people will have defined characteristics that are measured multiple times to determine if the occurrence of an outcome of interest has increased, decreased, or stayed the same.¹

Active Ottumwa Cohort Design:

The Active Ottumwa cohort consisted of 142 participants who were asked health related questions, had measurements of weight, waist, blood pressure, and height taken, and wore an accelerometer (which tracks real time movement of the wearer) to track their activity for seven days.

These same measurements were collected on the same individuals before the Active Ottumwa program began, in the middle of the program (12 months after the program began), and a last time at the end of the program (24 months after the program began).

Accelerometer



Global Physical Activity Questionnaire:

The Global Physical Activity Questionnaire was asked as part of the health-related questions to cohort members. This survey asks participants about their physical activity intensity, length of time, and frequency. People answer this based on their memory of physical activity in the past week.²

Global Physical Activity Questionnaire Calibration tool:

Due to the self-report nature of this questionnaire, responses may not be completely accurate. In the Active Ottumwa study, accelerometer data and Global Physical Activity Questionnaire activity level were collected over the same week. A comparison of results helped to create a tool that reduces the bias of the self-reported Global Physical Activity Questionnaire. The tool can be found here: <https://prc.public-health.uiowa.edu/gpaq-to-actigraph-calibration-web-app/>. This calibration tool is useful to reduce the time and costs of collecting real-time physical activity data by improving the accuracy of the well known and easy to administer Global Physical Activity Questionnaire survey.³

References:

1. Song JW, Chung KC. Observational studies: cohort and case-control studies. *Plast Reconstr Surg*. 2010;126(6):2234–2242. doi:10.1097/PRS.0b013e3181f44abc
2. Global Physical Activity Surveillance. who.int. <https://www.who.int/ncds/surveillance/steps/GPAQ/en/>. Accessed September 12, 2019.
3. Metcalf, K., Baquero, B., Laroche, H., Coronado Garcia, M., Francis, S., Janz, K., Laroche, H., and Sewell, D.K. (2018) Calibration of the Global Physical Activity Questionnaire to Accelerometry Measured Physical Activity and Sedentary Behavior. *BMC Public Health*, 18, 412.



Celebrating Active Ottumwa

The University of Iowa College of Public Health

Active Ottumwa (AO) has successfully engaged the Ottumwa community in being more physically active. This work was only possible through the help of our Community Advisory Board (CAB), Ottumwa partners, and our dedicated Physical Activity Leaders (PALs).

Community Engagement

Since October 2014, AO staff and PALs have attended **140+** events throughout the community!



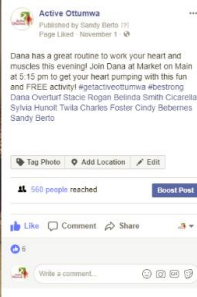
We have created lasting partnerships with **80+** organizations in Ottumwa. Their support has been essential to our success!



Facebook Support



Facebook Post Example



The AO team posted on Facebook almost daily to update the community on Active Ottumwa happenings. Our Facebook page has been key in keeping Ottumwa residents engaged. Our page has almost **1,800** followers.

PALs and Community Participants (June 2016 – June 2019)

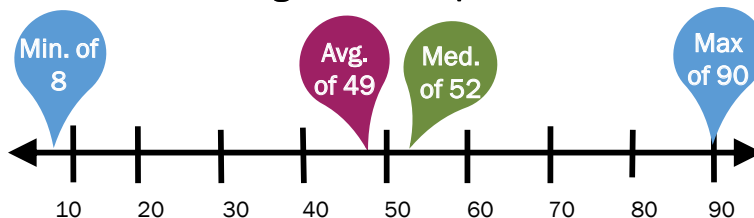
63 trained volunteer PALs

51 of these trained individuals led at least one class.

705 unique participants

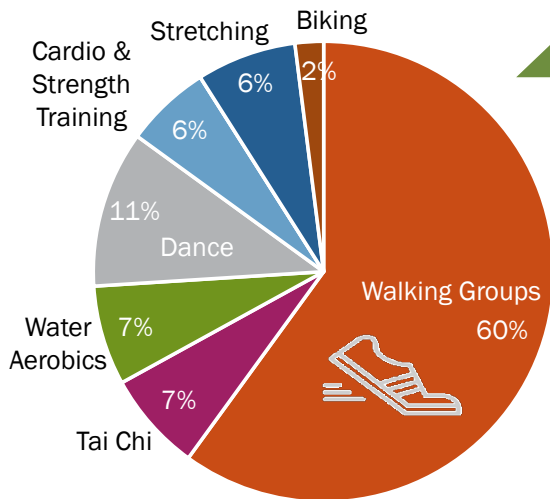
Returning an average of 11.5 times

Age of Participants

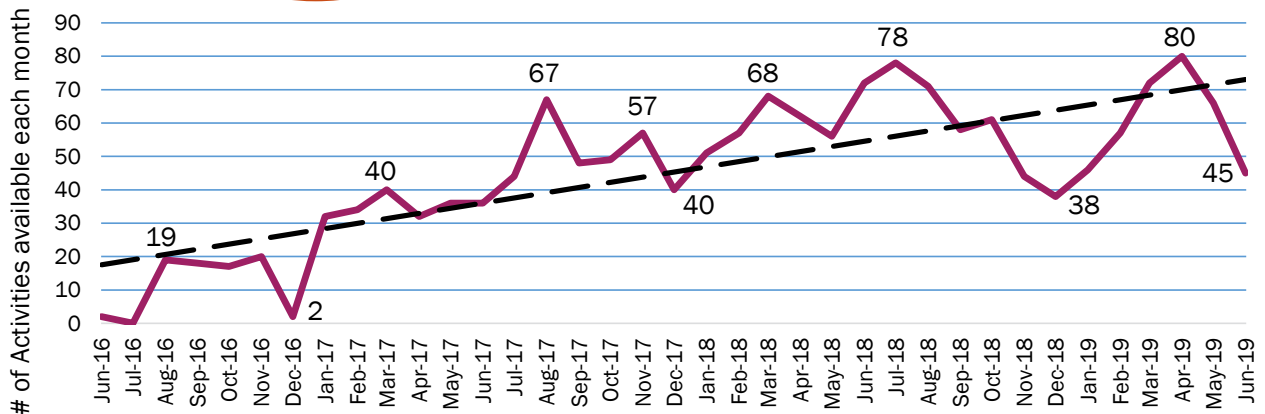
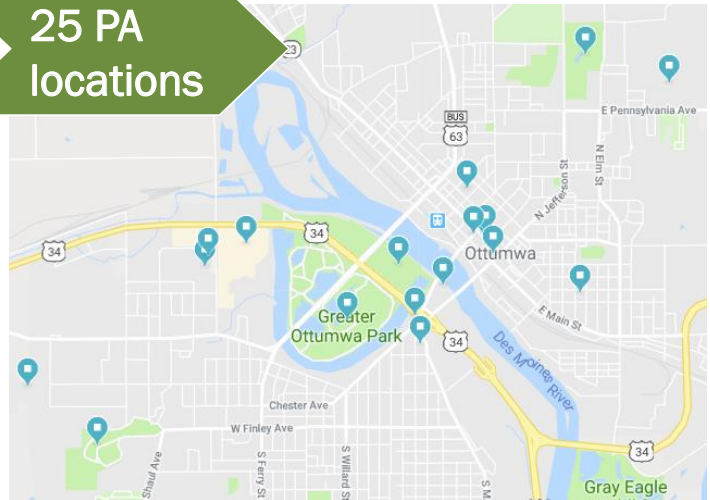


Physical Activity Opportunities (June 2016 – June 2019)

1685 total activities offered



25 PA locations



What's Next?

Hy-Vee transition
 The Hy-Vees of Ottumwa will take over the day-to-day operations of Active Ottumwa.
 The Active Ottumwa CAB will continue to support Active Ottumwa under Hy-Vee's leadership.

Active Iowa
 We will reach out to other communities in Iowa to spread the model of Active Ottumwa.
 Ottumwa will serve as an example for these communities to follow as we make Iowa a State on the Move.

This publication is a product of a Health Promotion and Disease Prevention Research Centers supported by Cooperative Agreement Number (U48DP006389) from the Centers for Disease Control and Prevention. The findings and conclusions in this publication are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention. Icons and graphics courtesy of Piktochart.



