

Chronic Disease Risk Reduction Grant Cover Sheet

Submit Form

Lead Agency Information

Lead Agency Name: Lawrence-Douglas County Health Department

County: Douglas

Lead Agency Contact, Director or CEO: Dan Partridge, RS, MPH

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City: Lawrence

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Federal Identification Number (enter numbers only): 48-1061048

Primary Contact Information

Primary Contact to CDRR: Charlie Bryan, MPA

Primary Contact Address: (if different from above): _____

City: _____

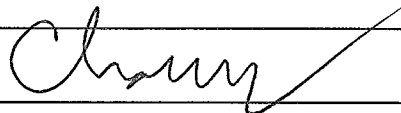
Zip Code: _____

Telephone: 785-856-7357

Fax: _____

E-mail: cbryan@ldchealth.org

Signature of Primary Contact: _____



Proposal Information

Funding requested for this grant application: \$162,709.00

Program Phase

Select program phase for which you are applying and whether you are including physical activity or nutrition activities. Specify the grant phase at which you were funded in previous years.

Application Grant Phase:	<u>Implementation</u>
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Includes Physical Activity or Nutrition activities (optional)	<input checked="" type="checkbox"/>
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* Proposed interventions are not considered in determining funding in the Planning phase.

Last Year	<u>Implementation</u>
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Two years ago	<u>Capacity Building</u>
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Three years ago	<u>Capacity Building</u>
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Four years ago	<u>Capacity Building</u>
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Five years ago	<u>Implementation</u>
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Results and Date of most recent community assessment

Summarize community assessment results, detailing community strengths and weaknesses, and attach community plan (i.e. CHANGE Tool Community Action Plan).

Does Not Apply to Planning Grantees.

In early 2011, the Lawrence-Douglas County Health Department, with the support of just over 20 community partners, completed the CHANGE tool evaluation. The results continue to provide meaningful information regarding the strengths and areas of opportunity for improving activities related to tobacco use, nutrition and physical activity in Douglas County.

The CHANGE tool identified strengths related to tobacco use within the following sectors: schools (P=82.22, E=80.00), work sites (P=82.06, E=79.50) and health care (P=78.75, E=88.42). The CHANGE tool identified areas of opportunity for improvement related to tobacco use within the following sectors: community institutions (P=68.13, E=76.25) and community-at-large (P=58.00, E=58.18). In response to the CHANGE tool evaluation, initial planning has focused on improving activities within sectors of strength, including health care and work sites. To date, primary success with these activities has been within the health care sector, especially with the work done by Health Care Access Clinic, a LiveWell Lawrence coalition member, to implement the Kansas Tobacco Quitline fax referral system, which resulted in 300 quitline registrations in 2012. To address areas of opportunity for improvement, the community-at-large sector will be addressed beginning with the SFY2014 grant year (2013-2014) through a smokefree multi-unit housing initiative.

The CHANGE tool identified strengths related to nutrition within the following sectors: school sector (P=92.00, E=90.67), work sites (P=71.19, E=79.90) and health care (P=70.64, E=85.42). The CHANGE tool identified areas of opportunity for improvement related to nutrition within the following sectors: community-at-large (P=47.69, E=49.28) and community institutions (P=49.39, E=64.69). The LiveWell EatWell initiative is one CDRR activity aimed at improving the nutrition environment in the community-at-large sector.

The CHANGE tool identified strengths related to physical activity within the following sectors: schools (P=87.27, E=83.33) and community-at-large (P=68.75, E=72.46). The CHANGE tool identified areas of opportunity for improvement related to physical activity within the following sectors: health care (P=41.95, E=63.06), community institutions (P=57.38, E=65.17) and work sites (P=60.66, E=61.85). The LiveWell Lawrence Complete Streets initiative is one CDRR activity aimed at improving the physical activity environment in the community-at-large sector.

Following the CHANGE tool evaluation and with the support of a steering committee, consisting of representatives from University of Kansas Work Group for Community Health and Development, the Douglas County Community Health Improvement Partnership, Lawrence Memorial Hospital, United Way of Douglas County, Heartland Community Health Center and the Douglas County Community Foundation, the Lawrence-Douglas County Health Department initiated a comprehensive, county-wide community health assessment. The assessment intended to develop 1) a deeper understanding of important community health issues and the community assets available to address those issues, 2) a better ability to respond to community health issues and strive toward collective impact and 3) empirical support for identifying and prioritizing programs, policies and environmental or systems change that will help support improved health in the community.

Between December 2011 and March 2012, a number of data collection methods were implemented. A concerns survey was completed by 1,355 community members who rated the importance of and satisfaction with 40 key community health indicators. A series of focus groups took place across 11 sites in Douglas County aimed at collecting qualitative information about quality of life experienced by participants, assets for community health and conditions that contribute to health or illness. In addition, more than 20 interviews of key informants across Douglas County were held to gather similar information about community conditions and assets that shape the community's health.

A Local Public Health System Assessment was conducted to obtain community appraisal of the performance of Douglas County's public health system in fulfilling the 10 Essential Public Health Services. Key community health status indicators were compiled across domains including clinical care, health behaviors, the physical environment and social and economic factors. A deeper exploration of health outcomes was the object of a small area analysis, which involved geo-mapping to understand how outcomes, such as emergency department use, are concentrated in specific areas in Douglas County. A Photovoice project was conducted with teens, working for Van Go, Inc., who photographed conditions that promoted or prevented health. Overall, more than 1,500 people participated in the community health assessment for Douglas County.

The benefit of using diverse data collection methods is that each method is uniquely able to reach different segments of the population and results in different types of complimentary data. To identify community health issues that may reflect the priorities of Douglas County residents, the findings of each method were reviewed for convergence. Although a number of issues were identified by each method, 13 community health issues were identified based on mention or findings across multiple methods.

Results and Date of most recent community assessment

Summarize community assessment results, detailing community strengths and weaknesses, and attach community plan (i.e. CHANGE Tool Community Action Plan).

Does Not Apply to Planning Grantees.

Among the 13 convergent community health issues, five were identified as top priorities to be addressed through a 5-year community health improvement plan. Those focus areas are as follows:

- Lack of access to affordable healthy foods
- Poverty and too few job opportunities
- Insufficient access to health care and other services
- Inadequate recognition of mental health issues and access to mental health services
- Lack of physical activity

Upon completion of this assessment and in recognition of their leadership shown on fostering community environments that support healthy eating and active living policy change, members of the LiveWell Lawrence coalition were asked to convene two working groups to develop objectives and strategies that address the issues of lack of access to affordable, healthy foods and lack of physical activity.

The Lawrence-Douglas County Health Department regularly monitors the health status of Douglas County and has published a number of community health data briefs and reports over the last two years. These publications are available at <http://ldchealth.org/information/about-the-community/douglascounty-health-data/>. The following list provides a brief summary of Douglas County data related to tobacco use, healthy eating and active living:

- The percent of Douglas County teens smoking cigarettes at least once during the past 30 days has decreased from 5.89% in 2012 to 4.12% in 2013. In both 2012 and 2013, the percentage in Douglas County was less than the state of Kansas. In both years, Douglas County met the Healthy people 2020 objective of having a percentage less than or equal to 16%.

Sources:

Kansas Communities that Care:

http://beta.ctcdata.org/?page=static_files/county_select.html&nocache=998554231

Healthy People 2020:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>

- The percent smoking during pregnancy in Douglas County decreased from 12.2% in 2011 to 11.8% in 2012. In both 2011 and 2012, the percentage in Douglas County was less than the state of Kansas. In both years, Douglas County did not meet the Healthy people 2020 objective of having a percentage less than or equal to 1.4%.

Sources:

Kansas Annual Summary of Vital Statistics, 2012:

<http://www.kdheks.gov/hci/AS2012.html>

Healthy People 2020:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>

- The percent of adults who are current smokers, reporting they have smoked at least 100 cigarettes in their entire life and that they now smoke some days or every day, in Douglas County was 19.3% in 2011. In 2011, the percentage in Douglas County was less than the state of Kansas but did not meet the Healthy people 2020 objective of having a percentage less than or equal to 12%.

Sources:

2011 Behavioral Risk Factor Surveillance System: http://www.kdheks.gov/brfss/Expansion_2011/index.html

Healthy People 2020:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>

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- In Douglas County, the Kansas Tobacco Quitline annualized reach decreased from 1.04% in 2013 to .68% in 2014

Source:

Alere Wellbeing

- The average monthly persons receiving food assistance in Douglas County increased from 8,560 in 2012 to 8,890 in 2013.

Source:

Kansas Department of Children and Families:

<http://www.dcf.ks.gov/Agency/Documents/ProgramStatistics-PDF/2013/Douglas2013.pdf>

Results and Date of most recent community assessment

Summarize community assessment results, detailing community strengths and weaknesses, and attach community plan (I.e. CHANGE Tool Community Action Plan).

Does Not Apply to Planning Grantees.

- The percent of fast food restaurants in Douglas County was 50% in 2010. This exceeded the state average of 48%.

Source:

County Business Patterns data set:

<http://censtats.census.gov/cgi-bin/msanaic/msadetl.pl>

- The percentage of adults who reported consuming fruit less than 1 time per day in Douglas County was 36.7% in 2011. In 2011, the percentage in Douglas County was less than the state of Kansas.

Sources:

2011 Behavioral Risk Factor Surveillance System: http://www.kdheks.gov/brfss/Expansion_2011/index.html

Healthy People 2020:

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=29>

- The percentage of adults who reported consuming vegetables less than 1 time per day in Douglas County was 14.3% in 2011. In 2011, the percentage in Douglas County was less than the state of Kansas.

Sources:

2011 Behavioral Risk Factor Surveillance System: http://www.kdheks.gov/brfss/Expansion_2011/index.html

Healthy People 2020:

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=29>

- The percent of adults not doing enough physical activity to meet either aerobic or strengthening guidelines in Douglas County was 36.5% in 2011. In 2011, the percentage in Douglas County was less than the state of Kansas.

Sources:

2011 Behavioral Risk Factor Surveillance System: http://www.kdheks.gov/brfss/Expansion_2011/index.html

Healthy People 2020:

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=33>

- The percentage of adults who are obese (BMI greater or equal to 30%) in Douglas County was 19% in 2011. In 2011, the percentage in Douglas County was less than the state of Kansas and met the Healthy people 2020 objective of having a percentage less than or equal to 30.6%.

Sources:

2011 Behavioral Risk Factor Surveillance System: http://www.kdheks.gov/brfss/Expansion_2011/index.html

Healthy People 2020:

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=29>

- The percent of adults not participating in any physical activity (Leisure Time Physical Activity) other than their regular job in the Past 30 Days in Douglas County was 17.3% in 2011. In 2011, the percentage in Douglas County was less than the state of Kansas and met the Healthy People 2020 target of below 32.6%

Sources:

2011 Behavioral Risk Factor Surveillance System: http://www.kdheks.gov/brfss/Expansion_2011/index.html

Healthy People 2020:

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=33>

Describe your plans for completing the CHANGE Tool

Required of Planning applicants and those with a community assessment four years old or older.

The Lawrence-Douglas County Health Department and the LiveWell Lawrence coalition will update the tobacco module of the CHANGE tool by February 2015 to assist the newly formed LiveWell Tobacco-Free Work Group update the comprehensive tobacco control plan for Douglas County. The CHANGE tool was previously completed in 2011.

Sustainability Applicants

My organization has reviewed the 5-year Sustainability Match Schedule and are confident it can be met.

Executive Summary

Include the essential elements of the proposal and give the reviewers a brief, yet thorough overview of the project. Briefly describe key concepts contained in the main body of the proposal: the need for and rationale behind the program, goals, major program activities, organizational capacity, and grant amount requested.

Lawrence-Douglas County Health Department is applying for a second year of CDRR grant funding at the implementation level. In Douglas County, the LiveWell community coalition provides policy leadership for the Chronic Disease Risk Reduction (CDRR) program. LiveWell had its beginnings in 2008, when the Kansas Health Foundation issued an invitation to Kansas communities to apply for funds to address two drivers of chronic disease: poor diet and physical inactivity. The Douglas County Community Foundation applied on behalf of Douglas County and used the funding from the Kansas Health Foundation to launch the coalition. As a member of the coalition, the Lawrence-Douglas County Health Department frequently stressed the importance of tobacco use as a leading contributor to chronic disease, and in 2011 LiveWell began to expand the focus of the organization to include tobacco control and prevention.

Between December 2011 and March 2012, a number of data collection methods were implemented. A concerns survey was completed by 1,355 community members who rated the importance of and satisfaction with 40 key community health indicators. A series of focus groups took place across 11 sites in Douglas County aimed at collecting qualitative information about quality of life experienced by participants, assets for community health and conditions that contribute to health or illness. In addition, more than 20 interviews of key informants across Douglas County were held to gather similar information about community conditions and assets that shape the community's health.

Following completion of the CHANGE tool evaluation in early 2011, the Lawrence-Douglas County Health Department initiated a comprehensive, county-wide community health assessment conducted between December 2011 and March 2012. The assessment intended to develop 1) a deeper understanding of important community health issues and the community assets available to address those issues, 2) a better ability to respond to community health issues and strive toward collective impact and 3) empirical support for identifying and prioritizing programs, policies and environmental or systems change that will help support improved health in the community.

Among the 13 convergent community health issues identified in the comprehensive assessment, five were identified as top priorities to be addressed through a 5-year community health improvement plan. Those five priority areas are as follows:

- Lack of access to affordable healthy foods
- Poverty and too few job opportunities
- Insufficient access to health care and other services
- Inadequate recognition of mental health issues and access to mental health services
- Lack of physical activity

In recognition of their leadership shown on fostering community environments that support healthy eating and active living policy change, members of the LiveWell Lawrence coalition were asked, in the late summer of 2012, to convene two work groups to develop objectives and strategies that address the issues of lack of access to affordable, healthy foods and lack of physical activity. These strategies and objectives were incorporated into the Douglas County Community Health Plan, which was formally accepted by the governing bodies of Douglas County, Lawrence, Eudora, Baldwin City and Lecompton in 2013.

2012-2013 represented a period of major transition and growth for the LiveWell coalition. In 2012 LiveWell formally assumed the role as the tobacco prevention coalition for Douglas County. In addition, the coordination of the coalition was formally transferred from the Douglas County Community Foundation to the Lawrence-Douglas County Health Department. Almost concurrent with these changes, the coalition contributed significantly to the development of the Douglas County Community Health Plan. After completion of the plan, the coalition adopted a new organizational structure during the summer of 2013, creating a coalition leadership team, five work groups and an executive committee. Each work group actively recruited new community members to participate, and as a result of this restructuring the coalition now has more than 140 members affiliated with more than 80 organizations, including 48 employers based in Douglas County.

All of these steps have dramatically altered and expanded the work of the Lawrence-Douglas County Health Department in support of the CDRR grant program and LiveWell, which serves as the county's tobacco prevention coalition. At the time of last year's application, LiveWell was represented by 15 organizations in the community, all of which were represented on a steering committee responsible for providing direction to the work of the coalition.

The Lawrence-Douglas County Health Department welcomed and encouraged these changes, recognizing the potential of the coalition to engage and mobilize the community, advocate with organizational decision makers, and educate policy makers in community-wide efforts to affect system, policy and environmental change to address the causes of chronic disease. With the changes, however, came significant staffing responsibilities. The Lawrence-Douglas County Health Department is committed to providing staff support to all of these work groups, which meet at least every other month, and to a new Leadership Team that

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meets quarterly. Lawrence-Douglas County Health Department is seeking additional resources in SFY 2015 to capitalize on this unique opportunity to accelerate the pace of progress by leveraging the significant community resources that are now engaged in the work of the coalition.

The proposed activities for the July 2014-June 2015 grant year are summarized below:

Activity 01: CHANGE Tool

SMART Objective 01: By June 30, 2015, complete the Tobacco module of the CHANGE Tool for Douglas County

One area for growth is in tobacco control activities. Based on the CHANGE tool evaluation, review of new sources of community health assessment data for Douglas County (such as 2011 BRFSS data), and data from the Kansas Tobacco Quitline reports, there is a compelling need in Douglas County for more effective tobacco control activities within sectors including worksites, healthcare, schools and the community-at-large. With the formation of a new LiveWell Tobacco-Free Work Group, it is important that this group undertake and update to the comprehensive tobacco control plan for Douglas County. The Lawrence-Douglas County Health Department and the LiveWell Lawrence coalition will update the tobacco module of the CHANGE tool by February 2015 to assist the newly formed work group in updating the county comprehensive tobacco control plan.

Activity 02: ACE

SMART Objective 02: By June 30, 2015, increase the proportion of Douglas County high schools adopting ACE policy amendments from 0% (0 of 4) to 100% (4 of 4)

Within the school sector, Douglas County has 75% (3 of 4) high schools participating in the ACE youth tobacco cessation program, launched in 2011. Based on 2011-2012 Kansas Youth Tobacco Survey, which found that overall high school smoking prevalence (which includes 18 year old students) is 13%, an estimated 541 Douglas County high school students smoke. The ACE program needs additional support to assure effective implementation as referrals from Douglas County high school aged tobacco users remains low, with only 5 quitline registrations since 2010.

Activity 03: Electronic cigarettes

SMART Objective 03: By June 30, 2015, increase the proportion of Douglas County municipalities that have ordinances to restrict use of electronic cigarettes in public spaces and worksites from 0% (0 of 4) to 25% (1 of 4)

Within the community-at-large sector, we will also undertake an activity to education the public about electronic cigarettes and propose the adoption of local ordinances addressing the use of electronic cigarettes by the municipalities in the county. Currently no municipal ordinances in Douglas County restrict the use of electronic cigarettes. Because cultural norms have been established due to clean indoor air laws, Douglas County residents have been struck by unexpected sights of electronic cigarette users "vaping" in public spaces and worksites where conventional cigarettes are banned. This activity seeks to educate the public about electronic cigarettes and the need for restricting use of electronic cigarettes in public spaces and worksites. The activity involves formation of a task force to develop and issue a draft proposal, seek public comment and then present the proposal to the Lawrence City Commission for consideration.

Activity 04: Smokefree housing

SMART Objective 04: By June 30, 2015, increase the proportion of midsize and large multi-unit rental housing properties in Lawrence, Kansas with 100% smokefree building policies from 22% (17 of 77) to 26% (20 of 77)

Within the community-at-large sector, Douglas County has limited protection from secondhand smoke in multi-unit housing properties such as apartments and condominiums. The demand for smokefree housing is significant, as awareness of the health hazards of secondhand smoke increases. Nationally, 85 to 90 percent of adults say no one is allowed to smoke anywhere inside their home, and public opinion surveys indicate smokefree policies enjoy wide support among multi-unit housing residents. This proposal involves building on a comprehensive assessment of smokefree policies among midsize and large multi-unit rental housing properties in Lawrence. This assessment is currently in process, and based on the policy scan to date less than one-quarter of Lawrence rental properties have smokefree building policies. This proposal (July 2014-June 2015) will focus on expanding the number of 100% smokefree building policies by training property managers to implement new and strengthen existing smokefree housing policies and providing technical assistance as needed.

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Activity 05: Tobacco free KU

SMART Objective 05: By June 30, 2015, increase the proportion of Douglas County universities with tobacco-free policies from 0% (0 of 3) to 33% (1 of 3)

Within the community institution/organization sector, the University of Kansas has launched a two year project to revise the KU's smoking policy and achieve a tobacco-free KU environment by July, 2015. This project is co-sponsored with student representation and the KU departments of Human Resources, Student Health Services, and Recreation Services. The project has the support of the Office of the Executive Vice Chancellor/Provost. The Lawrence-Douglas County Health Department serves on the project steering committee and serves as a liaison to the LiveWell Lawrence coalition and other community, state and regional partners that have an interest in implementing a tobacco-free environment at KU. In addition to supporting the project, including producing the tobacco-free policy, the Lawrence-Douglas County Health Department will work with KU communications officials and KDHE staff to develop a public education campaign that encourages support for the adoption and implementation of a tobacco-free policy.

Activity 06: Comprehensive worksite wellness policies

SMART Objective 06: By June 30, 2015, among Douglas County employers affiliated with the LiveWell Lawrence coalition, increase the proportion of employers with comprehensive worksite wellness policies that include telephone cessation counseling and support from 4% (2 of 48) to 50% (24 of 48)

For the first time we intend to work not only with employers who are part of the WorkWell initiative (part of LiveWell Lawrence), but will expand our reach to all employers represented on the Live Well coalition. This represents an expansion from 24 employers represented within the WorkWell Leadership Team to all 48 employers represented on the coalition's other work groups and leadership team. This activity will focus primarily on integrating telephone cessation counseling and support into worksite tobacco control policies. A recent policy scan (part of CDRR activities) revealed that only 4% (2 of 48) of LiveWell employers encourage workers to quit by including Quitline information in their policies. This effort has the potential to impact nearly one-third of employed workers in Douglas County.

Activity 07: Quitline referral systems in LMH primary care clinics

SMART Objective 07: By June 30, 2015, increase the proportion of Lawrence Memorial Hospital-affiliated primary care clinics using the Kansas Tobacco Quitline fax referral system from 20% (1 of 5) to 60% (3 of 5)

Our work with health care providers will focus on Lawrence Memorial Hospital (LMH) and primary care clinics that are part of the LMH system. LMH is a Joint Commission-accredited hospital, and the hospital has plans to enhance its tobacco prevention and control efforts in light of increased focus on tobacco by the accrediting agency. For this activity, we will work with five LMH-affiliated clinics, three of which are located in Lawrence and one each in Eudora and Baldwin City. The growing interest in tobacco control at LMH is an outstanding opportunity to collaborate with our community hospital to address this issue. The Lawrence-Douglas County Health Department will partner with LMH to provide training to clinic staff on evidence-based approaches for tobacco cessation, and the LMH Director of Education and Learning Services will work with LMH-affiliated health care providers and clinics to identify those willing to adopt fax referral systems into clinical practices. In collaboration with KDHE staff, the LMH Director of Education and Learning Services will provide technical assistance to support implementation of fax referral systems into clinical practices.

Executive Summary

Include the essential elements of the proposal and give the reviewers a brief, yet thorough overview of the project. Briefly describe key concepts contained in the main body of the proposal: the need for and rationale behind the program, goals, major program activities, organizational capacity, and grant amount requested.

Activity 08: Safe Routes to School

SMART Objective 08: By June 30, 2015, increase the proportion of Douglas County school districts with a Safe Routes to School (SRTS) program from 0% (0 of 3) to 33% (1 of 3)

Within the physical activity area, our proposed activity is the creation of a Safe Routes to School (SRTS) program in Lawrence. In the 2012-2013 school year, among Lawrence school children in 5th, 7th and 9th grades who were assessed using the standards for the KFIT fitness assessment (a program overseen statewide by the Kansas Department of Health and Environment and the Kansas State Department of Education), 33% had a body mass index (BMI) outside of the "healthy fitness zone" established by the KFIT program. Physical activity plays a powerful role in preventing obesity and chronic disease, and the CDC has included "establishing school environments that support physical activity" in its School Health Guidelines to promote healthy eating and physical activity. Strategies used to develop a Lawrence SRTS program would include:

- Training of stakeholders through the Safe Routes to School National Course.
- Assessing environments around local schools using standardized data collection forms, developed by the National Center for Safe Routes to School, which can be entered into a national database to generate standardized summary reports.
- Using the interactive Safe Routes to School Policy Workbook, developed by ChangeLab Solutions and the Safe Routes to School National Partnership to custom-build an active transportation policy for the school district.
- Collaborating with school district and city public information officers and KDHE staff to develop and implement a public education campaign, including both paid and earned media, to build a school culture supportive of walking and biking and to increase the number of students walking and biking to school.

Upon completion of the SRTS plan, which would be adopted by the Lawrence Board of Education and received by the Lawrence City Commission, the City of Lawrence would be eligible to apply for Phase II funding from the Kansas Department of Transportation (KDOT) SRTS program to implement recommendations in the SRTS plan.

Activity 09: Healthy restaurants menu labeling

SMART Objective 09: By June 30, 2015, increase the number of Lawrence restaurants with a score of 10 or higher on the Nutrition Environment Measures Survey for Restaurants (NEMS-R) assessment from 35% (18 of 52) to 58% (30 of 52)

Within the nutrition area, efforts will continue to improve the nutrition environment in Lawrence restaurants. In the 2012-2013, a comprehensive assessment was completed of the current LiveWell EatWell restaurants as well as over 30 prospective restaurants located in downtown Lawrence. In 2013-2014 the focus of CDRR activity was increasing the NEMS-R score of EatWell restaurants. NEMS-R is the evaluation tool recommended by KDHE and used by the Lawrence-Douglas County Health Department to evaluate the nutrition environment of participating restaurants. Our proposed activity for the upcoming grant year will be to work with those restaurants already assessed, but not formally part of the EatWell restaurant program, to enhance their NEMS-R scores and improve their nutrition environments. We will focus on working with these restaurants to modify a handful of common practices, identified as deficiencies through the NEMS-R assessment, which could result in sufficient improvements to raise the NEMS-R scores of these restaurants to meet the EatWell minimum NEMS-R score of 10. This set of practices involves 1) labeling healthy entrees on menus and 2) using signage to highlight healthy menu options and 3) using signage to encourage healthy eating. Among restaurants assessed to date, only 5% identified a healthy entree on the menu, and/or used signs, table tents or displays to highlight healthy menu options and to encourage healthy eating. These three practices are evidence-based facilitators known to improve healthy eating.

Executive Summary

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Activity 10: Worksite CSAs

SMART Objective 10: By June 30, 2015, among Douglas County employers affiliated with the LiveWell Lawrence coalition, increase the proportion of employers with Community Supported Agriculture (CSA) programs from 10% (5 of 48) to 25% (12 of 48)

Another focus in nutrition will be providing education and technical assistance to worksites in establishing Community Supported Agriculture (CSA) programs. CSA is a partnership between a farm and a community of supporters (e.g. individuals or workplaces). A CSA program works by having members purchase "shares" of the crops that are grown that year. Once shares are purchased, the farm provides each member with a supply of fresh, locally grown food each week. CSA programs have been highlighted in the CDC publication "Recommended Community Strategies and Measurements to Prevent Obesity in the United States (2009)" as a mechanism to increase consumption of fresh fruits and vegetables, making fresh foods available in areas lacking retail outlets, and minimizing shipping of produce, which improve their nutritional value and taste. Currently only five of 48 LiveWell employers are known to have CSAs. Improving consumption of fruits and vegetables is a priority focus of the Douglas County Community Health Plan and is an evidence-based strategy for obesity prevention. The activity will entail distributing and promoting awareness of a worksite CSA toolkit currently under development by the Lawrence-Douglas County Health Department, and providing technical assistance to employers interested in implementing a CSA program for their employees.

In support of these activities, our proposal includes a request for a total of 1.75 FTEs to carry out activities and provide community level leadership for systems and environmental change in the areas identified above related to tobacco control, physical activity and nutrition. In total 6 staff will dedicate a portion of their work to the project. A new 1.0 FTE Community Health Specialist will be hired to provide coordination for the LiveWell coalition in support of their efforts to advance CDRR activities in our county. With the considerable expansion of the coalition last year, this additional support is critical to successful coordination of the coalition and completion of all CDRR funded activities. We are requesting grant funds in the amount of \$162,709 with a cash match of \$77,372 provided by the Lawrence-Douglas County Health Department and other members of the LiveWell coalition to meet the required 25% match.

Community Demographics

Population of community (U.S. Census Bureau): 112864

Population poverty rate (U.S. Census Bureau): 00017

Community to be served - visit <http://www.census.gov> and <http://www.cdc.gov/brfss> for accurate information and data.

Race

% White 85.4

% African American 3.5

% American Indian 1.9

% Hispanic/Latino 5.5

% Asian 4

% Other 5.2

Gender

% Male 49

% Female 51

Age

% persons under 5 years old 5.4

% persons under 18 years old 18.6

% persons 65 years old and older 9.7

Education

High school graduate, percent of persons age 25+ 94.4

Bachelor's degree or higher, percent of persons age 25+ 48

