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ACTIVE PLAY FOR ALL CHILDREN: BUILDING EVIDENCE AND ADVANCING A CULTURE OF
HEALTH

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>> Murlean Tucker: Welcome to active play for all children: Building evidence and advancing a culture of health. My name is Murlean Tucker, and I'm running this Dialogue4Health forum with my colleague, Kathy Piazza. Thank you to our partners for today's event, the Physical Activity Research Center and the Robert Wood Johnson Foundation. And now, I would like to introduce Dr. Myron Floyd, the moderator of this event. Dr. Floyd currently serves as the Dean of the College of Natural Resources at North Carolina State University. His most recent research examines how built and natural environments promote physical activity and emphasizes eliminating racial and ethnic disparity little in access to parks and public green space. Welcome to Dialogue4Health, Dr. Floyd.

>> Dr. Floyd: Thank you, Murlean. And welcome to all of you to our web forum this afternoon. And morning, depending on where you are. As Murlean said, my name is Myron Floyd, and I'm, in addition to being Dean of the College of Natural Resources at North Carolina State University, I'm also a co-principal investigator with the Physical Activity Research Center. We are pleased to have so many of you join us today and to know that there is great interest in promoting the health of children through active play and physical activity.

Our primary goal today is to share recent research findings from the projects conducted by the Physical Activity Research Center that have potential to make active play a part of every childhood. We will address two alarming trends. One, that children and youth are not meeting physical activity guidelines. Two, that there are race, ethnic and rural/urban and income disparities in access to opportunities for physical activity.

So, our agenda today is straightforward. First, I will provide a brief overview of the Physical Activity Research Center. Then, we will have four presenters who will share data and findings from our specific projects within PARC, or the Physical Activity Research Center. And each of our projects focus on lower income and racial and ethnic subgroups or rural populations. So, we are emphasizing new evidence from these studies specific to these subgroups.

And finally, we want your ideas on disseminating this work and identifying opportunities for implementation. So, at the end of our presentations today, we will be asking for your suggestions about organizations and agencies who can best -- who could help us disseminate and implement some of the findings that you hear today.

So, what is PARC? PARC, as I've stated, is the Physical Activity Research Center which aims to build evidence about policies and practices and aspects of the built environment that promote safe and developmentally appropriate physical activity for all youth and families. PARC is a virtual, interdisciplinary research center comprising four universities.

The Center applies a health equity lens to our work from the inception. Our Center emerged to identify solutions tailored to under-studied groups at high risk of obesity and physical activity. The Center also supported five commissioned studies to provide actionable research, action results, rather, related to Voices for Healthy Kids, an initiative of the American Heart Association supported by the Robert Wood Johnson Foundation.

So, our team of scientists work across four universities and multiple disciplines. Representing city and regional planning at Georgia Tech University. Public health represented by Baylor and Johns Hopkins Universities. Recreation parks management here at NC State University, or IM, and public health and family medicine at UC San Diego. PARC is supported by multi-year funding from the Robert Wood Johnson Foundation.

Beginning in 2016 and to 2019, we were engaged in these four studies. And in the current year, we are focused on disseminating this work to broad audiences that can help move this agenda forward.

Although our team is virtual, we do have in-person meetings in conjunction with major conferences and symposia that focuses on the built environment and physical activity. Here is a -- a large subgroup of our team spanning the four universities and multiple disciplines. You will hear from four of this group today.

It is important that you have some background on the PARC's research agenda in the presentations you'll hear. With the support of a planning grant, the research team and an external advisory group, representing a broad range of expertise in organizations determined the research agenda. The advisory group was 17 advisers representing 14 academic institutions and health organizations. We focused on a limited number of topics that were promising, but under-studied. The results of that process and the full agenda is available at the PARC website which I'll mention several times today. And they're available as an open access journal article at the Journal of Physical Activity and Health.

Today you will hear first from Dr. Jim Sallis from US San Diego presenting on summer time physical activity in youth in diverse communities. And followed by my colleague at NC State, Dr. Aaron Hipp, sharing children and families park use in New York City and in Raleigh-Durham, North Carolina. He will be followed by Dr. Renee Umstadtd Meyer, who will be talking about complementing Play Streets in rural communities. And the last presentation will focus on youth advocacy as a strategy for promoting positive health outcomes and environmental change given by Dr. Nisha Botchwey from Georgia Tech.

Before we get to our speakers, allow me to highlight just a few more aspects of PARC. Our work is being published in a wide number of peer-reviewed journals, as I've mentioned. Some recent ones can be found in a special issue of Preventive Medicine that is also open access and available.

In addition to scientific journal publications, our work can be found in other outlets including research briefs and magazine articles for lay audiences. As well as a series of infographics that summarize and highlight our most significant findings. All of these resources can be found at our website. So, we invite you to connect with us at our website and to also follow us on Twitter.

I will also add, we have in addition to those resources, research and a short video that highlights the need for all youth to be physically active.

So, at this point, you've learned something about PARC. But as we moved into the presentations, we would like to learn more about you. So, we have this poll question that we would like for you to take and basically, we're asking to describe yourself. And this will help us as we think about how to best disseminate our work.

And as we go through, we also would like for you to keep in mind that we're -- we want you to help us identify organizations that can help us disseminate and implement our findings and strategies.

>> And it does look like about 50% of the attendees have completed the poll. We'll give you about another 10 seconds. Just remember to hit the submit button in the bottom right. All right. I am in the process of closing that poll. Go ahead and submit your final response. And there are your results.

>> Dr. Floyd: Okay. Thank you. And we are leaning toward a third of you are practitioner professionals. And that is growing slightly. But that seems to be where the mode is right now -- or the most people are right now. So, thank you for that involvement and participation in our poll.

So, let's get to our -- I'll just say our main event of the afternoon, or morning. And our first presenter. Dr. Jim Sallis. Jim is distinguished -- distinguished professor emeritus, let me get that right, of family medicine and public health at UC San Diego. Jim will share findings on racial ethnic variations in school year versus summer differences and adolescent physical activity. It's yours, Jim.

>> Dr. Sallis: So, we did a study to examine summer versus school time physical activity. We have a wonderful team here based in San Diego. And this paper was published in the -- the virtual special issue of Preventive Medicine. Next slide.

So, a little background. Youth obesity prevention efforts have not been very effective in low-income areas and some communities of color. Based on large studies. So, better evidence is needed to guide better tailored approaches to subgroups at the highest risk of obesity. But to do that, we need data specific to those high-risk subgroups. And one surgeon is summer time. Children and adolescents gain up to three times more weight in the summer than the school year. And this weight gain in the summer is greater in some race and ethnic groups. There's a mixed evidence. But quite a bit that children and

adolescents are also less active in the summer than the school year. But race and ethnic differences in summer time activity have not been reported.

The study we did was to look at school year and the deference between summer activity in high-risk subgroups. Our aims were to examine physical activity and sedentary behavior among diverse subgroups of adolescents. All recruited from low-income areas in various parts of the country. We wanted to examine preferred activities, preferred places to be active and psychosocial resources among diverse subgroups of adolescents.

So, I'm going to be presenting really just a subset of the findings here and more are in the Preventive Medicine paper. So, we studied a little over 200 youth that did surveys twice, once in the school year and once in the summer and had data on 50 youth. You can see there the numbers, the groups that we recruited into the study and the numbers in each subgroup. So, it was a relatively small number of participants in each subgroup. But still, a much more diverse sample than in any other study. Next slide.

So, we'll get right to the results. This is average NVPA, which is moderate to vigorous physical activity. The -- each subgroup and then males and females you see on the right. The blue is the school year. The gold is the summer. And you can see in every subgroup, the physical activity is much lower in the summer time than in the school year. And there are some variations by -- by ethnic group. And you can see -- if we just looked at the lowest activity in the summer, that would be the American Indian group and the Latinos. And then girls. Much less active than boys in both seasons.

So, this supported our hypothesis that summer activity is lower in these low-income groups. Next slide.

And this -- this was measured by accelerometer. Average sedentary time was also measured objectively with accelerometers. And here you can see, well, there's not much difference. There's some evidence that kids are a little bit less sedentary in the summer time. But generally, quite -- quite sedentary. A lot of sedentary time. You can see around 500 minutes across the board. So, this is interesting because in the summer time, nobody is forcing these adolescents to sit most of the time. Yet they are doing that. And we have some evidence about how they are doing that. So, let's look at the next slide.

And this is reported screen time from these adolescents. So, these are middle school and high school students. And you can see that almost across the board, screen time -- and that could be TV, it can be your phone, it can be computer games -- almost across the board it's quite a bit higher in the summer time than the school year. So, we can see how students are -- these adolescents are changing their sedentary time in the summer to do more -- use screens more. And you can see the biggest difference, or the biggest increase in the summer time was among the African-American adolescents. Next slide.

So, we also asked them about their current and preferred activities and places. I'm just going to give you some high-level findings here. Focusing on the most common findings across the groups. There were some subgroup differences. But there was a lot of commonality. For example, a walking exercise and running were the most common current activities and the most preferred activities regardless of season. So -- and walking being by far the highest. It was interesting that water play was more highly preferred by girls. And what about places to be active? This was also common across subgroups and seasons. And the top place was in and around the home. Which makes sense because that does not require transportation anywhere. So -- and kids are spending a lot of time in and around the home. So, that -- that leads us to some -- some recommendations in a moment. Next slide.

So, if I can summarize the takeaways, lower summer physical activity was found in all subgroups. And that was an average of four -- 14 minutes a day. And I -- I did neglect to point out on the first slide of moderate to vigorous physical activity that no subgroup in either season was on average meeting the 60 minutes per day of physical activity that's recommended. So -- and in the summer, it's even 14 minutes per day lower which is substantial. So, summer interventions are needed for all of these subgroups. But interventions may need to be tailored for each subgroup. So, interventions to reduce summer screen time should be prioritized for African-American adolescents based on the current data. Walking is a priority target behavior of all subgroups of these low-income youth.

So, we can think about interventions in parks and trails. That would be relevant here. And we're recommending community-organized walking programs within lower income neighborhoods as a promising, though I would say generally untested, intervention. And that's because these children are spending most of their time in their neighborhood

and around home. And they want to be active. They said that's where they want to be active. So, being active in the neighborhood overcomes travel barriers and security concerns. Especially if they are supervised. Multiple stakeholders could collaborate to organize the walks. So, it's not -- this -- such an intervention would not be dependent on one particular type of organization.

And if they're organized locally, then they would be likely to be tailored to the needs and resources of each community. And -- and a walking program should be relatively low cost. But leaders and promotion of the program would be needed. Next slide.

So, I would like to refer you to two separate briefs that we created to accompany this study. The top one is just a lay summary in simple terms. But key findings summarized. The bottom one is recommendations based on our findings with specific recommendations for a variety of stakeholders such as pediatricians, parks and rec, education, social justice organizations. A variety of stakeholders. Next slide.

And we have a -- a simple infographic based on this study. And this can be a food conversation starter and we welcome you to -- to Tweet this or otherwise disseminate it. Next slide.

And I wanted to just comment briefly on youth physical activity and COVID-19. This is the world we're living in now. We need to pay attention to it. And physical activity is highly relevant to COVID-19. So, it is perhaps more essential than ever. But it's always essential for children and adolescents to meet physical activity guidelines. Because physical activity helps manage stress. And virtually everybody worldwide is under stress now from the pandemic and from many other reasons.

Physical activity is important for maintaining overall physical and mental health. Excellent data on that. And because physical activity improves immunity and inflammation if children become infected, physical activity could help them be more resilient in resisting the impact of an infection.

The other obvious connection to physical activity is that parks, trails and schools are sometimes closed. And this creates a wide variety of challenges for physical activity. And obviously, closing of schools presents many other challenges. So, some of our recommendations for this. When parks and trails and other places are closed, staff -- let's say recreation staff or staff from YMCAs or boys and girls clubs, for example, could organize distanced neighborhood walks that -- to keep children active. That anybody working with youth should encourage them and refer them to online activity classes and lessons. If they have Internet access.

I think all health professionals and everybody who works with youth should be advocates for opening places to be active, especially outdoors. And manage them through education, monitoring and perhaps metering of interest to parks and trails to keep them from being overly crowded.

And I would recommend that we also become advocates for regular and frequent "Open streets" in all neighborhoods. Both during and after closures. And sometimes these are called slow streets or active streets. But they give people and children more space to be active in a safe way during the pandemic.

And let's try the next slide. I think that's the end of my slides. And we can move on. Thank you all.

>> Thank you, Jim. Certainly relevant, timely findings and recommendations. Our next presenter is Dr. Aaron Hipp. Aaron is an associate professor in parks, recreation and tourism at NC State and a center fellow in the center for geospatial analytics. And Aaron will present on park use and physical activity among children in low-welcome communities of color. And as I mentioned, I am also a co-PI on this study with Aaron and our team. It's all yours, Aaron.

>> Dr. Hipp: Thank you, Myron. I thought about throwing it back you a couple times. But I won't do that to you today. So, yeah, welcome everyone. Good afternoon, good morning, I'm Aaron Hipp, as Myron said, I'm here with him and the College of Natural Resources at NC State. The work you're going to see over the next 10 minutes is obviously a big collaboration. A couple Ph.D. students, Albirido, Huang, project manager Elizabeth Mazak were integral pieces to this. We had collaborators first at Columbia and then at Drexel in Gina and Dustin who helped us collect quite a bit of data in 2017 and 2018.

Being from a parks and recreation department in the College of Natural Resources, we were interested and focused on park use within the low-income communities of color that were the broader focus of the Physical Activity Research Center. And, you know, to that end, I think parks and recreation professionals and researchers do,

you know, a pretty nice job with systemic observations. With survey evaluation. But they do this on a broad level. And so, we really wanted to drill down and think about and work better in our communities that are in low-income areas and are communities of color. This is a finding that you'll see here in a second, again. But this is also part of -- of our information. That in low-income neighborhoods, only four out of ten parents reported that there was a park within 10 minutes of their home. As Jim pointed out, especially in this time of the COVID-19 pandemic and wanting to get outside as much as possible and stretch our legs, you know, having only, you know, four out of ten have a park nearby to access those trails or those sidewalks leave plenty of room for improvement.

And also, the same number of parents say that they're concerned about safety near the park. Or getting into the park. And so, you know, the other pandemic we're faced with, the reality this summer and have been faced with for too long is anti-Black racism. And the concerns -- the real concerns of safety of our children, of our neighbor's children in being outdoors and accessing public spaces I think is more salient than it has been in a while. So, it's really, I think, timely research that we were able to participate in.

So, you know, we're guided, and Dr. Floyd said this in his introduction as well. He and I and our colleagues, we're really guided by the fact that, you know, we want more kids out in neighborhood parks and we want them active. And so, we're interested in how we can make this happen. But first, we really want to understand kind of the state of where this is. What's that baseline so that we can move forward from there.

You know, so it's who is playing and where are they playing within parks? And we do like to think of it play. I mean, we use physical activity. We measure physical activity. But the reality is, with children, this is play that we're talking about. And so, who is there playing? And who is there not -- and who is not there playing and where they are and where they're not. And so, just some basics, you know, since we do have a couple hundred folks with us.

You know, physical activity during childhood is related to multiple short and long-term benefits, right? We're setting the stage for ideally a lifetime of being active, of re-creating, of being outdoors. Parks are a free and accessible resource. There's limitations in terms of being able to walk. But in most places, parks are free and contribute to play. And we need better evaluation. We need evaluations and surveys. We need more specific evaluation and we need to really better understand the specifics within parks. So, it's under these ideas that we undertook our study.

So, just a couple slides on our methods that we specifically use for our piece here. We did focus on children 5 to 10 years of age. Each of the four studies had a slight difference in the exact specific age of children. We focused on kids 5-10. We focused on physical activity and play. All of our data was collected in 2017 and 2018. We focused 2017 in New York City and we focused in 2018 in Raleigh and Durham, North Carolina, where we are based. Across those three cities, we specifically looked at 40 parks. These parks were located in neighborhoods that were below the federal -- on average were below the federal income level and had a majority minority population.

We focused specifically on African-American neighborhoods, Latinx neighborhoods and Asian American neighborhoods. And our 40 parks had to have at least one playground and one field or sport court that a kid 5-10 could have access to. In addition to those 40 parks, we also completed a National Qualtrics Survey using a Qualtrics Panel. Thinking that from the top down, the household survey, the qualtrics panel, that was the parents of the 5-10-year-olds answering this across the US. And then steps 2 and 3 here were specific to those 40 parks within New York City and Raleigh and Durham. We used systemic observations. Specifically, the SOPARC form by San Diego. And we did monitoring at six parks where we had kids 5-10 wear an accelerometer and GPS in the park to have finer grain data.

A few results across each of these. Again, starting broad and going more specific. We found from the -- the qualtrics survey that 40% of parents disagreed or strongly disagreed that people can be trusted around their neighborhood parks. So, 40% disagreed that people could be trusted around their neighborhood parks. And again, approximately 40% disagreed or strongly disagreed that you could count on other adults to watch out for your children, that they were safe in the park and getting into parks.

This was of concern to us. Not to give away all the details now. But once kids are in parks, they're active, they're having fun, they're playing. But we've got some real challenges in the US of safely and reliably helping families and children get into our parks. So, thinking about those who answered that, you know, strongly disagree or disagree versus those who said that they strongly agree or agree, you know, we looked at some

odds here. And so, those who felt like they could trust or had higher social capital around their neighborhood parks, their odds of visiting a park with their kid were 51% greater. Their odds of visiting that park with their child -- so, the first one is frequency. The second one here is duration. The odds of visiting that park for at least an hour was at least 22% greater.

And the odds of the kid actually being active in the park if they had that higher social capital and civic trust within their neighborhood and around the park were 44% higher. And so, again, you know, having this trust and having some social capital around the park was getting kids and their families into the parks more often.

And so, once they're there, we really wanted to know, well, who is there and what are they doing? So, in New York City, we visited the 20 specific parts in New York City. We visited 79 times. And these parks were in ten Latinx neighborhoods and in 10 Asian American neighborhoods. We saw -- we systemically observed 17,000 children during those 79 visits. 40% of those kids were Latinx presenting, 33% were Asian American, and 20% were African-American. And interestingly, you know, where they were most often being active -- these are the top two for each of these three race ethnicities.

The top two was pretty consistent. It was always one of these three. Playgrounds, swing sets and basketball courts. So, it didn't matter, you know, kind of which of these race ethnicity the children's background was. They were playing in the same areas across these 20 different parks.

Once they were in these parks and playing in these specific areas, they were super-active. So, you know, a systemic observation is a quick momentary scan of an area. And scanning playgrounds. 73% of the kids we saw when scanning a playground were being moderately or vigorously active at that moment. 66% on swing sets. 60% on splash pads and Dr. Sallis mentioned water play as a key setting in his communities, and 57% in basketball courts.

You know, our last step was wearing accelerometers and GPS. The kids wore them for a minimum of 15 minutes. We had 400 kids wear an accelerometer or GPS. And we got very specific data where they are and how active they are there. This is an example of Marie Hernandez park that I'll come back to in a couple slides. Our sample size for this piece was about 400. Again, the kids wore these devices for a minimum of 15 minutes. In the Latinx neighborhoods, 74% of the kids were Latinx. Reported data from their parents or caregivers. And 90% of those -- 90% of those 15 second timestamps were active. In the Asian American neighborhoods, 67% self-identified as Asian American and 84% of their timestamps were active. And then the in African-American neighborhoods, which were all in North Carolina, two-thirds were African-American, self-identified, and 90% of their timestamps were active across parks.

So, again, really, you know, the simple take home story is we got to get kids and families into our parks safely. We've got to help around the communities with this sense of safety. Because once there, kids and families are playing. And specifically, they're playing, again, on the play sets. And they're playing around a variety of different play sets and basketball courts. Water features were generally seen as a place of high physical activity. But, you know, water features often have spots for folks to sit and so, there's also a fair amount of sitting around those water features.

So, kids are active. They're out and when they're in parks, they are active. But we've got to work to make sure that they are safe and there's amenities there for all of our children. And like Jim, in thinking about how might this be different? This data was collected in 2017 and 2018. We've got to continue to provide space. And we believe with some of our data, especially the accelerometer and GPS data, we can investigate this social distancing having that GPS point there. We've got to make sure parks have a diversity of spaces. We focused on 5 to 10-year-olds. But we also have data from teens. And teens just kind of stop showing up to parks. And when they're there, they're less active. And so, we believe a diversity of spaces will help with that. As will programming. And again, access is key. Making sure folks can safely access parks and they feel that others are there, have the best interest of them is key.

And then finally is alternatives. And Jim did a nice job describing active streets or open streets. Or as Renee will speak about, Play Streets. One key to access is perhaps all of our roads are an alternative, especially during the COVID-19 pandemic for our children to play. And so, with that, I'll turn it to over to Renee who is going to talk more specifically about how our streets and rural communities can support play.

>> Dr. Floyd: Renee, I want to give you a quick introduction if I might. Renee is a professor and associate dean of the Robins College of Health and Human Sciences at Baylor University. And she will take us into rural communities. Focusing on implementing

Play Streets in low-income rural communities actually across the country. Thank you, Renee, and you can take it.

So, moving with the introduction to the project itself. Aaron and Myron, both thank you for the transition, introduction, props. But talk about some really exciting work around Play Streets specifically in rural communities. And I want to acknowledge the rest of the team -- next slide, please. That was involved. This was a large team. My co-PI, Dr. Keisha Pollack Porter. And an associate dean there and professor. Who wasn't able to join us but was excited to share this with you as well. We had a number of grad students, PH.D.s and GAs. And colleges and universities from researchers that helped make this possible. Next slide. Please.

So, just a little bit of background. Building off of the background you have been hearing and what you already know. Communities do lack features of the built environment that support physical activity. And as you just heard Aaron say, that there is evidence that supports having parks and other built infrastructure really improves the participation and physical activity for adolescents and youth within that.

But one of the things that we came across in our work and I think everybody is aware of, is permanent changes to the built environment like building parks. Are not always feasible. I think they're very important to advocate for. And I think the evidence supports that. And the other kind flipside is there's evidence supporting that when the built environment changes are made or introduced, they can unintentionally limit accessibility. Even to some of the subsets of the community that you're trying to reach or improve access for.

So, with all of this in mind, we were also looking at the difference between rural, urban, suburban and looking on that continuum. And how rural communities really face unique challenges. Some similar challenges to urban/suburban areas. But some unique challenges regarding physical activity promotion. Greater dispersion, limited resources, specifically built resources, and programming opportunities. Next slide, please.

So, what are Play Streets for those not familiar with them? They have been used for a century, and in the US, implemented heavily in the last two decades in larger metro areas. They're temporary street closures that create a safe space for play. They're reoccurring or episodic. Getting the traffic out of the street. These are from Chicago that have been happening since 2012 here. They increase physical activity and create demand for safe play. They have happened in urban areas, but not previously in rural areas since prior to this study. This slide has all of our aims from the project across the two and a half, three years. I'm going to give you background on the work, communities we partnered with. Talk about implementation and how that looked in rural communities and talk about physical activity outcomes that we measured and are able to report on.

And also talk about a guide that we developed as part of this work. Next slide, please. So, as I mentioned, we partnered with community organizations specifically for community organizations and they were diverse community organizations. And diverse communities across the nation. And basically, looking to see if they were ready to implement. Each organization agreeing to implement four Play Streets during the summer of 2017. And ready to implement, didn't mean you had implemented a Play Streets before, but you had experience with any type of community event and/or working with volunteers.

And so, we provided mini grants to each of the organizations to cover some of the costs that we learned from. We learned a lot of information from Chicago and from other existing urban Play Streets approaches. And we also provided resources in terms of technical support which really, we did lots of debriefing and planning meetings that we provided very minimal direction. Because we really wanted to learn from the community partners implementing to see, what really works? What can work in a rural community with them being the experts of the community. Collected data at and after each individual Play Street and did six in 2017 -- 16.

And then built on lessons learned in 2018. Next slide, please. These are the four community partners location. Talihina, Oklahoma, a predominantly American Indian. And in Warrenton, a white and Asian community. -- Warrenton, an African-American community, and then a Latinx community. So, methods of you are learning just to highlight these. Not going to talk about all of them, but highlight.

We recruited children from elementary to middle school age. Aaron mentioned all slightly different ages. This could mean that we have 4-year-olds if pre-K was included in the school district. And adult guardians. For recruitment and after consent, children wore pedometers and some adults did as well. And will talk about that today. And we did the iSOPARC which is the version that Aaron talked about. Which is talking about where kids are active. And administered the surveys. After the play date, did debriefing calls with the

implementation teams. And after the entire season in 2017, conducted interviews and focus groups with implementation teams, adults/parents and guardians as well as children. And after all the Play Streets in 2018 concluded with the three community partners that implemented in '18, conducted interviews and focus groups request implementation teams.

So, this next slide, and Kathy, I'm going to move quickly through these with the next picture slides. I want you to take a look. These are some images from the actual Play Streets. Next slide. And next slide. And next slide.

Thank you. And what I want you to notice is they look a little different than the Chicago Play Streets did. Next slide, please. And one of the things I think you probably noticed, there was a lot of grass hanging us and not some streets. We did -- we flipped back through -- one of those images when you're trying to get through a lock screen. Click all the images with the street in it, two of the Play Streets actually had -- or were conducted on streets themselves. We did have Play Streets on streets in rural communities, just not all the time, and really not most of the time. They occurred in other publicly-accessible spaces, parking lots, fields, parks. And often times because it didn't make sense to put them on a street. We didn't have a lot of people living around a street. And sometimes can't shut down the only street in the rural town. And other publicly accessible spaces. We found two ways to create the places for kids to play.

Creating new places or a field or a parking lot. And this idea that our communities heavily that you could create programming in spaces like parks that aren't being used for physical activity. And there were definitely needs in two of the communities where the parks and playgrounds around schools were not being accessed or played on by the residents living in those communities. And so, activity in those spaces was important.

And the innovations for rural settings compared to what is happening in urban settings is this idea of coupling Play Streets with other gatherings versus standalone events was important. It was combining resources in an area where so many people wear multiple hats. And also, aren't accessibility this idea that you can get in and do more than just one thing in a Play Streets. You can have a back to school event. Or a summer meals program.

And within that idea of just thinking about active transportation or rural context and wanting to highlight that is oftentimes, and evidence has been reported that active transportation is a different idea. It's not I can walk to get here. It's not the connectivity piece in urban/suburban areas. Unless it's the town center of a small town or a rural spot. But more, can I drive? How can I get to the place to be physically active? And can I do that in a means that I can afford? And if I can do that and couple it with other things, I'm more likely to go.

Next slide. Key findings around physical activity. Kids were active. Which was awesome. Man, this has got to be one of the most exciting projects, how excited and how much fun families were having at Play Streets. No significant differences in physical activity between boys and girl little with the pedometers and the SOPARC. You can see mean steps per minute across the Play Streets. Children and teens were active in all activity areas from a SOPARC area. Hula hoops, bouncy houses, relay races, et cetera. Inflatables were a favorite in presence and activity. Lots of kids and teens in the inflatables. Lots active in the inflatable areas. Teens were also active, but fewer were at the Play Streets. And teenage boys were more active than teenage girls. We saw a suggest difference in the breakdown whether we got to teens. Next slide.

So, some lessons learned. Play Streets are doable and achievable in rural communities. Our community partners were excited. They are easy to put on and it's easy to add active play to existing events to promote physical activity. They added mini Play Streets to things happening outside of the project. There are perceived positive impacts on social cohesion and safety. Parents were excited that their kids could see kids and they got to see other adults during the summer time.

And one thing that was noted, they're very affordable. Might not need new money, might use what you have in the physical activity department, but it requires human resources. It requires people. Next slide.

So, many families who live in rural communities do not have access to save places for their kids to be active. Next slide. And we have been working to change that and you have been hearing it across these projects. Next slide, please. So, Play Streets can help kids get more than half of their daily physical activity that experts recommend based on the data that we found. Next slide. And kids took more than 1.3 million steps across those four Play Streets at the four different communities that we studied in rural that summer. Which is pretty impressive. Next slide.

And so, what I'm going to talk about briefly now is the guide that we created. And there's links here. We're welcome to pass along the links after this web familiar too. Next

slide. We created a guide on how to implement these that provides an overview of Play Streets to park ideas, detailed planning processes, guidance about what to do during a play street and after. Guidance and tools and how to look at the tools. A sample press release, a marketing flyer. And then four community profiles that really tell is a tour about how each of these four communities implemented Play Streets and how they made it work for them. We encourage you to check that out. Contact me if you want me to mail you a hard copy. Next slide, please.

And what we've thought about in the more recent months is, are Play Streets possible during COVID-19? How heard Aaron and Jim talk about the streets and use of streets and how that might be something that is possible. So, we think about Play Streets themselves. This idea of what do we need to think about? One, plan to direct and structure movement between activity areas in a way that you keep that physical distancing. And if you have or watch kids, you need to be intentionally planning for that.

Structured activities. Group-led classes or dances where you can keep people in certain sections. Kids engage in activity and having fun, but on their spot or in their circle. Play equipment has to be used between kids, plan for that. Think about activities that don't require equipment, like hopscotch. Encourage them to bring their own play equipment. Balls, jumps or ropes, for example.

Plan for a hand washing station. That's hard because sometimes they don't think about toilets or restrooms. But providing a hand washing station and hand sanitizer and reminding families to wash hands frequently. Encourage kids and families to bike to Play Streets when it's possible and safe to ride a bike so they have a bike to use at Play Streets. And take advantage of the local save streets or open streets initiatives that are happening. It's possible that you could host a play street on the portion of the open street and it's already there and closed to traffic.

Or making room for people to remain 6 feet apart as part of that is also important. And I just to want thank you all for the time for letting me power through some exciting results. We do have multiple papers out, the physical activity results and the preventive Med special issue. And reach out with any questions. And I'm going to now -- I guess Kathy's gonna pass the ball over to Nisha as she talks about her work. Thank you all so much.

>> Dr. Floyd: Thank you, Renee. I just want to remind everyone, all of our participants, those of you here with us today so keep -- to keep track of your questions. If you would like, you can put your questions in the chat box, and we will get to those after our presentation. But I did want to introduce Dr. Nisha Botchwey. Associate professor and also associate dean of the College of Design at Georgia Tech University. And she's going to talk to us about youth advocacy as a strategy for promoting healthy behaviors among youth.

>> Dr. Botchwey: Thanks, Myron. And it's great to be here with all of you. I guess here being my -- I'm going backwards. Here being my office at home and there being your homes and perhaps offices.

I'm gonna move into the next slide. So, existing approaches to childhood obesity. Focus on school-based instruction and programming as well as personal behavior change. These are frameworks many of us are familiar with. These fit into the framework laid out on the right side of the screen that's focused on health impact, or the health impact pyramid. The top of the pyramid intervention is focused on individual and small groups and require lots of individual effort, but lower costs. These include counseling and education types of programs.

However, school-based programs that make changes to vending machines, requiring two fruits with lunch, physical activity or physical education classes requirements, these exist at the bottom of the pyramid. These interventions focus on where people live, work and play, their socioeconomic factors that powerfully shape what the built environment looks like, feels like, policy changes. And how the investment or lack thereof in these environments influence decisions. This is where there is greater population impact and less individual effort.

Approaches at the top of the pyramid are important. And yet we want to emphasize that investments in place, those at the bottom of the pyramid, can really make the healthy choice the easy choice.

It is at the bottom of the pyramid where many of us can have an impact on outcomes. That influences the social conditions and behavior. So, 85% of what determines our actual health outcomes. Advocacy is an important tool that helps us work at the bottom of the health impact pyramid. Advocacy is the act of communicating with people or organizations to persuade them to take a particular position.

It empowers you. It aids them in their development of agency, efficacy and hope. And it is successful in reducing tobacco use among youth. We know this from a number of studies that are noted on this slide. Successful youth advocacy programs also help youth gain and exercise power. And it moves them from placation or simply just avoiding action and disruption to true partnership with adults and decision makers.

The youth engagement and action for health program, or YEAH! program, is a youth advocacy training program that is designed to teach advocacy for improving physical activity and nutrition assets in communities focusing on policy, systems, and environmental changes. Additional information and all the resources a group would ever need to develop or implement this program is available through the link that you see on the side of this slide.

The YEAH! program focuses on three core elements. One is learning about advocacy and health. Two, conducting neighborhood assessments. And three, completing the advocacy project.

Program is a 10-14 week program. The research project that collected all of this data and the analysis that I'll share targeted 11-14-year-olds, or middle schoolers. But program, the curriculum, YEAH! The YEAH! program can be used with youth who are younger and older. So, perhaps older elementary school kids and certainly high schoolers.

In each of our clubs we had 12-15 youth. And in our study, we wanted to serve low-income students from racial and ethnic minority backgrounds. The YEAH! clubs conducted one to two different community assessments. They shared an advocacy presentation with the decision-maker. And participants completed physical activity and attitude assessments at week one and the final week. And this serves as the basis for the analysis that I'll share in just a minute.

So, here's a description of the 137 YEAH! youth we collected pre-and post-data on. And as you can see, most were from suburban and urban clubs. So, 43 and 45% respectively. They were distributed but race or ethnicity, a third were African-American, a quarter Asian American, Pacific Islander and Native Hawaiian. About 18% multi-racial. 13% Latino. And let me just note that the diversity of participants is a major strength of this research. We also almost evenly -- or almost evenly split between boys and girls in the enrollment with this data that's been presented.

And so, here's a map of where each of our YEAH! clubs took place. As you can see, the groups were not only demographically diverse, but geographically diverse from Hawaii to Maine and lots of places in between. From California, Virginia, Georgia and Florida. They worked on projects like school assessments, community physical activity assessments, overall community assessments and PARC assessments. I'll give a shoutout to our groups noted on the slides. Top left, our boys and girls club in Hawaii. Top right, Charlottesville, Virginia, the life ministries organization. And in the middle, Drew Charter School in good old Atlanta, Georgia. And on the bottom, Glades middle school from Miramar, Florida.

So, continuing with the south Florida example, at Glades Middle School, worked with a supportive principal and a fantastic teacher who recruited four groups of students who became the four distinct YEAH! clubs. And you can see representative images on the slide from their final presentation.

Their clubs met during the school day. And this is similar to how their other clubs meet at this school. Because most of the students at glades are bus riders and unable to stay after school for activities. And let me give you a sense of the projects they worked on. The first project, students requested a dance elective. They didn't just want a basketball and a gym for the hour of PE class.

And so, they presented the principal the benefits of dance. In completing the school survey, the students stumbled across the dance room and advocate the for a dance class as an option in lieu of PE. While this wasn't possible based on just limitations in hiring a dance teacher, the band director answered their request by offering lyrical dance as an extracurricular activity.

The next group was called the litter-ature group. Yes, litter-ature group. And as part of the assessments that students were required to complete in our sessions 4, 5 and 6, the students surveyed and autoed their environment. And as a result, this group indicated that the litter in the school had enough of an impact that they wanted to see significant improvements. With this highlighted to the principal, cleaning protocols were reviewed and reinforced.

And so, following the presentation, there is much less litter around the school as has been reported by the YEAH! students who wear their T-shirts every Friday and report out to the principal and the teachers. So, they really have taken ownership. And let me just give one last example. And that is with regards to just water fountains. And so, the water

fountain group was really concerned about cleanliness of the water fountain. They didn't want to go outside to play because it's so hot in south Florida. And the water fountain was just not clean in their opinion. And so, based on this, similar to the litter framework, the water fountains are now clean. And it was really based on a policy that was reviewed and reinforced to make sure that these actions could take place.

So, imagine being in middle school. You're 12 to 14 years old. Some of you may have a positive image, or maybe a really scary, horrible image. But imagine being presented with the opportunity to share your ideas and changes and/or improvements that you want to make in your school. And so, the results from our Glades kids really mirror what we found in the other programs. They like the feeling of being in control and persuading other people. These students were able to participate in something no one else was. It was exclusive. They got a T-shirt. They were called out of class to work on the projects. And particularly on the day of the presentation, the principal listened to them. They really saw that they could make a difference. And make a change.

Someone showed an interest in what mattered to them. And perhaps most importantly, the students directed their projects. The adult leaders supported them. They guided them. But the student voice was central to -- to what happened in their programs. And I would say, you know, most of all, perhaps like many of us, the students really appreciated the snacks.

And so, based on our analysis of pre and post-assessment data, yeah, youth increased their physical activity and active transportation. Increased fruit and vegetable consumption among suburban and urban youth. Fast food decreased in rural and girls. And transportation, this went down for suburban youth. Diet quality went down for rural youth, and fast food went up for urban youth and boys. And so, let me just point you to the last column.

We can conclude that YEAH! consistently improves physical activity participation among the youth who participated in these programs. When it came to attitudes and beliefs, in summary, youth optimism increased for rural and suburban youth, but declined for urban youth. Peer support for healthy behaviors increased for all. And having an increased for urban and suburban but declined for others. More attitudinal scores increased than decreased. But more decreases happened for urban youth. A special population in need of more targeted interventions.

And so, urban youth were only -- were the only demographic group whose optimism for change, advocacy outcome, efficacy and participatory confidence and decision making declined after participating in YEAH! These sub scales measure student hope, self-efficacy and belief in the future. And I would suggest that these findings in relation to urban, suburban and -- let me start again. These findings suggest that in relation to urban students, suburban and rural students are more hopeful and optimistic and have a greater belief in their own ability to influence change. And overall, YEAH! shows notable impact in key sub-categories. Specifically, peer support for health behaviors and meeting physical activity recommendations for all. The urban youth would truly benefit from additional programming in support of what we kind of see as a lower performance in these areas.

And so, finally, with regards to COVID, this pandemic really exploits racism and SES disparities. Societal grief reactions take different forms such as anger, shock and hope. Hope is what moves us forward. And that's what YEAH! can do. So, it's more important now than ever. So, YEAH! empowered youth in different locations and based on ethnic backgrounds to make behavior and place changes. It can be a future vehicle for advocating for COVID-safe physical opportunities and community education. And YEAH! can help empower youth to transfer their advocacy skills to decision makers during COVID to make healthy community changes.

And just my last slide. Or I guess next to last slide. Like Play Streets, we created a guide and a great online resource that's available on the website noted. Everything you need for the YEAH! program is on the website. It's user-friendly. And lesson plans to forms are available there for free for download. So, a big thank you to and YEAH! to all who made this possible. And a special shoutout to one of our advisory board members who is on the call listening in. So, thanks so much. And I'll pass it on to Myron.

>> Dr. Floyd: Thank you, Nisha. And a great way to end with positivity and hope. And also, we just want to thank each of our presenters for excellent presentations and sharing their results from PARC. Just a quick summary before we get to the questions and answers. And just to remind you, you can put your questions in the chat box. But I just wanted to just remind you that, you know, we drew on multiple disciplines, multiple methods and different regions of the country.

And through this, our studies present some of the first evidence on strategies for specific race and ethnic subgroups in multiple settings including neighborhoods, parks, schools and rural communities. So, we encourage others to conduct follow-up studies and also to pursue implementation of our work.

However, we strongly recommend that the research on active play and the strategies to promote active play among children consider differences between ethnic subgroups as well as urban and rural areas because these populations in areas exhibit some unique differences.

So, failure to consider equity can widen existing disparities between these sub-populations. Each presenter highlighted implications or ideas for promoting actively during the pandemic. And as Jim suggested, PA, physical activity, rather, is at important in communities at higher risk. African-American, Latinx, Native Americans are most at risk for inactivity and tend to have less access to physical activity and recreational resources.

So, the current environment, and especially with the resurgence of the coronavirus in many areas of the country, there are opportunities to develop safety plans and protocols to continue activities and programs. Or to reopen programs in parks and other spaces where children play to create opportunities to improve and enhance their health. So, in closing, at least for this part of the web forum, active play research, physical activity research and implementations must make health equity an explicit priority in ensuring that physical activity and active play is a part of every childhood.

So, with that, you would like to thank my colleagues at PARC, thank dialogue for health and the Robert Wood Johnson Foundation for funding our work. And at this point, we are ready to move into a question and answer period. And we do have a few -- several, actually, sitting there waiting for us.

So, I will just start with one. I will direct this one to -- let's see -- I'll direct this one to -- you will direct this one to Renee and then maybe you can follow on. What recommendations do the panelists have for promoting physical activity for kids when parks or playgrounds are closed during the COVID-19 pandemic?

>> Dr. Umstattd Meyer: Yeah, I read this in the chat box too. Hopefully some of the things that I talked about and also that others talked about are worthwhile thinking through. I think it takes thinking differently than our normal. And I'll let Aaron in a second speak to parks themselves. But there are a lot of in both urban, suburban and rural areas, there are streets that are being closed and there are fewer cars on those streets. And so, this idea of thinking about streets being an extension of play space where you have more play space. Or even when you think about some of our urban areas, or apartment complexes, that might be a place where there is enough space to be able to play outside safely if there aren't cars. If it's already blocked.

It might also be a time where advocating for there being temporary closure of roads or streets is an easier thing for folks to consider since there isn't as much activity on those roads. And so, I would say, I think Jim mentioned it first, was looking for places in your communities where you already have open streets, safe streets, active streets type of movement happening. And one, not just let it be open. But promoting activity in those places. Are there ways we can go ahead and encourage more activity? With there be a mini Play Streets with thoughts that happen there? Is there ways to do a thing like a story walk. Partnering with your library to guide people along the spaces they don't normally use for physical activity.

And there's also a crazy surge of bike sales across the nation in the last few months. And are there ways to make sure that your residents and the community members know how to safely use bikes. One from a COVID standpoint, but also in terms of normal bike safety. If not, everyone is doing it the same. There's ways to think about streets specifically. And ways of thinking about non-park spaces. A lot of schools do have public -- or joint use agreements in place. And this is gonna be tricky because it's gonna depend on each community. But it is possible you have all of that playground space within schools. Is there a way to actually access some of the school space right now in a way that allows people to be safe in the context of COVID? There's already space in and people have been around many of the schools. But turn it over to Aaron for thoughts around parks specifically.

>> Dr. Hipp: Thanks, Renee. And I put some comments in the Q&A during the actual presentation. Yeah, I don't know. Wing my answer there was -- I was thinking as a parent, honestly. But -- of a 3, 4 and 8-year-old. And just thinking about the variety of resources that I've seen as a parent. Renee mentioned libraries. Parks. You know, parks and recreation, they're trying to keep their employees employed. And so, they're putting out programming, they're putting out videos. There's kits available for rental or purchase.

You know, with activities in there. There's things that you can print out. A lot of it's aren't just kind of scavenger hunts and just looking for things. So, just fun creative ways to get kids and families moving. I mentioned PBS and Sesame Street, but I would start with the parks system as well as your local library system.

>> Dr. Umstatt Meyer: One other thing that Nisha and I brainstormed around, reaching out to other organizations in the community. Definitely the parks and recs, if there is one. Some rural communities don't have that. But thinking about the other organizations that serve kids and family in the community. And finding out who might have other ideas and resources. And starting conversations that haven't been had before. How can we partner together to provide more opportunities in some of these current spaces or new spaces for kids to be active and families to be active?

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>> Dr. Floyd: That's an excellent point. There's lots that can offer alternate spaces for children and families to play. There's another COVID-related question. Since that's a theme here, I'll ask this one, and might pitch this one to Jim. And it's not quite related to your study. But I think maybe you can answer this. But how has teleworking during COVID-19 affected adult activity? And how has that affected the activity of children?

>> Dr. Sallis: Okay. That is a -- can you hear me?

>> Dr. Floyd: Yes. Yes.

>> Dr. Sallis: Okay. Good. That is a very good question. And I -- I only have some small pieces of data which suggest that the picture is complicated. And I -- I don't know of any data for youth and what's happened to them during the pandemic. Maybe others do. But there's two pieces of data I know of for adults.

One is that a rails to trails conservancy looked at their trail -- their automatic trail counters. And right after most of the country shut down, trail use went up something like 200%. And it's come down a bit, but it's still now 100% or so above what it was. So -- so, people are looking for opportunities for getting out and being active. So, that's a positive.

On the negative side, early -- early in the shutdown, data came out from Fitbit. And they -- they -- all over the world. And they found something like 10 to 20% declines in physical activity on most continents. So, those are -- and Fitbit data, of course, are from people who care enough about activity to have a full-time by the. And so, they -- they declined. So, it's a little complicated. We have very little data. And to the extent that children stay indoors, we can be pretty sure that they are less active.

Being at home, being indoors in general, are risk factors for inactivity. Parents don't generally like their kids running around indoors. So, they tend to discourage that. And with most other places closed or not safe, then, you know, what are the alternatives? Well, the alternatives are probably finding places and ways for kids to get outdoors and be active and do it safely.

And to me, this is a -- an opportunity for creativity. It's an -- certainly an opportunity for research to find out what -- what types of things are people doing that seem -- seem to be working? So, maybe somebody else has knowledge of other evidence, but I -- I would expect that children who don't get -- who don't go to school now and don't have physical education or recess or after school programs, I would expect we're gonna see a lot less activity. But I don't know of any data on that. Currently. So, all the researchers on the call, please get busy.

>> Dr. Floyd: Thanks, Jim. I'll just throw this one out there. And someone can chime in. How can local health departments and communities become more involved in this work?

>> Dr. Sallis: Let me start on that one. It's a very important question. And I think the starting point is, how can health departments get more involved in promoting activity is number one, hire someone with responsibility for physical activity. Most health departments do not have a single person who's focused on physical activity. They may have people that are dealing with chronic diseases in general, but they're working on improving diet and reducing smoking and reducing binge drinking. And if time's left over, maybe some physical activity.

So, we have some real capacity limitations and problems in this country in public health departments and their focus on physical activity. And without somebody responsible, I'm not sure how things get done. So, this is a long-standing problem. And maybe this is a moment where we can create some movement and some consensus that we need more focus on physical activity.

>> Dr. Floyd: Thank you, Jim. So, there's a -- I want to direct a question to Nisha. In relation to the youth advocacy research. Is there any evidence that -- that the benefits or

the changes that you saw in the youth -- does that translate to their families or their parents?

>> Dr. Botchwey: You know, Myron, that's a great question. We did not collect data on the parent engagement and the impact on parents. We did complete pre and post assessment data for the youth as well as the adult leaders and the decision makers. I can tell you with the decision makers that, you know, those folks said that these kids who presented to us were phenomenal and we are certainly considering youth more in the work that is moving forward in our, you know, space. And so, I'll give you a quick example. In Hawaii with our boys and girls club, they presented to their county council a recommendation to improve their nearby park.

The county council chambers were full of parents and grandmas and grandpas. And not only did the kids, you know, get to present to county council, but they also received -- or what was voted on -- was to provide \$80,000 to do a planning study and investment in park renovations for the park that the students were focusing on. And the parents in that room were just so thrilled and proud that their kids took the leadership to make this change. So, I don't know -- I can't give you a percentage or a specific examples on how the parents were influenced based on the kids participation, but we all know that if our kid says, mom, why isn't your seat belt buckled? Or, mom, you really need to get up and take a walk, it's an impact from somewhere.

I would think we would have seen similar impacts on parents as we see from tobacco studies and seat belt wearing.

>> Dr. Floyd: Great. Thank you. So, I guess this might be another place -- I guess it is a Play Streets question. Play Streets usually have other activities going on, music, food and art to make movement more enjoyable. How do we incorporate these more regularly in parks? That might be a Renee question.

>> Dr. Umstatted Meyer: My audio cut for just a second. Would you repeat that again, Myron?

>> Dr. Floyd: The question was, Play Streets have other activities like music, food and art to make movement more enjoyable. How to incorporate those things more regularly in parks?

>> Dr. Umstatted Meyer: I'm sorry. I got the call out to jump on and I missed half the question. Thank you. I think it's something that with Play Streets and specifically the rural work that we did, several of our groups actually until our Maryland site specifically, they hosted their Play Streets in a number of parks. And that was because in those communities, the people that lived around the parks didn't think that they were for them.

There were lots of people that come in and vacation in the area and use the parks. But the people that live in the community didn't think the parks were for them. That was a health district that we partnered with there. We need to make sure that the residents know that the parks are for them. And encouraging and creating experiences where they're able to engage and have fun and play as families within the parks. Also getting other community organizations involved in that. I would say the idea of activating spaces that are in any community is an excellent one. It doesn't necessarily take a lot of resources and it's something multiple community organizations can partner in and come together in terms of providing a safe family time for people to come and be active and to potentially engage in other activities to where you can think of this -- we've -- within a Play Streets model, had partners from WIC or the health department handing out materials or education. Definitely having music and/or food available.

And so, that idea, hosted on a street or another publicly accessible space is one way of activating the space. It can be done and shared across different community organizations. Can be done potentially with youth getting involved. One of our partners was an extension office here in Texas. And they engaged some of their 4H adolescents in helping putting those on. Even thinking through other ways of involving more people in activating spaces. You would say that's the immediate thought in my mind, Play Streets is the world. What's true in rural and many urban and suburban communities, streets are one place. But there's other publicly accessible spaces that can be activated where people realize they can be active and have fun in those places.

>> Renee, could you give us just a snippet of the line dancing example from one of your Play Streets and how that came about?

>> Dr. Umstatted Meyer: That's a great question. In our North Carolina site, when our organizers realized that the adults were not being physically active, which is something that we did observe. Many adults in Play Streets are sitting. We do have some that are engaged with the kids. But our North Carolina site actually, man, we want these adults to be active too. So, thinking about what their -- adults like to do. Man, our adults and our older adults love to line dance.

So, that was a realization after their first Play Streets they implemented. And so, their second ones and third one that they went and ahead and they had a line dance volunteer lead some line dancing at the Play Streets. None of those were held in streets. They were held more in these fields or parking lot areas or underneath pavilions. But they offered the line dancing. And kids joined in the with the adults that are line dancing. But it gave adults something that they like doing and it was fun, and the kids were running around and doing other stuff in addition to some chiming in with the line dancing.

I think there's different ways of just thinking through, what do your community residents like to do? And asking them and saying, what would be fun? It doesn't have to necessarily cost money. It's more of an orchestration or an activation, an invitation to participate in things that don't cost money. It's activating space that they already have available to them to realizing with wow. We can do this on our own. It's fun to come in and do it when somebody organizes it. But providing those experiences. Thanks, Nisha, for that question. That was a great example of a wonderful idea that the North Carolina community came up with.

>> Dr. Floyd: Well, thank you. We are right at 2:30.

>> Murlean Tucker: So, we're coming to a close. I would like to thank Jim, Aaron, Renee and Nisha for your presentations. And thanks to the sponsors, the Physical Activity Research Center and the Robert Wood Johnson Foundation. And thank you to the audience. That concludes our event for today. Thank you for being a part of today's web forum. Have a great day.