The Kansas City Physical Activity Plan

A comprehensive, multi-sector collaboration working to create a culture of physical activity in the Kansas City region.



ACKNOWLEDGMENTS

The Kansas City Healthy Lifestyles Collaborative is supported in their coordination of the KCPA Plan by the William T. Kemper Charitable Trust, UMB Bank, N.A., previously supported by Enid and Crosby Kemper Foundation, UMB Bank, N.A., and the Health Resources and Services Administration.

The Kansas City Physical Activity Plan is the work of the ten sectors that convened to identify strategies and priorities to improve rates of physical activity for all people living in the Kansas City region. A very special thank you to the members of the Core Work Group, who have helped to lead and organize the Kansas City Physical Activity Plan. Additional thanks to Russ Pate, PhD, from the University of South Carolina and William (Bill) Kohl, III, PhD, from the University of Texas for their guidance throughout the process.

SUGGESTED CITATION

Kansas City Physical Activity Plan Core Work Group, The Kansas City Physical Activity Plan: Kansas City, MO, USA, 2023.

ELECTRONIC ACCESS

All information about the Kansas City Physical Activity Plan can be found at **https://www.kcphysicalactivityplan.org**

CONTACT

If you have any questions about the Kansas City Physical Activity Plan, please contact the Kansas City Healthy Lifestyles Collaborative at KCHLC@cmh.edu.

KANSAS CITY HEALTHY LIFESTYLES COLLABORATIVE

The Kansas City Physical Activity Plan was coordinated by the Kansas City Healthy Lifestyles Collaborative, a program of Children's Mercy Kansas City. The Kansas City Healthy Lifestyles Collaborative sits within the Center for Children's Healthy Lifestyles & Nutrition, which is a joint center between Children's Mercy Kansas City and The University of Kansas Medical Center. The Kansas City Healthy Lifestyles Collaborative is academically affiliated with the University of Missouri Kansas City.

Children's Mercy KANSAS CITY

Center for Children's Healthy Lifestyles & Nutrition

KU MEDICAL CENTER The University of Kansas

UMKC UNIVERSITY OF MISSOURI KANSAS CITY

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THE KANSAS CITY PHYSICAL ACTIVITY PLAN

VISION

The vision of the Kansas City Physical Activity Plan (KCPA Plan) is to foster a culture of active living within the region. The KCPA Plan is a comprehensive set of Kansas City-focused, sector-specific strategies and tactics designed to increase physical activity in residents of all ages.

Our coalition is organized for the following purposes:

- **To make a collective statement that physical activity is a public health priority in KC;**
- **To establish a multi-sector coalition to advocate for KCPA Plan strategies and tactics; and**
- **To create an implementation framework for the strategies and tactics in the KCPA Plan.**

The KCPA Plan draws from local research studies, community recommendations on physical activity, and national physical activity reports, including the **National Physical Activity Plan (p. 8)** and the **United States Report Card on Physical Activity for Children and Youth (p.11).**

OVERARCHING PRIOTITIES

In addition to the sector specific strategies, the KCPA Plan has three overarching priorities that, if accomplished, would strengthen our region's ability to implement the KCPA Plan's strategies and tactics:

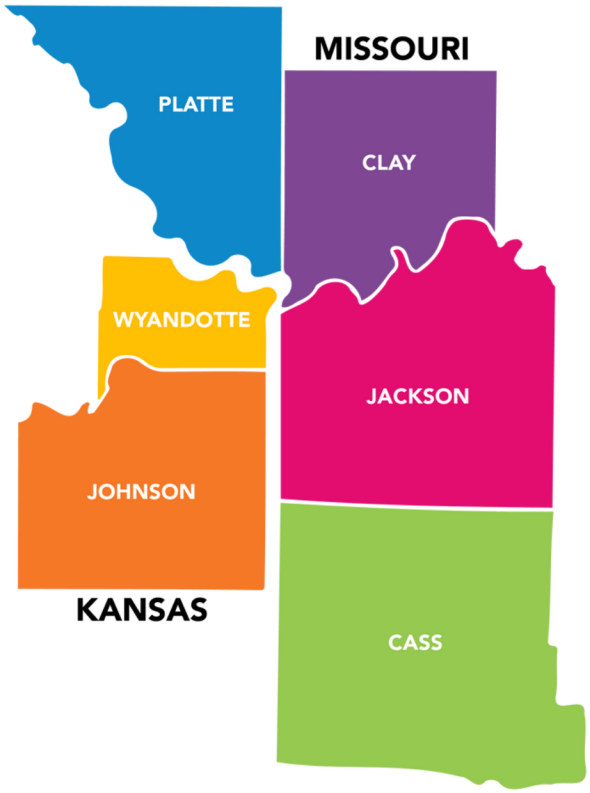
1. **Increase local funding for physical activity initiatives.**
2. **Regular, comprehensive surveillance of relevant physical activity metrics that monitor compliance with guidelines , environments, policies, and programs associated with physical activity.**
3. **Develop and disseminate, at regular intervals, the Kansas City Regional Report Card on Physical Activity for Children and Youth .**

To learn more about the KCPA Plan, please visit: **www.kcphysicalactivityplan.org**

OVERVIEW

KC REGION:

The KCPA Plan focuses on the six counties that make up the majority of the Kansas City metropolitan area: Jackson, Clay, Cass and Platte Counties in Missouri, and Wyandotte and Johnson Counties in Kansas.



STRUCTURE:

The KCPA Plan is organized by the **Core Work Group** (**p. 7**) and **Societal Sectors** (**p. 6**). The **Kansas City Healthy Lifestyles Collaborative** (**KC Healthy Lifestyles Collaborative, p. 7**), a program at Children's Mercy that seeks to align community programs to promote healthy lifestyles within our region, serves as the backbone organization for the KCPA Plan by supporting the Core Work Group and each of the Sector Work Groups.

BACKGROUND:

In 2018, the KC Healthy Lifestyles Collaborative partnered with the Health Resources and Services Administration (HRSA) to host the "*Factors of Health: Addressing the Systems that Influence Childhood Obesity*" conference. Discussions between attendees and national experts made it clear, in order to properly address the facilitators and barriers to living healthy lifestyles, we must work collectively as a region to change the systems in which we live.

After this conference, the KC Healthy Lifestyles Collaborative received funding from the Enid and Crosby Kemper Foundation to launch the KCPA Plan. To get the work started, in October of 2019, a group of diverse organizations across a variety of societal sectors met for the first time to begin the development of the KCPA Plan. Over the next three years, we engaged with over 101 organizations (listed in Appendix A, p. 72) across the KC region to develop the plan.

OVERVIEW (CONTINUED)

BACKGROUND (CONTINUED):

While the KCPA Plan is modeled off the National PA Plan, it includes Kansas City-specific strategies and tactics, which, if implemented, will create safe and equitable physical activity opportunities.

Included in this document is a description of each sector along with sector specific strategies and tactics, followed by the next steps. For a more detailed description of how each sector developed their respective strategies and tactics see Appendix B (p. 73).

From October 2019 to December 2022, the KCPA Plan hosted over 223 meetings, with just under 2,300 attendees.

GUIDING PRINCIPLES:

The KCPA Plan engages with the societal sectors known to influence physical activity. Each Sector Work Group represents those sectors, and is working towards identifying shared priorities in the Kansas City region that promote physical activity and address at least one of the four KCPA Plan guiding principles:

1. **Equitable access to safe places for physical activity;**
2. **Evidence-based approaches;**
3. **Community-informed strategies;**
4. **Systems-wide policy and environmental change.**

The KCPA Plan is based on the idea that physical activity behavior is influenced by a host of factors operating at the individual, family, institutional, community and policy levels. The KCPA Plan consists of strategies and tactics that are supported by evidence, including controlled research studies and best practices. While other behaviors such as promoting healthy eating and reducing sedentary time are important, the focus of the KCPA Plan is to identify strategies that ensure residents will obtain the recommended levels for physical activity.

SOCIETAL SECTORS

The KCPA Plan is organized by societal sector to increase opportunities for physical activity in all aspects of an individual's life.

In 2020, KCPA Plan sectors included:

- Schools
- Early Childhood
- Infrastructure
- Parks and Recreation
- Faith-Based Settings
- Healthcare

In 2021, two additional sectors were added:

- Sport
- Media and Communications

In 2023, the Public Health Sector was added and the Business and Industry Sector will begin.



CORE WORK GROUP

The Core Work Group of the KCPA Plan includes the leaders of the Sector Work Groups, *ad hoc* members who have specific expertise related to physical activity in our region, and the staff of the KC Healthy Lifestyles Collaborative. These members provide leadership within specific sectors and strategic guidance for the overall KCPA Plan. Core Work Group members are listed to the right:

CORE WORK GROUP

Bill Brandmeyer, Executive Director, The Sharewaves Foundation

Carole Bowe Thompson, Project Director, Health Equity Institute, UMKC

Dr. Jordan Carlson, Director, Community Engaged Research, Children's Mercy

CDR Kimberly Davids, Senior Public Health Advisor for HHS, OASH in Region VII

Dr. Jodi Dickmeyer, General Pediatrician, Children's Mercy, Assistant Professor UMKC School of Medicine, & Director of CHiCoS Bilingual Clinic

Rhonda Erpelding, Early Childhood Consultant, Program Manager, Harvesters

Jen Jutte, Superintendent of Parks – Community Services, KCMO Parks and Recreation

Myesha Kennedy, Public Health Analyst, HRSA

Dr. Joey Lightner, Associate Professor, University of Missouri -Kansas City

Toriano Porter, Kansas City Star

Pastor Adrion Roberson, CEO/Co-Founder, KC United

Dr. Catherine Satterwhite, Regional Health Administrator for HHS, OASH in Region VII Research, Children's Mercy

Malenda Shahane, SVP Digital Marketing Manager, UMB Bank

Alison Smith, Corporate & Community Wellness Coordinator, Johnson County Park & Recreation District

Robyn Stuewe, Wellness Director, Midwest Dairy Council

Simone Taylor, Regional Women's Health Analyst for HHS

Rev. Eric D. Williams, Executive Director, Calvary Community Outreach Network

KC HEALTHY LIFESTYLES COLLABORATIVE

The KC Healthy Lifestyles Collaborative, formerly known as Weighing In, has a long history of convening and connecting partners across the region around the promotion of children's healthy lifestyles. The KC Healthy Lifestyles Collaborative is a program of Children's Mercy that sits within the Center for Children's Healthy Lifestyles & Nutrition and provides 'backbone support' for the KCPA Plan. The KC Healthy Lifestyles Collaborative connects with partner organizations to provide services at all levels of the socio-ecological model, and the KCPA Plan is an extension of this work. The KC Healthy Lifestyles Collaborative staff are listed to the right:

KC HEALTHY LIFESTYLES COLLABORATIVE

Dr. Robin Shook, Director
Shelly Summar, Program Manager
Natalie Updyke, Research Associate
Katy Eighmy, Research Assistant

Former KC Healthy Lifestyles Collaborative Members include: **Bryce Miller**, **Emily Meissen-Sebelius**, **Matthew Kleinmann**, **Elizabeth Wilson**

KANSAS CITY
HEALTHY LIFESTYLES
COLLABORATIVE

THE NATIONAL PHYSICAL ACTIVITY PLAN

OVERVIEW:

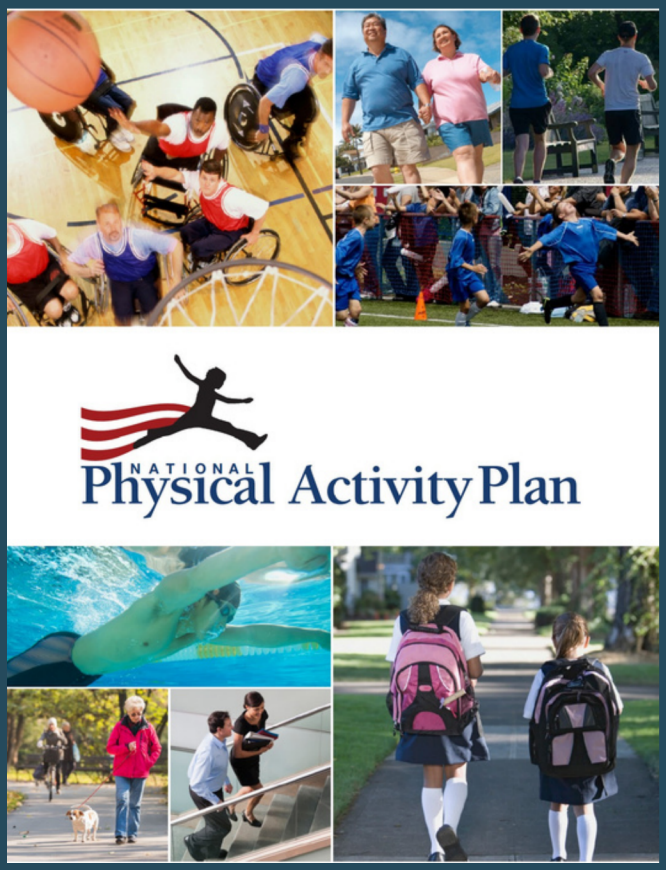
The KCPA Plan is informed by the strategies, tactics, and research found in the National Physical Activity Plan (National PA Plan).

The National PA Plan was developed by a coalition of organizations that came together to form the Physical Activity Alliance, a non-profit organization whose goal is that Americans will be physically active, and can live, work and play in environments that encourage and support regular physical activity.

The National PA Plan was developed through a process that engaged hundreds of professionals, researchers, and leaders from public and private organizations across nine expert panels, each of which focused on one societal sector (for example, healthcare or schools).

Each expert panel reviewed the National PA Plan and recommended enhancements, refinements, and additions to the strategies and tactics for its sector. Public input informed the expert panels' work, which was collected at a National Summit in 2015, and again after a draft of the plan was released in 2016.

The KCPA Plan is informed by the strategies and tactics developed by the National PA Plan .



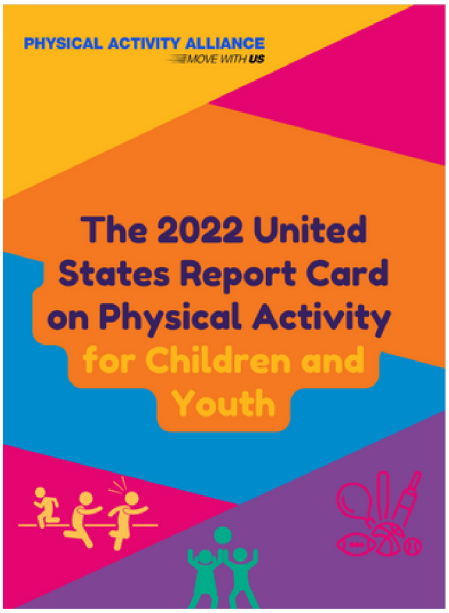
The National PA Plan uses evidence-informed approaches designed to promote physical activity through specific actions taken in each societal sector. Strategies are broad approaches, which are achieved through implementation of specific tactics.

To learn more about the National PA Plan, please visit: **https://paamovewithus.org**

UNITED STATES REPORT CARD

SUMMARY:

The United States Report Card on Physical Activity for Children and Youth (U.S. Report Card) was released in 2022 and is the fourth comprehensive assessment of physical activity in U.S. children and youth. The primary goal of the U.S. Report Card is to assess the levels of physical activity and sedentary behaviors in American children and youth, facilitators and barriers for physical activity, and health outcomes related to physical activity.



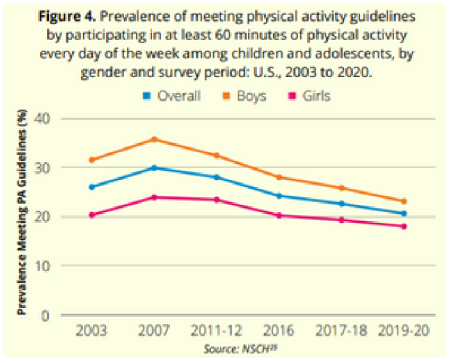
INDICATORS:

The U.S. Report Card assigned grades to nine indicators of physical activity (right). By grading the same physical activity indicators over time, the U.S. Report Card has tracked changes in physical activity among youth (bottom right). Tracking physical activity indicators over time is an important surveillance tactic that allows for an assessment of population-level changes in behavior. The U.S. Report Card is a resource that summarizes health statistics related to physical activity levels among children and youth.

Indicator	Grade
Overall Physical Activity	D-
Active Transportation	D-
Organized Sport Participation	C
Active Play	INC
Sedentary Behaviors	D
Sleep	C+
Physical Fitness	C-
Family and Peers	INC
School	D-
Community and Built Environment	C

PURPOSE:

The U.S. Report Card works as an advocacy tool to provide a level of accountability. It can also serve as a call-to-action for decision-makers regarding ways that parents, teachers, health professionals, community leaders, and policy makers can better support the healthy environments that improve rates of physical activity and the health of all children.



To learn more about the U.S. Report Card, please visit: https://paamovewithus.org/news/2022-u-s-report-on-physical-activity-for-children-and-youth/

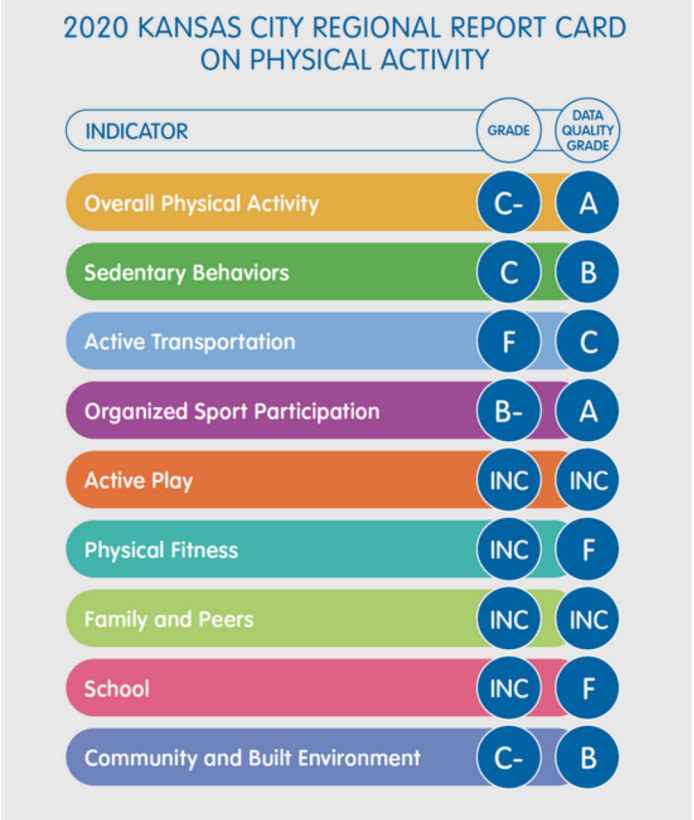
THE KANSAS CITY REPORT CARD ON PHYSICAL ACTIVITY

SUMMARY:

The Kansas City Regional Report Card on Physical Activity for Children and Youth (KCPA Report Card) is part of a comprehensive evaluation on the state of physical activity in the Kansas City metropolitan region. The goal of the KCPA Report Card is to document the rates of physical activity, sedentary behavior, and environmental and policy factors which affect physical activity among children and youth, and to establish an initial report which will be updated regularly. This report supports our overarching priorities on page 4.

The KCPA Report Card is based on the U. S. Report Card, measuring the same nine indicators of physical activity on the same rating scale. The KCPA Report Card also measures the quality of the available data sources. Local data was obtained from publicly available sources between August 2019 and January 2020. In addition, members of the KCPA Plan Core Work Group provided input on indicator and data quality grades.

Like the U.S. Report Card, the KCPA Report Card can be a valuable evaluation tool to monitor local rates of physical activity, track changes over time, and advocate for policies and programs to enhance physical activity in the region.



FINDINGS INCLUDE:

- **Overall physical activity earned a 'C-' as only 42.5% of youth met the recommended levels of physical activity.**
- **The rate of all children living in the Kansas City region and engaged in the recommended amount of physical activity each day has declined from 58% in 2012 to 43% in 2019.**
- **Sports participation earned the highest grade of all indicators ('B-') while active transportation earned the lowest grade ('F').**

To read more from the KCPA Report Card, please visit: **www.kcphysicalactivityplan.org/kcpa-report-card**

THE 2020 KANSAS CITY PHYSICAL ACTIVITY SUMMIT

SUMMARY:

The 2020 Kansas City Physical Activity Summit (KCPA Summit) was held virtually on September 10, 2020 to obtain input from KCPA Plan partners. The half-day event began with welcoming remarks by regional elected officials, including KCMO Council Members Ryana Parks-Shaw and Eric Bunch, and KCKPS School Board President Randy Lopez.

Attendees were also welcomed to the KCPA Summit by Dr. Bill Kohl, the Chair of the National Physical Activity Plan Alliance and a Professor of Epidemiology and Kinesiology at the University of Texas Health Science Center - Houston School of Public Health and the University of Texas, Austin.

The KCPA Summit keynote was delivered by Kelli Cornett, MS, a Health Scientist from the Physical Activity and Health Branch of the Division of Nutrition, Physical Activity, and Obesity at the Centers for Disease Control and Prevention (CDC).

During the KCPA Summit, 115 attendees learned about the current state of physical activity in Kansas City and took part in multiple breakout rooms where conversations were focused around the strategies and tactics of each sector.



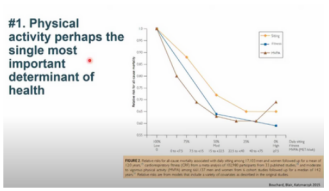


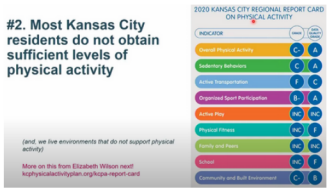


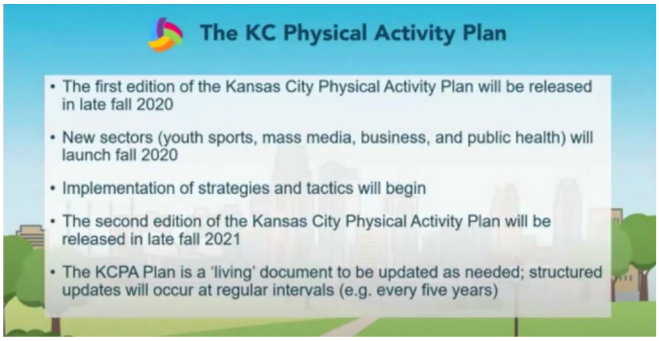












An evaluation of the KCPA Summit can be found in **Appendix C (p. 75).**

The entire KCPA Summit can be watched online at:
www.kcphysicalactivityplan.org/kcpasummit

THE 2022 KANSAS CITY PHYSICAL ACTIVITY SUMMIT

SUMMARY:

On September 29, 2022, the KCPA Plan hosted its second virtual Summit. The 2022 KCPA Summit brought together community leaders and partner organizations from various societal sectors to collaborate on ways to improve rates of physical activity across the Kansas City region. The half-day event began with welcoming remarks by Dr. Robin Shook, Director of the KC Healthy Lifestyles Collaborative at Children's Mercy.

The KCPA Summit keynote was delivered by Dr. Bill Kohl, the National Physical Activity Plan Alliance Chair and a Professor of Epidemiology and Kinesiology at the University of Texas Health Science Center - Houston School of Public Health and the University of Texas, Austin.

During the KCPA Summit, 71 attendees learned about the current state of physical activity in Kansas City. They participated in two breakout sessions around thematic groups: Access to Physical Activity, Physical Activity Policy, Physical Activity Programming, & Physical Activity Professional Development/Education.

Facilitators from Wichita State University's Community Engagement Institute guided breakout room discussions, gathering data points and themes around strengths, opportunities, and barriers. The information collected will be used to identify actionable steps to make our region a healthier place to live.



An evaluation of the KCPA Summit can be found in **Appendix D (p. 77).**

A summary of the breakout rooms along with a full video of the Summit can be found online at:
www.kcphysicalactivityplan.org/kcpa summit

2022 KCPA PLAN SECTOR SPECIAL EVENTS

SUMMARY:

In advance of the 2022 KCPA Summit, six sectors hosted a special event with an individual or organization working within the sector from across the country. Sector speakers served as expert consultants for each group. Presentation topics covered aligned with sector specific strategies, and served as a guide for future implementation projects.

SECTOR EVENTS HIGHLIGHTS :



Early Childhood

Date: Thursday, August 25th
Speaker: Erik Willis, PhD, MPH
Organization: GO NAPSACC



Healthcare

Date: Tuesday, August 30th
Speaker: Lisa Bailey-Davis, DEd, RD
Organization: Geisinger Health System



Parks and Recration

Date: Wednesday, August 31st
Speaker: Maureen Nuemann and Tiff Cunin
Organization: National Recreation and Parks Association



Sport

Date: Wednesday, September 7th
Speaker: Julie McCleery, PhD, M.Ed
Organization: University of Washington



Media and Communications

Date: Tuesday, September 27th
Speaker: CDC Communications
Organization: Active People, Healthy Nations



Schools

Date: Wednesday, September 28th
Speaker: Sean Brock, MEd
Organization: Whole Child Health

# OF ATTENDEES	OVERALL RESPONSE
35	100% Excellent/Good
# OF ATTENDEES	**OVERALL RESPONSE**
19	75 % Excellent/Good 25% Neutral
# OF ATTENDEES	**OVERALL RESPONSE**
14	100% Excellent/Good
# OF ATTENDEES	**OVERALL RESPONSE**
13	100% Excellent
# OF ATTENDEES	**OVERALL RESPONSE**
8	100% Excellent
# OF ATTENDESS	**OVERALL RESPONSE**
31	100% Excellent/Good

A video of each 2022 Sector Sepcial Event can be found online at: www.kcphysicalactivityplan.org/kcpa summit

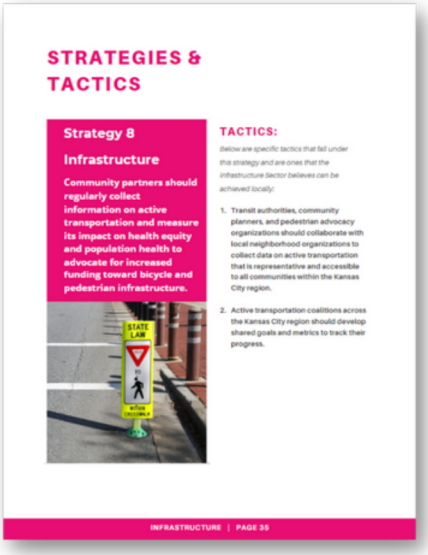
GUIDE TO THE KCPA PLAN

OVERVIEW:

The KCPA Plan is organized into sections by Sector Work Group. Each has a corresponding color for easy reference. The strategies included in the KCPA Plan are numbered in order to make them easier to reference.

While each Sector Work Group had a slightly different planning process, they all included guidance from the National PA Plan and engaged with local sector leaders to form their strategies and tactics. A description of the process can be found in appendix B.







1. Each Sector begins with an **overview** page, which includes a brief description of the Sector and a list of all the strategies identified by that Sector.

2. Each **strategy** is presented using a card format, with a reference image and a list of **tactics** identified by the respective Sector.

3. Each section concludes with guidance on the next steps for each Sector Work Group as they seek to implement the strategies and tactics of the KCPA Plan.

SCHOOLS

SECTOR OVERVIEW:

School is the central focus of daily life for most children in the Kansas City region. On average, about half of children's physical activity occurs at school. Yet, the amount of physical activity children obtain at school can vary drastically across schools. Thus, children who accrue little physical activity at school often have low overall levels of physical activity.

The school setting can play a significant role in public health initiatives related to physical activity. School-based personnel, such as teachers, administrators, and other staff, as well as education decision makers and policy leaders can significantly affect the development and delivery of comprehensive physical activity programming that impacts all students.

The goals of the Schools Sector are to increase adoption of programs and policies rooted in best practices and increase access to physical activity and quality physical education in schools. For the KCPA Plan, the Schools Sector has chosen to focus on three specific strategies from the National PA Plan.



The Schools Sector co-leads are Robyn Stuewe from Midwest Dairy and Christine Scharenberg from Kansas City, KS Public Schools. The Sector was formerly led by Michelle Dake from KC Healthy Kids, with assistance from Stephanie Dickson, physical education instructor.

STRATEGIES:

1. **States, regional partners, and schools should support adoption of the Comprehensive School Physical Activity Program model.**
2. **States, regional partners and schools should provide training and professional development to prepare educators to deliver effective physical activity programs for all students .**
3. **Schools and regional partners should develop and advocate for policies that promote physical activity among all students.**

STRATEGIES & TACTICS

Strategy 1

Schools

States, regional partners, and schools should support adoption of the Comprehensive School Physical Activity Program model.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Schools Sector believes can be achieved locally:

1. **Support schools in adopting and implementing the Comprehensive School Physical Activity Program (CSPAP) model through state and regional training, resources, family engagement and advocacy.**

2. **Provide professional development on the CSPAP model at the state, regional, district, and school levels.**

3. **Support schools in adopting regional high priority best practices from the CSPAP model, related to active transportation (Safe Routes to School) and increased student physical activity throughout the school day (activity breaks, activity clubs, quality PE instruction and assessment).**

STRATEGIES & TACTICS

Strategy 2

Schools

States, regional partners and schools should provide training and professional development to prepare educators to deliver effective physical activity programs for all students.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Schools Sector believes can be achieved locally:

1. **Prepare physical education teachers to assume the role of school physical activity director, in order to coordinate programs that are consistent with the CSPAP model.**

2. **Provide school staff with professional development on provision of physical activity programs that are safe, developmentally and culturally appropriate, and support equitable opportunities for physical activity for all students.**

3. **Prioritize professional development related to physical activity breaks, PE instruction and assessment, and active transportation (regional high priority best practices from the CSPAP model).**

STRATEGIES & TACTICS

Strategy 3

Schools

Schools and regional partners should develop and advocate for policies that promote physical activity among all students.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Schools Sector believes can be achieved locally:

1. **Advocate for the enactment of federal and state policies that establish physical education as a component of a well-rounded education.**
2. **Encourage policy makers to establish state-wide policies in Kansas that require elementary schools to provide daily recess to all students.**
3. **Encourage policy makers to strengthen state-wide policies in Missouri that require elementary schools to provide daily recess to all students.**
4. **Support adoption of policies requiring that students at all levels be given physical activity breaks during the school day.**
5. **Educate administrators and other key stakeholders about the beneficial effects of physical activity on learning and lifelong health.**

NEXT STEPS



In order to put the strategies and tactics of the KCPA Plan into practice, the Schools Sector identified action-oriented steps for the group to accomplish to move the work forward:

- Advocate for the adoption of the Comprehensive School Physical Activity Program (CSPAP) model and include technical assistance to implement it, and support Complete Street policies, especially around schools.

- Coordinate efforts across the geographic area. Feedback should be sought from school administrators, teachers, and parents along with organizations supporting physical activity, to identify what programs or practices are happening and might make sense to implement in different settings. Options to consider include establishing physical activity clubs at school, including physical activity in before/after school programs, establishing a Walking School Bus, conducting walk audits to support Safe Routes to School, etc.

- Encourage participation in activities that increase school physical activity opportunities including joining school wellness committees, leading, or volunteering at walk or bike-to-school initiatives, etc.

- Educate teachers, administrators, policymakers, and parents on the importance of ensuring adequate physical activity at school. This can be done through professional development and family engagement activities and trainings. Prioritize training designed to increase physical activity. Topics should include how to implement brain breaks throughout the school day, quality physical education, the impact of physical activity on academic performance, the connection between mental health and physical activity, along with other topics.

- Compile resources and/or create documents for professional and public use. Resources should include information related to advocacy, the importance and benefits of physical activity, ways to increase physical activity, and physical activity resources in the area. As the resources are compiled, tools should be identified to improve dissemination of the resources and gather feedback on what might be missing.

Next Steps continue on next page >>>

NEXT STEPS

NEXT STEPS (CONTINUED):



Ogoing engagement of school and community voices continues to be a goal for the group. These steps require a concerted effort to move forward. The sector identified two implementation groups to advance the efforts: 1) establishing an annual task force to promote Bike Month in May and Walk to School month in October in conjunction with other local groups, and 2) identifying professional development opportunities and topics.

The Schools Sector meets monthly where updates from the implementation groups are shared and discussion around other opportunities for action takes place. Anyone is welcome to join the meetings. All information can be found in the KCPA Plan website at kcphysicalactivityplan.org

EARLY CHILDHOOD



SECTOR OVERVIEW:

Targeting children from birth through age five, the Early Childhood Sector has the opportunity to intervene during a critical window of child development. Most young children spend time in care outside of their homes, making the early care and education (ECE) setting an important focus for physical activity promotion, policy and environmental change.

Early childhood providers play a critical role in creating policies and enacting best practices for physical activity in young children, as well as engaging families in physical activity opportunities.

Strategies and tactics for the Early Childhood Sector mirror the National PA Plan, with an emphasis on opportunities that align with state and regional quality improvement and training efforts. In addition, the group highlighted family engagement and included it as a stand-alone strategy that complements those from the National PA Plan.

The Early Childhood Sector is led by early childhood consultant and Harvesters Program Manager, Rhonda Erpelding, with assistance from Lori Lanter, from Child Care Licensing at the Unified Government Public Health Department.

STRATEGIES:

4. **State and regional partners should adopt standards for early childhood education (ECE) settings to ensure that children are appropriately physically active .**
5. **State and regional partners should provide professional development to ensure effective implementation of physical activity standards and best practices .**
6. **State and regional partners should share and promote high priority best practices for physical activity in ECE settings .**
7. **Early childhood providers should include physical activity resources and opportunities within family engagement efforts at the regional or program levels.**

STRATEGIES & TACTICS

Strategy 4

Early Childhood

State and regional partners should adopt standards for early childhood education (ECE) settings to ensure that children are appropriately physically active.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Early Childhood Sector believes can be achieved locally:

1. **Partner with ECE providers to identify high-priority model physical activity licensing standards.**

2. **Create evidence-based documents for professional and public use in advocating for childcare licensing regulations and early learning standards to include model physical activity standards.**

3. **Advocate for childcare licensing regulations to include model physical activity standards.**

STRATEGIES & TACTICS

Strategy 5

Early Childhood

State and regional partners should provide professional development to ensure effective implementation of physical activity standards and best practices.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Early Childhood Sector believes can be achieved locally:

1. **Collaborate with regional partners to provide ongoing professional development about physical activity in ECE settings that aligns with best practices and standards.**

2. **Advocate to include professional development on physical activity in state licensing regulations, and work with state partners to ensure accessible and appropriate training exists in the region.**

3. **Advocate for regional and state trainings to include technical assistance / coaching, curriculum and ongoing supports for ECE settings to implement best practices and standards.**

STRATEGIES & TACTICS

Strategy 6

Early Childhood

State and regional partners should share and promote high priority best practices for physical activity in ECE settings.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Early Childhood Sector believes can be achieved locally:

1. **Compile and disseminate documents that present examples of regional priority best practices, including rationale and implementation recommendations by age group.**

2. **Collaborate with state and regional partners to promote and expand ECE program participation in quality initiatives that support physical activity best practices (such as Missouri Move Smart, Kansas Child Care Quality Improvement Support Services, and Missouri and Kansas Go NAPSACC initiatives).**

3. **Incorporate physical activity best practices within regional and state quality initiatives (such as Mid-America Regional Council's [MARC] Early Learning Profile Program, state quality rating systems, and state early learning standards).**

STRATEGIES & TACTICS

Strategy 7

Early Childhood

Early childhood providers should include physical activity resources and opportunities within family engagement efforts at the regional or program levels.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Early Childhood Sector believes can be achieved locally:

1. **Discuss physical activity with families as part of existing family health assessments or goal setting in settings such as Head Start, home visiting, WIC, or healthcare visits.**

2. **Collaborate across sectors to ensure families have connections to resources and strategies for physical activity.**

3. **Include physical activity within existing family engagement efforts in ECE settings (i.e., parent cafes, family events, family education, parent councils, etc.).**

NEXT STEPS



The current strategies and tactics reflect the Early Childhood Sector Work Group's discussions about how each strategy connects to a comprehensive approach. The group talked about the importance of building toward state level licensing changes, a long-term policy and systems goal, by investing in ongoing professional development that includes curriculum, technical assistance and coaching, and supports for implementation.

Through discussions, the group emphasized that all age ranges, including infants and toddlers, should be included. In addition, the group recognized that screen time standards and best practices can be important for increasing physical activity through decreased sedentary time and are included in the definition of physical activity standards and best practices.

The group emphasized approaches that align with and build upon current federal and state investments in ECE health and wellness, such as state initiatives for the Go NAPSACC assessment and supports and the MO Move Smart designation.

The group identified family engagement as a critical stand-alone strategy, as well as the importance of weaving it into other strategies for standards and best practices. Emphasis was placed not only on family engagement, but deeper ECE provider engagement as well, particularly as ECE programs return to normal following the pandemic.

In order to move the work forward, two implementation groups were established, one related to resources and the second to track the impact. The Resources group is working to identify resources for providers and families to promote physical activity in children birth to five years of age and the best way to disseminate them. The Tracking the Impact group is reviewing reports specifically from Go NAPSACC to identify gaps and opportunities to better meet the need of ECE providers and the families they serve and how to measure the impact.

Additional next steps include a focus on ECE provider engagement in designing implementation plans and supports to move the KCPA Plan strategies into action. This includes coordination with regional and state professional development efforts and best practices programs that can be leveraged in the region.

INFRASTRUCTURE

SECTOR OVERVIEW:



A community's built environment can greatly impact a person's ability to be physically active. Whether going on a bicycle ride or walking to the grocery store, infrastructure can encourage or limit physical activity. Done poorly, it can also serve as a barrier that prevents children and adults from getting their recommended amount of physical activity each day.

The Infrastructure Sector represents three overlapping societal sectors called for by National PA Plan: Transportation, Land Use and Community Design.

The Infrastructure Sector also recognizes that public-facing community engagement is critical due to the sensitive context and concerns around sustainability for infrastructure improvements.

STRATEGIES:

8. **Community partners should regularly collect information on active transportation and measure its impact on health equity and population health to advocate for increased funding toward bicycle and pedestrian infrastructure.**
9. **Transportation and public health agencies should work to implement initiatives to encourage, reward, and require more walking, bicycling, and transit use for routine transportation.**
10. **Community planners should integrate active design principles into land-use, transportation, community, and economic development planning processes.**

STRATEGIES & TACTICS

Strategy 8

Infrastructure

Community partners should regularly collect information on active transportation and measure its impact on health equity and population health to advocate for increased funding toward bicycle and pedestrian infrastructure.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Infrastructure Sector believes can be achieved locally:

1. **Transit authorities, community planners, and pedestrian advocacy organizations should collaborate with local neighborhood organizations to collect data on active transportation that is representative and accessible to all communities within the Kansas City region.**

2. **Active transportation coalitions across the Kansas City region should develop shared goals and metrics to track their progress.**

STRATEGIES & TACTICS

Strategy 9

Infrastructure

Transportation and public health agencies should work to implement initiatives to encourage, reward, and require more walking, bicycling, and transit use for routine transportation.



TACTICS

Below are specific tactics that fall under this strategy and are ones that the Infrastructure Sector believes can be achieved locally:

1. **Invite community participation to provide feedback on ways to improve existing infrastructure through short-term physical activity events.**

2. **Prioritize neighborhood connectivity and walkability for seniors and youth through small neighborhood parks.**

3. **Invite neighborhood seniors and youth to participate in infrastructure planning efforts through the use of walking guides and toolkits to better assess existing conditions and advocate for improvements.**

STRATEGIES & TACTICS

Strategy 10

Infrastructure

Community planners should integrate active design principles into land-use, transportation, community, and economic development planning processes.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Infrastructure Sector believes can be achieved locally:

1. **Prioritize the implementation of existing infrastructure plans that can improve public health.**

2. **Create safe opportunities for physical activity by connecting vacant lots, infrastructure maintenance, and road safety to create beautiful places to walk within existing neighborhoods.**

NEXT STEPS



The Infrastructure Sector is committed to ensuring equitable access to amenities that support physical activity throughout the Kansas City region. This sector initially met in conjunction with the Parks and Recreation Sector. The sector is currently engaging new sector leads to relaunch the Infrastructure Sector as an independent sector.

Once established, the new sector leads will continue the sector's work to increase physical activity levels through the built environment with guidance from the sector's strategies and tactics.

PARKS AND RECREATION



SECTOR OVERVIEW:

The Parks and Recreation Sector emphasizes accessible facilities, spaces, and services that are available at low or no cost to residents.

This sector includes the environments, programs, and services that are provided by non-profit and local government, such as community centers, public parks, trails, and open spaces. The priorities of the Parks and Recreation Sector Work Group benefit all ages and populations across the Kansas City region.

Opportunities for alignment exist both within the group and with other sectors. Alignment can also be found through ongoing community health initiatives that prioritize equitable access to parks and trails.

The Parks and Recreation Sector Work Group is led by Jen Jutte from KCMO Parks and Recreation and Alison Smith from Johnson County Park and Recreation District.

STRATEGIES:

11. **Parks departments, recreation centers, and community partners should develop new park programs that support physical activity opportunities for all residents.**
12. **Parks departments and community partners should track the participation in community-based physical activity programs to better engage with all audiences.**
13. **Parks and recreation, business and community organizations should advocate for sustainable funding to improve the availability of safe, clean, and affordable physical activity for all residents.**

STRATEGIES & TACTICS

Strategy 11

Parks and Recreation

Parks departments, recreation centers, and community partners should develop new park programs that support physical activity opportunities for all residents.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Parks and Recreation Sector believes can be achieved locally:

1. **Build cross-sector partnerships to promote physical activity in public parks.**

2. **Reimagine public parks as a "third choice" amenity, where they are recognized as welcoming alternative places for families and communities to gather, other than their work or home.**

3. **Engage with local, environmental conservation organizations and invite them to be partners in increasing physical activity in parks.**

STRATEGIES & TACTICS

Strategy 12

Parks and Recreation

Parks departments and community partners should track the participation in community-based physical activity programs to better engage with all audiences.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Parks and Recreation Sector believes can be achieved locally:

1. **Collect data through the use of innovative tools, with a focus on specific areas and community groups.**

2. **Use data to better engage with audiences and highlight the purpose or mission of the organization through storytelling.**

STRATEGIES & TACTICS

Strategy 13

Parks and Recreation

Parks and recreation, business and community organizations should advocate for sustainable funding to improve the availability of safe, clean, and affordable physical activity for all residents.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Parks and Recreation Sector believes can be achieved locally:

1. **Build partnerships between parks and recreation organizations and local businesses and health organizations to attract sustainable funding sources.**

2. **Connect parks with neighborhoods through sidewalk infrastructure investments.**

3. **Highlight the disparity in amenities between neighborhood parks and promote more equitable investment strategies.**

NEXT STEPS



The Parks and Recreation Sector initially met in conjunction with the Infrastructure Sector, separating in 2022 to focus on individual strategies and tactics. The group continues to meet monthly, building partnerships with community organizations to promote equitable access to parks and recreation amenities that support a healthy lifestyle throughout the Kansas City region. The group identified the need for more inclusivity in park programming so that participants of all abilities and in all Kansas City neighborhoods can conveniently use park and recreation facilities.

Ongoing discussions have also reflected the evolution of how park programs and improvements can best serve their users. The group recognized the need to address the decline in youth sport participation by focusing on hosting sports sampling programs. An opportunity exists for other Sector Work Groups to engage with Parks and Recreation to give feedback and help guide how new programs offered in parks operate and are evaluated.

FAITH-BASED SETTINGS



SECTOR OVERVIEW:

The Faith-Based Settings Sector is designed to encompass diverse religious organizations, including religious congregations or houses of worship, organized religious denominations, faith-based social service agencies, and faith-based charities. The inclusive mission of faith-based settings, combined with their broad reach across diverse communities, makes religious congregations well-positioned to play an important role in improving rates of physical activity.

Like worksites and schools, faith-based organizations have unique social systems, physical environments, communications, policies and practices, and health-related goals that make them conducive to promoting physical activity.

The Sector Leads include Rev. Eric Williams from the Calvary Community Outreach Network, and Carole Bowe Thompson from the Health Equity Institute at UMKC. Anyone serving in a faith-based setting and interested in improving health through physical activity is invited to join.

STRATEGIES:

14. **Faith-based organizations should identify effective uses of their health ministries to promote physical activity.**

15. **Faith-based organizations should establish cross-sector partnerships to promote and deliver physical activity programs consistent with and tailored for diverse groups of constituents aligning with their values, beliefs, and practices.**

16. **Faith-based organizations should create long-term plans that include promoting physical activity programs for their congregation and residents in communities they serve.**

17. **Faith-based organizations should identify and/or develop marketing materials to better understand the importance of physical activity that are tailored to the congregants and communities they serve .**

18. **Physical activity and public health organizations should develop and maintain an electronic resource of proven and well established (evidence-based and best practice) physical activity programs for faith-based organizations to access for reference and implementation.**

STRATEGIES & TACTICS

Strategy 14

Faith-Based Settings

Faith-based organizations should identify effective uses of their health ministries to promote physical activity.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Faith-Based Settings Sector believes can be achieved locally:

1. **Identify the individuals and groups who will lead implementation of physical activity promotion strategies in faith-based settings.**

2. **Establish, if necessary, health ministries that are consistent with the faith community's religious beliefs to promote physical activity among the faith community.**

3. **Create an environment supportive of physical activity by delivering proven and well-established (evidence-based and best practice) physical activity messaging and programs that are consistent with the faith community's religious beliefs.**

STRATEGIES & TACTICS

Strategy 15

Faith-Based Settings

Faith-based organizations should establish cross-sector partnerships to promote and deliver physical activity programs consistent with and tailored for diverse groups of constituents aligning with their values, beliefs, and practices.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Faith-Based Settings Sector believes can be achieved locally:

1. **Foster relationships between collaborators to engage in equitable and trustworthy partnerships.**

2. **Collaborate with local healthcare delivery systems, academic institutions (e.g., undergraduate and graduate kinesiology programs, public health) and other local faith-based organizations to develop and implement inclusive physical activity programs and to provide technical assistance and expertise when requested.**

3. **Support planning and implementation of physical activity programs that use existing infrastructures, such as ministerial organizations and interfaith coalitions.**

STRATEGIES & TACTICS

Strategy 16

Faith-Based Settings

Faith-based organizations should create long-term plans that include promoting physical activity programs for their congregation and residents in communities they serve.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Faith-Based Settings Sector believes can be achieved locally:

1. **Train and prepare clergy and ministry leaders to see the value of and advocate for physical activity planning in their faith-based organizations and in communities they serve.**

2. **Communicate with clergy and ministry leaders regarding the importance of incorporating physical activity into existing programs.**

3. **Support existing health ministries and meeting groups already present in faith-based organizations, such as youth, women's, and men's groups who seek to promote and incorporate physical activity.**

STRATEGIES & TACTICS

Strategy 17

Faith-Based Settings

Faith-based organizations should identify and/or develop marketing materials to better understand the importance of physical activity that are tailored to the congregants and communities they serve.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Faith-Based Settings Sector believes can be achieved locally:

1. **Develop materials that link physical activity programs to other activities, such as prayer and study groups.**

2. **Encourage clergy leaders, including existing cross-faith organizations and committees, to incorporate religiously and culturally tailored physical activity messages in their communications.**

3. **Support the development of messages from all religions and denominations that demonstrate how scripture, religious doctrine, and practices can support and encourage engagement in physical activity and other positive health behaviors.**

STRATEGIES & TACTICS

Strategy 18

Faith-Based Settings

Physical activity and public health organizations should develop and maintain an electronic resource of proven and well established (evidence-based and best practice) physical activity programs for faith-based organizations to access for reference and implementation.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Faith-Based Settings Sector believes can be achieved locally:

1. **Identify proven and well-established (evidence-based and best practice) physical activity resources in collaboration with faith-based leaders and lay community members for faith-based organizations to access electronically.**

2. **Promote the electronic resource to existing faith-based organizations through social media, email lists, and other outlets.**

3. **Support faith-based organizations to implement physical activity programs at multiple levels, including individual, family, faith-based organization, and community.**

NEXT STEPS



After determining the strategies and tactics for this sector to include in the KCPA plan, the group paused meetings as Faith-based leaders worked to respond to the immediate needs of their congregations during the COVID-19 pandemic. Before breaking, the group identified Strategies 14, 15, and 17 on which to prioritize efforts. In doing so, the next steps when the sector meets again will be to:

1.Identify efforts currently taking place in the faith-based settings that align with sector strategies to promote physical activity.

2.Identify how this group can collaborate across sectors to achieve success in meeting the needs of the prioritized strategies.

Updates and information on when meetings will resume can be found at www.kcphysicalactivityplan.org.

HEALTHCARE

SECTOR OVERVIEW:

The goal of the Healthcare Sector is to increase physical activity among the Kansas City population. The Healthcare Sector Work Group has a unique opportunity to reach many patients and families throughout the Kansas City region to promote physical activity and healthy lifestyle choices through in-person and TeleHealth visits with healthcare professionals.

Successful implementation of the Healthcare Sector plan will require healthcare systems, practicing healthcare providers and learners to recognize, embrace, and adopt physical activity promotion as a key strategy to improve population health and reduce the overall financial burden of healthcare.

The Healthcare Sector is led by Dr. Jodi Dickmeyer, a pediatrician at Children's Mercy in the Primary Care Clinics, and Dr. Jay Roberson, a physician at Children's Mercy in Sports Medicine. The patients and families we serve will be the priority for the Healthcare Sector Work Group, and anyone interested in addressing physical activity in healthcare settings is invited to join in this work.



STRATEGIES:

19. **Healthcare systems should partner with other sectors to promote access to evidence-based physical activity-related services and to reduce health disparities.**
20. **Healthcare systems should increase the priority of physical activity assessment, advice, and promotion.**
21. **Healthcare providers and professional societies should recognize that physical inactivity and insufficient physical activity are treatable and preventable conditions with profound health and cost implication.**
22. **Universities, post-graduate training programs, and professional societies should include basic physical activity education in the training of all healthcare professionals.**

STRATEGIES & TACTICS

Strategy 19

Healthcare

Healthcare systems should partner with other sectors to promote access to evidence-based physical activity-related services and to reduce health disparities.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Healthcare Sector believes can be achieved locally:

1. **Develop partnerships with community organizations to promote safe and equitable access to opportunities to walk, bicycle, swim, and play outdoors and access to active transportation to expand opportunities for recreational activity.**

2. **Partner with other sectors and providers of community physical activity services to form referral networks that increase opportunities for physical activity and ensure equal access of their patients to community resources.**

3. **Reduce financial barriers to use of community physical activity services by including reimbursement and/or sponsorship to community providers as part of healthcare benefit packages, including funding of programs likely to reach diverse populations in the community and subgroups with lowest levels of physical activity.**

4. **Support the capacity of school-based health clinics and programs to promote physical activity.**

STRATEGIES & TACTICS

Strategy 20

Healthcare

Healthcare systems should increase the priority of physical activity assessment, advice, and promotion.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Healthcare Sector believes can be achieved locally:

1. **Make it a normal practice to assess and discuss physical activity at every routine patient encounter and document it in the patient's chart.**

2. **Integrate a physical activity plan into every routine patient encounter and document it in the patient's chart.**

3. **Encourage healthcare professionals to be role models for active lifestyles for patients.**

STRATEGIES & TACTICS

Strategy 21

Healthcare

Healthcare providers and professional societies should recognize that physical inactivity and insufficient physical activity are treatable and preventable conditions with profound health and cost implications.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Healthcare Sector believes can be achieved locally:

1. **Expand the evidence on the cost-effectiveness of promoting physical activity in inactive patients with and without chronic disease, including evidence on the effect of therapeutic physical activity for existing conditions on patient outcomes and costs of care.**

2. **Embed physical activity promotion in clinical guidelines where sufficient evidence exists for both positive health and cost outcomes.**

3. **Ensure that priority is given to treatment of physical inactivity in population groups with the lowest levels of physical activity.**

STRATEGIES & TACTICS

Strategy 22

Healthcare

Universities, post-graduate training programs, and professional societies should include basic physical activity education in the training of all healthcare professionals.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Healthcare Sector believes can be achieved locally:

1. **Include basic physical activity education during assessment, brief counseling, and referrals as part of the required curriculum in medical school.**
2. **Foster health professional student interest in physical activity.**
3. **Provide an array of evidence-based curricular resources to support physical activity education throughout all health professional training**
4. **Include physical activity content in continuing education professional development for all health professionals.**

NEXT STEPS



Since finalizing the strategies and tactics for the sector, this group has continued to meet monthly. Three Implementation groups were established to move the strategies into action. The Implementation groups are: 1) Just Walk; 2) Curriculum; and 3) Billing and Reimbursement.

The **Just Walk Implementation group** aligns with strategy 20, tactic three. This group plans and hosts regular walks in conjunction with the Walk with a Doc (WWAD) program. WWAD was started in 2005 by a cardiologist to encourage his patients to be more active. The Just Walk program which sits within WWAD, is a free program open to the public. Each walk starts with a 5–10-minute information/education session on a health-related topic from a healthcare professional. Participants then engage in exercise (the walk) while having meaningful conversations (social connection) while enjoying nature. Walks are hosted in Kansas and Missouri. The group meets monthly to plan the walks and coordinate with other walks in the Kansas City region. The vision of the group is that a walk would take place at multiple sites across the metro making it convenient for anyone to attend.

To find out more details about the walks, please visit:

https://walkwithadoc.org/join-a-walk/locations/kansas-city-kansas/
or
https://walkwithadoc.org/join-a-walk/locations/kansas-city-missouri-cmh/

The **Curriculum Implementation group** aligns with strategy 22, all tactics. This group is focused on bringing lifestyle medicine curriculum to local health professional schools. The group has identified the Lifestyle Medicine Education Collaborative (LMEd) as a potential source of curriculum and resources to advance this strategy. The group meets monthly finding ways to align curriculum efforts, coordinate with health professional schools to determine how to incorporate lifestyle medicine into curriculum, and to identify pilot projects.

The **Billing and Reimbursement** Implementation group aligns with strategy 21, tactic one. The group is looking at how to use existing codes related to physical activity, better understand the mechanisms for reimbursement used for billing related to Remote Patient Monitoring, and identify ways to include questions related to physical activity and screen time in well visits.

The group continues to expand diversity among the participants of the workgroup to include a broad range of generalists as well as subspecialists including adult and pediatric providers. Anyone is welcome to join the meetings. All information can be found on the KCPA plan website at kcphysicalactivityplan.org.

SPORT

SECTOR OVERVIEW:

As stated in the National Physical Activity Plan, sports represent a 'powerful opportunity to make transformative progress in youth and adult physical activity and health in the United States.' More than 200 million youth and adults participate in some form of sports including traditional organized sports to casual and unstructured play, representing an important source of regular physical activity. In our region, 60.1% of children and youth played on at least one sports team in the past year (KC Physical Activity Report Card for Children and Youth, 2020). Sports also provide many benefits beyond health, including advancing health equity, supporting child development, accelerating inclusion, stimulating economic growth, and making important cultural contributions.

At the same time, the sports experience is not the same for all. Some youth find multiple barriers related to participation, while others are inactive during practice. Some become injured during sports while others have negative experiences. Some do not have safe places for free or unstructured play, while others simply have no opportunities for participation.



Sport

These disparities in the sports experience have only been exacerbated during the COVID-19 pandemic, with sports participation (including competition, practices, and free play) decreasing by 2.5 hours/week for families earning less than $99,000/year while increasing 1.2 hours/week for families earning more than $100,000/year compared to pre-pandemic levels (Aspen Institute, COVID-19 Parenting Survey III, April 2021).

The Sport sector is co-led by Pastor Adrion Roberson from KC United and Bill Brandmeyer from Sharewaves, Inc.

Strategies continue on next page >>>

SPORT

SECTOR OVERVIEW CONTINUED:

STRATEGIES:

23. Leaders in multiple sectors should expand access to recreational spaces and quality sports programming while focusing on eliminating disparities in access based on race, ethnicity, gender, disability, socioeconomic status, geography, age, and sexual orientation.

24. Sports organizations should adopt policies and practices that promote physical activity, health, participant growth, and development of physical literacy.

25. Coaches, game officials, parents, and caregivers should create safe and inclusive environments for sports participation that promote physical activity and health for youth and adult participants.

26. Sports organizations should collaborate to establish a regional policy that emphasizes the importance of sports as a vehicle for promoting and sustaining a physically active population.

27. Sports organizations should establish a regional entity that can serve as a central resource to unify and strengthen stakeholders in the sports sector.

28. Sports organizations should ensure that sports programs are conducted in a manner that minimizes risk of sports-related injuries and illnesses.

29. Public health agencies, in collaboration with sports organizations, should develop and implement a comprehensive surveillance system for monitoring sports participation in all segments of the population.

30. Sports organizations should use advances in technology to enhance the quality of the sport experience for participants.

STRATEGIES & TACTICS

Strategy 23

Sport

Expand access to recreational spaces and quality sports programming while focusing on eliminating disparities.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Sport Sector believes can be achieved locally:

1. **Use data to identify populations who are at risk of physical inactivity, understand their specific barriers, and devise targeted initiatives to reduce disparities.**
2. **Prioritize community-based, affordable forms of organized play, such as in-town leagues. Continue offering these formats into and beyond adolescence.**
3. **Create opportunities for free and loosely supervised play.**
4. **Incorporate sports activities into before- and after-school programming.**

STRATEGIES & TACTICS

Strategy 24

Sport

Adopt policies and practices that promote overall health, physical health, and mental health, as well as participant growth, and development of physical literacy.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Sport Sector believes can be achieved locally:

1. Increase awareness about the need for parents/caregivers (and others who can advocate for children) to encourage sport sampling, where youth play multiple sports, including formal and informal sports, to ensure increased levels of physical activity. Allow youth to self-select and experience a variety of sports.

2. Support parents/caregivers in efforts to demand that all youth sports facilities and equipment are safe and that leagues adopt the guidelines established by the United States Olympic Committee's SafeSport program, and require all coaches to take the SafeSport training course.

3. Develop and promote educational resources outlining factors related to parental/caregiver behavior that affects the development of youth athletes, including creating a positive environment, being a good role model, goal setting, good sportsmanship, and the importance of sustained physical activity levels.

4. Align coaching accreditations and curricula with best practices.

5. Use mandates and incentives to increase the number of coaches trained in key competencies, including basic safety and immediate care and sport-specific rules.

STRATEGIES & TACTICS

Strategy 25

Sport

Create safe and inclusive environments for sports participation that promote physical activity and health for youth and adult participants.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Sport Sector believes can be achieved locally:

1. **Identify and reward sport organizations that foster sports models that are inclusive of groups that are underserved by traditional sports programs.**

2. **Establish pricing models and sport season timelines that encourage multi-sport participation.**

3. **Identify and disseminate evidence-based practices that prioritize moderate- to vigorous-intensity physical activity for all participants during practices and games.**

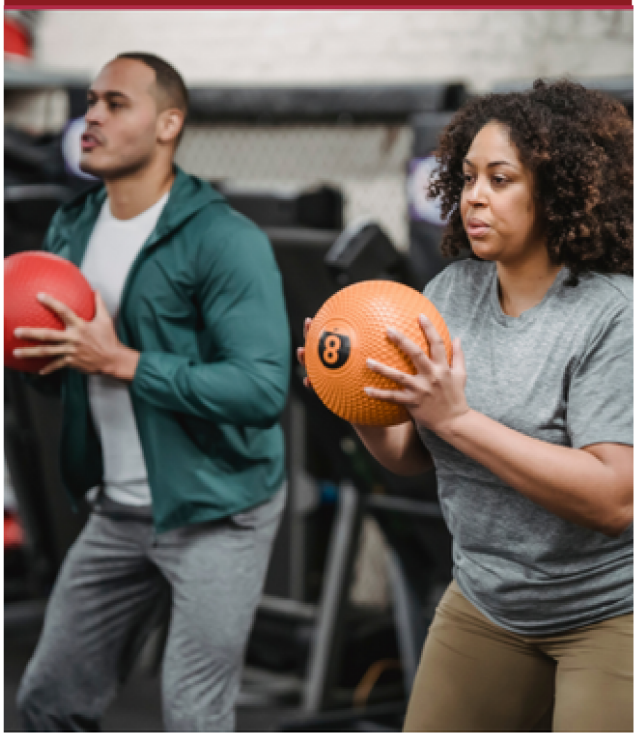
4. **Embrace developmentally appropriate forms of play, through frameworks such as the U.S. Olympic Committee's American Development Model. (SP-4.4)**

STRATEGIES & TACTICS

Strategy 26

Sport

Establish a regional policy that emphasizes the importance of sports as a vehicle for promoting and sustaining a physically active population.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Sport Sector believes can be achieved locally:

1. **Engage public agencies and private organizations from multiple sectors in the development of a regional policy on sport.**
2. **Build support for the development of a regional policy on sport by increasing awareness of the importance of such a policy among key stakeholders.**
3. **Identify an organization, either public or private, that will "house" a regional policy on sport.**

STRATEGIES & TACTICS

Strategy 27

Sport

Establish a regional entity to serve as a central resource to unify and strengthen stakeholders in the sports sector.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Sport Sector believes can be achieved locally:

1. **Build awareness, among sport organizations, of the value of "backbone" entities which leverage and coordinate resources across affiliated organizations.**

2. **Engage sport organizations that currently play a coordinating role (e.g., the U.S. Olympic Committee) in the process of developing an entity that provides broad leadership for the sport sector.**

3. **Develop a funding mechanism for an entity that serves as a central resource for stakeholders in the sport sector.**

STRATEGIES & TACTICS

Strategy 28

Sport

Ensure that sports programs are conducted in a manner that minimizes risk of sports-related injuries and illnesses.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Sport Sector believes can be achieved locally:

1. **Establish policies and practices that ensure sports programs put the highest priority on the health and safety of participants.**
2. **Educate parents, athletes, coaches, teachers, and others about the signs and symptoms of sports injuries and conditions (e.g., brain injury, heat illness, and exertional sickling).**
3. **Ensure that sports equipment, uniforms, playing surfaces, and environmental conditions are checked for safety and best conditions.**
4. **Encourage the importance of collaboration with medical professionals to ensure safe outcomes during play.**

STRATEGIES & TACTICS

Strategy 29

Sport

Develop and implement a comprehensive surveillance system for monitoring sports participation in all segments of the population.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Sport Sector believes can be achieved locally:

1. **Develop and implement a roadmap that will lead to the establishment of a comprehensive National Surveillance Collaborative for Sports, Physical Activity, and Health in the United States for all populations. The aim of the Collaborative will be to expand the use of data made available to, translated for, and used by all stakeholders to design and improve sports programs at all levels.**

2. **Create a regional survey tool that measures the overall experience of participants.**

STRATEGIES & TACTICS

Strategy 30

Sport

Sports organizations should use advances in technology to enhance the quality of the sport experience for participants.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Sport Sector believes can be achieved locally:

1. Leverage emerging technologies - in collaboration with recreational, competitive, and elite sport organizations - to connect all people with the full array of sports and recreation options in their geographic communities for people of all abilities and levels of physical activity.

2. Make advances in sports technology more widely known and available to all.

3. Use technological resources to identify or create tools and apps that can produce customizable surveys for teams and leagues to use to better understand the sport experience of their participants.

4. Use technological innovation to promote physical activity to spectators and fans of sports at events.

5. Create a national coordinating network of leaders and hubs focused on promoting existing and future technological innovation that can increase participation in quality sports programs and enhance the quality of the sport experience for participants.

NEXT STEPS



The current strategies and tactics reflect the Sport Sector's prioritization of equitable access to sport opportunities for all. Other areas of emphasis identified are creating safe environments and policies for sport participation and implementing a monitoring system for sport participation. They also acknowledge the most effective way to improve sport opportunities in Kansas City will be achieved through substantial collaborative efforts across the region. Since developing the strategies and tactics, the group has continued to meet once a month to discuss action steps and implementation projects to continue the sectors' work to create equitable access to sport participation.

The sector is currently working on two implementation projects that align with these sector strategies and tactics:

1. The Kansas City Physical Activity Ecosystem Mapping Project aims to conceptualize, research, and map the "system" of agencies and programs that play one or more roles in encouraging and supporting the extent of youth and family's physical activity within the Kansas City region. This work will provide a conceptual map and database to help support and facilitate productive collaboration among programs and agencies that work to address one or more facets of the development of and support for youth and family's physical activity in the greater Kansas City metro region. Understanding this information will help further develop sector work to ensure all youth in our region have safe and equitable opportunities to be active. This project is estimated to conclude in late 2023.

2. In partnership with the Aspen Institute, the Sport Sector is actively working to conduct a Kansas City State of Play report which would provide an in-depth report on physical activity opportunities and access in the Kansas City region. Understanding this information would help to support and improve equitable access to safe, fun physical activity for all. During this process, the Aspen Institute will engage local leaders who provide community physical activity opportunities, identify gaps to being physically active, and mobilize a community coalition with action steps to improve access to quality physical activity opportunities. The Kansas City State of Play report is projected to be complete in late 2024.

MEDIA AND COMMUNICATIONS



Media and Communications

SECTOR OVERVIEW:

Millions of people receive messages daily through various communication channels or mass media. As stated in the National Physical Activity Plan, media and communication campaigns are designed to influence attitudes and beliefs, increase awareness and/or knowledge, and promote behavior change. Media's reach is population-wide and is integrated into our daily lives with our connection to the always expanding delivery methods including television, radio, print, social networking, texting, etc.

Media and communication campaigns have been effectively used to influence health behaviors from the community level up to the national level. They can take the form of single interventions up to broader multicomponent interventions. Research has provided evidence that well-designed media campaigns can be an effective tool in promoting physical activity at the population level, but not all methods are shown to be equally effective. In comparison to campaigns conducted in conjunction with broader multicomponent interventions, stand-alone media campaign effects on physical activity are modest and inconsistent.

The methods by which these campaigns are delivered can also impact their effectiveness. Research has shown that increased use of a computer, laptop, and smartphone for individually adapted behavior change programs is effective at increasing physical activity levels.

The extensive reach of media makes it an influential tool to promote physical activity and reach key opinion leaders to help make informed decisions that impact both communities and individuals. Given the Kansas City population's daily interaction with media, this sector has the unique potential to be highly impactful at informing, educating, and motivating the Kansas City population to be active.

Strategies continue on next page >>>

MEDIA AND COMMUNICATIOINS

SECTOR OVERVIEW CONTINUED:

The Media and Communications Sector of the Kansas City Physical Activity Plan includes strategies and tactics aimed at 1) developing a regional physical activity campaign, 2) establishing a standardized brand for promoting physical activity, 3) educating media professionals about the effects of physical activity on health, and 4) optimizing the application of both traditional and new media channels.

The Media and Communications Sector is led by Malenda Shahane from UMB Bank, and Toriano Porter from the Kansas City Star.

STRATEGIES:

31. **Physical activity professionals should partner with communications experts to develop mass communication messages and a standardized "brand" for promoting physical activity that is consistent with current federal physical activity guidelines.**
32. **Government health agencies, in collaboration with national non-profit health organizations, should launch a national physical activity campaign to educate individuals about effective behavioral strategies for increasing physical activity.**
33. **Professionals in physical actviity and public health should optimize application of social media and emerging technologies in media campaigns to promote physical activity.**
34. **Professionals in physical activity and public health should inform mass media professionals about the effects of physical activity on health and on effective strategies for increasing physical activity at the individual and community levels.**

STRATEGIES & TACTICS

Strategy 31

Media and Communications

Develop communication messages and a standardized "brand" for promoting physical activity.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Media and Communications Sector believes can be achieved locally:

1. **Engage public health agencies and key stakeholders at all levels and across all societal sectors in developing a standardized "brand" for promoting physical activity.**

2. **Conduct market research to identify the most effective mass communication messages and standardized brand for promoting physical activity.**

3. **Develop and disseminate a toolkit to support extensive application of the messages and standardized brand for promoting physical activity at the state and local levels.**

STRATEGIES & TACTICS

Strategy 32

Media and Communications

Launch a physical activity campaign to educate individuals about effective behavioral strategies for increasing physical activity.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Media and Communications Sector believes can be achieved locally:

1. **Identify and test evidence-based media messages and campaign strategies with the greatest reach and likelihood of influencing population physical activity levels.**

2. **Advocate for funding to support a regional physical activity campaign.**

STRATEGIES & TACTICS

Strategy 33

Media and Communications

Optimize application of social media and emerging technologies in media campaigns to promote physical activity.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Media and Communications Sector believes can be achieved locally:

1. **Support public health agencies and key stakeholders at all levels to incorporate social media techniques in physical activity promotion programs.**

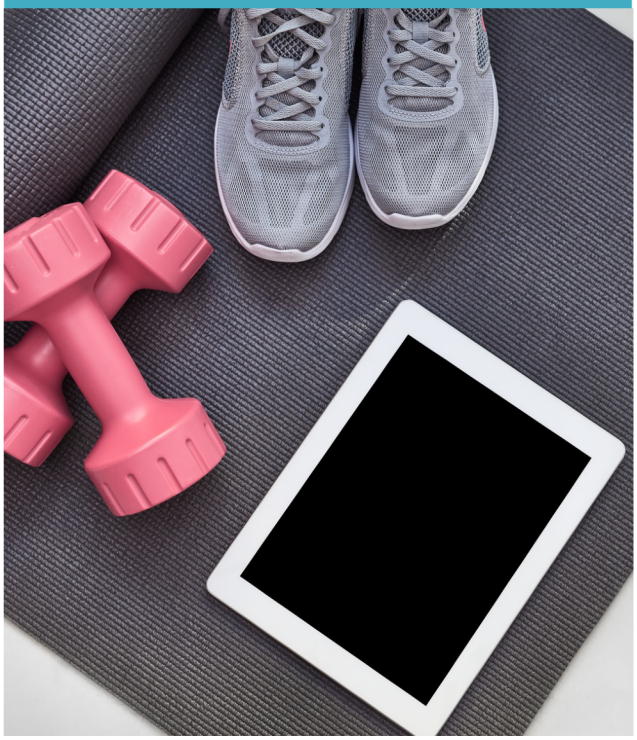
2. **Support public health agencies and key stakeholders at all levels to apply emerging technologies (e.g., biometry) in physical activity promotion programs.**

STRATEGIES & TACTICS

Strategy 34

Media and Communications

Inform media professionals about the effects of physical activity on health and on strategies for increasing physical activity.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Media and Communications Sector believes can be achieved locally:

1. **Educate media professionals about the documented effects of physical activity on prevention and treatment of obesity and non-communicable diseases.**

2. **Reframe media professionals' understanding of the impact of physical activity on public health, relative to the effects of other hygienic behaviors (e.g., avoidance of tobacco use, healthy eating).**

3. **Design materials for informing media professionals regarding effective strategies for increasing physical activity at the individual and community levels.**

NEXT STEPS



The group continues to meet and has chosen to move forward with an emphasis on developing a broader umbrella campaign in which to align the different KCPA Plan sectors, ensuring consistent branding and tailored messaging that would be applicable to the Kansas City region and to specific audiences.

Group discussion focused on engaging with all sectors of the KCPA plan and community partners to develop a physical activity campaign that promotes the KCPA Plan overarching priorities and messaging. Emphasis was placed on identifying evidence-based media strategies that encourage population physical activity participation to be used and implemented in common messaging standards through existing physical activity campaigns. In addition, the group recognized communication messages and standards need to be customizable to fit the goals of other cities.

To move the Sector's work forward, the group is working with a communications organization to facilitate the development of the Media and Communications Sector strategy, design brand assets, and creation of a story trailer introducing the KCPA Plan's mission to the community.

PUBLIC HEALTH

SECTOR OVERVIEW:


Public Health

The overarching goal of the Public Health Sector is to promote, protect, and maintain health to prevent disease at the population level by increasing population-level physical activity. The urgency of public health to respond to low participation in physical activity is dire. The rise in rates of chronically poor physical health (high rates of obesity, heart disease, diabetes, cancer), poor mental health (high rates of depression, anxiety), and poor social health (high rates of social isolation, loneliness) poses a current and growing threat to the health and well-being of all Kansas Citians.

The public health sector focuses on improving governmental public health (county, and local health departments) as a mechanism to improve population physical activity. The public health sector also includes nongovernmental organizations (such as institutions of higher education, professional societies, non-profit organizations, think tanks, and advocacy groups) that seek to address public health goals. Organizations within the public health sector perform a variety of functions, including research, surveillance, program development and delivery, evaluation, training, advocacy, coalition building, and community engagement. These functions complement and support the goals of several of the KCPA Plan sectors, including Healthcare; Schools; Parks and Recreation; and Infrastructure.

Given the reach of governmental public health across wide segments of the population, the sector has a critical role in promoting physical activity across the Kansas City region. As evidence linking physical activity to the improvement of overall health (physical, mental, and social) grows, public health organizations are increasingly focusing on programs, policies, and initiatives to increase physical activity.

The Public Health sector is led by Dr. Joey Lightner from the University of Missouri, Kansas City.

Strategies continue on next page >>>

PUBLIC HEALTH

SECTOR OVERVIEW CONTINUED:

STRATEGIES:

35. Public health organizations should disseminate tools and resources important to promoting physical activity.

36. Public health agencies should expand monitoring of policy and environmental determinants of physical activity and the levels of physical activity in communities (surveillance), and should monitor implementation of public health approaches to promoting active lifestyles (evaluation).

37. Non-profit public health organizations should engage in policy development and advocacy to elevate the priority of physical activity in public health practice, policy, and research.

38. Public health agencies should create, maintain, and leverage cross-sectoral partnerships and/or coalitions that implement evidence-based strategies to promote physical activity.

39. Public health agencies should invest equitably in physical activity, commensurate with its impact on disease prevention and health promotion.

40. Public health organizations should develop and maintain a workforce with competence and expertise in physical activity and health and that has ethnic, cultural, and gender diversity.

STRATEGIES & TACTICS

Strategy 35

Public Health

Disseminate tools and resources important to promoting physical activity.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Public Health Sector believes can be achieved locally:

1. **Promote the use of existing tools and resources and identify promising practices, particularly those addressing the needs of underserved populations.**

2. **Create repositories and clearinghouses of information on public health practices, tools and resources, including evidence-based and promising physical activity interventions and practices.**

3. **Disseminate physical activity-promoting practices and policies targeted at agencies and professional societies outside of public health (e.g., youth-serving social services, non-profits in underserved communities, transportation and planning, sports and recreation, education, environmental protection).**

4. **Identify and support expansion of culturally salient tools that build upon community assets to promote physical activity across all population groups.**

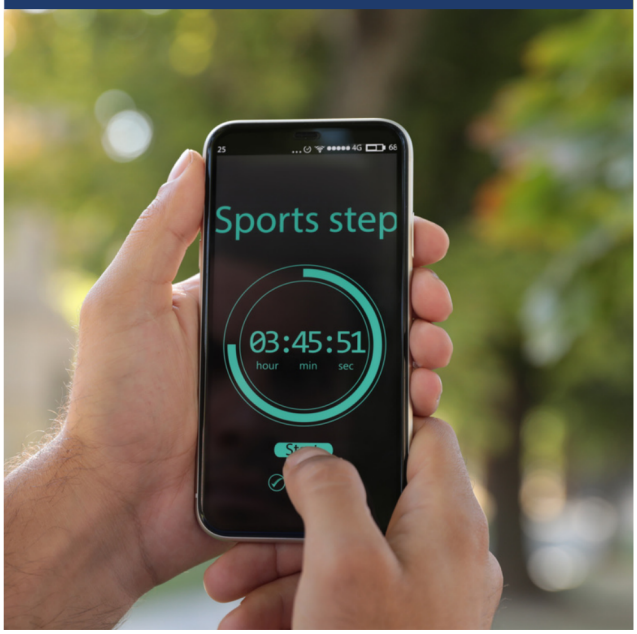
5. **Identify and create tools and resources appropriate to supporting and advancing the work of physical activity practitioners and researchers.**

STRATEGIES & TACTICS

Strategy 36

Public Health

Expand monitoring of policy and environmental determinants of physical activity and the levels of physical activity in communities and monitor the implementation of public health approaches to promoting active lifestyles.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Public Health Sector believes can be achieved locally:

1. **Create and expand relevant local surveillance or other physical activity data collection systems that can be applied across diverse populations to track progress on physical activity promotion at the local and regional level.**

2. **Define a common framework to evaluate policy and environmental change processes, outcomes, and impacts.**

3. **Build the capacity of practitioners to monitor key outcome measures of chosen interventions.**

4. **Develop a regional physical activity report card that is informed by evidence and tracks actions taken and progress in reducing the burden of disease due to inactivity in the Kansas city region. Use the report card to regularly assess and report on progress toward increasing physical activity and reducing physical inactivity.**

STRATEGIES & TACTICS

Public Health

Strategy 36 (Continued)

TACTICS:

5. Improve and expand surveillance of physical fitness and physical activity, including light activity, using objective measures of physical activity when feasible.

6. Expand surveillance systems to monitor the status of environmental and policy determinants of physical activity and the disparities in resource availability and utilization.

7. Expand surveillance systems to include the systematic assessment of physical activity and fitness levels of diverse populations of children and youth. For relevant surveillance systems, include state-level reporting, when feasible.

8. Improve linkages between local policy and environmental change and local and regional data collection systems.

9. Provide health data that allows communities to understand the burden of inactivity in their communities, and to tailor approaches to increase physical activity to local circumstances.

STRATEGIES & TACTICS

Strategy 37

Public Health

Engage in policy development and advocacy to elevate the priority of physical activity in public health practice, policy, and research.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Public Health Sector believes can be achieved locally:

1. **Use the most current version of the federal Physical Activity Guidelines and related documents as a foundation for physical activity advocacy and policy development.**

2. **Develop an advocacy strategy for coordinated and appropriately funded physical activity research in multiple local funding agencies.**

3. **Engage local decision makers in funding research on policy development and evaluation of the effects of existing policies related to physical activity.**

4. **Encourage local, state, and national public health organizations to collaboratively engage in policy development and advocacy.**

5. **Engage community-based organizations that represent neighborhoods in policy development, accountability, and advocacy activities.**

STRATEGIES & TACTICS

Public Health

Strategy 37 (Continued)

TACTICS:

6. Engage grassroots organizations that have demonstrated success in other public health arenas, and provide incentives for training and participation in population-based physical activity promotion.

7. Tailor policy messages for diverse audiences and settings. Identify and engage underserved populations. Target policy messages for each population, segment, and setting.

8. Create a long- and short-term communication schedule for advocacy.

9. Create an interdisciplinary policy and advocacy center to support advocacy efforts and policy development for physical activity in public health agencies and support advocacy efforts.

10. Identify and promote advocacy training opportunities for public health professionals and professionals from other sectors with whom public health can work to promote physical activity.

11. Disseminate information on evidence-based policies related to physical activity by participating in advocacy networks, with emphasis on educating partners at local and state levels.

STRATEGIES & TACTICS

Strategy 38

Public Health

Create, maintain, and leverage cross-sectoral partnerships and coalitions that implement evidence-based strategies to promote physical activity.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Public Health Sector believes can be achieved locally:

1. **Examine successful cross-sectoral partnerships to identify and incorporate key elements of success into physical activity initiatives.**

2. **Encourage and train public health professionals to work with, educate, and learn from partners in order to strengthen the effectiveness of the partnership and the efforts of each member.**

3. **Increase networking and collaboration between practitioners, researchers, community-based organizations, and advocates.**

4. **Collaborate with agencies representing persons with disabilities and other populations affected by health disparities.**

5. **Collaborate with "non-traditional" partners to increase the reach of interventions and encourage social capital. Encourage partnerships between local and state health agencies and scientists in academic and private settings to conduct community participatory research to facilitate the dissemination of evidence-based practices to promote physical activity.**

STRATEGIES & TACTICS

Strategy 39

Public Health

Invest equitably in physical activity, commensurate with its impact on disease prevention and health promotion.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Public Health Sector believes can be achieved locally:

1. **Provide resources in local health agencies and programs for physical activity comparable to resources provided for tobacco and nutrition. Provide sustainable funding for local health departments so that Physical Activity and Public Health Specialists can create and implement initiatives that promote physical activity.**

2. **Fund local public health academic units engaged in physical activity research to develop tools and resources for policymakers and practitioners that support the promotion of physical activity in communities.**

3. **Advocate for sustained funding and resources to local, state, and national public health agencies that support physical activity practitioners to act as conveners of multi-sector coalitions and to provide leadership for strategic partnerships.**

STRATEGIES & TACTICS

Public Health

Strategy 39 (Continued)

TACTICS:

4. Encourage CDC and the U.S. Department of Health and Human Services to invest in capacity building by supporting MPH and PhD programs, continuing medical education, short courses, and distance-based training for physical activity and public health through the Prevention Research Centers (PRCs) and other mechanisms.

5. Advocate to increase funding of CDC, Prevention Research Centers, the Physical Activity Policy Research Network (PAPRN), and the National Institutes of Health to conduct research on policy development and its impact on physical activity.

STRATEGIES & TACTICS

Strategy 40

Public Health

Develop and maintain a workforce with competence and expertise in physical activity and/or health and that has ethnic, cultural, and gender diversity.



TACTICS:

Below are specific tactics that fall under this strategy and are ones that the Public Health Sector believes can be achieved locally:

1. **Promote local efforts by CDC, professional societies, and academic institutions to provide training and capacity building in the use, adaptation, and evaluation of evidence-based physical activity promotion strategies.**

2. **Build the capacity of practitioners to monitor key outcome measures of chosen physical activity interventions.**

3. **Enhance academic programs with physical activity practitioner core competencies embedded into the curricula of public health and other disciplines (e.g., healthcare, education, transportation and planning, parks and recreation).**

4. **Increase the number of Master's of Public Health (MPH) programs that provide training on physical activity and its promotion. Increase the number of graduates from these programs.**

5. **Expand recruitment, outreach, and training efforts to engage students of diverse racial, ethnic, and cultural backgrounds; students with disabilities; and students representing groups at particular risk of physical inactivity.**

STRATEGIES & TACTICS

Public Health

Strategy 40 (Continued)

TACTICS:

6. Encourage professional societies to sponsor scholarship programs for students of diverse racial, ethnic, and cultural backgrounds; students with disabilities; and students representing groups at particular risk of physical inactivity.

7. Collaborate with a wide range of organizations, including those representing minority groups and persons with disabilities, to build a diverse public health work force that is well prepared to promote physical activity.

8. Support and expand training opportunities (e.g., Physical Activity and Public Health Course) based on core competencies for practitioners, paraprofessionals, community health workers, and professionals from other sectors.

9. Develop interdisciplinary training to ensure that physical activity and public health concepts are connected to other disciplines; also include leadership development and team-building.

10. Increase the number of professionals who are certified Physical Activity and Public Health Specialists.

11. Support the creation of a physical activity and health unit in state health departments that functions as part of an integrated and coordinated approach to chronic disease prevention.

12. Staff physical activity and health units with individuals with expertise in physical activity (e.g., public health physical activity specialist) with whom public health must collaborate in order to provide opportunities for physical activity within communities.

13. Encourage local, state, and national public health associations to form physical activity sections within their organizations.

14. Encourage professional societies in public health to adopt and disseminate core competencies for public health practitioners in physical activity, update the core competencies regularly.

NEW SECTOR IN 2023



The Business and Industry Sector includes organizations that provide goods and services, as well as those related to manufacturing goods. Healthy people are an essential asset to a successful business, and businesses benefit from workplace programs that reduce health risks. However, a lack of physical activity represents an important underlying risk that is associated with poor work performance.

The KCPA Plan Business and Industry Sector has identified co-leads that are currently in the process of engaging additional members to launch the sector. Once assembled, the group will look to develop strategies and tactics to improve rates of physical activity among individuals and organizations in the Business and Industry sector. These strategies will be based on the National PA Plan's four Business and Industry Sector strategies:

1. Provide employees opportunities and incentives to maintain a physically active lifestyle.
2. Promote physical activity within the workplace and local community.
3. Develop the business case for investing in increased levels of physical activity.
4. Monitor physical activity efforts in the workplace.

APPENDIX A

PARTICIPATION:

The following organizations participated in the development of the KCPA Plan by either attending the KCPA Summit or joining one of the Sector Work Groups.

- 4D Athletes
- Alliance for a Healthier Generation
- Archdiocese of Kansas City in Kansas
- Barker Memorial Cathedral of Praise Church of God in Christ
- Barton County Health Department
- Beacon Hill Church of Nazarene
- BikeWalkKC
- Bill and Virginia Leffen Center for Autism
- Blue Valley Schools
- Buddy Pegs
- Calvary Temple Baptist Church
- Calvary Community Outreach Network
- Centennial United Methodist Church
- Center for Children's Healthy Lifestyles & Nutrition
- Cerner Corporation
- City of Fairway Parks and Recreation
- City of Lenexa Parks and Recreation
- City of Merriam Parks and Recreation Department
- City of Mission Parks and Recreation
- City of Shawnee Parks and Recreation
- Child Care Aware of Kansas
- Child Care Aware of Missouri
- Children's Mercy: Cardiology, Community Health Initiatives, Operation Breakthrough; Pediatrics; Sports Medicine; West, Weight Management
- Church of the Resurrection
- City of Kansas City, Missouri
- Clay County Public Health Center: WIC program
- Clergy Response Network
- Communities Creating Opportunities
- Corner Stones of Care
- Emmanuel Family & Child Development Center
- Fairway Parks and Recreation
- Franklin County Health Department
- Front Porch Alliance
- Girls on the Run
- Go NAPSACC - University of North Carolina at Chapel Hill
- Greater Kansas City Chamber of Commerce
- Harris Park
- Harvesters
- Health Resources and Services Administration
- Hoxie Collective
- Ivanhoe Neighborhood Council
- Jackson County Health Department
- Johnson County Department of Health and Environment: Public Health; WIC program
- Johnson County Park & Recreation District
- KC Crew
- KC Healthy Kids
- Kansas Child Care Quality Improvement Support Services
- Kansas City Parks and Recreation (MO)
- Kansas City Public Schools (MO)
- Kansas City Kansas Public Schools
- Kansas City Sports Commission & Foundation
- Kansas City Star
- Kansas City University - Score 1 for Health
- Kansas-State Research and Extension, Wyandotte County
- Kansas City Community Gardens
- Kansas City Missouri Health Department
- Kansas Recreation and Park Association

APPENDIX A (CONTINUED)

PARTICIPATION:

- KC United
- Lee's Summit Parks and Recreation
- Lee's Summit R-7 School District
- Metropolitan Missionary Baptist Church
- Mercer County Health Department
- Mid-America Regional Council (MARC): Head Start, Family and Community Engagement, Early Learning Department
- Midwest Dairy and Fuel Up to Play 60
- Missouri Department of Health and Senior Services, and Women, Infants and Children
- New Bethel Church Community Development Corporation (NBC CDC)
- Nicklaus Children's Health System
- Office of the Assistance Secretary for Health (OASH)
- Olathe School District
- Operation Breakthrough
- Platte County Health Department: Public Health, WIC Department
- Prevention Research Center at Washington University in St. Louis
- Profile by Sanford
- Randolph County Health Department
- Rockhurst University
- ShareWaves Foundation
- Sophic Solutions, LLC
- Start at Zero
- Stone County Health Department
- Sunflower Foundation
- The Family Conservancy
- The Whole Person
- Tico Productions
- Trinity Lutheran Church
- Truman Medical Center
- Turner Unified School District
- UMB Bank
- Unified Government of Wyandotte County: Parks and Recreation; Public Health; Child Care Licensing, WIC program
- University of Missouri Kansas City: Health Equity Institute; School of Nursing and Health Sciences; School of Medicine; Midwest Center for Nonprofit Leadership
- University of Kansas: Medical Center, Project Eagle
- University of Missouri Extension: Jackson County
- U.S. Department of Health and Human Services
- USTA Missouri Valley
- WellRight
- Wichita State University
- WIN for KC
- Wyandotte Health Foundation
- YMCA of Greater Kansas City Head Start
- YMCA Linwood
- Youth Ambassadors

APPENDIX B

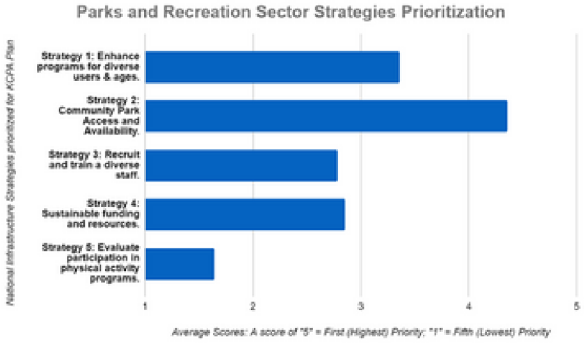
SECTOR DEVELOPMENT :

All sectors of the KCPA Plan used a similar general process to determine the strategies and tactics to include in the final plan. Some sectors modified this approach in subtle ways as outlined below based on input from their members. Each sector held between three to eight meetings to gather input and determine the strategies and tactics to be included in the final plan.

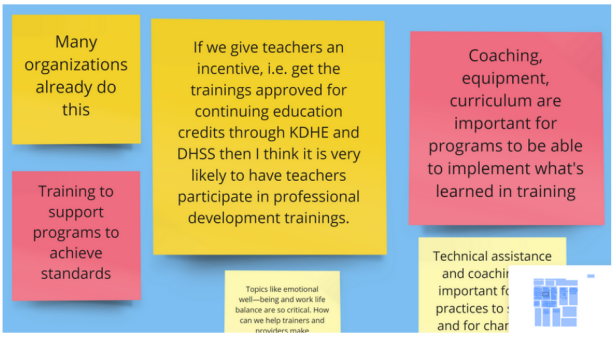
For each sector, the strategy development process began with reviewing the strategies and tactics included in the National PA Plan. After review and discussion, the sectors sought feedback from organizational partners and other community organizations using a survey tool called REDCap. The survey was used to determine if the strategies from the national plan were appropriate for the sector and for Kansas City. Feedback was obtained on the level of importance, feasibility, and viability of each of the strategies. The survey responses were synthesized by the sector leads and the KC Healthy Lifestyles Collaborative staff. Results were shared with the sector work groups for review, discussion, and group approval.

Five of the sectors (Schools, Early Childhood, Infrastructure, Media and Communications, and Sport) utilized an interactive visual collaboration software (Miro or Mural) that mimics the process of using sticky notes in a virtual setting. Participants were allowed to share their opinion, provide additional context, and make decisions in real-time together. These interactive boards also served as a record of the work in progress and allowed for group participation in a virtual setting.

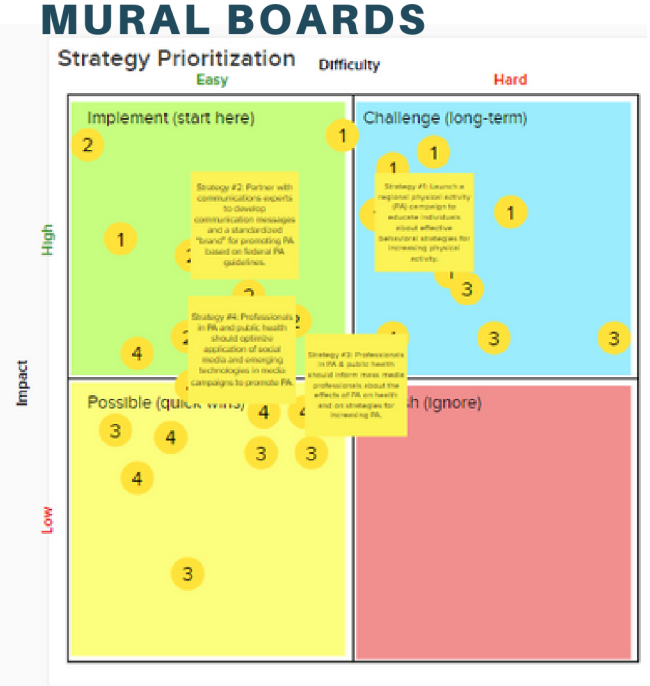
SURVEYS



MIRO BOARDS



MURAL BOARDS



Sector Development continue on next page >>>

APPENDIX B (CONTINUED)

SECTOR DEVELOPMENT :

Other notable approaches used by sectors to get feedback included:

1. The Schools sector held three interactive listening sections with around 150 youth at the 2020 Champions for Health Youth Summit. (see Youth Voices on the right)
2. The Sport sector partnered with the Department of Health and Senior Services/ Office of Disease Prevention and Health Promotion and the Region VII Office of the Assistant Secretary for Health to host the National Youth Sports Strategy (NYSS) Workshop. The goals and objectives of the workshop and sector aligned which allowed for additional discussion and broader feedback.

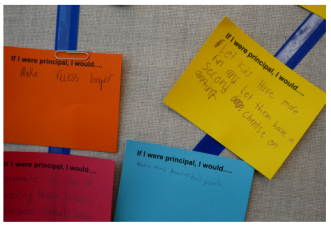
Examples of how strategies and tactics were tailored to Kansas City:

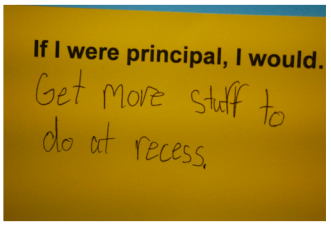
1. The National PA Plan lists Education as a sector that includes strategies for both early childhood and grades K-12. The KCPA Plan separated the Education sector into the Early Childhood sector and the Schools sector to better align with what was already happening in Kansas City related to these sectors.
2. The Early Childhood sector added a family engagement strategy that is not included in the National PA Plan.
3. The Faith-Based Settings sector revised some of the language to make it more culturally relevant and combined two strategies into one.
4. The Schools sector chose to focus on three of the seven strategies included in the National PA Plan.

YOUTH VOICES









2022 NYSS CHAMPIONS WORKSHOP SUMMARY



See our website for more information on sector development: https://www.kcphysicalactivityplan.org

APPENDIX C

2020 KCPA SUMMIT EVALUATION SUMMARY

RECAP:

The KCPA Summit brought together community leaders and partner organizations from a variety of societal sectors to learn more about the ways that we can collaborate to improve rates of physical activity across the Kansas City region.

The KCPA Summit presented research on the state of physical activity in the Kansas City region, which is included in the KCPA Report Card. It also introduced how strategies and tactics from the National PA Plan were being adapted to create local strategies and priorities in Kansas City.

The conclusion of the KCPA Summit provided additional opportunities for future collaboration, including opportunities to connect at upcoming Sector Work Group meetings.

WHAT WAS MOST BENEFICIAL AT THE KCPA SUMMIT?

- Participating in breakout sessions and hearing about the efforts of sector groups
- Connecting with others
- Keynote speaker
- Learning about the KCPA Report Card and the KCPA Plan

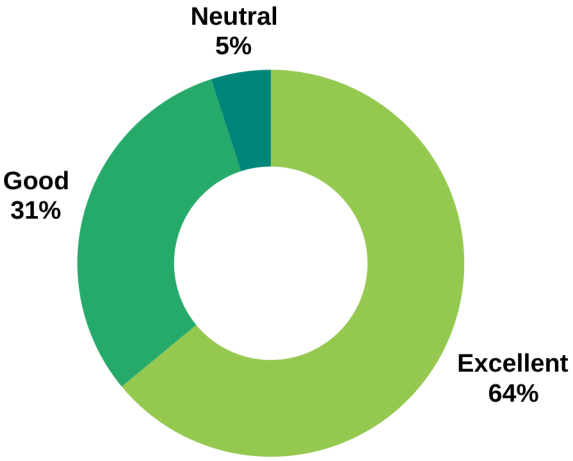
"I would like the KCPA Plan to be provided to local policymakers, community organizations and stakeholders to help guide efforts to improve rates of physical activity, reduce the rate of chronic conditions and diseases, and create better connected communities."

- An attendee on their vision for KCPA Plan

BY THE NUMBERS:

September 10th, 2020
115 Attendees
7 Sectors included
13 Interactive breakout sessions
2 National experts featured, including a keynote session from the CDC
3 Local elected officials provided Summit introductions

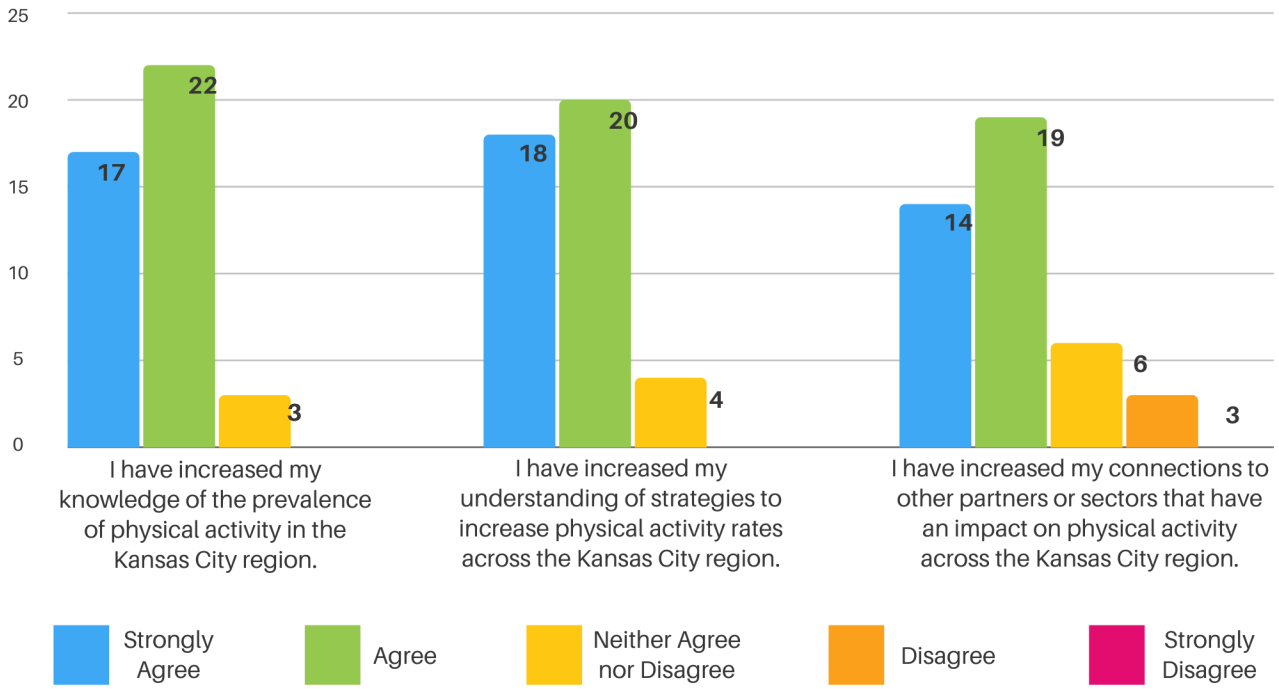
OVERALL RESPONSE TO THE KCPA SUMMIT:



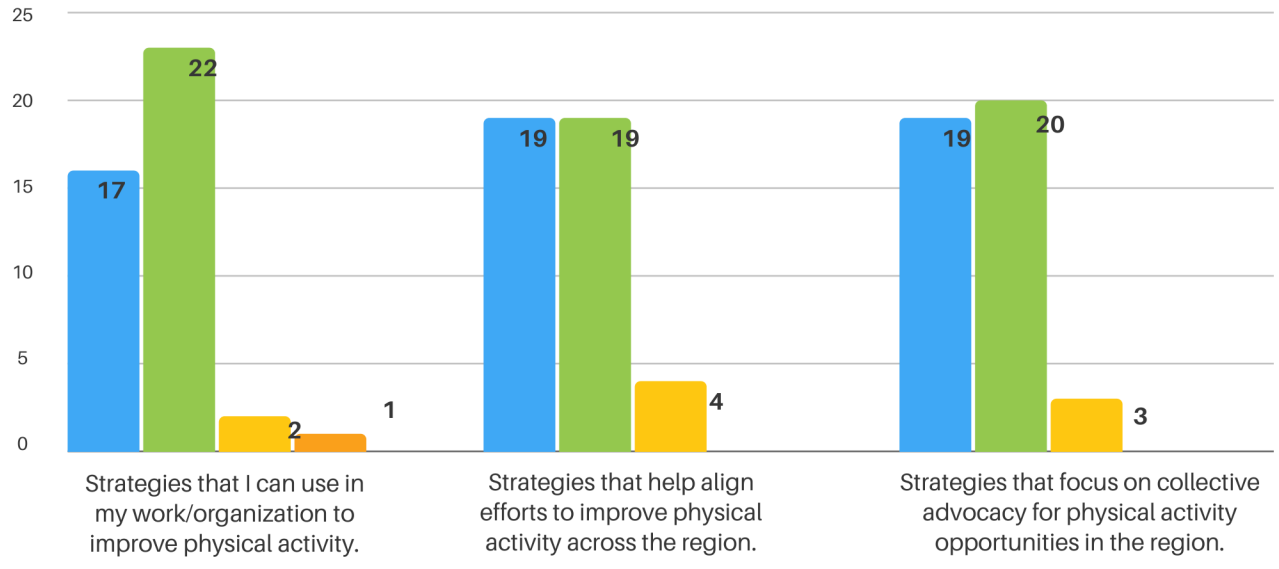
APPENDIX C

The Kansas City Physical Activity Summit

AS A RESULT OF THE SUMMIT:



I WOULD LIKE THE KCPA PLAN TO INCLUDE:



APPENDIX D

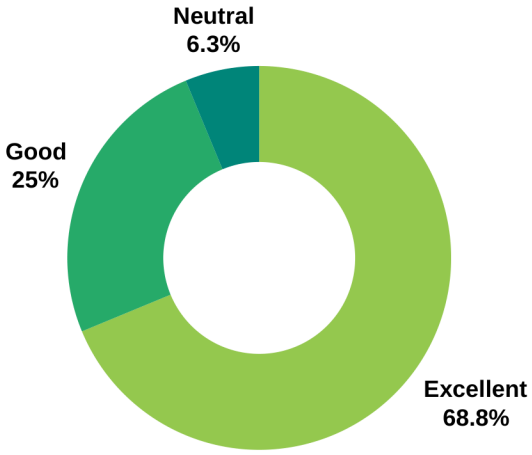
2022 KCPA SUMMIT EVALUATION SUMMARY

The Kansas City Physical Activity Plan

BY THE NUMBERS:

September 29th, 2022
71 Attendees
Interactive breakout sessions
National expert gave a keynote presentation

OVERALL RESPONSE TO THE KCPA SUMMIT:



WHAT WAS MOST BENEFICIAL AT THE KCPA SUMMIT?

- Opportunity for smaller conversations in the breakout rooms
- Networking
- Opportunity for working with other organizations to align efforts

"I gained a better understanding of what this plan is about and what the group is working towards"

-- An attendee commenting on the 2022 KCPA Summit

"All children and their families deserve the chance to be healthy and have opportunities in their communities to be physically active."

Robin Shook, PhD

Director, KC Healthy Lifestyles Collaborative, Center for Children's Healthy Lifestyles and Nutrition

Learn more at:
https://www.kcphysicalactivityplan.org

