



*Chelsea Wellness Coalition - Year 2 Plan*  
**May 13, 2013**

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<i>Sub-Committee</i>	<i>Intervention</i>	<i>Pg.</i>	<i>Budget*</i>	<i>Sub-Committee Total Grant Request</i>	
Avoid Unhealthy Substances	Intervention #1: SRSLY	10	\$ 15,000	\$ 15,000.00	
Connect with Others	Intervention #1: 5H Kids Camp	16	\$ 13,000	\$ 47,550.00	
	Intervention #2: CCA Mobile Arts Kit	20	\$ 3,500		
	Intervention #3: Volunteer Chelsea	24	\$ 25,000		
	Intervention #4: Community Read	31	\$ 6,050		
	Intervention #5: Healthy Town Square	38	\$ 0		
Eat Better	Intervention #1: Intergenerational Garden	46	\$ 10,000	\$ 33,970.00	
	Intervention #2: Farmers Markets	53	\$ 19,470		
	Intervention #3: Healthy Grocery Stores	65	\$ 2,000		
	Intervention #4: Healthy Restaurants	70	\$ 2,000		
	Intervention #5: Kids Cooking Camp	76	\$ 500		
Move More	Intervention #1: Chelseamich.com Activity Guide	80	\$ 0	\$ 8,000.00	
	Intervention #2: Heart & Sole	83	\$ 6,500		
	Intervention #3: Safe Routes To School	89	\$ 0		
	Intervention #4: Regional Trail Plan	92	\$ 0		
	Intervention #5: Run for the Rolls	95	\$ 1,500		
*Amounts listed reflect funding request to CWF, and do not include other sources of funding supporting the projects. Total budget information is included after each intervention table.			<b>\$ 104,520</b>	<b>TOTAL</b>	

## **Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

### Overview –

A 48-member volunteer community coalition began meeting in 2011, with the goal of creating a culture of wellness and fostering sustainable improvements in health status in the Chelsea community. In 2012, the coalition approved and implemented 13 wellness interventions, engaging school age children, families, and seniors in a variety of health and wellness activities to increase health awareness and decrease health risks.

As programs got underway, the coalition continued to meet bi-monthly to gather participant and community feedback and determine whether the recommendations were achieving success. Today, we report our community progress, and make recommendations in the following areas for how we will proceed in the 2013-14 fiscal year:

- Recommendations on continued and new wellness interventions for the Chelsea community
- Progress on how we will replace or supplement external funding with increased internal capacity to maintain these initiatives
- Thoughts on additional support the coalition needs to evaluate our program outcomes and maintain momentum as a volunteer group

This report summarizes the coalition's progress in achieving an improved Culture of Wellness in Chelsea, Michigan.

### **I. Chelsea Wellness Coalition Roles, Responsibilities and Processes**

The Chelsea Wellness Coalition came together in 2011 as a volunteer community coalition comprised of individuals and organizations that are concerned about and dedicated to improving the health status of the Chelsea community. Many coalition members are individual volunteers, representing the needs and opinions of community residents and their families. Some coalition members represent an organization that is part of the Chelsea business and service community, serving Chelsea residents and families. All coalition members play a vital role in the strength of the community wellness initiative, and all points of view are valued and welcome as part of the ongoing community health discussion.

As a Coalition of volunteers, one of our most important objectives is to analyze available data related to health needs and health risks, and consider and recommend where limited resources would have the most impact. To achieve that objective in 2012-13, the coalition established several major processes to evaluate needs, determine priorities, and implement 13 approved program interventions in four focus areas: *Move More, Eat Better, Connect With Others and Avoid Unhealthy Substances*. Moving into Year 2, our four subcommittees are solid, have dedicated leadership, and have identified their methods for prioritizing both the budget and programmatic issues within their areas of focus.

As a larger coalition, we met every other month between August 2012 and February 2013, to implement the recommendations from year 1 planning. This was a major accomplishment. But in February, the planning process for our second year of recommendations began, and each subcommittee met more often in order to prepare to report monthly to the larger coalition. Each subcommittee prepared a 20 minute presentation, and our group discussions aimed at consensus building and approval of 16 interventions for the 2013-14 fiscal year.

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### COALITION PROCESS FOR DECISION MAKING

Review Data – Identify Leadership – Build Consensus



## II. Lessons Learned from Year 1 – Coalition Strengths and Limitations

**Lesson One:** The Coalition’s goal of wellness culture change is a long term commitment. Measurable and meaningful change does not occur overnight; based on research, it does not even occur in one year. In the first year of our plan, the coalition focused its data collection mainly on measures of participation, response rate, and participant satisfaction. We realize that if we limit our evaluation to these initial outcomes, we may fall short of achieving our goals in the long run. Currently, in our voluntary capacity, it is difficult to effectively design and implement a full scale, comprehensive evaluation of our interventions on our own. In Year 2, we hope to seek out assistance to design an evaluation plan based on Wellness Culture Change in health awareness/habits, norms and health risks.

*Recommendation: Align with the CAWF and other local experts to create and implement a comprehensive evaluation plan for Year 2 and beyond.*

**Lesson 2:** As a coalition of volunteers, our four working subcommittees are strong and the processes we have established for prioritizing our work and recommendations are solid. Information exchange is critical to our success. To improve our efficiency and effectiveness going forward, however, our efforts would be strengthened by making better connections between and among all the communities that 5H serves. It is currently not built in to our process. In 2012-13, we requested a Coalition Coordinator to assist with this important task, but it was not funded.

*Recommendation: Work with CWF to facilitate more “multi-level ownership” by seeking new ways to communicate, connect and coordinate our services across the 5H region.*

**Lesson 3:** After one year, we realize that many volunteers devoted a significant amount of time to planning and implementing interventions. Allocating some energy in year 2 to acknowledge that commitment will be a key step to keeping our volunteers engaged and involved. We would like to recognize and celebrate the effort the group has made in putting our Wellness Initiative in motion.

*Recommendation: CWF could organize an annual meeting for the 5 Wellness Coalitions to share successes, celebrate achievements, and simply acknowledge a job well done.*

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**III. Progress and Outcomes from Year 1**

*The wellness plan's ultimate goal is to change habits, behaviors and cultural norms in the Chelsea community by incrementally promoting healthier lifestyle choices.* The scope of the wellness plan includes all age groups, and addresses our four domains: eat better, move more, avoid unhealthy substances, and make connections with others. The plan is expected to impact community policy and infrastructure, and engage individual community members. In our Year 1 plan, the Coalition indicated that the effectiveness of the plan would be evaluated in the following ways:

Evaluation Objective from year 1	Progress to Date
Each individual intervention will be evaluated by looking at changes in HIP, NEAT, PAC, and MiPHY survey scores collected in 5-year increments.	HIP, NEAT and PAC will be measured and evaluated again in 2015. MiPHY data will be updated in 2014. Some intervention reports include participation measures from Year 1.
Achievement of gold level by the state of Michigan for the Promoting Active Community (PAC) survey.	No progress to report to date.
SRSLY will be measured by changes in use rates for alcohol, tobacco and illegal drugs.	2012 MiPhy survey data showed underage drinking has decreased, and age of onset for alcohol has increased. However, Coalition leaders are very concerned with a recent trend indicating an upswing in marijuana use, and we are taking steps to address this with new, targeted interventions planned for Year 2.
General community health measures will be explored as a way to annually assess of the collective impact of the Chelsea community wellness plan. Examples include BMI measurement and health assessment tools.	No progress to report to date. Issues for discussion include data warehousing and data security/privacy.

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### IV. Resources, Needs and Gaps, Discussions on sustainability of operations

As the Coalition discussed priorities for year 2, 13 interventions will be carried forward from year 1 and three (3) new interventions were developed:

1. **Healthy Town Square (new)** – provide community input to the development of the new Chelsea Town Square so that planning directly supports Eat Better, Move More and Connect with Others in a highly visible and sustainable way
2. **Wild About Summer Kids Kamp (new)** – provide a safe, convenient, healthy and affordable alternative to summer childcare or day camp options; *oversight by Chelsea Recreation Department*
3. **Chelsea Mobile Arts Kit (new)** – deliver onsite art and music appreciation workshops benefitting participants through stimulating imagination, developing cognitive skills, refining physical/motor skills, nurturing social skills and building self-confidence; *oversight by Chelsea Center for the Arts*
4. **SRSLY** - SRSLY is a community coalition dedicated to the prevention of destructive behavior in youth; *oversight by Chelsea Community Hospital*
5. **Volunteer Chelsea/Neighborhood Senior Services** - Phase II of the Volunteer Chelsea Intervention funded last year. The goal is to connect volunteers with individuals who have specific needs (e.g. homebound seniors) in ways that allow them to remain independently in their own homes; *oversight by Chelsea Senior Citizens Activities Center*
6. **Chelsea Community Read** – raise community awareness by creating a space for community dialogue about wellness which facilitates community involvement, fosters the exchange of ideas, and creates a lasting, behavioral change around health & wellness issues; *oversight by Chelsea District Library*
7. **Intergenerational Garden** - educate pre-school and school age children about vegetables as well as a way to provide fresh seasonal veggies to students and seniors; *oversight by Chelsea Senior Citizens Activities Center*
8. **Farmers Market Health Initiative** - increase Chelsea community's access to healthy food by fostering growth of Chelsea's two farmers' markets; *oversight by Chelsea Community Hospital*
9. **Healthy Grocery Stores** - assist local grocery and convenience stores to provide, identify and promote healthy food options and to educate the community about healthy food choices; *oversight by Chelsea Area Wellness Foundation*
10. **Kids Healthy Cooking Camp** - provide, at an affordable cost, a fun collection of cooking sessions for kids focused on healthy food choices; *oversight by Chelsea Community Kitchen*
11. **Healthy Restaurants** - help local restaurants add and/or identify and promote healthy menu items; *oversight by Chelsea Area Wellness Foundation*

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12. **ChelseaMichigan.com Activity Guide** – provide a web-based and printed resource guide with information on all of the places, groups, and activities available to people in the area.
13. **Heart and Sole** – support an annual 5k, 10k, and 2 mile running and 13.8 mile biking event, open to kids and adults focused on promotion of moving more and connecting with others in healthy ways; *oversight by Chelsea Community Hospital*
14. **SRTS** - support Safe Routes to School in Chelsea. This is a federally recognized program promotes a safe commute to school for all aged students; *oversight by Chelsea Area Wellness Foundation*
15. **Regional Trail Plan** – facilitate a first step in a long-range plan for developing regional bike and hiking trail systems.
16. **Run for the Rolls** – support a 1-mile run/walk promoted as a family oriented event that provides a great opportunity for all ages to walk or run their first mile race; *oversight by Run for the Rolls Race Committee Board of Directors*

\*\*\* Our data also clearly indicate community needs in the areas of **Teen Bullying and Adult Tobacco Use.**

*Teen Bullying* – The Coalition believes this health indicator has high priority, and needs are currently being addressed at the elementary, middle school and high school level with curriculum-based interventions that involve all children of our community schools.

*Adult Tobacco Use* – The Coalition believes this health indicator has high priority; however, it was not possible to identify a champion and oversight organization to take it forward for year 2. As we move forward in our planning in year three and beyond, the Coalition will consider what role we may play through our established communication channels, to possibly facilitate greater awareness and discussion of the high incidence of tobacco use and its risks to the residents in our community. For example, the American Lung Association ([www.lung.org](http://www.lung.org)) offers 3 levels of smoking cessation programming to individuals telephonically, online and in small groups. The coalition may consider playing a greater role in the future by promoting local resources and thereby connecting individuals who want to quit smoking to available resources.

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### Recommendations on Sustainability for Funding

The Chelsea Wellness Coalition has worked diligently to design and develop interventions which meet the needs of the Chelsea Community. As each intervention was created, the focus area subcommittee discussed ways in which the program intervention could be sustained beyond our year of funding from the CAWF. Our goal is to continue to operate our program interventions by subsidizing costs in alternative ways, looking at increased internal capacity for existing staff, or realignment of current resources.

Our funding possibilities to increase sustainability fall into these sub-categories: *(each attached intervention table identifies specific plans for sustainability)*

1. Program Revenues – Participant Fees for classes, also including a sliding fee scale for low income participants; family donations
2. Alternative Grants – Chelsea United Way, Chelsea Center for the Arts, others to explore
3. Corporate Sponsorships – local corporate advertising, local restaurant sponsorship
4. Volunteer Run Support – Volunteer run events including races, gardening, senior services; partnerships and collaboration with university programs for “dieticians – in – training” academic internships
5. Local, State and Federal Funding – Chelsea DDA, MDOT, Federal grants, Michigan Fitness Foundation, others to explore
6. Entrepreneurial Business Ventures – Friends of the Market, Fair Food Network, business advertising and sponsorships, DDA, fundraising, event marketing

Intervention	Program Revenue from Participant Fees	Alternative Grants	Corporate & Civic Club Sponsorships	Volunteer Support	Local/State Federal Funding	Entrepreneurial Business Ventures-Fundraising & Advertising
SRSLY		XX	XX	XX	XX	XX
Summer Kids Kamp	XX		XX			
CCA Mobile Arts	XX		XX			
Neighborhood SS	XX		XX	XX		
Community Read			XX			
Town Square *			XX		XX	XX
Inter-Generational Garden				XX		XX
Farm Market			XX			XX
Healthy Grocery		XX				XX
Healthy Restaurant						XX
Kids Cooking Camp	XX		XX			
ChelseaMich.com						XX
Heart & Sole			XX	XX		
SRTS					XX	
Regional Trail Plan		XX				XX
Run for the Rolls	XX		XX	XX		XX

## **Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

### **Process for Prioritizing Year 2 Objectives**

In Year 1, the Coalition members rank ordered each intervention to determine the funding requests most important to the larger group.

For year 2, the decision-making process was modified, but the focus on our baseline health data was maintained. Each coalition subcommittee presented a synopsis of their recommendations to volunteers who attended planning sessions in February, March and April. The Coalition's recommended interventions for year 2 included 16 programmatic areas, totaling **\$158,235**. The Coalition believed all 16 interventions meet our community needs and have merit and value. Therefore, if the full funding cannot be granted in year 2, we asked the CWF to assist us in determining the priorities.

CWF declined the request to prioritize interventions for the coalition, and instructed the coalition to submit a plan with a budget closer to the \$100,000 amount advised. The coalition met on Thursday, May 9 to discuss this feedback, and determine a process for moving forward. The group agreed that all 16 interventions are still important to us, but recognized that some cuts would need to be made. The coalition did not use voting, but instead discussed all options for achieving a budget close to \$100,000 for our year 2 plan, and reached a consensus for the final revisions. The latest version of the plan includes modifications to the budgets of most interventions, and elimination of funding for two interventions.

The 2010 HIP, NEAT, PAC and MiPHY data identify some clear opportunities to improve the health and wellness of our community, including the following. These data continue to be the driving force for recommendations in Year 2.

#### General Health:

- Reduce current combined overweight and obesity rates (39% of youth; 63% of adults).
- Increase access to healthy options when there are geographic and/or financial barriers.

#### Move More:

- Improve sidewalks, paths and/or trails to neighborhoods, schools, and the business district.
- Increase awareness and use of community resources for walking, running and biking.
- Increase physical activity in the workplace for adults.
- Manage and reduce screen time of electronic devices with youth.

#### Eat Better:

- Increase awareness for balanced diet, particularly five or more fruits and vegetables daily.
- Engage and improve healthy food options with restaurants and grocery stores.

#### Avoid Unhealthy Substances:

- Reduce current alcohol drinking rates (37% of teenagers and binge drinking in 34% of adults).
- Reduce current adult smoker rate of 21%.
- Reduce Percentage of youth reporting alcohol or marijuana use in the past month (new)
- Increase the age of onset that youth report first use of alcohol and other drugs (new)

#### Connect With Others:

- Improve access and awareness to existing community networks for healthy connections.
- Recruit and retain a network of community volunteers for organizations and services supporting healthy living.
- Reduce current teenage bullying (experienced by 78-94% of youth).

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

V. Intervention Matrix (PDF attachment)

**Future Years' Proposed Interventions**

Vision Area	Intervention	Year 1 2012-2013	Year 2 2013-2014	Year 3 2014-2015	Year 4 2015-2016	Year 5 2016-2017
Avoid Unhealthy Substances	SRSLY					
Connect with Others	5H Kids Camp					
	CCA Mobile Arts Kit					
	Volunteer Chelsea					
	Community Read					
	Healthy Town Square					
Eat Better	Intergenerational Garden				<i>Reassess after 3 years</i>	
	Farmers Markets					
	Healthy Grocery Stores					
	Healthy Restaurants					
	Kids Cooking Camp					
Move More	Chelseamich.com Activity Guide					
	Heart & Sole					
	Safe Routes To School			<i>Reassess after 2 years</i>		
	Regional Trail Plan					
	Run for the Rolls					

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

~ SRSLY Chelsea ~

- CWF Element\* to Impact     Avoid Unhealthy Substances, Connect with Others in Healthy Ways
- Fiscal Agent\*                     Chelsea Community Hospital
- Tax I.D.                                 38-2113393
- Implementation Contact\*     Reiley Curran
- Contact phone and email       (734) 593-5279, curranr@cch.org
- Date Funding Required         July 1, 2013
- Implementation Date           Ongoing

<b>Criteria</b>	<b>Descriptions</b>
Please provide a description of the intervention program you are proposing.	SRSLY is a community coalition dedicated to the prevention of destructive behavior in youth. SRSLY uses multiple strategies and a focus on youth leadership and community engagement to prevent youth substance abuse.

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<p>Describe your action plan (steps) for implementing the intervention, including timeframe.</p>	<p>All activities are based on the needs assessment and strategic plan, which was completed in 2012. Activities are planned as follows, in general order of completion:                  July 2013 – June 2014</p> <ul style="list-style-type: none"> <li>• Recruiting activities at school open houses, football games, and other community events*</li> <li>• Present information on youth substance abuse to groups in Chelsea*</li> <li>• Develop marketing materials to promote the coalition*</li> <li>• Develop marketing materials to educate the community on youth substance abuse rates, consequences, etc. *</li> <li>• Youth engagement activities – What’s Your Anti-Drug Media Contest, Youth-Only meeting*</li> <li>• Project Sticker Shock – public awareness campaign to educate adults about the consequences for buying alcohol for minors</li> <li>• Community engagement activities – Fun, substance-free events for youth and families*</li> <li>• Skill-building and education for coalition members – Community Anti-Drug Coalitions of America conference</li> <li>• Education for youth and adults on media literacy (close to Super Bowl)</li> <li>• Community engagement activities – Fun, substance-free events for youth and families*</li> </ul> <p>*Ongoing activities, will happen multiple times throughout the year</p>
<p>Who (specifically) will be responsible for what aspects of intervention implementation?</p>	<p>All SRSLY activities are implemented by volunteer members of the coalition, with support from the Program Coordinator, and SRSLY Coalition Director.</p>
<p>Do those responsible have the capacity* to implement?</p>	<p>SRSLY Chelsea will continue to implement strategies that have been successful over the past five years. During this time, we have engaged more than 800 volunteers, and dozens of local families and organizations to support our prevention work, including the schools, churches, scouts, physicians, dentists, parents, youth, law enforcement, emergency responders, and businesses, among others.</p>

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<p>Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?</p>	<p>SRSLY Chelsea requires financial support from the coalition. Coalition members who wish to participate in SRSLY in an ongoing or per-project basis are welcome, but not required.</p>
<p>What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.</p>	<ul style="list-style-type: none"> <li>• Percentage of youth reporting that alcohol and marijuana are sort of or very easy to get</li> <li>• Percentage of youth who accurately report peer alcohol use rates</li> <li>• Percentage of youth reporting that their parents would feel it is wrong or very wrong for them to drink alcohol or smoke marijuana</li> <li>• Percentage of youth reporting alcohol or marijuana use in the past month</li> <li>• Percentage of youth reporting moderate or great risk for using marijuana or alcohol</li> <li>• Percentage of youth reporting first use of alcohol and other drugs at the age of 15</li> <li>• Percentage of youth who feel connected to school</li> <li>• Percentage of youth reporting pro-social family involvement</li> <li>• Other key indicators as identified by SRSLY steering committee leaders as high priority during the assessment process.</li> </ul> <p>Source for measurement: MiPHY</p> <p>For data that demonstrates a need for this intervention, refer to the SRSLY Chelsea Needs Assessment report. (Included as an attachment)</p>
<p>Primary target population*</p>	<p>Youth age 10 to 15-years-old and their families</p>
<p>Number of people impacted annually*</p>	<p>Approximately 1,000 youth and their families</p>
<p>Intervention Specific goals, what do you hope to accomplish?</p>	<p>The ultimate goal of SRSLY is to reduce youth substance abuse. Specific, measurable short, medium, and long-term goals and objectives are outlined in the SRSLY Strategic Plan (Included as an attachment)</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>Key Evaluation Data*</p>	<p>Since SRSLY started in 2007, underage drinking has decreased, and age of onset for alcohol has increased. Compared to 2007, the 2010 MiPHY survey showed a large drop in recent and lifetime use of marijuana (lifetime use dropped from 30% of high school students in 2007 to 15% in 2010). Then from 2010 to 2012, we saw all those gains eliminated, thanks in part to statewide implementation of legal medical marijuana. Ease of access shot above 50% among high school students for the first time, perception of risk dropped, and use increased. Coalition leaders are very concerned with this recent trend, and we are taking steps to address these risk factors now. With new, targeted interventions planned for this year, we hope to see use come back down to 2010 levels, when only 2.1% of 9<sup>th</sup> grade students, and 14% of 11<sup>th</sup> grade students reported using marijuana in the past 30 days.</p>
<p>With whom will you collaborate? How will you collaborate?</p>	<p>SRSLY is led by two steering committees – one youth and one adult. The adult steering committee has representatives from key community sectors and organizations, including the schools, hospital, library, police, business, churches, scouts, parents, senior are citizens, civic clubs, media, and other youth-serving organizations. The youth steering committee is made up of eighteen 5<sup>th</sup> – 12<sup>th</sup> grade students. The broader coalition includes more than 800 youth and adult volunteers.</p>
<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p>This model for prevention is a best practice, as determined by the White House Office of National Drug Control Policy (Source: <a href="http://www.whitehouse.gov/sites/default/files/ondcp/grants-content/2011_dfc_interim_report_one_pager_final.pdf">http://www.whitehouse.gov/sites/default/files/ondcp/grants-content/2011_dfc_interim_report_one_pager_final.pdf</a>)</p>
<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<p>SRSLY receives \$125,000 per year from the Drug Free Communities Program. This funding will continue through September 2016, and supports 1.5 FTE, some training for SRSLY staff and coalition members, and some marketing and supplies for coalition activities. The DFC program requires a \$1:\$1 local match, which can include locally raised funds, other grants, and in-kind donations. Most of our local match (approximately 80%) comes from coalition member volunteer time, and in-kind donations from member organizations, including the hospital, schools, library, police department, local businesses and civic clubs. The SRSLY annual appeal fundraising letter earns approximately \$5,000 for the coalition. CWF funds will also go towards the match requirement.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.</p>	<p>The SRSLY coalition has been very successful over the past five years, both in engaging the community in prevention, and in reducing youth substance abuse. Since SRSLY started in 2007, underage drinking has gone from 4.6% to 1.1% among 7<sup>th</sup> graders, 17.1% to 9.4% among 9<sup>th</sup> graders, and 42.9% to 31.2% among 11<sup>th</sup> graders. The average age of first use of alcohol has increased from 14.5 to 15.1 among 11<sup>th</sup> graders. Perception of risk and perception of parental disapproval of alcohol has gone up for 7<sup>th</sup> and 9<sup>th</sup> graders.</p> <p>Compared to 2007, the 2010 MiPHY survey showed a large drop in recent and lifetime use of marijuana (lifetime use dropped from 30% of high school students in 2007 to 15% in 2010). Then from 2010 to 2012, we saw all those gains eliminated, thanks in part to statewide implementation of legal medical marijuana. Ease of access shot above 50% among high school students for the first time, perception of risk dropped, and use increased. Coalition leaders are very concerned with this recent trend, and we are taking steps to address these risk factors now. We hope to see use come back down to 2010 levels, when only 2.1% of 9<sup>th</sup> grade students, and 14% of 11<sup>th</sup> grade students reported using marijuana in the past 30 days.</p>
<p>Describe your evaluation plan. How will you know this intervention is making a difference?</p>	<p>SRSLY has contracted with the University of Michigan School of Public Health to conduct both process and outcome evaluations of our efforts to date. This report will be available in the fall of 2013</p>
<p>Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.</p>	<p>SRSLY receives support from the Drug Free Communities (DFC) support program, through the White House Office of National Drug Control Policy. This grant provides \$125,000 in funding per year for five years, and requires a \$1:\$1 local match. The \$15,000 from the Chelsea Wellness Coalition plan will help meet that match requirement, and be used to implement activities outlined in the SRSLY yearly action plan. SRSLY also receives support on a project-basis from the Chelsea Education Foundation, and the Chelsea Community Foundation. Local civic clubs, businesses, and families donate funds and supplies to support events like SRSLY Cinema and SRSLY holiday parties. In addition, Chelsea residents donated over \$5,000 in response to a fundraising letter sent in December. These donations, along with volunteer time and in-kind donations, help SRSLY meet the match requirement for DFC, and continue to implement our strategic plan.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

**BUDGET**

<b>SRSLY Chelsea Year 2</b>		<b>Budget</b>	
<b>Expense</b>	<b>Amount</b>	<b>Funding Source</b>	
Supplies			
Marketing Materials	\$ 1,000	Chelsea Wellness Coalition	
What's Your Anti-Drug Contest Prizes	\$ 300	Chelsea Wellness Coalition	
CPTN SRSLY – comic book printing	\$ 1,000	Chelsea Wellness Coalition	
Social Norming Materials	\$ 1,000	Chelsea Wellness Coalition	
Kickoff Rally Supplies	\$ 250	Chelsea Wellness Coalition	
Additional Program Supplies	\$ 10,230	Drug Free Communities grant, Local Fundraising, In-Kind	
Travel			
CADCA Conference	\$ 5,700	Chelsea Wellness Coalition	
Additional travel (conferences, local mileage)	\$ 8,688	Drug Free Communities grant, Local Fundraising, In-Kind	
Purchased Services			
CPTN SRSLY – Artist Jerzy Drozd	\$ 4,000	Chelsea Wellness Coalition	
Marketing – ENC	\$ 1,000	Chelsea Wellness Coalition	
Additional Purchased Services (marketing, evaluation, member contributions)	\$ 99,700	Drug Free Communities grant, Local Fundraising, In-Kind	
Other			
Marketing - Sponsorship of Chelsea Rec Team	\$ 500	Local fundraising	
Chelsea Fair – booth space and parade supplies	\$ 750	Chelsea Wellness Coalition	
Additional other expenses (Cinema movie licenses, space, marketing expenses)	\$11,945	Drug Free Communities grant, Local Fundraising, In-Kind	
Personnel	\$100,292	Drug Free Communities grant, CCH In-Kind	
<b>TOTALS</b>			
	<b>\$ 15,000</b>	<b>Chelsea Wellness Coalition</b>	
	\$ 236,555	Drug Free Communities grant, Local Fundraising, In-Kind	
	\$ 251,555	TOTAL SRSLY BUDGET	

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

~ Wild About Summers 5H Kids Kamp ~

- CWF Element\* to Impact     **Eat Better, Move More, Connect with Others, Avoid Unhealthy Substances**
- Fiscal Agent\*                 **Chelsea Recreation**
- Tax I.D.                         **38-1735841**
- Implementation Contact\*     **Eric VanHevel, Recreation Director**
- Contact phone and email     **734-475-1112; eric@chelsearec.com**
- Date Funding Required       **Decision by June 1, 2013 Actual funding by July or August of 2013**
- Implementation Date         **Start Date: June 10, 2013   End Date: August 23, 2013**

<b>Criteria</b>	<b>Descriptions</b>
<p>Please provide a description of the intervention program you are proposing.</p>	<p>Chelsea families need a convenient, healthy and affordable alternative to kids sitting at home with a babysitter watching television or playing video games during the summer months. Now is the time to establish a safe, convenient, healthy and affordable alternative to other childcare or other day camp options in our community. The 5H Chelsea Recreation Wild About Summer Kids Kamp will do just that.</p> <p>The day camp will be run by Chelsea Recreation staff, and overseen by Rec’s Director and Board. In collaboration with members of the Chelsea Wellness Coalition, each week of camp will include activities that promote the four elements of the CWF vision: eat better, move more, connect with others in healthy ways, and avoid unhealthy substances. This will include healthy snacks, lots of physical activity (both structured games and free play), games that promote teamwork and fun interaction between kids and with adults in the community (for example, helping the Senior Center in the Intergenerational Garden), and educational activities with SRSLY. Each Friday is Frenzy Friday where we will provide a combination of special events on site or in town or do a field trip.</p> <p>The camp is structured to be appealing and accessible to all. Hours start early and end late, for busy working parents. Rates are set at affordable levels, and discounts will be provided for those needing assistance.</p> <p>The estimated cost to run this program for the summer is \$55,000. With a weekly rate for participation of \$160 per student (discounted rate of \$125 per student on free/reduced lunch), expected revenue is \$40,000. Chelsea Recreation is asking for a grant of \$15,000 for this year, to allow us to keep costs to families low. The specific areas that this funding will impact are outlined in the budget at the end of this Intervention Table.</p>

## Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)

Describe your action plan (steps) for implementing the intervention, including timeframe.	If funded, the Camp Director and the Recreation is working with the four sub-committees from the CWC to identify specific activities that the camp will be able to implement throughout the summer that fits into each week's theme. We will be able to ensure that we focus on the 4 pillars of the CWC through these partnerships. The camp will bring in people to do demonstrations and activities to teach participants how to make healthy choices that will not only enhance their own lives, but the lives of their families and friends. We will also be able ensure that they have healthy snacks throughout the day which will help drive home the message of eating better.
Who (specifically) will be responsible for what aspects of intervention implementation?	Recreation Director and the Camp Director will ensure that the plan is executed, with support from the Board of Directors, and camp counselors. Members of the CWC have volunteered to help plan and lead activities related to the CWF vision.
Do those responsible have the capacity* to implement?	Yes, we will also be reaching out to other sub-committees to help design innovative activities for the camp.
Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?	This camp will engage partners from all four sub-committees of the Chelsea Wellness Coalition in order to plan and lead activities in the four vision areas of the foundation. Partners include (but are not limited to): schools, SRSLY, Community Kitchen, Intergenerational Garden, Chelsea District Library, and others
What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.	<p>Increase the number of youth engaging in 60 minutes of physical activity per day. Increase the number of youth consuming five or more fruits and vegetables per day.</p> <p><i>This will be measured by:</i></p> <ul style="list-style-type: none"> <li>• # of days participants engage in physical activity. Measure # of minutes/day participants are physically active. (i.e. we are planning on implementing a 100 mile club)</li> <li>• # of days participants consume healthy snack (fruit/vegetable)</li> <li>• Weekly summary of what the camp did to enhance the physical well-being of its participants.</li> </ul>
Primary target population*	Youth ages 5-12
Number of people impacted annually*	Goal is to reach at least 25 youth per week for 11 weeks during the summer months for a total of 275 youth and their families.
Intervention Specific goals, what do you hope to	Provide an affordable summer day camp experience that is not only enjoyable for participants, but an avenue to influence the lifestyles and decision making processes of a young person's life in a positive way to last a lifetime.

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accomplish?	
Key Evaluation Data*	The success of this camp will be based on participation numbers, camp evaluations completed by campers and parents of campers and throughout the camp we will have the participants do different projects to demonstrate what they have learned pertaining to the four pillars of the Wellness Coalition. We welcome CWF input on developing the camp evaluation tool.
With whom will you collaborate? How will you collaborate?	There are many opportunities to collaborate with other agencies in Chelsea. Some examples include: Chelsea Senior Center, Chelsea School District, SRSLY, St. Louis Center, CCA, Chelsea Community Library. Chelsea Fire & Police Departments, etc.
Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s	This program would be innovative in that we can touch on all four pillars of the Wellness Coalition instead of focusing on one or two of them. We will be reaching participants at an early age to hopefully influence their lifestyles and decision making processes. This will be a chance to use other community partners and expose the participants to a variety of different agencies and their missions.
Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).	Chelsea United Way has been a longtime supporter of Chelsea Recreation as they underwrite the majority of our scholarship program. The funding that they donate goes towards supplying scholarship funding for all of our programs including the day camp. In 2012 Chelsea United Way donated \$8,000 towards scholarships and a request has been made for \$10,000 for 2013. Decision has not yet been made of how much funding Chelsea United way will commit.
If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.	New Intervention
Describe your evaluation plan. How will you know this intervention is making a difference?	The success of this camp will be based on participation numbers, camp evaluations completed by campers and parents of campers and throughout the camp we will have the participants do different projects to demonstrate what they have learned pertaining to the four pillars of the Wellness Coalition.
Describe your plan for sustainability* of the intervention and sustainability for any health improvements	We anticipate that growth in the program in future years will lead to sustainability, and the camp will no longer need grant support.

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resulting from the intervention.	
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**~ BUDGET for REQUEST~**

Morning/Afternoon Healthy Snacks	\$6,375.00
Increased days of pool rental and usage	\$1,980.00
Advertisement of the camp acknowledging the Wellness Foundation as a major contributor	\$ 500.00
Enhanced staffing levels to provide the best quality to the participants and to make a positive impact on their lives and lifestyles	\$845.00
Supplies to deliver the activities of the camp	\$1,000.00
Collaboration with other local agencies to provide the education portion or some of the “Frenzy Fridays” activities of the camp each week. Fees paid to other agencies to deliver special programs.	<u>\$2,300.00</u>
	<b>\$13,000.00</b>

**Conclusion:**

This camp is an excellent opportunity to touch the lives of families in the Chelsea area in a positive way. We believe that the way this camp is structured; we will be able to teach the participants the importance of Eating Better, Moving More, Connecting with Others in Healthy Ways and Avoiding Unhealthy Substances. This is also an excellent opportunity for the four subgroups to be engaged and collaborate to make a single intervention successful.

As this camp is scheduled to start June 10, it would be beneficial if we knew the decision of what funding level we would be receiving prior to the start of camp. We wouldn’t necessarily need the funding until July or August. If we are awarded a lower amount of funding than requested, we would use it to the best of our ability to implement as much of the entire plan as possible.

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Chelsea Center for the Arts (CCA) Mobile Arts Class Kit

- CWF Element\* to Impact - Connect with Others in Healthy Ways
- Fiscal Agent\* - Chelsea Center for the Arts
- Tax I.D. - 38-3255762
- Implementation Contact\* - Lisa Baylis Gonzalez, Executive Director
- Contact phone and email - 734-433-2787; lbaylis@chelseacenterforthearts.org
- Date Funding Required - June 15, 2013
- Implementation Date - June 15, 2013

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	The St. Louis Center, Chelsea Senior Center, and Silver Maples Retirement Community have all asked the CCA for several years if they might provide arts programming at their sites, for their constituents with special limitations and/or needs. This would allow those who are not able to attend classes at the CCA to experience the many benefits of the arts, in environments where they are comfortable. The Chelsea Center for the Arts (CCA) Mobile Arts Class Kit will include equipment, materials and expertise from trained CCA instructors. This grant will ready the CCA to conduct onsite art and music making and appreciation classes and workshops which will benefit participants, including seniors and disabled individuals, by nurturing social skills, reducing/managing stress, and building self-confidence and self-discipline, stimulating imagination, developing cognitive skills, refining physical/motor skills, among other physical, mental, emotional and social benefits.
Describe your action plan (steps) for implementing the intervention, including timeframe.	<ul style="list-style-type: none"> <li>• CCA executive director and programming staff meet with organizations for initial discussions on potential participant needs and issues – April through June, 2013</li> <li>• Experts consult on development of special curriculum – June through August, 2013</li> <li>• Supplies and materials for arts class kits procured – June through August, 2013</li> <li>• Onsite classes arranged for fall and forward – July, 2013 and on</li> <li>• Classes conducted onsite at other organizations – September, 2013 and on</li> </ul>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<ul style="list-style-type: none"> <li>• Evaluation activities – September, 2013 and on</li> </ul>
Who (specifically) will be responsible for what aspects of intervention implementation?	Lisa Baylis Gonzalez, Executive Director will serve as the project director, ensuring that the project is implemented according to plan. Lisa Hinz-Johnson, Music Programming Director and Lisa Powell, Visual Art Programming Coordinator, will engage curriculum development consultants, oversee the development of lesson plans, and identify and purchase equipment and materials. They will also develop the evaluation vehicles and processes. Holly Brown, Office Manager, will assist in arranging meetings and booking onsite programs with outside organizations. Also involved will be the CCA art and music instructors who will teach the workshops and classes, contribute to the development of lesson plans and evaluation methods.
Do those responsible have the capacity* to implement?	Lisa Baylis Gonzalez, Lisa Hinz-Johnson and Lisa Powell all hold undergraduate and graduate degrees from top institutions in their related fields of expertise, and have a decade or more of related experience. This will also be the case for the art and music instructors, and the curriculum development consultants to be engaged. CCA staff has already been in communication with representatives of several community organizations at which onsite classes will be conducted, as they are anxious to offer this arts programming for their constituents. Background checks on staff, volunteers, and contract instructors and consultants are always conducted by the CCA.
Does implementation of this intervention require support/resources from the broader coalition?	There is no specific support that would be required from the broader coalition, although their assistance in raising awareness for the programs to be offered by the CCA would be very beneficial.
What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.	The Chelsea Wellness Coalition’s 2012 Needs Assessment identified the following indicator as an area of need under the umbrella of Connecting with Others in Healthy Ways: Improve access and awareness to existing community networks for healthy connections. The coalition believes this will improve health measures including poor mental health days per month (6.4 days per month in 2010, up from 1.7 in 2005), satisfaction with life (93% in 2010, down from 97% in 2005), and depression (24% of teens in 2010). Sources: 2010 HIP Survey, 2010 MiPHY survey
Primary target population*	Initially, the “mobile arts class kit” will serve seniors, adults and older teens, some of whom having limitations in their physical and/or mental abilities. The hope is that this “kit” will also be useful for conducting a wide variety of onsite arts classes and workshops, to serve children through seniors with programming, from one-day workshops through ongoing, multi-session classes and camps at sites located within Chelsea and the surrounding communities.
Number of people impacted annually*	In a 12-month period, it is expected that approximately 300 students will be served (some with special needs) at sites in Chelsea and the surrounding communities. The expectation is that this number would grow in subsequent years, as the program offering becomes known, and networking with potential organizations to be served is strengthened.
Intervention Specific goals, what do you hope to accomplish?	To provide art and music programming that does not currently exist, which has been especially developed for individuals with special demographics and/or some physical and/or mental limitations, and which would be best conducted onsite at other community organizations. This programming is meant to provide unique physical, mental and social benefits to participants, as well as a time of enjoyment and relaxation. Benefits will be realized

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	immediately, and also build over time.
Key Evaluation Data*	The CCA will work with the St. Louis Center, the Chelsea Senior Center, the Silver Maples Retirement Community and other community organizations to collect and use data in the decision-making processes for the development of curriculum/lesson plans and evaluation methods.
With whom will you collaborate? How will you collaborate?	The CCA will collaborate with the St. Louis Center, the Chelsea Senior Center, the Silver Maples Retirement Community and other community organizations in the first 3-month period of programming, to determine the exact number and types of programs to be offered and, later, to modify curricula based on anticipated students to be participating, and their special needs and issues. The cost to the organizations at which programs will be provided will be somewhat reduced by the CCA's acquisition of baseline mobile equipment and materials, as well as baseline curriculum development for student with special limitations or conditions.
Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s	Many scientific, medical and other studies (including those commissioned by Americans for the Arts, National Assembly of State Arts Agencies in collaboration with the Arts Education Partnership, VH1 Save the Music Foundation, Livestrong, Medical News Today, PBS, English.Eastday.Com, New York Times and others) have well proven the many benefits of arts instruction and appreciation, in mental, physical, emotional and social regards. Many of the individuals to be targeted by this intervention currently lack opportunities to benefit from such helpful and enjoyable programming. An indicator of the success of this intervention will be the number of individuals experiencing betterment to their mental/cognitive, emotional, physical/motor and social states. Best practices for instruction and program administration, as well as the highest ethical standards will be employed.
Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).	Overall CCA operating costs, such as expenses related to staff (executive director, office manager, music programming director, visual arts programming coordinator), office supplies and materials, public relations and marketing expenses, facilities expenses, and other expenses are partially funded by grants from the Michigan Council for Arts and Cultural Affairs and the Worthington Family Foundation. As a result, no items related to overhead costs for this intervention proposal are included in the intervention budget below.
If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.	This will be a new program of the Chelsea Center for the Arts.
Describe your evaluation plan. How will you know this intervention is making a difference?	Measures to evaluate the success of the programs to be implemented in the 12-month period will be: number of programs provided; number of participants served in programs; evaluation surveys completed by students/family members/caregivers; and growth in enrollment in programs offered over time.
Describe your plan for sustainability* of the intervention and	The curriculum development, and equipment and materials to be purchased with this grant are expected to serve their purposes for such programming for at least 2 to 4 years. Fees will be charged to organizations/individuals who participate, but they will be somewhat reduced by this project, with organizations providing the CCA with fees to

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

sustainability for any health improvements resulting from the intervention.	primarily cover direct costs (instructor fees, etc.).
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**CCA Mobile Arts Programming Kit - Project Budget**  
**Chelsea Center for the Arts - Lisa Baylis Gonzalez, Executive Director**

**A. Curriculum Development**

	<b>Expense Item Description</b>	<b>Fee/Hr</b>	<b>Hours</b>	<b>Ext</b>	<b>Purpose</b>
1	Education Consultant - Music	\$45	10	\$450	To develop curriculum for seniors & disabled (physical, emotional & cognitive issues)
2	Education Consultant - Visual Art	\$45	10	\$450	To develop curriculum for seniors & disabled (physical/emotional & cognitive issues)
	<b>TOTAL CONSULTING SERVICES</b>			<b>\$900</b>	

**B. Equipment & Materials**

	<b>Expense Item Description</b>	<b>Price</b>	<b>Quan</b>	<b>Extend</b>	<b>Purpose</b>
1	Platform Truck	\$260	1	\$260	Heavy duty, to move equipment, supplies/materials for onsite instruction
2	Heavy Duty Storage Boxes	\$25	4	\$100	Large storage boxes to hold and transport music & art equipment/supplies/materials
3	Student Tray Totes	\$23	20	\$450	Storage totes for each student's use during class (10 art and 10 music)
4	Portable Tabletop Easels	\$45	10	\$450	Portable tabletop easels for each student's use during class
5	Art Tool Sets	\$75	10	\$750	Start-up art supplies (drawing, painting, other)
6	Small Musical Instruments	\$50	10	\$500	Small percussion/rhythm instruments (shakers, sticks, etc.)
7	Clean-up Utensils	\$90	1	\$90	Start-up cleaning utensils/supplies
	<b>TOTAL EQUIPMENT/SUPPLIES</b>			<b>\$2,600</b>	

<b>TOTAL INTERVENTION BUDGET</b>			<b>\$3,500</b>	
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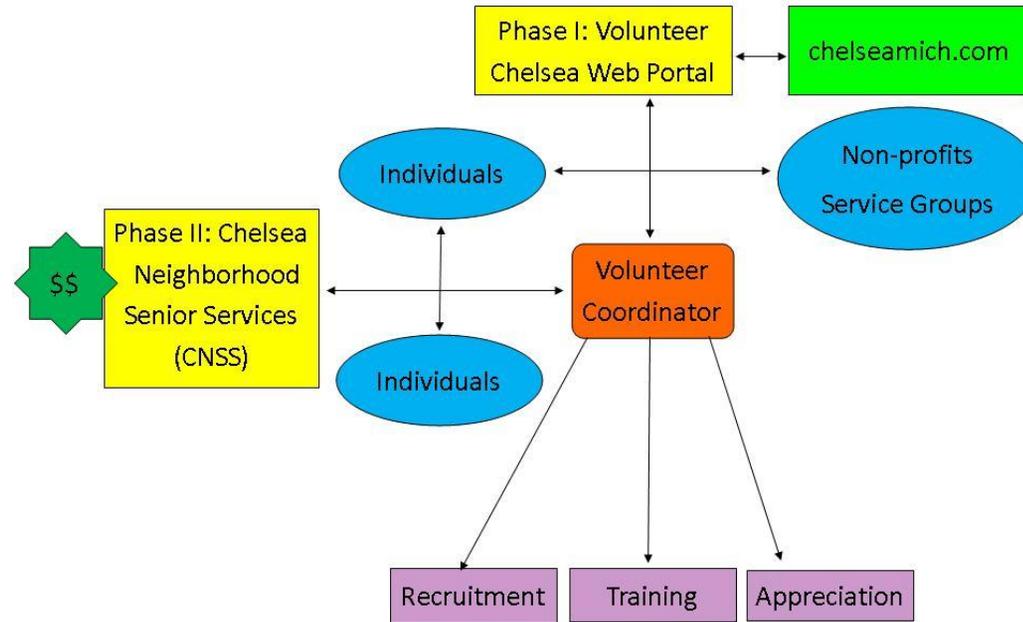
~ Volunteer Chelsea Phase II: Chelsea Neighborhood Senior Services ~

- CWF Element\* to Impact: Connect with Others
- Fiscal Agent\*: Chelsea Senior Citizens Activities Center
- Tax I.D.: 91-2187162
- Implementation Contact\*: Trinh Pifer
- Contact phone and email: 734-475-9242 tpifer@chelseaseniors.org
- Date Funding Required: Summer 2013
- Implementation Date: June 2013 or at start of funding

<b>Criteria</b>	<b>Descriptions</b>
Please provide a description of the intervention program you are proposing.	This intervention is Phase II of the Volunteer Chelsea Intervention funded last year (see Figure 1 below). The goal of Phase II is to connect volunteers with individuals who have specific needs (e.g. homebound seniors) in ways that allow them to remain independently in their own homes. This intervention seeks to develop a “Chelsea Neighborhood Senior Services (CNSS)”. The vision of CNSS is to create a hub for seniors to access existing resources in their community. A network of support and resources will be developed to help seniors to “age in place” safely and independently.

Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)

Figure 1: Volunteer Chelsea Phases I and II



In the past year, the CNSS Steering Committee conducted several focus groups to assess feasibility and possible partnerships. In addition, we developed a survey to assess what resources were most needed by our local senior population (see attached Senior Services Survey). The top 3 categories of most requested services from the survey included (1) home repair including handyman services, light housekeeping, and gardening/snow removal; (2) transportation for medical appointments and errands; (3) discounts at grocery stores, restaurants, and hardware stores. The CNSS project team will work with existing organizations and resources to target these priority areas. Services will be provided using a pool of volunteers when appropriate and feasible (e.g. volunteers to provide transportation or computer support). Services that require a professional vendor or contractor (e.g. roofing, electrical/plumbing repair) will be referred from a pool of vetted service providers. Other senior networks around the country charge high annual membership fees to access these benefits, but CNSS will strive to be accessible for all seniors in the community.

(1) Develop a database of volunteers and vetted service providers who are able to provide support or

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>Describe your action plan (steps) for implementing the intervention, including timeframe.</p>	<p>services. This will be done within the first 3 months using interns. Specific tasks include building a database with the ability to generate reports and queries (e.g. Access database); recruiting volunteers and vendors able to provide services or discounts; developing a process to vet each volunteer/vendor (e.g. backgrounds checks, referrals, applications).</p> <p>(2) Train volunteers to act as resource advocates (i.e. they will be trained to receive and triage calls/requests for services and resources). This will also be done within the first 3 months and led by a Volunteer Coordinator. Procedures and forms for training volunteers, documenting calls, and evaluating services will need to be developed. We will partner with other organizations to use their existing procedures and forms.</p> <p>(3) Coordinate volunteer recruitment and appreciation events through the Chelsea Volunteer Portal. This will be done in partnership with chelseamich.com and other non-profit and service groups in Chelsea. Some possible joint efforts include an annual Volunteer Appreciation event at the Chelsea Spring Expo, a “Volunteer of the Year” award, quarterly press releases/e-blasts to remind people about new volunteer opportunities.</p>
<p>Who (specifically) will be responsible for what aspects of intervention implementation?</p>	<p>The CNSS Steering Committee will have oversight of the project and the Volunteer Coordinator. The Steering Committee members include:</p> <ul style="list-style-type: none"> <li>• Trinh Pifer, Chelsea Senior Center Executive Director</li> <li>• Linda Ballard, Chelsea District Library Assistant Director</li> <li>• Shawn Personke, Silver Maples Director of Activities and P.R.</li> <li>• Leslie Surel, Director of Web Marketing for chelseamich.com</li> <li>• Anne Comeau</li> <li>• Jan Bernath</li> <li>• Phyllis Jonas</li> <li>• Jack Merkel</li> <li>• Maurine Nelson</li> <li>• James Randolph</li> <li>• Janice Webster</li> </ul> <p>On a daily basis, the Volunteer Coordinator and interns will interact with Trinh Pifer and other Chelsea Senior Center staff. The offices/administrative support will be provided by the Senior Center.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>Do those responsible have the capacity* to implement?</p>	<p>The Steering Committee members include many individuals who have extensive experience with volunteer coordination, project management, and development of process/procedures. Additionally, the community members involved are active community leaders, volunteers, and individuals who represent the senior population in Chelsea wanting to live independently in their own homes.</p>
<p>Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?</p>	<p>This intervention overlaps with all subcommittees of the coalition and could possibly be implemented in the other 5 Healthy Towns. Some of the funding requested for this intervention supports the ongoing maintenance of the Volunteer web portal, which will continue to benefit and support all of the subcommittees of the broader coalition.</p>
<p>What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.</p>	<p>According to the 2010 HIP data, the percentage of seniors (age 65+) who report that they sometimes or rarely/never get social and emotional support they need is over 20% (this result is even higher for seniors age 75+ at 28%). This intervention will target the prioritized objective of the Connect with Others subcommittee to decrease isolation by providing seniors access to a network of volunteers and vetted/discounted service providers. Additionally, this intervention will utilize the Volunteer Portal to promote opportunities for Chelsea residents to connect with the senior population in meaningful ways.</p>
<p>Primary target population*</p>	<p>According to 2010 SEMCOG data, the senior population (60+) in the Chelsea school district is 22% and this figure is forecasted to grow to 32% by 2040. Additionally, of all households in Chelsea, 11% are 65+ living alone. Clearly, there is a great need in our community to provide support services and resources that help seniors remain independent, now and in the future.</p>
<p>Number of people impacted annually*</p>	<p>This intervention will directly impact the thousands of seniors in our local community. As of 2010 SEMCOG data, there are 4,415 seniors (60+) in our community. Additionally, this intervention has the possibility to impact all segments of the population from youth to seniors, who will have opportunities to volunteer their time and skills.</p>
<p>Intervention Specific goals, what do you hope to accomplish?</p>	<p>Within the first year, we will reach out to seniors living in the Chelsea school district, in particular, the 11% living alone in their own homes. We will recruit a pool of volunteers to deliver needed services (e.g. rides, computer repair, snow removal, light gardening) and develop a searchable database of vetted providers for services that cannot be done by volunteers (e.g. handyman services, home health care agencies). Our goal is to improve indicators of social connectedness among seniors in our community, by decreasing isolation and delivering needed services.</p>

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<p>Key Evaluation Data*</p>	<p>(1) We will track the <u>volume</u> and <u>types</u> of calls and requests that will be received and triaged by our Volunteer Coordinator and volunteers. We plan to complete “intake/enrollment” forms when services are requested along with “evaluation” forms after services are provided. This will help us evaluate the success of our first year efforts.</p> <p>(2) We will also track the number of volunteers/hours to assess the number of people who are making meaningful connections through community service and volunteerism.</p>
<p>With whom will you collaborate? How will you collaborate?</p>	<p>The CNSS Steering Committee is comprised of representatives from the Chelsea Senior Center, Silver Maples, Chelsea District Library, and other invested community members. The Steering Committee will provide oversight for the Volunteer Coordinator. Other key partners include, but are not limited to, local businesses, Chelsea Chamber of Commerce, Catholic Social Services of Washtenaw County, Faith in Action, Chelsea Community Hospital, and other senior services providers.</p>
<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p>This project anticipates the needs of our growing senior population and strives to make Chelsea a more “age-friendly community” as recommended by the World Health Organization initiative (<a href="http://whqlibdoc.who.int/publications/2007/9789241547307_eng.pdf">http://whqlibdoc.who.int/publications/2007/9789241547307_eng.pdf</a>).</p> <p>A 2010 survey conducted by AARP reported that 88% of seniors 65+ want to remain in their current residence for as long as possible. Coordinated resources are needed to support this “age in place” trend. Source: AARP, “Home and Community Preferences of the 45+ Population”</p> <p>Similar models to support aging in place have been a growing trend throughout the US. (<a href="http://www.vtvnetwork.org">http://www.vtvnetwork.org</a> ). “Village Networks” vary greatly in the services they provide, their funding/fees, and how their operations are run. Our goal in building a Chelsea Neighborhood Senior Services is to create a hub for seniors to access existing resources in their community.</p>
<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<p>We will be submitting a grant to the Chelsea Community Foundation for funding to support this project. The first year of CNSS will be spent building infrastructure and processes. It will take at least another year to assess the volume and types of requests. Our goal is to secure \$25,000 from the CWC and an equal amount from the Chelsea Community Foundation to sustain this project for the first two year of development, implementation, and evaluation.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.</p>	<p>This CNSS is the second phase of the Volunteer Chelsea intervention:                  In Phase I, a website portal was built to connect volunteers with non-profit organizations and service groups in Chelsea. The official launch of the portal occurred on Saturday, April 13 at the Chelsea Spring Expo to build excitement and awareness. It has been very well received by non-profit groups and individuals in the community who are actively using the site to post and to find meaningful volunteer opportunities. We also hope to continue sharing resources for volunteer recruitment, training, and appreciation among all the non-profit organizations and service groups in Chelsea. In Phase II, our goal is to connect volunteers with individuals with specific needs (e.g. homebound or isolated seniors). This will be a much more challenging endeavor requiring a Volunteer Coordinator to oversee its initial development.</p>
<p>Describe your evaluation plan. How will you know this intervention is making a difference?</p>	<p>The evaluation data listed above will be our measure of success (e.g. volume of calls/requests, evaluation of services provided, number of volunteer hours tracked). These are all measures of the impact we will have on our community.</p>
<p>Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.</p>	<p>Initial funding is needed to develop the database, recruit/coordinate volunteers, and build awareness around this initiative. Developing this infrastructure will be key to keeping the project running and sustainable beyond the initial funding period. Additionally, a fee schedule will be developed for some of the services provided, but it will be on a sliding scale/ability to pay. For example, an individual who receives help from a volunteer to troubleshoot computer problems will be asked to make a suggested donation equal to market value for that service. Individuals unable to pay full value will not be turned away. Services that cannot be provided by a volunteer (e.g. roofing) will be referred to a vetted provider. After year one, we will assess the volume of requests and demand for services. As appropriate, we will evaluate the need for additional fundraisers, membership fees, or sponsorships. Our goal is to keep CNSS an accessible resource for all seniors in the community.</p>

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**Chelsea Neighborhood Senior Services Budget  
3/29/2013**

<b>Item Description</b>	<b>Year 1</b>	<b>In-Kind</b>
<b>Volunteer Coordinator</b> \$20/hr for 500 hours (approx. 10 hrs/week) (duties: recruit/train volunteers, develop policies/forms/procedures, supervise interns)	\$10,000	
<b>Volunteers (to receive/triage calls and referrals; provide services such as rides)</b> assume 1000 volunteer hours at \$20/hour		\$20,000
<b>Interns to build database of resources &amp; service providers</b> \$15/hr for 300 hours (approx. 15 hrs/week) to build/test database \$15/hr for 300 hours to contact/register/vet local service providers based on established criteria	\$4,500 \$4,500	
<b>Administrative support/overhead (provided by Chelsea Senior Center)</b> Office space, computer/phone use, office supplies		\$5,000
<b>Marketing materials</b> Brochures (design and production) Mass mailing (4000 pieces bulk mailing) Ads/marketing Volunteer training expenses (copies, procedure manuals, etc.)	\$1,500 \$1,000 \$2,000 \$300	
<b>Volunteer Portal website maintenance</b>	\$1,200	
<b>Subtotal</b>	<b>\$25,000</b>	<b>\$25,000</b>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

**~ Community Read ~**

- CWF Element\* to Impact: **Connect, Move More, Avoid**
  - Fiscal Agent\* **Chelsea District Library**
    - Tax I.D. **38-6007932**
  - Implementation Contact\* **Bill Harmer**
- Contact phone and email [bharmer@chelseadistrictlibrary.org](mailto:bharmer@chelseadistrictlibrary.org)
  - Date Funding Required **May 2013**
- Implementation Date **September thru November 2013**

<b>Criteria</b>	<b>Descriptions</b>
Please provide a description of the intervention program you are proposing.	To partner with the Chelsea District Library and their Community Read program to create a culture of wellness by educating the community about how to take advantage of options to <i>move more</i> . Purpose of a CR is to generate awareness while creating a space for discussion. Benefits include enhancing community involvement, fostering the exchange of ideas, and creating a lasting, behavioral change around health & wellness issues by raising community awareness. This intervention will also assist residents in finding ways to be physically active and connect with others in healthy ways.
Describe your action plan (steps) for implementing the intervention, including timeframe.	<p><b>2013 5H Community Reads Together Timeline</b></p> <ul style="list-style-type: none"> <li>• Outreach           <ul style="list-style-type: none"> <li>○ Raise awareness within Coalitions about our plans, which is to focus on the <i>Move More</i> aim</li> <li>○ Recruit committee members to join out planning committees, start by meeting with <i>Move More</i> subcommittee</li> </ul> </li> </ul>

## Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)

- Timeline: **January – March (Complete)**

- Form Committees

- Oversight/Steering Committee (**January 2013 - Complete**)
- Subcommittees
  - Coalition level
    - Composed of coalition members
    - Library liaison(s)
    - Community stakeholders
    - Mission: Develop programs, events and work collaboratively
- Timeline: **Beginning of March (Complete)**

- Choose an Aim – *Move More*

- Timeline: **Beginning of March (Complete)**

- Choose Book

- Timeline: **End of April**
- We give each subcommittee a starter lists of recommendations to deliberate over
- Rank top choices in order from one thru three and assign point values in order to reach decision about choosing a book
- Book distribution: beginning of summer (June/July)
  - Placement of books in key gathering locations in community

- Plan Programs & Events

- Two shared programs between all 5 healthy towns
  - Kick Off Event (Heritage Days)
    - September 7 in Grass Lake
      - Work with Grass Lake Chamber who is organizing the event
    - Like a fair, with booth
      - Need a giveaway

## Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)

- Each coalition to set up shop
- Foundation can use as opportunity to raise awareness
- Hand out books, brochures
- Closing Event
  - Plan for late October/early November
    - Must tie into an existing community event
- Evaluations/Stats/Surveys
  - We want to use a common evaluation, and then make sure to update a common tracking sheet (using Google docs).
- Coalition level programming
  - All other programming done at coalition level
    - Target between 4 and 8 programs per community (between 20 to 40 in total)
- Timeline: **End of July for programming**
  - Verify & coordinate newsletter deadline dates w/libraries
- Marketing
  - CDL will create brochure, plus all marketing & PR Materials
    - Website
      - <http://5hcommunityread.wordpress.com/>
  - Timeline: **End of August** for marketing materials
- Program Rollout
  - Kick off on September 7 (Grass Lake Heritage Days)
  - Four to Eight programs and events between September and early November
  - Closing Event on November 7 (Turkey Trot in Dexter)

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<p>Bill Harmer, Director of the CDL, will be the program’s project manager.</p> <p>Anna Cangialosi, CDL Marketing Coordinator, will be responsible for marketing and PR of intervention.</p> <p>The Chelsea Community Read subcommittee, which currently consists of 21 members representing a broad sector and age range of the community, will be responsible for program planning &amp; implementation, book distribution, and volunteering to facilitate events.</p>
<p>Do those responsible have the capacity* to implement?</p>	<p>Yes</p>
<p>Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?</p>	<p>No.</p>
<p>What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.</p>	<p>This intervention targets the goal to increase the proportion of adults who report participating in physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise in the past month. This intervention was selected because many Chelsea residents are not aware of opportunities to participate in activities because there is difficulty finding information. Providing a central location will allow residents to review opportunities and identify those that best fit their needs. By exposing members of the community to engage in activities offered through other community agencies, we will increase the proportion of adults who report participating in physical activities or exercise. The book will incorporate the idea of everyday fitness, how to get there incrementally so it isn't overwhelming and providing a slate of programs that expose people to ideas they may not have thought about. All this leading to a lifestyle the gets people to move more.</p>
<p>Primary target population*</p>	<p>Since this program is a collaborative effort among all five public libraries, our target audience is all five healthy towns in the Wellness Foundation’s area of service. All ranges and demographics. A special emphasis will be placed on students and seniors.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>Number of people impacted annually*</p>	<p>Approximately 8,000. In Chelsea alone, the community read has reached a few thousand people over the last several years, and this success can be easily replicated by working in collaboration with the other four service areas.</p>
<p>Intervention Specific goals, what do you hope to accomplish?</p>	<p>Short-term: 1)The number of books in circulation and involved with the community read that promote healthy lifestyle, with the goal that there will be 4,000 ‘reads’ of related materials and books. 2) Increase awareness of available opportunities for physical activities.          Mid-term: 1)Increase the proportion of adults who report participating in physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise in the past month          Long-term: 1)To engage people emotionally and intellectually to improve the quality of life in the community, promote awareness of health and wellness issues, start a conversation about what a <i>well community looks like</i>, and enhance community involvement to create a more healthy Chelsea. 2) Fortify the relationship with the CWF and the libraries in its service areas to help solve community problems by connecting residents to resources and modifying behavior; position the libraries to serve as conduits for increasing the community's awareness of key issues. 3) Increase in the proportion of Chelsea adults who achieve adequate physical activity.</p>
<p>Key Evaluation Data*</p>	<p>Community read selected books and materials, number of persons completing relevant materials. Quantitative data, such as hits to websites, articles, program attendance, program surveys, number of books and library materials “checked out.”</p>
<p>With whom will you collaborate? How will you collaborate?</p>	<p>The Chelsea District Library, Schools, Chamber, Senior Centers, Hospital, health clubs, non-profits organizations (ex, Run for the Rolls), the Chelsea book clubs and neighboring libraries, the community coalitions, and move more subcommittees will take part in this intervention. The Library and other community organizations will help promote the program and costs will be shared. Area transportation agencies will have input (road commission and biking, WAVE/AATA alternative transportation and walking.) We will also leverage the hospitals or workplace health people to talk</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<p>about alternatives to sitting at a desk. A subcommittee will be formed composed of members representing the above networks/sectors to work collaboratively to design programs and provide information about moving more.</p>
<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p>The community read is a successful, replicable model centered on community participation and collaboration to generate awareness while creating a space for discussion. It leverages the power of the public library to build community alliance, collaboration, and partnership to create a varied structure of programs that are engaging and fun to participate in (film, art, music, food). Chelsea District Library has had long-term success conducting annual community reads.</p>
<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<p>In-kind support from Palmer Morrel Samuels to help us design and implement surveys.</p>
<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you’re making to improve the potential for success.</p>	<p>Evidence of Year One Success:</p> <ol style="list-style-type: none"> <li>i. We estimate that nearly 6200 people were served by the 2012 5H Community Read Project. 500 copies of “In Defense of Food” by Michael Pollan were distributed in Chelsea, and another 1000 copies in the communities of Grass Lake, Stockbridge, Manchester, and Dexter. We estimated that each book was read by or passed on to at least three people, and project that about 4500 read the book in all five communities. 616 people attended the programs in Chelsea, while over 1600 attended the 70+ programs that were facilitated by all five healthy communities.</li> <li>ii. Successfully collaborated and partnered on a joint community read project with the four public libraries and coalitions of Dexter, Manchester, Stockbridge, and Grass Lake.</li> <li>iii. Collaborated with the Chelsea Wellness Coalition’s Eat Better subcommittee to tie together its interventions with the community read project to initiate a community-wide conversation about healthy eating using <i>In Defense of Food</i>.</li> <li>iv. Formed a local subcommittee of Chelsea Wellness Coalition members and key stakeholders in the community to utilize their expertise and knowledge to design a slate of programs, events, and reading materials to emphasize healthy eating and how to change one’s lifestyle.</li> </ol>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<ul style="list-style-type: none"> <li>v. Increased knowledge about how to prepare healthy food through a series of cooking demonstrations.</li> <li>vi. Program participants able to identify, and choose healthier options from restaurants and grocery stores.</li> <li>vii. A community development approach was taken by putting library skills at the service of the community by working with them to plan services, programs, events, and learning materials for this project.</li> </ul>
Describe your evaluation plan. How will you know this intervention is making a difference?	Palmer Morrel Samuels is designing a non-random approach for evaluating community members who have read the book, including feedback about how the book has connected to making improvements in their health.
Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.	Funding will be required for the next two years to focus on the <b>connect</b> and <b>avoid unhealthy substances</b> aims. The 5H Community Read will help create long-lasting relationships between the community and the Library, including our partners in the other four healthy towns, to ensure sustainability of our project. This grant affords us the resources and the opportunity to better understand how our project fits into the community's goals and how we can best work with stakeholders to ensure the lasting impact of working to improve the long-term health of each and every member of the community. By establishing the basics for a strong link between the Library's team and local organizations supporting our actions, we can help guarantee its sustainability.

<b><u>Expenditure</u></b>	<b><u>Detail</u></b>	<b><u>Budget</u></b>
<b>Programming &amp; Events</b>	Speakers, workshops, author events, specialty programs, etc.	\$2,000.00
<b>Marketing &amp; Promotion</b>	Brochure, newsletter, special program promotions, website, surveys, social media, enews, misc. branding materials	\$300.00
<b>Books &amp; Reading Material</b>	<i>Copies of book, including support materials</i>	\$3,000.00
<b>Equipment</b>	Support programming & events	\$250.00
<b>Supplies</b>	General (programming support)	\$500.00
	<b><i>TOTAL</i></b>	<b><i>\$6,050.00</i></b>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

~ Chelsea Town Square Plan ~

- CWF Element\* to Impact Connect with Others, Move More, Eat Better
- Fiscal Agent\* Anticipated to be Chelsea Area Wellness Foundation
- Tax I.D. \_\_\_\_\_
- Implementation Contact\* Elaine Economou, Charlie Taylor
- Contact phone and email: [elaine\\_economou@hotmail.com](mailto:elaine_economou@hotmail.com) (475-9686); [taylor.charles54@gmail.com](mailto:taylor.charles54@gmail.com) (475-2172)
- Date Funding Required June, 2013
- Implementation Date February 2013 - January 2014

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	<p>This intervention will support planning of a new Town Square Park in central Downtown Chelsea. It will bring together numerous community members and leaders (Connect) to provide a community-based and detailed plan for the proposed new Chelsea Town Square. Once the plan is implemented to construct the Town Square (across from Chelsea City Hall, year 2), it will directly support Eat Better, Move More and Connect with Others in a highly visible and sustainable way.</p> <p>The new Town Square Park will provide space and an attractive meeting place for running, walking, eating, visiting with others and many community functions such as the Farmers Market Health Initiative, Physical Activity Resource Guide, Volunteer Chelsea, Sounds and Sights, and eventually many other outdoor community functions.</p> <ul style="list-style-type: none"> <li>○ The DDA and City Government will purchase the land and approve plans for development</li> <li>○ Other city resources should be consulted and funds raised to support the project</li> <li>○ The City of Chelsea will eventually assume ownership and maintenance of the park property</li> <li>○ The City and the DDA both are looking to members of the community for planning and guidance</li> </ul>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<p>on details of the park design</p> <ul style="list-style-type: none"> <li>○ The overall outline for the park plan will follow some parts of an architectural concept drawing commissioned by DDA in 2011; in particular, a two-phase or multi-phase plan will be proposed that allows uses prior to finishing all aspects of the plan</li> </ul>
<p>Describe your action plan (steps) for implementing the intervention, including timeframe.</p>	<p>The intervention will provide a new ad-hoc volunteer committee (about 15 persons) consisting of CWC members and community leaders, volunteer professional public park planners and other interested community members.</p> <p>As needed, the committee will contract work from professional landscape architects, electrical, drainage, paving and site elevation experts. During planning at least quarterly the committee will seek approval and comments from the community and at completion will provide completed plans to the DDA and City Government for implementation. <b>The committee will provide a complete and detailed written architectural and construction site plan ready for groundbreaking by early Spring 2014.</b> The committee will provide frequent personal communications to the Chelsea Area Wellness Foundation, DDA, Chelsea City Government, Town Council, Chamber of Commerce, other stakeholders and area residents.</p> <p><b>Short Term Goals: Vision and Initial Planning (Spring 2013)</b>          This may require up to \$1,200 for new site surveys or drainage plans, etc.</p> <ol style="list-style-type: none"> <li>1. Assemble membership of planning committee representing a cross section of the community.</li> <li>2. Provide written notes of initial agreements to all stakeholders (which organizations will purchase property, pay for construction, provide utilities, paving, etc., take ownership of property and provide maintenance and operation of completed project).</li> <li>3. Assess Demographic Analysis and Health Impacts of Town Square and provide written goals with target dates to planning committee.</li> <li>4. Schedule and carry out visioning meetings and quarterly progress reports in publicized open meetings and additional reports to Town Council, CWF, DDA and Community Groups</li> <li>5. Conduct stakeholder interviews to assess community interest and needed capacity for various public functions that are already held in the community or planned for the future.</li> <li>6. Inventory existing infrastructure (survey of property bounds and easements, electrical, drainage, storm water runoff, potable water supply, paving and landscape, abutting property uses, etc.)</li> <li>7. Review the existing site concept drawings from DDA and revise overall scope/appearance</li> <li>8. Complete Farmers Markets customer survey and vendor capacity (through Chelsea Farmers Market Manager Rapid Market Assessment and Chelsea Farmers Market Manager Vendor</li> </ol>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<p>Survey)</p> <p>9. Obtain and review several versions of schematic plans based on above input including site layout, grading, drainage, access walks and roads, parking, landscaping and building footprints and determine a “recommended alternative plan” (estimated \$5,000 for drawings and consulting support).</p> <p><b>Medium Term Goals: Town Square Concept Development (Summer/Fall 2013)</b></p> <p>10. Develop a more detailed Town Square design and two-phase implementation plan (likely with pavilion and utilities, farmers market structures, park and trail structure, permanent building structures). This entails an illustrative plan drawing for presentation to stakeholders and the community. This will require consulting and architectural services (estimated: \$13,800) for detailed drawings of site layout, materials, site grading and drainage, access roads and walks, utilities, landscaping and structures including furnishings, kitchen appliances and electrical and plumbing fixtures.</p> <p>11. Develop plans for additional funding sponsorship and management in collaboration with DDA, City Government, Chelsea Area Wellness Foundation and other relevant community groups.</p> <p>12. Make plans of projected needs for further funding for completing development and construction</p> <p><b>Long Term: Implementation Plan (Spring 2014)</b></p> <p>13. Market design and park space construction plans finalized and adopted by governing bodies and public meetings</p> <p>14. Events to be scheduled and coordinated through Volunteer Chelsea and Physical Activity Resource Guide (scheduling to be based in Town Hall building? subject to planning decisions)</p> <p>15. Marketing and promotion with support of Chelsea.mich, DDA and Chelsea Farmers Market</p>
<p>Who (specifically) will be responsible for what aspects of intervention implementation?</p>	<p>Charlie Taylor (planning committee chair) and Doug Denison (co-chair) with support from the committee (see collaborations) will be responsible for communications with stakeholders and completing the plan on schedule.</p>
<p>Do those responsible have the capacity* to implement?</p>	<p>Committee members have already undertaken numerous meetings with Chelsea City Government and the Downtown Development Authority (DDA) and have been formally asked by these groups to provide the planning outlined in this document.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?</p>	<p>Several Chelsea Wellness Coalition members are already members of the planning committee and have already contributed significant time and effort (see collaborators section below).</p> <p>Andy Ingalls (Chelsea Wellness Coalition chairperson) was an early champion of this idea, and continues to provide strong support. The entire Chelsea Coalition spent a portion of their March meeting brainstorming activities and features that each member would like the new Town Square Park to support in order to further the goals of the Chelsea Wellness Foundation. These ideas have already been used as guidance for the newly-formed committee.</p>
<p>What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.</p>	<p><b>Indicators:</b></p> <p>1) Increase the number of people meeting together and using a running/walking track in central downtown Chelsea. 2) Increase the visibility and average number of patrons visiting the Chelsea Farmer’s Market and the Bushel Basket Farmer’s Market. 3) Increase the total farmer’s market food vendor annual sales. 4) Increase the HIP survey positive responses for healthy food intake and exercise. 5) Increase website hits for chelseafarmersmkt.org, Chelsea.mich. volunteer portal. 6) Feedback from a survey of volunteers and organizations that utilize volunteers Healthy Town Square resources. 7) Zip codes will be tracked at the point of token sales to determine geographic reach. 8) Occupancy of bike racks to be placed at Town Square will be tracked over time.</p> <p><b>Impact on low-income people:</b></p> <ul style="list-style-type: none"> <li>• Measure annual growth in SNAP-supported customers to farmers markets from zero at the beginning of 2012 season to about 20% of estimated 700 individuals in low-income households (140 individuals).</li> </ul> <p><b>Data indicating a need for intervention:</b></p> <p>Numerous resources suggest that public green spaces should be incorporated into urban environments. A recent article (Bowler et al. BMC Public Health 2010, 10:456) conducted an extensive review of published literature and found that at least 25 different well-controlled studies showed that natural environments near living and working spaces provide direct and positive impacts on well-being.</p> <p>There are many studies and indicators that access to fresh foods (provided by a centrally-located and highly visible farmer’s market) have positive impacts. These studies will not be quoted here, but are readily available elsewhere.</p> <p>The following text is taken directly from the booklet “<b>Parks and Recreation in Underserved Areas,</b></p>

**A Public Health Perspective** National Recreation and Park Association:

Our nation is currently facing pressing public health concerns relating to obesity. As a result of skyrocketing obesity rates, chronic diseases are also on the rise. The dialogue around tackling obesity has shifted from solely focusing on nutrition towards understanding the built environment and its influence on promoting healthy lifestyles.

One of the several issues in addressing the built environment points to whether there are adequate places to engage in physical activity within communities in the United States. As a result, park and recreation agencies, who hold an appropriate position in this dialogue, have become key players in improving avenues to encourage physical activity.

- Park Access – Easy access to parks is associated with increased park use. Park visitation is much more frequent and physical activity levels are much higher for those who live within walking distance to a park.
- Higher park acreage within a community is associated with increased participation in physical activity.
- Park Facilities – Within parks, there are certain types of facilities that encourage higher levels of physical activity than others such as trails and playgrounds.
- Park Conditions – Park facilities that are consistently well maintained, aesthetically appealing and safe are associated with increased public use and physical activity.

**Guidance for the present plan:**

Project for Public Spaces: Ten Qualities of Successful Public Markets, from <http://www.pps.org/reference/tencharacteristics-2/>

Washington State Recreation and Conservation Funding Board guidelines for park planning. This includes a formal agreed description of the following:

- Goals, Objectives
- Inventory (Present land condition and available resources)
- Public Involvement (Plans to include all interested parties)
- Demand and Need Analysis (Includes prioritization)
- Capital Improvement Program (With architectural details)
- Adoption of finalized Plan by governing bodies

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	Design Guidelines for Parks and Food Access: <a href="http://designforhealth.net/resources/legacy/checklists/">http://designforhealth.net/resources/legacy/checklists/</a>
Primary target population*	All ages and demographics of the Chelsea region who drive past or visit the central Main Street area, particularly those who participate in events such as Farmers Markets, Sounds and Sights, community walks and bike outings, Garden Club activities, Village visitors from other areas and many outdoor community events of the future.
Number of people impacted annually*	The proposed Town Square will be visited or viewed by at least 10,000 people per year. Direct participation in healthy programs on-site is estimated at a minimum of 5,000 individuals per year.
Intervention Specific goals, what do you hope to accomplish?	<ul style="list-style-type: none"> <li>○ Increased physical activity and use of a new walking/jogging path in the Downtown Chelsea business district.</li> <li>○ Increased purchase of fresh, locally-grown produce by increased visibility and access to the Chelsea Farmers' Market and the Bushel Basket Farmers' Market.</li> <li>○ Increased healthy outdoor meeting space for community members to visit, rest, eat, and play.</li> <li>○ A visually attractive environment that will draw people in to a central meeting area.</li> </ul>
Key Evaluation Data*	See Indicators, above.
With whom will you collaborate? How will you collaborate?	<p>Stakeholders include Chelsea Area Wellness Foundation, Chelsea City Government and City Manager, Downtown Development Authority (DDA), Chamber of Commerce, Chelsea Police, Chelsea Area Library.</p> <p>The planning committee will include participants from Connect with Others (Charlie Taylor), Eat Better (Ashley Miller Helmholdt, Stephanie Doll, Dan Kaminsky) and Move More (Elaine Economou). Additional community participants include:</p> <ul style="list-style-type: none"> <li>-Bob Pierce, Chamber of Commerce, <a href="mailto:bpierce@chelseamichamber.org">bpierce@chelseamichamber.org</a></li> <li>-Mary Randolph, Garden Club and Chelsea Senior Center, <a href="mailto:maryrandolph@hotmail.com">maryrandolph@hotmail.com</a></li> <li>-Bill Harmer, Director, Chelsea Area Library, <a href="mailto:bharmer@chelseadistrictlibrary.org">bharmer@chelseadistrictlibrary.org</a></li> <li>-Kathy Carter, Neighbor of Town Square</li> <li>-Mary Randolph, Chelsea Area Garden Club</li> <li>-Richard Howlin, child psychologist, <a href="mailto:rhowlin@charter.mi.net">rhowlin@charter.mi.net</a></li> <li>-Jan Sevde, gardener and community volunteer</li> <li>-Dan Cooperrider, former Pittsfield Twsp. Parks &amp; Recreation Director, <a href="mailto:gobluecoop@charter.net">gobluecoop@charter.net</a></li> <li>-Doug Dennison, retired environmental planner, <a href="mailto:ddenison1@comcast.net">ddenison1@comcast.net</a></li> </ul>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	-Mickey Howe, community volunteer
Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s	The proposed park will offer a uniquely visible space in Chelsea to Connect with Others. The space will be designed throughout with key themes of “Move More,” “Eat Better,” and Connect with Others.” Western Washtenaw County HIP data indicates low consumption of vegetables and fruits, a high frequency of fast food eating and high and growing overweight/obesity rates. Therefore, improved access and awareness of healthy foods is crucial. The community has a clear need for additional events that require walking, meeting with others and outdoor physical activity. The Design for Health planning website gives design guidelines for ideal community green space and healthy food retail access, and suggests comprehensive plans to provide playing areas, parks and trails within 600 m (preferably 400 m) of residential areas. Design for Health also suggests a “community food security assessment (USDA ERS) be created to assess barriers to healthy food, income levels, community gardens and farmer’s market availability within urbanized areas”. The Town Square plan will provide such information and resources for Chelsea.
Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).	Chelsea DDA has already begun negotiations to agree on a purchase price for the property which has not been revealed publicly, but is probably somewhat above \$550,000. Jeff Hardcastle (Chelsea Wellness Foundation chairperson) has indicated that he would help organize additional fundraising efforts from the Chelsea area to support construction and other costs not directly related to the mission of the Chelsea Wellness Foundation (e.g. parking spaces).
If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you’re making to improve the potential for success.	Not yet applicable.
Describe your evaluation plan. How will you know this intervention is making a difference?	See Indicators, above.

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.</p>	<p>This intervention has the potential to provide healthy activities for the Chelsea area long after Chelsea Wellness Foundation funding is over. The park and its infrastructure has a predicted lifespan of up to 100 years. Central green space parks are “trademarks” of many successful communities in both small (e.g. Dexter, MI) and very large (e.g. Manhattan) cities.</p>
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**~ BUDGET~**

No funding is requested for this project at this time.

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

~ WSEC Intergenerational Garden: Promoting Healthy Eating in our Schools ~

- CWF Element\* to Impact Eat Better (as well as Connect with Others in Healthy Ways and Move More)
- Fiscal Agent\* Chelsea Senior Citizens Activities Center
- Tax I.D. 91-2187162
- Implementation Contact\* Trinh Pifer / Kay Heller (Chelsea Senior Center)
- Contact phone and email 734-475-9242 tpifer@chelseaseniors.org
- Date Funding Required At beginning of grant period
- Implementation Date Stage II: Spring 2013

<b>Criteria</b>	<b>Descriptions</b>
Please provide a description of the intervention program you are proposing.	<p>Making a community wide cultural change towards healthy eating begins with our youth. This intervention involves a long term commitment toward educating pre-school and school age children about vegetables as well as a way to provide fresh seasonal veggies to students and seniors. Specifically, this intervention seeks funding to:</p> <ol style="list-style-type: none"> <li>(1) Support programs and demos in the school lunch program, starting with elementary level. This will include consultant chefs/dieticians to conduct cooking/tasting demos with fresh vegetables numerous times during the school year and meetings with school staff to develop feasible strategies for integrating local and seasonal produce into school lunches</li> <li>(2) Construct season extension devices such as a hoop or greenhouse, cold frames, blanket covers</li> </ol>
Describe your action plan (steps) for implementing the intervention, including	The Action Plan can be readily separated into two parts: 1) current growing season activities and 2) hoophouse preparation. The second item is predicated on receiving funds for year 2 of the intervention.

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>timeframe.</p>	<p>1) Current Growing Season (March through October 2013):</p> <ul style="list-style-type: none"> <li>- Planning Team meetings every two weeks throughout winter for planning.</li> <li>- In March 2013 a Kick-Off meeting was held on the first day of spring. Classes from the Chelsea Early Childhood Center joined to plant seeds for a Three Sisters-themed garden (seedlings to be planted in the Garden in May). Past and future garden volunteers met to discuss lessons learned during 2012 and plans for 2013.</li> <li>- March 2013 - A Chelsea Eagle Scout finished construction and delivered two resting benches, and potting station shelf (attached to the Lion’s Club/Chelsea Lumber Yard-donated shed); and two elevated growing beds (i.e., 3-feet above ground) for easier maintenance by seniors.</li> <li>- March through October – test soil and amend as recommended; rebuild and fortify walkways; plant; water; weed; harvest; clean-up; etc.</li> </ul> <p>2) Hoophouse Preparation:</p> <ul style="list-style-type: none"> <li>- A subgroup from the Planning Team (PT) met with a hoophouse specialist/vendor in November 2012, for advice and a purchase/construction quote.</li> <li>- In February 2013, two PT members attended an MSU-sponsored workshop on Utilizing Hoophouses for Education.</li> <li>- In March 2013 three PT members met with School District Superintendent and Director of Operations to confirm approval proceed (so confirmed).</li> <li>- In April 2013 a PT meeting is scheduled with the School District Food Service Director to discuss optimum food-to-kitchen plans, both for current planting season and assuming a hoophouse.</li> <li>- In April 2013 a PT meeting is planned with another hoophouse specialist/vendor for more advice and another purchase/construction quote.</li> <li>- In May 2013 the PT will invite Book Street residents to an evening Garden open house to discuss hoophouse plans and solicit comments.</li> <li>- May through October – PT members will decide on hoophouse specifications, solicit final bids, and (assuming funding) select a vendor for construction to be completed by mid-November, 2013.</li> <li>- February 2014, plant in the hoophouse.</li> </ul>
<p>Who (specifically) will be responsible for what aspects of intervention implementation?</p>	<p>Trinh Pifer, executive director Chelsea Senior Center, will direct all aspects of the intervention. Kay Heller and Sue Barb, senior center staff, and Jim Randolph, senior center board president, will contribute assistance with planning and promotion, supervision of volunteers, and support of the program. A planning team of volunteers provides connections with other organizations, planning and</p>

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	<p>manual labor.</p>
<p>Do those responsible have the capacity* to implement?</p>	<p>Yes, those responsible have capacity to carry out the intervention. They are seasoned, connected to the community and well educated. Most importantly all are experienced gardeners and cooks and enjoy working with seniors and children.</p> <p>Trinh Pifer holds a masters degree in public health, formerly owned the Garden Mill and is well recognized in the community as a project organizer. At Chelsea Senior Center she has been instrumental in initiating several programs in addition to the garden. These include a community volunteer portal, a senior resource program, handicap doors for the center, a charitable gift annuity and funded endowment, a fundraising breakfast, and numerous educational and wellness programs. Sue Barb creates the Center's monthly newsletter and provides program development, promotion and social networking. At the Center, Kay Heller manages the office and finances as well as assists with special projects. James Randolph, a U of M Distinguished Service Award winner who retired as Senior Assistant Director of DRDA (Division of Research Development and Administration) after 30 years, is an avid gardener. Jim lends his experience in both planning, organizing and physically carrying out the many tasks associated with developing the garden and season extensions.</p>
<p>Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?</p>	<p>This intervention relies on the support of the larger coalition, especially in the intervention's goal to make a global change in increasing the number of servings of vegetables eaten by area seniors and youth. The larger coalition has indicated an interest in healthy eating and in passing this passion on to others. They have the capacity to continue generating enthusiasm for an intergenerational garden with a hoop house within the school district.</p>
<p>What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.</p>	<p>Increase the percentage of residents who eat 5 or more fruits and vegetables per day and decrease the proportion of Chelsea residents who are overweight or obese. This intervention was selected because 1) impact on eating habits of pre-school and school age children, 2) physical activity of gardeners (both seniors and children), 3) children's involvement in food production increases appreciation and appetite for healthy vegetables, 4) season extension to educate public on harvesting veggies "year round" in Michigan and 5) promotes healthy social connections for children and older adults.</p>
<p>Primary target population*</p>	

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	Area preschool age children, all students of Chelsea School District and local seniors
Number of people impacted annually*	<p>The potential impact of this intervention is based primarily on the area populations of the community preschool, K-12 student body and the over 60 population. Secondary impact includes family members and contacts of the primary audience.</p> <p><b>Seniors:</b> According to the 2010 SEMCOG data, 22% of Chelsea school district’s population is over 60 years of age, this translates into over <b>4,400 seniors</b> in the area. Chelsea Senior Center serves <u>all</u> area seniors, 676 individuals support the Center through paid membership as of 2012.</p> <p><b>Chelsea School District:</b> Current student population <b>2226</b>. Sue Gregg, Food Service Director of Chelsea School District has been engaged with the planning phase of the garden and has successfully incorporated seasonal produce from the garden into the daily senior lunch menu. She will be the main contact to implement new and innovative programs that can be brought to the schools once the hoop house is productive.</p> <p><b>Chelsea Community Preschool:</b> <b>100</b> students enrolled or involved as a sibling. In 2013 the preschool population and their families will again be planting, harvesting and eating from the garden.</p> <p><b>Chelsea Recreation Summer Camps:</b> <b>50</b> students. Chelsea Recreation plans to continue bringing kids and counselors ages 5-18 weekly to work, harvest, and eat produce from the garden all summer long.</p>
Intervention Specific goals, what do you hope to accomplish?	After a successful first year of planting and maintaining the garden, we are committed to using the bounty of our garden to promote healthy eating among school aged children and seniors. With the addition of season extension devices, we aim to develop more opportunities to directly interact with school age children and build awareness and enjoyment of eating more vegetables. Through fun cooking/tasting demos during the school lunch hour, we hope to create excitement and build appreciation for a variety of vegetables. We will collaborate with school staff to help promote their existing programs (e.g. 5-A-Day Challenge) and develop new, and realistic, programs that can be implemented in the schools.
Key Evaluation Data*	<p>Number of people benefiting from an increase in quantity and variety of fresh vegetables including preschool, district wide students and seniors.</p> <p>Number of events held at the WSEC Garden and the school lunch rooms.</p> <p>Survey of students and seniors pre- and post- experience (e.g. evaluation of cooking/tasting demos).</p> <p>Intergenerational connections improving quality of life.</p>
With whom will you collaborate? How will you collaborate?	Chelsea Senior Center will continue to lead this intervention, maintaining a committee of volunteers and coordinating with the school district and Chelsea Community Preschool. The number of partners who supported the garden or collaborated to provide programs in year one was key to its success. We

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	<p>plan to continue working with these community partners to sustain the garden and to develop innovative programs that promote wellness in our community including the Chelsea School District, City of Chelsea, Chelsea Recreation, Chelsea District Library, Chelsea Community Kitchen, Chelsea Area Garden Club, and MSU extension services.</p> <p>Planning Team: The WSEC InterGen Garden is led by the core team that developed the garden in year one including Jim Randolph, Chelsea Senior Center Board President; Mary Randolph, Master Gardener and Chelsea Area Garden Club member; Dan Kaminsky, Community Garden member; Monica Nestale, MSU Horticulture student; Sally Wingle, Community Preschool Lead Teacher; Sue Gregg, Food Services Director for Chelsea School District; and Trinh Pifer and Kay Heller, Chelsea Senior Center staff.</p>
<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p><b>School Gardening Boosts Children's Well Being and Development, Study</b>  <a href="http://www.medicalnewstoday.com/articles/193741.php">http://www.medicalnewstoday.com/articles/193741.php</a></p> <p><b>A Healthy Nutrition Environment: Linking Education, Activity, and Food through School Gardens</b>  <a href="http://www.cde.ca.gov/ls/nu/he/gardenoverview.asp">http://www.cde.ca.gov/ls/nu/he/gardenoverview.asp</a></p> <p><b>Growing healthy kids: a community garden-based obesity prevention program.</b>  <a href="http://www.ncbi.nlm.nih.gov/pubmed/?term=23415183">http://www.ncbi.nlm.nih.gov/pubmed/?term=23415183</a></p> <p><b>Impact of a community gardening project on vegetable intake, food security and family relationships: a community-based participatory research study.</b>  <a href="http://www.ncbi.nlm.nih.gov/pubmed/?term=22194063">http://www.ncbi.nlm.nih.gov/pubmed/?term=22194063</a></p> <p><b>Gardening is a Health Benefit for Senior Citizens and the Disabled.</b>  <a href="http://careforyou.us/gardening-is-a-health-benefit-for-senior-citizens-and-the-disabled/">http://careforyou.us/gardening-is-a-health-benefit-for-senior-citizens-and-the-disabled/</a></p> <p><b>Can eating fruits and vegetables help people to manage their weight?</b>  <a href="http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/rtp_practitioner_10_07.pdf">http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/rtp_practitioner_10_07.pdf</a></p> <p><b>Do Farm to School Programs Make a Difference</b>  <a href="http://www.cahpf.org/GoDocUserFiles/504.Farm_to_School_Programs.pdf">http://www.cahpf.org/GoDocUserFiles/504.Farm_to_School_Programs.pdf</a></p>
	<p>Chelsea Area Garden Club    \$500    <u>February 2013</u>    acceptance pending, last year \$500</p>

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<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<table border="0"> <tr> <td>Eagle Scout project</td> <td></td> <td>March 2013</td> <td>benches, potting shelf</td> </tr> <tr> <td>Garden Mill Fundraiser</td> <td>unknown</td> <td>April 20, 2013</td> <td>percentage of sales</td> </tr> <tr> <td>Yellow Door Breakfast</td> <td>unknown</td> <td>August 2013</td> <td>last year over \$700</td> </tr> <tr> <td>Individual Memorials</td> <td>unknown</td> <td></td> <td>last year over \$1000</td> </tr> </table>	Eagle Scout project		March 2013	benches, potting shelf	Garden Mill Fundraiser	unknown	April 20, 2013	percentage of sales	Yellow Door Breakfast	unknown	August 2013	last year over \$700	Individual Memorials	unknown		last year over \$1000
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Individual Memorials	unknown		last year over \$1000														
<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.</p>	<p>The Intergeneration Garden met with overwhelming success during 2012. Thanks to the Chelsea School District and hundreds of volunteers we developed a lush, productive vegetable garden that was ascetically pleasing and amazingly productive. Pre-school students and summer camp participants enjoyed being in the garden as they planted, weeded, sampled, harvested and even ran through the sprinklers! Cooking classes introduced seniors to new ways of using fresh veggies. During mid summer senior lunches utilized salad greens and a variety of other vegetables. Community members and organizations collaborated to provide a shed, fencing, irrigation, mulch, vegetable plants and flowers, trellis, raised beds,</p> <p>After a successful first year of planting and maintaining the garden, we are committed to using the bounty of our garden to promote healthy eating among school aged children and seniors. With the addition of season extension devices, we aim to develop more opportunities to directly interact with children during the school year and build awareness and enjoyment of eating more a variety of healthy vegetables. Through fun cooking/tasting demos during the school lunch hour, we hope to create excitement and build appreciation for a variety of vegetables. We will collaborate with school staff to help promote their existing programs (e.g. 5-A-Day Challenge) and develop new, and realistic, programs that can be implemented in the schools.</p>																
<p>Describe your evaluation plan. How will you know this intervention is making a difference?</p>	<p>Number of people benefiting from an increase in quantity and variety of fresh vegetables including preschool, district wide students and seniors. We will also record harvests to quantify the pounds of fresh vegetables from the garden which are consumed by the aforementioned groups.</p> <p>Number of healthy eating events held at the WSEC Garden and the school lunch rooms.</p> <p>Survey of students and seniors pre- and post- experience (e.g. evaluation of cooking/tasting demos).</p> <p>Intergenerational connections improving quality of life.</p>																
<p>Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.</p>	<p>With support from the Chelsea School District, the InterGen Garden is maintained entirely by volunteers. From planning to year-round maintenance, the garden is supported by volunteers ranging in age from 3-93 years old. From lessons learned in the first year, we have several strategies to improve volunteer communication and coordination. We will submit requests for grant funding from other community sources like the Chelsea Area Garden Club for additional supplies (e.g. seed starting equipment, a communication/message board). We have also planned a fundraising day with the</p>																

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	Garden Mill in downtown Chelsea. On Saturday, April 20, a portion of the profits from sales that day will benefit the InterGen Garden. Lastly, we will host an annual breakfast fundraiser in August to support ongoing/annual maintenance costs and supplies (e.g. fertilizer, seeds, mulch).
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**Washington Street Education Center Intergenerational Garden  
Year 2 Budget: February 2013**

<b>Item Description</b>	<b>Year 2</b>	<b>In-kind efforts*</b>	<b>Provided by others</b>
Hoop house 30' X 48' (less 2012 coalition funds carried over)	\$8,050 (\$3,000)	\$900	
Planting supplies, schedule board, benches		\$400	\$1,200
Planning, planting, weeding, harvest, mentoring		\$10,000	
Programming			
Consultant chef/dietician at \$25/hr			
(1) cooking/tasting demos 8 hrs/demo x 6 demos	\$1,200		
(2) meetings with school staff, menu planning x 100 hrs	\$2,500		
Brochures, handouts, copies	\$500		
Supplies for 6 cooking/tasting demos	\$750		
Volunteers to plan, promote and implement program, prep samples		\$1,000	
Subtotal	\$10,000	\$12,300	\$1,200
<b>TOTAL CWF FUNDING REQUESTED FOR YEAR 2</b>	<b>\$11,000</b>		

\*Volunteer hours @ \$20 per hour

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~ Farmers Market Health Initiative ~

- CWF Element\* to Impact     Eat Better
- Fiscal Agent\*                     Chelsea Community Hospital
- Tax I.D.                                 38-2635765
- Implementation Contact\*     Stephanie Doll
- Contact phone and email     734-216-8832   selliff@hotmail.com
- Date Funding Required         7/1/13
- Implementation Date             7/1/13

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	<p>Increase Chelsea community’s access to healthy food by fostering growth of Chelsea’s two farmers markets. The markets require assistance to:</p> <ol style="list-style-type: none"> <li>1) Recruit and maintain food vendors of quality produce (vegetables and fruit) along with grains, protein and dairy.</li> <li>2) Creatively “market the markets” to increase sales of quality fresh food to the community.</li> <li>3) Improve low-income families’ access to healthy food via food assistance programs.</li> <li>4) Assist in the development of a permanent farmer’s market venue in downtown Chelsea to form a social framework for a community of healthy eaters.</li> </ol>
Describe your action plan (steps) for implementing the intervention, including timeframe.	<p><u>Vendor Recruitment</u></p> <ol style="list-style-type: none"> <li>1) At Chelsea Farmers Market: Specific vendors to increase include: early spring vegetable vendors, fruit vendors, nut vendors, grain vendors, new meat/egg vendor, milk vendors.</li> <li>2) At Bushel Basket Market: Increase fruit vendors, protein vendors (eggs, cheese and hummus), organic and special diet vendors (i.e. gluten free); maintain vegetable vendors.</li> </ol> <p><u>Evaluation</u></p>

## Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)

- 1) Examine demographics of Chelsea area to determine appropriate marketing techniques, food options.
- 2) Count costumers at the market.
- 3) Conduct weekly sales tracking of vendors at market with anonymous collection system.
- 4) Conduct customer surveys, especially for SNAP customers who use POS machine.

### Marketing

- 1) Develop Chelsea Farmers Market website with updated calendar, events and vendor application materials and information on the SNAP/Double Up Food Bucks Program.
- 2) Update Chelsea Community Hospital website about Bushel Basket Market and Prescription for Health Program.
- 3) Update Real Time Farms and Local Harvest information on the markets.
- 4) Regularly update Facebook Page for the Chelsea Farmers Market and the Bushel Basket Market (consider combining).
- 5) Advertise the market in the Sun Times News in Chelsea, in the Chelsea Patch, Chelsea Update, in the Ann Arbor Observer, Grass Lakes Times and in the Detroit Free Press list of markets.
- 6) Send regular customer and vendor listserve e-mails in a newsletter style – once per week during market season at CFM, once per month for BBM (develop e-mail list).
- 7) Develop pamphlets and posters about the SNAP program and the Double Up Food Bucks programs. Distribute to Chelsea Family Practice Clinic, Faith in Action, Senior Centers, Community Centers, Hospital, Food Banks and the Chelsea Wellness Center with brochures and posters on the program.
- 8) Develop pamphlets and posters about the Prescription for Health program and distribute to clinics and hospitals with participating physicians.
- 9) Increase identifying and informational market signage (SNAP/EBT, DUFEB)

### Food-Based Educational Events

Three food based educational events at each market:

- 1) Spring Harvest Event – MSU Extension - Demonstrate harvest extension with healthy alternative sauces and salsas, like pesto and strawberry salsa.
- 2) Youth Based Event – Chelsea Community Hospital - Youth nutrition education event including scavenger hunts, no-cook afterschool snack demonstration  
([http://www.smgov.net/Portals/Farmers\\_Market/Education/Youth\\_Education.aspx](http://www.smgov.net/Portals/Farmers_Market/Education/Youth_Education.aspx)).
- 3) Vegetable Varieties Taste Test – Intergenerational Garden
- 4) Chelsea Community Kitchen - Budget Market Meals – Give customers recipes for meals that cost \$10 using market ingredients (same as Prescription for Health vouchers).

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<p>5) Add Farmers Market dates to Chelsea Area Wellness Foundation calendar, Volunteer Chelsea Website and ChelseaMich.com calendar with all food-based educational events.</p> <p><u>Facilitate Food Assistance Programs</u></p> <ol style="list-style-type: none"> <li>1) Double Up Food Bucks -Apply for the Double Up Food Bucks Program for the Chelsea Farmers Market. Advertise through media, websites and e-mails the promotional materials for the program. Facilitate program administration at the market</li> <li>2) Supplemental Nutrition Assistance Program/ Electronic Benefits Transfer - Apply for SNAP program for the Bushel Basket Market. Advertise through media, websites and e-mails the promotional materials for the program. Facilitate program at both markets.</li> <li>3) Prescription for Health - Advertise through media, websites and e-mails the promotional materials for the program and support facilitation of program at the market.</li> </ol> <p><u>Support Permanent Farmers Market</u></p> <ol style="list-style-type: none"> <li>1) Attend Town Square Meetings and help to get vendor input on permanent market space on the Palmer Lot.</li> </ol>
<p>Who (specifically) will be responsible for what aspects of intervention implementation?</p>	<ol style="list-style-type: none"> <li>1) Ashley Miller-Helmholdt, Farmers Market Manager (contract hire with intervention funds) is responsible for implementation of defined goals of intervention on the time table indicated;</li> <li>2) The Farmers Market Advisory Group consisting of Stephanie Doll, Reiley Curran, Joan Lutchka and Dan Kaminski of the Eat Better subcommittee will meet with the Farmers Market Manager on a regular basis to review the progress towards stated intervention goals; provide guidance and assistance in developing and modifying strategies; assure collaborations are activated and the results of the intervention activities become sustainable.</li> </ol>
<p>Do those responsible have the capacity* to implement?</p>	<p>Ashley Miller-Helmholdt was hired primarily due to her background in program management and urban planning. With past employers she worked with community partners to build multi-stakeholder collaborative using a research-to-action process. She has a BS in Urban and Regional Planning and an MS in Applied Research in Human Environment Relations, Minor in Land Use, Environmental Planning &amp; Urban Design. Ashley also received the Market Manager Certification through MIFMA (Michigan Farmers Market Association) in 2013. Stephanie Doll and Joan Lutchka are former market managers that are supporting through the Eat Better Subcommittee’s Farmers Market Advisory Group. All members of the Eat Better subcommittee provide further experience and background in healthy eating initiatives in the Chelsea community.</p>
<p>Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the</p>	<p>A suitable 501C3 fiduciary is needed for the Supplemental Nutrition Assistance Program and Double Up Food Bucks Program. Given the current market supporters (Chelsea Community Hospital, Chamber of Commerce and the Faith in Action) will not be able to fulfill this role this year, we are looking for support from the Chelsea Wellness Foundation or another supporting non-profit to act as fiduciary for the programs. This would involve setting up a SNAP and DUFEB designated bank account to receive and distribute SNAP and DUFEB funds to farmers participating</p>

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<p>capacity to support intervention implementation?</p>	<p>in the food assistance programs that the farmers market manager would facilitate. Given past support for fiduciary responsibilities through the Chelsea Wellness Foundation for the Jarden Grant, we are confident this support will be provided to the markets.</p>
<p>What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.</p>	<p>Increase the consumption of fruits and vegetables and decrease the frequency of fast food meals, especially among at risk populations like families utilizing food assistance. According to the U.S. census, the percentage of individuals below the poverty lines in Chelsea is 8.1%, or approximately 395 individuals, and there are over 400 people in the local area eligible for food assistance.</p> <p>According to the Food Research and Action Center, a large national study found that body mass index (or BMI, an indicator of excess body fat) was higher every year between 1986 and 2002 among adults in the lowest income group and the lowest education group than among those in the highest income and education groups, respectively (Truong &amp; Sturm, 2005).</p> <p>These goals share the ultimate goal to decrease obesity and improve overall health. Interventions were chosen because the work required to make a large impact is comparatively low:</p> <ol style="list-style-type: none"> <li>1) The <i>infrastructure</i> already exists, with two active farmers markets operating in Chelsea, the Chelsea Farmers Market (Saturday) and the Bushel Basket Farmers Market (Wednesday).</li> <li>2) The <i>policies</i> of the city planners - city government, Chamber of Commerce and the Downtown Development Authority (“DDA”) – support the continued existence of the markets and the provision of a larger, more accessible and functional venue.</li> <li>3) The resources of the United States Department of Agriculture (“USDA”), Michigan Farmers Market Association (“MIFMA”) and Fair Food Network (“FFN”) already have proven systems in place to provide financial assistance and support effective food assistance programs at farmers markets to low-income families.</li> </ol>
<p>Primary target population*</p>	<p>Impacts all age groups; adults will be the decision makers.</p>
<p>Number of people impacted annually*</p>	<p>Average weekly attendance at both farmers markets is estimated at 600 customers. (An accurate count in 2013 is a specific goal; see below.)</p> <p>Customers are from Chelsea and the surrounding townships and cities. Increasing that count by 50% would affect another 300 people. Doubling that to estimate multiple parties in a household means an additional 600+ people would be impacted by this intervention per week.</p> <p>According to the 2010 census, Chelsea’s population within city limits is 4,944. Using the school district as the population that may visit farmers market(s), the estimated maximum impact is 17,000 people. The 2010 census shows that 8.1% of Chelsea’s population (395 individuals) is below the poverty line. The Department of Human</p>

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	<p>Services statistic of having over 400 open cases in the 48118 zip code corroborates this estimate. With both farmers market planning to offer financial assistance programs, there are potentially 400 people living in low-income households who could benefit by this intervention, in addition to the general population.</p>
<p>Intervention Specific goals, what do you hope to accomplish?</p>	<p>This intervention was originally drafted in 2012 to extend for a five year period. Below is the original goal statement. Progress and adjustments are noted throughout this document by <b>UPDATE</b> reference.</p> <p><u>Short term:</u></p> <p>1) Engage a Market Manager to run the farmers markets, transitioning from the current volunteer managers. <b>UPDATE:</b> <i>Market manager hired to run both markets in the 2013 season and work this intervention under the supervision of the Eat Better subcommittee.</i></p> <p>a) Vendors: Recruit new vendors who will add balance in the healthy food offerings at both markets. Use chosemyplate.gov guidance. Based on its vendor mix, establish a 2012 recruitment goal. <b>UPDATE:</b> <i>Several new vendors recruited: Healthy protein, Zatkovitch Pastures with pasture raised beef and egg, Grains, The Local Epicurian for organic pasta maker and Tasty Bakery for gluten-free and sugar-free baked goods.</i></p> <p>b) Customers: Promote market offerings and events with an emphasis on community and family to make permanent changes in purchasing habits, i.e. social change. Develop a marketing plan including at least 3 food-based educational events (ex: canning demonstration). <b>UPDATE:</b> <i>Please see attachment A which provides full description of planned events.</i></p> <p>c) Establish baselines for tracking growth in future years:</p> <p>i) Count customer traffic.</p> <p>ii) Document annual sales made by food vendors <b>UPDATE:</b> <i>See attachment B, sample of Bushel Basket sales and customer tracking 2012.</i></p> <p>iii) Survey customers to determine eating habits, using HIP survey questions and market-specific questions (ex: new/returning customer, purchasing habits, etc.). From answers, develop a total score to use each year to gauge progress. <b>UPDATE:</b> <i>Sent out customer survey through Chelsea Farmers Market newsletter.</i></p> <p>d) Develop a volunteer resource pool to support market operations and to assure sustainability. <b>UPDATE:</b> <i>Reached out to last year's market volunteers and asked for support of new market events, as well as engaged Connect More group to advertise on Volunteer Chelsea website.</i></p> <p>2) Engage staff to support food assistance programs at both markets. Faith in Action, a local community assistance and resource center, hired an intern in summer 2012 specifically to help people with health risks and low income gain access healthy fresh local produce. <b>UPDATE:</b> <i>Support provided to Chelsea Farmers Market (only) for SNAP/EBT from July to October 2012.</i></p> <p>Along with other duties, this intern will:</p> <p>a) Work with both markets to operate 2012 food assistance programs.</p> <p>i) Chelsea Farmers Market: USDA's SNAP benefits</p>

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ii) Bushel Basket Market: Prescription for Health program that connects health clinic patients with farmers markets (funded in 2012 by Washtenaw County Health Department; provides a dietician at the markets. **UPDATE:** *This program was very successful, generating approximately \$6000 in PFH sales. This grant is being applied for again in 2013, and the Market Manager has committed in-kind token administration if the grant comes through. Some key results from this program included the following for the 147 enrolled patients:*

**Program Utilization**

*59% used 3 or more coupons at the Bushel Basket Market with 98 total Special Event visits*

**Fruit and Vegetable Intake**

*Mean daily intake pre-program was 1.8 cups, Mean daily intake post-program was 2.1 cups*

**Farmers' Market Use**

*51% of participants reported not having shopped at a farmers' market in the past year pre-program 46% had never shopped at a farmers' market pre-program*

*36% of those who used all of their coupons continued to visit the market*

*100% of participants interviewed post-program said they were likely to visit the farmers' market in the future*

**Satisfaction**

*98% reported their experience was "good" "very good" or "excellent"*

*97% reported that the program helped them manage a health condition at least a little*

*98% reported that through the program they did something that will help them eat more fruits and vegetables in the future*

b) Disseminate information that food assistance is available. Establish goals on participation/outreach.

**UPDATE:** *Faith in Action promoted SNAP/EBT through posters and outreach at Faith in Action office, churches, local non-profits and through the Chelsea Update. The new farmers market manager has promoted the SNAP/EBT program through developing pamphlets and media on the programs, such as through Chelsea Update, Facebook, market-based websites and community and volunteer presentations, such as the Faith and Community Nurses group at Chelsea Community Hospital and the Faith in Action volunteer group.*

3) The new Market Manager will consult with the DDA to develop a permanent venue in town (effective in its design and function) to support farmers markets that are viewed as a shared community resource. **UPDATE:** *New market manager is member of Town Square planning committee, contributing to the development of an intervention table to support the planning and development of the market space. The Market Manager has also surveyed vendors to understand their market design needs.*

4) Research and report on feasibility to apply for USDA grant from the Farmers Market Promotion Program ("FMPP"). **UPDATE:** *The USDA Agricultural Marketing Service will not be able to award competitive grants through the Farmers Market Promotion Program in 2013 due to cuts in the Farm Bill Extension passed on Jan. 1<sup>st</sup>.*

Midterm:

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<p>5) The Market Manager will apply for USDA approval to offer SNAP benefits in 2013 at the Bushel Basket Market. <b>UPDATE:</b> <i>Applied and was approved for the SNAP/EBT program at the Bushel Basket Market.</i></p> <p>6) The market manager will apply for markets to participate in the USDA Double Up Bucks program. (Usually one year of offering SNAP benefits improves chances to participate in Double Up Bucks.) <b>UPDATE:</b> <i>Applied and was approved for DUFB funding for Chelsea Farmers Market.</i></p> <p>7) If deemed feasible and supported by stakeholders, apply for FMPP funding to improve reach into the community. <b>UPDATE:</b> <i>FMPP not funded in 2013 Farm Bill Extension. See “sustainability” section below for replacement alternative funding source.</i></p> <p>8) Market Manager will serve as a consultant to other farmers markets in the 5 Healthy Towns as they attempt to establish farmers markets and/or food assistance programs. <b>UPDATE:</b> <i>We anticipate interacting with other 5 Healthy Towns later in season as markets are gearing up. Market Manager has met and networked with other local market managers, like Stockbridge’s Open Air Market, through the Farmers Market Manager Certification Program.</i></p> <p>9) In seasons 2013-2015, the management of farmers market(s) will continue efforts to increase regular and subsidized sales of healthy foods. Track growth against baselines. Continue or increase the number of food-based educational events. <b>UPDATE:</b> <i>In 2012, with the Jarden Home Brands Ball Canning grant, the two markets each had two canning demonstrations. Three food-based events with the support of MSU Extension, Chelsea Community Kitchen and the Health Improvement Department at Chelsea Community Hospital are planned for 2013.</i></p> <p><u>Long term:</u></p> <p>10) Have a discernible impact on 2015 HIP survey results.</p> <p>11) If/when FMPP funding is received; the Market Manager will be a local liaison with USDA.</p>
<p>Key Evaluation Data*</p>	<p>The key evaluation data for this intervention includes the following:</p> <ol style="list-style-type: none"> <li>1) Customer survey results</li> <li>2) Customer attendance numbers</li> <li>3) Documentation of annual sales made by food vendors</li> <li>4) Zip codes on customers utilizing food assistance programs to understand demographic affected</li> <li>5) Evaluation of food based events (attendance, perceived benefit)</li> </ol>
<p>With whom will you collaborate? How will you collaborate?</p>	<ol style="list-style-type: none"> <li>1) Chelsea Farmers Market (Saturday) &amp; Bushel Basket Market (Wednesday), including cooperation of the vendors. Former managers involved in transitioning to new manager. <b>UPDATE:</b> <i>Both former managers involved in transitioning new manager.</i></li> <li>2) MIFMA for SNAP program guidance.</li> <li>3) Faith in Action for supporting food assistance efforts.</li> <li>4) FFN for Double Up Food Bucks funding.</li> <li>5) DDA for support in creating a permanent farmers market venue.</li> </ol>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<p>6) USDA for FMPP funding (<i>No funding for FMPP in 2013 Farm Bill Extension; monitor future</i>)          7) Chelsea Community Kitchen for food-based educational events.          8) Churches, food banks and Faith in Action for assistance in publicizing SNAP benefits.          9) Connect with Others subcommittee for recruitment of markets' volunteer staff.          10) Intergenerational Garden (Chelsea) and MSU Extension will both support an event in 2013 season.</p>
<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p>Best practice:          USDA <a href="#">Learn About SNAP Benefits at Farmers' Markets</a>          MIFMA <a href="#">For Market Managers   MIFMA</a>          FMPP <a href="#">program</a>  <a href="http://www.ams.usda.gov/AMSV1.0/ams.fetchTemplateData.do?template=TemplateA&amp;navID=WholesaleandFarmersMarkets&amp;page=WholesaleAndFarmersMarkets&amp;resultType=&amp;topNav=&amp;leftNav=WholesaleandFarmersMarkets&amp;acct=whlsldirmkt">http://www.ams.usda.gov/AMSV1.0/ams.fetchTemplateData.do?template=TemplateA&amp;navID=WholesaleandFarmersMarkets&amp;page=WholesaleAndFarmersMarkets&amp;resultType=&amp;topNav=&amp;leftNav=WholesaleandFarmersMarkets&amp;acct=whlsldirmkt</a></p>
<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<p>Fair Food Network, for Double Up Food Bucks – Applied January 2013          Amount Received: \$1000 in incentive reimbursement, \$100 in grant administration support</p>
<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.</p>	<p>This intervention has achieved success in the following ways:</p> <ol style="list-style-type: none"> <li>1) Hiring a 2012 Food Assistance intern through Faith in Action, and starting the Supplemental Nutrition Assistance Program at the Chelsea Farmers Market.</li> <li>2) Increasing food assistance sales at the Bushel Basket Market through the Prescription for Health Program by nearly \$6000.</li> <li>3) Hiring a Farmers Market Manager in 2013 who has successfully applied for the Double Up Food Bucks program for the Chelsea Farmers Market and the Supplemental Nutrition Assistance Program for the Bushel Basket Market.</li> <li>4) Four food-based events at the Bushel Basket Market and the Chelsea Farmers Market in 2012, and six food-based events planned for the 2013 markets.</li> <li>5) Other UPDATES listed above.</li> </ol>
<p>Describe your evaluation plan. How will you know this intervention is making a difference?</p>	<p>The first Saturday and Wednesday of every month will be market customer evaluation day, and we will be recruiting volunteers to help with this effort. Vendors and volunteers will be involved in customer counting at both markets, and vendors will provide weekly data on their sales to show if attendance and purchasing of fresh fruits and vegetables has increased as a result of marketing efforts.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.	In the long-term, we hope to support the continuation of the farmers market manager role coordinating marketing, food-based events, evaluation, vendor recruitment, market operations and SNAP/EBT/DUFB program coordination through additional fundraising efforts. Ideas include starting a “Friends of the Market” program to increase individual donations to the market’s food education and assistance programs, and soliciting local business sponsors for events that could be advertised through signage, bags, t-shirts and a new website.
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**Farmers Market Health Initiative Yr 2 Budget**

Intervention      \$19,470  
 Total Budget      \$31,215

Expense	Requested Funds	Matching Funds	In-kind Donations	Income	Total
Food assistance programs	\$ 450		\$ 7,800		\$ 8,250
Market development - food based events	800		600		1,400
Market development - manager training		200			200
Market development - website		200			200
Market development - banner		145			145
Market development - ads	500	1,500			2,000
Market development - MIFMA membership		300			300
Market manager	17,720	1,000			18,720
Total	\$ 19,470	\$ 3,345	\$ 8,400	\$ -	\$ 31,215

## Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)

### Attachment A: Marketing and Event Plan

#### Websites

- Develop Chelsea Farmers Market website with updated calendar, events and vendor application materials and information on the SNAP/Double Up Food Bucks Program.
- Add a new website with summary information on the Bushel Basket Market – accessed by one home page with links to both Chelsea Farmers Market and Bushel Basket Market.
- Update Chelsea Community Hospital website about Bushel Basket Market and Prescription for Health Program - *Done*.
- Update Real Time Farms information on the markets - *Done*
- Regularly update Facebook Page for the Chelsea Farmers Market and the Bushel Basket Market - *Done*.
- Find new hosting site and design for market website through a local company (Surelutions). What to include in a successful market website:
  - Introduction to market and history
  - Address, map and local driving directions
  - Days, hours and months of operations
  - Updated Contact Information
  - Pictures of market
  - Calendar – Updated
  - Seasonal Produce Listing
  - Vendor Rules and Regs.
  - New Vendor Information/Application
  - Link to Project FRESH, SNAP/EBT and DUFEB information
  - Parking Information
  - Farmers Market Committee Meeting Information
  - Online newsletter
  - Volunteers/Friends of the Market Page – Opportunities listed
  - Market Fundraising Initiative – Different Levels for Donors
  - Recipes and Nutrition Information Link

## **Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

### **Media- Press Releases**

- Advertise the markets in the Sun Times News in Chelsea, in the Chelsea Patch, Grass Lakes Times, the Chelsea Update and in the Detroit Free Press list of markets.
- Develop one press release covering both markets SNAP/EBT, DUFB and Prescription for Health Programs.
- Develop individual press releases covering the events at each market.
- Explore radio and public access TV interviews – 102.9, Lucy Ann Vance Show – 1290 WLBY, “About Town with Linda” – work with DDA for interviews.

### **E-mail Updates**

- Send regular customer and vendor listserve e-mails in a newsletter style – once per week in market season for Chelsea Farmers Market, monthly for the Bushel Basket Market (develop a list of market patron e-mails), monthly in off-season for both.
  - Include a patron health survey, vendor highlight, weekly vendor vegetables, healthy recipes.

### **Community Awareness**

- Develop pamphlets and posters about the SNAP program and the Double Up Food Bucks programs. Distribute to Chelsea Family Practice Clinic, Faith in Action, Senior Centers, Community Centers, Hospital, Food Banks and the Chelsea Wellness Center with brochures and posters on the program.
- Create a list of key community groups and key contacts to send market pamphlets and to sign up for e-mail listserve.
- Develop pamphlets and posters about the Prescription for Health program and distribute to clinics and hospitals with participating physicians.
- Increase identifying and informational market signage – both on main street, at major intersections, and for vendors accepting SNAP/EBT, DUFB and Project Fresh.

### **Special Events**

- Three to four food-based educational events at each market (one per month per market, June, July, August, September):
- Harvest Preservation Demonstration – Focus on healthy recipes (salsa, pesto, sugar free jams)
  - Key Contact: MSU Extension Specialists, Mary Donaldson, [morrism4@anr.msu.edu](mailto:morrism4@anr.msu.edu), Nutrition Instructor, (734)222-3956, Shelley Frazier, [frazie60@anr.msu.edu](mailto:frazie60@anr.msu.edu), Nutrition Instructor, (734)222-3924

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- Youth Based Event –Activities could include: Farmers Market Scavenger Hunt or Passport ([http://www.smgov.net/uploadedFiles/LandingPages/Farmers\\_Market/Education/Scavenger%20Hunts.pdf](http://www.smgov.net/uploadedFiles/LandingPages/Farmers_Market/Education/Scavenger%20Hunts.pdf)), No Cook Afterschool Snack Challenge –Find all the ingredients for an afterschool snack that doesn’t need to be cooked with the help of market ingredients.
  - Key Contact: Reiley Curran, SRSLY, [curran@cch.org](mailto:curran@cch.org)
  - Key Contact: MOPS
- “Vegetable Varieties” market taste test. Engage youth and older farmers market vendors to have youth rate different varieties of vegetables with the help of experienced gardeners/farmers.
  - Key Contact: Dan Kaminsky, Intergenerational Garden, [kaminsd@sbcglobal.net](mailto:kaminsd@sbcglobal.net)
  - Key Contact: Kay Heller, Senior Center, Intergenerational Garden, [Kaydheller@yahoo.com](mailto:Kaydheller@yahoo.com)
- Chelsea Community Kitchen - Budget Market Meals – Give customers recipes for meals that cost \$10 using market ingredients (same as Prescription for Health vouchers). Have a nutritionist on hand to help review market purchases.
  - Key Contact: Bernadette Malinoski, Chelsea Community Kitchen [info@chelseacommunitykitchen.org](mailto:info@chelseacommunitykitchen.org)
- Add Farmers Market dates to Chelsea Area Wellness Foundation calendar, ChelseaMich.com calendar, Chelsea Chamber of Commerce website, and Chelsea Farmers Market Calendar

**Attachment B: Bushel Basket Market 2012 Statistics – Sample**

<u>DATE</u>	<u>VENDORS#</u>	<u>VENDORS REPORT \$</u>	<u>\$ REPORTED</u>	<u>P for H \$</u>	<u>PATRONS</u>	<u>WEATHER</u>	<u>DEMOS</u>
08/01/12	12	7	1350	154	402	Hot	
8	10	5	950	253	364	Hot	
15	10	3	1000	260	326	Hot	
29	10	4	950	315	325	Hot	Canning
<u>totals A</u>	<u>34</u>	<u>19</u>	<u>4250</u>	<u>982</u>	<u>1417</u>		
<b>Annual averages</b>	per wk	10.4 vendors			237 patrons		

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

~ Healthy Grocery Initiative ~

- CWF Element\* to Impact     Eat Better
- Fiscal Agent\*                 Chelsea Wellness Foundation
- Tax I.D.                         26-3040367
- Implementation Contact\*     Bernadette Malinoski, Eat Better Subcommittee
- Contact phone and email     734-475-0001, bmalski@umich.edu
- Date Funding Required        At beginning of grant period
- Implementation Date         At beginning of grant period

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	The CWC Eat Better Subcommittee will continue to assist local grocery and convenience stores to provide, identify and promote healthy food options and to educate the community about healthy food choices.
Describe your action plan (steps) for implementing the intervention, including timeframe.	<p>We will continue to make the services of a registered dietician available at least monthly to Polly’s Country Market, the Chelsea-areas’ largest grocery, to maintain and extend the progress made regarding healthier deli items and recipes of the week, signage for healthier food choices, etc.</p> <p>Through volunteers such as dietetics students, we will continue to work with:</p> <ul style="list-style-type: none"> <li>• The owners of The New Chelsea Market, a small niche grocery, on consumer education related to healthy eating – mainly through providing educational videos that they will run in-store.</li> <li>• The owners of The Point at Cavanaugh Lake Road, a convenience store, to help them identify healthier food choices to include in their inventory and promote them.</li> </ul> <p>We will also continue to use local news media, the Internet and social media to educate and inform the community.</p>
Who (specifically) will be responsible for what aspects of intervention implementation?	Bernadette Malinoski, with members of Eat Better Subcommittee, will be responsible for overall planning and oversight of program elements. Courtney Stinson, RD, Savor Life Nutrition & Wellness, will continue to be responsible for consulting with Polly’s Country Market. Eat Better Subcommittee members and dietetics students who offer to volunteer will continue the work with The New Chelsea Market and The Point at Cavanaugh Lake Road.

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>Do those responsible have the capacity* to implement?</p>	<p>Yes. Bernadette Malinoski is a retired organization development / management consultant with more than 35 years of related experience. The Eat Better Subcommittee includes a registered dietitian and a professor in the UM's School of Public Health. Courtney Stinson is an RD in private practice with experience in menu development as well as various aspects of nutrition counseling. Dietetics students from Eastern Michigan University form the pool of volunteers and their work will be reviewed by the RD.</p>
<p>Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?</p>	<p>Support needed from the members of the Chelsea Wellness Coalition includes helping to create the demand for healthier food options at the participating stores, and reinforcing the positive changes the stores are making.</p>
<p>What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.</p>	<p>This intervention will impact the percentage of residents who eat 5 or more fruits and vegetables per day and make other healthy food choices that will help decrease the proportion of Chelsea residents who are overweight or obese.</p>
<p>Primary target population*</p>	<p>Customers of the stores participating in the intervention, especially in-store at points of decision-making.</p>
<p>Number of people impacted annually*</p>	<p>Although it is difficult to determine the actual number of individuals in the Chelsea-area impacted annually, we are operating under the assumption that there are family members impacted whenever an individual purchases food at a grocery store. According to the most recent census data (2011), the population of the Chelsea-area (city and four townships) is 19,960. If we estimate that ¾ of that population can be impacted by an intervention involving grocery stores in Chelsea, that number would be ~15,000.</p> <p>We think this estimate is supported by information we obtained from the Polly's/Country Market Corporate Office. We found out that they only keep a record of weekly customer counts, which they have noted are stable throughout the year. They do not track individual customers, so the same person making multiple stops at the store in a week would be counted each time. Even this rough count is valuable to us, because every time someone visits the store there is the potential to influence their purchases and that is what we are trying to do.</p> <p>The weekly customer count for Polly's Country Market in Chelsea is 14,000 customers/week or 728,000 per year. (in addition to Chelsea residents, some Grass Lake, Manchester, Stockbridge and other out of town residents may occasional shop there). So, it is probably safe to assume that ¾ of the sales transactions at the Polly's Country Market in Chelsea are with members of the Chelsea community.</p> <p>The New Chelsea Market and The Point at Cavanaugh Lake have also chosen to participate in the</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	initiative, but our main focus is on the Polly's Country Market.
Intervention Specific goals, what do you hope to accomplish?	We want local groceries and convenience stores to promote the healthier foods they already sell and increase the variety of healthier items they carry. We want the community to be informed about healthy food choices and the availability of healthy foods at local stores.
Key Evaluation Data*	According to the 2010 HIP data, only 17.6% of Washtenaw County adults eat the recommended 5 servings of fruits and vegetables per day and almost one-fourth (24%) of adults report eating fast food at least once or more per week. Almost 60% of Washtenaw County adults fall into the overweight/obese risk category based on BMI equal to or greater than 25.
With whom will you collaborate? How will you collaborate?	We will continue to partner with the participating stores to promote and implement the program. We will continue to share information about how the initiative is working and about the materials we develop with the other communities in the 5 Healthy Towns group.
Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s	This specific intervention was selected because results of Albert Lea, MN, show that this type of intervention can be effective. The Hy-Vee store raised its sales of healthy foods and the dietician noted an increase in the interest in and demand for healthy food.
Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).	

## Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)

If this is a continuing intervention *in your community* provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.

The kickoff event for the intervention was a seminar in October 2012 on how to market healthy food products and make them profitable and site visits to stores led by consultant Jennifer Wood. The process of extending invitations resulted in three Chelsea stores (Polly's Country Market, New Chelsea Market and The Point at Cavanaugh Lake Road), a Dexter and a Stockbridge store requesting site visits. The seminar attracted 40 people, including a large number of dietetics students, several of whom signed up to volunteer to help with the intervention.

By November 2012, each of the stores Wood visited had received a follow up letter from her with sourcing and marketing ideas and links to online resources.

In January, 2013, we interviewed the managers/owners of the three Chelsea stores and developed a list of the actions of highest priority to them. We handed off the information about the Dexter and Stockbridge stores to their respective Wellness Coalitions.

By February, 2013, we had contracted with RD Courtney Stinson, who immediately began working with the manager and the deli staff at Polly's Country Market. To date she has provided recipes for healthier deli items and instructed the deli staff on proper preparation of them, identified healthy items the store already carries and made suggestions regarding placement and signage. She has reported that Polly's manager, Corey Kennedy is enthusiastic about making the changes she has recommended. He has credited a recent increase in deli sales in large part to the new healthier items added to the menu. At least one deli staff member, a dietetics student, has jumped at the chance to be more involved in the healthy foods side of the business and will likely be designated Polly's in-store healthy foods contact.

The initiative at Polly's has received positive media coverage in the online and print versions of The Chelsea Standard. Corey Kennedy is now using the Country Market Facebook page to highlight healthy food options available in the store.

The Point at Cavanaugh Lake Road is receiving assistance from Callie Gavorek, a dietetics student, regarding sources of local and healthier items for the owners, the Burnetts, to stock in preparation for the summer season of bikers and picnickers. She is also providing ideas for using social media to promote their store.

To address the request for assistance regarding cooking demonstrations and nutrition information that New Chelsea Market made, we have started planning a series of short (3-5 minute maximum) education videos. Callie Gavorek has provided recipes and nutrition information; New Chelsea Market has also provided recipes and suggestions. Eat Better Subcommittee member Caitlin Deis has volunteered to anchor the videos. We have interviewed Rob Coelius of Video Farm Productions regarding production ideas and costs. Detailed planning and scripting of the videos is next. The videos will be part of the community education effort. They can be made available via YouTube, on web and social media sites, made into compilation DVDs and circulated through the Chelsea District Library, as well as shown at New Chelsea Market.

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>Describe your evaluation plan. How will you know this intervention is making a difference?</p>	<p>Short-term: Number of elements of the initiative implemented by the participating stores. Positive feedback from the store managers/owners. Positive feedback from community members.                  Midterm: Increase in purchases of healthy food items reported by the stores. (We are encouraging the stores to come up with ways to track these purchases. Currently, deli items at Polly’s Country Market are not individually coded.)                  Long-term: Increase in residents eating 5+ servings of fruits and vegetables per day.</p>
<p>Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.</p>	<p>Policy at grocery stores will be changed; infrastructure will be added with point of sale signage; and behavior will be changed as people who shop at the grocery stores receive education from the dietitian – either directly or indirectly.                  Store policy changes will be sustained as the healthy food sector becomes more in demand and a profit center for the grocery store. Funding will be required in future years to help support the services of a dietitian to provide education and additional policy recommendations, and provide educational materials.</p>

Intervention: Healthy Grocery Initiative, Year 2

Total Budget: \$5,000

<b>Item Description</b>	<b>Estimated expenses</b>	<b>In-kind efforts*</b>
Program maintenance (Includes occasional services of a contract Registered Dietitian, educational & promotional materials)	\$2,000	
Volunteers to plan, promote and assist with program		\$3,000
Subtotals	\$2,000	\$3,000
<b>TOTAL CWF FUNDING REQUESTED FOR YEAR 2</b>	<b>\$2,000</b>	

\*Volunteer hours @ \$20 per hour

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

**Healthy Restaurant Initiative**

CWF Element\* to Impact \_\_\_ Eat Better \_\_\_\_\_

Fiscal Agent\* \_\_\_ Chelsea Wellness Foundation \_\_\_\_\_

Tax I.D. \_\_\_\_\_ 26-3040367 \_\_\_\_\_

Implementation Contact\* \_\_\_ Dayle Wright \_\_\_\_\_

Contact phone and email \_\_\_ 734-475-1563, dwright192900mi@comcast.net \_\_\_\_\_

Date Funding Required \_\_\_ At beginning of grant period \_\_\_\_\_

Implementation Date \_\_\_ At beginning of grant period \_\_\_\_\_

<b>Criteria</b>	<b>Descriptions</b>
Please provide a description of the intervention program you are proposing.	<p>Provide assistance to help local restaurants add and/or identify and promote healthy menu items. Within the next 4 years the program will include: options for smaller portions, healthy menu logo, healthy meal substitutes (vegetables &amp; fruits). Restaurants will be asked to partner with CWF in a “5HTR” (5 Healthy Towns Restaurant) program. They will be asked to provide the following menu options: 1) Salad or vegetable in place of French fries or a starch item at no additional cost, 2) Soup and salad option be listed on the menu, 3) ½ sandwich and soup option be listed on the menu, 4) A 100% whole grain bread, pasta or cereal option always be available. Restaurants will also be encouraged to provide options for small portions and low calorie, low fat items.</p> <p>We would like to partner with 5HR restaurants in the following promotional activities:                      1) Sponsor a Healthy Dining Month, possibly in March (National Nutrition Month) in which if a person ordered a healthy menu option at 5 (or a certain # of 5HTRs) participating restaurants during the month, they could enter their names in a drawing for a prize.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

	<p>2) Possibly have an on-line contest where people could vote for their favorite healthy menu item they have dined on at a 5HTR.</p> <p>3) Include information in “Chelsea.Mich” website about Eat Better activities and building links to participating restaurants (this was suggested by Pat Cleary, owner of one of the participating restaurants and who is very involved in the development of this website).</p> <p>The CWF/CWC will provide newspaper and other media coverage advertizing the restaurant promotions and articles will be submitted by the Eat Better committee to the news media highlighting the participating restaurants’ activities. We would also provide restaurants with menu cards detailing healthy options they can display to customers, table tents with healthy food information, and window clings they can put in their windows or premises to show their participation. We will also provide restaurants with the services of a registered dietitian, provided by an Eat Better committee member, to help them provide healthier menu options.</p>
<p>Describe your action plan (steps) for implementing the intervention, including timeframe.</p>	<p>Jan.-March, 2013: Committee defined actions requested of participating restaurants to participate &amp; be identified as 5 Healthy Towns Restaurants (5HTRs) and determine what we could offer to restaurants to promote these actions</p> <p>March, 2013: Contact restaurants to explain proposed promotion, invite them to participate, clarify their agreement to participate. This has been done. We now have 6 restaurants who have agreed to participate: Back to the Roots, Break-away, Cleary’s Pub, Ellie’s, Mike’s Deli, and Thompson’s Pizzeria.</p> <p>April-May, 2013: Work with Wellness Coalition 1) to determine how to get presence on the “Chelsea.Mich” website for the 5HTRs &amp; to build links to those restaurants, 2) getting advice for designing &amp; printing table tents , &amp;3) clarifying use of 5HT logos</p> <p>June, 2013: Introduce the 5 Healthy Towns Restaurant Promotion to the community</p> <p>June, 2013-May, 2014: Continued relationship-building with the restaurants to support them in offering healthy options to customers, collect data from them of sales to use in evaluation of program.</p>
<p>Who (specifically) will be responsible for what aspects of intervention implementation?</p>	<p>Dan Kaminsky will be responsible for preparing &amp; submitting promotional articles for the program</p> <p>Dan Kaminsky &amp; Dayle Wright will contact restaurants for invite them to participate &amp; maintain contact with them throughout grant year to maintain relationships and develop promotional activities.</p> <p>Dan Kaminsky &amp; Caitlin Deis-overseeing implementation of web presence of the Eat Better Intervention</p> <p>Dayle Wright-Provide nutrition info as requested by restaurants.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

Do those responsible have the capacity* to implement?	Yes-Dan Kaminsky has worked as a newspaper editor, has served in several volunteer leadership roles in community Dayle Wright is a registered dietitian and has served in several volunteer leadership roles in community Caitlin Deis is Director of Wellness @ St. Louis School
Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?	Yes. We will need coalition members to encourage & thank 5HTRs for participating. We will need help from CWF leadership for advice on including Eat Better info & links to 5HTRs on Chelsea.Mich website.
What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.	Increase the percentage of residents who eat 5 or more fruits and vegetables per day and decrease the proportion of Chelsea residents who are overweight or obese. This intervention was selected because the 2010 Health Improvement (HIP) Survey and Western Washtenaw County Adults and Children 1020 Michigan Michigan Profile for Healthy Youth (MiPHY) Survey indicated that average consumption of fruits and vegetables in this area is far below that recommended in the Dietary Guidelines for Americans 2010. Also, many residents are very busy and find it difficult to make meals at home every night of the week. This intervention will assist these residents in making healthy choices and make fruits and vegetables more accessible when they eat at restaurants.
Primary target population*	The people in the Chelsea area who frequent local restaurants. This impacts all age and income demographics.
Number of people impacted annually*	Approximately 12,000
Intervention Specific goals, what do you	Short-term: Help local restaurants see the value (i.e. increased sales) in offering healthier options. Mid-term: Increase in persons ordering healthy menu options and decrease in persons ordering

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<p>hope to accomplish?</p>	<p>unhealthy options. Long-term: Increase in residents eating 5+ servings of fruits and vegetables per day and a decrease in the proportion of Chelsea residents who are overweight or obese.</p>
<p>Key Evaluation Data*</p>	<p>Evaluation data will include the following:            1) Number of restaurants offering healthy options on their menus            2) Data from sales at participating restaurants            3) Feedback from participating restaurants of how this promotion influenced their business and of customer response</p>
<p>With whom will you collaborate? How will you collaborate?</p>	<p>We will be working with the owners/managers of restaurants to identify ways they can provide more healthy menu options and maintain profits. We have already done this by meeting with each owner individually to ask them how we can help them provide more healthy options. We will also work with the Farmers Market Manager to see if a system can be developed for vendors to provide produce to restaurants and local grocery stores. We anticipate making a presentation to the Chamber of Commerce of the Healthy Restaurant Promotion.</p>
<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p>“Low-Cal Items Fuel Restaurant Sales”, Julie Jargon, Wall Street Journal, 2/7/2013 Dietary Guidelines for Americans 2010, USDA, US Dept HHS</p>
<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<p>None</p>
<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you’re making to</p>	<p>This interventions is based on the Healthy Restaurant Week held Oct. 2-6, 2012 in Chelsea. We have now planned an intervention that will be more on-going, provide more nutrition education to customers and promote, over the course of a year, the role of participating restaurants in making healthy menu options more available. We think that when restaurants see that there is a customer base that wants these options that the restaurants will continue with these options should the 5HTR</p>

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improve the potential for success.	promotion end.
Describe your evaluation plan. How will you know this intervention is making a difference?	<p>We will interview restaurant owners/managers in ~Oct., 2013, and ~Feb., 2014 to obtain objective data will include the following:</p> <ol style="list-style-type: none"> <li>1) Number of restaurants continuing to offer healthy options on their menus</li> <li>2) Data from sales at participating restaurants</li> <li>3) Feedback from participating restaurants of how this promotion influenced their business and of customer response</li> <li>4) Feedback from participating restaurants of how this promotion can be improved or modified to better help them sell more healthful foods and maintain profitability</li> </ol>
Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.	<p>Sustainability of this intervention depends on collaboration between Eat Better members (supported by CWC) and restaurants and can continue only with this collaboration. The restaurant sub-group of Eat Better will need to re-new yearly the 5HRT promotion with participating restaurants. Also, as we are interested in working with additional restaurants, but want to begin this intervention with the current number of restaurants.</p>

**Budget Healthy Restaurant Promotion  
2013**

Printing menu cards/table tents 7 sets of 500 @ ~ \$.07 ea	\$300
Promotional Activities for Healthy Restaurant Week & other events	\$1,000
Newspaper & misc. advertizing	\$600

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Window clings \$100  
30 @ ~\$3 ea

**Total Requested from CWF \$2,000**

In-Kind Donations, time \$2,000  
spent by committee mem-  
bers, 100 hrs (minimum)  
x \$20/hr

Total minimum cost of inter-  
vention: grant + in-kind \$4,000

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

~ Kids Cooking Camp ~

- CWF Element\* to Impact    Eat Better
- Fiscal Agent\*                    Chelsea Community Kitchen
- Tax I.D.                              27-1033746
- Implementation Contact\* Jane Pacheco, President, CCK Board of Directors
- Contact phone and email 734-330-4497    janeden@sbcglobal.net
- Date Funding Required    Prior to June 1, 2013 (the deadline for enrollments)
- Implementation Date            July 30, August 1, 6 & 8, 2013

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	A summer ‘camp-style’ program in a 4-day, 3-hour per day format with a morning session for grades 1 – 3 and an afternoon session for grades 4 – 6. Kids Cooking Camp will provide, at an affordable cost, a fun collection of cooking sessions for kids focused on healthy food choices. Kids will learn basic kitchen skills as well as kitchen safety. Each day will focus on a different meal or recipe type and will include sampling of all that is prepared.
Describe your action plan (steps) for implementing the intervention, including timeframe.	<p>March – May: Reserve a location for the camp, promote the camp, solicit sponsorships from local businesses</p> <p>Early June – Deadline for enrollments; decide whether enrollments are high enough for the camp sessions to break even.</p> <p>June – July – Instructors meet and prepare materials for the sessions.</p> <p>August 6 – Opening day for morning and afternoon camp sessions.</p> <p>August 15 – Last day of camp sessions</p> <p>Post-camp – Solicit evaluative feedback from campers and their families</p>

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<p>Who (specifically) will be responsible for what aspects of intervention implementation?</p>	<p>Chelsea Community Kitchen board members/volunteer staff and other CCK volunteers will handle the administrative details. The camp will again be team-taught. Judy Radant will return to provide instruction to campers. She will be joined by Callie Gavorek. Callie is a senior in the Coordinated Program in Dietetics at Eastern Michigan University, works part-time as an assistant to the Executive Chef of Eastern Michigan University Dining Services, is working on the Healthy Grocery Initiative and will be working as an intern at the Chelsea Farmer's Market.</p>
<p>Do those responsible have the capacity* to implement?</p>	<p>Yes. Chelsea Community Kitchen's major activity is offering classes on healthy eating (<a href="http://www.chelseacommunitykitchen.org/events/cooking-healthyfood/">http://www.chelseacommunitykitchen.org/events/cooking-healthyfood/</a>). Radant, who was an instructor for the 2012 Kids Cooking Camp, runs a food-related business and is an experienced instructor. She received excellent reviews from last year's campers and their families. CCK will select a second team member from a list of individuals qualified for and interested in teaching healthy cooking to kids.</p>
<p>Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?</p>	<p>Yes. Members of the broader coalition can support the intervention by suggesting sponsors and helping to spread the word about the camp and its benefits.</p>
<p>What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.</p>	<p>According to the 2010 Washtenaw County HIP survey, 24.1% of youth eat the recommended 5 or more servings of fruits and vegetables per day; the percentage is even lower for adults, 17.6%. Almost one-fourth (23.9%) of adults report eating fast food at least once or more per week and another 18.9% eat fast food 2 or more times per week. Key stakeholders, participating in the Chelsea Wellness Coalition's strategic planning, have noted doubts on the part of the general public that healthy food tastes good and a lack of knowledge about how to cook healthy food.</p>
<p>Primary target population*</p>	<p>Children in grades 1 – 3 and grades 4 – 6 as of Fall 2013</p>
<p>Number of people impacted annually*</p>	<p>Primary impact: 20 children Secondary impact: Families of children who attend the camp</p>
<p>Intervention Specific goals, what do you hope to</p>	<p>Increase enthusiasm and appreciation for healthy food choices; increase skill in food preparation and safety; promote behaviors that can influence a family's eating habits in the direction of healthier choices for both children</p>

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accomplish?	and adults.
Key Evaluation Data*	Using the next HIP survey as a source: an increase over 2010 figures in consumption of fruits and vegetables by youth. Related measures (impact on family) would be an increase in consumption of fruits and vegetables by adults and a reduction in the number of fast food meals eaten per week.
With whom will you collaborate? How will you collaborate?	Parents will pay \$100/child for a 4-day camp of 3 hours per day. Depending on available spaces, there may be a separate per-day rate of \$25 for those unable to attend the entire 4-day camp. We will approach Chelsea Recreation about interfacing with the planned full-day, 5H Chelsea Kids Kamp, for campers whose parents need an extended camp day.
Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s	The first Kids Cooking Camp was well received. Once the camp got started, campers asked if they could bring friends to attend for a day. <i>Ann Arbor Cooks!</i> offers a series of Kids-Only summer cooking camps for 8-15 year olds. Their fee for a 4-day camp of 3 hours per day is \$200/child. A number of their camps have baking and sweets & treats themes but others feature healthier items.
Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).	We have a commitment from Moore & Associates Pediatrics for a \$100 sponsorship and have asked two other practices to consider supporting the camp. We plan to approach local groceries and the Intergenerational and Community Gardens for in-kind donations of ingredients for the camp.
If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.	CCK received strong positive feedback from parents, including requests that the camp be offered again. The initial enrollment of 12 grew by word of mouth: two more campers signed up on the second day and there were six 1-day visitors. Parents reported that their children took the initiative in trying the recipes at home.
Describe your evaluation plan. How will you know this intervention is making	Habits and skills acquired as a child influence a person's future attitudes and behaviors. We will ask parents of campers about changes in the children's attitudes and behaviors related to healthy eating/cooking. We will observe the children during the camp for signs of positive change.

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a difference?	
Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.	The decision has already been made to make the Kid’s Cooking Camp an annual offering through Chelsea Community Kitchen. Based on the success of the pilot program last year, we are hopeful that attendance will grow each year this camp is in existence. More parents will be likely to view providing children with the opportunity to learn to cook healthy food as a beneficial summer activity. More children will view cooking as an activity that is both fun and productive. It’s likely that the program will always require some underwriting. Our hope is that an increasing number of community organizations will be receptive to being sponsors in future years to keep program fees affordable. The Dexter Wellness Coalition is interested in developing a similar program. We have shared information about CCK’s Kids Cooking with them.

Intervention: Kids Cooking Camp, Year 2

Total estimated program cost: \$2,450

<b>Item Description</b>	<b>Estimated expenses</b>	<b>In-kind efforts*</b>	<b>Expected Income</b>
Instructors and/or assistants	\$1,280		
Rent: Beach food lab	\$370		
Food and cooking supplies	\$400		
Printed class materials	\$100		
Promotional materials	\$100		
Volunteers to plan, promote and assist with program (~10 hours)		\$200	
Camp fees (20 @ \$100; if full enrollment)			\$2,000
Business sponsorship			\$100
Subtotals	\$2,250	\$200	\$2,100
*Volunteer hours @ \$20 per hour			
<b>TOTAL CWF FUNDING REQUESTED FOR YEAR 2</b>	<b>\$500</b>		

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

~ ChelseaMich.com Physical Activity Resource Guide ~

- CWF Element\* to Impact\_ Move More/Connect with Other\_\_\_\_\_
- Fiscal Agent\* \_\_To be defined\_\_\_\_\_
- Tax I.D. \_\_\_\_\_
- Implementation Contact\* \_\_\_\_\_To be defined\_\_\_\_\_
- Contact phone and email\_\_\_\_\_
- Date Funding Required\_\_In Place \_\_\_\_\_
- Implementation Date\_\_In Place \_\_\_\_\_

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	A web-based and printed resource guide will provide information on all of the places, groups, and activities available to people in the area. This resource guide will include information on hours, cost, phone numbers, addresses, websites, and contact people. This resource guide will assist residents to find ways to be physically active and connect with others in healthy ways. The resource guide will be linked with chelseamich.com and will be updated regularly.
Describe your action plan (steps) for implementing the intervention, including timeframe.	This intervention is already in place. There will be an ongoing task of making organizations aware and end users aware of this resource.

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Who (specifically) will be responsible for what aspects of intervention implementation?	Emily Taylor Penix and Leslie Surel will maintain the site.
Do those responsible have the capacity* to implement?	Yes
Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?	Yes, Yes
What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.	Short-term: Increase awareness of available opportunities for physical activities. Mid-term: Increase the proportion of adults who report participating in physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise in the past month Long-term: Increase in the proportion of Chelsea adults who achieve adequate physical activity.
Primary target population*	Any
Number of people impacted annually*	40,000
Intervention Specific goals, what do you hope to accomplish?	Short-term: Increase awareness of available opportunities for physical activities. Mid-term: Increase the proportion of adults who report participating in physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise in the past month Long-term: Increase in the proportion of Chelsea adults who achieve adequate physical activity.
Key Evaluation Data*	Website visits

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<p>With whom will you collaborate? How will you collaborate?</p>	<p>With the community as a whole. Making the resource known.</p>
<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p>none</p>
<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<p>none</p>
<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.</p>	<p>Literally just in place---see above</p>
<p>Describe your evaluation plan. How will you know this intervention is making a difference?</p>	<p>When you see a robust calendar of events/happenings/opportunities that captures all the resources in the community then we would be satisfied. It would be difficult to attribute any other data directly to this intervention.</p>
<p>Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.</p>	<p>Once this is an established resource we could foresee that some organizations would pay to be a featured event. Since the overall cost of maintaining this site is relatively small we do feel that this could be a self-sustaining intervention in 3-5 years.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

~ Heart and Sole ~

- CWF Element\* to Impact \_\_\_\_ Move More\_\_\_\_\_
- Fiscal Agent\*\_\_\_\_Chelsea Community Hospital\_\_\_\_\_
  - Tax I.D.\_\_\_\_381-91-7674\_\_\_\_\_
  - Implementation Contact\*\_\_\_\_Sheri Montoye\_\_\_\_\_
- Contact phone and email\_\_734/593-6269 or cell: 734/355-4082 email: montoyes@cch.org\_\_
- Date Funding Required \_\_May\_\_\_\_\_
- Implementation Date\_\_ Annually in May\_\_\_\_\_

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	Heart and Sole is an annual 5k, 10k, and 2 mile running and 13.8 mile biking event, open to kids and adults. This fun event promotes moving more and connecting with others in healthy ways. Local youth running groups (Guys and Gals on the Go and Kids on Course) train for this event in their after school programs which encourages many parents to train along with their kids, so they can participate in the event together. Sponsors are sought and proceeds exceeding costs are donated to the local Chelsea Grace Clinic serving uninsured audiences. Participants cite value in this relationship.
Describe your action plan (steps) for implementing the intervention, including timeframe.	Planning begins a full year before the event. General steps in planning this event are to set the date and establish a race route/site. During the winter I update the website, secure sponsors from the area and contact all emergency personnel (WaCo Sheriff, Chelsea PD, HVA), coordinate with the municipalities and road commission, contract with orange cone and porta-potty companies, timing and registration company, plan and recruit for volunteer roles, and manage marketing efforts. In the spring I follow up with all winter contacts, manage incoming registrations and finalize all marketing and contract details. I also plan post-race activities and volunteer recognition including making the donation to Grace Clinic.

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<p>Who (specifically) will be responsible for what aspects of intervention implementation?</p>	<p>Part-time staff person will coordinate and manage all aspects of implementation and some portions of this will be done by community volunteers and CCH volunteers when possible.</p>
<p>Do those responsible have the capacity* to implement?</p>	<p>Yes</p>
<p>Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?</p>	<p>Yes, Assistance with marketing, volunteering and participation if desired. The coalition has the capacity to support this intervention if they have the time and interest.</p>
<p>What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.</p>	<p>Increase the proportion of adults who report participating in physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise in the past month. This intervention was selected because it is designed to help inactive community members become comfortable with exercise as a fun activity that they can do with their family and friends and the variety of distances make it an attainable goal.</p>
<p>Primary target population*</p>	<p>All ages. The under 11 age group has grown every year since our inaugural run.</p>
<p>Number of people impacted annually*</p>	<p>Participation in the Heart &amp; Sole was 711, with a continued goal of 1,000 in 2013. By partnering with the Healthy Communities Walking Program we additionally reached 30 adults through “Walking Wednesdays” which introduced the walking program and an amended C25K training setup for walkers instead of runners. By involving volunteers and considering our increasingly unique ability to raise funds for Grace Clinic, we further impact the community by involving about 100 volunteers and helping an unknown number of uninsured and underinsured members of our community receive quality healthcare and health education.</p>

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<p>Intervention Specific goals, what do you hope to accomplish?</p>	<p>Short-term: Increased participation in the events.          Mid-term: Increase in the proportion of Chelsea adults and children who report participating in physical activities or exercise.          Long-term: Decrease the proportion of Chelsea adults and children who are classified as overweight or obese.</p>
<p>Key Evaluation Data*</p>	<p>Event participation/Race registration records, HIP data.</p>
<p>With whom will you collaborate? How will you collaborate?</p>	<p>We work closely with the Chelsea School district, Chelsea Police Department, Washtenaw County Sheriff, Washtenaw County Road Commission, City of Chelsea, and others. A large number of volunteers are required to staff this event and support has been forthcoming from service organizations, civic clubs, Run for the Rolls, CAC Kids Triathlon, athletic groups and church groups. We are also connected with the Healthy Communities Walking Program, libraries, senior center and retirement communities to promote training programs and the events. The Chelsea Area Wellness Foundation/5H has been featured as a promoting sponsor in this event, with logos on race t-shirts, signs and banners. Twenty-five area businesses have made financial and in-kind sponsorships. (See budget for details.)</p>
<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p>This event has been in existence for 23 years, this being the 24<sup>th</sup>. We have become our own model for success as the race has changed over the years. Though historical data is not currently available, the race has increased in number just in the last 5 years jumping from about 200 participants in 2008 to over 700 registered participants in 2012. Youth participants alone (ages 0-18) have increased to over 160. The Heart &amp; Sole race creates a cultural norm supporting good health in our communities and creates a collective responsibility among many segments of the community to contribute to this health improvement initiative. This year we have increased our local sponsors by 12 new sponsors – including organizations from outside of Chelsea! This shows success and growth in establishing this event as a critical piece of community fabric promoting a healthy community. We anticipate that with careful budgeting, expected race registrations and our increase in smaller “hometown” sponsorships, making a record-setting contribution to Grace Clinic this year. This speaks directly to the value our community places on the race and the final contribution.</p> <p>Furthermore, programs we help promote such as the Couch to 5k Training program and Healthy Communities Walking Program are already well known in the community of beginning walkers and runners and are proven to be successful in training non-runners to complete a 5k race. The Walking Program, a source of participants in both events, is based on the widespread exercise and weight-loss research (CDC and others) which shows that activities such as: setting an achievable goal, connecting with others, tracking your exercise, and being accountable to others are part of the formula for success when trying to reach health goals.</p>

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<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<p>See budget</p>
<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.</p>	<p>See "models or best practices" above.</p> <p>Additionally, this intervention works to encourage behavior change by making walking and running a fun community event that everyone can participate in regardless of age and ability level. The race is a fundraising endeavor itself, giving participants the opportunity to engage in the local community and to feel a sense of accomplishment by "making a difference". Hosting the race continues to support the "social norm" of healthy living and exercise as an ongoing activity for children, adults and families as a whole. This race creates another out of school recreational setting both for participants and spectators which is a determinant of health for a community.</p>
<p>Describe your evaluation plan. How will you know this intervention is making a difference?</p>	<p>We will look for sustained or improved participation, an increase in youth participants, success of future race preparation programs, an ability to retain sponsors and race volunteers, and through post-race volunteer surveys. Additionally, the amount of money we are able to donate to our target organization will give a snapshot of our success.</p>
<p>Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.</p>	<p>We will continue to request local sponsorships and build on the in-kind contributions to our event from businesses. We also work to support other local races throughout the year as well as promoting other "Move More" interventions. Doing so will help residents see that activity is not a once-per-year idea, but an ongoing process across the lifespan.</p>

**Heart and Sole Budget 2013**

Expenses		
Categories	\$	Notes

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

<b>Sheriff's department</b>	\$ 766.50	hiring lieutenants for race
<b>Washtenaw County Road commission</b>	\$ 40.00	road closure permit
<b>cone rental</b>	\$ 160.00	Spartan Barricading
<b>Timing company</b> Participants	\$ 1,818.30	RF Timing (May be less w/ 3 year contract agreement! \$2.85 instead of \$3/person)
separate start location/mat	\$ 150.00	
Same/Late registration allowance	\$ 50.00	
registration fees	\$ 1,311.00	
<b>Race Bibs</b>	\$ 350.00	Rainbow Racing
<b>Course certification</b>	\$ -	no cost 2013
<b>T-shirts</b>	\$ 5,933.50	Pacificat-shirts (runners and volunteers)
<b>Medals/awards</b>	\$ 511.00	Dinn Trophy's
<b>Safety Vests</b>	\$ -	no cost 2013
<b>signs</b>	\$500	Chelsea Signs
<b>Post-Race Participant Refreshments</b>	\$ 450.00	CCH
<b>Volunteer refreshments</b>		hopefully donated
<b>Post-event Vol./Spons Celeb.</b>	\$500	Jets/BTTR
<b>Registration card printing</b>	\$ 800.00	Print-tech, Inc.
<b>Postage</b>	\$ 663.00	\$0.15ea.
<b>Poster printing</b>	\$ 45.30	CCH Printing Svc.
<b>Tent/Table/trash cans/PA and podium</b>	\$ 337.00	Chelsea Rentals (10% discount, and no trash boxes - we saved 2012's!)
<b>trash bags</b>	\$ 5.00	
<b>Port-a-johns</b>	\$ 375.00	Johns Sanitation service
<b>Website</b>		no cost in 2013
<b>Race Director/staffing</b>		Paid for by CCH
<b>Facility Rental</b>	\$ 300.00	Chelsea School District
<b>Total Expenses</b>	<b>\$ 15,231.60</b>	

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

Revenue		
Source	\$	Notes
<b>Registration Fees</b>		\$13,900, @ estimate of 620 registrants \$3,000 (est 200 @ \$15/youth); \$10,000 (est 400 @ \$25/adult); \$900 (est 20 @ \$45 bike/run)
Mail registrations	1,920	
Running Fit	10,665	
Late Registration	2,393	
Total sponsorships	14,675.00	Includes CWC grant, and 33 other sponsors
<b>Total Revenue</b>	<b>\$ 29,653.00</b>	
	-	
<b>Net Profit (donation to Grace Clinic)</b>	<b>\$ 14,421.40</b>	

**Chelsea Wellness Coalition, Comprehensive Wellness Plan, Year 2 (July 1, 2013 – June 30, 2014)**

~ Safe Routes To School ~

- CWF Element\* to Impact\_\_Move More and Connect With Others\_\_\_\_\_
- Fiscal Agent\*\_\_\_\_\_To be Defined\_\_\_\_\_
- Tax I.D.\_\_\_\_ B38-6007821 \_\_\_\_\_
- Implementation Contact\*\_\_\_\_ Kristen Delaney\_\_\_\_\_
- Contact phone and email\_\_\_\_ kristen@5healthytowns.org \_\_\_\_\_
- Date Funding Required\_\_\_\_ Continuation of 2<sup>nd</sup> Year\_\_\_\_\_
- Implementation Date\_\_\_\_ Continuation of 2<sup>nd</sup> Year\_\_\_\_\_

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	Continuation into year two of Safe Routes to School in Chelsea. This is a federally recognized program to promote a safe commute to school for all aged students.
Describe your action plan (steps) for implementing the intervention, including timeframe.	Year one was to establish what are the challenges to in our community for students to safely walk or bike to school. A walking/biking audit was done. Stakeholders in the community have been invited for meetings and to be a part of the audit. As we move to year 2—we will be moving from planning to implementing. There will be another community meeting to present the plan and to get continued feedback. We will need to get parent leadership in place in each of the schools that will be participating. We will need to have this parent leadership in place by the end of the school year.

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Who (specifically) will be responsible for what aspects of intervention implementation?	Kristen Delaney
Do those responsible have the capacity* to implement?	Yes
Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?	More of a symbiotic relationship with Dexter who is also rolling out the program. The two communities are sharing resources in particular Kristen Delaney.
What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.	Increase opportunity for children to walk/bike to school, currently at .3 x/week, compared with 2.6 for county. Increase average trips made on foot or bike per week from 17.8/week. Improve safety of walking and crossing busy Chelsea streets, because 78% of people felt safe walking in their neighborhoods, down 17% from 2005
Primary target population*	5-18 years of age
Number of people impacted annually*	500
Intervention Specific goals, what do you hope to accomplish?	See above
Key Evaluation Data*	Will do periodic head counts/bike counts. Will continue to follow MiPHY and HIP data
	There will be ongoing collaboration with parents either via the school or continued informational

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<p>With whom will you collaborate? How will you collaborate?</p>	<p>meetings. Collaboration with the city will continue to be needed in particular the police department. This collaboration has already started and will continue with Kristen Delaney.</p>
<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p>This is a recognized federal intervention with strong fiscal backing. Has proven benefits that are outlined here   <a href="http://www.saferoutesinfo.org/sites/default/files/resources/SRTS%20and%20health_final.pdf">http://www.saferoutesinfo.org/sites/default/files/resources/SRTS%20and%20health_final.pdf</a></p>
<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<p>See below in Sustainability plans.</p>
<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.</p>	<p>Still in planning stage—but the key will be buy in from the community. This will require good communication and school support. There are multiple opportunities stakeholders to be a part of this. Kristen has done a good job working with some key community leaders in the school and with City to make this a success.</p>
<p>Describe your evaluation plan. How will you know this intervention is making a difference?</p>	<p>Will do periodic head counts/bike counts. Will continue to follow MiPHY and HIP data. Baseline data was collected this year regarding how children commute to school—we will continue to use surveys to measure against this baseline data.</p>
<p>Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.</p>	<p>This is a tested well established program with federal dollars available (6.5million in 2011). There is also established training and support with MDOT and Michigan Fitness Foundation. The first year of funding includes 3,000\$ for a community analysis by STDI from MSU. They have worked with a number of communities in Michigan on Safe Routes initiative. This will also better prepare us for potential grant monies for alternative funding in the future not only for the program but also</p>

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	infrastructure. In 2013 mini-grants were received from MDOT and Michigan Fitness Foundation to complement the SR2S at Beach Middle School and South Meadows Elementary. These programs are to develop a mileage club at the Beach and implement walking school buses at South.
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~ Regional Trail Plan ~

- CWF Element\* to Impact \_\_\_ Move More \_\_\_\_\_
- Fiscal Agent\* \_\_\_\_\_ To Be Determined \_\_\_\_\_
- Tax I.D. \_\_\_\_\_ To Be Determined \_\_\_\_\_
- Implementation Contact\* \_\_\_\_\_ To Be Determined \_\_\_\_\_
- Contact phone and email \_\_\_\_\_ To Be Determined \_\_\_\_\_
- Date Funding Required \_\_\_\_\_ To Be Determined \_\_\_\_\_
- Implementation Date \_\_\_\_\_ To Be Determined \_\_\_\_\_

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	A Regional Trail Plan should be the first step in a long-range plan for developing regional bike and hiking trail systems. This project is a high priority of the Chelsea Wellness Foundation (CWF) and local communities. This will be an important collaborative between Chelsea and the other “Towns”. This intervention will also integrate with the state’s “Great Lake to Lake” Route #1 trail vision.
Describe your action plan (steps) for implementing the intervention, including timeframe.	Continue ongoing informal gatherings to discuss.

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Who (specifically) will be responsible for what aspects of intervention implementation?	To be determined
Do those responsible have the capacity* to implement?	Yes
Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?	Yes, Yes
What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.	To be determined
Primary target population*	All ages in all 5 towns
Number of people impacted annually*	NA
Intervention Specific goals, what do you hope to accomplish?	To provide safe, beautiful, fun places to walk, run and bike to destinations. These destinations would include parks, towns and other trail networks. Could be one of the ingredients to help change sedentary culture in all of our communities.
Key Evaluation Data*	NA
With whom will you collaborate? How will you collaborate?	CWF, Washtenaw County Parks, State of Michigan, Dexter, Manchester, Grass Lake and Stockbridge
Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s	There is conflicting evidence to associate trail access and change in behavior. Am J Prev Med. 2005 Feb;28(2 Suppl 2):177-85.Evaluating change in physical activity with the building of a multi-use trail.Evenson KR, Herring AH, Huston SL.Department of Epidemiology, School of Public Health, University of North Carolina-Chapel Hill, Chapel Hill, NC 27514, USA. kelly_evenson@unc.edu Am J Prev Med. 2000 Apr;18(3):235-41.Promoting physical activity in rural communities: walking trail access, use, and effects. Brownson RC, Housemann RA, Brown DR, Jackson-Thompson J, King AC, Malone BR, Sallis JF.Department of Community Health and Prevention Research Center, School

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	of Public Health, Saint Louis University, St. Louis, Missouri 63108-3342, USA. brownson@slu.edu
Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).	None
If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.	NA
Describe your evaluation plan. How will you know this intervention is making a difference?	To provide safe, beautiful, fun places to walk, run and bike to destinations. These destinations would include parks, towns and other trail networks. Could be one of the ingredients to help change sedentary culture in all of our communities.
Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.	Develop a "Friends Of" group who would do fundraising and Grant proposals.

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~ Run for the Rolls ~

- CWF Element\* to Impact\_\_\_\_\_Move More\_\_\_\_\_
- Fiscal Agent\*\_\_\_\_\_Run for the Rolls\_\_\_\_\_
- Tax I.D.\_\_\_\_\_27-1461771\_\_\_\_\_
- Implementation Contact\*\_\_Jennifer Alford\_\_\_\_\_
- Contact phone and emai\_\_\_\_\_734-433-1053\_\_\_\_\_
- Date Funding Required\_\_\_\_\_7/1/2013\_\_\_\_\_
- Implementation Date\_\_\_\_\_8/24/2013\_\_\_\_\_

Criteria	Descriptions
Please provide a description of the intervention program you are proposing.	Run for the Rolls offers a 1-mile run/walk. The event is a family oriented event that provides a great opportunity for all ages to walk or run their first mile race. The purpose of this proposal is to grow participation in this event in all age groups.
Describe your action plan (steps) for implementing the intervention, including timeframe.	In April- community sponsor information is sent out seeking new and returning sponsorship. At this time, marketing information is sent as well to area running calendars and websites as well as local print calendar of events. Information has also been sent to local schools in all 5 communities to encourage school aged children to participate through a school challenge. May/June will require continued marketing efforts to our communities to spread the word and encourage registration. July-shirts will need to be ordered and volunteers recruited. Coordinate timing company, transportation. August- Continued marketing at Sounds and Sights and last minute coordination of event. Packet Pick up and registration will occur the day before as well as morning of event.
Who (specifically) will be responsible for what aspects of intervention implementation?	Cindy Triveline is the Director of the Race and does the majority of ordering of supplies as well as coordinating resources and services required to hold the race.
Do those responsible have the capacity* to implement?	Jennifer Alford is writer of grant proposal and Run for the Rolls Board Member and Treasurer, Cindy Triveline is the Race Director and has full capacity to implement.

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Does implementation of this intervention require support/resources from the broader coalition? If so, does the coalition have the capacity to support intervention implementation?	We would ask that the Foundation supports the run through mention of race on Facebook page potentially and will be listed on the Community Calendar. A monetary contribution of \$1500.00 is requested to help defray the cost of the event and allow for registration fees to remain low enough to support community participation.
What indicator* will this intervention impact? Describe any data and/or research that demonstrates a need for this intervention.	Increase the proportion of adults who report participating in physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise in the past month. This intervention was selected because it is designed to help inactive community members become comfortable with exercise as a fun activity that they can do with their family and friends and the variety of distances make it an attainable goal.
Primary target population*	All ages. This year, we will be coordinating a school challenge that will offer incentives to schools for participation in the event; therefore, we have a unique target age this year of growing our participants in the 11 and under as well as teen age groups. The 11 and under age group has been steadily growing since the race started.
Number of people impacted annually*	Run for the Rolls has 150-250 participants historically with a goal of 200 for 2013. Run for the Rolls has also supported many youth in our community through charitable donations to like minded organizations such as Special Olympics, Chelsea Cross Country Teams and Kids on Course and Guys and Gals on the Go.
Intervention Specific goals, what do you hope to accomplish?	Short-term: Increased participation in the events. Mid-term: Increase in the proportion of Chelsea adults and children who report participating in physical activities or exercise. Long-term: Decrease the proportion of Chelsea adults and children who are classified as overweight or obese.
Key Evaluation Data*	Event participation, HIP data.
With whom will you collaborate? How will you collaborate?	This intervention will require partnerships with civic clubs, schools, etc. to coordinate group challenges to increase participation. A large number of volunteers are required to staff both events and support has been forthcoming from a large number of service organizations and church groups. They will also connect with the Healthy Communities Walking Program, libraries, senior center and retirement communities to promote training programs and the events. The Chelsea Area Wellness Foundation/5H has been featured as a promoting sponsor in both events, with logos on race t-shirts, signs and banners.

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<p>Describe any models or best practice examples of other successful programs similar to the one you are proposing, if known. Include citation/s</p>	<p>These events are innovative, recommended in the literature and help create a cultural norm supporting good health in our communities. Programs such as the recommended Couch to 5k Training program is already well known in the community of beginning runners and is proven to be successful in training non-runners to complete a 5k race. The Walking Program, a source of participants in the event, is based on the widespread exercise and weight-loss research (CDC and others) which shows that activities such as: setting an achievable goal, connecting with others, tracking your exercise, and being accountable to others are part of the formula for success when trying to reach health goals. Run for the Rolls is particularly innovative because it provides a unique opportunity for all levels of athletes as well as non-athletes to participate in a local event with an achievable goal.</p>
<p>Other organizations solicited for support (include name, amount requested, date requested, and amount promised or received).</p>	<p>Local businesses are solicited for sponsorship and other donations.</p>
<p>If this is a continuing intervention <i>in your community</i> provide evidence of how the intervention has been successful, or describe changes you're making to improve the potential for success.</p>	<p>Run for the Rolls has had a fairly stable participation rate since it's beginning. The year the event held a 5k, race numbers climbed significantly. Due to construction at the Fairgrounds last summer, a 5K course was not feasible. 2013 brings a new school challenge to all 5 communities and hopes to increase participation for school aged children as well as school staff and parents. There are discussions to determine when to expand the race again and how to provide a quality race for the community. Run for the Rolls hopes to hold additional races in Chelsea with longer distances on the same day as the 1 miler or evaluate the need and ability to hold on a different date.</p>
<p>Describe your evaluation plan. How will you know this intervention is making a difference?</p>	<p>Number of participants, success in the community school challenge and testimonies of participants.</p>
<p>Describe your plan for sustainability* of the intervention and sustainability for any health improvements resulting from the intervention.</p>	<p>The event is a yearly race and continues to draw repeat participants and sponsors therefore, continued financial support from runners/walkers and local business supporters. However, the costs of the race prove to be high and we ask for continued support to offer a high quality race to our community members. Run for the Rolls is actively marketing through our new website and new programs to increase participation. As people of all ages participant in the event they are given the opportunity to complete an event that encourages future participation as well as excites them to try new events and distances. This in turn provides them with a sense of achievement and desire to continue moving more.</p>

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<b>Revenue</b>		
	Budgeted	Actual
	\$	
<b>Entry Fees</b>	<b>2,000</b>	
Individual (40 participants at 15.00)	<b>600</b>	
Family (40 families @ 35.00)	<b>1,400</b>	
<b>Grant</b> Chelsea Wellness Foundation	<b>\$ 1,500</b>	
<b>Sponsors</b>	<b>\$ 4,000</b>	
<b>Total Revenue</b>	<b>\$ 7,500</b>	

<b>Expenses</b>		
	Requested Budget	Actual
		\$
<b>1 mile expenses</b>	<b>\$ 4,834</b>	<b>-</b>
Timing (chip timed)	750	
Technical Shirts (Participants and Volunteers)	2,515	
Awards	200	
Race Insurance	309	
Wave Bus	420	
Table rentals	30	
Active.com Registration fees	50	
Miscellaneous (goodie bag items)	200	
Porta Johns	360	
Race Towels	-	
Signage	-	
Marketing/Mailings		
<b>General Operating Expenses</b>	<b>1,627</b>	<b>-</b>
Board Insurance	527	
Race Director Honorarium	500	
Charitable Donations	500	
Chamber of Commerce Dues	100	
<b>Total Expenses</b>	<b>\$ 6,461</b>	<b>\$ -</b>

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