The objective of the current study was to conduct a multi-level evaluation of the MOSE in order to describe individual-level characteristics of attendees, program-level characteristics of the MOSEs, and neighborhood-level characteristics of the area surrounding the MOSEs.

Methods

Intervention Approach

The MOSEs were conceptualized and implemented by a local Healthy Neighborhood Council, developed out of the state’s healthcare transformation plan, to bring together healthcare systems and multi-sector community partners to improve population health and priority health areas. The MOSEs as an intervention, aligned with Restoring Central Dover, a comprehensive Neighborhood Revitalization Plan led by the National Council on Agricultural Life and Labor Research Fund, Inc., INC., The MOSEs were implemented by a multi-interest organizing committee that included representation from the city’s Parks and Recreation staff, local Universities, the city’s Children’s Theater, community volunteers, a local college drug and alcohol prevention program, a local health system.

MOSEs were held monthly between June and November, 2018 (N=6), the July event was cancelled due to inclement weather and rescheduled to November. Each event was planned around, and anchored to, an existing community event and offered activities intended to provide attendees opportunities to engage in, and learn about, physical activity and healthy eating. To the greatest extent possible, activities were led by community-based organizations so that attendees could have the chance to engage with groups that were already in their communities.

Evaluation Methods

A multi-level evaluation design that assessed individual, program, and neighborhood factors related to the MOSEs and the events implemented.

Individual-Level Measures/Tools Used

Data collectors positioned at the 2-3 entry/exit points, asked every third adult leaving the event if they would complete a 33-question evaluation.

Program-Level Measures/Tools Used

MOSE check-in sheets were used to estimate event attendance. Event activities and participation were assessed using Ecological Momentary Assessment (EMA). At the start of each MOSE and during the last 15 min of each hour, a data collector data tracked the number of people in the area over the length of the event and recorded the number of attendees at each activity.

Neighborhood-Level Measures/Tools Used

During the hour prior to each MOSE, a data collector walked all routes (sidewalks and streets) within a 0.25 radius of the MOSE and used a standard audit to assess neighborhood-level characteristics associated with walking.

Conclusion

In conclusion, this study provides a positive signal for a MOSE as an alternative when full-scale Open Streets events are not feasible. They reach individuals considered high-risk for poor health outcomes (e.g., cardiometabolic syndromes), are well received by attendees, and increase awareness of venues for physical activity in the local community which could translate to long-term, positive changes in physical activity behavior.

Future evaluations of MOSEs should examine participation in healthy lifestyle behaviors such as physical activity following the event, and conduct a multi-level examination of demographic, health status, and neighborhood factors that may affect the likelihood of engaging in such behaviors following a MOSE.

Also important would be to consider how to further build on the community relationships between MOSE activities and established community resources for healthy lifestyle behaviors so that there can be greater continuity from the single (or even repeated) MOSE with the established community resources.

DOVER UNIVERSITY OF DELAWARE

Dover Micro Open Street Events: Evaluation Results and Implications for Community-Based Physical Activity Programming

Eric Plautz, Richard Suminski, Chanda Jackson-Short, Noel Duckworth, Karen Speakman, Rita Landgraf, and Freda Patterson

Abstract

Open Streets events provide opportunities for residents to be active. The current program developed and, overscaled five smaller scale, Micro Open Streets Events (MOSE) in Dover, DE that provided a range of opportunities for physical activity over a 0.5 miles street corridor. Our objective was to evaluate the effect of this approach to reach residents and improve knowledge and intention to engage in physical activity once the event was over. We used individual surveys, observational, and neighborhood audit factors to assess MOSE participation and conductions of walking-related behaviors. Our results showed that MOSE attendance ranged from 40-500 adults from a high-risk demographic (i.e., non-Caucasian, middle-aged, low-income), who demonstrated a strong liking of the MOSE and increased knowledge of, and intention to engage in physical activity following the event. Our data suggest that where a full-scale Open Streets event is not feasible, a MOSE may be a viable alternative.

Introduction

Consistent with national rates (1), up to half of adults in the state of Delaware are inactive and fail to meet physical activity guidelines (2). Creating or enhancing knowledge about, and access to, safe places for physical activity is part of the national guidelines (2). Evidence provide attendees access to various types of activity opportunities that temporarily close street sections to motorized traffic, and provide attendees opportunities to engage in, and learn about, physical activity and healthy eating. To the greatest extent possible, activities were led by community-based organizations so that attendees could have the chance to engage with groups that were already in their communities.

Methods

Intervention Approach

The MOSEs were conceptualized and implemented by a local Healthy Neighborhood Council, developed out of the state’s healthcare transformation plan, to bring together healthcare systems and multi-sector community partners to improve population health and priority health areas. The MOSEs as an intervention, aligned with Restoring Central Dover, a comprehensive Neighborhood Revitalization Plan led by the National Council on Agricultural Life and Labor Research Fund, Inc., INC., The MOSEs were implemented by a multi-interest organizing committee that included representation from the city’s Parks and Recreation staff, local Universities, the city’s Children’s Theater, community volunteers, a local college drug and alcohol prevention program, a local health system.

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Neighborhood-Level Measures/Tools Used

During the hour prior to each MOSE, a data collector walked all routes (sidewalks and streets) within a 0.25 radius of the MOSE and used a standard audit to assess neighborhood-level characteristics associated with walking.

Analysis & Results

Attendees Demographics: Seventy-eight attendees completed a survey (64.4% response rates). Attendees were mostly female (48%), middle-aged (41-50 years, SD=13.2), and African American (58%). A wide array of websites/applications were used with Facebook (89%), Instagram (33%), and YouTube (56%) being the top programs. In terms of health status, mean BMI was 24.8 (SD=4.3), and overall, 32.8% were overweight (BMI 25-29) and 34.5% were obese (BMI>30). Approximately one in four (23%) respondents stated their health was “fair” or “poor”; respondents reported poor or fair health at the MOSE, walking for the last month.

Table 1: Physical Activity Environment and Behavioral Factors Related to Physical Activity Behavior.

Table 2: MOSE Activity Classification and Number of Attendees at Each Activity.

Conclusions/Recommendations

In conclusion, this study provides a positive signal for a MOSE as an alternative when a full-scale Open Streets events is not feasible. They reach individuals considered high-risk for poor health outcomes (e.g., cardiometabolic syndromes), are well received by attendees, and increase awareness of venues for physical activity in the local community which could translate to long-term, positive changes in physical activity behavior.

Future evaluations of MOSEs should examine participation in healthy lifestyle behaviors such as physical activity following the event, and conduct a multi-level examination of demographic, health status, and neighborhood factors that may affect the likelihood of engaging in such behaviors following a MOSE.

Also important would be to consider how to further build on the community relationships between MOSE activities and established community resources for healthy lifestyle behaviors so that there can be greater continuity from the single (or even repeated) MOSE with the established community resources.