

## **Attachment C2**

The following Table of Revisions to the Progress Monitoring Report (PMR) provides detailed information regarding the proposed changes to the data collection tool.

**Table 1. Proposed Revisions to Items in the Progress Monitoring Report (PMR)**

Item changes are bolded and underlined.

| Item number in attached PMR | PMR Item from January 2005 OMB submission  | Suggested changes to items   | Description of change   |
|-----------------------------|--|--|---|
| <b>Infrastructure</b>       |  |  |   |
| 12                          | <p>Please complete the following for each staff member with FTE's dedicated to this effort. Reporting on one staff member at a time, complete the staff member's position and educational qualifications (select all that apply), the content area of their degree, % time dedicated to this effort, the source paying for the position (select all that apply and, if there are multiple sources, indicate the % FTE covered by each source), the date he/she started working on the project (month/year), staff type (permanent/interim), and expertise areas (select all that apply). Be sure to capture all FTE's dedicated to this effort in the State Health Department (including contracts).</p> <p>NOTE: You will be prompted to add additional FTE's following this screen, if applicable.</p> | <p>Please complete the following for each staff member with FTE's dedicated to this effort. Reporting on one staff member at a time, complete the staff member's position and educational qualifications (select all that apply), the content area of their degree, % time dedicated to this effort, the source paying for the position (select all that apply and, if there are multiple sources, indicate the % FTE covered by each source), the date he/she started working on the project (month/year), staff type (permanent/interim), and expertise areas (select all that apply). Be sure to capture all FTE's dedicated to this effort in the State Health Department (including contracts).</p> <p><b><u>You must include all FTE dedicated to this effort, even if you reported them in a previous PMR.</u></b></p> <p>NOTE: You will be prompted to add additional FTE's following this screen, if applicable.</p> <p><b><u>Staff Name</u></b><br/><b><u>Position [drop down box]</u></b></p> | <p>Revise item for clarification</p> <p>Add option for including staff name</p> |
| 12                          | Source of Funds (Check all that apply)   | Source of Funds (Check all that apply)   | Revise item for clarification   |

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|                  | <p><input type="checkbox"/> Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases cooperative agreement</p> <p><input type="checkbox"/> Other CDC funding</p> <p><input type="checkbox"/> State funds</p> <p><input type="checkbox"/> Foundation funds</p> <p><input type="checkbox"/> Other (Please specify)</p> <p>If OTHER source of CDC funding, please specify:<br/>_____</p> <p>If OTHER source of funds, please specify:<br/>_____</p> <p>Percent of FTE covered by cooperative agreement</p> <p>Percent of FTE covered by other CDC funding</p> <p>Percent of FTE covered by state funds</p> <p>Percent of FTE covered by foundation funds</p> <p>Percent of FTE covered by other sources</p> | <p><input type="checkbox"/> Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases cooperative agreement</p> <p><input type="checkbox"/> Other CDC funding</p> <p><input type="checkbox"/> State funds</p> <p><input type="checkbox"/> Foundation funds</p> <p><input type="checkbox"/> Other (Please specify)</p> <p>If OTHER source of CDC funding, please specify:<br/>_____</p> <p>If OTHER source of funds, please specify:<br/>_____</p> <p>Percent of <b>salary</b> covered by cooperative agreement</p> <p>Percent of salary covered by other CDC funding</p> <p>Percent of salary covered by state funds</p> <p>Percent of salary covered by foundation funds</p> <p>Percent of salary covered by other sources</p> |                               |
| I2               | <p>Staff Type</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Interim (&gt;= 1 yr)</p> <p><input type="checkbox"/> Interim (&lt; 1 yr)</p>  | <p>I2. Staff Type</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Interim</p>   | Revise item for clarification |
| I13              | <p>What actions were taken based on the training(s) program staff have attended to date (e.g., intervention design, evaluation)?</p>  | <p>What actions were taken based on the training(s) program staff have attended to date (<b><u>for example, describe how skills or take away" messages have been applied or shared with partners)</u></b>?</p>  | Revise item for clarification |
| <b>Resources</b> |   |   |                               |
| R1               | <p>Please complete the following regarding the Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases cooperative agreement expenditures spent during the last 6 months. Provide all cost components (i.e., include</p>  | <p>Please complete the following regarding the Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases cooperative agreement expenditures spent during the last <b><u>12 months</u></b>. Provide all cost components (i.e.,</p>   | Revise item for clarification |

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|        | <p>direct and indirect costs) for each of the following 3 expenditure categories: total expenditures, evaluation/surveillance expenditures, and contracts for program intervention activities (e.g., media, contracts). You may respond in dollar amounts OR percent of funds spent on each budget category. (The total does not need to equal 100%.)</p> <p>Dollars<br/>Percent</p> | <p>include direct and indirect costs) for each of the following 3 expenditure categories: total expenditures, evaluation/surveillance expenditures, and contracts for program intervention activities (e.g., media, contracts). You may respond in dollar amounts OR percent of funds spent on each budget category. (The total does not need to equal 100%.)</p> <p>Dollars<br/>Percent</p>  |   |
| R2     | <p>How many contracts or mini-grant expenditures have you established for program activities? Please include mini-grants and major contract or subcontract expenditures dedicated for program activities.</p>  |   | This item will be removed.  |
| R6-R12 | <p>For federal programs, please provide the approximate amount and purpose of funding.</p> <p>Federal Program(s) Providing Funding<br/>Amount<br/><b>Frequency</b><br/>__ <b>Total</b><br/>__ <b>Per year</b><br/>Purpose of Funding<br/>__ Infrastructure (e.g., staffing)<br/>__ Planning/programs<br/>__ Evaluation/surveillance<br/>__ Other (Please specify)</p>                | <p>For <i>federal programs</i>, please provide the name of the funder, approximate amount, and the purpose of funding.</p> <p>Name of Federal Program(s) Providing Funding<br/>Amount<br/>Purpose of Funding<br/>_ Infrastructure (e.g., staffing)<br/>_ Planning/programs<br/>_ Evaluation/surveillance<br/>_ Other (Please specify)<br/>If OTHER purpose, please specify</p> <p>For <i>state programs</i>, please provide the approximate amount and purpose of funding.</p> <p>For <i>foundation grants</i>, please provide the approximate amount and purpose of funding.</p> | <p>Sub-items about frequency total and per year for contribution questions will be removed.</p> |

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|                      |  | <p>For contributions from <i>private business</i>, please provide the approximate amount and purpose of funding.</p> <p>If OTHER purpose, please specify</p> <p>For this <i>other source of non-CDC funds</i>, please identify the source/program and provide the approximate amount and purpose of funding.</p>   |   |
| <b>Collaboration</b> |  |  |   |
| C2, C3,              | <p>Please provide information about state and local partnerships to coordinate obesity prevention efforts, especially state programs in cardiovascular health, cancer, diabetes, etc. Provide your 3 most important partners (by organization – not individuals) for each of the following categories:</p> <ul style="list-style-type: none"> <li>• governmental health agencies (federal, state, or local);</li> <li>• voluntary agencies/community-based organizations;</li> <li>• health care;</li> <li>• private sector businesses;</li> <li>• organizations focusing on health disparities (e.g., rural, racial/ethnic, aging);</li> <li>• state/local departments of education;</li> <li>• universities, medical schools or schools of public health;</li> <li>• nutrition organizations;</li> <li>• physical activity organizations;</li> <li>• professional organizations;</li> <li>• other types of organizations (e.g., non-profits, coalitions).</li> </ul> <p>Please provide your <i>three</i> most important partners</p> | <p>Please provide information about state and local partnerships to coordinate obesity prevention efforts, especially state programs in cardiovascular health, cancer, diabetes, etc. Provide your 3 most important partners (by organization – not individuals) for each of the following categories:</p> <ul style="list-style-type: none"> <li>• governmental health agencies (federal, state, or local);</li> <li>• voluntary agencies/community-based organizations;</li> <li>• health care;</li> <li>• private sector businesses;</li> <li>• organizations focusing on health disparities (e.g., rural, racial/ethnic, aging);</li> <li>• state/local departments of education;</li> <li>• universities, medical schools or schools of public health;</li> <li>• nutrition organizations;</li> <li>• physical activity organizations;</li> <li>• professional organizations;</li> <li>• other types of organizations (e.g., non-profits, coalitions).</li> </ul> <p><b><u>Please list each partner once. Some partners could fall into more than one category -- please select the one category that suits the</u></b></p> | <p>Sub-items regarding partnership activities to be added will include:</p> <ul style="list-style-type: none"> <li>• Work toward state plan objectives?</li> <li>• Co-lead workgroups/coalitions/task forces/committees?</li> </ul> |

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| <p>(by organization—not individuals) for <i>governmental health agencies</i> (federal, state, or local). Use the check boxes to indicate how each partner contributed to the state plan or program during the past 6 months (i.e., not every partner will be included every 6-month reporting period). In addition, please indicate whether the partnership was pre-existing before this funding period or is a new partnership (i.e., the partner was added during the funding period). Finally, please indicate whether there is a Memorandum of Understanding (MOU) with the organization.</p> <p>Partner</p> <p>New Partner?<br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>Participate in Planning?<br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>Implement Intervention?<br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>In-kind Staff Time?<br/> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p> <p>Staff Time Paid by Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases initiative?</p> | <p><b><u>partner best.</u></b></p> <p>Please provide your three most important partners (by organization—not individuals) for <i>governmental health agencies</i> (federal, state, or local). Use the check boxes to indicate how each partner contributed to the state plan or program during the past 6 months (i.e., not every partner will be included every 6-month reporting period). In addition, please indicate whether the partnership was pre-existing before this funding period or is a new partnership (i.e., the partner was added during the funding period). Finally, please indicate whether there is a Memorandum of Understanding (MOU) with the organization.</p> <p>New Partner?<br/> Yes No</p> <p>Participate in Planning?<br/> Yes No</p> <p>Implement Intervention?<br/> Yes No</p> <p><b><u>Work toward state plan objectives?</u></b><br/> <b><u>Yes No</u></b></p> <p><b><u>Co-lead workgroups/coalitions/task forces/committees?</u></b><br/> <b><u>Yes No</u></b></p> <p>Other?<br/> Yes No</p> |  |
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|                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>Money?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>Co-sponsor Event?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>Is there an MOU in place?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br>C3. Are there other governmental health agency (federal, state, or local) partners you'd like to list?<br><br>[If yes, respondent is prompted to respond to C2 for each; if no, respondent is directed to C4.] | If OTHER, please specify:<br><u>In-Kind Staff Time?</u><br>Yes No<br><br>Staff Time Paid by Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases initiative?<br>Yes No<br><br>Money?<br>Yes No<br><br>Co-sponsor Event?<br>Yes No<br><br>Is there an MOU in place?<br>Yes No |                            |
| C38             | Explain anything else you would like to add about your collaboration with partners to address obesity prevention program planning and/or programming.  |   | This item will be removed. |
| <b>Planning</b> |  |   |                            |
| PL6             | Please provide the date when it was sent to the project officer for review. _____  |   | This item will be removed. |
| PL7             | Briefly describe its status. _____   |   | This item will be removed. |

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| PL8       | Since when has the state plan been in effect (publication date)? _____   |  | This item will be removed.   |
| PL11-PL20 | <p>Did your state involve members of the general state population in developing the state plan?</p> <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> <p>[If yes, respondent is prompted to respond to PL10; if no, respondent is directed to PL19]</p> <p>Please select from the following choices those activities your state conducted to include and involve members of the general state population in developing the state plan.</p> <p>Planning Activities</p> <p><input type="checkbox"/> Town hall meetings<br/><input type="checkbox"/> Hearings<br/><input type="checkbox"/> <b>Ad hoc meetings</b><br/><input type="checkbox"/> Focus groups about the state planning process or plan (do not include “intervention” related focus groups)<br/><input type="checkbox"/> Written comments<br/><input type="checkbox"/> <b>Citizen-at-large committee</b><br/><input type="checkbox"/> Other(please specify)</p> <p>Summarize the main finding(s) resulting from the town hall meetings. _____</p> | <p>Did your state involve members of the general state population in developing the state plan?</p> <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> <p>Please select from the following choices those activities your state conducted to include and involve members of the general state population in developing the state plan.</p> <p><input type="checkbox"/> Town hall meetings<br/><input type="checkbox"/> Hearings<br/><input type="checkbox"/> Focus groups about the state planning process or plan (do not include “intervention” related focus groups)<br/><input type="checkbox"/> Written comments<br/><input type="checkbox"/> Other</p> <p>Summarize the main feedback or recommendations resulting from the town hall meetings.</p> <p>_____</p> | <p>Options for “Ad hoc meetings” and “Citizen at large committee” will be removed</p> <p>Add response category “feedback or recommendations”</p> |
| PL21      | In about 150 words or less, tell us about what you’ve done to understand your target populations. This can include the processes or methods, sources of information, organizations consulted, and so on. _____   | In about 150 words or less, tell us about what you’ve done to understand your target populations <b>as part of the State Planning Process</b> . This can include the processes or methods, sources of information, organizations consulted, and so on. _____   | Revise item for clarification  |



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| PL24                | <p>Please briefly state an objective contained in the plan. Remember that objectives are supposed to be specific, measurable, achievable, relevant, and time-bound (SMART). We will refer to these objectives again later in this progress report. If not applicable or still in process of development, please state this.</p> <p>Objective (Please describe only one):</p> <p><b><u>Are the objectives SMART?</u></b></p> <p><input type="checkbox"/> <b>No</b></p> <p><input type="checkbox"/> <b>Objective not written yet</b></p> <p><input type="checkbox"/> <b>Yes</b></p> | <p><b><u>We want the PMR to capture all your state plan objectives. Since your objectives probably won't change a great deal once they are developed as part of the state planning process, you won't need to enter them every reporting period.</u></b></p> <p>Please briefly state an objective contained in the plan. Remember that objectives are supposed to be specific, measurable, achievable, relevant, and time-bound (SMART). We will refer to these objectives again later in this progress report. If not applicable or still in process of development, please state this.</p> | <p>Revise item for clarification</p> <p>Item about SMART objectives will be removed.</p> |
| <b>Policy</b>       |   |  |  |
| PO8, PO16, PO18     | <p>Please briefly describe why [the policy] was not enacted. _____</p> <p>Please briefly describe why [the legislative act or local ordinance] was not enacted. _____</p> <p>Please briefly describe why [the environmental change] was not implemented. _____</p>  |  | Sub-items will be removed.   |
| <b>Data Sources</b> |   |  |  |
| DS 11               | <p>Indicate the variables from Pediatric Nutrition Surveillance System your state uses for monitoring over time. (Check all that apply.)</p> <p><b>PedNSS Variables</b></p> <p>___ BMI</p> <p>___ breastfeeding</p> <p>What year was this survey or system administered?</p>  | <p>Indicate the variables from Pediatric Nutrition Surveillance System your state uses for monitoring over time. (Check all that apply.)</p> <p>PedNSS Variables</p> <p>___ height and weight</p> <p>___ breastfeeding</p> <p>___ <b><u>other</u></b></p>  | <p>Revise item for clarification.</p> <p>Added "Other " as response category</p>         |

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|       | <p>[If BMI was checked:] Please indicate how BMI was collected.</p> <p><input type="checkbox"/> Self-reported height and weight<br/> <input type="checkbox"/> Measured height and weight by a trained anthropometrist</p>   | <p>What is the most recent year of data you used?</p> <p>_____</p>   |  |
| DS 14 | <p>Indicate the variables from Pregnancy Nutrition Surveillance System your state uses for monitoring over time. (Check all that apply.)</p> <p><b>PNSS Variables</b><br/> <input type="checkbox"/> BMI<br/> <input type="checkbox"/> breastfeeding</p> <p>What year was this survey or system administered?</p> <p>[If BMI was checked :] Please indicate how BMI was collected.<br/> <input type="checkbox"/> Self-reported height and weight<br/> <input type="checkbox"/> Measured height and weight by a trained anthropometrist</p> | <p>Indicate the variables from Pregnancy Nutrition Surveillance System your state uses for monitoring over time. (Check all that apply.)</p> <p>PNSS Variables<br/> <input type="checkbox"/> height and weight<br/> <input type="checkbox"/> breastfeeding<br/> <input type="checkbox"/> <b>other</b></p> <p>What is the most recent year of data you used?</p> <p>_____</p> | <p>Revise item for clarification. Added "Other " as response category</p>  |
| DS20  | <p>Use this space to explain anything else you would like to report about your use of data sources to monitor the burden of obesity.</p>  |  | <p>Item will be removed.</p>   |
| DS5.  | <p>Indicate the variables from the Behavioral Risk Factor Surveillance System (BRFSS) your state uses for monitoring over time. (Check all that apply.)</p>   | <p>Indicate the variables from the Behavioral Risk Factor Surveillance System (BRFSS) your state uses for monitoring over time. (Check all that apply.)</p> <p>BRFSS variables</p>   | <p>Revise item for clarification</p> <p>Sub-item on which guidelines for calculating BMI was collected will be</p> |

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|             | <p>BRFSS variables</p> <p><input type="checkbox"/> BMI</p> <p><input type="checkbox"/> physical activity</p> <p><input type="checkbox"/> fruits and vegetables</p> <p><input type="checkbox"/> weight control</p> <p><input type="checkbox"/> other (Please specify)</p> <p>What year was this survey or system administered?</p> <p>[If BMI was checked in DS4:] Please indicate how BMI was collected.</p> <p><input type="checkbox"/> Self-reported height and weight    <input type="checkbox"/> Measured height and weight by a trained anthropometrist</p> <p><b><u>If BMI was checked in DS4:] Which of the following established guidelines for calculating BMI were used?</u></b></p> <p><input type="checkbox"/> <b>CDC's suggested guideline</b>    <input type="checkbox"/> <b>Other</b></p> <p><input type="checkbox"/> <b>None</b></p> <p><b><u>If OTHER, please specify:</u></b></p> | <p><b><u>height and weight</u></b></p> <p><input type="checkbox"/> physical activity</p> <p><input type="checkbox"/> fruits and vegetables</p> <p><input type="checkbox"/> weight control</p> <p><input type="checkbox"/> other (Please specify)</p> <p>If other BRFSS variables, please specify.</p> <p>What is the most recent year of data you used?</p> | <p>removed</p>                       |
| <p>DS32</p> | <p>With regard to the topic of obesity, to whom (audience) and how (medium) did you report these results? Please also provide the title of the paper, speech, etc. that you used to report the results and attach relevant example(s).</p>  | <p><b><u>To whom (audience) and on what topic has your state reported trends in the last 6 months?</u></b></p>  | <p>Revise item for clarification</p> |
| <p>DS33</p> | <p>With regard to the topic of physical activity, to whom (audience) and how (medium) did you report these results? Please also provide the title of the paper, speech, etc. that you used to report the results and attach relevant example(s).</p>  |   | <p>Item will be removed</p>          |

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| DS34                  | With regard to the topic of nutrition, to whom (audience) and how (medium) did you report these results? Please also provide the title of the paper, speech, etc. that you used to report the results and attach relevant example(s).              |   | Item will be removed    |
| DS35                  | With regard to the topic of breastfeeding, to whom (audience) and how (medium) did you report these results? Please also provide the title of the paper, speech, etc. that you used to report the results and attach relevant example(s).          |   | Item will be removed    |
| DS36                  | With regard to the topic of diabetes, to whom (audience) and how (medium) did you report these results? Please also provide the title of the paper, speech, etc. that you used to report the results and attach relevant example(s).               |   | Item will be removed    |
| DS37                  | With regard to the topic of other chronic diseases, to whom (audience) and how (medium) did you report these results? Please also provide the title of the paper, speech, etc. that you used to report the results and attach relevant example(s). |   | Item will be removed    |
| <b>Implementation</b> |  |   |                         |
| IM4                   | <p>Please provide the name of the intervention and a description of the goals/purposes of the intervention.</p> <p>Intervention Name:<br/>Describe:</p>  | <p>Please provide the name of the intervention and a description of the intervention. Remember: Please answer pertaining to only ONE intervention at a time.</p> <p>Intervention name:</p> <p><b><u>Describe the purpose and where the intervention will be provided</u></b></p> <p><b><u>Description of intervention methodology and</u></b></p> | Sub-items will be added |

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|     |  | <p><b><u>strategy for implementation</u></b></p> <p><b><u>Please check the intended outcomes of your intervention and briefly describe them in the text box below.</u></b></p> <p><b><u>Intended Outcomes (Check all that apply)</u></b></p> <p><u>    policy change</u></p> <p><u>    environmental change</u></p> <p><u>    behavioral change</u></p> <p><b><u>Description of Intended Outcomes</u></b></p>  |                         |
| IM4 | <p>Please specify the dates of the intervention's activities:</p> <p>Start Date (MM/YYYY):</p> <p>End Date (MM/YYYY):</p> <p><u>    </u> Ongoing intervention; no end date</p> | <p>Please specify the dates of the intervention's activities:</p> <p>Start Date (MM/YYYY):</p> <p>End Date (MM/YYYY):</p> <p><u>    </u> Ongoing intervention; no end date</p> <p><b><u>Please indicate the developmental stage of your intervention</u></b></p> <p><u>    Planning</u></p> <p><u>    In the field</u></p> <p><u>    Concluded, but still conducting evaluation</u></p> <p><b><u>What is the level of cumulative funding to date for the entire intervention?</u></b></p> <p><b><u>Level of funding</u></b></p> <p><u>    None</u></p> <p><u>    &lt;=\$5,000</u></p> <p><u>    \$5,001 - \$10,000</u></p> <p><u>    \$10,001 - \$50,000</u></p> <p><u>    \$50,001 - \$100,000</u></p> <p><u>    &gt; \$100,000</u></p> | Sub-items will be added |

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|           |  | Was this intervention funded through a contract mechanism in your state? |                       |
| IM10      | <p>Did you collect any new quantitative (e.g., numbers or percentages from surveys) or qualitative (words from interviews or focus groups) information to help you understand your target population (i.e., formative data collection)? If so, please briefly describe the research conducted.</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> Describe:</p>   |  | Item will be removed  |
| IM11      | <p>What information about your target population were you able obtain (either from existing data or through new data collection) to use in designing your intervention?</p>  |  | Item will be removed  |
| IM12      | <p>Did members of the target population(s) participate in the development of the intervention?</p>   |  | Item will be removed  |
| IM13-IM20 | <p>Please check those activities your state specifically conducted to include and involve members of the target population in the development of the intervention. (Check all that apply.)</p> <p>Intervention Activities</p> <p><input type="checkbox"/> Town hall meeting<br/> <input type="checkbox"/> Hearings<br/> <input type="checkbox"/> Ad hoc meetings<br/> <input type="checkbox"/> Focus groups about developing or implementing the intervention<br/> <input type="checkbox"/> Solicited written comments</p> |  | Items will be removed |

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|           | <input type="checkbox"/> Included citizen-at-large on planning committee<br><input type="checkbox"/> Other (please specify)<br><br>Describe the major finding(s) resulting from [the activity] ____  |   |   |
| IM21-IM23 | Have you pre-tested your intervention strategies, messages, or materials with your primary and secondary audiences?<br><input type="checkbox"/> Yes—primary and secondary<br><input type="checkbox"/> Yes—primary only<br><input type="checkbox"/> Not yet<br><input type="checkbox"/> No<br><br>Please describe any pre-testing activities you have conducted and with whom (primary or secondary).<br><br>Please briefly describe major findings from the pre-testing and what revisions were made to the strategies, messages, or materials.                                |   | Items will be removed.  |
| IM24      | Which of the following strategies does this intervention specifically address? (Check all that apply.) If you used a strategy other than the ones listed, please name the strategy and describe.<br><br>Strategies<br><input type="checkbox"/> Increasing breastfeeding<br><input type="checkbox"/> Increasing fruits and vegetable consumption<br><input type="checkbox"/> Promoting caloric balance<br><input type="checkbox"/> Increasing physical activity<br><input type="checkbox"/> Reducing TV use<br><input type="checkbox"/> Other<br><input type="checkbox"/> Other | Which of the following <b><u>principal target areas</u></b> does this intervention specifically address? (Check all that apply.) If you used a <b><u>principal target</u></b> area other than the ones listed, please name the <b><u>principal target area</u></b> and describe.<br><br><b><u>Principal Target Areas</u></b><br><input type="checkbox"/> Increase physical activity<br><input type="checkbox"/> Increase the consumption of fruits and vegetables.<br><input type="checkbox"/> Decrease the consumption of sugar sweetened beverages.<br><input type="checkbox"/> Increase breastfeeding initiation and duration.<br><input type="checkbox"/> Reduce the consumption of high energy dense | Changed terminology from strategies to principal target areas.<br><br>Added response category “Decrease the consumption of sugar sweetened beverages” |

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|           |   | foods.<br><input type="checkbox"/> Decrease television viewing.<br><input type="checkbox"/> Other<br><input type="checkbox"/> Other   |                        |
| IM31-IM32 | Do you have any secondary audiences for your intervention?<br><br>Please name your secondary audience(s) and briefly describe their role in the intervention.   |   | Items will be removed. |
| IM38      | Please identify the type of intervention you are describing. (Select all that apply.)<br><br><b>Intervention Type</b><br><input type="checkbox"/> physical activity intervention<br><input type="checkbox"/> breastfeeding intervention<br><input type="checkbox"/> worksite intervention that combines nutrition, physical activity, or behavioral strategies<br><input type="checkbox"/> nutrition intervention that targets individual behavior change<br><input type="checkbox"/> individual behavior change<br><input type="checkbox"/> other nutritional intervention<br><input type="checkbox"/> none of the above |   | Item will be removed.  |
| IM38      |   | Did your worksite activities fit the definition of the worksite-based multicomponent nutrition and physical activity strategies? [The obesity chapter of the Guide to Community Preventive Services found sufficient evidence of the effectiveness of multicomponent intervention programs to prevent obesity in the worksite setting.] | Item will be added     |
| IM38b     |   | Please indicate which, if any, of the following promising practices from the CDC Community  | Item will be added     |



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|  |  | <p>Guide and other CDC efforts were included in the worksite intervention</p> <p><b>Enhanced access to physical activity such as developing walking trails or building fitness centers at the worksite, combined with health education</b> [Definitions: Enhanced access to physical activity strategies in combination with health education are interventions that enable or facilitate access to programs, workshops, classes, and other resources in a worksite setting for physical activity. Such strategies included development of walking trails, building of fitness center at the worksite, par course, etc}</p> <p><b>Multi-component educational interventions which incorporated exercise prescriptions, nutrition prescriptions, and/or small media in addition to health education sessions</b> [Definitions: Multi-component educational interventions are aimed at provision of information, with the curriculum/modules addressing health promotion programs (e.g., healthy lifestyles, physical activity, nutrition) and risk reduction programs (e.g., weight management, cardiovascular (CVD) risks, diabetes risks, etc.). Health education sessions can be considered mild, moderate or intensive. In addition to health education sessions, these studies incorporated components such as 1) exercise prescription, 2) nutrition prescription, and 3) small media.</p> |  |
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|  |  | <p>It was a challenge to evaluate multi-component educational interventions. These interventions were evaluated together because it was not possible to separate out health education alone from other components. ]</p> <p><b>Exercise prescriptions alone</b><br/> [Definitions: Exercise prescription involves a planned or structured physical activity regimen given to an individual or group with specific recommendations on the frequency, intensity, and type of exercise. ]</p> <p><b>Weight loss competitions</b><br/> [Definitions: Weight-loss competitions and Incentive-based Interventions are competitions and incentives consist of rewards for weight loss and/or behavior change such as increase physical activity or improve nutrition. The rewards can be in-kind, financial, or the honor/pride of winning. The incentives can vary in size and types and can be used for screening, enrollment, compliance (staying in the program), completion of the program, and /or maintenance of the changes after the interventions.</p> <p>These interventions do not include teaching behavioral management skills, modeling or demonstration, participatory skill development, individual benchmarking (i.e., goal-setting and achievement) and providing</p> |  |
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|       |  | <p>feedback.]</p> <p><b>Behavioral interventions without incentives</b><br/> [Definitions: Behavioral interventions teach behavioral management skills, modeling or demonstration, participatory skill development, individual benchmarking (i.e., goal-setting and achievement), providing feedback and building social for behavioral patterns.<br/> Such interventions are complemented by in-kind or financial incentives, typically given for participation and/or completion of the program.]</p> <p><b>Behavioral interventions with incentives</b><br/> [Definitions: These programs teach participants specific behavioral skills that enable them to incorporate physical activity and improve their nutrition through modeling or demonstration, participatory skill development, individual benchmarking (i.e., goal-setting and achievement), feedback and building social for behavioral patterns. These behavior changes following those interventions are not rewarded by incentives. ]</p> |            |
| IM38c |  | <p>In less than 100 words please specifically describe how your activities fit the definition.<br/> <b>Enhanced access to physical activity such as developing walking trails or building fitness centers at the worksite, combined</b></p>   | Item added |

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|       |  | <p><b>with health education</b> [Definitions: Enhanced access to physical activity strategies in combination with health education are interventions that enable or facilitate access to programs, workshops, classes, and other resources in a worksite setting for physical activity. Such strategies included development of walking trails, building of fitness center at the worksite, par course, etc}</p> <p>Describe</p>  |            |
| IM38d |  | <p>In less than 100 words please specifically describe how your activities fit the definition.</p> <p><b>Multi-component educational interventions which incorporated exercise prescriptions, nutrition prescriptions, and/or small media in addition to health education sessions</b><br/> [Definitions: Multi-component educational interventions are aimed at provision of information, with the curriculum/modules addressing health promotion programs (e.g., healthy lifestyles, physical activity, nutrition) and risk reduction programs (e.g., weight management, cardiovascular (CVD) risks, diabetes risks, etc.). Health education sessions can be considered mild, moderate or intensive. In addition to health education sessions, these studies incorporated components such as 1) exercise prescription, 2) nutrition prescription, and 3) small media. It was a challenge to evaluate multi-</p> | Item added |

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|       |  | <p>component educational interventions. These interventions were evaluated together because it was not possible to separate out health education alone from other components. ]</p> <p>Describe</p>   |             |
| IM38e |  | <p>In less than 100 words please specifically describe how your activities fit the definition.</p> <p><b>Exercise prescriptions alone</b><br/> [Definitons: Exercise prescription involves a planned or structured physical activity regimen given to an individual or group with specific recommendations on the frequency, intensity, and type of exercise. ]</p> <p>Describe</p>   | Item added. |
| IM38f |  | <p>In less than 100 words please specifically describe how your activities fit the definition.</p> <p><b>Weight loss competitions</b><br/> [Definitions: Weight-loss competitions and Incentive-based Interventions are competitions and incentives consist of rewards for weight loss and/or behavior change such as increase physical activity or improve nutrition. The rewards can be in-kind, financial, or the honor/pride of winning. The incentives can vary in size and types and can be used for screening, enrollment,</p> | Item added. |

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|       |  | <p>compliance (staying in the program), completion of the program, and /or maintenance of the changes after the interventions.</p> <p>These interventions do not include teaching behavioral management skills, modeling or demonstration, participatory skill development, individual benchmarking (i.e., goal-setting and achievement) and providing feedback.]</p> <p>Describe</p>  |             |
| IM38g |  | <p>IM38g In less than 100 words please specifically describe how your activities fit the definition.</p> <p><b>Behavioral interventions without incentives</b></p> <p>[Definitions: Behavioral interventions teach behavioral management skills, modeling or demonstration, participatory skill development, individual benchmarking (i.e., goal-setting and achievement), providing feedback and building social for behavioral patterns.</p> <p>Such interventions are complemented by in-kind or financial incentives, typically given for participation and/or completion of the program.]</p> <p>Describe</p> | Item added. |
| IM38h |  | <p>IM38h In less than 100 words please specifically</p>  | Item added  |

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|      |  | <p>describe how your activities fit the definition.</p> <p><b>Behavioral interventions with incentives</b><br/> [Definitions: These programs teach participants specific behavioral skills that enable them to incorporate physical activity and improve their nutrition through modeling or demonstration, participatory skill development, individual benchmarking (i.e., goal-setting and achievement), feedback and building social for behavioral patterns. These behavior changes following those interventions are not rewarded by incentives. ]</p> <p>Describe</p>  |  |
| IM39 | <p>Please indicate which, if any, of the following recommended strategies from CDC's Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services were included in the intervention.</p> <p><input type="checkbox"/> Community-wide campaigns [definition: large-scale, highly visible, multi-component campaigns direct their messages to large audiences using a variety of approaches, including television, radio, newspapers, movie theaters, billboards, and mailings.]</p> <p><input type="checkbox"/> Individually adapted health behavior change programs [definition: These programs are tailored to a person's specific interests or readiness to make a change in physical activity habits. Teaching behavioral skills such as goal setting, building social support, self-rewards, problem solving, and relapse prevention all assist individuals in learning to incorporate physical</p> | <p>Please indicate which, if any, of the following recommended strategies from CDC's Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services were included in the intervention.</p> <p><input type="checkbox"/> Community-wide campaigns [definition: large-scale, highly visible, multi-component campaigns direct their messages to large audiences using a variety of approaches, including television, radio, newspapers, movie theaters, billboards, and mailings.]</p> <p><input type="checkbox"/> Individually adapted health behavior change programs [definition: These programs are tailored to a person's specific interests or readiness to make a change in physical activity habits. Teaching behavioral skills such as goal setting, building social support, self-rewards, problem solving, and relapse prevention all assist individuals in learning to incorporate physical</p> | <p>Added clarification if selected Not Applicable response</p> |

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|  | <p>activity into their daily routines.]</p> <p>___ School-based PE [definition: This approach seeks to modify school curricula and policies, and to increase the amount of time students spend in moderate to vigorous activity while in physical education class. Schools can accomplish this either by increasing the amount of time spent in PE class, or by increasing students' activity levels during PE classes.]</p> <p>___ Social support interventions in community settings [definition: The goal of this approach is to increase physical activity by creating or strengthening social networks. Examples include exercise buddies, exercise contracts, and walking groups.]</p> <p>___ Creation of or enhanced access to places for physical activity combined with informational outreach activities [definition: This approach ensures that the physical environment is conducive to physical activity, such that places where people can be physically active are readily available, accessible, and acceptable. Examples would include attractive sidewalks, stairwells, walking or biking trails, and exercise facilities in communities or in the workplace. Informational outreach strives to make people aware of available resources, encourages them to take local action, or provides training, seminars, counseling, or risk screening so that resources are well used. The goal is to improve quality of life and achieve livable communities.</p> <p>___ Point-of-decision prompts [definition: Motivational information is provided at the place where an individual is likely to be making a choice of action. For example, by locating signs close to elevators and escalators, people are encouraged</p> | <p>activity into their daily routines.]</p> <p>___ School-based PE [definition: This approach seeks to modify school curricula and policies, and to increase the amount of time students spend in moderate to vigorous activity while in physical education class. Schools can accomplish this either by increasing the amount of time spent in PE class, or by increasing students' activity levels during PE classes.]</p> <p>___ Social support interventions in community settings [definition: The goal of this approach is to increase physical activity by creating or strengthening social networks. Examples include exercise buddies, exercise contracts, and walking groups.]</p> <p>___ Creation of or enhanced access to places for physical activity combined with informational outreach activities [definition: This approach ensures that the physical environment is conducive to physical activity, such that places where people can be physically active are readily available, accessible, and acceptable. Examples would include attractive sidewalks, stairwells, walking or biking trails, and exercise facilities in communities or in the workplace. Informational outreach strives to make people aware of available resources, encourages them to take local action, or provides training, seminars, counseling, or risk screening so that resources are well used. The goal is to improve quality of life and achieve livable communities.</p> <p>___ Point-of-decision prompts [definition: Motivational information is provided at the place where an individual is likely to be making a choice of action. For example, by locating signs close to elevators and escalators, people are encouraged</p> |  |
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|      | <p>to use safe and accessible stairs as a physically active alternative to passive transport.</p> <p>___ Community-scale urban design and land use policies and practices [definition: Urban design and land use policies that support physical activity in small geographic areas, generally several square kilometers in area or more.]</p> <p>___ Street-scale urban design and land use policies and practices [definition: Urban design and land use policies that support physical activity in small geographic area, generally limited to a few blocks.]</p>  | <p>to use safe and accessible stairs as a physically active alternative to passive transport.</p> <p>___ Community-scale urban design and land use policies and practices [definition: Urban design and land use policies that support physical activity in small geographic areas, generally several square kilometers in area or more.]</p> <p>___ Street-scale urban design and land use policies and practices [definition: Urban design and land use policies that support physical activity in small geographic area, generally limited to a few blocks.]</p> <p><b><u>___ Not Applicable (If a different physical activity strategy was used, please note in IM102)</u></b></p>   |   |
| IM52 | <p>Please indicate which, if any, of the following recommended strategies from CDC's Breastfeeding -- Strategy for Reducing Childhood Overweight and Related Chronic Diseases were included in the intervention.</p> <p>Please be sure to check only those boxes for which your intervention activities conform to the definition.</p> <p>___ Breastfeeding education and programs (group/individual) in hospitals [definition: Breastfeeding education refers to the provision of factual or technical information about breastfeeding in small groups or individually during the prenatal or postpartum period. Breastfeeding education as defined here is provided in the healthcare setting and may include the use of videos, posters, pamphlets or other materials.]</p> | <p>Please indicate which, if any, of the following recommended strategies from CDC's Breastfeeding -- Strategy for Reducing Childhood Overweight and Related Chronic Diseases were included in the intervention.</p> <p>Please be sure to check only those boxes for which your intervention activities conform to the definition.</p> <p>___ Breastfeeding education and programs (group/individual) in hospitals [definition: Breastfeeding education refers to the provision of factual or technical information about breastfeeding in small groups or individually during the prenatal or postpartum period. Breastfeeding education as defined here is provided in the healthcare setting and may include the use of videos, posters, pamphlets or other materials.]</p> | Added clarification if selected Not Applicable response |

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|  | <p>___ Telephone or in-home breastfeeding support (peer counseling) [definition: Peer counseling refers to the provision of support and/or advice on breastfeeding. This support is usually provided by mothers who have breastfeeding and other demographics in common with the women they counsel. They received training as a peer counselor. Peer support may be offered during the prenatal and/or postpartum period and contacts may be provided via home visit or telephone.]</p> <p>___ Implementation of Ten Steps to Successful Breastfeeding [definition: In 1989, the WHO and UNICEF issued a joint statement entitled Promoting and Supporting Breastfeeding: The Special Role of Maternity Services. In this document are 10 important steps to successful breastfeeding intended for application in every facility providing maternity services and care for newborn infants.]</p> <p>___ Training for Health Care Professionals [definition: Training of healthcare professionals refers to the provision of professional training on breastfeeding to physicians, nurses, nutritionists and other healthcare providers.]</p> <p>___ Prenatal breastfeeding education for women who work [definition: refers to the provision of factual or technical information about breastfeeding in small groups or individually during the prenatal period targeted specifically to women who will return to work following the birth of their infants. The education may be provided in the healthcare setting, workplace or community and may include the use of videos, posters, pamphlets or other materials.]</p> <p>___ Policies providing information on breastfeeding and services that are available for</p> | <p>___ Telephone or in-home breastfeeding support (peer counseling) [definition: Peer counseling refers to the provision of support and/or advice on breastfeeding. This support is usually provided by mothers who have breastfeeding and other demographics in common with the women they counsel. They received training as a peer counselor. Peer support may be offered during the prenatal and/or postpartum period and contacts may be provided via home visit or telephone.]</p> <p>___ Implementation of Ten Steps to Successful Breastfeeding [definition: In 1989, the WHO and UNICEF issued a joint statement entitled Promoting and Supporting Breastfeeding: The Special Role of Maternity Services. In this document are 10 important steps to successful breastfeeding intended for application in every facility providing maternity services and care for newborn infants.]</p> <p>___ Training for Health Care Professionals [definition: Training of healthcare professionals refers to the provision of professional training on breastfeeding to physicians, nurses, nutritionists and other healthcare providers.]</p> <p>___ Prenatal breastfeeding education for women who work [definition: refers to the provision of factual or technical information about breastfeeding in small groups or individually during the prenatal period targeted specifically to women who will return to work following the birth of their infants. The education may be provided in the healthcare setting, workplace or community and may include the use of videos, posters, pamphlets or other materials.]</p> <p>___ Policies providing information on breastfeeding and services that are available for</p> |  |
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|      | <p>women who work [definition: “Policies” refer to changes in health services and/or personnel support at the institutional or organizational level within the workplace in favor of breastfeeding and supportive of continued breastfeeding during employment.]</p> <p>___ Breastfeeding Mothers’ Room on the worksite [definition: Breastfeeding Mothers’ Rooms are private, walled rooms with doors capable of locking, electric outlets, and appropriate seating, etc. for use by employees who are breastfeeding mothers to express milk for their infants during the work period.]</p> <p>___ Social marketing and/or media campaigns [definition: Social marketing is the design, implementation, and control of programs seeking to increase the acceptability of a social/health related idea or practice in a target group(s). It utilizes concepts of market segmentation, consumer research, idea configuration, communication, facilitation, incentives, and exchange theory to maximize target group response, in order to improve the personal and societal welfare of the target audience. The optimal social marketing campaign is tailored to the unique perspective, needs, and experiences of the target audience, with input from representative members of this group.] Media campaigns are one venue for social marketing.</p> | <p>women who work [definition: “Policies” refer to changes in health services and/or personnel support at the institutional or organizational level within the workplace in favor of breastfeeding and supportive of continued breastfeeding during employment.]</p> <p>___ Breastfeeding Mothers’ Room on the worksite [definition: Breastfeeding Mothers’ Rooms are private, walled rooms with doors capable of locking, electric outlets, and appropriate seating, etc. for use by employees who are breastfeeding mothers to express milk for their infants during the work period.]</p> <p>___ Social marketing and/or media campaigns [definition: Social marketing is the design, implementation, and control of programs seeking to increase the acceptability of a social/health related idea or practice in a target group(s). It utilizes concepts of market segmentation, consumer research, idea configuration, communication, facilitation, incentives, and exchange theory to maximize target group response, in order to improve the personal and societal welfare of the target audience. The optimal social marketing campaign is tailored to the unique perspective, needs, and experiences of the target audience, with input from representative members of this group.] Media campaigns are one venue for social marketing.</p> <p><b><u>Not Applicable (If a different breastfeeding strategy was used, please note in IM102)</u></b></p> |   |
| IM71 | Complete this item for a nutrition intervention that targets individual behavior change. The Agency for Healthcare Research and Quality determined  | Complete this item for all nutrition interventions. Please check which of the following specific components were included in the intervention,   | Revise item for clarification. This item is a combination of the previous IM 71 and |

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|  | <p>the following intervention characteristics were beneficial for selected dietary changes. Please check which of the following specific components were included in the intervention, making sure to check only those boxes for which your intervention activities conform to the definition.</p> <p><input type="checkbox"/> Social support [definition: Interpersonal relationships are used to assist individuals in adopting or maintaining beneficial dietary behaviors. The goal of this approach is to improve dietary behaviors by creating or strengthening social networks. Examples include peer counseling and employee advisory boards.]</p> <p><input type="checkbox"/> Interactive activities involving food [definition: Delivery of the intervention is provided through individual participation with food, i.e., tasting or cooking.]</p> <p><input type="checkbox"/> Goal setting [definition: Individuals determine dietary, nutritional, and/or weight goals and, if applicable, monitor their progress and goal attainment.]</p> <p>Complete this item for other nutrition intervention(s). What other approaches does your nutrition intervention employ? Check all that apply.</p> <p><input type="checkbox"/> Community-wide campaigns [definition: Large-scale, highly visible, multi-component campaigns direct their messages to large audiences using a variety of approaches, including television, radio, newspapers, movie theaters, billboards, and mailings.]</p> <p><input type="checkbox"/> Informational campaigns [definition: Highly visible, multi-component campaigns direct their messages to audiences within a controlled setting</p> | <p>making sure to check only those boxes for which your intervention activities conform to the definition. The Agency for Healthcare Research and Quality determined the following intervention characteristics were beneficial for selected dietary changes. Please check which of the following specific components were included in the intervention, making sure to check only those boxes for which your intervention activities conform to the definition.</p> <p>Social support [definition: Interpersonal relationships are used to assist individuals in adopting or maintaining beneficial dietary behaviors. The goal of this approach is to improve dietary behaviors by creating or strengthening social networks. Examples include peer counseling and employee advisory boards.]</p> <p>Interactive activities involving food [definition: Delivery of the intervention is provided through individual participation with food, i.e., tasting or cooking.]</p> <p>Goal setting [definition: Individuals determine dietary, nutritional, and/or weight goals and, if applicable, monitor their progress and goal attainment.]</p> <p>Community-wide campaigns [definition: Large-scale, highly visible, multi-component campaigns direct their messages to large audiences using a variety of approaches, including television, radio, newspapers, movie theaters, billboards, and mailings.]</p> <p>Informational campaigns [definition: Highly visible,</p> | <p>IM 83</p> |
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|  | <p>using a variety of approaches, including e-mail announcements, posters, and educational events.]</p> <p>___ Policies [definition: Creation or modification of written policies that govern type, pricing and availability of food. Examples include type of food allowed to be sold for fund-raisers, usage of vending machines, and pricing of healthy foods.]</p> <p>___ Creation or modification of physical environment [definition: Environments are designed to improve accessibility and acquisition of healthy foods and ease of making healthy dietary choices. Change of the physical environment is often the result of policy execution.]</p> <p>___ Point-of-decision prompts [definition: Motivational information is provided at the place where an individual is likely to make a choice of action. For example, signs located at a food buffet may encourage individuals to select healthier menu options.]</p> <p>___ Informational outreach activities [definition: These activities increase awareness of available resources, encourage individuals to take local action, or provide training, seminars, counseling, or risk screening so that resources are used well.]</p> <p>___ Clinical screening [definition: Individuals are screened for weight, BMI, BMI for age, biochemical or clinical markers of nutritional status, and are provided with results and nutritional information and, if applicable, physician referral.]</p> | <p>multi-component campaigns direct their messages to audiences within a controlled setting using a variety of approaches, including e-mail announcements, posters, and educational events.]</p> <p>Policies [definition: Creation or modification of written policies that govern type, pricing and availability of food. Examples include type of food allowed to be sold for fund-raisers, usage of vending machines, and pricing of healthy foods.]</p> <p>Creation or modification of physical environment [definition: Environments are designed to improve accessibility and acquisition of healthy foods and ease of making healthy dietary choices. Change of the physical environment is often the result of policy execution.]</p> <p>Point-of-decision prompts [definition: Motivational information is provided at the place where an individual is likely to make a choice of action. For example, signs located at a food buffet may encourage individuals to select healthier menu options.]</p> <p>Informational outreach activities [definition: These activities increase awareness of available resources, encourage individuals to take local action, or provide training, seminars, counseling, or risk screening so that resources are used well.]</p> <p>Clinical screening [definition: Individuals are screened for weight, BMI, BMI for age, biochemical or clinical markers of nutritional</p> |  |
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|                   |   | status, and are provided with results and nutritional information and, if applicable, physician referral.]<br><br><b><u>Not Applicable (If a different nutrition strategy was used, please note in IM102)</u></b>                                |   |
| IM99              | Please describe your use of this promising strategy:<br>Increased fruit and vegetable consumption (e.g. 5 A Day) in diet for weight management.   | Please describe your use of this promising strategy:<br>Increased fruit and vegetable consumption in diet for weight management.   | Removed the reference to 5 A Day in this item |
| IM106-<br>IM107   | Are there any other interventions in place now that evolved from your program (i.e., perhaps you are sponsoring a program elsewhere, or perhaps a partner started a new program)?<br><br>__ Yes<br><br>__ No<br><br>Please describe this intervention (e.g., sponsor, target population, intended outcomes) and any results if available (using 100-150 words). |  | Items will be removed                         |
| <b>Evaluation</b> |   |  |   |
| EV3               | Have you developed an evaluation plan for the state plan? If so, please provide the date of completion.<br><br>__ No<br>__ In Progress<br>__ Yes<br><br>Date Completed (MM/DD/YYYY) if applicable   | Have you developed <b><u>a plan for monitoring the implementation of the state plan objectives</u></b> ? If so, please provide the date of completion.<br><br>__ No<br>__ In Progress<br>__ Yes<br><br>Date Completed (MM/DD/YYYY) if applicable | Revise item for clarification                 |

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| EV14 | Please briefly describe in 100 words or less how you are monitoring your implementation of the state plan.  | Please briefly describe in 100 words or less how you are monitoring your implementation of the state plan <b>objectives</b> .   | Revise item for clarification |
| EV15 | <p>For each of the state objectives you identified earlier in this instrument, please list the measure(s) you are using to track progress toward that objective. One full screen will be devoted to each individual objective; therefore please list the measures for each objective one at a time. Measures may be process measures or outcomes from the interventions.</p> <p>Process measures are the direct products of program activities, often measured in terms of the amount of work accomplished, such as the number of clients served or sessions held.</p> <p>Outcome measures refer to the results, impacts or effects of your program activities, and may be short-term, intermediate, or long-term. Please also supply the party responsible for accomplishing each objective (e.g., a partner, an academic institution, or the DOH).</p> <p>[Web system will list the objectives entered earlier; respondents will be asked to select one at a time]</p> <p>Objective - For this objective only<br/> ___ OBJECTIVE 1<br/> ___ OBJECTIVE 2</p> <p>Process Measure(s)<br/> Outcome Measure(s)</p> | <p>For each of the state objectives you identified earlier in this instrument, please list the <b>indicator</b>(s) you are using to track progress toward that objective. One full screen will be devoted to each individual objective; therefore please list the <b>indicator</b> for each objective one at a time. <b>Indicators</b> may be <b>implementation indicators</b> or outcome <b>indicators</b> from the interventions.</p> <p><b>Implementation indicators</b> are the direct products of program activities, often measured in terms of the amount of work accomplished, such as the number of clients served or sessions held.</p> <p><b>Outcome indicators</b> refer to the results, impacts or effects of your program activities, and may be short-term, intermediate, or long-term.</p> <p>Please also supply the party responsible for accomplishing each objective (e.g., a partner, an academic institution, or the DOH).</p> | Revise item for clarification |

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|                 | <p>Would you like to report measures for another state objective?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>[If yes, respondent is prompted to respond to EV13 for each additional objective; if no, respondent is directed to EV12a.]</p> |  |  |
| EV20            | If you didn't use this, what evaluation framework did you use?   | <p>If you didn't use this, what evaluation framework did you use?</p> <p>Please provide the reference</p>  | Sub-item for reference for evaluation framework used will be added |
| EV29a-<br>EV29c |  | <p><b><u>Has your state started to measure process or implementation indicators from the interventions?</u></b></p> <p><input type="checkbox"/> Not yet</p> <p><input type="checkbox"/> Yes</p> <p><b><u>Please describe the process or implementation indicator(s) (e.g., number of people reached by the intervention) and the results of any statistical analyses from the evaluation.</u></b></p> <p><b><u>Please list what data sources were used to measure these outcomes</u></b></p> | Items will be added  |
| EV17            |  | <b><u>Please identify the intervention(s) you are evaluating.</u></b>  | Item will be added   |
| EV37            |  | <b><u>Please explain what you have done to ensure that you will be able to detect realistic changes in post-intervention outcome measures when compared with pre-intervention measures (e.g., power</u></b>  | Item will be added   |



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|   |  | <b>calculations).</b>  |  |
|   |  | <b>Describe</b>  |  |
| EV30-EV32   | <p>Has your state started to measure short-term, intermediate, or long-term outcomes from the interventions?</p> <p><input type="checkbox"/> Not yet<br/><input type="checkbox"/> Yes</p> <p>Please describe the outcome measure(s) (e.g., decreased television viewing among high school students) and the results of any statistical analyses from the intervention.</p> <p>Please list what data sources were used to measure these outcomes.</p> | <p>Has your state started to measure short-term, intermediate, or long-term outcomes from the interventions?</p> <p><input type="checkbox"/> Not yet<br/><input type="checkbox"/> Yes</p> <p>Please describe the outcome <b>indicators(s)</b> (e.g., decreased television viewing among high school students) and the results of any statistical analyses from the intervention.</p> <p><b><u>Please include a description of any baseline data collected.</u></b></p> <p>Please list what data sources were used to measure these outcomes.</p> | <p>Revise item for clarification</p> <p>Added sub-item for baseline data</p> |
| EV34a   |  | <p><b><u>Please describe any progress on the intervention that has not already been reported.</u></b></p> <p><b>Describe</b></p>   | Item will be added   |
| EV38  | Please describe any resources and/or training that you (the state DOH) developed that other states could use as part of their obesity prevention programs (in 250 words or less).  | Please describe any resources and/or training that you (the state DOH) developed <b><u>in the last 6 months</u></b> that other states could use as part of their obesity prevention programs (in 250 words or less).   | Revise item for clarification  |
| <b>Summary (Will be changed to “Other Accomplishments”)</b> |  |  |  |
| S2  |  | <b><u>Please briefly describe your five most significant accomplishments in the last 6 months. This would include products or accomplishments of the state program, partners, mini-grant recipients, etc. Consider</u></b>   | Item will be added   |

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|--|--|---|--|
|  |  | <b><u>this an opportunity to highlight the results of your efforts.</u></b> |  |
|--|--|---|--|