Introduction

Welcome to the State Program Interim Reporting System (SPIRS). This system is for the exclusive use of CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) staff and state grantees.

SPIRS was designed to serve the following purposes:

- -- Monitor the activities and progress of funded states in CDC's Nutrition, Physical Activity, and Obesity Program; and
- -- Assist CDC in providing funded states with appropriate technical assistance that will lead to program effectiveness and improvement.

This Report includes the following sections:

- 1) Staffing
- 2) Resources
- 3) Partners
- 4) Planning
- 5) Health Disparities
- 6) Legislation
- 7) Policy
- 8) Environmental Change
- 9) Implementation
- 10) Other Accomplishments and Summary
- 11) Stories from the Field

This Report includes a short section asking you to provide one "Story from the Field". This story fulfills the FOA requirement for your state to provide Success Stories.

This report will serve as the required final program report for each fiscal year. Only activities that occurred between July 1, 2008 and June 30, 2009 should to be entered on this report (unless otherwise specified).

As you work through the items in this System, you may come across items for which the answer may be "no," "in progress," or "not yet". If an item does not apply to your circumstances, please enter "NA" or "nothing to report" into the relevant text box. Because some legislative, policy and environmental change interventions take years to fully implement, you are encouraged to report progress made during the fiscal year covered by this report even if the project is not yet completed.

If you have any questions while filling out this form, please feel free to contact your Project Officer or the Evaluation Team (dnpaoeval@cdc.gov).

We appreciate your cooperation in this endeavor, and we welcome any feedback on the reporting content and format.

Form Approved OMB No.: XXX-XXX Expiration Date:

State:

Public reporting burden of this collection of information is estimated to average XX hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (XXX-XXX).

*	1. Please p	orovide	the f	following	information	for	verification	purposes:
	Your Name:]	

Staffing

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, staff type (permanent/interim), the date he/she started working on the project, percent time dedicated to this effort, and the percent of that effort covered by cooperative agreement funds.

Be sure to capture all FTE's dedicated to this effort in the State Health Department (including contracts), even if you included them in a previous Report. Please report all staff who worked at least 6 months during this reporting cycle.

NOTE: you will be prompted to add additional FTE's following this screen if applicable (max of 20).

2. Position	
j∩ Program Coordinator	jn Epidemiologist
j _{↑↑} Physical Activity Coordinator	jn Administrative Assistant
j _∩ Nutrition Coordinator	jn Worksite Wellness Coordinator
j _∩ Evaluator	jn Health Educator
j_{\cap} Communications Coordinator	
j _∩ Other (please specify)	
3. Staff Type	
j _∩ Permanent	
\mathbf{j}_{\cap} Interim	
jn Other (please specify)	

4. Date Staff Started Working on Project (MM/DD/YYYY)

NOTE: Please list the date staff began working on cooperative agreement activities even if they have worked in the health department longer.

Percent of time on project(enter whole number without % symbol)

6. In the most recent reporting period, please indicate the percent of SALARY covered by the cooperative agreement.

[Example: If a person is 50% on the project (item 5 above) and all of that money is coming from the cooperative agreement you would enter 100 in this field]

7. Do you have additional staff to report?			
j _n Yes			
jn No			

1. Staff Name			
2 Decition			
2. Position			
jn Program Coordinator	jn Epidemiologist		
jn Physical Activity Coordinator	jn Administrative Assistant		
jn Nutrition Coordinator	jn Worksite Wellness Coordinator		
jn Evaluator	jn Health Educator		
jn Communications Coordinator			
jn Other (please specify)			
3. Staff Type			
j_{Ω} Permanent			
in Interim			
Jil memi			
jn Other (please specify)			
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4. Date Staff Started Working of NOTE: Please list the date staff even if they have worked in the 5. Percent of time on project (enter whole number without % 6. In the most recent reporting covered by the cooperative agree	began working on cooperative agreement activities health department longer. S symbol) period, please indicate the percent of SALARY eement.		
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tarr #3	
1. Staff Name	
2. Position	
jn Program Coordinator	jn Epidemiologist
jn Physical Activity Coordinator	jn Administrative Assistant
$j_{\widehat{\square}}$ Nutrition Coordinator	j∩ Worksite Wellness Coordinator
j _n Evaluator	j∩ Health Educator
j_{\cap} Communications Coordinator	
j_{\cap} Other (please specify)	
3. Staff Type	
j _∩ Permanent	
j _n Interim	
†n Other (please specify)	
4. Date Staff Started Working or	Project (MM/DD/YYYY)
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	began working on cooperative agreement activities
even if they have worked in the	nealth department longer.
5. Percent of time on project	
(enter whole number without %	symbol)
6. In the most recent reporting p	period, please indicate the percent of SALARY
covered by the cooperative agre	ement.
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·	the project (item 5 above) and all of that money is reement you would enter 100 in this field]
7. Do you have additional staff to	o report?
j _n Yes	
jn No	

1 9	Staff Name	
1.	otali Name	
2. F	Position	
jn	Program Coordinator	jn Epidemiologist
j'n	Physical Activity Coordinator	jn Administrative Assistant
jn	Nutrition Coordinator	jn Worksite Wellness Coordinator
j'n	Evaluator	jn Health Educator
j'n	Communications Coordinator	
j'n	Other (please specify)	
3. 5	Staff Type	
j'n	Permanent	
jn	Interim	
m	Other (please specify)	
		ff began working on cooperative agreement activitiene health department longer.
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1. Staff Name				
2. Position				
jn Program Coordinator	jn Epidemiologist			
jn Physical Activity Coordinator	jn Administrative Assistant			
jn Nutrition Coordinator	jn Worksite Wellness Coordinator			
j _n Evaluator	jn Health Educator			
$j_{\widehat{\square}}$ Communications Coordinator				
j_{\cap} Other (please specify)				
3. Staff Type				
j _∩ Permanent				
j _∩ Interim				
†n Other (please specify)				
4. Date Staff Started Working of	on Project (MM/DD/YYYY)			
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	began working on cooperative agreement activities			
even if they have worked in the	health department longer.			
E. Doroont of time on project				
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covered by the cooperative agr	reement.			
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•	n the project (item 5 above) and all of that money is greement you would enter 100 in this field]			
7. Do you have additional staff	to report?			
j _n Yes				
j∩ No				

1411 #6	
1. Staff Name	
2. Position	
jn Program Coordinator	j∵∩ Epidemiologist
jn Physical Activity Coordinator	jn Administrative Assistant
jn Nutrition Coordinator	jn Worksite Wellness Coordinator
j _n Evaluator	jn Health Educator
jn Communications Coordinator	
jn Other (please specify)	
3. Staff Type	
j _∩ Permanent	
j _∩ Interim	
†∩ Other (please specify)	
4. Date Staff Started Working on F	Project (MM/DD/YYYY)
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	gan working on cooperative agreement activities
even if they have worked in the he	alth department longer.
5. Percent of time on project	
(enter whole number without % sy	ymbol)
6. In the most recent reporting pe	riod, please indicate the percent of SALARY
covered by the cooperative agreer	ment.
[Example: If a person is 50% on the	he project (item 5 above) and all of that money is
·	ement you would enter 100 in this field]
7. Do you have additional staff to r	report?
j _∩ Yes	
j _∵ No	

aff#7	
1. Staff Name	
2. Position	
├∩ Program Coordinator	j∩ Epidemiologist
†n Physical Activity Coordinator	j∩ Administrative Assistant
in Nutrition Coordinator	j∩ Worksite Wellness Coordinator
in Evaluator	j∩ Health Educator
jn Communications Coordinator	j
in Other (please specify)	
J	
3. Staff Type	
m Permanent	
jn Interim	
in Other (please specify)	
Other (please specify) 4. Date Staff Started Working	on Project (MM/DD/YYYY)
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1411 #8				
1. Staff Name				
2. Position				
jn Program Coordinator	jn Epidemiologist			
jn Physical Activity Coordinator	jn Administrative Assistant			
jn Nutrition Coordinator	j∩ Worksite Wellness Coordinator			
j _n Evaluator	j∩ Health Educator			
$j_{\widehat{\gamma}\widehat{\gamma}}$ Communications Coordinator				
j_{\cap} Other (please specify)				
3. Staff Type				
j _∩ Permanent				
$j_{\widehat{\square}}$ Interim				
jn Other (please specify)				
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covered by the cooperative ag	reement.			
[Example: If a person is 50% of	on the project (item 5 above) and all of that money is			
·	greement you would enter 100 in this field]			
7. Do you have additional staff	to report?			
j _n Yes				
jn No				

٦. ১	Staff Name	
2. F	Position	
jn	Program Coordinator	jn Epidemiologist
jn	Physical Activity Coordinator	jn Administrative Assistant
j'n	Nutrition Coordinator	jn Worksite Wellness Coordinator
jn	Evaluator	jn Health Educator
jn	Communications Coordinator	
jm	Other (please specify)	
3. 5	Staff Type	
jn	Permanent	
jm	Interim	
m	Other (please specify)	
4. [Date Staff Started Working	on Project (MM/DD/YYYY)
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TATT # 10	
1. Staff Name	
2. Position	
jn Program Coordinator	jn Epidemiologist
jn Physical Activity Coordinator	jn Administrative Assistant
jn Nutrition Coordinator	jn Worksite Wellness Coordinator
jn Evaluator	j்∩ Health Educator
jn Communications Coordinator	
jn Other (please specify)	
3. Staff Type	
j _n Permanent	
j_{\cap} Interim	
in Other (please specify)	
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·	project (item 5 above) and all of that money is nent you would enter 100 in this field]
7. Do you have additional staff to rep	oort?
j _∩ Yes	
j _∩ No	

1. Staff N	lame	
2. Positic	on	
├∩ Program	Coordinator	jn Epidemiologist
3	Activity Coordinator	Administrative Assistant
∱∩ Nutrition	. Coordinator	jη Worksite Wellness Coordinator
ក្រ Evaluato	r	ήη Health Educator
j₁ Commur	nications Coordinator	
†n Other (p	lease specify)	
3. Staff 1	Гуре	
├∩ Permane	ent	
├n Interim		
jn Other (p	staff Started Working	on Project (MM/DD/YYYY)
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1. Staff Name	
2 Decition	
2. Position	
jn Program Coordinator	jn Epidemiologist
jm Physical Activity Coordinator	j_{\cap} Administrative Assistant
jn Nutrition Coordinator	j_{\cap} Worksite Wellness Coordinator
jn Evaluator	jn Health Educator
jn Communications Coordinator	
j_{\cap} Other (please specify)	
3. Staff Type	
jn Permanent	
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1. Staff Name	
2 Decition	
2. Position	
j _∩ Program Coordinator	jn Epidemiologist
jn Physical Activity Coordinator	$j_{\mathcal{T}}$ Administrative Assistant
j_{\cap} Nutrition Coordinator	j∩ Worksite Wellness Coordinator
jn Evaluator	jn Health Educator
jn Communications Coordinator	
jn Other (please specify)	
3. Staff Type	
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TATT # 14	
1. Staff Name	
2. Position	
jn Program Coordinator	jn Epidemiologist
jn Physical Activity Coordinator	jn Administrative Assistant
jn Nutrition Coordinator	jn Worksite Wellness Coordinator
jn Evaluator	jn Health Educator
jn Communications Coordinator	
jn Other (please specify)	
3. Staff Type	
j _n Permanent	
j _n Interim	
in Other (please specify)	
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covered by the cooperative agreement	·
·	e project (item 5 above) and all of that money is
Coming from the cooperative agreen	nent you would enter 100 in this field]
7. Do you have additional staff to re	port?
jn Yes	•
j∩ No	
J··	

aff # 15	
1. Staff Name	
2. Position	
jn Program Coordinator	jn Epidemiologist
jn Physical Activity Coordinator	jn Administrative Assistant
jn Nutrition Coordinator	ந்
jn Evaluator	jn Health Educator
jn Communications Coordinator	
jn Other (please specify)	
3. Staff Type	
jn Permanent	
j∩ Interim	
†n Other (please specify)	
4. Date Staff Started Working on Pr NOTE: Please list the date staff bega even if they have worked in the hea	an working on cooperative agreement activities
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6. In the most recent reporting period covered by the cooperative agreem	od, please indicate the percent of SALARY ent.
•	e project (item 5 above) and all of that money is ment you would enter 100 in this field]
7. Do you have additional staff to re	port?
jn Yes	
j₁ No	

TATT # 16	
1. Staff Name	
2. Position	
jn Program Coordinator	jn Epidemiologist
jn Physical Activity Coordinator	jn Administrative Assistant
jn Nutrition Coordinator	jn Worksite Wellness Coordinator
j _n Evaluator	jn Health Educator
$j_{\widehat{\square}}$ Communications Coordinator	
$j_{\gamma\gamma}$ Other (please specify)	
3. Staff Type	
j _∩ Permanent	
jn Interim	
†∩ Other (please specify)	
4. Date Staff Started Working on Project	ct (MM/DD/YYYY)
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NOTE: Please list the date staff began v	vorking on cooperative agreement activities
even if they have worked in the health	department longer.
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(enter whole number without % symbo	")
6. In the most recent reporting period,	please indicate the percent of SALARY
covered by the cooperative agreement	
·	oject (item 5 above) and all of that money is
coming from the cooperative agreemen	t you would enter 100 in this field]
7. Do you have additional staff to repor	·†?
jn Yes	
jn No	
Jii no	

aff # 1 /	
1. Staff Name	
2. Position	
j_{\cap} Program Coordinator	jn Epidemiologist
$j_{\gamma\gamma}$ Physical Activity Coordinator	jn Administrative Assistant
$j_{\gamma \gamma}$ Nutrition Coordinator	j₁ Worksite Wellness Coordinator
j _{∵∩} Evaluator	jn Health Educator
j_{Ω} Communications Coordinator	
j_{\cap} Other (please specify)	
3. Staff Type	
j∩ Permanent	
jn Interim	
†∩ Other (please specify)	
NOTE: Please list the date staff beg even if they have worked in the hea	an working on cooperative agreement activities alth department longer.
5. Percent of time on project (enter whole number without % sy	mbol)
6. In the most recent reporting per covered by the cooperative agreem	iod, please indicate the percent of SALARY nent.
•	e project (item 5 above) and all of that money is ment you would enter 100 in this field]
7. Do you have additional staff to re	eport?
j∩ Yes	
jn No	

TATT # 18	
1. Staff Name	
2. Position	
jn Program Coordinator	j _n Epidemiologist
jn Physical Activity Coordinator	j _∩ Administrative Assistant
jn Nutrition Coordinator	jn Worksite Wellness Coordinator
jn Evaluator	jn Health Educator
jn Communications Coordinator	
jn Other (please specify)	
3. Staff Type	
jn Permanent	
j∩ Interim	
† Other (please specify)	
4. Date Staff Started Working on P	roject (MM/DD/YYYY)
	an working on cooperative agreement activities
even if they have worked in the hea	alth department longer.
E. Doroont of time on project	
5. Percent of time on project(enter whole number without % sy	mbol)
6. In the most recent reporting per	iod, please indicate the percent of SALARY
covered by the cooperative agreem	nent.
[F	and the state of t
·	e project (item 5 above) and all of that money is ment you would enter 100 in this field]
7. Do you have additional staff to re	eport?
j∕n Yes	
j∕∩ No	

	Staff Name	
2. F	Position	
m	Program Coordinator	†n Epidemiologist
m	Physical Activity Coordinator	†n Administrative Assistant
j	Nutrition Coordinator	m Worksite Wellness Coordinator
m	Evaluator	†n Health Educator
jn	Communications Coordinator	J. ·
m	Other (please specify)	
J.,		
3. \$	Staff Type	
m	Permanent	
j	Interim	
Jm	Other (please specify)	
	J	on Project (MM/DD/YYYY)
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5. F (er 6. I cov	TE: Please list the date staten if they have worked in the Percent of time on project atter whole number without on the most recent reporting vered by the cooperative accomple: If a person is 50%	ff began working on cooperative agreement activities he health department longer. % symbol) g period, please indicate the percent of SALARY greement. on the project (item 5 above) and all of that money agreement you would enter 100 in this field]
5. [(er 6. I cov	TE: Please list the date state on if they have worked in the Percent of time on project atter whole number without on the most recent reporting vered by the cooperative against from the coop	ff began working on cooperative agreement activities he health department longer. % symbol) g period, please indicate the percent of SALARY greement. on the project (item 5 above) and all of that money agreement you would enter 100 in this field]
5. [(er 6. I cov [Ex cor 7. [TE: Please list the date state of they have worked in the Percent of time on project atter whole number without on the most recent reporting vered by the cooperative against from the cooperative against from the cooperative against from the cooperative against from the dational staff yes	ff began working on cooperative agreement activities he health department longer. % symbol) g period, please indicate the percent of SALARY greement. on the project (item 5 above) and all of that money agreement you would enter 100 in this field]

tarr #20	
1. Staff Name	
2. Position	
jn Program Coordinator	j _∩ Epidemiologist
jn Physical Activity Coordinator	j _{↑↑} Administrative Assistant
jn Nutrition Coordinator	j∩ Worksite Wellness Coordinator
j _n Evaluator	j∩ Health Educator
j_{Ω} Communications Coordinator	
j_{\cap} Other (please specify)	
3. Staff Type	
jn Permanent	
jn Interim	
j_{\cap} Other (please specify)	
4. Date Staff Started Working	on Project (MM/DD/YYYY)
C	
	ff began working on cooperative agreement activities
even if they have worked in th	ne health department longer.
5. Percent of time on project	
(enter whole number without	% symbol)
·	g period, please indicate the percent of SALARY
covered by the cooperative ag	greement.
[Example: If a person is 50%	on the project (item 5 above) and all of that money is
·	agreement you would enter 100 in this field]
7. Do you have additional staf	f to report?
jn No	
jn Yes	
If Yes, how many? You will not be able to prov	vide information about them.

Resources Please report specific details about each source of funding outside DNPAO Cooperative Agreement funds that was used to support the implementation of the cooperative agreement. Only report funds from the last 12 months. If a funding source is ongoing, list only the funds received during the current reporting cycle. 1. Please select all sources of funding outside this DNPAO Cooperative Agreement that have been leveraged in the most recent reporting period for the state nutrition and physical activity program or the accomplishment of the state plan. No funding outside DNPAO Foundation Grants Other Federal Programs Contributions from private businesses State Programs Other (please specify) 2. For FEDERAL PROGRAMS, please provide the name of each funder and the approximate amount. Name of 1st Federal Program Providing Funding Name of 2nd Federal Program Providing Funding Amount Name of 3rd Federal Program Providing Funding

3. For STATE PROGRAMS, please provide the name of each funder and the approximate amount.

Name of 1st State Program Providing Funding	
Amount	
Name of 2nd State Program Providing Funding	
Amount	
Name of 3rd State Program Providing Funding	
Amount	

Amount

4. For FOUNDATION FUNDS, please provide the name of each funder and the approximate amount.

Name of 1st Foundation Providing Funding	
Amount	
Amount	
Name of 2nd Foundation Providing Funding	
Amount	
Name of 3rd Foundation Providing Funding	
Amount	

For CONTRIBUTIONS FROM funder and the approximate ar	PRIVATE BUSINESS, please provide the name of eac
Name of 1st Business Providing Funding	nodrit.
Amount	
Name of 2nd Business Providing Funding	
Amount	
Name of 3rd Business Providing Funding	
Amount	
6 For OTHER FLINDS, places p	provide the name of each funder, approximate amoun
	provide the name of each funder, approximate amoun
and the purpose of funding.	
Name of 1st Entity Providing Funding	
Amount	
Purpose	
Name of 2nd Entity Providing Funding	
Amount	
Purpose	
Name of 3rd Entity Providing Funding	
Amount	
Purpose	

Collaboration
These items deal with collaboration between your state program and other organizations, agencies and individuals.
You will also have the opportunity to highlight a specific accomplishment of your state program in more depth in the Stories from the Field section.
1. Please give at least one example of a successful collaboration with an internal partner (e.g. within state health department) during the past year in the development, use and/or implementation of the state plan.
2. Please give at least one example of a successful collaboration with an EXTERNAL partner (e.g. partners other than state health department) in the development, use and/or implementation of the state plan.
3. Do you have one or more "champion" organizations external to the state health department that helped move the obesity prevention and control program forward? jn $^{\rm Yes}$
4. Please list the "champion" organization(s) and describe their actions taken on behalf of the state program.

	Has a state plan for nutrition and physical activity been produced during the past elve months?
(Cr	neck all that apply)
Ē	Not Yet
e	Draft in progress
ē	Draft undergoing CDC review
€	State plan in effect
ê	Revising existing plan
Con	nments:

Planning

Health Disparities							
1. In which way(s) does your state program and/or state plan include efforts to address health disparities?							
© Surveillance activities underway to identify specific NPAO-related disparities within your state							
Planning process(es) underway to develop/identify interventions to address identified disparities							
€ Interventions (including policy, environmental changes and/or legislation) currently in place to address identified disparities							
© Other (please specify)							

1. Were any legislative acts or local ordinances affecting overweight/obesity (e.g. nutrition, physical activity, TV viewing) initiated or enacted in the past 12 months?

[NOTE: A legislative act is defined as a formal legal action taken by local or state government. Examples include line items in the state budget related to obesity, bills supporting breastfeeding, etc.]

jn No
jn Yes
f YES, how many?

2. The next couple of questions will be asked of each legislative act or local ordinance initiated or modified in the past 12 months, one at a time.

NOTE: you will be prompted to add additional pieces of legislation following this screen if applicable (max of 10).

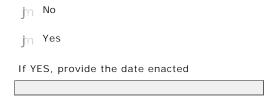
Please briefly describe the legislative act or local ordinance:

Name	
Senate or House Number (if applicable)	
3. Describe:	
	A

4. Was this legislation or local ordinance INITIATED locally or at the state level?



5. Was this legislation or local ordinance ENACTED in your state?



jn Yes If Yes, briefly describe the disparity and/or disparate population: 7. Do you have additional legislation or local ordinances to report?	6. Was this	legislation designed to address health disparities?	
If Yes, briefly describe the disparity and/or disparate population: 7. Do you have additional legislation or local ordinances to report? The Yes	j₁ No		
7. Do you have additional legislation or local ordinances to report?	jn Yes		
jn Yes	If Yes, briefly d	escribe the disparity and/or disparate population:	
jn Yes			
	7. Do you l	nave additional legislation or local ordinances to report?	
jn No	jn Yes		
	jn No		

1.	The next couple of	of questions	will be ask	ked of each	legislative a	act or local	ordinance
ir	itiated or modified	l in the past	12 months	s, one at a t	time.		

NOTE: you will be prompted to add additional pieces of legislation following this screen if applicable (max of 10).						
Please briefly describe the legislative act or local ordinance: Name Senate or House Number (if applicable)						
2. Describe:						
3. Was this legislation or local ordinance INITIATED locally or at the state level?						
jn Local						
jn State						
4. Was this legislation or local ordinance ENACTED in your state?						
j _n No						
j _n Yes						
If YES, provide the date enacted						
5. Was this legislation designed to address health disparities?						
j₁∩ No						
jn Yes						
If Yes, briefly describe the disparity and/or disparate population:						
6. Do you have additional legislation or local ordinances to report?						
j _™ Yes						
j _™ No						

1.	The next couple of	of questions	will be ask	ked of each	legislative a	act or local	ordinance
ir	itiated or modified	l in the past	12 months	s, one at a t	time.		

NOTE: you will be prompted to add additional pieces of legislation following this screen if applicable (max of 10).					
Please briefly describe the legislative act or local ordinance: Name Senate or House Number (if applicable)					
2. Describe:					
3. Was this legislation or local ordinance INITIATED locally or at the state level?					
4. Was this legislation or local ordinance ENACTED in your state?					
If YES, provide the date enacted 5. Was this legislation designed to address health disparities?					
jn No jn Yes					
If Yes, briefly describe the disparity and/or disparate population: 6. Do you have additional legislation or local ordinances to report?					
jn Yes jn No					

1.	The next couple of	of questions	will be ask	ked of each	legislative a	act or local	ordinance
ir	itiated or modified	l in the past	12 months	s, one at a t	time.		

NOTE: you will be prompted to add additional pieces of legislation following this screen if applicable (max of 10).
Please briefly describe the legislative act or local ordinance: Name Senate or House Number (if applicable)
2. Describe:
3. Was this legislation or local ordinance INITIATED locally or at the state level?
jn Local jn State
4. Was this legislation or local ordinance ENACTED in your state?
jn No
jn Yes If YES, provide the date enacted
5. Was this legislation designed to address health disparities?
jn No
jn Yes If Yes, briefly describe the disparity and/or disparate population:
6. Do you have additional legislation or local ordinances to report?
j _n Yes
jn No

1.	The next couple of	f questions	will be asked	d of each	legislative a	act or local	ordinance
ir	itiated or modified	l in the past	t 12 months, o	one at a t	ime.		

NOTE: you will be prompted to add additional pieces of legislation following this screen if applicable (max of 10).
Please briefly describe the legislative act or local ordinance: Name Senate or House Number (if applicable)
2. Describe:
3. Was this legislation or local ordinance INITIATED locally or at the state level?
jn Local jn State
4. Was this legislation or local ordinance ENACTED in your state?
jn No
jn Yes If YES, provide the date enacted
5. Was this legislation designed to address health disparities?
jn No
jn Yes If Yes, briefly describe the disparity and/or disparate population:
6. Do you have additional legislation or local ordinances to report?
j _n Yes
jn No

1.	The next couple of	f questions	will be asked	d of each	legislative a	act or local	ordinance
ir	itiated or modified	l in the past	t 12 months, o	one at a t	ime.		

NOTE: you will be prompted to add additional pieces of legislation following this screen if applicable (max of 10).
Please briefly describe the legislative act or local ordinance: Name Senate or House Number (if applicable)
2. Describe:
3. Was this legislation or local ordinance INITIATED locally or at the state level?
jn Local
jn State
4. Was this legislation or local ordinance ENACTED in your state?
j₁∩ No
jn Yes
If YES, provide the date enacted
5. Was this legislation designed to address health disparities?
j _M No
j _∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
6. Do you have additional legislation or local ordinances to report?
j _∩ Yes
j₁∩ No

1.	The next couple of	f questions	will be asked	d of each	legislative a	act or local	ordinance
ir	itiated or modified	l in the past	t 12 months, o	one at a t	ime.		

NOTE: you will be prompted to add additional pieces of legislation following this screen if applicable (max of 10).
Please briefly describe the legislative act or local ordinance: Name Senate or House Number (if applicable)
2. Describe:
3. Was this legislation or local ordinance INITIATED locally or at the state level?
jn Local jn State
4. Was this legislation or local ordinance ENACTED in your state?
jn No
Jm Yes If YES, provide the date enacted
5. Was this legislation designed to address health disparities?
jn No
If Yes, briefly describe the disparity and/or disparate population:
6. Do you have additional legislation or local ordinances to report?
j₁∩ Yes
j₁ No

1.	The next couple of	f questions	will be asked	d of each	legislative a	act or local	ordinance
ir	itiated or modified	l in the past	t 12 months, o	one at a t	ime.		

NOTE: you will be prompted to add additional pieces of legislation following this screen if applicable (max of 10).
Please briefly describe the legislative act or local ordinance: Name Senate or House Number (if applicable)
2. Describe:
3. Was this legislation or local ordinance INITIATED locally or at the state level?
4. Was this legislation or local ordinance ENACTED in your state?
If YES, provide the date enacted 5. Was this legislation designed to address health disparities?
jn No jn Yes If Yes briefly describe the disperity and (as dispers to population)
If Yes, briefly describe the disparity and/or disparate population: 6. Do you have additional legislation or local ordinances to report?
jn Yes jn No

Legislation #9

1.	The next couple of	of questions	will be ask	ked of each	legislative a	act or local	ordinance
ir	itiated or modified	l in the past	12 months	s, one at a t	time.		

NOTE: you will be prompted to add additional pieces of legislation following this screen if applicable (max of 10).
Please briefly describe the legislative act or local ordinance: Name Senate or House Number (if applicable)
2. Describe:
3. Was this legislation or local ordinance INITIATED locally or at the state level?
j _n Local
j₁∩ State
4. Was this legislation or local ordinance ENACTED in your state?
j∩ No
j _n Yes
If YES, provide the date enacted
5. Was this legislation designed to address health disparities?
j∩ No
j _n Yes
If Yes, briefly describe the disparity and/or disparate population:
6. Do you have additional legislation or local ordinances to report?
j₁ Yes
j∩ No

Legislation #10

1. The next cou	ple of questions	s will be asked o	of each legis	slative act c	or local	ordinance
initiated or mod	dified in the pas	t 12 months, or	ne at a time.			

NOTE: you will be prompted to add additional pieces of legislation following this		
screen if applicable (max of 10).		
Please briefly describe the legislative act or local ordinance:		
Name		
Senate or House Number (if applicable)		
2. Describe:		
3. Was this legislation or local ordinance INITIATED locally or at the state level?		
jn Local		
j _™ State		
4. Was this legislation or local ordinance ENACTED in your state?		
j _∩ No		
j₁∩ Yes		
If YES, provide the date enacted		
5. Was this legislation designed to address health disparities?		
jn No		
j _n Yes		
If Yes, briefly describe the disparity and/or disparate population:		
6. Do you have additional legislation or local ordinances to report?		
j _n Yes		
j∩ No		
If Yes, how many? You will not be able to provide additional information about them.		

Policy

1. Were there any policy changes affecting overweight/obesity (e.g. nutrition, physical activity, TV viewing, breastfeeding) initiated or enacted in your state in the past 12 months?

Please DO NOT include school wellness policies. Legislative acts or local ordinances should NOT be reported in this section.

[NOTE: a policy is defined as those regulations, formal, and informal rules and understandings that are adopted on a collective basis to guide individual and collective behavior]

If Y	es, How Many
€	Yes
ē	Not during this reporting period

2. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies following this screen if applicable (max of 10).

Name of Policy:

3. Was this policy initiated locally or at the state level?



4. Describe the policy:



5. Was this policy designed to address health disparities?



6. Do you have another policy intervention to report?	
jn Yes	
j¹∩ No	

1. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies following applicable (max of 10).
Name of Policy:
2. Was this policy initiated locally or at the state level?
j∩ Local
j∩ State
3. Describe the policy:
_
4. Was this policy designed to address health disparities?
j∩ No
for Yes If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another policy intervention to report?
jn Yes
j₁∩ No

1. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies following applicable (max of 10).
Name of Policy:
2. Was this policy initiated locally or at the state level?
j _{∵∩} Local
jn State
3. Describe the policy:
4. Was this policy designed to address health disparities?
j₁∩ No
j₁∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another policy intervention to report?
jn Yes
j∩ No

1. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies follow applicable (max of 10).
Name of Policy:
2. Was this policy initiated locally or at the state level?
j _∩ Local
j _∩ State
3. Describe the policy:
4. Was this policy designed to address health disparities?
j _∩ No
j _∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another policy intervention to report?
j _∵ Yes
j₁ No

1. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies follow applicable (max of 10).
Name of Policy:
2. Was this policy initiated locally or at the state level?
j _∩ Local
j _∩ State
3. Describe the policy:
4. Was this policy designed to address health disparities?
j _∩ No
j _∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another policy intervention to report?
j _∩ Yes
j₁ No

1. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies following applicable (max of 10).
Name of Policy:
2. Was this policy initiated locally or at the state level?
jn Local
j _∩ State
3. Describe the policy:
<u> </u>
4. Was this policy designed to address health disparities?
j _{'∩} No
j₁ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another policy intervention to report?
j₁ Yes
j _{∵∩} No

1. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies follow applicable (max of 10).
Name of Policy:
2. Was this policy initiated locally or at the state level?
j _∩ Local
j _∩ State
3. Describe the policy:
4. Was this policy designed to address health disparities?
j _∩ No
j _∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another policy intervention to report?
j _∵ Yes
j₁ No

1. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies following applicable (max of 10).
Name of Policy:
2. Was this policy initiated locally or at the state level?
j _∩ Local
j_{\cap} State
3. Describe the policy:
▼
4. Was this policy designed to address health disparities?
j _™ No
j _∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another policy intervention to report?
j _{∵∩} Yes
j _∩ No

1. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies follow applicable (max of 10).
Name of Policy:
2. Was this policy initiated locally or at the state level?
j _∩ Local
j _∩ State
3. Describe the policy:
4. Was this policy designed to address health disparities?
j₁ No
j _{∵∩} Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another policy intervention to report? jn Yes jn No

1. The next questions will be asked regarding each policy affecting overweight/obesity that was initiated or enacted in the last 12 months. Please briefly describe each policy one at a time.

NOTE: you will be prompted to add additional policies following applicable (max of 10).
Name of Policy:
2. Was this policy initiated locally or at the state level? jn Local to State
3. Describe the policy:
4. Was this policy designed to address health disparities?
jn No jn Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another policy intervention to report? jn Yes
j∩ No If Yes, how many? You will not be able to provide additional information about them.

1. Did your state implement any environmental changes (environmental interventions that alter or control the legal, social, economic, and physical environment) affecting overweight/obesity (e.g. nutrition, physical activity, TV watching, breastfeeding)?

[Examples include Rails to Trails programs, the closing of a dangerous street located near a school property, zoning/planning for parks]

Legislative acts and local ordinances should NOT be reported in this section



2. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes following this screen if applicable (max of 10).

Name of Environmental Change:

3. Was this environmental change initiated locally or at the state level?

```
jn Local
```

4. Describe



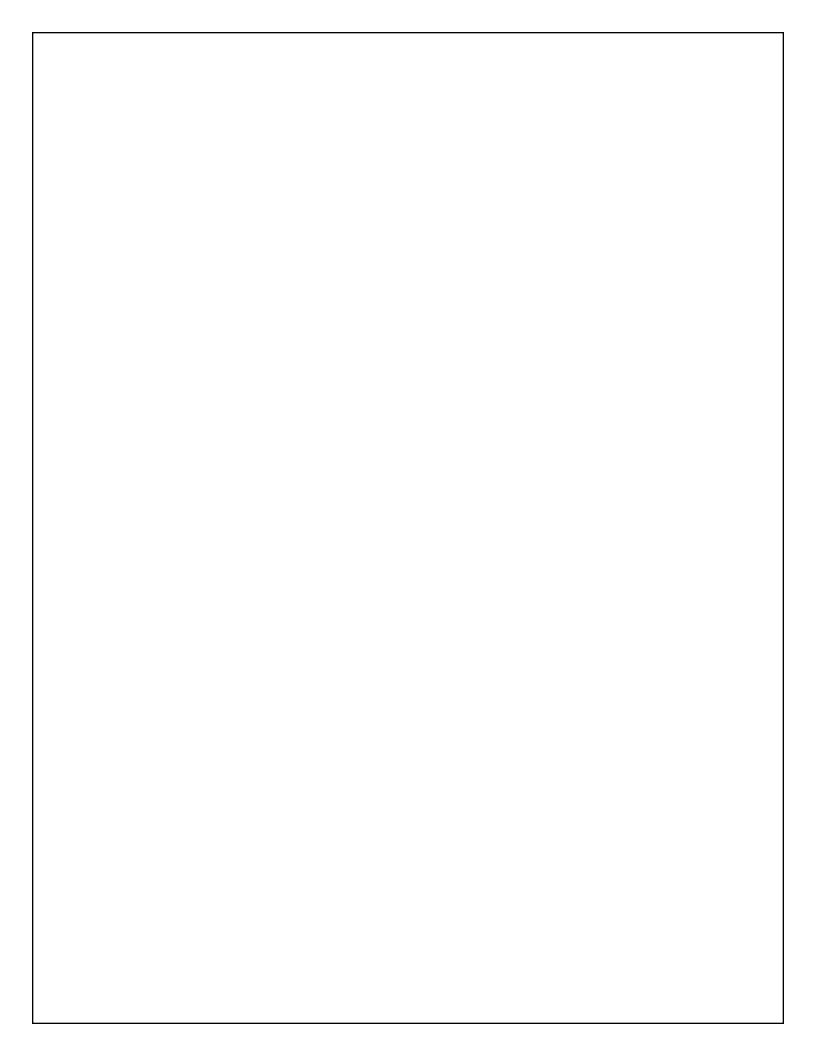
5. Was this environmental change designed to address health disparities?

```
jn No
jn Yes

If Yes, briefly describe the disparity and/or disparate population:
```

6. Do you have another environmental change to report?

```
jn Yes
jn No
```



1. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes follow
screen if applicable (max of 10).
Name of Environmental Change:
2. Was this environmental change initiated locally or at the state level?
j∩ Local
jn State
3. Describe
<u>▲</u>
4. Was this environmental change designed to address health disparities?
jn No
j∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another environmental change to report?
jn Yes
jn No

1. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes follows:
screen if applicable (max of 10).
Name of Environmental Change:
2. Was this environmental change initiated locally or at the state level?
j∩ Local
jn State
3. Describe
4. Was this environmental change designed to address health disparities?
j₁∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another environmental change to report?
jn Yes
j∕n No

1. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes followscreen if applicable (max of 10).
Name of Environmental Change:
2. Was this environmental change initiated locally or at the state level?
jn Local
j _{'∩} State
3. Describe
4. Was this environmental change designed to address health disparities?
j₁ No
j _∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another environmental change to report?
j₁ Yes
j∵∩ No

1. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes followscreen if applicable (max of 10).
Name of Environmental Change:
2. Was this environmental change initiated locally or at the state level?
j _{'\'\'} Local
j _{∵∩} State
3. Describe
4. Was this environmental change designed to address health disparities?
j _{∵∩} No
j₁ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another environmental change to report?
j _∩ No

1. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes follows:
screen if applicable (max of 10).
Name of Environmental Change:
2. Was this environmental change initiated locally or at the state level?
j∩ Local
jn State
3. Describe
4. Was this environmental change designed to address health disparities?
j₁∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another environmental change to report?
jn Yes
j∕n No

1. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes followscreen if applicable (max of 10).
Name of Environmental Change:
2. Was this environmental change initiated locally or at the state level?
jn Local
jn State
3. Describe
4. Was this environmental change designed to address health disparities?
j₁∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another environmental change to report?
jn Yes
jn No

1. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes followscreen if applicable (max of 10).
Name of Environmental Change:
2. Was this environmental change initiated locally or at the state level?
j₁∩ Local
jn State
3. Describe
4. Was this environmental change designed to address health disparities?
j∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another environmental change to report?
jn Yes
j₁∩ No

1. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes followereen if applicable (max of 10).
Name of Environmental Change:
2. Was this environmental change initiated locally or at the state level?
j _∩ Local
j _∩ State
3. Describe
4. Was this environmental change designed to address health disparities?
j₁ No
j _∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another environmental change to report?
j₁ Yes
j₁ No

1. The next questions will be asked regarding each environmental change affecting overweight/obesity. Please briefly describe each change one at a time.

NOTE: you will be prompted to add additional environmental changes follow screen if applicable (max of 10).
Name of Environmental Change:
2. Was this environmental change initiated locally or at the state level?
jn Local
jn State
3. Describe
4. Was this environmental change designed to address health disparities?
j∩ No
j∩ Yes
If Yes, briefly describe the disparity and/or disparate population:
5. Do you have another environmental change to report?
j _n Yes
j∩ No
If Yes, how many? You will not be able to provide additional information about them.

Implementation

For this section, please include any additional interventions NOT ALREADY REPORTED in the Legislation & Local Ordinances, Policy, and Environmental Change sections in which your NPAO program is primary sponsor.

We define an intervention operationally as "A prescribed series of activities with the main purpose of changing existing obesity-, nutrition-, or physical activity-related behaviors and/or practices."

An intervention should address one or more levels of the Social-Ecological Model (individual, interpersonal, organizational, community, society) and be designed to:

- Establish supportive environments, making healthier lifestyle options (i.e., healthy eating and physical activity) in communities more readily accessible, affordable, comfortable, and safe.
- Establish policies and standards to support healthy eating and physical activity in communities.
- Change rules, regulations or structures of institutions and organizations.
- Establish programs in communities to increase physical activity and/or reduce caloric intake through healthy eating habits.
- Teach skills needed to make individual behavior changes related to nutrition, physical activity, and healthy weight, and designed to provide opportunities to practice these skills.

The following projects or activities are not considered interventions:

- Curriculum that has been purchased or designed and not put into use
- · Curriculum that has been purchased or designed and not tailored to the target audience
- Training alone (can be an important part of an intervention)
- · Conference participation and health fairs
- · Presentations at conferences and forums
- Coalition or task force meetings

For multi-site interventions (e.g. community mini-grants programs), include the overall program ONCE. In the description fields, indicate the grantees/sites included in the program. Do not enter each mini-grant site as its own intervention.

OTE: you will be prompted to add additional interventions following this screen if applicable (max of 10
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY)
Start Date
End Date
3. Was this intervention designed to address health disparities?
j₁∩ No
j _n Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
j₁ No
j₁ Yes
If YES, how many sites does the program have?

If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention.

ning De field Sluded Ended Outcomes (check all that app	
cluded	
ended Outcomes (check all that app	
	oly)
y change	
ronmental change	
avioral change	
on of Intended Outcomes	
cribe the purpose and where the in	itervention will be provided
· ·	
	_
	<u></u>
cribe the intervention methodology	and strategy for implementation
	<u>A</u>
	_
	<u> </u>
ne next series of items, please desc	cribe the specific demographics of the state
ation that are addressed by the inte	ervention. Check all that apply.
ty:	
anic or Latino	
Hispanic or Latino	
eral Population (no specific ethnic audiences d)	
ce	
rican Indian or Alaska native	Native Hawaiian or other Pacific Islander
n	€ White
c or African-American	© General Population (no specific racial audiences addressed
ender	

12	. Region/Population			
Ē	Rural			
ê	Urban			
ê	Suburban			
é	Low Income			
13	. Age Group			
é	< 2 yrs	€ 11-13 yrs		€ 65+
é	2-3 yrs	€ 14-17 yrs		€ All Ages
é	4-5 yrs	€ 18-29 yrs		
É	6-10 yrs	€ 30-64 yrs		
	. Which of the following pr dress? (check all that appl		reas does this	intervention specifically
É	Decreasing high energy dense foods		€ Increasing fruit a	nd vegetable consumption
Ē	Decreasing sweetened beverage intake		€ Increasing physic	al activity
ê	Increasing breastfeeding		Reducing TV view	ing
É	Other (please specify)			
	. Which levels of Socio-Eco dress?	ologic Framewo	rk does this in	tervention specifically
	ee www.cdc.gov/nccdphp	/dnpa/obesitv	/state progra	ams/se model.htm for
	finitions of each level]	1 3	_, 3	_
(CI	heck all that apply)			
ê	Individual			
é	Interpersonal			
é	Organizational			
é	Community			
ê	Society			
This	section asks you to provide the REACH o	of the intervention.		
- If y	you collected intervention specific data or	e estimate the reach of	this particular interver	ntion. In the "comments" box, justify and hools)

Community-wide Schools Families Hospitals, health facilities Other (please specify)	Religious organizations/houses of worship Childcare centers Worksites
Families Hospitals, health facilities Other (please specify) T. If you chose COMMUNITY-WIDE	
Hospitals, health facilities Other (please specify) 17. If you chose COMMUNITY-WIDE	€ Worksites
Other (please specify) 17. If you chose COMMUNITY-WIDE	
17. If you chose COMMUNITY-WIDE	
3	
3	
Please indicate the number of communities	in which you are making your
ntervention available to your primary audi	ence. Then indicate the total number of
ndividuals that were likely reached by your	intervention across all communities. If
hese are estimates, please justify them.	
community Count	
ndividuals Reached	
f Estimated, Justify Estimates	
were likely reached by your intervention according to the second count individuals Reached festimated, Justify Estimates	cross all schools. If these are estimates,
10 If FAMILIES	
19. If you chose FAMILIES Please indicate the number of family units in available to your primary audience. Then in were likely reached by your intervention acollease justify them.	ndicate the total number of individuals that
amily Unit Count	
ndividuals Reached	

16. Please indicate the places or settings in which you are making your intervention

Please indicate the number of heal	thcare facilities in which you are making your
intervention available to your prim	nary audience. Then indicate the total number of
individuals that were likely reache	d by your intervention across all facilities (e.g. total
number of staff reached). If these	e are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORGA	
	gious organizations in which you are making your
intervention available to your prim	nary audience. Then indicate the total number of
individuals that were likely reache	d by your intervention across all organizations. If
these are estimates, please justify	them.
Religious Organization Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
22. If you chose CHILDCARE SETT	INGS
-	dcare settings in which you are making your
	3 3
	nary audience. Then indicate the total number of
_	d by your intervention across all childcare settings.
If these are estimates, please just	iry tnem.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
Please indicate the number of wor	ksites in which you are making your intervention
available to your primary audience	e. Then indicate the total number of individuals that
were likely reached by your interv	ention across all worksites (e.g. total number of
employees at all sites). If these ar	e estimates, please justify them.
Worksites Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
24 16	
24. If you chose OTHER	
	s in which you are making your intervention
	e. Then indicate the total number of individuals that
	ention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activities	s you have conducted related to this intervention.

20. If you chose HOSPITALS, HEALTH SETTINGS

intervention?	ite started to measure process or implementation indicators for this
j∕∩ Not yet	
jn Yes	
	ribe the process or implementation indicator(s) (e.g. number of g a particular training; number of hits to website). You may use list.
	<u>~</u>
27. Please descindicator(s):	ribe any results you have from these process or implementation
3	ate started to measure short-term, intermediate or long-term the intervention?
jn Not yet	
j _n Yes	
29. Please desc	ribe the outcome indicator(s) (e.g. decreased TV viewing among high
29. Please desc	ribe the outcome indicator(s) (e.g. decreased TV viewing among high). You may use bullets and/or a list.
29. Please desc school students	
29. Please desc school students). You may use bullets and/or a list.
29. Please desc school students 30. Please desc). You may use bullets and/or a list.
29. Please desc school students 30. Please desc 31. Please desc). You may use bullets and/or a list. Tibe any results you have from these outcome indicator(s):
29. Please desc school students 30. Please desc 31. Please desc reported:). You may use bullets and/or a list. Tibe any results you have from these outcome indicator(s):
29. Please descreported:	Tibe any results you have from these outcome indicator(s): Tibe any progress on the intervention that has not already been

ntervention #2
OTE: you will be prompted to add additional interventions following this screen if applicable (max of 10).
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY)
Start Date End Date
3. Was this intervention designed to address health disparities?
j⊤∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
jn No
jn Yes
If YES, how many sites does the program have?
If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention.
5. Please indicate the developmental stage of your intervention
jn Planning
j_Ω In the field
jn Concluded
6. Intended Outcomes (check all that apply)
© Policy change
€ Environmental change
€ Behavioral change
Description of Intended Outcomes
7. Describe the purpose and where the intervention will be provided
Y

	Describe the intervention		
	In the next series of iten pulation that are address		escribe the specific demographics of the state tervention.
Eth	nnicity:		
ē	Hispanic or Latino		
ê	Not Hispanic or Latino		
€ add	General Population (no specific ethni lressed)	c audiences	
10	. Race		
Ē	American Indian or Alaska native		Native Hawaiian or other Pacific Islander
Ē	Asian		€ White
ē	Black or African-American		© General Population (no specific racial audiences addressed)
11	. Gender		
Ē	Male		
Ē	Female		
12	. Region/Population		
ē	Rural		
Ē	Urban		
Ē	Suburban		
ê	Low Income		
13	. Age Group		
Ē	< 2 yrs	€ 11-13 yrs	€ 65+
ē	2-3 yrs	€ 14-17 yrs	€ All Ages
	4-5 yrs	€ 18-29 yrs	
€			

€	Decreasing high energy dense foods	€	Increasing fruit and vegetable consumption
É	Decreasing sweetened beverage intake	Ē	Increasing physical activity
€	Increasing breastfeeding	€	Reducing TV viewing
É	Other (please specify)		
	Which levels of Socio-Ecologic Framew dress?	ork	does this intervention specifically
[Se	e www.cdc.gov/nccdphp/dnpa/obesit	y/s	state_programs/se_model.htm for
	initions of each level]		
(Ch	eck all that apply)		
Ē	Individual		
ē	Interpersonal		
Ē	Organizational		
ê	Community		
É	Society		
his s	ection asks you to provide the REACH of the intervention.		
If yo	: ou collected intervention specific data on reach, please use th ou did NOT collect data on reach, please estimate the reach o in your estimates (i.e. individuals reached is the total numbe	of this	particular intervention. In the "comments" box, justify a
	Please indicate the places or settings in ilable to your primary audience.	n w	hich you are making your interventio
ē	Community-wide	é	Religious organizations/houses of worship
ē	Schools	é	Childcare centers
ē	Families	ē	Worksites
	Hospitals, health facilities		
Ē			
	Other (please specify)		
	Other (please specify)		
	Hospitals, health facilities		

	mmunities in which you are making your
,	imary audience. Then indicate the total number of
•	ned by your intervention across all communities. If
these are estimates, please justi	fy them.
Community Count	
Individuals Reached	
If Estimated, Justify Estimates	
18. If you chose SCHOOLS	
•	hools in which you are making your intervention
	ce. Then indicate the total number of individuals that
	rvention across all schools. If these are estimates,
please justify them.	vontion del des an estreter in these are estimates,
School Count	
Individuals Reached	
If Estimated, Justify Estimates	
II Estimated, Justify Estimates	
19. If you chose FAMILIES	
Please indicate the number of far	mily units in which you are making your intervention
available to your primary audien	ce. Then indicate the total number of individuals that
were likely reached by your inter	rvention across all families. If these are estimates,
please justify them.	
Family Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
20 15 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
20. If you chose HOSPITALS, HE	
	ealthcare facilities in which you are making your
· ·	imary audience. Then indicate the total number of
	ned by your intervention across all facilities (e.g. total
number of staff reached). If the	se are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORG	GANIZATIONS
3	ligious organizations in which you are making your
	imary audience. Then indicate the total number of
•	ned by your intervention across all organizations. If
these are estimates, please justi	
Religious Organization Unit Count	. ,
Individuals Reached	
If Estimated, Justify Estimates	
ii Estillateu, Justily Estilliates	

17. If you chose COMMUNITY-WIDE

	nildcare settings in which you are making your
,	rimary audience. Then indicate the total number of
· · ·	hed by your intervention across all childcare settings.
If these are estimates, please ju	ustify them.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
	orksites in which you are making your intervention nce. Then indicate the total number of individuals that
	ervention across all worksites (e.g. total number of
	are estimates, please justify them.
Worksites Unit Count	are estimates, prease justify them.
Individuals Reached	
If Estimated, Justify Estimates	
n Estimated, sasting Estimates	
24. If you chose OTHER	
Please indicate the number of si	tes in which you are making your intervention
available to your primary audier	nce. Then indicate the total number of individuals that
were likely reached by your inte	ervention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activ	ities you have conducted related to this intervention.
25. Has your state started to me intervention?	easure process or implementation indicators for this
jn Not yet	
j _n Yes	
•	or implementation indicator(s) (e.g. number of aining; number of hits to website). You may use
	<u> </u>
	lacksquare
27. Please describe any results indicator(s):	you have from these process or implementation
	lacksquare

22. If you chose CHILDCARE SETTINGS

	r state started to measure short-term, intermediate or long-term om the intervention?
j∩ Not yet	
jn Yes	
	lescribe the outcome indicator(s) (e.g. decreased TV viewing among hents). You may use bullets and/or a list.
	escribe any results you have from these outcome indicator(s):
31. Please d reported:	lescribe any progress on the intervention that has not already been
32. Do you h	nave another intervention to report?
jn Yes	·
jn No	

ntervention #3
OTE: you will be prompted to add additional interventions following this screen if applicable (max of 10).
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY)
Start Date End Date
3. Was this intervention designed to address health disparities?
j _∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
j'n No
∱∩ Yes
If YES, how many sites does the program have?
If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention.
5. Please indicate the developmental stage of your intervention
jn Planning
jn In the field
j̇∩ Concluded
6. Intended Outcomes (check all that apply)
© Policy change
€ Environmental change
€ Behavioral change
Description of Intended Outcomes
7. Describe the purpose and where the intervention will be provided
▼

	Describe the intervention		
	In the next series of iten pulation that are address		escribe the specific demographics of the state tervention.
Eth	nnicity:		
ē	Hispanic or Latino		
ê	Not Hispanic or Latino		
€ add	General Population (no specific ethni lressed)	c audiences	
10	. Race		
Ē	American Indian or Alaska native		Native Hawaiian or other Pacific Islander
Ē	Asian		€ White
ē	Black or African-American		© General Population (no specific racial audiences addressed)
11	. Gender		
Ē	Male		
Ē	Female		
12	. Region/Population		
ē	Rural		
Ē	Urban		
Ē	Suburban		
ê	Low Income		
13	. Age Group		
€	< 2 yrs	€ 11-13 yrs	€ 65+
ē	2-3 yrs	€ 14-17 yrs	€ All Ages
	4-5 yrs	€ 18-29 yrs	
€			

€	Decreasing high energy dense foods	€	Increasing fruit and vegetable consumption
É	Decreasing sweetened beverage intake	Ē	Increasing physical activity
€	Increasing breastfeeding	€	Reducing TV viewing
É	Other (please specify)		
	Which levels of Socio-Ecologic Framew dress?	ork	does this intervention specifically
[Se	e www.cdc.gov/nccdphp/dnpa/obesit	y/s	state_programs/se_model.htm for
	initions of each level]		
(Ch	eck all that apply)		
Ē	Individual		
ē	Interpersonal		
Ē	Organizational		
ê	Community		
É	Society		
his s	ection asks you to provide the REACH of the intervention.		
If yo	: ou collected intervention specific data on reach, please use th ou did NOT collect data on reach, please estimate the reach o in your estimates (i.e. individuals reached is the total numbe	of this	particular intervention. In the "comments" box, justify a
	Please indicate the places or settings in ilable to your primary audience.	n w	hich you are making your interventio
ē	Community-wide	é	Religious organizations/houses of worship
ē	Schools	é	Childcare centers
ē	Families	ē	Worksites
	Hospitals, health facilities		
Ē			
	Other (please specify)		
	Other (please specify)		
	Hospitals, health facilities		

	mmunities in which you are making your
,	imary audience. Then indicate the total number of
•	ned by your intervention across all communities. If
these are estimates, please justi	fy them.
Community Count	
Individuals Reached	
If Estimated, Justify Estimates	
18. If you chose SCHOOLS	
•	hools in which you are making your intervention
	ce. Then indicate the total number of individuals that
	rvention across all schools. If these are estimates,
please justify them.	vontion del des an estreter in these are estimates,
School Count	
Individuals Reached	
If Estimated, Justify Estimates	
II Estimated, Justify Estimates	
19. If you chose FAMILIES	
Please indicate the number of far	mily units in which you are making your intervention
available to your primary audien	ce. Then indicate the total number of individuals that
were likely reached by your inter	rvention across all families. If these are estimates,
please justify them.	
Family Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
20 15 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
20. If you chose HOSPITALS, HE	
	ealthcare facilities in which you are making your
· ·	imary audience. Then indicate the total number of
	ned by your intervention across all facilities (e.g. total
number of staff reached). If the	se are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORG	GANIZATIONS
3	ligious organizations in which you are making your
	imary audience. Then indicate the total number of
•	ned by your intervention across all organizations. If
these are estimates, please justi	
Religious Organization Unit Count	. ,
Individuals Reached	
If Estimated, Justify Estimates	
ii Estillateu, Justily Estilliates	

	nildcare settings in which you are making your
,	rimary audience. Then indicate the total number of
· · ·	hed by your intervention across all childcare settings.
If these are estimates, please ju	ustify them.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
	orksites in which you are making your intervention nce. Then indicate the total number of individuals that
	ervention across all worksites (e.g. total number of
	are estimates, please justify them.
Worksites Unit Count	are estimates, prease justiny them.
Individuals Reached	
If Estimated, Justify Estimates	
n Estimated, sasting Estimates	
24. If you chose OTHER	
Please indicate the number of si	tes in which you are making your intervention
available to your primary audier	nce. Then indicate the total number of individuals that
were likely reached by your inte	ervention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activ	ities you have conducted related to this intervention.
25. Has your state started to me intervention?	easure process or implementation indicators for this
jn Not yet	
j _n Yes	
•	or implementation indicator(s) (e.g. number of aining; number of hits to website). You may use
	<u> </u>
	lacksquare
27. Please describe any results indicator(s):	you have from these process or implementation
	lacksquare

	r state started to measure short-term, intermediate or long-term om the intervention?
j∩ Not yet	
jn Yes	
	lescribe the outcome indicator(s) (e.g. decreased TV viewing among hents). You may use bullets and/or a list.
	escribe any results you have from these outcome indicator(s):
31. Please d reported:	lescribe any progress on the intervention that has not already been
32. Do you h	nave another intervention to report?
jn Yes	·
jn No	

ntervention #4
OTE: you will be prompted to add additional interventions following this screen if applicable (max of 10).
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY)
Start Date End Date
3. Was this intervention designed to address health disparities?
j _∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
jn No
jn Yes
If YES, how many sites does the program have?
If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention.
5. Please indicate the developmental stage of your intervention
j_{Ω} Planning
j_Ω In the field
j̇∩ Concluded
6. Intended Outcomes (check all that apply)
© Policy change
Environmental change
€ Behavioral change
Description of Intended Outcomes
7. Describe the purpose and where the intervention will be provided
▼ I

	Describe the intervention		
	In the next series of iten pulation that are address		escribe the specific demographics of the state tervention.
Eth	nnicity:		
ē	Hispanic or Latino		
ê	Not Hispanic or Latino		
€ add	General Population (no specific ethni lressed)	c audiences	
10	. Race		
Ē	American Indian or Alaska native		Native Hawaiian or other Pacific Islander
Ē	Asian		€ White
ē	Black or African-American		© General Population (no specific racial audiences addressed)
11	. Gender		
Ē	Male		
Ē	Female		
12	. Region/Population		
ē	Rural		
Ē	Urban		
Ē	Suburban		
ê	Low Income		
13	. Age Group		
€	< 2 yrs	€ 11-13 yrs	€ 65+
ē	2-3 yrs	€ 14-17 yrs	€ All Ages
	4-5 yrs	€ 18-29 yrs	
€			

€	Decreasing high energy dense foods	€	Increasing fruit and vegetable consumption
É	Decreasing sweetened beverage intake	Ē	Increasing physical activity
€	Increasing breastfeeding	€	Reducing TV viewing
É	Other (please specify)		
	Which levels of Socio-Ecologic Framew dress?	ork	does this intervention specifically
[Se	e www.cdc.gov/nccdphp/dnpa/obesit	y/s	state_programs/se_model.htm for
	initions of each level]		
(Ch	eck all that apply)		
Ē	Individual		
ē	Interpersonal		
Ē	Organizational		
ê	Community		
É	Society		
his s	ection asks you to provide the REACH of the intervention.		
If yo	: ou collected intervention specific data on reach, please use th ou did NOT collect data on reach, please estimate the reach o in your estimates (i.e. individuals reached is the total numbe	of this	particular intervention. In the "comments" box, justify a
	Please indicate the places or settings in ilable to your primary audience.	n w	hich you are making your interventio
ē	Community-wide	é	Religious organizations/houses of worship
ē	Schools	é	Childcare centers
ē	Families	ē	Worksites
	Hospitals, health facilities		
Ē			
	Other (please specify)		
	Other (please specify)		
	Hospitals, health facilities		

	mmunities in which you are making your
,	imary audience. Then indicate the total number of
•	ned by your intervention across all communities. If
these are estimates, please justi	fy them.
Community Count	
Individuals Reached	
If Estimated, Justify Estimates	
18. If you chose SCHOOLS	
•	hools in which you are making your intervention
	ce. Then indicate the total number of individuals that
	rvention across all schools. If these are estimates,
please justify them.	vontion del des an estreter in these are estimates,
School Count	
Individuals Reached	
If Estimated, Justify Estimates	
II Estimated, Justify Estimates	
19. If you chose FAMILIES	
Please indicate the number of far	mily units in which you are making your intervention
available to your primary audien	ce. Then indicate the total number of individuals that
were likely reached by your inter	rvention across all families. If these are estimates,
please justify them.	
Family Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
20 15 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
20. If you chose HOSPITALS, HE	
	ealthcare facilities in which you are making your
· ·	imary audience. Then indicate the total number of
	ned by your intervention across all facilities (e.g. total
number of staff reached). If the	se are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORG	GANIZATIONS
3	ligious organizations in which you are making your
	imary audience. Then indicate the total number of
•	ned by your intervention across all organizations. If
these are estimates, please justi	
Religious Organization Unit Count	. ,
Individuals Reached	
If Estimated, Justify Estimates	
ii Estillateu, Justily Estilliates	

	nildcare settings in which you are making your
,	rimary audience. Then indicate the total number of
· · ·	hed by your intervention across all childcare settings.
If these are estimates, please ju	ustify them.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
	orksites in which you are making your intervention nce. Then indicate the total number of individuals that
	ervention across all worksites (e.g. total number of
	are estimates, please justify them.
Worksites Unit Count	are estimates, prease justiny them.
Individuals Reached	
If Estimated, Justify Estimates	
n Estimated, sasting Estimates	
24. If you chose OTHER	
Please indicate the number of si	tes in which you are making your intervention
available to your primary audier	nce. Then indicate the total number of individuals that
were likely reached by your inte	ervention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activ	ities you have conducted related to this intervention.
25. Has your state started to me intervention?	easure process or implementation indicators for this
jn Not yet	
j _n Yes	
•	or implementation indicator(s) (e.g. number of aining; number of hits to website). You may use
	<u> </u>
	lacksquare
27. Please describe any results indicator(s):	you have from these process or implementation
	lacksquare

	r state started to measure short-term, intermediate or long-term om the intervention?
j∩ Not yet	
jn Yes	
	lescribe the outcome indicator(s) (e.g. decreased TV viewing among hents). You may use bullets and/or a list.
	escribe any results you have from these outcome indicator(s):
31. Please d reported:	lescribe any progress on the intervention that has not already been
32. Do you h	nave another intervention to report?
jn Yes	·
jn No	

ntervention #5
OTE: you will be prompted to add additional interventions following this screen if applicable (max of 10).
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY)
Start Date End Date
3. Was this intervention designed to address health disparities?
j _∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
jn No
jn Yes
If YES, how many sites does the program have?
If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention.
5. Please indicate the developmental stage of your intervention
jn Planning
j_Ω In the field
j̇∩ Concluded
6. Intended Outcomes (check all that apply)
© Policy change
€ Environmental change
€ Behavioral change
Description of Intended Outcomes
7. Describe the purpose and where the intervention will be provided
▼

	Describe the intervention		
	In the next series of iten pulation that are address		escribe the specific demographics of the state tervention.
Eth	nnicity:		
ē	Hispanic or Latino		
ê	Not Hispanic or Latino		
€ add	General Population (no specific ethni lressed)	c audiences	
10	. Race		
Ē	American Indian or Alaska native		Native Hawaiian or other Pacific Islander
Ē	Asian		€ White
ē	Black or African-American		© General Population (no specific racial audiences addressed)
11	. Gender		
Ē	Male		
Ē	Female		
12	. Region/Population		
ē	Rural		
Ē	Urban		
Ē	Suburban		
ê	Low Income		
13	. Age Group		
€	< 2 yrs	€ 11-13 yrs	€ 65+
ē	2-3 yrs	€ 14-17 yrs	€ All Ages
	4-5 yrs	€ 18-29 yrs	
€			

€	Decreasing high energy dense foods	€	Increasing fruit and vegetable consumption
É	Decreasing sweetened beverage intake	Ē	Increasing physical activity
€	Increasing breastfeeding	€	Reducing TV viewing
É	Other (please specify)		
	Which levels of Socio-Ecologic Framew dress?	ork	does this intervention specifically
[Se	e www.cdc.gov/nccdphp/dnpa/obesit	y/s	state_programs/se_model.htm for
	initions of each level]		
(Ch	eck all that apply)		
Ē	Individual		
ē	Interpersonal		
Ē	Organizational		
ê	Community		
É	Society		
his s	ection asks you to provide the REACH of the intervention.		
If yo	: ou collected intervention specific data on reach, please use th ou did NOT collect data on reach, please estimate the reach o in your estimates (i.e. individuals reached is the total numbe	of this	particular intervention. In the "comments" box, justify a
	Please indicate the places or settings in ilable to your primary audience.	n w	hich you are making your interventio
ē	Community-wide	é	Religious organizations/houses of worship
ē	Schools	é	Childcare centers
ē	Families	ē	Worksites
	Hospitals, health facilities		
Ē			
	Other (please specify)		
	Other (please specify)		
	Hospitals, health facilities		

	mmunities in which you are making your
,	imary audience. Then indicate the total number of
•	ned by your intervention across all communities. If
these are estimates, please justi	fy them.
Community Count	
Individuals Reached	
If Estimated, Justify Estimates	
18. If you chose SCHOOLS	
•	hools in which you are making your intervention
	ce. Then indicate the total number of individuals that
	rvention across all schools. If these are estimates,
please justify them.	vontion del des an estreter in these are estimates,
School Count	
Individuals Reached	
If Estimated, Justify Estimates	
II Estimated, Justify Estimates	
19. If you chose FAMILIES	
Please indicate the number of far	mily units in which you are making your intervention
available to your primary audien	ce. Then indicate the total number of individuals that
were likely reached by your inter	rvention across all families. If these are estimates,
please justify them.	
Family Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
20 15 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
20. If you chose HOSPITALS, HE	
	ealthcare facilities in which you are making your
· ·	imary audience. Then indicate the total number of
	ned by your intervention across all facilities (e.g. total
number of staff reached). If the	se are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORG	GANIZATIONS
3	ligious organizations in which you are making your
	imary audience. Then indicate the total number of
•	ned by your intervention across all organizations. If
these are estimates, please justi	
Religious Organization Unit Count	. ,
Individuals Reached	
If Estimated, Justify Estimates	
ii Estillateu, Justily Estilliates	

	nildcare settings in which you are making your
,	rimary audience. Then indicate the total number of
· · ·	hed by your intervention across all childcare settings.
If these are estimates, please ju	ustify them.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
	orksites in which you are making your intervention nce. Then indicate the total number of individuals that
	ervention across all worksites (e.g. total number of
	are estimates, please justify them.
Worksites Unit Count	are estimates, prease justify them.
Individuals Reached	
If Estimated, Justify Estimates	
n Estimated, sasting Estimates	
24. If you chose OTHER	
Please indicate the number of si	tes in which you are making your intervention
available to your primary audier	nce. Then indicate the total number of individuals that
were likely reached by your inte	ervention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activ	ities you have conducted related to this intervention.
25. Has your state started to me intervention?	easure process or implementation indicators for this
jn Not yet	
j _n Yes	
•	or implementation indicator(s) (e.g. number of aining; number of hits to website). You may use
	<u> </u>
	lacksquare
27. Please describe any results indicator(s):	you have from these process or implementation
	lacksquare

	r state started to measure short-term, intermediate or long-term om the intervention?
j∩ Not yet	
jn Yes	
	lescribe the outcome indicator(s) (e.g. decreased TV viewing among hents). You may use bullets and/or a list.
	escribe any results you have from these outcome indicator(s):
31. Please d reported:	lescribe any progress on the intervention that has not already been
32. Do you h	nave another intervention to report?
jn Yes	·
jn No	

ntervention #6
OTE: you will be prompted to add additional interventions following this screen if applicable (max of 10).
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY)
Start Date End Date
3. Was this intervention designed to address health disparities?
j⊤∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
jn No
jn Yes
If YES, how many sites does the program have?
If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention.
5. Please indicate the developmental stage of your intervention
j₁ Planning
j_Ω In the field
jn Concluded
6. Intended Outcomes (check all that apply)
© Policy change
€ Environmental change
€ Behavioral change
Description of Intended Outcomes
7. Describe the purpose and where the intervention will be provided
V

	Describe the intervention		
	In the next series of iten pulation that are address		escribe the specific demographics of the state tervention.
Eth	nnicity:		
ē	Hispanic or Latino		
ê	Not Hispanic or Latino		
€ add	General Population (no specific ethni lressed)	c audiences	
10	. Race		
Ē	American Indian or Alaska native		Native Hawaiian or other Pacific Islander
Ē	Asian		€ White
ē	Black or African-American		© General Population (no specific racial audiences addressed)
11	. Gender		
Ē	Male		
Ē	Female		
12	. Region/Population		
ē	Rural		
Ē	Urban		
Ē	Suburban		
ê	Low Income		
13	. Age Group		
€	< 2 yrs	€ 11-13 yrs	€ 65+
ē	2-3 yrs	€ 14-17 yrs	€ All Ages
	4-5 yrs	€ 18-29 yrs	
€			

€	Decreasing high energy dense foods	€	Increasing fruit and vegetable consumption
É	Decreasing sweetened beverage intake	Ē	Increasing physical activity
€	Increasing breastfeeding	€	Reducing TV viewing
É	Other (please specify)		
	Which levels of Socio-Ecologic Framew dress?	ork	does this intervention specifically
[Se	e www.cdc.gov/nccdphp/dnpa/obesit	y/s	state_programs/se_model.htm for
	initions of each level]		
(Ch	eck all that apply)		
Ē	Individual		
ē	Interpersonal		
Ē	Organizational		
ê	Community		
É	Society		
his s	ection asks you to provide the REACH of the intervention.		
If yo	: ou collected intervention specific data on reach, please use th ou did NOT collect data on reach, please estimate the reach o in your estimates (i.e. individuals reached is the total numbe	of this	particular intervention. In the "comments" box, justify a
	Please indicate the places or settings in ilable to your primary audience.	n w	hich you are making your interventio
ē	Community-wide	é	Religious organizations/houses of worship
ē	Schools	é	Childcare centers
ē	Families	ē	Worksites
	Hospitals, health facilities		
Ē			
	Other (please specify)		
	Other (please specify)		
	Hospitals, health facilities		

	mmunities in which you are making your
,	imary audience. Then indicate the total number of
•	ned by your intervention across all communities. If
these are estimates, please justi	fy them.
Community Count	
Individuals Reached	
If Estimated, Justify Estimates	
18. If you chose SCHOOLS	
•	hools in which you are making your intervention
	ce. Then indicate the total number of individuals that
	rvention across all schools. If these are estimates,
please justify them.	vontion del des an estreter in these are estimates,
School Count	
Individuals Reached	
If Estimated, Justify Estimates	
II Estimated, Justify Estimates	
19. If you chose FAMILIES	
Please indicate the number of far	mily units in which you are making your intervention
available to your primary audien	ce. Then indicate the total number of individuals that
were likely reached by your inter	rvention across all families. If these are estimates,
please justify them.	
Family Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
20 15 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
20. If you chose HOSPITALS, HE	
	ealthcare facilities in which you are making your
· ·	imary audience. Then indicate the total number of
	ned by your intervention across all facilities (e.g. total
number of staff reached). If the	se are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORG	GANIZATIONS
3	ligious organizations in which you are making your
	imary audience. Then indicate the total number of
•	ned by your intervention across all organizations. If
these are estimates, please justi	
Religious Organization Unit Count	. ,
Individuals Reached	
If Estimated, Justify Estimates	
ii Estillateu, Justily Estilliates	

	nildcare settings in which you are making your
,	rimary audience. Then indicate the total number of
· · ·	hed by your intervention across all childcare settings.
If these are estimates, please ju	ustify them.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
	orksites in which you are making your intervention nce. Then indicate the total number of individuals that
	ervention across all worksites (e.g. total number of
	are estimates, please justify them.
Worksites Unit Count	are estimates, prease justify them.
Individuals Reached	
If Estimated, Justify Estimates	
n Estimated, sasting Estimates	
24. If you chose OTHER	
Please indicate the number of si	tes in which you are making your intervention
available to your primary audier	nce. Then indicate the total number of individuals that
were likely reached by your inte	ervention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activ	ities you have conducted related to this intervention.
25. Has your state started to me intervention?	easure process or implementation indicators for this
jn Not yet	
j _n Yes	
•	or implementation indicator(s) (e.g. number of aining; number of hits to website). You may use
	<u> </u>
	lacksquare
27. Please describe any results indicator(s):	you have from these process or implementation
	lacksquare

	r state started to measure short-term, intermediate or long-term om the intervention?
j∩ Not yet	
jn Yes	
	lescribe the outcome indicator(s) (e.g. decreased TV viewing among hents). You may use bullets and/or a list.
	escribe any results you have from these outcome indicator(s):
31. Please d reported:	lescribe any progress on the intervention that has not already been
32. Do you h	nave another intervention to report?
jn Yes	·
jn No	

ntervention # /
OTE: you will be prompted to add additional interventions following this screen if applicable (max of 10).
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY)
Start Date End Date
3. Was this intervention designed to address health disparities?
j _∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
jn No
jn Yes
If YES, how many sites does the program have?
If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention.
5. Please indicate the developmental stage of your intervention
jn Planning
j_Ω In the field
jn Concluded
6. Intended Outcomes (check all that apply)
© Policy change
€ Environmental change
€ Behavioral change
Description of Intended Outcomes
7. Describe the purpose and where the intervention will be provided
lacksquare

	Describe the intervention		
	In the next series of iten pulation that are address		escribe the specific demographics of the state tervention.
Eth	nnicity:		
ē	Hispanic or Latino		
ê	Not Hispanic or Latino		
€ add	General Population (no specific ethni lressed)	c audiences	
10	. Race		
Ē	American Indian or Alaska native		Native Hawaiian or other Pacific Islander
Ē	Asian		€ White
ē	Black or African-American		© General Population (no specific racial audiences addressed)
11	. Gender		
Ē	Male		
Ē	Female		
12	. Region/Population		
ē	Rural		
Ē	Urban		
Ē	Suburban		
ê	Low Income		
13	. Age Group		
€	< 2 yrs	€ 11-13 yrs	€ 65+
ē	2-3 yrs	€ 14-17 yrs	€ All Ages
	4-5 yrs	€ 18-29 yrs	
€			

€	Decreasing high energy dense foods	€	Increasing fruit and vegetable consumption
É	Decreasing sweetened beverage intake	Ē	Increasing physical activity
€	Increasing breastfeeding	€	Reducing TV viewing
É	Other (please specify)		
	Which levels of Socio-Ecologic Framew dress?	ork	does this intervention specifically
[Se	e www.cdc.gov/nccdphp/dnpa/obesit	y/s	state_programs/se_model.htm for
	initions of each level]		
(Ch	eck all that apply)		
Ē	Individual		
ē	Interpersonal		
Ē	Organizational		
ê	Community		
É	Society		
his s	ection asks you to provide the REACH of the intervention.		
If yo	: ou collected intervention specific data on reach, please use th ou did NOT collect data on reach, please estimate the reach o in your estimates (i.e. individuals reached is the total numbe	of this	particular intervention. In the "comments" box, justify a
	Please indicate the places or settings in ilable to your primary audience.	n w	hich you are making your interventio
ē	Community-wide	é	Religious organizations/houses of worship
ē	Schools	é	Childcare centers
ē	Families	ē	Worksites
	Hospitals, health facilities		
Ē			
	Other (please specify)		
	Other (please specify)		
	Hospitals, health facilities		

	mmunities in which you are making your
,	imary audience. Then indicate the total number of
•	ned by your intervention across all communities. If
these are estimates, please justi	fy them.
Community Count	
Individuals Reached	
If Estimated, Justify Estimates	
18. If you chose SCHOOLS	
•	hools in which you are making your intervention
	ce. Then indicate the total number of individuals that
	rvention across all schools. If these are estimates,
please justify them.	vontion del des an estreter in these are estimates,
School Count	
Individuals Reached	
If Estimated, Justify Estimates	
II Estimated, Justify Estimates	
19. If you chose FAMILIES	
Please indicate the number of far	mily units in which you are making your intervention
available to your primary audien	ce. Then indicate the total number of individuals that
were likely reached by your inter	rvention across all families. If these are estimates,
please justify them.	
Family Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
20 15 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
20. If you chose HOSPITALS, HE	
	ealthcare facilities in which you are making your
· ·	imary audience. Then indicate the total number of
	ned by your intervention across all facilities (e.g. total
number of staff reached). If the	se are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORG	GANIZATIONS
3	ligious organizations in which you are making your
	imary audience. Then indicate the total number of
•	ned by your intervention across all organizations. If
these are estimates, please justi	
Religious Organization Unit Count	. ,
Individuals Reached	
If Estimated, Justify Estimates	
ii Estillateu, Justily Estilliates	

	nildcare settings in which you are making your
,	rimary audience. Then indicate the total number of
· · ·	hed by your intervention across all childcare settings.
If these are estimates, please ju	ustify them.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
	orksites in which you are making your intervention nce. Then indicate the total number of individuals that
	ervention across all worksites (e.g. total number of
	are estimates, please justify them.
Worksites Unit Count	are estimates, prease justify them.
Individuals Reached	
If Estimated, Justify Estimates	
n Estimated, sasting Estimates	
24. If you chose OTHER	
Please indicate the number of si	tes in which you are making your intervention
available to your primary audier	nce. Then indicate the total number of individuals that
were likely reached by your inte	ervention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activ	ities you have conducted related to this intervention.
25. Has your state started to me intervention?	easure process or implementation indicators for this
jn Not yet	
j _n Yes	
•	or implementation indicator(s) (e.g. number of aining; number of hits to website). You may use
	<u> </u>
	lacksquare
27. Please describe any results indicator(s):	you have from these process or implementation
	lacksquare

	r state started to measure short-term, intermediate or long-term om the intervention?
j∩ Not yet	
jn Yes	
	lescribe the outcome indicator(s) (e.g. decreased TV viewing among hents). You may use bullets and/or a list.
	escribe any results you have from these outcome indicator(s):
31. Please d reported:	lescribe any progress on the intervention that has not already been
32. Do you h	nave another intervention to report?
jn Yes	·
jn No	

ntervention #8
OTE: you will be prompted to add additional interventions following this screen if applicable (max of 10).
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY)
Start Date End Date
3. Was this intervention designed to address health disparities?
jn No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
jn No
jn Yes
If YES, how many sites does the program have?
If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention.
5. Please indicate the developmental stage of your intervention
jn Planning
j_Ω In the field
jn Concluded
6. Intended Outcomes (check all that apply)
© Policy change
€ Environmental change
€ Behavioral change
Description of Intended Outcomes
7. Describe the purpose and where the intervention will be provided

	Describe the intervention		
	In the next series of iten pulation that are address		escribe the specific demographics of the state tervention.
Eth	nnicity:		
ē	Hispanic or Latino		
ê	Not Hispanic or Latino		
€ add	General Population (no specific ethni lressed)	c audiences	
10	. Race		
Ē	American Indian or Alaska native		Native Hawaiian or other Pacific Islander
Ē	Asian		€ White
ē	Black or African-American		© General Population (no specific racial audiences addressed)
11	. Gender		
Ē	Male		
Ē	Female		
12	. Region/Population		
ē	Rural		
Ē	Urban		
Ē	Suburban		
ê	Low Income		
13	. Age Group		
€	< 2 yrs	€ 11-13 yrs	€ 65+
ē	2-3 yrs	€ 14-17 yrs	€ All Ages
	4-5 yrs	€ 18-29 yrs	
€			

€	Decreasing high energy dense foods	€	Increasing fruit and vegetable consumption
É	Decreasing sweetened beverage intake	Ē	Increasing physical activity
€	Increasing breastfeeding	€	Reducing TV viewing
É	Other (please specify)		
	Which levels of Socio-Ecologic Framew dress?	ork	does this intervention specifically
[Se	e www.cdc.gov/nccdphp/dnpa/obesit	y/s	state_programs/se_model.htm for
	initions of each level]		
(Ch	eck all that apply)		
Ē	Individual		
ē	Interpersonal		
Ē	Organizational		
ê	Community		
É	Society		
his s	ection asks you to provide the REACH of the intervention.		
If yo	: ou collected intervention specific data on reach, please use th ou did NOT collect data on reach, please estimate the reach o in your estimates (i.e. individuals reached is the total numbe	of this	particular intervention. In the "comments" box, justify a
	Please indicate the places or settings in ilable to your primary audience.	n w	hich you are making your interventio
ē	Community-wide	é	Religious organizations/houses of worship
ē	Schools	é	Childcare centers
ē	Families	ē	Worksites
	Hospitals, health facilities		
Ē			
	Other (please specify)		
	Other (please specify)		
	Hospitals, health facilities		

	mmunities in which you are making your
,	imary audience. Then indicate the total number of
•	ned by your intervention across all communities. If
these are estimates, please justi	fy them.
Community Count	
Individuals Reached	
If Estimated, Justify Estimates	
18. If you chose SCHOOLS	
•	hools in which you are making your intervention
	ce. Then indicate the total number of individuals that
	rvention across all schools. If these are estimates,
please justify them.	vontion del des an estreter in these are estimates,
School Count	
Individuals Reached	
If Estimated, Justify Estimates	
II Estimated, Justify Estimates	
19. If you chose FAMILIES	
Please indicate the number of far	mily units in which you are making your intervention
available to your primary audien	ce. Then indicate the total number of individuals that
were likely reached by your inter	rvention across all families. If these are estimates,
please justify them.	
Family Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
20 15 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
20. If you chose HOSPITALS, HE	
	ealthcare facilities in which you are making your
· ·	imary audience. Then indicate the total number of
	ned by your intervention across all facilities (e.g. total
number of staff reached). If the	se are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORG	GANIZATIONS
3	ligious organizations in which you are making your
	imary audience. Then indicate the total number of
•	ned by your intervention across all organizations. If
these are estimates, please justi	
Religious Organization Unit Count	. ,
Individuals Reached	
If Estimated, Justify Estimates	
ii Estillateu, Justily Estilliates	

	nildcare settings in which you are making your
,	rimary audience. Then indicate the total number of
· · ·	hed by your intervention across all childcare settings.
If these are estimates, please ju	ustify them.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
	orksites in which you are making your intervention nce. Then indicate the total number of individuals that
	ervention across all worksites (e.g. total number of
	are estimates, please justify them.
Worksites Unit Count	are estimates, prease justify them.
Individuals Reached	
If Estimated, Justify Estimates	
n Estimated, sasting Estimates	
24. If you chose OTHER	
Please indicate the number of si	tes in which you are making your intervention
available to your primary audier	nce. Then indicate the total number of individuals that
were likely reached by your inte	ervention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activ	ities you have conducted related to this intervention.
25. Has your state started to me intervention?	easure process or implementation indicators for this
jn Not yet	
j _n Yes	
•	or implementation indicator(s) (e.g. number of aining; number of hits to website). You may use
	<u> </u>
	lacksquare
27. Please describe any results indicator(s):	you have from these process or implementation
	lacksquare

	r state started to measure short-term, intermediate or long-term om the intervention?
j∩ Not yet	
jn Yes	
	lescribe the outcome indicator(s) (e.g. decreased TV viewing among hents). You may use bullets and/or a list.
	escribe any results you have from these outcome indicator(s):
31. Please d reported:	lescribe any progress on the intervention that has not already been
32. Do you h	nave another intervention to report?
jn Yes	·
jn No	

ntervention #9
OTE: you will be prompted to add additional interventions following this screen if applicable (max of 10).
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY)
Start Date End Date
3. Was this intervention designed to address health disparities?
j₁∩ No
j₁ Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
j∕n No
jn Yes
If YES, how many sites does the program have?
If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention.
5. Please indicate the developmental stage of your intervention
jn Planning
jn In the field
jn Concluded
6. Intended Outcomes (check all that apply)
€ Policy change
Environmental change
€ Behavioral change
Description of Intended Outcomes
7. Describe the purpose and where the intervention will be provided
<u></u>

	Describe the intervention		
	In the next series of iten pulation that are address		escribe the specific demographics of the state tervention.
Eth	nnicity:		
e	Hispanic or Latino		
ê	Not Hispanic or Latino		
€ add	General Population (no specific ethni lressed)	c audiences	
10	. Race		
Ē	American Indian or Alaska native		Native Hawaiian or other Pacific Islander
Ē	Asian		€ White
ē	Black or African-American		© General Population (no specific racial audiences addressed)
11	. Gender		
Ē	Male		
Ē	Female		
12	. Region/Population		
ē	Rural		
Ē	Urban		
Ē	Suburban		
ê	Low Income		
13	. Age Group		
€	< 2 yrs	€ 11-13 yrs	€ 65+
ē	2-3 yrs	€ 14-17 yrs	€ All Ages
	4-5 yrs	€ 18-29 yrs	
€			

€	Decreasing high energy dense foods	€	Increasing fruit and vegetable consumption
É	Decreasing sweetened beverage intake	Ē	Increasing physical activity
€	Increasing breastfeeding	€	Reducing TV viewing
É	Other (please specify)		
	Which levels of Socio-Ecologic Framew dress?	ork	does this intervention specifically
[Se	e www.cdc.gov/nccdphp/dnpa/obesit	y/s	state_programs/se_model.htm for
	initions of each level]		
(Ch	eck all that apply)		
Ē	Individual		
ē	Interpersonal		
Ē	Organizational		
ê	Community		
É	Society		
his s	ection asks you to provide the REACH of the intervention.		
If yo	: ou collected intervention specific data on reach, please use th ou did NOT collect data on reach, please estimate the reach o in your estimates (i.e. individuals reached is the total numbe	of this	particular intervention. In the "comments" box, justify a
	Please indicate the places or settings in ilable to your primary audience.	n w	hich you are making your interventio
ē	Community-wide	é	Religious organizations/houses of worship
ē	Schools	é	Childcare centers
ē	Families	ē	Worksites
	Hospitals, health facilities		
Ē			
	Other (please specify)		
	Other (please specify)		
	Hospitals, health facilities		

	mmunities in which you are making your
,	imary audience. Then indicate the total number of
•	ned by your intervention across all communities. If
these are estimates, please justi	fy them.
Community Count	
Individuals Reached	
If Estimated, Justify Estimates	
18. If you chose SCHOOLS	
•	hools in which you are making your intervention
	ce. Then indicate the total number of individuals that
	rvention across all schools. If these are estimates,
please justify them.	vontion del des an estreter in these are estimates,
School Count	
Individuals Reached	
If Estimated, Justify Estimates	
II Estimated, Justify Estimates	
19. If you chose FAMILIES	
Please indicate the number of far	mily units in which you are making your intervention
available to your primary audien	ce. Then indicate the total number of individuals that
were likely reached by your inter	rvention across all families. If these are estimates,
please justify them.	
Family Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
20 15 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
20. If you chose HOSPITALS, HE	
	ealthcare facilities in which you are making your
· ·	imary audience. Then indicate the total number of
	ned by your intervention across all facilities (e.g. total
number of staff reached). If the	se are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORG	GANIZATIONS
3	ligious organizations in which you are making your
	imary audience. Then indicate the total number of
•	ned by your intervention across all organizations. If
these are estimates, please justi	
Religious Organization Unit Count	. ,
Individuals Reached	
If Estimated, Justify Estimates	
ii Estillateu, Justily Estilliates	

17. If you chose COMMUNITY-WIDE

	nildcare settings in which you are making your
,	rimary audience. Then indicate the total number of
· · ·	hed by your intervention across all childcare settings.
If these are estimates, please ju	ustify them.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
	orksites in which you are making your intervention nce. Then indicate the total number of individuals that
	ervention across all worksites (e.g. total number of
	are estimates, please justify them.
Worksites Unit Count	are estimates, prease justiny them.
Individuals Reached	
If Estimated, Justify Estimates	
n Estimated, sasting Estimates	
24. If you chose OTHER	
Please indicate the number of si	tes in which you are making your intervention
available to your primary audier	nce. Then indicate the total number of individuals that
were likely reached by your inte	ervention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activ	ities you have conducted related to this intervention.
25. Has your state started to me intervention?	easure process or implementation indicators for this
jn Not yet	
j _n Yes	
•	or implementation indicator(s) (e.g. number of aining; number of hits to website). You may use
	<u> </u>
	lacksquare
27. Please describe any results indicator(s):	you have from these process or implementation
	lacksquare

22. If you chose CHILDCARE SETTINGS

	r state started to measure short-term, intermediate or long-term om the intervention?
j∩ Not yet	
jn Yes	
	lescribe the outcome indicator(s) (e.g. decreased TV viewing among hents). You may use bullets and/or a list.
	escribe any results you have from these outcome indicator(s):
31. Please d reported:	lescribe any progress on the intervention that has not already been
32. Do you h	nave another intervention to report?
jn Yes	·
jn No	

ntervention #10
1. Name of the Intervention
2. Please specify the dates of the intervention's activities (MM/DD/YYYY) Start Date End Date
3. Was this intervention designed to address health disparities?
j∩ No
jn Yes
If Yes, briefly describe the disparity and/or disparate population:
4. Is this a multi-site intervention (e.g. community mini-grant programs)?
j₁ No
j₁∩ Yes
If YES, how many sites does the program have?
If this intervention is multi-site, enter it only ONCE. In the description fields, you may enter information about the grantees/sites included in the intervention. 5. Please indicate the developmental stage of your intervention jn Planning jn In the field
jn Concluded
6. Intended Outcomes (check all that apply)
© Policy change
€ Environmental change
€ Behavioral change
Description of Intended Outcomes
7. Describe the purpose and where the intervention will be provided

	Describe the intervention		
	In the next series of iten pulation that are address		escribe the specific demographics of the state tervention.
Eth	nnicity:		
e	Hispanic or Latino		
ê	Not Hispanic or Latino		
€ add	General Population (no specific ethni lressed)	c audiences	
10	. Race		
Ē	American Indian or Alaska native		Native Hawaiian or other Pacific Islander
Ē	Asian		€ White
ē	Black or African-American		© General Population (no specific racial audiences addressed)
11	. Gender		
Ē	Male		
Ē	Female		
12	. Region/Population		
ē	Rural		
Ē	Urban		
Ē	Suburban		
ê	Low Income		
13	. Age Group		
€	< 2 yrs	€ 11-13 yrs	€ 65+
ē	2-3 yrs	€ 14-17 yrs	€ All Ages
	4-5 yrs	€ 18-29 yrs	
€			

€	Decreasing high energy dense foods	€	Increasing fruit and vegetable consumption
É	Decreasing sweetened beverage intake	Ē	Increasing physical activity
€	Increasing breastfeeding	€	Reducing TV viewing
É	Other (please specify)		
	Which levels of Socio-Ecologic Framew dress?	ork	does this intervention specifically
[Se	e www.cdc.gov/nccdphp/dnpa/obesit	y/s	state_programs/se_model.htm for
	initions of each level]		
(Ch	eck all that apply)		
Ē	Individual		
ē	Interpersonal		
Ē	Organizational		
ê	Community		
É	Society		
his s	ection asks you to provide the REACH of the intervention.		
If yo	: ou collected intervention specific data on reach, please use th ou did NOT collect data on reach, please estimate the reach o in your estimates (i.e. individuals reached is the total numbe	of this	particular intervention. In the "comments" box, justify a
	Please indicate the places or settings in ilable to your primary audience.	n w	hich you are making your interventio
ē	Community-wide	é	Religious organizations/houses of worship
ē	Schools	é	Childcare centers
ē	Families	ē	Worksites
	Hospitals, health facilities		
Ē			
	Other (please specify)		
	Other (please specify)		
	Hospitals, health facilities		

	mmunities in which you are making your
,	imary audience. Then indicate the total number of
•	ned by your intervention across all communities. If
these are estimates, please justi	fy them.
Community Count	
Individuals Reached	
If Estimated, Justify Estimates	
18. If you chose SCHOOLS	
•	hools in which you are making your intervention
	ce. Then indicate the total number of individuals that
	rvention across all schools. If these are estimates,
please justify them.	vontion del des an estreter in these are estimates,
School Count	
Individuals Reached	
If Estimated, Justify Estimates	
II Estimated, Justify Estimates	
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available to your primary audien	ce. Then indicate the total number of individuals that
were likely reached by your inter	rvention across all families. If these are estimates,
please justify them.	
Family Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
20 15 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	
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· ·	imary audience. Then indicate the total number of
	ned by your intervention across all facilities (e.g. total
number of staff reached). If the	se are estimates, please justify them.
Healthcare Facility Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
21. If you chose RELIGIOUS ORG	GANIZATIONS
3	ligious organizations in which you are making your
	imary audience. Then indicate the total number of
•	ned by your intervention across all organizations. If
these are estimates, please justi	
Religious Organization Unit Count	. ,
Individuals Reached	
If Estimated, Justify Estimates	
ii Estillateu, Justily Estilliates	

17. If you chose COMMUNITY-WIDE

	nildcare settings in which you are making your
,	rimary audience. Then indicate the total number of
· · ·	hed by your intervention across all childcare settings.
If these are estimates, please ju	ustify them.
Childcare Settings Unit Count	
Individuals Reached	
If Estimated, Justify Estimates	
23. If you chose WORKSITES	
	orksites in which you are making your intervention nce. Then indicate the total number of individuals that
	ervention across all worksites (e.g. total number of
	are estimates, please justify them.
Worksites Unit Count	are estimates, prease justiny them.
Individuals Reached	
If Estimated, Justify Estimates	
n Estimated, sasting Estimates	
24. If you chose OTHER	
Please indicate the number of si	tes in which you are making your intervention
available to your primary audier	nce. Then indicate the total number of individuals that
were likely reached by your inte	ervention across all sites. If these are estimates,
please justify them.	
Site Count	
Individuals Reached	
If Estimated, Justify Estimates	
The following items pertain to any evaluation activ	ities you have conducted related to this intervention.
25. Has your state started to me intervention?	easure process or implementation indicators for this
jn Not yet	
j _n Yes	
•	or implementation indicator(s) (e.g. number of aining; number of hits to website). You may use
	<u> </u>
	lacksquare
27. Please describe any results indicator(s):	you have from these process or implementation
	lacksquare

22. If you chose CHILDCARE SETTINGS

_	our state started to measure short-term, intermediate or long-term from the intervention?
j∵∩ Not yet	
jn Yes	
	describe the outcome indicator(s) (e.g. decreased TV viewing among hig dents). You may use bullets and/or a list.
	describe any results you have from these outcome indicator(s):
31. Please reported:	describe any progress on the intervention that has not already been
•	
32. Do you	ı have another intervention to report?
j₁∩ Yes	·
jn No	
If Yes, how man	ny? You will not be able to provide additional information about them.

Other Accomplishments and Summary
1. Please describe any resource material and/or training that you (the state DOH) developed that other states could potentially use as a part of their obesity prevention programs?
Only include tools that you have developed during the last 12 months. (in 250 words or less)
2. Please briefly describe your FIVE most significant accomplishments in the last 12 months. This may include products or accomplishments of the state program, partners, mini-grant recipients, etc.
You will also have the opportunity to highlight a specific accomplishment of your state program in more depth in the Stories from the Field section.
3. Please describe what you consider the most important success of your program to date.

Stories from the Field

The questions in this section enable you to tell the story of the efforts you've accomplished in planning, developing, and implementing your State program. For the purposes of this section, please choose ONE story that illustrates the innovative, unique, and/or exciting activities in which you are involved. The items below will guide you through the process of describing the story in detail. As you work through this section you may come across items which are not applicable to your circumstances. If so, please enter "NA" in the relevant text box.

Where indicated, please write 1-2 paragraphs addressing the relevant portion of the story. Use complete sentences and consistent tense throughout the responses where appropriate and provide as much depth as possible. We

courage you to use quotes to illustrate aspects of your story.
er submitting your responses, staff will compile the information into a narrative story so that it can be used fo countability, program improvement and technical assistance. Before the information is shared with others, you asked to provide feedback on the compiled content to ensure accuracy.
you have questions while filling out this section, please contact the DNPAO Evaluation Team paoeval@cdc.gov). Thanks for taking the time to share your story with us!
1. Please provide the name and contact information for the primary contact related
to this story. CDC staff may contact this person to obtain additional details or
feedback.
Name
Phone Number
Email Address
2. Please indicate a theme or focus for your story. The options below represent five
of the awardee activities presented in the FOA and can be used as a guideline to
focus your story. If your story does not fit the topics presented, feel free to use the
"Other" field that is provided.
$j_{ extstyle \cap}$ Developing and maintaining program infrastructure
$j_{ extstyle \cap}$ Leading a planning process to develop a state plan
$j_{ extstyle \cap}$ Implementing the state plan in collaboration with partners
j_{\cap} Supporting and/or developing capacity for surveillance
j_{Ω} Evaluation progress of meeting objectives in the state plan, implementation plan, work plan, partnership plan.
∱∩ Other (please specify)
2. Diagga provide a TITLE for your story:
3. Please provide a TITLE for your story:

Individual Interpersonal Organizational	
Organizational	
Community	
Society	
f applicable, which of the follow eck all that apply)	ving principal target areas does this story addre
Decreasing high energy dense foods	Increasing fruit and vegetable consumption
Decreasing sweetened beverage intake	Increasing physical activity
Increasing breastfeeding	
Other (please specify)	
•	f applicable, which of the follow eck all that apply) Decreasing high energy dense foods Decreasing sweetened beverage intake Increasing breastfeeding

Stories from the Field - The Story
1. What need did your efforts address?
In 1-2 paragraphs, please describe the circumstances or problem(s) that initiated the action.
2. In 1-2 paragraphs, please explain the actions you took.
Be sure to include all parties involved and any costs or other resources associated with your efforts. Please provide sufficient detail in case others would like to replicate your actions.
replicate your detions.
▼ ·

tories from the Field - Results
1. Please write 1- 2 paragraphs describing the results of your efforts (intended or unintended).
Where appropriate include information about (a) new partnerships formed; (b) new organizational processes (e.g. changes in culture/norms, organization behavior, policies initiated, policies considered, etc); (c) how your approach led to a more effective program; (d) the potential public health impact of your efforts
2. Quotes
If possible, please include a specific quote from program staff or partners that would support your story.
If we use the quote we will only identify the person by their title, and not their name. However, please include the full contact information for the person being quoted so we may contact them to gain their approval to use the quote.

ories from the Field -	Facilitators and Challenges
1. Facilitators to Plannin	ng, Implementation, and Development
Write 1-2 paragraphs de	escribing three key elements that facilitated your efforts.
·	cilitating elements include: ncluding personnel or funding mechanisms) that facilitated
(b) support from particular(c) partnerships with ne	
2. Barriers to Planning,	Implementation, and Development
Write 1-2 paragraphs de	escribing the challenges or barriers you faced in your efforts.
3. Overcoming Barriers	
challenges/barriers you	escribing how your organization was able to overcome the described above. If you were not able to, what could help ercome these challenges?
	<u></u>

Stories from the Field - Lessons for Moving Forward
1. What tips do you have for using /adapting this approach in another organization/community?
Feel free to use bullets or a list format if you prefer.
2. What would your organization do differently to enhance your planning, implementation, or development processes related to this effort?
3. OPTIONAL: While we are only soliciting information about ONE story, if your program has additional successes that would make a good story, please let us know.
In the box below, please briefly (1-2 sentences) describe any additional stories your program would like to share and the contact information for a person who could elaborate on the story. DNPAO Evaluation Staff may contact that person to follow-up.