

Introduction

Form Approved
OMB No.: 0920-0669
Expiration Date: TBD

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 (dnpaeval@cdc.gov).

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

*** 1. Please provide the following information for verification purposes:**

Your Name:

State:

Public reporting burden of this collection of information is estimated to average 10 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 D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0669).

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).

1. Staff Name

2. Position

- | | |
|---|---|
| <input type="radio"/> Program Coordinator | <input type="radio"/> Epidemiologist |
| <input type="radio"/> Physical Activity Coordinator | <input type="radio"/> Administrative Assistant |
| <input type="radio"/> Nutrition Coordinator | <input type="radio"/> Worksite Wellness Coordinator |
| <input type="radio"/> Evaluator | <input type="radio"/> Health Educator |
| <input type="radio"/> Communications Coordinator | |
| <input type="radio"/> Other (please specify) | |

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #2

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #3

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #4

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #5

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #6

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #7

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #8

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #9

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #10

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #11

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #12

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #13

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #14

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #15

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #16

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #17

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #18

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #19

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

Yes

No

Staff #20

1. Staff Name

2. Position

- Program Coordinator
- Physical Activity Coordinator
- Nutrition Coordinator
- Evaluator
- Communications Coordinator
- Other (please specify)
- Epidemiologist
- Administrative Assistant
- Worksite Wellness Coordinator
- Health Educator

3. Staff Type

- Permanent
- Interim
- 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.

5. 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?

No

Yes

If Yes, how many? You will not be able to provide 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
- Other Federal Programs
- State Programs
- Other (please specify)
- Foundation Grants
- Contributions from private businesses

2. For FEDERAL PROGRAMS, please provide the name of each funder and the approximate amount.

Name of 1st Federal Program Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Name of 2nd Federal Program Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Name of 3rd Federal Program Providing Funding	<input type="text"/>
Amount	<input type="text"/>

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

Name of 1st State Program Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Name of 2nd State Program Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Name of 3rd State Program Providing Funding	<input type="text"/>
Amount	<input type="text"/>

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

Name of 1st Foundation Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Name of 2nd Foundation Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Name of 3rd Foundation Providing Funding	<input type="text"/>
Amount	<input type="text"/>

5. For CONTRIBUTIONS FROM PRIVATE BUSINESS, please provide the name of each funder and the approximate amount.

Name of 1st Business Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Name of 2nd Business Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Name of 3rd Business Providing Funding	<input type="text"/>
Amount	<input type="text"/>

6. For OTHER FUNDS, please provide the name of each funder, approximate amount, and the purpose of funding.

Name of 1st Entity Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Purpose	<input type="text"/>
Name of 2nd Entity Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Purpose	<input type="text"/>
Name of 3rd Entity Providing Funding	<input type="text"/>
Amount	<input type="text"/>
Purpose	<input type="text"/>

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?

Yes

No

4. Please list the "champion" organization(s) and describe their actions taken on behalf of the state program.

Planning

1. Has a state plan for nutrition and physical activity been produced during the past twelve months?

(Check all that apply)

- Not Yet
- Draft in progress
- Draft undergoing CDC review
- State plan in effect
- Revising existing plan

Comments:

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)

Legislation

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.]

No

Yes

If 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:

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

Local

State

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

No

Yes

If YES, provide the date enacted

6. Was this legislation designed to address health disparities?

No

Yes

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

7. Do you have additional legislation or local ordinances to report?

Yes

No

Legislation #2

1. 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)

2. Describe:

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

Local

State

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

No

Yes

If YES, provide the date enacted

5. Was this legislation designed to address health disparities?

No

Yes

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

6. Do you have additional legislation or local ordinances to report?

Yes

No

Legislation #3

1. 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)

2. Describe:

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

Local

State

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

No

Yes

If YES, provide the date enacted

5. Was this legislation designed to address health disparities?

No

Yes

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

6. Do you have additional legislation or local ordinances to report?

Yes

No

Legislation #4

1. 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)

2. Describe:

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

Local

State

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

No

Yes

If YES, provide the date enacted

5. Was this legislation designed to address health disparities?

No

Yes

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

6. Do you have additional legislation or local ordinances to report?

Yes

No

Legislation #5

1. 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)

2. Describe:

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

Local

State

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

No

Yes

If YES, provide the date enacted

5. Was this legislation designed to address health disparities?

No

Yes

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

6. Do you have additional legislation or local ordinances to report?

Yes

No

Legislation #6

1. 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)

2. Describe:

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

Local

State

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

No

Yes

If YES, provide the date enacted

5. Was this legislation designed to address health disparities?

No

Yes

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

6. Do you have additional legislation or local ordinances to report?

Yes

No

Legislation #7

1. 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)

2. Describe:

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

Local

State

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

No

Yes

If YES, provide the date enacted

5. Was this legislation designed to address health disparities?

No

Yes

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

6. Do you have additional legislation or local ordinances to report?

Yes

No

Legislation #8

1. 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)

2. Describe:

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

Local

State

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

No

Yes

If YES, provide the date enacted

5. Was this legislation designed to address health disparities?

No

Yes

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

6. Do you have additional legislation or local ordinances to report?

Yes

No

Legislation #9

1. 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)

2. Describe:

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

Local

State

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

No

Yes

If YES, provide the date enacted

5. Was this legislation designed to address health disparities?

No

Yes

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

6. Do you have additional legislation or local ordinances to report?

Yes

No

Legislation #10

1. 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)

2. Describe:

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

Local

State

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

No

Yes

If YES, provide the date enacted

5. Was this legislation designed to address health disparities?

No

Yes

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

6. Do you have additional legislation or local ordinances to report?

Yes

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]

Not during this reporting period

Yes

If Yes, How Many

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?

Local

State

4. Describe the policy:

5. Was this policy designed to address health disparities?

No

Yes

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

6. Do you have another policy intervention to report?

Yes

No

Policy #2

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 this screen if applicable (max of 10).

Name of Policy:

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

Local

State

3. Describe the policy:

4. Was this policy designed to address health disparities?

No

Yes

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

5. Do you have another policy intervention to report?

Yes

No

Policy #3

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 this screen if applicable (max of 10).

Name of Policy:

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

Local

State

3. Describe the policy:

4. Was this policy designed to address health disparities?

No

Yes

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

5. Do you have another policy intervention to report?

Yes

No

Policy #4

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 this screen if applicable (max of 10).

Name of Policy:

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

Local

State

3. Describe the policy:

4. Was this policy designed to address health disparities?

No

Yes

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

5. Do you have another policy intervention to report?

Yes

No

Policy #5

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 this screen if applicable (max of 10).

Name of Policy:

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

Local

State

3. Describe the policy:

4. Was this policy designed to address health disparities?

No

Yes

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

5. Do you have another policy intervention to report?

Yes

No

Policy #6

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 this screen if applicable (max of 10).

Name of Policy:

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

Local

State

3. Describe the policy:

4. Was this policy designed to address health disparities?

No

Yes

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

5. Do you have another policy intervention to report?

Yes

No

Policy #7

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 this screen if applicable (max of 10).

Name of Policy:

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

Local

State

3. Describe the policy:

4. Was this policy designed to address health disparities?

No

Yes

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

5. Do you have another policy intervention to report?

Yes

No

Policy #8

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 this screen if applicable (max of 10).

Name of Policy:

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

Local

State

3. Describe the policy:

4. Was this policy designed to address health disparities?

No

Yes

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

5. Do you have another policy intervention to report?

Yes

No

Policy #9

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 this screen if applicable (max of 10).

Name of Policy:

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

Local

State

3. Describe the policy:

4. Was this policy designed to address health disparities?

No

Yes

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

5. Do you have another policy intervention to report?

Yes

No

Policy #10

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 this screen if applicable (max of 10).

Name of Policy:

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

Local

State

3. Describe the policy:

4. Was this policy designed to address health disparities?

No

Yes

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

5. Do you have another policy intervention to report?

Yes

No

If Yes, how many? You will not be able to provide additional information about them.

Environmental Changes

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

No

Yes

If Yes, how many?

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?

Local

State

4. Describe

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

No

Yes

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

6. Do you have another environmental change to report?

Yes

No

Environmental Changes #2

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 following this screen if applicable (max of 10).

Name of Environmental Change:

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

Local

State

3. Describe

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

No

Yes

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

5. Do you have another environmental change to report?

Yes

No

Environmental Changes #3

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 following this screen if applicable (max of 10).

Name of Environmental Change:

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

Local

State

3. Describe

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

No

Yes

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

5. Do you have another environmental change to report?

Yes

No

Environmental Changes #4

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 following this screen if applicable (max of 10).

Name of Environmental Change:

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

Local

State

3. Describe

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

No

Yes

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

5. Do you have another environmental change to report?

Yes

No

Environmental Changes #5

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 following this screen if applicable (max of 10).

Name of Environmental Change:

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

Local

State

3. Describe

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

No

Yes

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

5. Do you have another environmental change to report?

Yes

No

Environmental Changes #6

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 following this screen if applicable (max of 10).

Name of Environmental Change:

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

Local

State

3. Describe

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

No

Yes

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

5. Do you have another environmental change to report?

Yes

No

Environmental Changes #7

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 following this screen if applicable (max of 10).

Name of Environmental Change:

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

Local

State

3. Describe

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

No

Yes

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

5. Do you have another environmental change to report?

Yes

No

Environmental Changes #8

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 following this screen if applicable (max of 10).

Name of Environmental Change:

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

Local

State

3. Describe

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

No

Yes

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

5. Do you have another environmental change to report?

Yes

No

Environmental Changes #9

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 following this screen if applicable (max of 10).

Name of Environmental Change:

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

Local

State

3. Describe

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

No

Yes

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

5. Do you have another environmental change to report?

Yes

No

Environmental Changes #10

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 following this screen if applicable (max of 10).

Name of Environmental Change:

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

Local

State

3. Describe

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

No

Yes

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

5. Do you have another environmental change to report?

Yes

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.

NOTE: 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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

- 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

- Planning
- In the field
- 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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention. Check all that apply.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- < 2 yrs
- 2-3 yrs
- 4-5 yrs
- 6-10 yrs
- 11-13 yrs
- 14-17 yrs
- 18-29 yrs
- 30-64 yrs
- 65+
- All Ages

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- | | |
|---|--|
| <input type="checkbox"/> Community-wide | <input type="checkbox"/> Religious organizations/houses of worship |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Childcare centers |
| <input type="checkbox"/> Families | <input type="checkbox"/> Worksites |
| <input type="checkbox"/> Hospitals, health facilities | |
| <input type="checkbox"/> Other (please specify) | |

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

Not yet

Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

Not yet

Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

Intervention #2

NOTE: 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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

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

Planning

In the field

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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> < 2 yrs | <input type="checkbox"/> 11-13 yrs | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 2-3 yrs | <input type="checkbox"/> 14-17 yrs | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 4-5 yrs | <input type="checkbox"/> 18-29 yrs | |
| <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 30-64 yrs | |

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- Community-wide
- Schools
- Families
- Hospitals, health facilities
- Other (please specify)
- Religious organizations/houses of worship
- Childcare centers
- Worksites

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count

Individuals Reached

If Estimated, Justify Estimates

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count

Individuals Reached

If Estimated, Justify Estimates

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count

Individuals Reached

If Estimated, Justify Estimates

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

- Not yet
- Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

- Not yet
- Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

Intervention #3

NOTE: 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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

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

Planning

In the field

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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> < 2 yrs | <input type="checkbox"/> 11-13 yrs | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 2-3 yrs | <input type="checkbox"/> 14-17 yrs | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 4-5 yrs | <input type="checkbox"/> 18-29 yrs | |
| <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 30-64 yrs | |

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- | | |
|---|--|
| <input type="checkbox"/> Community-wide | <input type="checkbox"/> Religious organizations/houses of worship |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Childcare centers |
| <input type="checkbox"/> Families | <input type="checkbox"/> Worksites |
| <input type="checkbox"/> Hospitals, health facilities | |
| <input type="checkbox"/> Other (please specify) | |

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

- Not yet
- Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

- Not yet
- Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

Intervention #4

NOTE: 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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

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

Planning

In the field

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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> < 2 yrs | <input type="checkbox"/> 11-13 yrs | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 2-3 yrs | <input type="checkbox"/> 14-17 yrs | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 4-5 yrs | <input type="checkbox"/> 18-29 yrs | |
| <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 30-64 yrs | |

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- | | |
|---|--|
| <input type="checkbox"/> Community-wide | <input type="checkbox"/> Religious organizations/houses of worship |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Childcare centers |
| <input type="checkbox"/> Families | <input type="checkbox"/> Worksites |
| <input type="checkbox"/> Hospitals, health facilities | |
| <input type="checkbox"/> Other (please specify) | |

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

- Not yet
- Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

- Not yet
- Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

Intervention #5

NOTE: 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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

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

Planning

In the field

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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> < 2 yrs | <input type="checkbox"/> 11-13 yrs | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 2-3 yrs | <input type="checkbox"/> 14-17 yrs | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 4-5 yrs | <input type="checkbox"/> 18-29 yrs | |
| <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 30-64 yrs | |

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- | | |
|---|--|
| <input type="checkbox"/> Community-wide | <input type="checkbox"/> Religious organizations/houses of worship |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Childcare centers |
| <input type="checkbox"/> Families | <input type="checkbox"/> Worksites |
| <input type="checkbox"/> Hospitals, health facilities | |
| <input type="checkbox"/> Other (please specify) | |

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

- Not yet
- Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

- Not yet
- Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

Intervention #6

NOTE: 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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

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

Planning

In the field

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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> < 2 yrs | <input type="checkbox"/> 11-13 yrs | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 2-3 yrs | <input type="checkbox"/> 14-17 yrs | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 4-5 yrs | <input type="checkbox"/> 18-29 yrs | |
| <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 30-64 yrs | |

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- Community-wide
- Religious organizations/houses of worship
- Schools
- Childcare centers
- Families
- Worksites
- Hospitals, health facilities
- Other (please specify)

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count

Individuals Reached

If Estimated, Justify Estimates

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count

Individuals Reached

If Estimated, Justify Estimates

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count

Individuals Reached

If Estimated, Justify Estimates

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

- Not yet
- Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

- Not yet
- Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

Intervention #7

NOTE: 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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

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

Planning

In the field

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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> < 2 yrs | <input type="checkbox"/> 11-13 yrs | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 2-3 yrs | <input type="checkbox"/> 14-17 yrs | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 4-5 yrs | <input type="checkbox"/> 18-29 yrs | |
| <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 30-64 yrs | |

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- Community-wide
- Religious organizations/houses of worship
- Schools
- Childcare centers
- Families
- Worksites
- Hospitals, health facilities
- Other (please specify)

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count

Individuals Reached

If Estimated, Justify Estimates

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count

Individuals Reached

If Estimated, Justify Estimates

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count

Individuals Reached

If Estimated, Justify Estimates

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

- Not yet
- Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

- Not yet
- Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

Intervention #8

NOTE: 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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

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

Planning

In the field

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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> < 2 yrs | <input type="checkbox"/> 11-13 yrs | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 2-3 yrs | <input type="checkbox"/> 14-17 yrs | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 4-5 yrs | <input type="checkbox"/> 18-29 yrs | |
| <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 30-64 yrs | |

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- | | |
|---|--|
| <input type="checkbox"/> Community-wide | <input type="checkbox"/> Religious organizations/houses of worship |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Childcare centers |
| <input type="checkbox"/> Families | <input type="checkbox"/> Worksites |
| <input type="checkbox"/> Hospitals, health facilities | |
| <input type="checkbox"/> Other (please specify) | |

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

- Not yet
- Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

- Not yet
- Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

Intervention #9

NOTE: 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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

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

Planning

In the field

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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> < 2 yrs | <input type="checkbox"/> 11-13 yrs | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 2-3 yrs | <input type="checkbox"/> 14-17 yrs | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 4-5 yrs | <input type="checkbox"/> 18-29 yrs | |
| <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 30-64 yrs | |

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- Community-wide
- Schools
- Families
- Hospitals, health facilities
- Other (please specify)
- Religious organizations/houses of worship
- Childcare centers
- Worksites

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count

Individuals Reached

If Estimated, Justify Estimates

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count

Individuals Reached

If Estimated, Justify Estimates

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count

Individuals Reached

If Estimated, Justify Estimates

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

- Not yet
- Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

- Not yet
- Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

Intervention #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?

No

Yes

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

4. Is this a multi-site intervention (e.g. community mini-grant programs)?

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

Planning

In the field

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

8. Describe the intervention methodology and strategy for implementation

9. In the next series of items, please describe the specific demographics of the state population that are addressed by the intervention.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- General Population (no specific ethnic audiences addressed)

10. Race

- American Indian or Alaska native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White
- General Population (no specific racial audiences addressed)

11. Gender

- Male
- Female

12. Region/Population

- Rural
- Urban
- Suburban
- Low Income

13. Age Group

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> < 2 yrs | <input type="checkbox"/> 11-13 yrs | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 2-3 yrs | <input type="checkbox"/> 14-17 yrs | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 4-5 yrs | <input type="checkbox"/> 18-29 yrs | |
| <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 30-64 yrs | |

14. Which of the following principal target areas does this intervention specifically address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

15. Which levels of Socio-Ecologic Framework does this intervention specifically address?

[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

This section asks you to provide the REACH of the intervention.

Notes:

- If you collected intervention specific data on reach, please use those numbers.
- If you did NOT collect data on reach, please estimate the reach of this particular intervention. In the "comments" box, justify and explain your estimates (i.e. individuals reached is the total number of children at these schools)

16. Please indicate the places or settings in which you are making your intervention available to your primary audience.

- | | |
|---|--|
| <input type="checkbox"/> Community-wide | <input type="checkbox"/> Religious organizations/houses of worship |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Childcare centers |
| <input type="checkbox"/> Families | <input type="checkbox"/> Worksites |
| <input type="checkbox"/> Hospitals, health facilities | |
| <input type="checkbox"/> Other (please specify) | |

17. If you chose COMMUNITY-WIDE

Please indicate the number of communities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all communities. If these are estimates, please justify them.

Community Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

18. If you chose SCHOOLS

Please indicate the number of schools in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all schools. If these are estimates, please justify them.

School Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

19. If you chose FAMILIES

Please indicate the number of family units in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all families. If these are estimates, please justify them.

Family Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

20. If you chose HOSPITALS, HEALTH SETTINGS

Please indicate the number of healthcare facilities in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all facilities (e.g. total number of staff reached). If these are estimates, please justify them.

Healthcare Facility Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

21. If you chose RELIGIOUS ORGANIZATIONS

Please indicate the number of religious organizations in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all organizations. If these are estimates, please justify them.

Religious Organization Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

22. If you chose CHILDCARE SETTINGS

Please indicate the number of childcare settings in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all childcare settings. If these are estimates, please justify them.

Childcare Settings Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

23. If you chose WORKSITES

Please indicate the number of worksites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all worksites (e.g. total number of employees at all sites). If these are estimates, please justify them.

Worksites Unit Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

24. If you chose OTHER

Please indicate the number of sites in which you are making your intervention available to your primary audience. Then indicate the total number of individuals that were likely reached by your intervention across all sites. If these are estimates, please justify them.

Site Count	<input type="text"/>
Individuals Reached	<input type="text"/>
If Estimated, Justify Estimates	<input type="text"/>

The following items pertain to any evaluation activities you have conducted related to this intervention.

25. Has your state started to measure process or implementation indicators for this intervention?

- Not yet
- Yes

26. Please describe the process or implementation indicator(s) (e.g. number of people attending a particular training; number of hits to website). You may use bullets and/or a list.

27. Please describe any results you have from these process or implementation indicator(s):

28. Has your state started to measure short-term, intermediate or long-term outcomes from the intervention?

- Not yet
- Yes

29. Please describe the outcome indicator(s) (e.g. decreased TV viewing among high school students). You may use bullets and/or a list.

30. Please describe any results you have from these outcome indicator(s):

31. Please describe any progress on the intervention that has not already been reported:

32. Do you have another intervention to report?

Yes

No

If Yes, how many? 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 encourage you to use quotes to illustrate aspects of your story.

After submitting your responses, staff will compile the information into a narrative story so that it can be used for accountability, program improvement and technical assistance. Before the information is shared with others, you will be asked to provide feedback on the compiled content to ensure accuracy.

If you have questions while filling out this section, please contact the DNPAO Evaluation Team (dnpaoeval@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.

- Developing and maintaining program infrastructure
- Leading a planning process to develop a state plan
- Implementing the state plan in collaboration with partners
- Supporting and/or developing capacity for surveillance
- Evaluation progress of meeting objectives in the state plan, implementation plan, work plan, partnership plan.
- Other (please specify)

3. Please provide a TITLE for your story:

4. Which levels of Socio-Ecologic Framework does this story address?
[See www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm for definitions of each level]

(Check all that apply)

- Individual
- Interpersonal
- Organizational
- Community
- Society

5. If applicable, which of the following principal target areas does this story address? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Decreasing high energy dense foods | <input type="checkbox"/> Increasing fruit and vegetable consumption |
| <input type="checkbox"/> Decreasing sweetened beverage intake | <input type="checkbox"/> Increasing physical activity |
| <input type="checkbox"/> Increasing breastfeeding | <input type="checkbox"/> Reducing TV viewing |
| <input type="checkbox"/> Other (please specify) | |

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.

Stories 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.

Stories from the Field - Facilitators and Challenges

1. Facilitators to Planning, Implementation, and Development

Write 1-2 paragraphs describing three key elements that facilitated your efforts.

Examples of potential facilitating elements include:

(a) specific resources (including personnel or funding mechanisms) that facilitated your efforts;

(b) support from particular stakeholders;

(c) partnerships with new or existing partners.

2. Barriers to Planning, Implementation, and Development

Write 1-2 paragraphs describing the challenges or barriers you faced in your efforts.

3. Overcoming Barriers

Write 1-2 paragraphs describing how your organization was able to overcome the challenges/barriers you described above. If you were not able to, what could help your organization to overcome these challenges?

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.