

## ATTACHMENT – C: Survey Instrument

### Survey of Obesity Programs

#### Introduction

Welcome to the Survey of Obesity Prevention Programs. This survey is designed to gather information from representatives of U.S. state and territory health departments regarding their decision-making around selecting and implementing obesity interventions and their use of the Center for Training and Research Translation (Center TRT) products. Your feedback will be used to assess and improve the services of Center TRT and resources available to support your obesity work.

Your responses will be kept private; your answers will be collected by an independent third party and reported to CDC with identifying information removed. We estimate that it will take approximately 15 minutes to complete this survey, and encourage you to answer all the questions. Thank you for taking the time to complete this survey!

#### I. Demographics

1. Please select the state health department where you work. [Drop down menu]
  
2. What is your program role (if you have multiple roles, in what role do you spend the majority of your time)?
  - a. Program Manager/Program Coordinator
  - b. Nutrition Coordinator
  - c. Physical Activity Coordinator
  - d. Communications/Media Specialist
  - e. Worksite Coordinator
  - f. Evaluator
  - g. Other (Please specify) \_\_\_\_\_
  
3. What is the highest level of education you have completed?
  - a. High school or less
  - b. Associate/Technical degree
  - c. Bachelor's degree (BS, BA, BSN or other)
  - d. Master's degree (MSN, MS, MA, MPH, MSPH or other)
  - e. Doctoral degree (PhD, DrPH, MD, DO, DSc or other)
  - f. Other (please specify) \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

4. How long have you worked for this health department?

- a. Less than 1 year
- b. 1 – 3 years
- c. 4–6 years
- d. 7 – 10 years
- e. More than 10 years

5. How long have you been in your current position?

- a. Less than 1 year
- b. 1 – 3 years
- c. 4–6 years
- d. 7 – 10 years
- e. More than 10 years

6. How long have you worked in obesity prevention programs or nutrition/physical activity initiatives? (either full or part time)?

- a. Less than 1 year
- b. 1 – 3 years
- c. 4-6 years
- d. 7 – 10 years
- e. More than 10 years
- f. Not Applicable: I have not worked in obesity prevention programs or nutrition/physical activity initiatives → (SKIP TO Q11)

## II. Information about Your State Health Department

7. Please indicate the extent to which you agree or disagree with each of the following statements about your State Health Department. When we use the word “adopt” or “adoption,” we refer to the decision to select an intervention or policy as the best course of action.

Statement About Your State Health Department	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Preventing obesity is a high priority for my health department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My organization highly values the use of evidence-based practice in decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Evidence-based practice is consistently used in program planning decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I play an influential role in the decisions my state health department makes on obesity strategies and polices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate the importance of each of the following factors when deciding to develop or adopt specific interventions or policies to prevent obesity in your state. When we use the word “implement” or “implementation,” we refer to the actions involved in carrying out or putting into practice an intervention or policy.

Factor	Very Important	Important	Neither important nor unimportant	Unimportant	Very Unimportant
a. Recommended by funding agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Recommended by elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How well the intervention or policy fits with my available resources (e.g. budget, personnel, timelines,etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How well the intervention or policy fits with an established coalition (e.g. established obesity prevention coalitions, partnerships)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How well the intervention or policy fits with current obesity trends in my state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How easy the intervention or policy is to implement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Strength of the evidence in support of the effectiveness of the intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Whether the intervention or policy has been implemented and evaluated with a population similar to the population served by my health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Whether other colleagues in a position similar to my own are using the intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. Sources of Information for Evidence-based Interventions

9. What are the three sources you rely on most to identify evidence-based interventions or strategies to use when planning obesity-prevention programs? (Please select up to 3 sources.)

- Peer-reviewed reports (e.g., journal articles, Google Scholar, PubMed)
- Colleagues in other states' departments of public health
- Colleagues in your state's department of public health
- University-based faculty and staff
- Consultants other than university based faculty and staff
- Internet (other than electronic searches for peer-reviewed reports)
- CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) project officers
- CDC's DNPAO listserv
- Other listserv (please specify) \_\_\_\_\_

- Federal, State, or Local strategies and/or directives
- Other CDC DNPAO Resources (Please specify) \_\_\_\_\_

10. What are the top three websites or documents you refer to most for evidence-based interventions or strategies when planning obesity-prevention programs? (Please select up to 3 websites or documents.)

- CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) website
- Other sections of the CDC website (except DNPAO)
- Guide to Community Preventive Services (Community Guide)
- Center for Training and Research Translation (Center TRT)
- Recommended Community Strategies and Measurements to Prevent Obesity
- Cancer Control Planet's Research-tested Intervention Programs (RTIPS)
- Healthy Eating Active Living Convergence Partnership – Promising Strategies for Creating Health Eating and Active Living Environments
- National Prevention Strategy
- Other (Please specify) \_\_\_\_\_

#### IV. Your Use and Perceptions of the Center for Training and Research Translation (Center TRT) Website ([www.center-trt.org](http://www.center-trt.org))

11. Have you heard of the Center TRT website?

- a. Yes
- b. No → (SKIP TO Q12)

11A. How did you first hear about the Center TRT website?

- a. Center TRT training
- b. Colleague
- c. Another website
- d. Search engine
- e. DNPAO project officers
- f. Webinars or conference calls
- g. Other (Please specify) \_\_\_\_\_

11B. Have you visited the Center TRT website?

- a. Yes → (SKIP TO Q11D)
- b. No

11C. If no: What would make you more likely to visit the Center TRT website in the future?  
(IF Q11B =b THEN GO TO Q12)

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11D. In the past 12 months, approximately how many times have you visited the Center TRT website?

- a. 1 time

- b. 2-3 times
- c. 4-5 times
- d. 6-10 times
- e. More than 10 times

11E. In the past 12 months, approximately how many documents (including interventions, intervention strategies, etc.) have you downloaded from the Center TRT website?

- a. None
- b. 1-2
- c. 3-5
- d. 6 or more

11F. How have you used the information you obtained from the Center TRT website? (Please check all that apply)

- I recommended the information I obtained from the TRT website to a colleague
- I explored options for obesity prevention initiatives
- I developed/implemented obesity prevention programs
- I developed/implemented an obesity prevention plan
- I submitted a funding application
- I prepared a manuscript, report, or presentation
- I downloaded materials or tools
- N/A – I did not use the information
- Other (please specify) \_\_\_\_\_

## V. Use of Center TRT Intervention Resources

*Center TRT strategies provide broad guidance to practitioners on approaches that have been found to be effective across multiple studies. Center TRT interventions are specific sets of activities, which are based on research or practice, and focus on nutrition, physical activity, screen time and breastfeeding. Center TRT*

develops intervention *templates* for each intervention, which provide detailed information about each intervention, how it was developed, and how it can be implemented.

12. Shown below is a list of intervention strategy topics. For each one, please check the box if you have a) accessed a strategy dealing with this topic, or b) recommended it to a colleague. If you have not accessed the strategy or recommended it to a colleague, please select "N/A."

<b>Strategy</b>	<b>a. I accessed this strategy</b>	<b>b. I recommended this to a colleague</b>	<b>c. N/A: I did not access or recommend</b>
<b>Breastfeeding</b> (e.g. mass media, peer support, workplace, educating mothers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthy Eating</b> (e.g. nutrition programs, campaigns for healthy eating, counseling for healthy eating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Activity</b> (e.g. school based physical activity, increasing accessibility of places for physical activity, urban planning and policy to increase physical activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Television Viewing</b> (e.g. television and video game turnoff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strategies to Support Behavior Changes</b> (e.g. goal setting, lifestyle assessment, social support for health behavior change)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. We would like to learn about Center TRT interventions you have accessed, used, implemented, or recommended to a colleague. Shown below is a list of interventions. For each one, please select the statement(s) that apply to your experience in accessing, using, implementing, or recommending each intervention.

<b>Intervention</b>	<b>a. I have not</b>	<b>b. I looked at</b>	<b>c. I used this</b>	<b>d. I plan to or</b>	<b>e. I</b>
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	<b>accessed this intervention</b>	<b>this intervention, but did not use it</b>	<b>intervention as inspiration to develop a program</b>	<b>have implemented this intervention</b>	<b>recommended this to a colleague</b>
NAP SACC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Leaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VERB™ Scorecard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color Me Healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trailnet - HAVC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat Well Play Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas Healthy Employee Lifestyle Program (AHELP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pennsylvania Fresh Food Financing Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Food Environments Pricing Incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smart Meal™ Seal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KaBOOM! Community Builds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight-Wise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baltimore Healthy Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riverside United School District Farmers' Market Salad Bar Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Regulations for Day Care in New York City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Bucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby-Friendly Hospital Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If respondent implemented any of the above, ask the two questions below for each intervention selected.)

**We would like to learn more about Center TRT interventions you have accessed or used.**

14a. What was of greatest influence in the decision to implement this intervention?

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14b. Within your state, at which levels has this intervention been planned or implemented? [matrix, with columns for “planned” and “implemented” response options (check all that apply)]

- a. State-level
- b. Local-level
- c. Other (please specify) \_\_\_\_\_

(GO TO Q15 if Q13~=MISSING)

15. Based on your experience using Center TRT’s interventions, please rate the extent to which you agree or disagree with each of the following statements.

Statement About Center TRT Intervention Templates	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Center TRT Intervention templates provide the information we need to implement an intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Center TRT Intervention templates are easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am able to easily download the intervention templates and other intervention materials that I need from the Center TRT website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Center TRT Intervention templates provide the information we need to assess an intervention’s effectiveness and relevance for our use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VI. Exposure to Center TRT Trainings

16. Have you attended any Center TRT in-person trainings?

- a. Yes → (SKIP TO Q17)
- b. No
- c. Don’t Know → (SKIP TO Q17)

16A. What would make you more likely to attend Center TRT in-person trainings in the future?



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17. Have you completed any Center TRT web-based trainings?

- a. Yes
- b. No → (SKIP TO Q17B)
- c. Don't Know → (SKIP TO Q18)

17A. Which of the following Center TRT web-based trainings have you completed? (Check all that apply.)

- Nutrition and Health
- Physical Activity and Health
- Nutrition, Physical Activity and Cardiovascular Health
- Childhood Obesity Prevention
- Nutrition and Physical Activity Self-Assessment in Child Care Intervention Training (NAPSACC)
- RE-AIM Framework
- A New Leaf: Choices for Healthy Living

(If Q17=YES GO TO Q18)

17B. What would make you more likely to participate in Center TRT web-based trainings in the future?

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18. Have you recommended or required Center TRT web-based trainings for staff, community partners or grantees?

- a. Yes
- b. No → (SKIP TO Q18B)
- c. Don't Know → (SKIP TO Q19)

18A. Did you recommend any of the following training courses to a colleague?

<b>Web-based Training</b>	<b>Yes</b>	<b>No</b>
a. Nutrition and Health	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical Activity and Health	<input type="checkbox"/>	<input type="checkbox"/>
c. Nutrition, Physical Activity and Cardiovascular Health	<input type="checkbox"/>	<input type="checkbox"/>
d. Childhood Obesity Prevention	<input type="checkbox"/>	<input type="checkbox"/>
e. Nutrition and Physical Activity Self-Assessment in Child Care Intervention Training (NAPSACC)	<input type="checkbox"/>	<input type="checkbox"/>

f. RE-AIM Framework	<input type="checkbox"/>	<input type="checkbox"/>
g. A New Leaf: Choices for Healthy Living	<input type="checkbox"/>	<input type="checkbox"/>

18B. Why have you not recommended these trainings?

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19. What Center TRT services are the most useful in your obesity work?

- a. Center TRT website
- b. Center TRT trainings
- c. Center TRT interventions
- d. Center TRT strategies
- e. I do not use Center TRT services in my obesity work
- f. Other (please specify) \_\_\_\_\_

20. Please provide any additional comments you may have about Center TRT products and services.

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-END-