Supporting Statement
for Paperwork Reduction Act Submissions
Section A

Multi-Component Evaluation of
the *BodyWorks* Program

Prepared for:
Office on Women's Health

Prepared by:
Shattuck & Associates, Inc.

Supporting Statement for Paperwork Reduction Act Submissions
Multi-Component Evaluation of the *BodyWorks* Program
HHS Office on Women's Health

This request is for a new approval of data collected as part of a multi-component evaluation of the BodyWorks Program. The Office on Women's Health (OWH) and its contractor are working to plan and implement three evaluation tasks: 1) conducting a follow-up study of trainers and parents previously involved in BodyWorks; 2) developing and pilot testing a post-only survey tool to be added to the BodyWorks toolkit/resources; and, 3) conducting a full evaluation of the revised BodyWorks program and the Spanish BodyWorks program, including a follow-up component. The data collected from these evaluation tasks will provide OWH with information about how Bodyworks is being implemented across the country and whether the program has its intended effect on participants. Such data will help inform OWH's future decisions about BodyWorks, including whether to make changes to the program and whether to invest additional resources to support, promote or expand the program.

This new multi-component evaluation will continue to build upon the efforts of prior evaluation work – a preliminary evaluation of the Bodyworks program (evaluated under OMB Control No: 0990-0306) and an evaluation of a modified BodyWorks program developed for the National Bone Health Campaign – *Best Bones Forever!* (evaluated under OMB Control No: 0990-0337).

A) Justification

1. Need and Legal Basis

Research on understanding children's eating and physical activity behaviors has found parental influence to be important. Specifically, the family environment strongly influences children's eating and physical activity behaviors. For example, studies have found associations in parent and daughter sedentary time (Jago, Fox, Page, Rockman, & Thompson, 2010). In a recently published longitudinal study (Crawford et al., 2010), the home environment was found to be more important than the neighborhood environment in influencing children's physical activity and BMI over a five-year period. The authors of the study concluded that additional intervention studies are needed to investigate programs that focus on parental role modeling, parental rules around sedentary and active pursuits, and parental support for physical activity.

Other studies (Arcan et al., 2007) have also argued for the importance of providing parents of children and adolescents with knowledge and skills to enhance the home food environment and improve their own eating behaviors.

Therefore, parents and caregivers, one of the five pillars of First Lady Michelle Obama's *Let's Move! Campaign*, represent an important target for initiatives designed to promote healthy eating and increase physical activity among children. Given the important role parents play in

developing, promoting, and encouraging healthy behaviors in their children, it is necessary to identify effective health education interventions that target parents/caregivers as well as children and adolescents.

BodyWorks is a federally funded program that is designed to help the parents of adolescents make healthy food choices and become more physically active (OMB Control No: 0990-0306). The program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes by improving family eating and activity habits to prevent obesity among their children and help them achieve or maintain a healthy weight.

The program was developed beginning in 2000 with formative research that included an extensive literature review; advice from an expert panel of health care providers, obesity researchers, community organizers, and government officials; and interviews with parents, girls, middle-school nurses, and physicians. Social Cognitive Theory constructs were used to develop the program which emphasized information and skills-building for parents to become better role models for and facilitators of child and family behavior change. The program was pretested with 25 families in 2003, modified based on feedback, and launched in 2004. The Spanish version was released in 2009. Though originally developed for girls, a "For Guys Addendum" was added to the curriculum in 2010 at the suggestion of parents who wanted their boys to participate.

The curriculum for parents covers 6 main topics over 15 hours. It was designed to be taught to parents in weekly sessions. The centerpiece of the program is a toolkit for families that contains food and fitness journals, shopping lists, weekly meal planners, nutrition information, a recipe book, and a DVD with menu planning tips and strategies for healthy grocery shopping and cooking.

Training to teach the program is free and offered in both in-person and online formats. The training session is a one-day program. Program materials and technical assistance are available in English and Spanish. Trainers are recruited through, and deliver the program in small groups to, schools, faith-based organizations, health care facilities, non-profit organizations, and health departments.

The program was recently revised based on previous research in the following key ways: the number of sessions was reduced from 10-8; parents of boys, as well as girls are recruited; children are now invited to attend all sessions with their parents, rather than just two. The materials have also recently been updated to reflect current federal health information, such as the new Dietary Guidelines for Americans and MyPlate.

Additional evaluation of the BodyWorks program is needed to understand whether the revised program has a positive effect on participants and inform OWH's future decisions about BodyWorks, including whether to make changes to the program and whether to invest additional resources to support, promote or expand the program. As stated in the introduction,

the primary evaluation tasks in this multi-component evaluation revolve around three tasks: 1) conducting a follow-up study of trainers and parents previously involved in BodyWorks; 2) developing and pilot testing a post-only survey tool to be added to the BodyWorks toolkit/resources; and, 3) conducting a full evaluation of the revised BodyWorks program and the Spanish BodyWorks program, including a follow-up component. The data collection efforts for these three tasks are conducted under authority of Section 306 of the Public Health Service Act (42 USC 242k).

This multi-component evaluation will provide needed insight into a program that is designed to promote healthy nutrition and physical activity behaviors during childhood and adolescence. Because healthy nutrition and physical activity behaviors during childhood, adolescence, and early adulthood can help prevent a myriad of health issues later in life, the need to have evaluation information about programs that strive to promote these behaviors is critical. With preliminary results showing positive effects additional, more methodologically rigorous data with a broader scope and reflective of program updates are needed to inform decisions about the future of the program.

2. Information Users

The data collected as a result of this multi-component evaluation will be used by OWH to evaluate the effectiveness of the BodyWorks program and inform OWH's future decisions about BodyWorks, including whether to make changes to the program and whether to invest additional resources to support, promote or expand the program. In addition, it will provide important outcome data to show the program's impact on the primary audiences, parents of children ages 9-14 and the children themselves. While preliminary data has been collected on the original BodyWorks program (OMB Control No: 0990-0306) and on a modified version of BodyWorks developed for the National Bone Health Campaign – Best Bones Forever! (OMB Control No: 0990-0337), the present evaluation will examine a revised BodyWorks curriculum that reflects changes made based on findings from the earlier studies. Additionally, this study will be the first to investigate whether changes associated with program participation are sustained, the impact of the Spanish BodyWorks curriculum, and program impacts on boys (as well as girls). There is no current collection.

The primary evaluation activities in this multi-component evaluation revolve around three tasks: 1) conducting a follow-up study of trainers and parents who have been involved with BodyWorks previously; 2) developing and pilot testing a post-only survey tool that would be added to the BodyWorks toolkit/resources; and, 3) conducting a full evaluation of the revised BodyWorks program, including a follow-up component. Each of these tasks is described further below.

Follow-up Study

The purpose of the follow-up study is to gather general information and perceptions from BodyWorks trainers and past participants about how the program was planned and

implemented, degree of program satisfaction, and perceived impacts. In addition, the study will assess trainers' satisfaction with the technical assistance they have received from OWH. Data collection methods will include online surveys; follow up interviews and focus groups. Follow-up online surveys will be developed for both trainers and parents/caregiver participants. The OWH database of trainers and parents will be used as the respondent universe. We will query the database to identify trainers who were trained between the years 2007 to early 2012 to participate. This will give us access to experienced and new trainers. We will query the database to identify parents who were trained between the years 2010 to early 2012 to participate. We are limiting the parents to the past two years to ensure their recall of their program experience. Because trainers can deliver the program many times, we have kept the timeframe for recruitment of trainers over a longer period than the parents, who only participate one time in the program. This will ensure a mix of experienced and newer trainers in the sample.

These surveys will be followed by interviews (trainers) and focus groups (parents/caregivers) to gather more detailed information from these populations. See Table 1 below for a summary of this evaluation task. A more detailed listing of this evaluation task's research questions is presented in Attachment 1.

Table 1: Task 1- Trainer and Parent Follow-up Study Summary

Evaluation Task: Trainer and Parent Follow-up Study		
Main Research Questions	**Methodology**	**Expected Sample Size**
Parents 1. How were BodyWorks participants recruited and retained? 2. How was the BodyWorks program implemented? 3. How successful was the BodyWorks program in achieving its intended outcomes? 4. How satisfied were participants with BodyWorks?	*Parents* • Online Survey • Focus groups	*Parents* • Survey: N≈600 • Focus Groups: 2 groups, ≈9 per group
Trainers 1. How active and motivated are BodyWorks trainers? 2. How is the BodyWorks Training-of-Trainers being implemented and preparing future trainers? 3. How are BodyWorks participants recruited and retained? **4.** How is the BodyWorks program being implemented? 5. How satisfied are the trainers with the BodyWorks technical assistance services and resources? 6. Do trainers perceive the BodyWorks program to be successful in achieving its intended outcomes?	*Trainers* • Online Survey • Phone Interviews	*Trainers* • Survey: N≈950 • Interviews: N≈10

Pilot Test of a Post Only Survey Tool

This task will involve pilot testing a post-only survey tool that would be administered to BodyWorks participants by the program trainer. The purpose of the post-only survey is to provide trainers with a tool to collect their own participant satisfaction and program outcome data, which can assist them with program planning. The tool will be designed for trainer or site coordinator use, not for a further federal data collection. This request is only for a test to ensure the tool would be useful before it is included as a program resource. Ten sites will be recruited to pilot test the tool with program participants at the end of a BodyWorks program cycle. We expect approximately 10 program participants per site, resulting in a respondent universe for the participant post-only survey of 100 (10 sites x 10 participants). Following the

implementation of the survey, each of the participating trainers will be asked to take part in a short interview to provide feedback on the post-only survey and survey process. For summary information about this evaluation task see Table 2 below. A more detailed listing of this evaluation task's research questions is presented in Attachment 2.

Table 2: Task 2 – Pilot Test of Post-Only Survey

Evaluation Task: Pilot Test of Post Only Survey		
Main Research Questions	**Methodology**	**Expected Sample Size**
1. What were participants' experiences with BodyWorks? 2. How satisfied were participants with BodyWorks? 3. How successful was the BodyWorks program in achieving its intended outcomes? 4. How effective do trainers perceive the newly developed post-only evaluation tool?	Participant Post-Only Survey Trainer Satisfaction Interview	n≈100 n=10

Full Evaluation of BodyWorks

The BodyWorks program was originally designed to be implemented as a 10-week intervention for parent/caregivers of adolescent daughters (age 9-14). Each weekly session was intended to last 90 minutes. In the original design, the adolescent daughters of these parents/caregivers were meant to attend 2 of the 10 sessions with their parent. Prior evaluation efforts have suggested promising results for this BodyWorks program, as well as areas for improvement. Over the years of implementation, OWH has learned that many BodyWorks trainers have modified how they implement the program in order to increase the program participation and limit attrition. The curriculum is currently being revised to incorporate the most frequently made modifications (fewer sessions and children present in the sessions). The revised curriculum should better meet the needs of trainers and participants and improve consistency in program delivery. The Spanish translation of the BodyWorks curriculum has not been included in any evaluation at this point. Further, none of the evaluation efforts to date have followed participants beyond the end of the program to examine whether the positive changes they have reported during the program are maintained.

We have selected 8 sites and the analysis will combine data from English and Spanish programs. The Spanish program is a translation of the English BodyWorks program with no other modifications. We have no reason to believe that the language used by the trainer will affect program outcomes. Additionally, some of the materials in the toolkit are only available in English. On reviewing the proposals received from the Request-for-Proposals, the sites that

implement in Spanish actually often use a mix of English and Spanish in their programs. Thus, the concept of exclusively Spanish programs is not reflective of reality. Recruiting for the BodyWorks programs does not take place on a cultural level. It is not uncommon for a trainer to have participants with varied backgrounds in one group. As part of the BodyWorks train-the-trainer training, instruction is given on working with multi-cultural groups. Trainers learn that different groups may have different attitudes and customs related to food, exercise, and communication and how to adapt the groups based on the participants. Further, data from the Best Bones Forever! BodyWorks evaluation was analyzed to determine if demographic differences (education, income, race/ethnicity) affected outcome scores. No significant differences were found based on any of these characteristics in this analysis. We will have Spanish materials, including translations of the evaluation tools, available for the Spanish programs, but for the purposes of data analysis, the data from the programs should be combined. We will also run analyses examining demographic differences on outcome on the data from this evaluation. A benefit of this approach is greater power for the analysis.

The focus of this evaluation of the revised BodyWorks program therefore will be: (1) to determine whether the curriculum effectively reaches its intended outcomes; and (2) to explore whether the program outcomes are maintained beyond the end of the program. The outcomes to be assessed include knowledge gain; positive shifts in attitudes; changes in self-efficacy levels among parents/caregivers and their children; and healthy eating and physical activity behavior changes among parents/caregivers and their children.

The methodology for this evaluation will be to implement pretest, posttest and follow-up self-administered questionnaires in a quasi-experimental design using a non-equivalent comparison group. The questionnaires are written surveys that are implemented in-person. The pretest survey will be administered immediately before the first BodyWorks program session. The posttest survey will be administered immediately after the last BodyWorks program session. The follow-up survey will be administered 8 weeks after the last program session at an in-person follow-up event. The BodyWorks trainers will implement the questionnaires according to a standardized protocol and will be available to answer questions that participants may have. The trainers will be instructed that they can help explain the meaning of a question, but they are to refrain from telling participants how to answer the survey questions.

Eight sites have been be recruited to implement a total of 23 BodyWorks programs, each with 6 to 10 parent and 6 to 10 child participants. Some sites will implement the program in English and some in Spanish. After loss to follow-up, we expect a total of 225 participants (parents and children) to complete all three survey tools (pre, post and follow-up) in the Full Evaluation of BodyWorks.

In addition to the outcome evaluation, several process evaluation tasks will be undertaken to ensure that the program is implemented with fidelity and to assess the satisfaction of the participants with the program. These process evaluation tasks include fidelity instruments filled out by trainers and feedback forms filled out by participants.

See Table 3 below for summary information about this evaluation task. A more detailed listing of this evaluation task's research questions is presented in Attachment 3.

Table 3: Task 3 – Full Evaluation of BodyWorks

Evaluation Task: Full Evaluation		
Main Research Questions	**Methodology**	**Expected Sample Size (after loss to follow-up)**
Outcome	*Outcome*	
1. Do BodyWorks participants increase knowledge, attitudes, self-efficacy, and behaviors around nutrition and physical activity? 2. Do BodyWorks participants maintain their improvements at a 2-month follow-up? 3. Are outcomes for boys who participate in BodyWorks the same as for girls who participate in BodyWorks? 4. Do boys who participate in BodyWorks maintain their achieved outcomes as well as girls who participate in BodyWorks at a 2-month follow-up? 5. Did children's perceptions of parents' attitudes and behaviors related to healthy eating and exercise change as a result of their parents' participation in BodyWorks? 6. Are increases in parental knowledge, attitudes, self-efficacy, and behaviors related to similar increases in their adolescent children as a result of participation in BodyWorks?	• Pre/Post survey with 2 month Follow-up • Comparison group measured at pre/post and follow-up	• n≈225 • n≈225

Evaluation Task: Full Evaluation (continued)		
Main Research Questions	**Methodology**	**Expected Sample Size**
Process	*Process*	*Process*
1. What are the characteristics of the BodyWorks program? 2. To what extent were the BodyWorks programs implemented as intended? 3. What were participants' experiences with BodyWorks?	• Trainer Feedback Form	• n≈23
	• Participant Feedback Form	• n≈265

Each of these research tasks will provide data that will be used by OWH to evaluate the effectiveness of the BodyWorks program. The study will provide important outcome data about the program's impact on the primary audiences, parents or caregivers, and their children ages 9 to 14. This data will complement the evaluation evidence previously collected on the BodyWorks program. This study will help inform decisions about further support and promotion of this program.

Given the research design, limitations to the study are inevitable. For example, generalizability will be limited due to the non-representative nature of the program participants. That is, the participants in each program site will not necessarily be representative of the entire US population of children ages 9-14 and their caregivers. Therefore, caution will be used in interpreting any and all of the results of this data collection.

Additionally there are inherent limitations in the use of a non-equivalent comparison group that include threats to internal and external validity. Several steps will be taken to limit these threats to validity. For example, in order to limit selection bias with respect to subjects, information about the demographic composition of the experimental groups will be used to recruit comparison group participants who are as similar as possible to the program participants. In addition, information about the experimental group's motivation to change personal and family health habits will be used to ensure comparison group participants are as similar as possible to the program participants with respect to motivation.

To limit differential attrition, an effort will be made to reduce attrition within the comparison group. The relatively short time period between testing time periods of the comparison group limits potential differential attrition. In addition, periodic contact will be made with each comparison group member to remind them about the project and encourage participation.

Historical threats will be addressed and limited in two ways. First, comparison group measurements will take place within the same 12-month time frame. Second, comparison and experimental group members will be asked about their experiences with other related health

education programs on pre, post and follow-up surveys. The data would then be analyzed by group members' previous health education experiences to limit the effect of differential exposure.

3. Improved Information Technology

Where possible, data will be collected using web-based surveys. For example, the trainer and parent survey data collected as part of the follow-up study task will be collected using web-based surveys. Trainers and previous Bodyworks' participants will access the web-based surveys through a hyperlink that will be prominently displayed in an introductory e-mail sent to each potential respondent. Each respondent will answer the survey questions and submit all responses electronically. Benefits of web-based surveys include reduced implementation costs, simplified questionnaire formatting, improved data quality, elimination of data entry, reduced processing costs, and faster data collection (Witmer et al., 1999). In addition, submission of electronic data reduces the burden on respondents in that their data is submitted at the click of a button.

4. Duplication of Similar Information

Previous studies have collected information about BodyWorks program outcomes such as changes in knowledge, attitudes, beliefs, and/or behaviors from parents/caregivers and their daughters; however, these studies did not provide specific information about long-term outcomes once their participation in the program ended. Additionally, previous studies focused on implementation of the BodyWorks program as a 10-session implementation model with parent/caregiver participants, and inclusion of daughters in 2 of the 10 sessions. There has been no collection of data on the revised BodyWorks program, impacts over time, or the Spanish translation of the BodyWorks curriculum. Finally, no data has been collected from BodyWorks trainers about their satisfaction with the ongoing technical assistance support that is provided to them by OWH. A recent search for data about the BodyWorks target audiences was undertaken and the following sources were identified:

- *National Health and Nutrition Examination Survey (NHANES)*. NHANES is a program of studies developed to measure the health and nutritional status of U.S. adults and children. It combines interviews with physical examinations to create its database. The yearly survey assesses a nationally representative sample, and the information it collects is used to measure disease prevalence, risk factors for diseases, and to assess the association between nutritional status and health promotion and disease prevention.

- *Youth Media Campaign Longitudinal Survey (YMCLS)*. The YMCLS is a national survey of children and tweens ages 9-13 and their parents. Specifically, the survey gauges the physical activity-related beliefs, attitudes and behaviors of youth and their parents. It also measures youth exposure to the VERB campaign. The baseline YMCLS was administered in spring 2002 to more than 3,000 children in the targeted age range and their parents. The 2003 version of the survey was fielded April – June 2003, and the

2004 version in April – June 2004. Although this study provides useful data in the realm of physical activity, its target audience does not include girls over the age of 13.

- *Youth Risk Behavior Survey (YRBS)*. The YRBS, administered to middle school and high school students, is designed to collect data in six priority categories of health-risk behaviors among youth and young adults, specifically, behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and STDs, including HIV infection; unhealthful dietary behaviors; and physical inactivity. Specific questions about milk, fruit, and vegetable consumption are included on the high school version of the survey but are not asked of middle school students.

- *National Longitudinal Study of Adolescent Health (Add Health)*. This study, administered through the University of North Carolina at Chapel Hill, examines the health-related behaviors of adolescents in grades 7 to 12 and their effects in young adulthood. The Add Health study collects data to explore three primary sources of adolescents' differential health: different social environments, different health-related behaviors, and different strengths and vulnerabilities. Specifically, the school-based data assesses the effects of individual attributes of adolescents and attributes of their various environments on health and health-related behavior in areas such as diet, physical activity, health service use, morbidity, injury, violence, sexual behavior, contraception, sexually transmitted infections, pregnancy, suicidal intentions/thoughts, substance use/abuse, and runaway behavior. Data are collected also on height, weight, pubertal development, mental health status, and chronic and disabling conditions. The Add Health in-school questionnaire was administered to students in grades 7 to 12 in 80 high schools and 52 middle schools from September 1994 through August 1996 in two waves. Nationally representative data were collected from approximately 6,500 students. An in-home questionnaire was also administered to a core sample of students. A third wave was administered in 2001 and 2002 to Add Health respondents 18-26 years of age.

- *Simmons National Consumer Survey*. The survey examines attitudes and lifestyle of children (6-11) and teens (12-17), with a primary focus on what drives purchasing decisions of youth in the United States.

- *The TRU Study*. This biannual study, conducted by Teenage Research Unlimited, explores multiple aspects of teens' lives, including their values and self-perceptions, how they spend their free time, teens as consumers and influencers of their parents' purchases, and teen media. The study reaches 2,000 teens, 12-19 years old.

- *Original BodyWorks Evaluation* (OMB Control No: 0990-0306) and *Evaluation of a modified BodyWorks program developed for the National Bone Health Campaign – Best Bones Forever!* (OMB Control No: 0990-0337). These previous evaluations are providing valuable information about the original and modified BodyWorks programs. Results

from these studies informed the design of an updated curriculum which needs to be tested. As stated previously, these studies focused on the 10-session program with children present in 2 sessions implementation model as well as immediate program outcomes. Additional data is needed on long-term program outcomes and the new revised 8-session program implementation models.

Many of the aforementioned surveys collect data from youth similar in age to those targeted by the BodyWorks program; however, they do not assess effectiveness, outcome of and satisfaction with this specific interventions and activities. In addition, some studies, such as YMCLS and Add Health, contain time-bound data and therefore cannot be used because the data collected do not represent girls who are currently ages 9 to 14. Also, the proposed methodology includes testing parent/child dyad participants and data from these other studies cannot deliver such a sample. The current OMB request was created because none of the above data sources provide the necessary information to evaluate the BodyWorks program.

5. Small Businesses

No small businesses will be involved in this study.

6. Less Frequent Collection

This is a one-time study that will begin and end during a 42-month project period. There are no legal obstacles to reduce the burden. The data collected in the follow-up study task will be collected in a onetime only survey. Similarly, the data collected as part of the pilot of the post only survey will also be collected one time only.

For the full evaluation of the BodyWorks program, participants will be asked to complete a written pretest questionnaire at the start of the first BodyWorks session, a written posttest questionnaire at the end of the last program session, and a written follow-up questionnaire 2 months after they completed the last program session. In addition, comparison group participants will also be asked to complete written pre/post and follow-up questionnaires. This pre/post, follow-up questionnaire methodology is important for measuring the maintained program impacts. Having BodyWorks participants complete the posttest questionnaire at the last session will most likely enhance the ability to capture responses from the greatest number of respondents. In addition, inviting participants back together for a 2-month post- program celebration as part of the follow-up data collection will also likely enhance the ability to capture the greatest number of respondents.

In addition to the pre /post and follow-up questionnaires, participants will be asked to complete written participant feedback forms at the end of each program session. The information provided by these brief assessments will reveal the extent to which the sessions are understandable, interesting, and educational. This information will provide guidance to modify and enhance the curriculum as needed for potential future implementation. For example, if participants do not perceive a session as understandable, interesting, and educational, that session will be adapted for future inclusion in the curriculum. Without these

evaluations, there will be no way to gauge participant satisfaction and experience with individual sessions.

All trainers will be asked to fill out a written fidelity instrument after each session they facilitate. These fidelity instruments will provide valuable information about the extent to which the trainers are implementing the curricula as intended. If there is failure to implement the curricula as planned, there is the potential to conclude erroneously that the results of the evaluation can be attributed to the intervention model, rather than extraneous or historical factors. Similarly, if the curricula are not implemented with fidelity, data suggesting that the intervention did not have the desired outcomes also must be questioned. Studying fidelity of implementation can explain why innovations succeed and fail and can allow for the identification of changes made to a program during implementation as they might affect outcomes (Dusenbury et al., 2003). Understanding how fidelity moderates the outcomes of the intervention can be crucial to guiding revisions to interventions for future implementation.

While less frequent data collection might reduce the burden on the BodyWorks trainers and participants, the session by session data collection will provide more current and useful information. In addition, the more frequent collections allow for shorter reference periods between reports, and this may reduce bias. By collecting most information from participants in a pre/post and follow-up test format; but collecting short session-specific data after each session we have tried to reach the goal to "strike a balance between the need for current information and the need to reduce public reporting burden" (Graham, 2006).

7. Special Circumstances

As part of the full evaluation, BodyWorks program participants will be asked to complete pre and post surveys at the beginning and end of the program cycle as well as a follow-up questionnaire 2 months later. In addition, participants will be asked to complete session feedback forms at the end of each session. Similarly, trainers will be asked to fill out fidelity forms at the end of each session. Understanding fidelity and participant satisfaction with each program session is crucial to guiding revisions to the intervention for further implementation.

There are no other special circumstances applicable to this project. This request complies with the regulation.

8. Federal Register Notice/Outside Consultation

In accordance with the Paperwork Reduction Act of 1995, a 60-day Federal Register Notice was published in the Federal Register on February 16, 2011, vol. 76, No. 32; pp. 9017 (see Attachment 4). No comments were generated from this Federal Register announcement.

9. Payment/Gift to Respondents

Evidence exists that incentives make a difference in response rates. For example, meta-analytic results reported by Church (1993) indicated that across 74 different surveys, both monetary

and non-monetary rewards increased response rates (the average increase in response rates was 19.1% for monetary rewards and 7.9% for non-monetary rewards). Thus, providing an incentive to respondents to participate in a survey has been shown to be an effective method of increasing response rates.

Follow-up Study

As part of the follow-up study, an incentive of $25 cash will be provided to each parent who participates in the follow-up focus group. This is used to incent a diverse group of individuals to participate and to cover any direct expenses associated with their participation (transportation costs, a babysitter, etc). The use of monetary compensation is standard practice for most focus groups to ensure adequate turn-out for the groups (Stewart, Shamdasani, and Rook; 2007). There will be no incentive for the trainers.

Full Evaluation of BodyWorks

To encourage participation and to increase response rate parents/caregivers and children who participate in the no intervention comparison group will receive an incentive (a total of $60.00 cash for each family unit distributed as follows: $25 after the pretest, $15 after the posttest, and $20 after the follow-up) as part of the full evaluation. Parents and children will be completing their respective surveys (i.e. parent and child pretest, parent and child posttest, and parent and child follow-up) in the same locations and at the same times. Because the parents and children are participating as a family and can only participate together, the incentive will be distributed to the family unit. These incentives are used to help ensure completion of all three surveys by all participants, which is critical for ensuring an adequate comparison group.

In addition to the intervention, a small acknowledgement of time and trouble in the form of an incentive ($25.00 cash) will be given to each BodyWorks participant family unit after completing the pre, post and follow-up questionnaires. This will be distributed after completion of the follow-up questionnaire. The $25 will be used to help ensure adequate participation in all phases of the evaluation, which is critical to determining the long-term impact of the program.

10. Confidentiality

All survey respondents will be informed that their data will be kept private to the extent allowed by law. Parental consent will be collected for all participants under the age of 18. Participation assent will be collected for all parents/caregivers and children. Participants will be informed that names will not be linked to any data and that results will be presented in aggregate. Moreover, participants will be informed that all hard copy data will be kept under lock and key and all electronic data will be protected by the use of passwords that only the principal investigator and project manager have assess to. Identifying information will be kept separate from data. When data is no longer needed it will be destroyed.

11. Sensitive Questions

No questions are considered to be sensitive to respondents; however, because children ages 9-14 are one of the primary target groups, their responses will be monitored closely during initial testing to ensure that respondents do not interpret questions as sensitive.

12. Burden Estimate (Total Hours & Wages)

The maximum hour burden for all respondents to complete all instruments is estimated to be 1281. The burden table below presents the overall project hour burden. More detailed tables presenting hour burden by evaluation task and respondent type can be found in Attachment 5.

12a. Estimated Annualized Burden Hours

Type of Respondent	Data Collection Name	No. of Respond-ents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
BodyWorks program participants	Parent/Caregiver Follow-Up Study Questionnaire	600	1	15/60	150
	Parent/Caregiver Follow-Up Study Focus Group	18	1	60/60	18
	English & Spanish Participant Exit Survey – Post Only Pilot Study	100	1	10/60	17
	English and Spanish Participant Pretests – Full Evaluation	368	1	20/60	123
	English and Spanish Participant Posttests – Full Evaluation	265	1	20/60	88
	English and Spanish Participant Follow-ups – Full Evaluation	225	1	20/60	75
	English and Spanish Participant Session Feedback Forms – Full Evaluation	265	8	5/60	177
English and Spanish BodyWorks program comparison group participant	English and Spanish Participant Pretests – Full Evaluation	368	1	20/60	123
	English and Spanish Participant Posttests – Full Evaluation	265	1	20/60	88
	English and Spanish Participant Follow-ups – Full Evaluation	225	1	20/60	75
Trainers of the BodyWorks program	Trainer Follow-Up Study Questionnaire	950	1	20/60	317
	Trainer Follow-Up Study Interview	10	1	60/60	10
	Trainer Exit Survey Satisfaction Interview – Post only pilot study	10	1	30/60	5
	Trainer Feedback Forms – Full Evaluation	23	8	5/60	15
Total Project Burden Hours					**1281**

12b. The total annual burden cost for the evaluation is estimated to be **$14,096.94**. The hourly wage estimates for all surveys were based on the Department of Labor, Bureau of Labor Statistics median weekly earnings for women 16 years and over who are full-time wage and salary workers. The following table shows how the total annual burden cost was calculated for the adult respondents. Attachment 6 provides more detailed tables presenting burden cost by evaluation task and respondent type.

12a. Estimated Annualized Burden Cost				
Type of Respondent	**Data Collection Name**	**Total Burden (in hours)**	**Hourly Wage Rate**	**Total Respondent Costs**
BodyWorks program participants	Parent/Caregiver Follow-Up Study Questionnaire	150	$16.43	$2,464.50
	Parent/Caregiver Follow-Up Study Focus Group	18	$16.43	$295.74
	English & Spanish Participant Exit Survey – Post Only Pilot Study	8	$16.43	$131.44
	English and Spanish Parent Pretests – Full Evaluation	62	$16.43	$1,018.66
	English and Spanish Parent Posttests – Full Evaluation	45	$16.43	$739.35
	English and Spanish Parent Follow-ups – Full Evaluation	38	$16.43	$624.34
	English and Spanish Parent Session Feedback Forms – Full Evaluation	45	$16.43	$739.35
English and Spanish BodyWorks program comparison group participant	English and Spanish Parent Pretests – Full Evaluation	62	$16.43	$1,018.66
	English and Spanish Parent Posttests – Full Evaluation	45	$16.43	$739.35
	English and Spanish Parent Follow-ups – Full Evaluation	38	$16.43	$624.34
Trainers of the BodyWorks program	Trainer Follow-Up Study Questionnaire	317	$16.43	$5208.31
	Trainer Follow-Up Study Interview	10	$16.43	$164.30
	Trainer Exit Survey Satisfaction Interview – Post only pilot study	5	$16.43	$82.15
	Trainer Feedback Forms (up to 10 forms) – Full Evaluation	15	$16.43	$246.45
Total Estimated Annualized Burden Costs				**$14,096.94**

13. Capital Costs
There are no maintenance of capital costs to respondents.

14. Cost to Federal Government
OWH has awarded Shattuck & Associates an overall BodyWorks Multi-Component Evaluation contract of $428,815 to conduct and report on all components of this project from **July 2010 to June 2013**. Sites receive an average of $6780 each to cover the costs of implementing their programs, follow-up events, and administering the evaluation. Below are cost estimates from items 13 and 14 in a single table. The total amount needed was determined by an estimate of the number of labor hours needed times approximately $80 per hour. The estimated costs for travel, incentives, printing and postage are estimates. There are no start-up costs associated with this evaluation.
Note: Labor costs include development, analysis, and reporting costs

Annualized Cost Estimates for Proposed Multi-Component Evaluation

Description	Estimated Cost
Capital Costs	
Personnel Costs for Federal Employees	$9,000
Contractor Labor Costs	$125,547
Development of Evaluation Plan – Data collection & analysis methods	Included in labor
Development of Survey Instruments	Included in labor
Development of OMB Supporting Statement	Included in labor
Implementation of Evaluation Plan	Included in labor
Operations Costs/Data Collection	
Printing and Postage for surveys/reminders/instructions	$650
IRB fee	$1800
Participant Incentives	$6,308
Program operation costs (trainers, space, materials, etc.)	$18080
Facilitation of Survey Implementation	Included in labor
Travel to site for training	$2,500
Travel to focus group sites	$1,500
Data Analysis	
Survey Data Analysis	Included in labor
Focus Group Data Analysis	Included in labor
Interview Data Analysis	Included in labor
Data Reporting	
Evaluation Task Summary Reports	Included in labor
Total Estimated Annual Cost to Federal Government	**$165,385**

15. Program or Burden Changes

This is a new data collection. All hours will be considered a program increase.

16. Publication and Tabulation Dates

The results of this data collection will be tabulated and summarized in final reports that will be submitted to OWH, one report for each of the three individual evaluation tasks. These reports will discuss the findings of each evaluation task and are intended as internal documents. To ensure broad distribution of the findings, OWH plans to publish the results of this study in a peer-review journal and on its webpage, and to present these findings in meetings with federal decision-makers and at professional conferences. Qualitative thematic analyses as well as descriptive analyses (i.e. frequencies, cross tabulations, and analysis of variance) will be used to analyze the data from the Trainer and Parent Follow-up Study. Similarly, qualitative thematic analyses as well as descriptive analyses (i.e. frequencies, cross tabulations, and analysis of variance) will be used to analyze the data from the post only Pilot Study. In addition, scale analyses and factor analyses will be conducted on the post only pilot survey data. In the Full Evaluation of BodyWorks, repeated measures analysis will be the primary analysis used for pre, post and follow-up data. In addition, descriptive analyses (i.e. frequencies, cross tabulations, and analysis of variance) will be used to analyze additional satisfaction and process evaluation data. More detailed analysis plans are presented in Attachment 7. The tables in Attachment 7 demonstrate the link between each evaluation task's research questions, the evaluation forms, specific form questions and analysis plans.

The duration of the activities will span 42 months. The timetable for key activities is as follows:

Time Schedule **Project Task: Trainer and Parent Follow-up Survey**	
Date	**Task**
July 2010 to January 2012	Planning
August 2010 to December 2011	OMB Clearance
March 2011 to July 2011	Cognitive Testing of Measurement Tools
March 2011 to July 2012	Pretesting of Tools and Processes
January 2012 to March 2012	Data Collection
February 2012 to May 2012	Data Analysis
May 2012 to June 2012	Report Writing

Time Schedule Project Task: Post Only Study	
Date	**Task**
July 2010 to June 2012	Planning
August 2010 to December 2011	OMB Clearance
July 2012 to August 2012	Cognitive Testing of Measurement Tools
November 2012 to December 2012	Pretesting of Tools and Processes
August 2012 to March 2013	Data Collection
April 2013 to June 2013	Data Analysis
May 2013 to June 2013	Report Writing

Time Schedule Project Task: Full Evaluation of BodyWorks	
Date	**Task**
July 2010 to December 2011	Planning
August 2010 to December 2011	OMB Clearance
July 2011 to September 2011	IRB Clearance
October 2011 to December 2011	Cognitive Testing of Measurement Tools
January 2012 to March 2012	Pretesting of Tools and Processes
July 2011 to June 2013	Data Collection
July 2013 to September 2013	Data Analysis
October 2013 to December 2013	Report Writing

17. Expiration Date
No approval to eliminate the expiration date of OMB approval is requested.

18. Certification Statement
There are no exceptions to the certification statement.

Works Cited

Arcan, C., Neumark-Sztainer, D.,, Hannan P., van den Berg, P., Story, M., Larson, N. (2007). Parental eating behaviours, home food environment and adolescent intakes of fruits, vegetables and dairy foods: longitudinal findings from Project EAT. *Public Health Nutrition*, 10(11), 1257-1265.

Center, J., & Eisman, J. (1997). The epidemioloy and pathogenesis of osteoporosis. *Bailliere's Clinical Endocrinology and Metabolism, 11*, 23-62.

Chevalley, T., Rizzoli, R., & Bonjour, J. P. (2004, May). *Calcium, exercise, vitamin D affect bone health in girls*. Findings presented at the 2004 IOF World Congress on Osteoporosis, Rio de Janeiro, Brazil.

Church, A. H. (1993). Estimating the effect of incentives on mail survey response rates: A meta-analysis. *Public Opinion Quarterly, 57*, 62-79.

Crawford, D., Cleland, V., Timperio, A., Salmon, J., Andrianopoulos, N., Roberts, R., Giles-Corti, B., Baur, L., Ball, K. (2010). The longitudinal influence of home and neighborhood environments on children's body mass index and physical activity over 5 years: the CLAN study. *International Journal of Obesity*, 34(7), 1177-87.

Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. *Health Education Research Theory and Practice*, 18(2), 237-256.

French, S. A., Story, M., Fulkerson, J. A., Himes, J. H., Hannan, P., Neumark-Sztainer, D., et al. (2005). Increasing weight-bearing physical activity and calcium-rich foods to promote bone mass gains among 9-11 year old girls: Outcomes of the Cal-Girls study. *International Journal of Behavioral Nutrition and Physical Activity*, *2*, 8.

Graham, JD (2006). *Questions and Answers When Designing Surveys For Infomraiton Collections*. Washington, DC: Office of Information and Regulatory Affairs Office of Management and Budget.

Jago, R. Fox, K.R., Page, A.S., Brockman, R., Thompson, JL. (2010). Parent and child physical activity and sedentary time: do active parents foster active children? *BMC Public Health*, 10, 194.

National Institutes of Health. (2002, March 27-29). *Osteoporosis prevention, diagnosis, and therapy: NIH consensus statement*. 17(1): 1-36.

National Institute of Arthritis and Musculoskeletal, and Skin Disorders. (2005). *Osteoporosis: Peak Bone Mass in Women*. (http://www.niams.nih.gov/Health_Info/Bone/Osteoporosis/bone_mass.asp)

National Osteoporosis Foundation (NOF). (2002). *America's bone health: The state of osteoporosis and low bone mass in our nation*. Washington, DC: National Osteoporosis Foundation.

Office of the Surgeon General (OSG). (2004, October 14). *Bone health and osteoporosis: A report of the Surgeon General 2004*. Rockville, MD: Department of Health and Human Services.

Schettler, A. E., & Gustafson, E. M. (2004). Osteoporosis prevention starts in adolescence. *Journal of the American Academy of Nurse Practitioners*, *16*(7), 274-82.

Stewart, D.W., Shamdasani, P.N. and Rook D.W. (2007). Focus Groups: Theory and Practice, 2nd edition. CA: Sage Publications.

U.S. Office of Management and Budget (2004). *What constitutes strong evidence of program effectiveness?* (http://www.whitehouse.gov/omb/part/2004_program_eval.pdf)

Wang, M. C., Crawford, P. B., Hudes, M., Van Loan, M., Siemering, K., & Bachrach, L. K. (2003). Diet in midpuberty and sedentary activity in prepuberty predict peak bone mass. *American Journal of Clinical Nutrition*, *77*, 495-503.

Witmer, D. F., Colman, R. W. and Katzman, S. L. (1999) From paper-and-pencil to screen-and-keyboard: Toward a methodology for survey research on the internet. *Doing internet research: Critical issues and methods for examining the net*, Jones, S. ed., pp. 145–161. Sage, Thousand Oaks, CA.

Trainer and Parent Follow-up Study
Parent Follow-up Research Questions

1. **How were BodyWorks participants recruited and retained?**
   a. What techniques were used to recruit BodyWorks participants?
   b. What were average BodyWorks attendance levels for parents and adolescents?
   c. What impacted participant attendance?
   d. What impacted participant retention?
   e. What recommendations, if any, do participants have regarding recruitment and retention?

2. **How was the BodyWorks program implemented?**
   a. How was your BodyWorks program structured?
   b. To what extent did BodyWorks participants use the tool kit?
   c. What recommendations, if any, do participants have regarding the BodyWorks curriculum and materials?

3. **How successful was the BodyWorks program in achieving its intended outcomes?**
   a. To what extent did BodyWorks participants increase knowledge, attitude, self efficacy and the ability to overcome barriers around nutrition and physical activity as a result of the BodyWorks program?
   b. To what extent did BodyWorks participants engage in healthier family eating and exercise habits as a result of the BodyWorks program?

4. **How satisfied were participants with BodyWorks?**
   a. To what extent were participants satisfied with the structure of the BodyWorks program?
   b. To what extent were participants satisfied with session content/activities?
   c. To what extent were BodyWorks participants satisfied with their trainers?
   d. What recommendations, if any, do participants have regarding increasing participant satisfaction with the BodyWorks program?

Trainer and Parent Follow-up Study
Trainer Follow-up Research Questions

1. **How active and motivated are BodyWorks trainers?**
   a. How active, if at all, are BodyWorks trainers?
   b. What are trainers' levels of motivation with respect to BodyWorks?

2. **How is the BodyWorks Training-of-Trainers being implemented and preparing future trainers?**
   a. How do trainers describe the BodyWorks training that they received?
   b. How well does the BodyWorks training-of-trainers prepare trainers for implementing the program?
   c. What recommendations, if any, do participants have regarding the training-of-trainers?

3. **How are BodyWorks participants recruited and retained?**
   a. What techniques are used to recruit BodyWorks participants?
   b. What are average BodyWorks attendance levels for parents and adolescents?
   c. What impacts participant retention?
   d. What recommendations, if any, do trainers have regarding participant recruitment and retention?

5. **How is the BodyWorks program being implemented?**
   d. How do trainers structure BodyWorks programs?
   e. How, if at all, are individual BodyWorks sessions modified?
   f. What recommendations, if any, do trainers have regarding the BodyWorks curriculum and materials?

6. **How satisfied are the trainers with the BodyWorks technical assistance services and resources?**
   a. To what extent are trainers aware of the technical assistance services and resources that are available to them?
   b. What, if any, technical assistance services and resources have the BodyWorks trainers received and used?
   c. How important is the technical assistance to running a successful BodyWorks Program?
   d. What is the level of satisfaction with the technical assistance services and resources received by BodyWorks trainers?
   e. What recommendations, if any, do trainers have regarding the BodyWorks technical assistance services and resources?

7. **Do trainers perceive the BodyWorks program to be successful in achieving its intended outcomes?**
   c. To what extent, do trainers perceive BodyWorks participants as having increased knowledge, attitude, self efficacy and overcoming barriers around nutrition and physical activity?
   d. To what extent do trainers perceive BodyWorks participants as having engaged in healthier family eating and exercise habits as a result of the BodyWorks program?

Post Only Pilot Study
Research Questions

1) What were participants' experiences with BodyWorks?

a. What were average BodyWorks attendance levels for parents and adolescents?
b. What factors impacted participant attendance?
c. What factors impacted participant retention?
d. To what extent did participants use the BodyWorks toolkit materials?

2) How satisfied were participants with BodyWorks?

a. To what extent were participants satisfied with the structure of the BodyWorks program?
b. To what extent were participants satisfied with session content and activities?
c. To what extent were BodyWorks participants satisfied with their trainers?
d. What recommendations, if any, do participants have regarding the BodyWorks program?

3) How successful was the BodyWorks program in achieving its intended outcomes?

a. To what extent did BodyWorks participants increase knowledge, attitude, and self efficacy around nutrition and physical activity as a result of the BodyWorks program?
b. To what extent did BodyWorks participants engage in healthier family eating and exercise habits as a result of the BodyWorks program?
c. To what extent do participants intend to continue engaging in healthier family eating and exercise habits after completing the BodyWorks program?

4) How effective do trainers perceive the newly developed post only evaluation tool?

a. How satisfied are trainers with the tool?
b. How easily can the evaluation tool be implemented?
c. How easily can trainers analyze and report data?
d. What recommendations, if any, do trainers have to improve the post only evaluation tool?

Full Evaluation of BodyWorks
Research Questions

Process Evaluation

1. What are the characteristics of the BodyWorks program?
    a. Who participated in the BodyWorks programs (populations served, number served)?
    b. In what geographic locations were BodyWorks programs held?
    c. When were the BodyWorks programs held?

2. To what extent were the BodyWorks programs implemented as intended?
    a. To what extent was the number of sessions implemented as planned?
    b. To what extent were activities implemented as planned?
    c. To what extent were children included as planned?

3. What were participants' experiences with BodyWorks?
    a. How many sessions did participants (parents, children) attend?
    b. To what extent did participants use the BodyWorks toolkit materials?
    c. To what extent were participants satisfied with their trainers?
    d. To what extent were participants satisfied with session content/activities?
    e. To what extent were participants satisfied with toolkit materials?
    f. To what extent were participants satisfied with the structure of the BodyWorks program?

Outcome Evaluation

1. Do BodyWorks participants increase knowledge, attitudes, self-efficacy, and behaviors around nutrition and physical activity?
    a. Is there a difference in **nutrition and physical activity knowledge** from pretest to posttest for BodyWorks participants?
    b. Is there a difference in **attitude** toward healthy eating and exercise from pretest to posttest for BodyWorks participants?
    c. Is there a difference in **self-efficacy** for family eating and exercise behaviors from pretest to posttest for BodyWorks participants?
    d. Is there a difference in **healthy family eating and exercise behaviors** at pretest and posttest for BodyWorks participants?

2. Do BodyWorks participants maintain their improvements at a 2-month follow-up?
    a. Is there a difference in **nutrition and physical activity knowledge** for BodyWorks participants from posttest to 2-month follow-up?
    b. Is there a difference in **attitude** toward healthy eating and exercise for BodyWorks participants from posttest to 2-month follow-up?
    c. Is there a difference in **self-efficacy** for family eating and exercise behaviors for BodyWorks participants from posttest to 2-month follow-up?

   d. Do BodyWorks participants **engage in healthier family eating and exercise habits** as a result of their participation in BodyWorks from posttest to 2-month follow-up?

3. Are outcomes for boys who participate in BodyWorks the same as for girls who participate in BodyWorks?
   a. Is there a difference in **nutrition and physical activity knowledge** from pretest to posttest for boys and girls who participate in BodyWorks?
   b. Is there a difference in **attitude** toward healthy eating and exercise at from pretest to posttest for boys and girls who participate in BodyWorks?
   c. Is there a difference in **self-efficacy** for family eating and exercise behaviors from pretest to posttest for boys and girls who participate in BodyWorks?
   d. Is there a difference in **nutrition and physical activity behaviors** from pretest to posttest for boys and girls who participate in BodyWorks?

4. Do boys who participate in BodyWorks maintain their achieved outcomes as well as girls who participate in BodyWorks at a 2-month follow-up?
   a. Is there a difference between boys and girls who participate in BodyWorks in changes in **nutrition and physical activity knowledge** from posttest to 2 month follow-up?
   b. Is there a difference between boys and girls who participate in BodyWorks in changes in **attitude** toward healthy eating and exercise from posttest to 2 month follow-up?
   c. Is there a difference between boys and girls who participate in BodyWorks in changes in **self-efficacy** for family eating and exercise behaviors from posttest to 2 month follow-up?
   d. Is there a difference between boys and girls who participate in BodyWorks in changes in **nutrition and physical activity behaviors** from posttest to 2 month follow-up?

5. Did children's perceptions of parents' attitudes and behaviors related to healthy eating and exercise change as a result of their parents' participation in BodyWorks?

6. Are increases in parental knowledge, attitudes, self-efficacy, and behaviors related to similar increases in their adolescent children as a result of participation in BodyWorks?

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than March 14, 2011.

A. Federal Reserve Bank of Richmond (A. Linwood Gill, III, Vice President) 701 East Byrd Street, Richmond, Virginia 23261–4528:

1. *American National Bankshares Inc.,* Danville, Virginia; to acquire 100 percent of the voting shares of MidCarolina Financial Corporation, and thereby indirectly acquire voting shares of MidCarolina Bank, both in Burlington, North Carolina.

B. Federal Reserve Bank of Minneapolis (Jacqueline G. King, Community Affairs Officer) 90 Hennepin Avenue, Minneapolis, Minnesota 55480–0291:

1. *Jorgenson Williston Holding Company,* Kenmare, North Dakota; to become a bank holding company by acquiring 100 percent of the voting shares of First National Bank & Trust Company of Williston, Williston, North Dakota.

Board of Governors of the Federal Reserve System, February 11, 2011.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 2011–3499 Filed 2–15–11; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 60-Day Notice]

Agency Information Collection Request 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60-days.

Proposed Project: Multi-Component Evaluation of the *BodyWorks* Program—OMB No. 0990–NEW– Office on Women's Health (OWH)

Abstract: Office on Women's Health (OWH) is requesting clearance for a multi-component 3.5 year evaluation of the *BodyWorks* Program. The required forms will support three evaluation tasks: (1) Conducting a one-time follow-up study of trainers and parents previously involved in BodyWorks; (2) Conducting a onetime pilot test of a post-only survey tool to be added to the BodyWorks toolkit/resources; and, (3) conducting a full evaluation of the revised BodyWorks program, including pre, post and follow-up components as well as similar tests of the Spanish BodyWorks program.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Data collection name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
BodyWorks program participants	Parent/Caregiver Follow-Up Study Questionnaire.	450	1	10/60	75
	Parent/Caregiver Follow-Up Study Focus Group.	18	1	60/60	18
	English and Spanish Participant Exit Survey—Post Only Pilot Study.	100	1	10/60	17
	English and Spanish Participant Pretest—Full Evaluation.	408	1	20/60	136
	English and Spanish Participant Posttest—Full Evaluation.	300	1	20/60	100
	English and Spanish Participant Follow-up—Full Evaluation.	256	1	20/60	85
	English and Spanish Participant Session Feedback Forms (up to 10 forms)—Full Evaluation.	300	10	5/60	250
English and Spanish BodyWorks program comparison group participants.	English and Spanish Participant Pretest—Full Evaluation.	408	1	20/60	136
	English and Spanish Participant Posttest—Full Evaluation.	300	1	20/60	100
	English and Spanish Participant Follow-up—Full Evaluation.	256	1	20/60	85
Trainers of the BodyWorks program ...	Trainer Follow-Up Study Questionnaire.	1,250	1	20/60	417
	Trainer Follow-Up Study Interview	15	1	60/60	15

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Type of respondent	Data collection name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
	Trainer Exit Survey Satisfaction Interview—Post only pilot study.	10	1	30/60	5
	Trainer Feedback Forms (up to 10 forms)—Full Evaluation.	30	10	5/60	25
Total Project Burden Hours	.....	.....	.....	.....	1,464

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011–3442 Filed 2–15–11; 8:45 am]

BILLING CODE 4150–33–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control

Special Emphasis Panel (SEP): Annual Estimates of Influenza Vaccine Effectiveness for Preventing Laboratory-Confirmed Influenza in the United States, Funding Opportunity Announcement (FOA), IP11–003, Initial Review

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Time and Date: 8 a.m.–5 p.m., April 7, 2011 (Closed).

Place: Sheraton Gateway Hotel Atlanta Airport, 1900 Sullivan Road, Atlanta, Georgia 30337, Telephone: (770) 997–1100.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters To Be Discussed: The meeting will include the initial review, discussion, and evaluation of applications received in response to "Annual Estimates of Influenza Vaccine Effectiveness for Preventing Laboratory-Confirmed Influenza in the United States, FOA IP11–003."

Contact Person for More Information: Gregory Anderson, M.S., M.P.H., Scientific Review Officer, CDC, 1600 Clifton Road, NE., Mailstop E60, Atlanta, Georgia 30333, Telephone: (404) 498–2293. The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 4, 2011.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2011–3525 Filed 2–15–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Emerging Infections Sentinel Network (EISN) Research, Funding Opportunity Announcement (FOA), CK11–002, Initial Review

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the aforementioned meeting:

Times and Dates: 12 p.m.–2 p.m., March 29, 2011 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters To Be Discussed: The meeting will include the initial review, discussion, and evaluation of applications received in response to "Emerging Infections Sentinel Network (EISN) Research, FOA CK11–002, initial review."

Contact Person for More Information: Gregory Anderson, MS, MPH, Scientific Review Officer, CDC, 1600 Clifton Road, NE., Mailstop E60, Atlanta, Georgia 30333, Telephone: (404) 498–2293.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 4, 2011.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2011–3529 Filed 2–15–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, Announces the Following Meeting

Name: ICD–9–CM Coordination and Maintenance Committee meeting.

Times and Dates: 9 a.m.–5:30 p.m., March 9, 2011. 9 a.m.–5:30 p.m., March 10, 2011.

Place: Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland 21244.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 240 people.

Security Considerations: Due to increased security requirements CMS has instituted stringent procedures for entrance into the building by non-government employees. Attendees will need to present valid government-issued picture identification, and sign-in at the

Estimated Annualized Burden Hours By Evaluation Task and Respondent

Estimated Annualized Burden Hours **Evaluation Task: Trainer and Parent Follow-up Study**					
Type of Respondent	**Data Collection Name**	**No. of Respond-ents**	**No. of Responses per Respond-ent**	**Average Burden per Response (in hours)**	**Total Burden (in hours)**
Parent/Caregiver prior participant in the BodyWorks program	Parent/Caregiver Follow-Up Questionnaire	600	1	15/60	150
	Parent/Caregiver Follow-Up Focus Group	18	1	60/60	18
Current Trainer of the BodyWorks program	Trainer Follow-Up Questionnaire	950	1	20/60	317
	Trainer Follow-Up Interview	10	1	60/60	10
Total Project Task Burden Hours					**495**

Estimated Annualized Burden Hours **Evaluation Task: Pilot Test of Post Only Survey**					
Type of Respondent	**Data Collection Name**	**No. of Respon-dents**	**No. of Responses per Respondent**	**Average Burden per Response (in hours)**	**Total Burden (in hours)**
BodyWorks program participants in the Post Only pilot	Post Only Parent/Caregiver Participant Survey - English	25	1	10/60	4.25
	Post Only Adolescent Participant Survey - English	25	1	10/60	4.25
	Post Only Parent/Caregiver Participant Survey - Spanish	25	1	10/60	4.25
	Post Only Adolescent Participant Survey- Spanish	25	1	10/60	4.25
BodyWorks program trainers in the Post Only pilot	Post Only Trainer Satisfaction Interview	10	10	30/60	5
Total Project Task Burden Hours					**22**

Estimated Annualized Burden Hours **Evaluation Task: Full Evaluation of BodyWorks**					
Type of Respondent	**Data Collection Name**	**No. of Respondents**	**No. of Responses per Respondent**	**Average Burden per Response (in hours)**	**Total Burden (in hours)**
Parent/Caregiver participant in the BodyWorks program	Parent/Caregiver Pretest	184	1	20/60	61.5
	Parent/Caregiver Posttest	132.5	1	20/60	44
	Parent/Caregiver Follow-up	112.5	1	20/60	37.5
	Parent/Caregiver Session Feedback Forms	132.5	8	5/60	88.5
Parent/Caregiver BodyWorks program comparison group participant	Parent/Caregiver Pretest	184	1	20/60	61.5
	Parent/Caregiver Posttest	132.5	1	20/60	44
	Parent/Caregiver Follow-up	112.5	1	20/60	37.5
Adolescent participant in the BodyWorks program	Adolescent Pretest	184	1	20/60	61.5
	Adolescent Posttest	132.5	1	20/60	44
	Adolescent Follow-up	112.5	1	20/60	37.5
	Adolescent Session Feedback Forms	132.5	8	5/60	88.5
Adolescent BodyWorks program comparison group participant	Adolescent Pretest	184	1	20/60	61.5
	Adolescent Posttest	132.5	1	20/60	44
	Adolescent Follow-up	112.5	1	20/60	37.5
Trainers of the BodyWorks program	Facilitator Feedback Forms	23	8	5/60	15
Total Project Task Burden Hours					**764**

Attachment 5 – Estimated Burden Hours By Task and Respondent

Total Project Estimated Annualized Burden Hours	
Project Task	**Burden Hours**
Trainer and Parent Follow-up Study	495
Pilot Test of Post Only Survey	22
Full Evaluation of English BodyWorks	764
Total Burden Hours	**1281**

Estimated Annualized Burden Cost By Evaluation Task and Respondent

Estimated Annual Burden Cost Evaluation Task: Trainer and Parent Follow-up Study				
Type of Respondent	**Data Collection Name**	**Total Burden (in hours)**	**Hourly Wage Rate**	**Total Respondent Costs**
Parent/Caregiver prior participant in the BodyWorks program	Parent/Caregiver Follow-Up Questionnaire	150	$16.43	$2,464.50
	Parent/Caregiver Follow-Up Focus Group	18	$16.43	$295.74
Current Trainer of the BodyWorks program	Trainer Follow-Up Questionnaire	317	$16.43	$5208.31
	Trainer Follow-Up Interview	10	$16.43	$164.30
Total Project Task Burden Cost				**$8,132.85**

Estimated Annual Burden Cost Evaluation Task: Pilot Test of Post Only Survey				
Type of Respondent	**Data Collection Name**	**Total Burden (in hours)**	**Hourly Wage Rate**	**Total Respondent Costs**
BodyWorks program participants in the Post Only pilot	English Post Only Parent/Caregiver Participant Survey	4	$16.43	$65.72
	Spanish Post Only Parent/Caregiver Participant Survey	4	$16.43	$65.72
BodyWorks program trainers in the Post Only pilot	Post Only Trainer Satisfaction Interview	5	$16.43	$82.15
Total Project Task Burden Cost				**$213.59**

Estimated Annualized Burden Hours **Evaluation Task: Full Evaluation of BodyWorks**				
Type of Respondent	**Data Collection Name**	**Total Burden (in hours)**	**Hourly Wage Rate**	**Total Respondent Costs**
Parent/Caregiver participant in the BodyWorks program	Parent/Caregiver Pretest	62	$16.43	$1,018.66
	Parent/Caregiver Posttest	45	$16.43	$739.35
	Parent/Caregiver Follow-up	38	$16.43	$624.34
	Parent/Caregiver Session Feedback Forms	45	$16.43	$739.35
Parent/Caregiver BodyWorks program comparison group participant	Parent/Caregiver Pretest	62	$16.43	$1,018.66
	Parent/Caregiver Posttest	45	$16.43	$739.35
	Parent/Caregiver Follow-up	38	$16.43	$624.34
Trainers of the BodyWorks program	Trainer Feedback Forms	15	$16.43	$246.45
Total Project Task Burden Hours				**$5,750.50**

Total Project Estimated Annual Burden Cost	
Project Task	**Burden Cost**
Trainer and Parent Follow-up Study	$8,132.85
Pilot Test of Post Only Survey	$213.59
Full Evaluation of BodyWorks	$5,750.50
Total Burden Cost	**$14,096.94**

Matched Research Questions, Evaluation Forms, Form Questions and Analysis Plan

Evaluation Task: Parent Follow-Up Study

1. How were BodyWorks participants recruited and retained?		
a. What techniques were used to recruit BodyWorks participants?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q1	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q3, Q4	1. Univariate Descriptive Analyses 2. Qualitative Thematic Analysis
b. What were average BodyWorks attendance levels for parents and adolescents?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group		Qualitative Thematic Analysis
Parent Follow-Up Survey	Q13 – Q14	Univariate Descriptive Analyses
c. What impacted participant attendance?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q3	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q15	1. Univariate Descriptive Analyses 2. Qualitative Thematic Analysis
d. What impacted participant retention?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q2, Q3 Q6, Q7	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q16 – Q17	1. Univariate Descriptive Analyses 2. Qualitative Thematic Analysis
e. What recommendations, if any, do participants have regarding recruitment and retention?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q1b, Q4	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q5, Q18	Qualitative Thematic Analysis

2. How was the BodyWorks program implemented?		
a. How was your BodyWorks program structured?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group		Qualitative Thematic Analysis
Parent Follow-Up Survey	Q1 - Q2; Q6 - Q12	1. Univariate Descriptive Analyses 2. Qualitative Thematic Analysis
b. To what extent did BodyWorks participants use the tool kit?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Follow-Up Survey	Q20a – i	Univariate Descriptive Analyses
c. What recommendations, if any, do participants have regarding the BodyWorks curriculum and materials?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q6c, Q11	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q22	Qualitative Thematic Analysis

3. How successful was the BodyWorks program in achieving its intended outcomes?		
a. To what extent did BodyWorks participants increase knowledge, attitude, and self efficacy around nutrition and physical activity as a result of the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q8a – i,	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q23a – i Nutrition Outcomes Scale: Q23 a, c, e, h Exercise Outcomes Scale: Q23 b, d, f, i	1. Univariate descriptive analyses 2. Reliability testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses

b. To what extent did BodyWorks participants engage in healthier family eating and exercise habits as a result of the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q9, Q10	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q24a-d Nutrition Behavioral Outcomes Scale: Q24b-d Individual Exercise Behavioral Items: Q24a, Q24c	1. Univariate descriptive analyses 2. Reliability testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses

4. How satisfied were participants with BodyWorks?		
a. To what extent were participants satisfied with the structure of the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q5	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q18a - f	1. Univariate descriptive analyses 2. Reliablity testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses
b. To what extent were participants satisfied with session content/activities?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q6, Q7	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q19a - g	1. Univariate descriptive analyses 2. Reliability testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses

c. To what extent were BodyWorks participants satisfied with their trainers?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group		Qualitative Thematic Analysis
Parent Follow-Up Survey	Q21a-h	1. Univariate descriptive analyses 2. Reliability testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses
d. What recommendations, if any, do participants have regarding increasing participant satisfaction with the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Parent Focus Group	Q11	Qualitative Thematic Analysis
Parent Follow-Up Survey	Q25	Qualitative Thematic Analysis

Evaluation Task: Trainer Follow-Up Study

1. How active and motivated are BodyWorks trainers?		
a. How active, if at all, are BodyWorks trainers?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q6-Q10	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis
Trainer Follow-Up Interview Guide	Q6; Q7; Q9	Qualitative thematic analysis
b. What are trainers' levels of motivation with respect to BodyWorks?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q11-Q14	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis
Trainer Follow-Up Interview Guide	Q8	Qualitative thematic analysis

2. How is the BodyWorks Training-of-Trainers being implemented and preparing future trainers?		
a. How do trainers describe the BodyWorks training that they received?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q1, Q2	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis
Trainer Follow-Up Interview Guide	Q1-Q3	Qualitative thematic analysis
b. How well does the BodyWorks training-of-trainers prepare trainers for implementing the program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q3, Q4, Q5	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis
Trainer Follow-Up Interview Guide	Q4	Qualitative thematic analysis
c. What recommendations, if any, do participants have regarding the training-of-trainers?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Interview Guide	Q5	Qualitative thematic analysis

3. How are BodyWorks participants recruited and retained?		
a. What techniques are used to recruit BodyWorks participants?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q15a-g	Univariate Descriptive Analyses
Trainer Follow-Up Interview Guide	Q10	Qualitative thematic analysis
b. What are average BodyWorks attendance levels for parents and adolescents?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q30-Q37	Univariate Descriptive Analyses
Trainer Follow-Up Interview Guide	Q11; Q12	Qualitative thematic analysis
c. What impacts participant retention?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q16a-f; Q17a-d	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis
Trainer Follow-Up Interview Guide	Q13; Q14	Qualitative thematic analysis
d. What recommendations, if any, do trainers have regarding participant recruitment and retention?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Interview Guide	Q15	Qualitative thematic analysis

4. How is the BodyWorks program being implemented?		
a. How do trainers structure BodyWorks programs?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q18; Q19; Q20a-f; Q21a-f; Q22-Q26	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses
Trainer Follow-Up Interview Guide	Q16; Q17;	Qualitative thematic analysis

b. How, if at all, are individual BodyWorks sessions modified?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q27-29	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis
Trainer Follow-Up Interview Guide	Q18	Qualitative thematic analysis
c. What recommendations, if any, do trainers have regarding the BodyWorks curriculum and materials?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Interview Guide	Q19	Qualitative thematic analysis

5. How satisfied are the trainers with the BodyWorks technical assistance services and resources?		
a. To what extent are trainers aware of the technical assistance services and resources that are available to them?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q41a-j	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses
Trainer Follow-Up Interview Guide	Q20	Qualitative thematic analysis
b. What, if any, technical assistance services and resources have the BodyWorks trainers received and used?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q42a-j	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses
Trainer Follow-Up Interview Guide	Q21	Qualitative thematic analysis

c. How important is the technical assistance to running a successful BodyWorks Program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q43a-j; Q44	1. Univariate Descriptive Analyses 2. Qualitative thematic analysis 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses
Trainer Follow-Up Interview Guide	Q22	Qualitative thematic analysis
d. What is the level of satisfaction with the technical assistance services and resources received by BodyWorks trainers?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q42a-j	
Trainer Follow-Up Interview Guide	Q21	Qualitative thematic analysis
e. What recommendations, if any, do trainers have regarding the BodyWorks technical assistance services and resources?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Interview Guide	Q23	Qualitative thematic analysis

6. Do trainers perceive the BodyWorks program to be successful in achieving its intended outcomes?		
a. To what extent, do trainers perceive BodyWorks participants as having increased knowledge, attitude, and self efficacy around nutrition and physical activity?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q38a-d; Q39a-d	1. Univariate descriptive analyses 2. Reliablity testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses
Trainer Follow-Up Interview Guide	Q24	Qualitative thematic analysis

b. To what extent do trainers perceive BodyWorks participants as having engaged in healthier family eating and exercise habits as a result of the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Follow-Up Survey	Q38e; Q39e	Univariate descriptive analyses
Trainer Follow-Up Interview Guide	Q25	Qualitative thematic analysis

Evaluation Task: Post Only Pilot Study

1. What were participants' experiences with BodyWorks?		
a. What were average BodyWorks attendance levels for parents and adolescents?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q1, Q2, Q3	1. Univariate descriptive analyses 2. Qualitative thematic analysis
b. What impacted participant attendance?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q4	1. Univariate descriptive analyses 2. Qualitative thematic analysis
c. What impacted participant retention?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q5	Univariate descriptive analyses
d. To what extent did participants use the BodyWorks toolkit materials?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q6	Univariate descriptive analyses

2. How satisfied were participants with BodyWorks?		
a. To what extent were participants satisfied with the structure of the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q7	1. Univariate descriptive analyses 2. Reliability testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses

b. To what extent were participants satisfied with session content and activities?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q8	1. Univariate descriptive analyses 2. Reliability testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses
c. To what extent were BodyWorks participants satisfied with their trainers?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q9	1. Univariate descriptive analyses 2. Reliablity testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses
d. What recommendations, if any, do participants have regarding the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q13	Qualitative thematic analysis

3. How successful was the BodyWorks program in achieving its intended outcomes?		
a. To what extent did BodyWorks participants increase knowledge, attitude, and self efficacy around nutrition and physical activity as a result of the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q10 (a – i) Nutrition Outcomes Scale: Q10 a, c, e, h Exercise Outcomes Scale: Q10 b, d, f, i	1. Univariate descriptive analyses 2. Reliablity testing (cronbach's alpha) 3. Compute Scale Scores 4. Simple Scale Descriptive Analyses

b. To what extent did BodyWorks participants engage in healthier family eating and exercise habits as a result of the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q11 (a – d)	1. Univariate descriptive analyses
c. To what extent do participants intend to continue engaging in healthier family eating and exercise habits after completing the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Survey	Q12	Univariate descriptive analyses

4. How effective do trainers perceive the newly developed post only evaluation tool?		
a. How satisfied are trainers with the tool?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Interview	Q7-10	1. Univariate descriptive analyses 2. Qualitative thematic analysis
b. How easily can the evaluation tool be implemented?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Interview	Q1 – Q6	Qualitative thematic analysis
c. How easily can trainers analyze and report data?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Interview	Q11	Qualitative thematic analysis
d. What recommendations, if any, do trainers have to improve the post only evaluation tool?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Post-Only Interview	Q12-14	Qualitative thematic analysis

Evaluation Task: Full Evaluation of BodyWorks

Process Evaluation

1. What are the characteristics of the BodyWorks programs?		
a. Who participated in the BodyWorks program (populations served, number served)?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Pretest	Q3-6, Q19-30	Univariate descriptive analyses
BodyWorks Child Pretest	Q3-6, Q21-28	
b. In what geographic locations were BodyWorks programs held?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Pretest	Location	Univariate descriptive analyses
BodyWorks Child Pretest	Location	
c. When were the BodyWorks programs held?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Session Evaluations	Date	Univariate descriptive analyses
2. To what extent were the BodyWorks programs implemented as intended?		
a. To what extent was the number of sessions implemented as planned?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Session Evaluations	Session number	Univariate descriptive analyses
b. To what extent were activities implemented as planned?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Session Evaluations	Q1, 2, 3a, 4, 5	1. Univariate descriptive analyses 2. Qualitative thematic analyses
c. To what extent were children included as planned?		
Evaluation Form	**Form Questions**	**Analysis Plan**
Trainer Session Evaluations	Who attended, How many	Univariate descriptive analyses

3. What were participants' experiences with BodyWorks?		
a. How many sessions did participants (parents, children) attend?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Posttest	Q18-20	1. Univariate descriptive analysis 2. Qualitative thematic analysis
BodyWorks Child Posttest	Q20-22	
b. To what extent did participants use the BodyWorks toolkit materials?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Posttest	Q21-22	Univariate descriptive analyses
BodyWorks Child Posttest	Q23-4	
c. To what extent were participants satisfied with their trainers?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Posttest	Q24	Univariate descriptive analyses
BodyWorks Child Posttest	Q26	
d. To what extent were participants satisfied with session content/activities?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Posttest	Q26-27	1. Univariate descriptive analysis 2. Qualitative thematic analysis
BodyWorks Child Posttest	Q28-29	
Participant Feedback Form	Q3-4	
e. To what extent were participants satisfied with toolkit materials?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Posttest	Q21, Q23	1. Univariate descriptive analysis 2. Qualitative thematic analysis
BodyWorks Child Posttest	Q23, 25	
f. To what extent were participants satisfied with the structure of the BodyWorks program?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Posttest	Q25, Q27	1. Univariate descriptive analysis 2. Qualitative thematic analysis
BodyWorks Child Posttest	Q27, 29	
Participant Feedback Form	Q5	Univariate descriptive analysis

Outcome Evaluation

<table>
<tr><th colspan="3">1. Do BodyWorks participants increase knowledge, attitudes, self-efficacy, and behaviors around nutrition and physical activity?</th></tr>
<tr><td colspan="3">a. Is there a difference in nutrition and physical activity knowledge from pretest to posttest for BodyWorks participants?</td></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Parent Pretest</td><td>• Q9-16
• Knowledge scale: Q9-16</td><td rowspan="4">1. Univariate descriptive analysis
2. Compute scale
3. Repeated measures analysis with controls</td></tr>
<tr><td>BodyWorks Child Pretest</td><td>• Q10-17
• Knowledge scale: Q10-17</td></tr>
<tr><td>BodyWorks Parent Posttest</td><td>• Q7-14
• Knowledge scale: Q7-14</td></tr>
<tr><td>BodyWorks Child Posttest</td><td>• Q8-15
• Knowledge scale: Q8-15</td></tr>
<tr><td colspan="3">b. Is there a difference in attitude toward healthy eating and exercise from pretest to posttest for BodyWorks participants?</td></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Parent Pretest</td><td>• Q7a, 7b
• Attitudes toward own behavior scale: Q7a, a-f
• Attitudes toward child’s behavior scale: Q7b, a-f</td><td rowspan="2">1. Univariate descriptive analysis
2. Reliability analysis
3. Compute scale
4. Repeated measures analysis with controls</td></tr>
<tr><td>BodyWorks Child Pretest</td><td>• Q7a, 7b, 8
• Attitudes toward own behavior scale: Q7a, a-f
• Perception of parent attitudes scale: Q7b, a-e
• Normative beliefs scale: Q8, a-e</td></tr>
</table>

BodyWorks Parent Posttest	• Q5a, 5b • Attitudes toward own behavior scale: Q5a, a-f • Attitudes toward child's behavior scale: Q5b, a-f	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Posttest	• Q5a, 5b, 6 • Attitudes toward own behavior scale: Q5a, a-f • Perception of parent attitudes scale: Q5b, a-e • Normative beliefs scale: Q6, a-e	
c. Is there a difference in self-efficacy for family eating and exercise behaviors from pretest to posttest for BodyWorks participants?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Pretest	• Q8a, b • Self-efficacy scale: Q8a, a-h • Self-efficacy for helping child scale: Q8b, a-e	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Pretest	• Q9 • Self-efficacy scale: Q9, a-j	
BodyWorks Parent Posttest	• Q6a,b • Self-efficacy scale: Q6a, a-h • Self-efficacy for helping child scale: Q6b, a-e	
BodyWorks Child Posttest	• Q7 • Self-efficacy scale: Q7, a-j	

d. Is there a difference in healthy family eating and exercise behaviors at pretest and posttest for BodyWorks participants?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Pretest	• Q17, 18 • Healthy behaviors scale: Q17, a-j	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Pretest	• Q18, 20 • Healthy behaviors scale: Q18, a-l	
BodyWorks Parent Posttest	• Q15-17 • Healthy behaviors scale: Q15, a-j • Intentions scale: Q17, a-h	
BodyWorks Child Posttest	• Q16, 18, 19 • Healthy behaviors scale: Q16, a-l • Intentions scale: Q19, a-h	

<table>
<tr><th colspan="3">2. Do BodyWorks participants maintain their improvements at a 2-month follow-up?</th></tr>
<tr><td colspan="3">a. Is there a difference in nutrition and physical activity knowledge for BodyWorks participants from posttest to 2-month follow-up?</td></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Parent Posttest</td><td>• Q7-14
• Knowledge scale: Q7-14</td><td rowspan="4">1. Univariate descriptive analysis
2. Compute scale
3. Repeated measures analysis with controls</td></tr>
<tr><td>BodyWorks Child Posttest</td><td>• Q8-15
• Knowledge scale: Q8-15</td></tr>
<tr><td>BodyWorks Parent Follow-up</td><td>• Q7-14
• Knowledge scale: Q7-14</td></tr>
<tr><td>BodyWorks Child Follow-up</td><td>• Q8-15
• Knowledge scale: Q8-15</td></tr>
<tr><td colspan="3">b. Is there a difference in attitude toward healthy eating and exercise for BodyWorks participants from posttest to 2-month follow-up?</td></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Parent Posttest</td><td>• Q5a, 5b
• Attitudes toward own behavior scale: Q5a, a-f
• Attitudes toward child’s behavior scale: Q5b, a-f</td><td rowspan="2">1. Univariate descriptive analysis
2. Reliability analysis
3. Compute scale
4. Repeated measures analysis with controls</td></tr>
<tr><td>BodyWorks Child Posttest</td><td>• Q5a, 5b, 6
• Attitudes toward own behavior scale: Q5a, a-f
• Perception of parent attitudes scale: Q5b, a-e
• Normative beliefs scale: Q6, a-e</td></tr>
</table>

BodyWorks Parent Follow-up	• Q5a, 5b • Attitudes toward own behavior scale: Q5a, a-f • Attitudes toward child's behavior scale: Q5b, a-f	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Follow-up	• Q5a, 5b, 6 • Attitudes toward own behavior scale: Q5a, a-f • Perception of parent attitudes scale: Q5b, a-e • Normative beliefs scale: Q6, a-e	
c. Is there a difference in self-efficacy for family eating and exercise behaviors for BodyWorks participants from posttest to 2-month follow-up?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Posttest	• Q6a,b • Self-efficacy scale: Q6a, a-h • Self-efficacy for helping child scale: Q6b, a-e	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Posttest	• Q7 • Self-efficacy scale: Q7, a-j	
BodyWorks Parent Follow-up	• Q6a,b • Self-efficacy scale: Q6a, a-h • Self-efficacy for helping child scale: Q6b, a-e	
BodyWorks Child Follow-up	• Q7 • Self-efficacy scale: Q7, a-j	

d. Do BodyWorks participants engage in healthier family eating and exercise habits as a result of their participation in BodyWorks from posttest to 2-month follow-up?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Parent Posttest	• Q15-17 • Healthy behaviors scale: Q15, a-j • Intentions scale: Q17, a-h	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Posttest	• Q16, 18, 19 • Healthy behaviors scale: Q16, a-l • Intentions scale: Q19, a-h	
BodyWorks Parent Follow-up	• Q15-17 • Healthy behaviors scale: Q15, a-j • Intentions scale: Q17, a-h	
BodyWorks Child Follow-up	• Q16, 18, 19 • Healthy behaviors scale: Q16, a-l • Intentions scale: Q19, a-h	
3. Are outcomes for boys who participate in BodyWorks the same as for girls who participate in BodyWorks?		
a. Is there a difference in nutrition and physical activity knowledge from pretest to posttest for boys and girls who participate in BodyWorks?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Child Pretest	• Q10-17 • Knowledge scale: Q10-17	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Posttest	• Q8-15 • Knowledge scale: Q8-15	

b. Is there a difference in attitude toward healthy eating and exercise at from pretest to posttest for boys and girls who participate in BodyWorks?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Child Pretest	• Q7a, 7b, 8 • Attitudes toward own behavior scale: Q7a, a-f • Perception of parent attitudes scale: Q7b, a-e • Normative beliefs scale: Q8, a-e	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Posttest	• Q5a, 5b, 6 • Attitudes toward own behavior scale: Q5a, a-f • Perception of parent attitudes scale: Q5b, a-e • Normative beliefs scale: Q6, a-e	

c. Is there a difference in self-efficacy for family eating and exercise behaviors from pretest to posttest for boys and girls who participate in BodyWorks?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Child Pretest	• Q9 • Self-efficacy scale: Q9, a-j	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Posttest	• Q7 • Self-efficacy scale: Q7, a-j	
d. Is there a difference in nutrition and physical activity behaviors from pretest to posttest for boys and girls who participate in BodyWorks?		
Evaluation Form	**Form Questions**	**Analysis Plan**
BodyWorks Child Pretest	• Q18, 20 • Healthy behaviors scale: Q18, a-l	1. Univariate descriptive analysis 2. Reliability analysis 3. Compute scale 4. Repeated measures analysis with controls
BodyWorks Child Posttest	• Q16, 18, 19 • Healthy behaviors scale: Q16, a-l • Intentions scale: Q19, a-h	

<table>
<tr><th colspan="3">4. Do boys who participate in BodyWorks maintain their achieved outcomes as well as girls who participate in BodyWorks at a 2-month follow-up?</th></tr>
<tr><td colspan="3">a. Is there a difference between boys and girls who participate in BodyWorks in changes in nutrition and physical activity knowledge from posttest to 2 month follow-up?</td></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Child Posttest</td><td>• Q8-15
• Knowledge scale: Q8-15</td><td rowspan="2">1. Univariate descriptive analysis
2. Compute scale
3. Repeated measures analysis with controls</td></tr>
<tr><td>BodyWorks Child Follow-up</td><td>• Q8-15
• Knowledge scale: Q8-15</td></tr>
<tr><td colspan="3">b. Is there a difference between boys and girls who participate in BodyWorks in changes in attitude toward healthy eating and exercise from posttest to 2 month follow-up?</td></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Child Posttest</td><td>• Q5a, 5b, 6
• Attitudes toward own behavior scale: Q5a, a-f
• Perception of parent attitudes scale: Q5b, a-e
• Normative beliefs scale: Q6, a-e</td><td rowspan="2">1. Univariate descriptive analysis
2. Reliability analysis
3. Compute scale
4. Repeated measures analysis with controls</td></tr>
<tr><td>BodyWorks Child Follow-up</td><td>• Q5a, 5b, 6
• Attitudes toward own behavior scale: Q5a, a-f
• Perception of parent attitudes scale: Q5b, a-e
• Normative beliefs scale: Q6, a-e</td></tr>
</table>

<table>
<tr><th colspan="3">c. Is there a difference between boys and girls who participate in BodyWorks in changes in self-efficacy for family eating and exercise behaviors from posttest to 2 month follow-up?</th></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Child Posttest</td><td>• Q7
• Self-efficacy scale: Q7, a-j</td><td rowspan="2">1. Univariate descriptive analysis
2. Reliability analysis
3. Compute scale
4. Repeated measures analysis with controls</td></tr>
<tr><td>BodyWorks Child Follow-up</td><td>• Q7
• Self-efficacy scale: Q7, a-j</td></tr>
<tr><th colspan="3">d. Is there a difference between boys and girls who participate in BodyWorks in changes in nutrition and physical activity behaviors from posttest to 2 month follow-up?</th></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Child Posttest</td><td>• Q16, 18, 19
• Healthy behaviors scale: Q16, a-l
• Intentions scale: Q19, a-h</td><td rowspan="2">1. Univariate descriptive analysis
2. Reliability analysis
3. Compute scale
4. Repeated measures analysis with controls</td></tr>
<tr><td>BodyWorks Child Follow-up</td><td>• Q16, 18, 19
• Healthy behaviors scale: Q16, a-l
• Intentions scale: Q19, a-h</td></tr>
</table>

<table>
<tr><th colspan="3">5. Did children's perceptions of parents' attitudes and behaviors related to healthy eating and exercise change as a result of their parents' participation in BodyWorks?</th></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Child Pretest</td><td>• Q7b, 8, 19
• Perception of parent attitudes scale: Q7b, a-e
• Normative beliefs scale: Q8, a-e
• Encouragement by parent scale: Q19, a-e</td><td rowspan="2">1. Univariate descriptive analysis
2. Reliability analysis
3. Compute scale
4. Repeated measures analysis with controls</td></tr>
<tr><td>BodyWorks Child Posttest</td><td>• Q5b, 6, 17
• Perception of parent attitudes scale: Q5b, a-e
• Normative beliefs scale: Q6, a-e
• Encouragement by parent scale: Q17, a-e</td></tr>
<tr><th colspan="3">6. Are increases in parental knowledge, attitudes, self-efficacy, and behaviors related to similar increases in their adolescent children as a result of participation in BodyWorks?</th></tr>
<tr><th>Evaluation Form</th><th>Form Questions</th><th>Analysis Plan</th></tr>
<tr><td>BodyWorks Parent Pretest</td><td>• Knowledge scale: Q9-16
• Attitudes toward own behavior scale: Q7a, a-f
• Self-efficacy scale: Q8a, a-h
• Healthy behaviors scale: Q17, a-j</td><td>1. Compute Post-Pre change scores
2. Bivariate correlation analyses</td></tr>
</table>

BodyWorks Child Pretest	• Knowledge scale: Q10-17 • Attitudes toward own behavior scale: Q7a, a-f • Self-efficacy scale: Q9, a-j • Healthy behaviors scale: Q18, a-l	1. Compute Post-Pre change scores 2. Bivariate correlation analyses
BodyWorks Parent Posttest	• Knowledge scale: Q7-14 • Attitudes toward own behavior scale: Q5a, a-f • Self-efficacy scale: Q8a, a-h • Healthy behaviors scale: Q15, a-j • Intentions scale: Q17, a-h	
BodyWorks Child Posttest	• Knowledge scale: Q8-15 • Attitudes toward own behavior scale: Q5a, a-f • Self-efficacy scale: Q7, a-j • Healthy behaviors scale: Q16, a-l • Intentions scale: Q19, a-h	