Traditional Foods SDE Reporting Form – Time 6

Traditional Foods Shared Data Elements Form

1. Name of person to contact for questions regarding this submission:
   (First, Last Name)

2. Traditional Food Grantee Name:
   Aleutian Pribilof Islands Association, Inc., Alaska
   Catawba Cultural Preservation Project, South Carolina
   Cherokee Nation, Oklahoma
   Confederated Tribes of Siletz Indians, Oregon
   Eastern Band of Cherokee Indians, North Carolina
   Indian Health Care Resource Center of Tulsa, Oklahoma
   Nooksack Indian Tribe, Washington
   Prairie Band Potawatomi Nation, Kansas
   Ramah Navajo School Board, New Mexico
   Red Lake Band of Chippewa Indians, Minnesota
   Salish Kootenai College, Montana
   Santee Sioux Nation, Nebraska
   Sault Ste Marie Tribe of Chippewa Indians, Michigan
   Southeast Alaska Regional Health Consortium, Alaska
   Standing Rock Sioux Tribe, North/South Dakota
   Tohono O'odham Community Action, Arizona
   United Indian Health Services, Inc., California

3. You are reporting on activities held during what six month period?

	Months	Years
Months and years of activities	drop-down menu	drop-down menu
	April to September	2012
	…	…

Gardening Activities Across Domains

For the questions below, please consider ALL gardening activities together (across all domains).

4. Are you reporting on <u>Planting/Gardening</u>?
   [Skip pattern: if "no," skip to question **22**]

5. Which <u>domains</u> were included in Planting/Gardening activities?
   (Please check all that apply.)

   Traditional foods
   Physical activity
   Social support

6. Did <u>Planting/Gardening activities</u> include:
   (Please check all that apply.)

   Soil preparation (tilling, amending with compost, etc.)
   Weeding
   Harvesting
   Food processing
   Other
   Describe

Community Gardens

7.   Are you reporting on <u>Community</u> <u>garden</u>(s)?
      [Skip pattern: if "no," skip to question **10**]

8.   Describe Community garden(s).
      (Please use numbers ONLY except for the "Describe" text box.)

      Number of gardens _____
      Total size of gardens in square feet _____
      Total number of participants for this six month reporting period _____
      Of the participants for this six month reporting period, how many participated for the first time? _____
      Describe _____

9.   Did <u>Community gardens</u> include:
      (Please check all that apply.)

            Raised beds
            Plots
            Box garden(s)
            Greenhouse

School Gardens

10. Are you reporting on School garden(s)?
    [Skip pattern: if "no," skip to question **13**]

11. Describe School garden(s).
    (Please use numbers ONLY except for the "Describe" text box.)

    Number of gardens _____
    Total size of gardens in square feet _____
    Total number of participants for this six month reporting period _____
    Of the participants for this six month reporting period, how many participated for the first
        time? _____
    Describe _____

12. Did School gardens include:
    (Please check all that apply.)

            Raised beds
            Plots
            Box garden(s)
            Greenhouse

Program Gardens

13. Are you reporting on Program garden(s) (Elders' gardens, youth gardens, etc.)?
    [Skip pattern: if "no," skip to question **16**]

14. Describe Program garden(s).
    (Please use numbers ONLY except for the "Describe" text box.)

    Number of gardens _____
    Total size of gardens in square feet _____
    Total number of participants for this six month reporting period _____
    Of the participants for this six month reporting period, how many participated for the first
        time? _____
    Describe _____

15. Did Program gardens include:
    (Please check all that apply.)

            Raised beds
            Plots
            Box garden(s)
            Greenhouse

Family Gardens

16.   Are you reporting on <u>Family garden(s)</u>?
      <mark>[Skip pattern: if "no," skip to question **19**]</mark>

17.   Describe Family garden(s).
      (Please use numbers ONLY except for the "Describe" text box.)

      Number of gardens _____
      Total size of gardens in square feet _____
      Total number of participants for this six month reporting period _____
      Of the participants for this six month reporting period, how many participated for the first
          time? _____
      Describe _____

18.   Did <u>Family gardens</u> include:
      (Please check all that apply.)

            Raised beds
            Plots
            Box garden(s)
            Greenhouse

Other Gardens

19.   Are you reporting on <u>Other garden(s)</u>?
      [Skip pattern: if "no," skip to question **22**]

20.   Describe Other garden(s).
      (Please use numbers ONLY except for the "Describe" text box.)

      Number of gardens _____
      Total size of gardens in square feet _____
      Total number of participants for this six month reporting period _____
      Of the participants for this six month reporting period, how many participated for the first
         time? _____
      Describe _____

21.   Did <u>Other gardens</u> include:
      (Please check all that apply.)

             Raised beds
             Plots
             Box garden(s)
             Greenhouse

Permaculture Sites

22.   Are you reporting on <u>Permaculture</u> sites created, developed, or maintained during this six month reporting period?
[Skip pattern: if "no," skip to question **24**]

23.   Describe <u>Permaculture site(s).</u>
(Please use numbers ONLY except for the "Describe" text box.)

Number of permaculture site(s) _____
Total size of permaculture site(s) in square feet _____
Total number of participants for this six month reporting period _____
Of the participants for this six month reporting period, how many participated for the first time? _____
Describe _____

Heirloom Seeds

24.   Are you using <u>Heirloom seeds</u>?
          [Skip pattern: if "no," skip to question **26**]

25.   Describe Heirloom seeds. _____

Starter Plants

26.   Are you reporting on <u>Starter plants</u>?
            [Skip pattern: if "no," skip to question **28**]

27.   Describe Starter plants.

            Total number distributed (please put a number in this box) _____
            Describe type of starter plants _____

Irrigation

28.   Are you reporting on <u>Irrigation</u>?
     [Skip pattern: if "no," skip to question **30**]

29.   Describe Irrigation type (e.g. rainfall, flooding, drip, sprinkler, hose, other, etc.)

_____

Composting

30. Are you reporting on Composting?
     [Skip pattern: if "no," skip to question **32**]

31. Describe Composting activities.
     (Please use numbers ONLY except for the "Describe" text box.)

     How many composting sites were created, developed, or maintained during this six
          month reporting period? _____
     How many gardens were fertilized with compost? _____
     Total number of participants for this six month reporting period _____
     Of the total number of participants for this six month reporting period, how many
          participated for the first time?_____
     Describe _____

Using and Harvesting Produce

32. Are you reporting on using or harvesting <u>Produce</u>?
   [Skip pattern: if "no," skip to question **34**]

33. What types of produce were used or harvested in this six month reporting period?
   Describe produce_____
   How was produce used?_____

Farmers' Markets

34.   Are you reporting on <u>Farmers' markets</u>?
        [Skip pattern: if "no," skip to question **38**]

35.   Describe Farmers' markets.
        (Please use numbers ONLY except for the "Describe" text box)

        Number of days of farmers markets _____
        Number of markets _____
        Number of vendors/producers _____
        Number of community shoppers/consumers _____
        Number of vouchers used _____
        Describe _____

Selling Produce

36.   Did Traditional Foods participants <u>sell produce</u> at farmers markets?
      [Skip pattern: if "no," skip to question **38**]

37.   Describe produce <u>selling</u> activities.
      (Please use numbers ONLY except for the "Type" text box)

      Total number of participants for this six month reporting period _____
      Of the participants for this six month reporting period, how many participated for the first
         time? _____
      Number of days produce was sold _____
      Type(s) of produce sold (describe) _____

Other Produce and Traditional Healthy Foods Outlets

38. Are you reporting on <u>other produce/traditional healthy foods outlets</u> (e.g. health fairs, local events)?
    [Skip pattern: if "no," skip to question **40**]

39. Describe other produce/traditional healthy food outlets.
    (Please use numbers ONLY except for the "Type" and "Describe" text boxes)

    Type(s) of produce/traditional foods _____

    Type(s) of events _____

    Total number of participants for this six month reporting period _____

    Of the participants for this six month reporting period, how many participated for the first time? _____

    Describe _____

Healthy Foods Selections in Different Venues

40. Are <u>Healthy food selections</u> provided in different venues? (e.g. work-site, agency, supermarket, vending machines, restaurants, etc.)
     [Skip pattern: if "no," skip to question **42**]

41. Describe venues for healthy food selections:
     (Please check all that apply.)

     Work-site
     Agency
     Supermarket/market/mini-mart
     Vending machines
     Restaurants
     Other
     Describe

Incentives, Coupons, and Discounts

42. Are <u>Incentives, coupons, and discounts</u> available to purchase healthy foods?
[Skip pattern: if "no," skip to question **44**]

43. Describe incentives, coupons, and discounts.
(Please use numbers ONLY except for the "Type" and "Describe" text boxes)

Type(s) incentives, coupons, discounts _____

Number of distributed (if applicable) _____

Number used this reporting period _____

Describe _____

Subsistence Activities—Gathering, Fishing, Hunting

44. Are you reporting on Subsistence Activities?
    [Skip pattern: if "no," skip to question **54**]

45. Which <u>domains</u> were included in your subsistence activities?
    (Please check all that apply.)

    > Traditional foods
    > Physical activity
    > Social support

Gathering

46. Are you reporting on Gathering?
     [Skip pattern: if "no," skip to question **48**]

47. Describe Gathering activities.
     (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

     Type(s) of gathering activities _____
     Number of activities _____
     Total number of participants for this six month reporting period _____
     Of the total number of participants for this six month reporting period, how many
         participated for the first time? _____
     Describe _____

Fishing

48. Are you reporting on <u>Fishing</u>?
    [Skip pattern: if "no," skip to question **50**]

49. Describe Fishing activities.
    (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

    Type(s) of fishing activities _____
    Number of activities _____
    Total number of participants for this six month reporting period _____
    Of the total number of participants for this six month reporting period, how many
        participated for the first time? _____
    Describe _____

Hunting

50.   Are you reporting on <u>Hunting</u>?

51.   Describe Hunting activities.
        (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

        Type(s) of hunting activities _____
        Number of activities _____
        Total number of participants for this six month reporting period _____
        Of the total number of participants for this six month reporting period, how many
            participated for the first time? _____
        Describe _____

Other Subsistence Activities

52. Are you reporting on <u>Other subsistence activities</u> (other than gardening, gathering, fishing, and hunting)?

    [Skip pattern: if "no," skip to question **54**]

53. Describe Other subsistence activities.
    (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

    Type(s) of activities _____
    Number of activities _____
    Total number of participants for this six month reporting period _____
    Of the total number of participants for this six month reporting period, how many
        participated for the first time? _____
    Describe_____

Storytelling

54. In the past six months, have your program activities included <u>Storytelling</u> of any type, including narrative, digital, GIS/posters, etc.?
   [Skip pattern: if "no," skip to question **66**]

55. Which <u>domains</u> were included in your Storytelling activities? (Please check all that apply.)

   Traditional foods
   Physical activity
   Social support

Stories—Narratives, Testimony, and Written Stories

56.   Have your program activities included <u>Narratives, testimony, or written stories</u>?
       [Skip pattern: if "no," skip to question **58**]

57.   Describe Narratives, testimony, or written stories.
       (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

       Type(s) of narratives, testimony, or written stories _____
       Number of stories _____
       Total number of participants for this six month reporting period _____
       Of the total number of participants for this six month reporting period, how many
           participated for the first time? _____
       Describe _____

Stories—Digital and Photo Stories

58. Have your program activities included <u>Digital voice, photo voice, or photo, journalism stories</u>?
       [Skip pattern: if "no," skip to question **60**]

59. Describe Digital voice, photo voice, or photo journalism stories.
       (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

       Type(s) of digital voice, photo voice, or photo journalism stories _____
       _____
       Number of stories _____
       Total number of participants for this six month reporting period _____
       Of the total number of participants for this six month reporting period, how many
          participated for the first time? _____
       Describe _____

Stories—GIS, Poster, and Traditional Food Map Stories

60.   Have your program activities included <u>GIS, poster, or traditional food map stories</u>?
        [Skip pattern: if "no," skip to question **62**]

61.   Describe GIS, poster, or traditional food map stories.
        Describe _____

Stories—Music, Plays, and Art Stories

62.   Have your program activities included <u>Music, plays, or art stories</u>?
          [Skip pattern: if "no," skip to question **64**]

63.   Describe Music, plays, or art stories.
          (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

          Type(s) of music, plays, or art stories _____
          Number of stories _____
          Total number of participants for this six month reporting period _____
          Of the total number of participants for this six month reporting period, how many
              participated for the first time? _____
          Describe _____

Stories—Other

64.   Have your program activities included <u>Other kinds of stories</u>?
        <mark>[Skip pattern: if "no," skip to question **66**]</mark>

65.   Describe Other kinds of stories.
        (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

        Type(s) of Other stories _____
        Number of stories _____
        Total number of participants for this six month reporting period _____
        Of the total number of participants for this six month reporting period, how many
            participated for the first time? _____
        Describe _____

Health Education

Instructions: For the three questions below, health education activities and materials may focus on a variety of topics, e.g., the importance of healthy foods, the value of traditional foods, the relationship between food and health/illness, physical activity as a component of health, social activity as a component of health, etc.

66.   Are you reporting on Health Education activities or materials?
            [Skip pattern: if "no," skip to question **72**]

67.   Which domains were included in your health activities or materials?
        (Please check all that apply.)

                    Traditional foods
                    Physical activity
                    Social support

Health Education Implementation

68. Have any Health Education activities been implemented in the past six months?
[Skip pattern: if "no," skip to question **70**]

69. Describe implemented Health Education activities.
(Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

Type(s) of education provided _____
Number of times education activity provided _____
Total number of participants for this six month reporting period _____
Of the total number of participants for this six month reporting period, how many
participated for the first time? _____
Describe _____

Health Education Materials

70. Were any new health education materials developed during the last six months?
    [Skip pattern: if "no," skip to question **72**]

71. Describe developed health education materials.
    (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

    Type(s) of materials developed _____
    Number of materials distributed _____
    Estimated number of persons impacted _____
    Describe _____

Health Practice (Including Policy) Activities

Instructions: Please note that health policies should be included here, as health practices.

72.   Have any NEW Health Practices (behaviors, resolutions, policies, etc.) been implemented in the past six months? (For example, incentives to purchase healthy foods, distribution of affordable traditional foods at farmers' markets, distribution of affordable traditional healthy foods at community events, composting, safe places for physical activities, inclusion of gardening in school curricula)?
        [Skip pattern: if "no," skip to question **75**]

Health Practice Implementation

73.   Which <u>domains</u> are affected by the new health practice(s)?
          (Please check all that apply.)

                    Traditional foods
                    Physical activity
                    Social support

74.   Describe health practices implemented.
          (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

                    Type(s) of health practice implemented (e.g. school, local government, community,
                       grocery stores, restaurants, other) _____
                    _____
                    How many new health practices were implemented? _____
                    Estimated number of persons impacted _____
                    Describe process - effectiveness, barriers, etc. _____

Media Outreach and Materials

75. Are you reporting on <u>Media Outreach and Materials</u>?
    [Skip pattern: if "no," skip to question **81**]

76. Which <u>domains</u> were included in the media outreach and materials?
    (Please check all that apply.)

    Traditional foods
    Physical activity
    Social support

Media Outreach Activities

77.   In the past six months, has your program implemented media outreach <u>Activities</u> relating to any of the three domains (Traditional Foods, Physical Activity, Social Support)?
        [Skip pattern: if "no," skip to question **79**]

78.   Describe implemented media outreach.
    (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

        Type(s) of media outreach _____

        Number of media outreach events _____

        Estimated number of persons impacted _____

        Describe _____

Media Materials

79. Have any media <u>Materials</u> been developed in the past six months relating to any of the three domains (e.g., brochures, PSAs, television/radio spots, flyers)?
    [Skip pattern: if "no," skip to question **81**]

80. Describe media materials developed.
    (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

    Type(s) of materials developed _____
    Number of materials distributed _____
    Estimated number of persons impacted _____
    Describe _____

Collaboration With Other Agencies And Programs

81.   In the past six months, have you collaborated with other agencies or programs on activities?

[Skip pattern: if "no," skip to question 85]

82.   Which domains were included in your collaborative projects?
(Please check all that apply.)

Traditional foods
Physical activity
Social support

Collaboration Types and Resources

83.	Describe collaborative activities.

What types of agencies and organizations did you collaborate with (e.g., schools, clubs, health programs, etc.)? _____

How many activities involved collaboration with other organizations (number of collaborations)? (Please use a number to answer this question) _____

Describe _____

84.	What <u>resources were provided</u> by collaborating organizations?
(Please check all that apply.)

Financial Support (e.g. vouchers, funds, etc.)
Staff
Educational Materials
Traditional Foods
Marketing/Media/Outreach (newspaper, radio ads, etc.)
Space

Questions Focusing On Specific Domains—Physical Activity

85.   In the past six months, did your program focus on <u>exercise or other physical activities</u>?
          [Skip pattern: if "no," skip to question **90**]

86.   Are there <u>places, facilities, or equipment</u> available to conduct physical activities?
          [Skip pattern: if "no," skip to question **88**]

87.   Describe availability of places, facilities, or equipment.
          (Please write a number in the "number of places" question.)

          Number of places, including facilities _____
          Describe places and facilities _____
          Describe equipment available _____

Organized Physical Activities

88. In the past six months, has your program included <u>organized physical activities</u>?
    [Skip pattern: if "no," skip to question **90**]

89. Describe organized physical activities.
    (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

    Type(s) of organized physical activities _____
    Number of organized physical activities _____
    Total number of participants for this six month reporting period _____
    Of the participants for this six month reporting period, how many participated for the
    first time? _____
    Describe _____

Questions Focusing On Specific Domains—Social Support

90.   In the past six months, has your program included activities to provide <u>Social Support for healthy living</u>?
        [Skip pattern: if "no," skip to question **92**]

91.   Describe Social Support for healthy living activities.
        (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

        Type(s) of social support activities _____
        Number of social support Activities _____
        Total number of participants for this six month reporting period _____
        Of the participants for this six month reporting period, how many participated for the
           first time? _____
        Describe _____

Outcomes for Traditional Foods Activities

92. In the past six months, did your program <u>measure participant change</u> related to the production, availability, or use of <u>Traditional Foods</u> (e.g. pre/post questionnaires, follow cohort, BMI or weight loss measures, testimony that includes participants' change, other measures)?

     [Skip pattern: if "no," skip to question **94**]

93. Describe program participant changes traditional foods.
    (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

    Type(s) of interventions/activities _____

    Type(s) of methods to measure change _____

    Type(s) of change (attitudes, behavior, skills, knowledge, weight loss, stories, community activism) _____

    Total number of participants for this six month reporting period _____

    Of the participants for this six month reporting period, how many participated for the first time? _____

    Number of participants changed _____

    Describe _____

Ecological and Environmental Outcomes for Traditional Foods

94. Were there <u>Ecological or Environmental Traditional Foods change Outcomes</u> in the past six months (e.g., affordable and available healthy foods)?
    [Skip pattern: if "no," skip to question **98**]

95. Describe Ecological/Environmental traditional foods change Outcomes.
    Describe _____

96. Were the Traditional Foods Ecological/Environmental changes/outcomes designed for <u>sustainability</u>?
    [Skip pattern: if "no," skip to question **98**]

97. Describe Traditional Foods Ecological/Environmental changes/outcomes designed for sustainability.
    Describe _____

Outcomes for Physical Activities

98. In the past six months, did your program <u>measure participant change</u> related to <u>Physical Activities</u> (e.g. pre/post questionnaires, follow cohort, fitness or strength measures, testimony that includes participants' change, other measures)?
     [Skip pattern: if "no," skip to question **100**]

99. Describe participant change for physical activity.
     (Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

     Type(s) of interventions/activities _____

     Type(s) of methods to measure change _____

     Type(s) of change (attitudes, behavior, skills, knowledge, weight loss, stories, community activism) _____

     Total number of participants for this six month reporting period _____

     Of the participants for this six month reporting period, how many participated for the first time? _____

     Number of participants changed _____

     Describe _____

Ecological and Environmental Outcomes for Physical Activity

100. Were there <u>Ecological or Environmental Physical Activities change Outcomes</u> in the past six months (e.g., safer walking areas)?
    [Skip pattern: if "no," skip to question **104**]

101. Describe Ecological/Environmental Physical Activity change outcomes.
    Describe _____

102. Were the Physical Activities Ecological/Environmental changes/outcomes designed for <u>sustainability</u>?
    [Skip pattern: if "no," skip to question **104**]

103. Describe Physical Activities Ecological/Environmental changes/outcomes designed for sustainability.
    Describe _____

Outcomes for Social Support Activities

104. In the past six months, did your program <u>measure participant change</u> related to <u>Social Support</u> (e.g. pre/post questionnaires, follow cohort, fitness or strength measures, testimony that includes participants' change, other measures)?
[Skip pattern: if "no," you have reached the end of the survey]

105. Describe participant change for social support.
(Please use numbers ONLY except for the "Type" and "Describe" text boxes.)

Type(s) of interventions/activities _____

Type(s) of methods to measure change _____

Type(s) of change (attitudes, behavior, skills, knowledge, weight loss, stories, community activism) _____

Total number of participants for this six month reporting period _____

Of the participants for this six month reporting period, how many participated for the first time? _____

Number of participants changed _____

Describe _____