



## Key Informant Interview Protocol and Document Abstraction Form

This document provides an overview of the protocol for the community key informants. Protocol materials include the recruitment script, consent form, the verbal consent script, and the interview instrument to be administered to the community key informants. These data collection materials will be used at the time of the interview in all 264 Wave 2 communities by the Battelle community liaison.

Once a potential key informant is successfully screened, the call will continue using the recruitment script to preview the content of the in-person interview and request documentation on community programs/policies.

The interview date and time will also be scheduled during this call if the prospective key informant is eligible and willing to take part in the study. While the preference is to schedule an in-person interview, a telephone interview will be scheduled if it is not possible to coordinate an in-person visit. The key informant will also be sent an informational letter (**Attachment 10**), along with a study brochure (**Attachment 11**) tailored to community leaders, and confirming the appointment for the interview.

Prior to the interview, if any documents provided by the key informant are received, the Battelle community liaison will pre-enter information about the program into the Information Management System (IMS), so that this information is accessible during the interview. Likewise, (if funding is available<sup>1</sup> to conduct a review of online databases and abstract information on community programs and policies within each community, that information will also be entered into the IMS as potential probes to use during the interviews.

At the time of the interview, the Battelle community liaison will first explain the study, review the consent document, and then answer any questions the key informant may have. If the interview is in person, the key informant will be asked to sign the informed consent form prior to the initiation of the interview. When the key informant is unable to participate in an in-person interview and completes a telephone interview instead, a verbal consent script will be read before the interview begins.

The standardized key informant interview instrument gathers characteristics for each program and policy operating in the selected communities, such as the target population, target focus area, funding, reach, and (where available) the outcomes examined. Key informants will answer a similar set of interview questions for each specific local program and/or policy identified during the interviews, and data will be combined from different key informant interviews for the same program or policy. At the end of the interview, the Battelle community liaison will give the key informant the incentive gift.

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<sup>1</sup> We will conduct this review of online databases for the first 12 communities visited in Wave 2; review of online databases for the remaining Wave 2 communities will be conducted if additional funding is obtained through a diversity supplement.

## HEALTHY COMMUNITIES STUDY COMMUNITY KEY INFORMANT RECRUITMENT SCRIPT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx\*). Do not return the completed form to this address.

Thank you for agreeing to participate. I will send you a confirmation once we conclude our call. I can send this confirmation, as well as any subsequent communication via e-mail, if you provide verbal consent for me to do so. Please note that any use of e-mail could identify you as a research participant in the *Healthy Communities Study*. If you would prefer not to use e-mail, all future communication will be by mail and/or telephone. Do you consent to our using e-mail to communicate with you about this study, even though this correspondence could indicate that you are a study participant?

*If yes, Thank you. Can you please provide the e-mail address you would like me to use?. I will follow-up this call with an e-mail confirmation with the details of the interview we just scheduled. Then proceed.*

*If no, No problem at all. Can you please provide the mailing address to which I can mail the interview confirmation letter [if an in-person interview, if different from the address at which we will meet to conduct the interview?]. Then proceed.*

I would like to take a few moments to tell you about what will take place during the interview. The primary goal is to assemble and understand characteristics of programs, policies, and changes to the environment that are in place in each selected community to promote physical activity, healthy eating, and healthy weight.

In addition to these interviews, we are collecting documents that may contain information about community programs/ policies to promote healthy weight, healthy eating, and engagement in physical activity.

The types of documents that we would like to collect include: a) Annual Program Reports for your organization or coalitions or partnerships working on this issue; b) Reports provided to funders; and c) Any other available reports or documents that describe community programs/policies brought about to promote physical activity or healthy eating for children and youth.

Would you be able to access any of these documents, or other documents that we might find informative, and either provide them to us or direct us to websites where they could be downloaded?

*If yes, provide information about how these items can be shipped or, for those who provided consent, e-mailed.*

Items can be mailed c/o:  
Michele Phipps  
Battelle – Healthy Communities Study  
6115 Falls Road, Suite 200  
Baltimore, MD 21209

*If via e-mail, provide e-mail address.*

*If no, tell them we will try to collect them during the in-person interview.*

Finally, before we conclude today's conversation, I wanted to tell you that we are trying to get as complete a picture as possible of the program, policies, and changes to the environment to promote physical activity, healthy eating, and healthy weight that have been implemented in your community. Can you think of other people across the community, especially those with jobs different from your own that should be interviewed? You might consider those who work at the local schools, within local government, with community and youth serving organizations, and/or parks and recreation, and who may know about community efforts back about 10 years?

You might consider those who work at the local schools, within local government, with community and youth serving organizations, and/or parks and recreation, and who may know about community efforts back about 10 years?

*If yes, enter name(s) and contact information. Then proceed.*

*If no, proceed.*

This is all that I was hoping to review today. Do you have any questions for me? *Answer as best as possible*

Thank you for your time today. I really appreciate it, and I look forward to speaking with you on [date of interview] at [time of interview]; for your convenience, I will send you a confirmation [letter/e-mail]. You have been very helpful. Have a good day.

**HEALTHY COMMUNITIES STUDY  
MASTER KEY INFORMANT/COMMUNITY PROGRAM DIRECTOR CONSENT FORM**

**PURPOSE**

The purpose of the Healthy Communities Study is to see what programs and policies in communities across the United States help children lead healthy lives and to examine how these programs have changed over time. This study is being conducted by a research company, Battelle Memorial Institute. It is funded by the National Institutes of Health (NIH).

**PROCEDURES**

If you agree to be in this study, a trained member of our research staff will meet with you in person one time to conduct an interview. The interview will be about your community in general as well as your knowledge of and perceptions about various community level programs designed to impact healthy behaviors in children. The interview should take between one hour and one hour and thirty minutes. We will also collect from you any documents you can provide to help us understand how the programs have evolved and the impact they have had on your community.

**HOW YOU WERE SELECTED**

You were selected to be in the study because you work in one of the 264 communities we are studying and you were identified as a community leader working on this issue. Over 3,150 such community members will eventually participate in this study.

**DATA SECURITY**

The study team will do everything they can to make sure your information stays private and secure. All study staff are required to complete training on keeping your information safe. Study laptops and equipment are password protected. They also have programs to protect your information. Your information will be stored in a locked building with access limited to authorized study team members only. Study data forms will only have your study identification number on it.

The only reason we would have to reveal your study participation, as required by law, is if the Institutional Review Board (IRB), the body that oversees the protection of study participants, needs to review records. Final study results will be published on groups only. No individual information will be included. No individual in this study will be able to be identified.

**RISKS/DISCOMFORTS**

There are few known risks to participation in this study. We will not ask you personal questions. Because the study is voluntary, you do not need to answer any question you do not feel comfortable answering. There is a small risk of your data being revealed. Every effort will be made to keep your information safe and secure.

**BENEFITS**

The results of this study could help improve existing and future programs for children across the United States. This study has no known direct or individual benefits for participation. However, it is important for you to participate because it will help researchers understand what programs in the community help children stay healthy

**COSTS AND COMPENSATION**

There is no cost for being in this study. In appreciation of your participation, after the in-person visit you will receive a gift worth \$10. As an additional thank you for your participation in this study, at the end of the study, you will get a summary report of the study results for all communities.

**DATA SHARING**

Data collected during the course of this study related to the community program with which you are affiliated may be of benefit and value to those operating other federally funded programs or initiatives within your community (for example, programs under the White House's *Let's Move!* Initiative) and may be shared with researchers investigating other community-level factors associated with reducing levels of childhood obesity. Data will only be shared with other entities that are compliant with the Federal Information Security Management Act of 2002 (FISMA), meaning that they have documented protocols for keeping information and information systems secure. As stated in the Data Security Section, no individual information will be shared and no individual will be identifiable.

**VOLUNTARY**

Participation in this study is voluntary. You may ask questions at any time. You may refuse to answer any question. You may also drop out at any time without penalty.

**CONTACT INFORMATION**

For questions about your rights as a study participant, contact:

Battelle Institutional Review Board  
1-877-810-9530

For questions or concerns about the study:

Dr. Howard Fishbein  
Battelle Memorial Institute  
703-248-1647

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I have read this consent form and the study staff have answered my questions.

I, \_\_\_\_\_, (PRINTED FULL NAME) agree to participate in the  
"HEALTHY COMMUNITIES STUDY."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

## **HEALTHY COMMUNITIES STUDY MASTER KEY INFORMANT/COMMUNITY PROGRAM DIRECTOR VERBAL CONSENT SCRIPT**

### **PURPOSE**

The purpose of the Healthy Communities Study is to see what programs and policies in communities across the United States help children lead healthy lives and to examine how these programs have changed over time. This study is being conducted by a research company, Battelle Memorial Institute. It is funded by the National Institutes of Health (NIH).

### **PROCEDURES**

If you agree to be in this study, a trained member of our research staff will conduct a structured interview with you over the phone. The interview will be about your community in general as well as your knowledge of and perceptions about various community level programs designed to impact healthy behaviors in children. The interview should take between one hour and one hour and thirty minutes. We will also request from you any documents you can provide to help us understand how the programs have evolved and the impact they have had on your community.

### **HOW YOU WERE SELECTED**

You were selected to be in the study because you work in one of the 264 communities we are studying and you were identified as a community leader working on this issue. Over 3,150 such community members will eventually participate in this study.

### **DATA SECURITY**

The study team will do everything they can to make sure your information stays private and secure. All study staff are required to complete training on keeping your information safe. Study laptops and equipment are password protected. They also have programs to protect your information. Your information will be stored in a locked building with access limited to authorized study team members only. Study data forms will only have your study identification number on it.

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### **BENEFITS**

The results of this study could help improve existing and future programs for children across the United States. This study has no known direct or individual benefits for participation. However, it is important for you to participate because it will help researchers understand what programs in the community help children stay healthy.

### **COSTS AND COMPENSATION**

There is no cost for being in this study. In appreciation of your participation, after the interview you will receive a gift worth \$10. As an additional thank you for your participation in this study, at the end of the study, you will get a summary report of the study results for all communities.

### **DATA SHARING**

Data collected during the course of this study related to the community program with which you are affiliated may be of benefit and value to those operating other federally funded programs or initiatives within your community (for example, programs under the White House's *Let's Move!* Initiative) and may be shared with researchers investigating other community-level factors associated with reducing levels of childhood obesity. Data will only be shared with other entities that are compliant with the Federal Information Security Management Act of 2002 (FISMA), meaning that they have documented protocols for keeping information and information systems secure. As stated in the Data Security Section, no individual information will be shared and no individual will be identifiable.

**VOLUNTARY**

Participation in this study is voluntary. You may ask questions at any time. You may refuse to answer any question. You may also drop out at any time without penalty.

**CONTACT INFORMATION**

If you have any questions about your rights as a study participant, please contact the Battelle Institutional Review Board at 1-877-810-9530.

If you have any questions or concerns about the study, please contact the Study PI Dr. Howard Fishbein of Battelle Memorial Institute at 1-703-248-1647.

Do you have any questions before we begin?

## KEY INFORMANT INTERVIEW

Public reporting burden for this collection of information is estimated to average 75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx\*). Do not return the completed form to this address.

### SECTION A: KEYINFORMANT LEVEL DATA

ENTER INFORMATION FOR QUESTIONS A1-A4; DO NOT ASK RESPONDENT

A1. DATE OF INTERVIEW.

/ /

MONTH DAY YEAR

A2. TIME INTERVIEW BEGAN.

: AM / PM

A3. LIAISON ID.

A4. KEY INFORMANT STUDY ID.

Good (morning/afternoon), thank you very much for taking the time to speak with me today. As part of our Healthy Communities Study, funded by the National Institutes of Health (NIH), we will be talking about efforts in (name the community) to promote physical activity, healthy nutrition, and healthy weight among children and youth. The purpose of our study is to identify characteristics of community programs and policies that may have an impact on childhood obesity rates. Because of the work you do within your community, we feel you can provide valuable information to help us address this issue.

Before we get started, I would like to remind you that this is a research study and as such you are a research participant. I will now review our consent form.

IF A FACE-TO-FACE INTERVIEW, HAND RESPONDENT A COPY OF THE CONSENT FORM. ONCE THE FORM IS REVIEWED AND ALL QUESTIONS ARE ANSWERED, HAVE THE RESPONDENT SIGN THE CONSENT FORM AND RETURN. LEAVE A COPY WITH THEM FOR THEIR RECORDS. OTHERWISE, DOCUMENT VERBAL CONSENT.

HAND OR REFER RESPONDENT TO THE COPY OF THE COMMUNITY MAP AND RESPONSE CARD.

Thank you. For your reference, here is a map of the community. When discussing programs and policies within your community, we are interested in those which are physically located and/or largely affect children within these particular boundaries. Also for your reference is a response card that, when indicated, you can refer to during the course of the interview.

I would now like to ask you to verify your name and contact information in case we have additional questions or would like to clarify any information we discuss today.

A5. What is your full name?

\_\_\_\_\_

A6. What is your mailing address?

ADDRESS 1 – Business/Organization Name:

\_\_\_\_\_

ADDRESS 2 – Number / Street Name:

\_\_\_\_\_



ADDRESS 3 – City, State ZIP:

A7. What is your preferred phone number?

A8. What is your preferred e-mail address?

I now have some basic background and demographic information to ask you. These questions are simple and straight forward and as with all other data we will be collecting today are kept private under the Privacy Act.

|      |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A9.  | What is your job title?<br><br><b>SHOW RESPONSE CARD – BLOCK A.</b>                                                                                                                          | Parks and Recreation Administrator/<br>Staff Member.....1<br>Urban Planner.....2<br>Local Health Department<br>Administrator/Staff Member.....3<br>Chair of an active Community<br>Health Coalition.....4<br>School Principal.....5<br>School Food Service Administrator...6<br>School Health Coordinator.....7<br>School Physical Activity<br>Coordinator.....8<br>Healthcare Provider.....9<br>Non-Profit Staff/Administrator.....10<br>Human Service Provider.....11<br>Youth-Serving Organization<br>Staff/Administrator.....12<br>Other.....13<br>REFUSED.....-1<br>DON'T KNOW.....-2 |
|      | SPECIFY:                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| A10. | What company/organization/department do you work with?                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|      | <b>A10a. IF A10 IS A SCHOOL, CL TO INDICATE TYPE OF SCHOOL.</b>                                                                                                                              | NOT A SCHOOL.....0<br>ELEMENTARY SCHOOL.....1<br>MIDDLE/JR. HIGH SCHOOL.....2<br>HIGH SCHOOL.....3<br>COLLEGE LEVEL.....4<br>OTHER.....5<br>REFUSED.....-1<br>DON'T KNOW.....-2                                                                                                                                                                                                                                                                                                                                                                                                            |
|      | SPECIFY:                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| A11. | How long have you lived <b>or</b> worked in the community?<br>Whichever length of time is longest.<br><br><b>A11a. CL TO INDICATE IF YEARS REFERS TO LENGTH OF TIME<br/>LIVED OR WORKED.</b> | NUMBER YEARS.....<br>NUMBER MONTHS.....<br><br>LIVED.....1<br>WORKED.....2<br>REFUSED.....-1<br>DON'T KNOW.....-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A12. | Do you consider yourself Hispanic/Latin(o/a)?                                                                                                                                                | YES.....1<br>NO.....0<br>REFUSED.....-1<br>DON'T KNOW.....-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|      | A12a. Which of the following represent your Hispanic origin or                                                                                                                               | Puerto Rican.....1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                                                              |                                                                                                       |  |                                                                                                                                                                                                                                        |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                              | ancestry? <b>CODE ALL THAT APPLY.</b>                                                                 |  | Dominican (Republic).....2<br>Mexican/Mexican American.....3<br>Cuban/Cuban American .....4<br>Central/South American.....5<br>Other Latin American.....6<br>Other Hispanic or Latin(o/a).....7<br>REFUSED.....-1<br>DON'T KNOW.....-2 |
| A13.                                                         | (In addition to being Hispanic) What race do you consider yourself to be? <b>CODE ALL THAT APPLY.</b> |  | WHITE.....1<br>BLACK/ AFRICAN AMERICAN.....2<br>AMERICAN INDIAN/<br>ALASKA NATIVE.....3<br>NATIVE HAWAIIAN/<br>PACIFIC ISLANDER.....4<br>ASIAN.....5<br>REFUSED.....-1<br>DON'T KNOW.....-2                                            |
| IF Q.A9 = 1 or 2, ask Q.A14 – Q.A16; ELSE SKIP to Section B. |                                                                                                       |  |                                                                                                                                                                                                                                        |

I would like to ask you a few questions about the parks within your community [**SHOW MAP** OR ASK RESPONDENT TO REFER TO MAP SENT VIA POST- OR E-MAIL], and specifically, about the features and amenities at these parks.

A14. Are there any parks within the catchment area that have any of the following features? You may select more than one answer from the list.

**SHOW RESPONSE CARD – BLOCK F**

- Playground/Tot lot.....1
- Swimming pool deeper than 3 feet deep.....2
- Wading pool less than 3 feet deep.....3
- Basketball court.....4
- Walking path.....5
- Running track.....6
- Bicycle trail.....7
- Single or Multipurpose field....8
- Skate park.....9
- Streetlights.....10
- Floodlights.....11
- On-site community center....12
- REFUSED.....-1
- DON'T KNOW.....-2

A15. Do the parks in this area generally have a reputation for being safe, unsafe, or a mix of safe and unsafe?  
**READ ANSWERS. SELECT ONLY ONE.**

- Safe.....1
- Unsafe.....2
- Mix of safe and unsafe.....3
- REFUSED.....-1
- DON'T KNOW.....-2

A16. Do you think the operating budget for the parks is sufficient to provide adequate maintenance at all parks?

- YES.....1
- NO.....0
- REFUSED.....-1
- DON'T KNOW.....-2

## SECTION B: KEY INFORMANT ORGANIZATION INFORMATION

B1. TIME BEGAN SECTION B.

: AM / PM

This interview has three groups of questions. First, I will ask you to list the different community programs or policies that have been implemented in **your organization** or that you are aware of as part of your work. Second, I will ask you some more detailed questions about each identified community program or policy. Finally, I will ask you about factors or aspects of the community that may have affected its activities to promote healthy nutrition, physical activity, or healthy weight among children and youth.

I would like to begin by talking specifically about what **your organization** (insert organization name) has done to promote physical activity, healthy nutrition, and/or healthy weight among children and youth. We are attempting to document what programs or policies have been implemented in the community during the past 10 years, whether ongoing or discontinued.

**FOR EACH PROGRAM/POLICY INDICATED BELOW (IN QUESTIONS B2 – B5), COMPLETE A NEW PROGRAM/POLICY LEVEL MODULE (SECTION C). IF TIME PERMITS, THEN COMPLETE A NEW PROGRAM/POLICY LEVEL MODULE (SECTION C) FOR EACH PROGRAM/POLICY INDICATED IN QUESTIONS B6 – B9.**

For **PHYSICAL ACTIVITY**, we are interested in your organization's efforts to make it easier or more likely for children and youth to be more physically active. For example, what has been done to encourage walking, biking, sports, or other physical activity?

B2. What specific **programs** were implemented within or by your organization to promote physical activity during the past 10 years, whether ongoing or discontinued? Please consider that a program may include changes to the physical environment or improvements to physical features such as a new bike trail.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**POSSIBLE PROMPTS for parks and recreation staff or urban planners** (use as needed):

- Have you partnered with an outside organization to promote physical activity at your parks or within your community?
- Has your organization implemented improvements to physical features at your parks within the community such as additional lighting, pedestrian/ biking routes, new fitness trails?

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

B3. What specific **policies** were implemented within or by your organization to promote physical activity during the past 10 years, whether ongoing or discontinued?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

For **NUTRITION**, we are interested in your organization's efforts to make it easier or more likely for children and youth to eat healthier foods. For example, what has been done to encourage eating fruits and vegetables, healthy meals, and decreasing high fat foods and sugar-sweetened drinks?

B4. What specific **programs** were implemented within or by your organization to promote healthy nutrition during the past 10 years, whether ongoing or discontinued? Please consider that a program may include changes to the physical environment or improvements to physical features such as creating a public space for community gardens.

**POSSIBLE PROMPTS for local health department staff or member of a community health coalition** (use as needed): Have there been any other programs implemented (not yet mentioned) to improve the foods, food marketing, or nutrition education offered at any type of restaurant (including fast food) or to establish new restaurants with healthy options in this community? Have there been any other programs implemented (not yet mentioned) to improve the foods, food marketing, or nutrition education available at any type of stores (including supermarkets, convenience stores, etc.) or to establish new stores with healthy options in the community?

**POSSIBLE PROMPTS for school principal, school wellness coordinator, or school food administrator** (use as needed): Have there been any other programs implemented (not yet mentioned) to improve any of the following at your school/the schools in your community: School meals; Meal facilities and equipment (kitchen, dining, and serving facilities); Competitive foods (foods sold in vending machines, snack bars, stores, etc.); Foods at classroom parties and school events; Food used as reward; Food and beverage marketing; Nutrition education or weight management activities; Nutrition promotion events and activities; Staff wellness activities and environments?

B5. What specific **policies** were implemented within or by your organization to promote healthy nutrition during the past 10 years, whether ongoing or discontinued?

**POSSIBLE PROMPTS for local health department staff or member of a community health coalition** (use as needed):

- Have there been any other policies implemented (not yet mentioned) to improve the foods, food marketing, or nutrition education offered at any type of restaurant (including fast food) or to establish new restaurants with healthy options in this community?
- Have there been any other policies implemented (not yet mentioned) to improve the foods, food marketing, or nutrition education available at any type of stores (including supermarkets, convenience stores, etc.) or to establish new stores with healthy options in the community?

**POSSIBLE PROMPT for school principal, school wellness coordinator, or school food administrator** (use as needed):

- Have there been any other policies implemented (not yet mentioned) to improve any of the following at your school/the schools in your community: School meals; Meal facilities and equipment (kitchen, dining, and serving facilities); Competitive foods (foods sold in vending machines, snack bars, stores, etc.); Foods at classroom parties and school events; Food used as reward; Food and beverage marketing; Nutrition education or weight management activities; Nutrition promotion events and activities; Staff wellness activities and environments?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

Now, I would like to talk more specifically about what **other community organizations** have done to promote physical activity, healthy nutrition and/or healthy weight among children and youth. During the past 10 years, what programs or policies have been implemented by others outside your organization to promote physical activity, healthy eating, or healthy weight among children and youth?

For **PHYSICAL ACTIVITY**, we are interested in community efforts to make it easier or more likely for children and youth to be more physically active. For example, what has been done to encourage walking, biking, sports, or other physical activity?

- B6. What specific **programs** (including changes to the physical environment) were implemented to promote physical activity during the past 10 years, whether ongoing or discontinued?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

- B7. What specific **policies** were implemented to promote physical activity during the past 10 years, whether ongoing or discontinued?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

For **NUTRITION**, we are interested in community efforts to make it easier or more likely for children and youth to eat healthier foods. For example, what has been done to encourage eating fruits and vegetables, healthy meals, and decreasing high fat foods and sugar-sweetened drinks?

- B8. What specific **programs** (including changes to the physical environment) were implemented to promote healthy nutrition during the past 10 years, whether ongoing or discontinued?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

- B9. What specific **policies** were implemented to promote healthy nutrition during the past 10 years, whether ongoing or discontinued?

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

B10. Can you please identify the three most used parks in your community – that is, those parks that are most important in the community in providing programming or facilities for children and adolescents to be active?

PARK 1: \_\_\_\_\_  
PARK 2: \_\_\_\_\_  
PARK 3: \_\_\_\_\_

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

## SECTION C PART I: PROGRAM/POLICY LEVEL INFORMATION

THIS SECTION SHOULD BE COMPLETED FOR **EACH INDIVIDUAL PROGRAM / POLICY** (AS LISTED IN SECTION B) AND IS TO BE COMPLETED FOR **EACH INDIVIDUAL** INFORMATION SOURCE (KEY INFORMANT OR ABSTRACTED DOCUMENT). BEGIN WITH THOSE PROGRAMS/POLICIES FROM THE RESPONDENTS OWN ORGANIZATION (QUESTIONS B2 – B5).

NOTE: FOR EACH CPP LISTED IN SECTION B, **ASK QUESTIONS C4a – C4e FOR EACH FIRST** AND THEN RETURN TO COMPLETE THE REMAINING QUESTIONS IN SECTION C FOR EACH.

C1. TIME BEGAN SECTION C. \_\_\_\_\_ : \_\_\_\_\_ AM / PM

C2. PROGRAM / POLICY STUDY ID. \_\_\_\_\_

C3. PROGRAM / POLICY NAME. \_\_\_\_\_

C3a. INFORMANT TYPE. \_\_\_\_\_

KEY INFORMANT.....1  
DOCUMENT.....2

### GENERAL (PROGRAM/POLICY) QUESTIONS

FOR PHONE INTERVIEWS ASK RESPONDENT TO REFER TO MAP AND RESPONSE CARD SENT VIA POST OR E-MAIL.

I would like to understand the specific details about (state the name of the program / policy). Could you please describe the (program/policy) by telling me **who**, did **what**, **when**, **with whom**, and **toward what goal**? Let's start with "who".

C4a. WHO implemented or led the activity? That is, which organization/(program/policy) representatives/ coalition?

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C4b. WHAT did they do? That is, what method or approach was used to implement the (program/ policy)?

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C4c. WHEN did they do it? Specifically, during what year(s) was this community (program/policy) operating?

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C4d. WITH WHOM did they do it? That is, how many children aged 3-15 years were reached by the (program/policy)?

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C4e. TOWARD WHAT GOAL was this (program/policy) directed? That is, what particular aspect of healthy nutrition, physical activity, or healthy weight was the focus?

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IF C3A=2, SKIP TO C5.

## DOCUMENT REQUEST

C4f. We are interested in examining documents that may help us understand the community programs and policies in place during the past 10 years. The types of documents we are interested in reviewing are:

YES.....1  
NO.....0  
REFUSED.....-1  
DON'T KNOW.....-2

- Annual Program Reports;
- Publicly available documents;
- Reports to funders;
- Media reports of community programs and policies;
- Community wellness policies for schools or other institutions; and
- Coalition Reports from relevant organizations.

Are there [any / additional] documents you can provide related to community programs and policies brought about by your organization or other community organizations to promote physical activity, healthy nutrition and/or healthy weight among children and youth?

COLLECT ANY PROVIDED DOCUMENTS TO CATALOG AND ABSTRACT AFTER THE INTERVIEW.

CONTINUE WITH SECTION C QUESTIONS ONLY AFTER QUESTION C4A-C4E HAS BEEN ANSWERED FULLY FOR EACH COMMUNITY PROGRAM/POLICY LISTED IN SECTION B.

| GOAL (Hypothesis)                                                                                                                                                          |                                                                                                                                                                                          |  |                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| C5.                                                                                                                                                                        | What <b>goal(s)</b> were addressed by this (program/policy)? Focus on the <u>current</u> year (or in its last form, if no longer in place). Was the goal to....                          |  | Improve Nutrition.....1<br>Increase Physical Activity.....2<br>Both.....3<br>Other.....4<br>REFUSED.....-1<br>DON'T KNOW.....-2                        |
| C6.                                                                                                                                                                        | If different at beginning, what <b>goal(s)</b> did this (program/policy) address when it first began (at the onset, perhaps as far back as 10 years ago)? Initially, was the goal to.... |  | Improve Nutrition.....1<br>Increase Physical Activity.....2<br>Both.....3<br>Other.....4<br>No Difference.....0<br>REFUSED.....-1<br>DON'T KNOW.....-2 |
| IF C5 = 1 (Improve Nutrition), ask C7 then SKIP to C9. IF C5 = 3 (Both), ask C7 and C8. IF C5 = 2 (Increase Physical Activity), SKIP to C8. If C5 = 4 (Other), SKIP to C9. |                                                                                                                                                                                          |  |                                                                                                                                                        |



C7. What were the key **behavioral objectives** of the community (program/policy)? What behaviors of children were supposed to change?

CODE ALL THAT APPLY. SELECT APPROPRIATE CHOICES AND ASK THE INTERVIEWEE IF THAT IS WHAT THEY DESCRIBED. IF NOT, SELECT ANOTHER AND REPEAT PROCESS.

SHOW RESPONSE CARD – BLOCK B.

**POSSIBLE PROMPT:** From what you have said, it sounds like the behavior objective(s) addressed by this community program or policy are... (offer possibilities using response card). Is that right? (seek to confirm, or adjust as needed)

Increase consumption of fruits and vegetables.....1  
Increase consumption of whole grain foods such as breads, rice, pasta, cereals.....2  
Increase eating breakfast.....3  
Increase consumption of water.....4  
Decrease consumption of sugar sweetened beverages.....5  
Decrease consumption of fast food.....6  
Decrease consumption of fat.....7  
Decrease consumption of high calorie snacks, desserts, sweets, and candy...8  
Decrease calories from all food.....9  
Increase breastfeeding/improve infant health.....10  
Other.....11  
REFUSED.....-1  
DON'T KNOW.....-2

C8. What were the key **behavioral objectives** of the community (program/policy)? What behaviors of children were supposed to change?

CODE ALL THAT APPLY. SELECT APPROPRIATE CHOICES AND ASK THE INTERVIEWEE IF THAT IS WHAT THEY DESCRIBED. IF NOT, SELECT ANOTHER AND REPEAT PROCESS.

SHOW RESPONSE CARD – BLOCK C.

**POSSIBLE PROMPT:** From what you have said, it sounds like the behavior objective(s) addressed by this community program or policy are... (offer possibilities using response card). Is that right? (seek to confirm, or adjust as needed).

Increase walking or biking to /from school.....1  
Increase exposure to physical education (i.e., frequency and/or duration of classes).....2  
Increase moderate to vigorous physical activity in PE classes.....3  
Increase physical activity during school recess or classroom instruction.....4  
Increase participation in school sports teams.....5  
Increase participation in community-based sports teams.....6  
Increase participation in community-based physical activity lessons, classes, or clubs.....7  
Increase participation in home/family physical activity.....8  
Increase physical activity in after school programs.....9  
Decrease TV watching.....10  
Decrease recreational computer/internet use.....11  
Decrease time spent playing inactive video/ handheld electronic games.....12  
Other.....13  
REFUSED.....-1  
DON'T KNOW.....-2

**BEHAVIOR CHANGE STRATEGY (for Intensity Score)**

- C9. Which of the following **behavior change strategies** were used by the (program/policy)? Focus on the current year of the activity (or in its last form, if no longer in place).

CODE ALL THAT APPLY.

SHOW RESPONSE CARD – BLOCK D.

Providing information and enhancing skills.....1  
Enhancing services and support.....2  
Modifying access, opportunities, and barriers.....3  
Changing consequences.....4  
Modifying policies and broader systems.....5  
Other.....6  
REFUSED.....-1  
DON'T KNOW.....-2

- C10. If different at beginning, what **behavior change strategies** did this (program/policy) implement when it first began (at the onset, perhaps as far back as 10 years ago)? Initially, it used...

CODE ALL THAT APPLY.

SHOW RESPONSE CARD – BLOCK D.

Providing information and enhancing skills.....1  
Enhancing services and support.....2  
Modifying access, opportunities, and barriers.....3  
Changing consequences.....4  
Modifying policies and broader systems.....5  
Other.....6  
No Difference.....0  
  
REFUSED.....-1  
DON'T KNOW.....-2

**DURATION (for Intensity Score)**

- C11. What was the **onset** or beginning date of this (program/policy)?

MONTH / YEAR

REFUSED.....-1  
DON'T KNOW.....-2

- C12. Is this ongoing or still in operation?

YES.....1  
NO.....0  
REFUSED.....-1  
DON'T KNOW.....-2

IF C12 = 0, ASK C12a; ELSE SKIP TO C12b.

- C12a. (If no), When did it end?

MONTH / YEAR

REFUSED.....-1  
DON'T KNOW.....-2

C12b. CL TO ANSWER: DID THE CPP OCCUR DURING THE STUDY PERIOD [PAST 10 YEARS]?

YES.....1  
NO.....0  
DON'T KNOW.....-2

- C13. How often did the activity occur during the current year (or, in its last form, if no longer in place)?

One-time event.....1  
More than once.....2  
Ongoing.....3

- C14. If different at beginning, how often did the activity occur when it first began (at the onset, perhaps as far back as 10 years)? Initially, it occurred...

REFUSED.....-1  
DON'T KNOW.....-2

One-time event.....1  
More than once.....2  
Ongoing.....3  
No Difference.....0  
REFUSED.....-1  
DON'T KNOW.....-2

### REACH (for Intensity Score)

- C15. IS THIS ACTIVITY A COMMUNITY PROGRAM OR A POLICY?  
CL TO ANSWER.

PROGRAM.....1  
POLICY.....2

- C16. We are interested in how many children actually experience the community program or policy. What **percentage** of all children aged 3 to 15 in the community took part in the program (or experienced the policy)? Focus on the current year of the activity (or in its last form, if no longer in place). Would you say...

Low  
(1%-5% of all 3-15 year olds).....1  
Medium  
(6%-20% of all 3-15 year olds).....2  
High  
(21% or more of all 3-15 year olds).....3  
REFUSED.....-1  
DON'T KNOW.....-2

IF NEEDED, REMIND THEM THAT "THE COMMUNITY" REFERS TO A SPECIFIC CATCHMENT AREA, AND WHEN POSSIBLE HOW MANY CHILDREN AGED 3-15 ARE IN THAT AREA. NOTE: FOR PROGRAMS THAT REACH ONLY CHILDREN OF A CERTAIN AGE, STILL ESTIMATE THE PERCENT OF ALL 3-15 YEAR OLDS REACHED (NOT JUST THE PERCENT FOR THE PARTICULAR AGE GROUP.)

- C17. To help us understand your answer about REACH, please estimate the **number** of children aged 3 to 15 in the community who took part in the program (or experienced the policy) during this current year (or the last year, if no longer in place). \_

# children per year

REFUSED.....-1  
DON'T KNOW.....-2

- C18. If different at beginning, what **percentage** of all children aged 3 to 15 in the community took part in the program (or experienced the policy) when it first began? (At the onset, perhaps as far back as 10 years)? Would you say...

Low  
(1%-5% of all 3-15 year olds).....1  
Medium  
(6%-20% of all 3-15 year olds).....2  
High  
(21% or more of all 3-15 year olds).....3  
No Difference.....0

IF NEEDED, REMIND THEM THAT "THE COMMUNITY" REFERS TO A SPECIFIC CATCHMENT AREA, AND WHEN POSSIBLE HOW MANY CHILDREN AGED 3-15 ARE IN THAT AREA.

REFUSED.....-1  
DON'T KNOW.....-2

- C19. If different at beginning, please estimate the **number** of children aged 3 to 15 in the community who took part in the program (or experienced the policy) when it first began (at the onset, perhaps as far back as 10 years). Initially, the number of children was...

# children per year

NO DIFFERENCE.....-3  
REFUSED.....-1  
DON'T KNOW.....-2

IF C15 = 1 (PROGRAM), ASK C20; ELSE SKIP TO C21.

C20. Describe the **frequency** with which the **program** was delivered to the targeted population. (e.g., three days a week or twice a month).

# times per

DAY.....1  
WEEK.....2  
MONTH.....3  
YEAR.....4  
  
REFUSED.....-1  
DON'T KNOW.....-2

### TARGETING OF POPULATIONS (Hypothesis)

C21. Did the activity target all children/youth regardless of their weight, or did it focus on overweight youth?

Addressed all children/  
youth (Universal).....1  
Focused on overweight  
youth (Targeted).....2  
Both.....3  
REFUSED.....-1  
DON'T KNOW.....-2

C22. What were the **ages** of these groups targeted by the community (program/policy)?  
**CODE ALL THAT APPLY.**

Infants 0-2.....1  
Early childhood 3-5 (Pre-K/K).....2  
Children 6-11 (ES, Grades 1-6).....3  
Adolescents 12-19 (MS / HS).....4  
Adults 20-older.....5  
REFUSED.....-1  
DON'T KNOW.....-2

C23. What was the primary **gender** of the group(s) actually served by the community (program/policy)?

Male.....1  
Female.....2  
All.....3  
REFUSED.....-1  
DON'T KNOW.....-2

C24. What was the primary **income level** of the group(s) actually served by the community (program/policy)?

Low-Income.....1  
All.....2  
REFUSED.....-1  
DON'T KNOW.....-2

C25. What were the primary **racial/ethnic groups** actually served from the community (program/policy)?  
**CODE ALL THAT APPLY.**

WHITE.....1  
BLACK/ AFRICAN AMERICAN.....2  
AMERICAN INDIAN/  
ALASKA NATIVE.....3  
NATIVE HAWAIIAN/  
PACIFIC ISLANDER.....4  
ASIAN.....5  
HISPANIC.....6  
REFUSED.....-1  
DON'T KNOW.....-2

C26. Where or in what place (5 digit zip code; County/State) did this community (program/policy) primarily take place?

**REFER TO MAP WITH ZIP CODES INCLUDED IN THE HIGH SCHOOL CATCHMENT AREA OR CENSUS TRACTS; OR ASK RESPONDENT TO REFER TO MAP SENT VIA POST OR E-MAIL.**

OR \_\_\_\_\_

**C26a. CL TO ANSWER: DID THE CPP OCCUR IN THE CATCHMENT AREA?**

YES.....1  
NO.....0  
DON'T KNOW.....-2

IF Q.C26a = 0, ASK Q.C27; ELSE, SKIP TO Q.C28.

C27. If not located in the community, is this community (program/policy) open for use by children in the community?

YES.....1  
NO.....0  
REFUSED.....-1  
DON'T KNOW.....-2

C28. What people or groups (e.g., coalition, partnership) worked together to bring about this community (program/policy)?

REFUSED.....-1  
DON'T KNOW.....-2

I'd now like to ask you some questions about funding for this (program/policy).

C29. What are the sources of funding?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

IF C29=0, SKIP TO C32.

C30. What type(s) of funding source(s) are these?

CODE ALL THAT APPLY.

SHOW RESPONSE CARD – BLOCK E.

Local Government.....1  
State Government.....2  
Federal Government.....3  
Other Government.....4  
Non-Profit Foundation.....5  
Non-Profit Community  
Organization.....6  
Other Non-Profit.....7  
Self-generated or fee-for-service....8  
For-profit organization.....9  
Individual Donation.....10  
REFUSED.....-1  
DON'T KNOW.....-2

C31. How much funding **in total** (from all sources) was devoted to this (program/policy)?

\$

REFUSED.....-1  
DON'T KNOW.....-2

To wrap up this section of questions on this specific (program/policy), I have some final questions related to others with whom you think we should contact for additional information.

C32. Is there another person or persons in your organization with more knowledge about this (program/policy) that we should be sure to talk with?

YES.....1  
NO.....0  
REFUSED.....-1

DON'T KNOW.....-2

---

IF C32=1, ASK C33; ELSE SKIP TO NEXT SECTION.

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C33. Please provide the name and contact information for the person we should contact about this (program/policy).

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## SECTION C PART 1A

ONCE QUESTIONS C1 THROUGH C33 FOR ALL CPPS LISTED IN SECTION B HAVE BEEN ANSWERED, THEN QUESTIONS C34 THROUGH C36 SHOULD BE ASKED. THESE QUESTIONS ARE TO BE ASKED ONE TIME PER KEY INFORMANT INTERVIEW.

- C34. Now think about the types of questions that we have asked about programs and policies addressing obesity, nutrition, and physical activity in your community. Is there anyone else in the community, particularly outside your organization, who knows a lot about the community's efforts in this regard? We are particularly looking for others who can tell us about additional programs and policies in the community.
- YES.....1  
NO.....0  
REFUSED.....-1  
DON'T KNOW.....-2

IF C34=1, ASK C35; ELSE SKIP TO C36.

- C35. Please provide their name and contact information.

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

PULL UP LIST OF CPPS IDENTIFIED VIA DATABASE REVIEW AND/OR INITIAL DOCUMENT REVIEW AND ENTERED INTO THE IMS FOR THE COMMUNITY.

- C36. CL TO INDICATE: HAVE CPPS BEEN IDENTIFIED VIA DATABASE SEARCH OR DOCUMENT REVIEW AND ENTERED INTO THE IMS?
- YES.....1  
NO...SKIP TO Q. C37.....0

Through a review of publically-available information such as reports and/or online databases, we have learned of other possible programs and policies in your community. I would like to read this list to you as well as a brief description and have you tell me whether you can tell me more about it, or who might be able to tell me more about it.

READ EACH LISTED CPP NAME/BRIEF DESCRIPTION. FOR EACH ONE THE KI CAN INFORM ON, OPEN A NEW CPP SECTION C AND CONTINUE INTERVIEW.

IF THE KI DOES NOT KNOW ABOUT THE PROGRAM BUT CAN PROVIDE A REFERRAL, ADD THE REFERRAL INFORMATION FOR THE CPP IN THE TRACKING SYSTEM.

PROGRAMMING NOTE: IF C36 = 1, ALLOW CL TO RETURN TO CPP LIST FOR THAT COMMUNITY IN THE IMS AND WHEN APPROPRIATE LINK TO A STARTED OR NEW SECTION C TO BE COMPLETED. IF THE KEY INFORMANT DOES NOT HAVE INFORMATION TO PROVIDE, BUT CAN GIVE A REFERRAL, ENTER THE REFERRAL CONTACT INFORMATION INTO THE TRACKING SYSTEM LINKED TO THAT CPP.

- C37. TIME ENDED SECTION C PART I

: AM / PM

ONCE SECTION C PART I HAS BEEN COMPLETED FOR ALL CPP'S LISTED IN SECTION B, AND SECTION C PART 1A HAS BEEN COMPLETED, CONTINUE ON TO SECTION D PART I.

## SECTION C PART II: PROGRAM/POLICY LEVEL INFORMATION – POST INTERVIEW QUESTIONS

**THE FOLLOWING SET OF QUESTIONS ARE TO BE ANSWERED BY THE COMMUNITY LIAISON FOLLOWING THE INTERVIEW WITH THE KEY INFORMANT.**

### COMBINATIONS OF CHANGE STRATEGIES (Hypothesis Testing)

PC1. **For nutrition related programs/policies**, which of the following **CDC Community Strategies** were used? (Which of these approaches were used?) **CODE ALL THAT APPLY.**

Increase availability of healthier food and beverage choices.....1  
Improve affordability of healthier food and beverage choices.....2  
Improve geographic availability of supermarkets/ food retailers in underserved areas.....3  
Improve production, distribution, and procurement of foods from local farms.....4  
Restrict availability of less healthy foods and beverages.....5  
Institute smaller portion size options.....6  
Limit advertisements of less healthy foods and beverages.....7  
Increase support for breastfeeding.....8  
Other.....9  
Not Applicable.....10  
REFUSED.....-1  
DON'T KNOW.....-2

PC2. **For nutrition related programs/policies**, which of the following **CDC MAPPS Strategies** were used? (Which of these approaches were used?) **CODE ALL THAT APPLY.**

*NOTE OF CLARIFICATION: MAPPS Strategies refer to a community's use of **Media, Access, Point Of Decision, Price, And Social Support/Services** in helping to change the social and physical environment to positively assist an individual in making healthier lifestyle choices.*

Use media to promote healthy foods/drinks.....1  
Restrict advertising and employ counter-advertising for unhealthy foods/ drinks.....2  
Increase access to healthy food/ drink choices.....3  
Reduce the availability of unhealthy foods/drinks.....4  
Use point of decision labeling/ signage/ placement to increase consumption of healthy foods/drinks.....5  
Use price to benefit consumption of healthy foods/drinks.....6  
Use social support/services to promote breastfeeding.....7  
Other.....8  
Not Applicable.....9  
REFUSED.....-1  
DON'T KNOW.....-2



PC3. **For physical activity related programs/policies**, which of the following **CDC Community Strategies** were used? (Which of these approaches were used?) **CODE ALL THAT APPLY.**

|                                                                                         |    |
|-----------------------------------------------------------------------------------------|----|
| Require physical education in schools.....                                              | 1  |
| Increase the amount of physical activity in physical education programs in schools..... | 2  |
| Increase opportunities for extracurricular physical activity.....                       | 3  |
| Reduce screen time in public service venues.....                                        | 4  |
| Improve access to outdoor recreational facilities.....                                  | 5  |
| Enhance infrastructure supporting bicycling.....                                        | 6  |
| Enhance infrastructure supporting walking.....                                          | 7  |
| Support locating schools within easy walking distance of residential areas.....         | 8  |
| Improve access to public Transportation.....                                            | 9  |
| Zone for mixed use development.....                                                     | 10 |
| Enhance personal safety in areas where persons are or could be physically active.....   | 11 |
| Enhance traffic safety in areas where persons are or could be physically active.....    | 12 |
| Participate in community coalitions or partnerships to address obesity.....             | 13 |
| Other.....                                                                              | 14 |
| Not Applicable.....                                                                     | 15 |
| REFUSED.....                                                                            | -1 |
| DON'T KNOW.....                                                                         | -2 |

PC4. **For physical activity related programs/policies**, which of the following **CDC MAPPS Strategies** were used? (Which of these approaches were used?) **CODE ALL THAT APPLY.**

|                                                                                        |    |
|----------------------------------------------------------------------------------------|----|
| Use media to increase activity.....                                                    | 1  |
| Increase access to safe locations to be active and improve the built environment.....  | 2  |
| Use of point of decision labeling/ signage/ placement to prompt physical activity..... | 3  |
| Use social support/services to promote increased activity.....                         | 4  |
| Other.....                                                                             | 5  |
| Not Applicable.....                                                                    | 6  |
| REFUSED.....                                                                           | -1 |
| DON'T KNOW.....                                                                        | -2 |

PC5. What were the **targeted groups** whose behavior was to be changed by the community (program/policy)?

CODE ALL THAT APPLY.

Children.....1  
Parents/Caregivers.....2  
Community members.....3  
Business people.....4  
Child care providers.....5  
Food service personnel.....6  
Government staff/official.....7  
Health care providers.....8  
Other service providers.....9  
Teachers.....10  
Nonprofit staff.....11  
Other.....12  
REFUSED.....-1  
DON'T KNOW.....-2

#### **FOR OTHER / FUTURE HYPOTHESES**

PC6. What primary setting did this community (program/policy) affect?

CODE ALL THAT APPLY.

Business.....1  
Child care/Preschool sites.....2  
Community Organizations.....3  
Criminal Justice.....4  
Faith-based organizations.....5  
Food retailers.....6  
Health care organizations.....7  
Health Department – Local.....8  
Health Department – State.....9  
Home.....10  
Other Government  
Organizations.....11  
Media.....12  
Neighborhood.....13  
Parks and Recreation.....14  
Schools.....15  
Transportation.....16  
Youth Organizations.....17  
Other.....18  
REFUSED.....-1  
DON'T KNOW.....-2

SPECIFY:

PC7. At what level is this community (program/policy) intended to have the most effect?

Individual.....1  
Family/Interpersonal.....2  
Organization.....3  
Community.....4  
Broader System.....5  
REFUSED.....-1  
DON'T KNOW.....-2

PC8. What key social determinants or contributors to health disparities were addressed by this community (program/policy)? **CODE ALL THAT APPLY.**

Access to healthcare.....1  
Community power/influence.....2  
Crime/safety.....3  
Education.....4  
Employment.....5  
Housing.....6  
Poverty/income inequality.....7

Racism/discrimination.....8  
Social cohesion/connectedness...9  
Transportation.....10  
None.....11  
Other.....12  
REFUSED.....-1  
DON'T KNOW.....-2

## SECTION D PART I: CONTEXT/MODERATING FACTORS

In this last part, I would like to ask you a few **overall** questions about the factors in your community or situation that made it easier or more difficult to implement community programs and policies for healthy children and youth.

- D1. What **factors** or aspects of the situation **made it easier** to bring about and implement these community programs/policies?

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NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

- D2. What **factors** or aspects of this situation **made it more difficult** to bring about and implement these community programs/policies?

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NONE.....0  
REFUSED.....-1  
DON'T KNOW.....-2

More specifically, we would like to ask you about some particular aspects of the situation that might have affected the **community's** efforts to promote physical activity, healthy nutrition, or healthy weight among children and youth.

- D3. What is the **level of awareness** about the issue and actions to address it in the community?

Low.....1  
Medium.....2  
High.....3  
REFUSED.....-1  
DON'T KNOW.....-2

IF D3=-1, -2, SKIP TO D5.

- D4. Please explain why you selected the answer you did.

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REFUSED.....-1  
DON'T KNOW.....-2

- D5. What is the **level of leadership** in the community to address this issue?

Low.....1  
Medium.....2  
High.....3  
REFUSED.....-1

DON'T KNOW.....-2

IF D5=-1, -2, SKIP TO D7.

D6. Please explain why you selected the answer you did.

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REFUSED.....-1  
DON'T KNOW.....-2

D7. What is the **level of collaboration or working together** in the community to address this issue?

Low.....1  
Medium.....2  
High.....3  
REFUSED.....-1  
DON'T KNOW.....-2

IF D7=-1, -2, SKIP TO D9.

Please explain why you selected the answer you did.  
D8.

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REFUSED.....-1  
DON'T KNOW.....-2

D9. What is the **level of planning for action** in the community to address this issue?

Low.....1  
Medium.....2  
High.....3  
REFUSED.....-1  
DON'T KNOW.....-2

IF D9=-1, -2, SKIP TO D11.

D10. Please explain why you selected the answer you did.

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REFUSED.....-1  
DON'T KNOW.....-2

D11. What is the **level of resources** available in the community to address this issue?

Low.....1  
Medium.....2  
High.....3  
REFUSED.....-1  
DON'T KNOW.....-2

IF D11=-1, -2, SKIP TO D13.

D12. Please explain why you selected the answer you did.

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D13. Is there anything else going on in the community – not mentioned yet – to promote physical activity, healthy nutrition, or healthy weight among children and youth?

YES.....1  
NO.....0  
REFUSED.....-1  
DON'T KNOW.....-2

IF D13=1, ANSWER D13a; ELSE SKIP TO D14.

D13a. If yes, please describe.

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REFUSED.....-1  
DON'T KNOW.....-2

D14. Who in the community has the most knowledge about this kind of activity? Please provide the name and contact information for the person we should contact.

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

This is the last of the questions that I have for you. I really appreciate your time today. If you think of anything else, please feel free to contact me. Here is my card. When I get back to my office, I will be reviewing the notes I have made. If I have any additional questions, I will contact you via the information you provided at the beginning of this interview. Again, thank you very much for your time. The information you have provided is very useful, and we are very appreciative of your time. Good bye!

RECORD TIME INTERVIEW ENDED

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AM / PM

**SECTION D PART II: POST INTERVIEW QUESTIONS**

**THE FOLLOWING SET OF QUESTIONS ARE TO BE ANSWERED BY THE COMMUNITY LIAISON FOLLOWING THE INTERVIEW WITH THE KEY INFORMANT.**

- PD1. Was the Key Informant reporting on the community program or policy responsible for bringing it about?
- Yes.....1  
No.....2  
Document Source, Not KI.....3  
DON'T KNOW.....-2
- PD2. How consistent is this Key Informant (or document) with other sources of information?
- Not at all consistent.....1  
Partially consistent.....2  
Mostly consistent.....3  
Exactly consistent.....4
- DON'T KNOW - this is the first report on this policy/program OR we have no info on other reports .....-2
- PD3. How would you rate the overall credibility of this source?
- Not at all credible.....1  
Somewhat credible.....2  
Very credible.....3

## **Key Informant Interview**

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