

HEALTHY COMMUNITIES STUDY
STATE HEALTH DEPARTMENT / GRANTMAKERS
QUESTIONS FOR NOMINATIONS OF CERTAINTY COMMUNITIES

The following attachment contains questions to be asked of State Health Department officials or Grant Makers in order to obtain additional nominations for certainty communities. This document contains an introductory email, a verbal consent script, a brief introduction to the study, and questions regarding the communities suggested by the official. The conversation will be by phone.

The Centers for Disease Control and Prevention will provide a list of individuals to contact regarding recommendations for certainty communities. Prior to our telephone conversation with these individuals, we will send an e-mail indicating the type of information we are looking for so that they are prepared to answer our questions during the call.

These questions were developed by the Healthy Communities Study – the National Heart, Lung, and Blood Institute, Battelle Memorial Institute, the University Partners from University of California at Berkeley, University of Kansas, and the University of South Carolina, and individuals from the Robert Wood Johnson Foundation and Centers for Disease Control and Prevention.

E-MAIL TO PARTICIPANT PRIOR TO PHONE CONVERSATION

Dear (MR/MS/DR LAST NAME),

My name is (YOUR NAME) and I work for Battelle Memorial Institute. We are about to begin a nationwide study of programs and policies affecting childhood obesity called the Healthy Communities Study and hoped that you could provide some insight into which communities within your [state OR funding portfolio] have addressed this issue. For each community you list, I will ask how much money was invested to address childhood obesity, over what period of time, and by which organizations; so, if you have this information somewhere, we would appreciate if you have it readily available during our call. It should only take 15 to 20 minutes. The information we receive from you will be used to help select communities to include in our study. Just to confirm, in my records, I have that we scheduled a phone conversation for MM/DD/YYYY at HH:MM AM/PM TIME ZONE at (##)###-####. If you have any questions between now and then, please feel free to call me at (##)###-####. I look forward to speaking with you then!

Sincerely,

YOUR NAME

STATE HEALTH DEPARTMENT PERSONNEL INTERVIEW SCRIPT

Public reporting burden of this collection of information has an estimated average of 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining 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 S. Sonia Arteaga, Ph.D., project officer at hcs@nhlbi.nih.gov.

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few questions about communities that you may be aware of that have programs and/or policies related to childhood obesity, including questions about any funding received in support of these efforts. It should only take 15 to 20 minutes. The information you give me today will be used to help select communities to include in our larger, national study. I will not collect any identifying information about you and will not put your name on this questionnaire. Would you be willing to answer a few questions for me today?

- YES.....(PROCEED WITH INTERVIEW).....1
- NO... (THANK THEM FOR THEIR TIME. MARK AS RF)..2

For our study, we are defining a “community” as a specific public high school catchment area.

Since many programs and policies are broader than this, for the purpose of this interview, please think of a “community” as a smaller area or neighborhood within a city. When describing a community, please be as specific as possible.

1. Which communities in your [state OR funding portfolio], based on investments in the past decade, have promising programs and policies that address obesity for children and youth?

- COMMUNITY 01....._____
- COMMUNITY 02....._____
- COMMUNITY 03....._____
- COMMUNITY 04....._____
- COMMUNITY 05....._____
- COMMUNITY 06....._____
- COMMUNITY 07....._____
- COMMUNITY 08....._____
- COMMUNITY 09....._____
- COMMUNITY 10....._____
- NO MORE COMMUNITIES.....3
- RF.....7
- DK.....8

ONCE 3 IS SELECTED, SKIP TO NEXT QUESTION. PREPOPULATE THE LEFT-HAND “COMMUNITY” COLUMN OF THE TABLE IN THE NEXT QUESTION WITH THE CORRESPONDING COMMUNITY NAME PROVIDED IN QUESTION 1. EXAMPLE: INSTEAD OF READING “Community 01,” YOU SHOULD PREPOPULATE AND THEN READ THE ACTUAL NAME OF THE COMMUNITY, “CHIPPEWA FALLS.”

Community	Program Name	Names Of Organization(s) That Provided Funding	Time Period Over Which Investment Made (Years And Months)	Amount Of Money Invested	Who Might Know If You Don't Know	RF	DK (And DK Who Might Know)
Community 01	_____	_____	□□ months	\$ _____	_____	7	8
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		
Please provide a few sentences about why you believe this community merits inclusion in the HCS			_____				
_____			_____				
Community 02	_____	_____	months	\$ _____	_____	7	8
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		
Please provide a few sentences about why you believe this community merits inclusion in the HCS			_____				
_____			_____				
Community 03	_____	_____	months	\$ _____	_____	7	8
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		
Please provide a few sentences about why you believe this community merits inclusion in the HCS			_____				
_____			_____				
Community	Program Name	Names Of Organization(s)	Time Period Over Which Investment	Amount Of Money Invested	Who Might Know If You	RF	DK (And DK Who Might

	That Provided Funding	Made (Years And Months)		Don't Know	Know)	
Community 04	_____	_____	months	\$ _____	7	8
	_____	_____	months	\$ _____	_____	_____
	_____	_____	months	\$ _____	_____	_____
	_____	_____	months	\$ _____	_____	_____

Please provide a few sentences about why you believe this community merits inclusion in the HCS

Community 05	_____	_____	months	\$ _____	7	8
	_____	_____	months	\$ _____	_____	_____
	_____	_____	months	\$ _____	_____	_____
	_____	_____	months	\$ _____	_____	_____

Please provide a few sentences about why you believe this community merits inclusion in the HCS

Community 06	_____	_____	months	\$ _____	7	8
	_____	_____	months	\$ _____	_____	_____
	_____	_____	months	\$ _____	_____	_____
	_____	_____	months	\$ _____	_____	_____

Please provide a few sentences about why you believe this community merits inclusion in the HCS

Community	Program Name	Names Of Organization(s) That Provided Funding	Time Period Over Which Investment Made (Years And Months)	Amount Of Money Invested	Who Might Know If You Don't Know	RF	DK (And DK Who Might Know)
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Community 07	_____	_____	months	\$ _____	_____	7	8
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		

Please provide a few sentences about why you believe this community merits inclusion in the HCS

Community 08	_____	_____	months	\$ _____	_____	7	8
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		

Please provide a few sentences about why you believe this community merits inclusion in the HCS

Community 09	_____	_____	months	\$ _____	_____	7	8
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		

Please provide a few sentences about why you believe this community merits inclusion in the HCS

Community	Program Name	Names Of Organization(s) That Provided Funding	Time Period Over Which Investment Made (Years And Months)	Amount Of Money Invested	Who Might Know If You Don't Know	RF	DK (And DK Who Might Know)
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Community 10	_____	_____	months	\$ _____	_____	7	8
	_____	_____	months	\$ _____	_____		
	_____	_____	months	\$ _____	_____		

_____ months \$_____,_____,_____._____

Please provide a few sentences about why you believe this community merits inclusion in the HCS

3. (ONLY ASK IF THEY GAVE YOU THE NAME OF SOMEONE WHO COULD GIVE YOU MORE INFORMATION) For the individual(s) you mentioned above, may I use your name as a reference to introduce myself?
- YES.....1
NO.....2

Thank you so much for your time and the information you gave me today. This will be extremely important in the selection of communities for the Healthy Communities Study. Have a wonderful day!