

Evaluation of State Nutrition, Physical Activity, and Obesity Plans

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We encourage readers to adapt and share the tools and resources in the document to meet their program evaluation needs. For further information, contact the Division of Nutrition, Physical Activity and Obesity (DNPAO), Program Development and Evaluation Branch at cdcinfo@cdc.gov.

In spring 2009, the DNPAO convened 2 meetings of a 32-member evaluation consultation group composed of state health department staff, CDC staff, and professional evaluators. The purpose of the meetings was to gain input into the development of a strategic plan and its implementation for the DNPAO evaluation team. This strategic plan provides the foundation for setting objectives and priorities for the evaluation of the division's three goal areas (nutrition, physical activity, obesity). The strategic plan also defines how the evaluation team will (1) provide evaluation technical assistance to states; and (2) conduct program evaluation, evaluation research, and program monitoring. The evaluation team's intention is to continuously create and sustain organizational processes that make quality evaluation and its uses routine. Utilization-Focused Evaluation (UFE) is the evaluation team's model of practice, and organizational collaboration and participation are strategies adopted to accomplish the evaluation team's work.

Purpose of Guides

This is one of three evaluation guides produced as part of a series of technical assistance tools developed by the CDC's DNPAO for use by state NPAO programs. The documents address developing and using an evaluation consultation group; evaluating state nutrition, physical activity, and obesity plans; and evaluating partnerships. The three initiatives are strategically linked.

The guides clarify approaches and methods of evaluation, provide examples and tools specific to the scope and purpose of state NPAO programs, and recommend resources for additional reading. The guides are intended to complement each other, offer guidance, and a consistent

definition of terms. The guides are also intended to aid in skill-building on a wide range of general evaluation topics, recognizing that state NPAO programs differ widely in their experience and resources for program evaluation. Although the guides were developed for use by state NPAO programs, the information will also benefit other state health department programs, especially chronic disease programs.

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Background

Obesity in the United States has reached epidemic proportions. Since the mid-1970s, the prevalence of overweight and obesity has increased sharply for both adults and children.¹ These increasing rates have serious implications for the health of Americans—being obese increases the risk of many chronic diseases and health conditions, and treating these conditions costs an estimated \$100 billion or more annually.²

To address this epidemic, the U.S. Congress funded CDC in 1999 to initiate a national, state-based, nutrition and physical activity program to prevent obesity and chronic diseases. These resources have built (or are intended to build) the capacity of funded states to address the prevention of obesity and other chronic diseases. The Nutrition, Physical Activity, and Obesity (NPAO) program was originally funded to support 6 states; currently, the program funds 25 states. This technical assistance document is designed to support the capacity-building of states.

To support the capacity-building of states, this document constitutes a technical assistance manual for states to use after they have developed state plans and implementation plans. It offers guidance, not formal prescriptions. Through evaluation, states can learn what works and what does not. They can learn why and how things work. They can use this knowledge to improve future versions of their plans.

Evaluation of State Nutrition, Physical Activity, and Obesity Plans

State Nutrition, Physical Activity, and Obesity (NPAO) plans enable a state to design a comprehensive, integrated approach to improving nutrition and physical activity to reduce obesity in its population.

Target areas for plans are to

- Increase physical activity.
- Increase consumption of fruits and vegetables.
- Decrease the consumption of sugar-sweetened beverages.
- Increase breast-feeding initiation and duration.
- Reduce the consumption of high-energy-dense foods.
- Decrease television viewing.

CDC has encouraged states to consider using a set of milestones to develop a comprehensive and accountable NPAO program.³ These milestones appear next.

If a state plan has not been developed and published...

Year 1

- Develop a plan for convening and maintaining a state partnership.
- Establish a state partnership composed of diverse partners.
- Outline the steps needed to develop statewide nutrition, physical activity, and obesity prevention policy and environmental change efforts (state plan).
- Leverage resources from partners to facilitate the development and implementation of the state plan.
- Convene partnership meetings to develop a state plan.

Year 2

- Develop and implement a training plan to increase the capacity of state and local health department staff and partners to carry out the activities outlined in the state plan.
- Publish and disseminate a state plan.
- Develop an implementation plan for the state plan.

- Begin to develop an evaluation plan for the state plan

Year 3

- Start implementing the state plan in collaboration with partners.
- Begin to collect evaluation measures on the state plan.
- Develop a plan for surveillance data and reporting.

Once the state plan is published, then...

Annually

- Implement priorities and evaluate the state plan in collaboration with partners.
- Leverage resources from partners to facilitate the implementation of the state plan.
- Update the implementation and evaluation plans for the state plan.
- Document and disseminate evaluation results.

Biennially

- Update the surveillance data and reporting plans.
- Complete an evaluation of the state partnership, including using the guide developed for that purpose.⁴
- Reassess training needs; adjust and implement the training plan to increase the capacity of state and local health department staff and partners.

By Year 5

- Develop and implement a plan to sustain the program beyond 5 years.

Creation of a plan brings together stakeholders related to nutrition, physical activity, and obesity in the state. Jointly, these stakeholders review information on the health status of the population, along with related epidemiologic data; and they include some of this information in the plan, as appropriate. Together, the stakeholders specify goals, objectives, tasks, and timelines, and they

identify the persons and organizations with roles to fulfill the plan. CDC has suggested steps for state plan development and implementation:

- Gain internal and external support and resources.
- Collect and use data.
- Develop goals and Specific, Measurable, Attainable, Relevant, and Timely (SMART) objectives.
- Select population(s) and strategies for interventions.
- Develop an evaluation plan for the state plan.
- Develop a dissemination plan.
- Prepare for implementation.

Purpose of the Evaluation of State NPAO Plans

In a state plan, the state program and partners identify how and when they will act to achieve important goals for nutrition and physical activity policies, programs, and approaches that address obesity and other chronic diseases. The evaluation of state NPAO plans provides information that enables states to develop and implement plans as effectively and efficiently as possible. This information assists states in different ways, depending upon their levels of progress in plan development.

Examples of how evaluation results can be used, depending on a state's specific situation, appear here:

- *States about to create a plan* can learn from the evaluation results of states that have already developed plans. They can use those lessons learned as they establish their process for state plan development and in the actual shaping of their own plans.
- *States developing their first plan* can gather information about their activities and assess the satisfaction and attitudes of the participants in the plan development process (i.e., process evaluation). They can use this information to strengthen their activities (e.g., to improve stakeholder engagement, stimulate partnership formation, and most efficiently identify the appropriate content and objectives for the plan).
- *States that have recently created and begun implementing their plan* can initiate outcome evaluation to identify whether the state achieves the intended goals and objectives of the plan.
- *States preparing to revise their plan* can use the process and outcome information related to their first plan as inputs into the process of developing a new plan.

Technical Assistance Manual for Evaluation of State Plans

This document provides an overall framework and a menu of options that a state can consider in the design of an evaluation for its nutrition, physical health, and obesity plan. The document assumes that

- States using the information contained in the document seek suggestions of evaluation methods that will enable them to gather information to improve the effectiveness of their plan, and to meet their NPAO state plan evaluation requirements.
- Evaluations across states will not be identical. States will select specific evaluation questions and methods, depending upon the level of development of their state plans, as well as their priorities, resources, and the level to which their NPAO initiatives have been implemented as of the time that the evaluation will be done.

In guiding NPAO-funded states in the evaluation of their state plans, this manual addresses the first of five required types of evaluation.⁵

States funded under this cooperative agreement are required to undertake five types of evaluation. (The first two are also recommended for unfunded states.)

- 1) Evaluation of the creation and implementation of your state plan for nutrition, physical activity, and obesity.
- 2) Evaluation of *selected* interventions or projects undertaken to implement your state plan.

Those specific to states with CDC NPAO cooperative agreements are

- 3) Ongoing monitoring for accountability as a recipient of federal funds.
- 4) Monitoring and tracking your progress in accomplishing the activities submitted in the annual work plan for the cooperative agreement.
- 5) Participation in CDC's national-level evaluation by providing the state's data electronically for CDC's Progress Monitoring Report (PMR) system.

Categories of Evaluation Questions

The evaluation of a state NPAO plan involves seven sets of questions:

- 1) *Questions about Process*—focusing on how much the activities to develop the plan occurred in ways likely to nurture the engagement of relevant stakeholders, and in ways likely to receive official endorsement and informal acceptance from those who must approve or implement the plan.
- 2) *Questions about Content*—focusing on how much the plan contains necessary or recommended elements.
- 3) *Questions about Dissemination*—focusing on how much the plan’s distribution activities bring it to all relevant stakeholders, decision-makers, and users.
- 4) *Questions about Awareness*—focusing on how much relevant stakeholders, decision makers, and other users recognize and understand the plan after it has been disseminated.
- 5) *Questions about Initial Outcomes*—focusing on how much policies, initiatives, and approaches specified in the plan are implemented.
- 6) *Questions about Intermediate Outcomes*—focusing on how much trends in nutrition and physical activity move in the desired direction, after implementation of the plan.
- 7) *Questions about Long-Term Outcomes*—focusing on how much a state achieves its long-term goal to reduce obesity and related chronic diseases.

The first four sets of questions constitute the *process evaluation* questions, and they enable a state to obtain useful insight that can inform and improve a current plan development process while it occurs or a future plan development process, based on the state’s previous experience. The last three sets of questions constitute “outcome evaluation” questions, since they assess what outcomes the state plan has achieved. These three sets of questions also comprise part of the surveillance work by a state’s health department.

When Do States Address These Evaluation Questions?

How much states can address specific questions will depend upon the stage of the plan development process. All questions, of course, can be addressed after the plan has been developed and disseminated. However, it may be useful to obtain some information sooner, and use that information as part of a self-correcting mechanism to improve the plan development process.

- 1) *Questions about process* can be addressed at any time. It may be helpful to examine participation records and do a survey of stakeholders once or more often

before writing a first draft of the plan to make sure that relevant individuals and organizations are participating.

- 2) *Questions about content* can be addressed any time after the first formal draft of the plan is developed.
- 3) *Questions about dissemination* can be addressed after the plan has been developed and efforts to bring it to relevant audiences have begun. Note that this can occur before formal publication of the final version of the plan.
- 4) *Questions about awareness* should probably be addressed approximately 3 to 6 months after the major efforts to disseminate the plan have concluded.
- 5) *Questions about initial outcomes* should be addressed beginning approximately a year after the plan has been disseminated, and then continuously thereafter.
- 6) *Questions about intermediate outcomes* should be addressed annually or less frequently, if trends are likely not to change much on an annual basis.
- 7) *Questions about long-term outcomes* should be addressed annually or less frequently, if trends are likely not to change much on an annual basis.

Logic Model and Evaluation Scope

A generic logic model appears on the following page. It represents how state plans can, if successful, lead to changes in the health of a state's population. States may want to adapt this model to fit their needs.

For more information on developing logic models, please see these Web sites:

- ⇒ [http://www.cdc.gov/eval/resources.htm#logic model.](http://www.cdc.gov/eval/resources.htm#logic%20model)
- ⇒ [http://www.wilder.org/reports/summary.0.html?&no_cache=1&tx_ttnews\[swords\]=logic%20model&tx_ttnews\[tt_news\]=1900&tx_ttnews\[backPid\]=311&cHash=d425cdd105.](http://www.wilder.org/reports/summary.0.html?&no_cache=1&tx_ttnews[swords]=logic%20model&tx_ttnews[tt_news]=1900&tx_ttnews[backPid]=311&cHash=d425cdd105)

Notes

- The state plan and the implementation plan are *outputs* of the state plan development activities.
- *Initial outcomes* expected as a result of the development of the state plan are

Increases of

- Policies and standards.
- Access to and use of environments.
- Social and behavioral approaches.

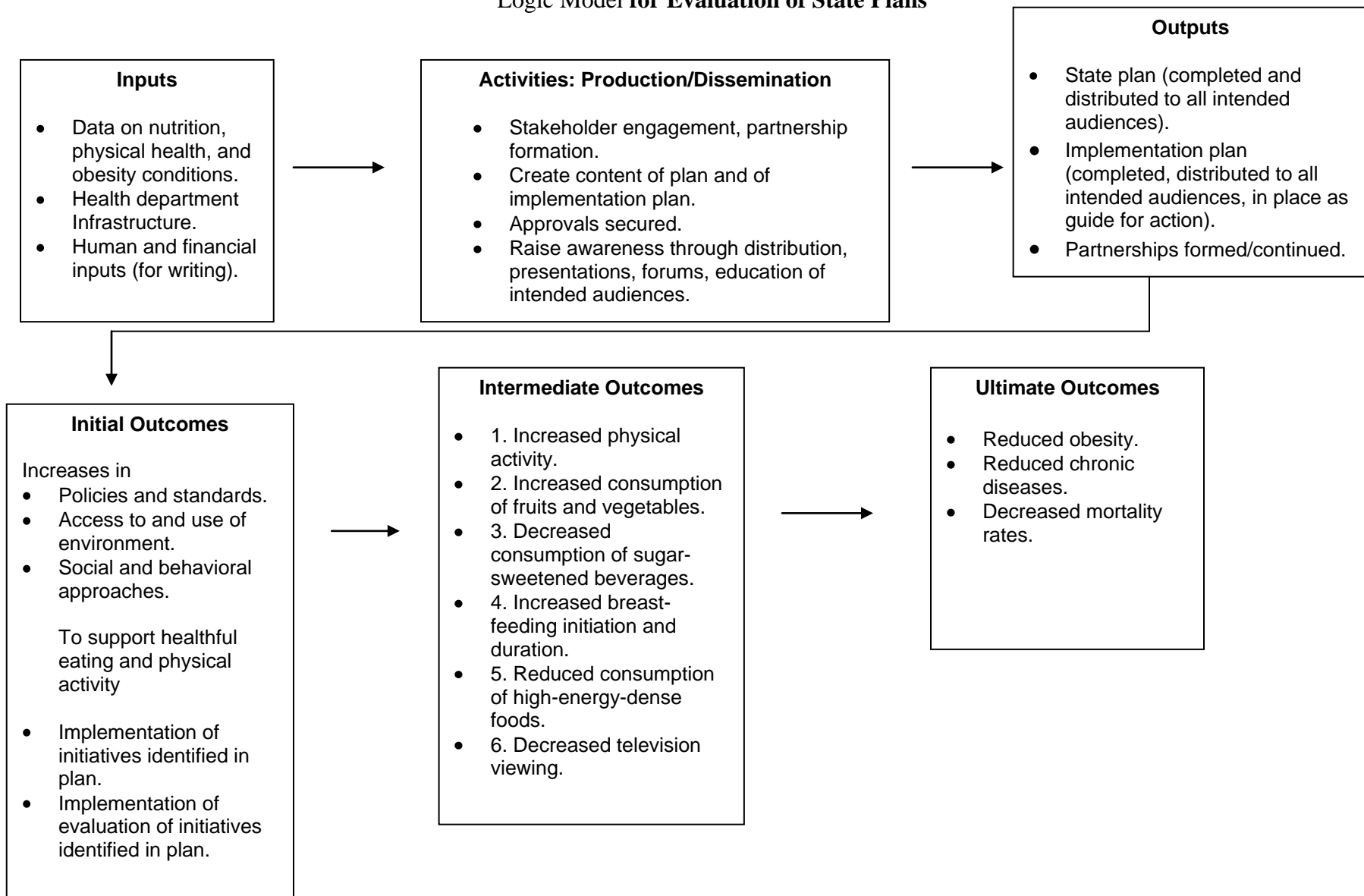
To support healthful eating and physical activity

- Implementation of initiatives are identified in the plan.
- Implementation of evaluation of initiatives are identified in the plan.

On the basis of this or a similar logic model, the evaluation of the state plan does not occur only a single time. Each time that a state revises its plan, the writing process involves a new set of inputs, activities, and outputs intended to produce the outcomes that are then monitored to determine whether the state achieves its desired effects on the health of its residents.

In addition, note that states will usually undertake evaluation of the implementation of specific initiatives. However, this evaluation is not included, in any detail, within the logic model on the following page.

Logic Model for Evaluation of State Plans



Focus of State Plan Evaluation

The logic model guides the evaluation of the NPAO state plan. Evaluation questions derive from the logic model, which may require more specificity and detail to serve as the basis for evaluation questions. Note that the evaluation of the state plan focuses only on the process of developing the plan and on the plan's outcomes. It does not focus on specific initiatives.

Annual Review

Annually, the evaluation of an NPAO state plan focuses primarily on the following elements of the logic model:

- ✓ Inputs.
- ✓ Activities.
- ✓ Outputs.
- ✓ Initial outcomes.

Information on inputs, activities, and outputs provides insight on plan development and on whether improvements could occur in plan design, content, stakeholder engagement, and distribution processes.

The evaluation of initial outcomes determines whether the state plan achieves its initial, intended purpose to make certain that state and local health departments and their partners act in concert to increase policies and standards, access to environments, and social and behavioral approaches, which will support healthy eating and physical activity and prevent reduce obesity among the state's residents.

The evaluation of initial outcomes is very similar, or even identical, to the evaluation of implementation.

Longer-term Review

In the longer term, the evaluation of an NPAO state plan includes information on the remaining two elements of the logic model:

- ✓ Intermediate outcomes.
- ✓ Long-term outcomes.

Information about intermediate and ultimate outcomes is, for the most part, readily available through sources, such as the BRFSS. Understanding the extent to which a state achieves intermediate and ultimate outcomes shows how the state can revise and update its NPAO plan. It constitutes a necessary part of the long-term evaluation of a state plan.

Evaluation of Initiatives Identified in the State Plan

A typical state NPAO plan developed collaboratively by partners throughout a state, identifies initiatives, which involve state and local health departments, education agencies, health organizations, nonprofit organizations, advocates, insurers, and others.

Evaluation can determine the effectiveness of specific initiatives (e.g., programs, services, policies) implemented to fulfill the state plan. However, such evaluations constitute assessments of the effectiveness of specific public health activities, not assessments of the state plan itself.

States are expected to develop a process for prioritizing their NPAO initiatives, as candidates for evaluation. On the basis of their priorities and the resources available, states will select some initiatives to evaluate.

Questions for State Plan Evaluation and Methods for Responding to Them

The following pages describe categories of evaluation questions concerning the state plan. These questions relate to one or more segments of the logic model, from inputs to long-term outcomes. For each question, a method is identified. More details about these methods appear in a later section.

For some questions, comments provide more understanding about either the question itself or the method proposed for addressing it. Ideally, an evaluation of a state plan would respond to all of these questions. Only in this way can a state obtain a full picture of its planning process with the widest range of information useful for improving the development of later, revised plans.

As with any evaluation, however, the number of questions that can be answered will depend upon the methods that can actually be employed, the feasibility of collecting each specific type of information, and the phasing of implementation, which will make some evaluation questions more relevant at certain times.

It is suggested that states work with stakeholders to determine priorities of evaluation questions and the uses of evaluation results before designing their evaluation plan.

**Questions about Process: Activities to Produce the Plan, Educate, and Gain Input
from Stakeholders**
(Activities Box of Logic Model)

- Were the appropriate stakeholders involved in the development of the state plan and the implementation plan?⁶
- Were the stakeholders satisfied with their level of involvement?
- Do the involved stakeholders feel *ownership* of the state plan?
- Do the stakeholders feel that they had sufficient statistics and information to support their participation in the development of the plan?
- Were the human and financial inputs adequate?

Possible Methods for Responding to Questions

Question	Method	Comments
Were the appropriate stakeholders identified and involved in the development of the state plan and the implementation plan?	Participation records. Survey of stakeholders.	Group writing the plan needs to identify the appropriate stakeholders. Records need to note how much the stakeholders were involved. A survey of stakeholders can reveal how much the stakeholders were involved, and how they were involved, from their point of view.
Were the stakeholders satisfied with their level of involvement?	Survey of stakeholders.	The best way to measure this is to ask stakeholders themselves.
Do the involved stakeholders feel ownership of the state plan?	Survey of stakeholders.	The best way to measure this is to ask stakeholders themselves.
Do the stakeholders feel that they had sufficient statistics and information to support their participation in the development of the plan?	Survey of stakeholders.	
Were the human and financial inputs adequate?	Survey of stakeholders	

Questions about Content of the Plan (Outputs Box of Logic Model)

- Was a state plan completed?
- Was an implementation plan completed?
- Does the plan include sufficient data describing nutrition, physical activity, and obesity within the state's population? Does it present data about disease burden and existing efforts to prevent and control obesity?
- Are the objectives clearly organized and logical?
- Does the plan include the necessary components, as defined by a panel of experts, and does it sufficiently cover the necessary aspects of public health, related to nutrition, physical activity, and obesity?
- Does the plan reflect the current state-of-the-art and science in public health, related to nutrition, physical activity, and obesity? Is it evidence- or science-based?
- Does the plan address the DNPAO target areas? If so, how well?
- Does the plan address health disparities? If so, how well?
- Are goals and objectives stated in SMART (or similar) format?
- Do the major aims of the plan focus sufficiently on statewide, long-term policy and environmental change?
- Does the plan target specific populations, as appropriate?

Possible Methods for Responding to Questions

Question	Method	Comments
Was a state plan completed?	Observation	
Was an implementation plan completed?	Observation	
Does the plan include sufficient data describing nutrition, physical activity, and obesity within the state's population? Does it present data about disease burden and existing efforts to prevent and control obesity?	Expert informant survey State Plan Index*	The plan itself is not a data report. However, it requires sufficient data to enable users to reference current conditions related to targets that the plan establishes. Ratings by expert informants, including some public health experts who are not part of the development of the state plan, provide an appropriate evaluation technique, because each plan needs customization to a specific state.
To what extent does the plan address the <i>Healthy People 2020</i> public health objectives for nutrition, physical activity, and obesity?	Expert informant survey State Plan Index	
Are objectives clearly organized and logical?	State Plan Index	
Does the plan include the necessary components, as defined as a panel of experts, and does it sufficiently cover the necessary aspects of public health, related to nutrition, physical activity, and obesity?	Expert informant survey	
Does the plan reflect the current state-of-the-art and science in public health? Is it evidence- or science-based?	Expert informant survey State Plan Index	
Does the plan address the DNPAO target areas?	Expert informant survey.	
Does the plan address health disparities?	Expert informant survey.	
Are goals and objectives stated in SMART (or similar) format?	Expert informant survey.	

Question	Method	Comments
Do the major aims of the plan focus sufficiently on statewide, long-term policy and environmental change?	State Plan Index	
Does the plan target specific populations, as appropriate?	State Plan Index	

* Information about the State Plan Index appears later in this document and can also be found at http://www.cdc.gov/pcd/issues/2005/apr/04_0089.htm.

Questions about Dissemination
(Outputs Box of Logic Model)

- Has a strategy for dissemination of the plan been developed and accepted by stakeholders?

- Have all intended audiences been reached and involved in accordance with the implementation plan?

Possible Methods for Responding to Questions

Question	Method	Comments
Has a strategy for dissemination of the plan been developed and accepted by stakeholders?	Observation or checklist	
Have all intended audiences been reached and involved in accordance with the implementation plan?	Checklist	
	Survey of intended audiences	

Questions About Awareness
(Outputs Box of Logic Model)

- Do those who should know about the plan actually know about it?
- Do those who should know about the plan (or parts of it) actually understand what it says?
- Do partners of the health department link to the plan on their Web sites?

Possible Methods for Responding to Questions:

Question	Method	Comments
Do those who should know about the plan actually know about it?	Survey of key leaders, decision-makers	<p>This question should probably be addressed about 3–6 months after the major efforts to disseminate the plan have concluded.</p> <p>However, some communication, including formal surveys to ascertain the level of knowledge and understanding of key leaders and decision-makers, can also occur before the final printing of the plan to provide information that can assist in plan development and in the design of dissemination activities. The evaluator should have identified ahead of time which people fall into the category of “should know about the plan”.</p>
Do those who should know about the plan (or parts of it) actually understand what it says?	Survey of key leaders, decision-makers Conversations with State Public Health Director	<p>This is a very delicate and difficult question to answer. However, many states will consider it very important. A survey that touches the surface of the question with a broad group of leaders and decision makers will probably provide most of the information that is necessary and practical to obtain. However, for a limited number of decision makers, the State Public Health Director should probably have personal conversations intended to determine how well people understand the plan.</p>
Do partners of the health department link to the plan on their Web sites?	Observation (annual inventory)	

Questions About Initial Outcomes
(Initial Outcomes Box of Logic Model)

- Has an increase occurred in policies and standards to support healthful eating and physical activity?
- Has an increase occurred in access to and use of environments that support healthful eating and physical activity?
- Has an increase occurred in social and behavioral approaches to support healthful eating and physical activity?
- Have agencies or organizations identified by the plan for specific roles or actions carried out their assignments?
- Do established public health programs and services conform to the plan?
- Have evaluation initiatives commenced?

Possible Methods for Responding to Questions

Question	Method	Comments
Has an increase occurred in policies and standards to support healthful eating and physical activity?	Inventory	Questions concerning initial outcomes should probably be reviewed annually. A baseline assessment will be needed, in order to measure change.
Has an increase occurred in access to and use of environments that support healthful eating and physical activity?	Inventory	
Has an increase occurred in social and behavioral approaches to support healthful eating and physical activity?	Survey of providers of services, including all those specifically identified in the plan	
Have agencies or organizations identified by the plan for specific roles or actions carried out their assignments?	Review or checklist based on implementation plan	
Do established public health programs and services conform to plan?	Annual policies, programs and initiatives, compared to plan	
Have evaluation initiatives commenced?	Review of evaluation activities in place within health department and other organizations	

Questions About Intermediate Outcomes
(Intermediate Outcomes Box of Logic Model)

- Has physical activity increased within the state?
- Has consumption of fruits and vegetables increased within the state?
- Has the consumption of sugar-sweetened beverages decreased within the state?
- Has breast-feeding initiation, duration, and exclusivity increased within the state?
- Has the consumption of high-energy-dense foods decreased within the state?
- Has television viewing decreased within the state?

Possible Methods for Responding to Questions*

Question	Method	Comments
Has physical activity increased within the state?	BRFSS / YRBS	
Has consumption of fruits and vegetables increased within the state?	BRFSS / YRBS	
Has the consumption of sugar-sweetened beverages decreased within the state?	YRBS	CDC may provide a module for measurement in 2012
Has breast-feeding initiation and duration increased within the state?	National Immunization Survey	
Has the consumption of high-energy-dense foods decreased within the state?		A state may need to develop its own survey related to this question
Has television viewing decreased within the state?	YRBS/ National Children's Health	

* Surveillance data can be found online at:
<http://www.cdc.gov/brfss/index.htm>
<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm
 Forthcoming: <http://www.nationalchildrensstudy.gov/Pages/default.aspx>

Questions About Long-Term Outcomes
(Long-Term Outcomes Box of Logic Model)

- Did obesity rates decline?
- Did chronic disease rates, associated with obesity, decline?
- Did mortality rates decline?
- Did any other population health outcomes change, (e.g., did disability rates decline?)

Possible Methods for Responding to Questions*

Question	Method	Comments
Did obesity rates decline within the state?	BRFSS, YRBS, PedNSS	
Did chronic disease rates, associated with obesity, decline?	BRFSS, and other sources to be determined	
Did mortality rates decline?	Vital Statistics Reports	
Did any other population health outcomes change, (e.g., did disability rates decline?)	To be determined	

* Surveillance data can be found online at:
<http://www.cdc.gov/brfss/index.htm>
<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
<http://www.cdc.gov/pednss/>
<http://www.cdc.gov/nchs/nvss.htm>

Reporting Evaluation Results

Internal Reporting of Evaluation Results for Improvement of Plan

Evaluation related to evaluation questions 1–4 (i.e., process, content, dissemination, awareness) provides the state health department and its partners with information intended to strengthen the plan. Results such as survey findings and ratings on the State Plan Index should be summarized and reported to a limited audience (i.e., those involved in development of the plan).

Reports should include the following:

- Introduction.
- Description of questions addressed.
- Method used to gather information.
- Tabulation of information.
- Description (in bulleted or narrative form) of most important findings.

External Reporting of Achievement of Outcomes

Ideally, each state will provide a public report on its outcomes annually. The annual evaluation report should include as many of the components listed below as possible, in a format best suited to the audiences expected to read the report.

The public report can focus exclusively on outcomes (i.e., evaluation questions 5–7). Optionally, it can also include some evaluation findings related to the development of the plan (i.e., evaluation questions 1–4).

- Introduction.
- Executive summary.
- Overview of state plan development activities.
 - Key stakeholders involved in process.
 - Time frame.
 - Summary of key meetings, and more.
 - Approvals, endorsements.
 - Summary of the content of the plan.
- Evaluation method.

- Questions addressed.
 - Methods for gathering information to respond to questions.
- Development process results (optional).
- Initial outcomes achieved.
 - Complete list of recommendations for implementation.
 - Status of achievement of recommendations.
- Intermediate outcomes achieved.
- Ultimate or long-term outcomes achieved.
- Conclusion.
 - Comments on significant findings.
 - Recommendations or next steps, if any.

Appendix A. Examples and Additional Details on Methods

This appendix provides examples and additional details on the methods identified for responding to evaluation questions related to state plans. These methods are

1. Participation records.
2. Surveys of stakeholders.
 - a. Generic.
 - b. Montana Task Force.
3. Expert informant surveys.
4. Survey of key leaders and decision makers.
5. Conversations: State Public Health Director with leaders or decision makers (i.e., public officials).
6. Annual inventory of policies, programs, and initiatives implemented in accordance with the state plan.
 - a. Georgia Evaluation Report.
7. Annual inventory of endorsements and significant publications regarding the state plan and NPAO-related health services.
8. State Plan Index.

For each method, the appendix briefly describes the potential source of the information. It then suggests some content for rating forms, surveys, and other.

Participation Records

Rather than simply having a person or persons subjectively rate the overall involvement of stakeholders during the process of plan development, participation records provide a more objective and quantitative measure of involvement.

Source of Information

A checklist can be developed by the group responsible for writing the plan as an outgrowth of their activities to involve stakeholders.

Potential Content

Each state can adapt the template below to include the specific groups or individuals it identifies as stakeholders.

Stakeholder	Consulted for Initial Input	Reviewed Draft of Plan	Participated in Final Decision or "Vote"	Endorsed Final Document
Department Head 1 2 3 Other				
Advocacy Group 1 2 3 Other				
Dental Association				
Others, as appropriate				

Surveys of Stakeholders

This type of survey determines stakeholders’ perceptions of their participation in the plan development process. A stakeholder is any individual or organization that should have a role in the development or implementation of the state plan. (Whether or not they are actually active in development or implementation does not affect the definition. In fact, one purpose of the survey of stakeholders could be to determine why some stakeholders, if any, do not become actively involved.)

Source of Information

Survey form could be a 1–2 page self-administered questionnaire, a brief Web survey, or a 5-minute telephone survey. All appropriate stakeholders are included in the sample.

Categories of stakeholders may differ by state. However, for most states, they would include, for example

- ✓ State health department officials.
- ✓ County health department officials.
- ✓ Health advocacy organizations and coalitions.
- ✓ Health professional associations.
- ✓ Schools of public health and medicine.
- ✓ Funders, if any, with expressed interest in public health.
- ✓ Other departments in the state

Potential Content

Potential core items for a survey appear below. States can select from these or include additional items, depending upon their needs.

Item	Response Categories
1 How satisfied are you with your participation in the development of the state plan?	<ul style="list-style-type: none"> ● Very satisfied. ● Satisfied. ● Dissatisfied. ● Very dissatisfied.
2 Do you feel that the opportunities for input from you personally were sufficient or not sufficient?	<ul style="list-style-type: none"> ● Sufficient (go to 3). ● Not sufficient (ask 2a).
2a Why were they not sufficient?	

Item	Response Categories
3 Do you feel that the opportunities for input from your organization were sufficient or not sufficient?	<ul style="list-style-type: none"> • Sufficient (go to 4). • Not sufficient (ask 3a).
3a Why were they not sufficient?	
4 How would you describe your feelings of <i>ownership</i> of the plan? Would you say you feel ...	<ul style="list-style-type: none"> • Adequate ownership of all of plan, or at least of the parts relevant to me. Inadequate ownership (ask 4a).
4a Why do you not feel full ownership of the state plan?	
5 What suggestions do you have for improving the process of developing the state plan?	
6 Other question(s), if inserted by state, or conclude survey.	
7 How involved were you in the development of the plan? (Please select the response(s) which most closely describe(s) your involvement).	<ul style="list-style-type: none"> • Actively involved in drafting and revising the plan. • Served on committee or task force which reviewed or endorsed the plan. • Asked to review and comment on all or part of the plan, while it was in draft form (e.g., attended a meeting to discuss the draft of the plan, or received a draft copy for comment). • Asked for input during design phase, but not for comments on the draft. • No involvement in development of the plan.

Example: Montana Task Force Survey

Montana Nutrition and Physical Activity Program Task Force Member Satisfaction Survey

Thank you for serving on the CVH/Obesity Prevention Task Force. We appreciate your time and efforts in developing the Nutrition and Physical Activity (Obesity Prevention) State Plan. We would like to know how satisfied you are with the development process and the resulting plan. Please take about 10 minutes to help us by completing the following survey. Your responses are confidential and will be reported in group form only. We will use the information you provide to further refine the plan.

DIRECTIONS: Please mark one choice for each item about your satisfaction with serving on the Task Force and the latest draft of the Nutrition and Physical Activity State Plan.

Use the following scale when marking your responses:

SA = Strongly Agree **A** = Agree **D** = Disagree **SD** = Strongly Disagree **NS** = Not Sure

1. I had sufficient opportunities to give input on the plan.	SA	A	D	SD	NS
2. The amount of time requested of me as a Task Force member was reasonable (i.e., not excessive).	SA	A	D	SD	NS
3. I believe that my ideas and suggestions were taken into account in developing the plan.	SA	A	D	SD	NS
4. The plan reflects my personal values/priorities related to obesity prevention.	SA	A	D	SD	NS
5. The plan supports the mission or priorities of the work I do.	SA	A	D	SD	NS
6. It is clear to me how the work I do fits into the plan.	SA	A	D	SD	NS
7. I believe that the plan will be useful in guiding or supporting my work.	SA	A	D	SD	NS
8. Overall, I enjoyed serving on the Task Force.	SA	A	D	SD	NS
9. Overall, I am satisfied with the Nutrition and Physical Activity Plan.	SA	A	D	SD	NS

10. What do you see as strengths of the Nutrition and Physical Activity Plan and the development process?

11. With which aspects of the plan and the plan development process are you the least satisfied?

12. Other Comments/Clarification:

Thank you for taking the time to share your opinions with us.

Expert Informant Survey

The expert informant survey provides a rating of the extent to which completed plans meet an *ideal* standard for content. Since each plan is customized to fit the circumstances of a specific state, there is no single ideal. Therefore, the best way to obtain this rating is to develop a process for a set of experts to rate the plan.

Information from experts might be obtained through a survey or through their participation in an expert panel.

Source of Information

A set of experts within the public health field will receive the plan and rate it by using a checklist. These experts should include a mix of persons from within the state and, if you consider it desirable, could include experts from outside of the state.

Potential Content

	Item	Response Categories
1	To what extent are the necessary overall public health population data included in the plan?	<ul style="list-style-type: none">• Completely.• Partially.• Not at all.
2	To what extent does the plan address the public health and related objectives of <i>Healthy People 2020</i> ?	<ul style="list-style-type: none">• Completely.• Partially.• Not at all.
3	Checklist* <ul style="list-style-type: none">• <i>Healthy People 2020</i> items.• Items from State Plan Index.• Other, if appropriate.	<ul style="list-style-type: none">• Completely.• Partially.• Not at all.

Item	Response Categories	
4	Based on your understanding of the current art and science of public health, would you say that the plan is...	<ul style="list-style-type: none"> • Fully based on the latest and best quality evidence and standards of public health practice? • Mostly based on the latest and best quality evidence and standards of public health practice? • Only minimally based on the latest and best quality evidence and standards of public health practice? • Not at all based on the latest and best quality evidence and standards of public health practice?
4a	If not “fully based on the latest and best quality evidence and standards of public health practice,” briefly identify the shortcomings.	<i>List responses.</i>
5	The following are the objectives in the plan. Please rate each as to the extent to which it is.	
	<i>Each objective is listed separately.</i>	
5a	Specific—Is concrete, understandable, relates to one concept on which those who use the plan can focus.	<ul style="list-style-type: none"> • Completely. • Partially. • Not at all.
5b	Measurable—Can be measured by using reliable, valid, available indicators.	<ul style="list-style-type: none"> • Completely. • Partially. • Not at all.
5c	Attainable—Has a high potential to be achieved as stated in the plan.	<ul style="list-style-type: none"> • Completely. • Partially. • Not at all.
5d	Results-oriented—Relates to a public health outcome, not just to the process of implementing the plan or changing the health system.	<ul style="list-style-type: none"> • Completely • Partially • Not at all

Item	Response Categories
5e Time-based—Includes a date by which it will be accomplished.	<ul style="list-style-type: none"> • Completely. • Partially. • Not at all.
6 To what extent is an intentional, proactive dissemination strategy included in the plan?	<ul style="list-style-type: none"> • Completely. • Partially. • Not at all.
7 Does the dissemination strategy link the plan to all groups necessary to be involved for implementation to occur?	<ul style="list-style-type: none"> • Completely. • Partially. • Not at all.
7a If partially or not at all, what else is needed?	<ul style="list-style-type: none"> • Completely. • Partially. • Not at all.

*Note

A checklist could be developed identifying each type of data, including, for example

- Data related to each of the items in the *Healthy People 2020* health objectives.
- Information from the State Plan Index, if considered relevant, disease burden of obesity and chronic diseases related to poor nutrition; epidemiological data; data by social-demographic characteristics relevant to target groups in the plan. (There must be specific identification of the data source expected to be included in the plan to get reliable ratings from the informants. The State Plan Index includes large, nonspecific categories.)

Survey of Key Leaders, Decision-Makers

Source of Information

Survey or telephone interview of people in decision making roles related to implementation of the NPAO state plan. The sample might include executive directors of relevant organizations, legislators on committees related to public health, or others.

Potential Content

Examples of survey items that might be included are

Item	Response Categories
1 Are you aware of the State Nutrition, Physical Activity and Obesity Plan that has been completed (or drafted)?	<ul style="list-style-type: none"> ● Yes. ● No.
2 Have you received a copy?	<ul style="list-style-type: none"> ● Yes. ● No.
3 Have you had the opportunity to read all/most/some/none of it?	<ul style="list-style-type: none"> ● All. ● Most. ● Some. ● None.
4 Was the plan stated in a way that you felt you could easily read and understand?	<ul style="list-style-type: none"> ● Yes. ● No.
5 Do you feel that the plan covers the necessary aspects of NPAO health planning for this state?	<ul style="list-style-type: none"> ● Yes. ● No.
5a If no, what does it miss?	
6 Do you feel that the plan gives you enough information to make decisions that you need to make?	<ul style="list-style-type: none"> ● Yes. ● No.
6a If no, what does it miss?	
7 Do you feel that the plan adequately describes the role that you or your organization should have with respect to NPAO initiatives in this state?	<ul style="list-style-type: none"> ● Yes. ● No.
7a If no, what does it miss?	

Item	Response Categories
8 To what extent does the plan adequately address needs and conditions of the population related to nutrition, physical activity, and obesity?	<ul style="list-style-type: none"> • Adequately. • Almost adequately, needs some work. • Inadequately. • Don't know.
9 Does the plan lack enough attention to specific populations that you feel need more emphasis (e.g., children, low-income, cultural groups, others)?	<ul style="list-style-type: none"> • Yes. • No.
9a If yes, please describe.	
10 To what extent does the plan adequately address who should do what to implement the plan?	<ul style="list-style-type: none"> • Adequately. • Almost adequately, needs some work. • Inadequately. • Don't know.
11 Have you personally used the plan, as of now, to make decisions or develop plans for action?	<ul style="list-style-type: none"> • Yes. • No.
11a If yes, how?	
12 Is there any decision you needed to make regarding NPAO initiatives, and you found that the plan was irrelevant or not helpful?	<ul style="list-style-type: none"> • Yes. • No.
12a If yes, what was this?	
13 Are you willing to promote the plan?	<ul style="list-style-type: none"> • Yes. • No.
14 Are you willing to work on implementing a part of the plan?	<ul style="list-style-type: none"> • Yes. • No.
14a If yes, what part?	

Conversations: State Public Health Director with Leaders or Decision Makers
(Public Officials)

These conversations gather information about a limited number of leaders and decision makers whose actions are most critical to the success of the plan.

Source of Information

Information will come from a small number of leaders or decision makers selected by the State Public Health Director. The director will talk with each leader one or more times in person or by phone.

Potential Content

Director will frame questions intended to determine how well the leader or decision maker understands the parts of the plan most relevant to him or her.

Annual Inventory of Policies, Programs, and Initiatives Implemented in Accordance with the NPAO State Plan

Source of Information

Staff in the public health department will track implementation of any policies, programs, or initiatives recommended by the state plan.

Potential Content

Potential content includes a list of state plan recommendations that were implemented, and a proportion of policies, programs, or initiatives that were implemented, as recommended by the plan

Example: Georgia Evaluation Report (excerpt)

Increase the number of state policies and legislative actions related to healthy eating, breast-feeding, physical activity, preventive screening, obesity, and chronic disease prevention and control. (4)*	50%**
Establish the collaborative infrastructure and secure the resources required to implement the plan. (7)	50%
Implement and evaluate a statewide community campaign to promote healthy eating, physical activity, decreased sedentary activity, and breast-feeding. (3)	100%
Increase the number of ongoing programs for healthy eating, breast-feeding, and physical activity that are implemented and evaluated. (3)	66%
Encourage all public health districts to develop and implement a coordinated healthy eating, breast-feeding, and physical activity plan in collaboration with local partners. (2)	50%
Increase changes in the built environment (healthy community design) to foster smart growth communities (mixed land use, trails, connectivity, safety, and Americans with Disabilities Act [ADA] compliant transportation systems). (5)	0%
Increase the number of community locations that provide access to healthy food choices. (4)	60%
Increase the number of nutrition and physical activity programs at state and community parks and recreation centers. (4)	50%
Increase the number of programs that incorporate social support for healthy eating, breast-feeding, and physical activity at the community level. (6)	17%
Increase the knowledge and skills of individuals related to breast-feeding, healthy eating, and physical activity. (3)	100%
Increase the number of early childcare centers that promote breast-feeding, healthy eating, and physical activity. (4)	100%
Increase the proportion of schools K–12 with local wellness policies for healthy eating and physical activity. (4)	50%
Increase the proportion of schools K–12 that implement one or more components of a Coordinated School Health Program. (6)	33%
Increase the proportion of public schools that require daily physical education for all students. (3)	33%

Increase the number of schools and early childcare centers that create environments to promote healthy eating and physical activity. (3)	0%
Increase the proportion of school-aged children who daily eat five or more servings of fruits and vegetables. (4)	37%
Increase the proportion of Georgia children and adolescents who engage in moderate physical activity for at least 30 minutes daily (2)	100%

*The number in parentheses indicates the number of strategies which Georgia has developed for an objective.

**The percentage indicates the extent to which the objective has been completed, as of the time of the report.

Annual Inventory of Endorsements and Significant Publications for State Plan and NPAO-related Health Services

Source of Information or Sampling

Staff working for the State Public Health Director will collect all relevant documents prepared by organizations that participate (or are supposed to participate) in the implementation of the state plan. They will determine the extent of formal endorsements of the plan by all individuals and organizations that should endorse the state plan (e.g., Governor, State Medical Association, others). Staff working for the State Public Health Director will record endorsements, as received.

Potential Content

Potential content includes a list of all significant documents that reference the state plan and a list of individuals or organizations, and notations of which have provided an endorsement.

State Plan Index

Source of Information

Anyone who is involved in the development of a state plan can complete the index at any point during the development of the plan. It can be used more than once to assist in identifying additional work needed on the plan.

Content

Index items appear below. For some items, the tool requires a rater to assess the participation of others (e.g., the extent to which stakeholders participated in the planning process). It does not directly obtain stakeholders' firsthand perceptions; thus, additional methods are desirable.

The index appears online:

http://www.cdc.gov/pcd/issues/2005/apr/04_0089.htm

State Plan Index

Nutrition and Physical Activity Program To Prevent Obesity and Other Chronic Diseases

The Centers for Disease Control (CDC) has provided a State Plan Index to assist with an overall assessment of the plans developed by states. The index was set up to score each item on a scale of 1 to 5, once the plan is written. However, reviewing the criteria during the process of plan development can assist with making sure that plan developers have considered the following points:

Involvement of Stakeholders

- Stakeholders involved in the planning process represent a balance among academic, government, public health, nonprofit, business, and advocacy organizations that represent people affected by obesity.
- Department of Health representatives involved in the planning process include experts in nutrition and physical activity, as well as stakeholders with expertise in other chronic diseases.
- Leaders from state and community organizations are included in the planning process.
- Key stakeholders actively participate throughout the planning process.
- Organizations likely to be involved in providing resources or implementing the plan are involved in the planning process.
- Written endorsement of the plan from the Governor, Secretary of Health, or other high-ranking state official is obtained and included with the plan.

Presentation of Data on Disease Burden and Existing Efforts to Prevent and Control Obesity

- Data are presented on disease burden of obesity and chronic diseases related to poor nutrition and physical inactivity.
- Epidemiologic data are from reliable source(s) (e.g., BRFSS, NHANES).
- State-level data are provided, including results of state-specific epidemiologic or evaluation studies.
- Disease burden on sub-populations in the state are identified with special emphasis on diversity related to age, gender, ethnicity, sexual orientation, and income.
- Potential facilitating factors and barriers (behavioral, social, environmental, and economic factors) that contribute to healthy diet and physical activity are described.
- A conclusion is stated on the basis of data presented to indicate population(s) at highest risk.
- Previous interventions conducted in the state to address disease burden associated with poor diet and physical inactivity are described.

Goals

- The plan relates to statewide effort, not just to selected cities, counties, or regions of state.
- Goals reflect needs and efforts of a broad sector of organizations, not just state health department.
- Goals cover a 8–10 year time.
- Goals focus on changing health status indicators within a state (e.g., decreasing rate of increase in overweight and obesity).
- Circumstances in states expected to have a major influence are described (e.g., windfall from tobacco settlement, major reorganization of health department, budget crisis).
- The plan is not an inventory of existing programs. The plan makes clear that something *new* is gained that is likely to lead to change.

Objectives

- Objectives are clearly organized.
- Objectives are logically related to goals.
- Objectives are related to the state's public health goals (such as *Healthy Iowans 2010* nutrition and physical activity objectives).
- Short-term objectives (changes in process) are included.
- Intermediate objectives (changes in behavior, environment, or policy) are included.
- Long-term objectives (changes in health status) are included.
- Objectives include multiple ecologic levels: individual, family, institutions, and community.
- Objectives are S.M.A.R.T. (Specific, Measurable, Attainable, Results-oriented, and Time-phased).
- Objectives are sufficient in intensity to affect health status indicators.
- Responsibility (a person, position, or organization) is identified for each objective.

Selecting Population(s) and Strategies for Interventions

- Criteria used to designate population subgroups selected for intervention are described.
- Process of selecting groups for intervention included consideration of social marketing data, social habits, beliefs, and other social data relevant to population subgroups.
- Assessment of resources and gaps in existing programs relevant to priority population was included in the planning process.
- Highest risk groups (identified in the description of epidemiologic data) are designated as high priority for intervention. If not, justification is presented.
- Criteria used to select interventions are described.

- Selection of intervention strategies is based on scientific evidence of effectiveness (e.g., strategies recommended in the Guide to Community Preventive Services; or promising new strategies) and strategies recommended by CDC (decreasing television time; increasing consumption of vegetables and fruit; increasing physical activity; and promoting breast-feeding).
- Strategies fit with characteristics (age, gender, and culture, etc.) of population selected for intervention.
- Policy and environmental change approaches or strategies are used.

Integration of Strategies with Other Programs and Implementation of Plan

- The plan describes how strategies will be integrated with existing programs that focus on chronic diseases, prevention, education, and service delivery.
- The plan describes how existing or potential partners (government, community-based, faith-based, business/industry, and private organizations) will be involved to implement plan.
- Ways that partners will be supported in the future (e.g., training, technical assistance, funding) are described.
- Sustainability of interventions is addressed in the plan.
- Process for updating or revising the plan during implementation is described.

Resources for Implementation of Plan

- Resources needed to implement plan are described.
- Strategies that will be used to obtain needed resources are described.
- Sustainability of resources over time is addressed in the plan.
- Plan identifies who will assume fiscal responsibility (lead agency).
- Plan describes how funds will be allocated to or from partners to support plan implementation.

Evaluation

- Potential effects on priority population(s) and communities if goals and objectives are met are described in the plan.
- Short-term indicators (process) to be measured are outlined in the plan.
- Intermediate-term indicators (behavior, environment, or policy changes) to be measured are outlined in the plan.
- Long-term indicators (BMI, BMI for age, and other health status outcomes) to be measured are outlined in the plan.
- Stakeholder involvement in ongoing evaluation activities is described.
- Methods that will be used to collect and analyze evaluation data are described.
- Needed changes in data collection and surveillance systems to support measurement of intermediate and long-term indicators are discussed.
- Plan describes regular reporting of evaluation data to stakeholders.

Accessibility of Plan

- Plan is written in clear and understandable language.
- Plan is logically organized into sections to make information easy to find.
- Plan includes description of intended audience.
- Plan is appropriate in content and scope for intended audience.
- Plan includes an executive summary or other brief summary.
- Plan describes how it will be widely distributed (e.g., posted on a Web site).

For more information about the State Plan Index, consult the CDC web site:
http://www.cdc.gov/pcd/issues/2005/apr/04_0089.htm

Scoring Used for Plan Index

Step 1: Review the plan and determine whether each of the 60 items is adequately presented. Measure the plan against the ideal stated in each item. Do not fill in missing details in your mind. The plan should stand on its own as written. If an item is not addressed in the plan, check the box labeled “N/A” for that item. Otherwise, check scores 1 to 5 for each item by using the guide below.

N/A = Not addressed	Item was not mentioned or included in the plan.
1 = Low quality	The plan mentions the item, but no detail is given. The plan is very far from ideal.
2	Very limited detail is provided or is generally weak in the quality of information presented.
3 = Partial or variable	The plan addresses the item to some extent. An item scored “3” may also reflect a plan that sometimes reaches an ideal although sometimes also falling far short of ideal on the item. This is a middle-of-the-road score for an item.
4	The plan does a good, solid job in addressing the item. Some key pieces may be occasionally missing, but the item is judged generally adequate.
5 = High quality	For this item, the plan is consistently strong and often close to ideal.

Step 2: On the State Plan Index Summary Page (last page), assign an overall score for each component as a whole by checking the box for that score in the space provided. This score should be based on your own judgment and assessment. It does not need to be an average of the scores in the category; however, if your overall score is very different from an average of the items, please be sure to comment using a separate page.

Step 3: Assign an overall assessment of the whole plan by checking the Overall Score for Entire Plan in the space provided on the State Plan Index Summary Page.

Appendix B. Reporting Formats

This appendix provides examples that states can consider as they design reports to document their outputs and outcomes after implementation of a state plan. Examples are

- Texas Report of Indicators for Tracking Progress.
 - A listing of indicators which Texas recommends for consideration for the monitoring of progress.
- Georgia Report on Intermediate Outcomes.
 - An actual report from the state of Georgia showing trends toward reaching their 2015 objectives.
- Plan Monitoring Form.
 - An example of a generic template that states might consider for various ways of monitoring plan implementation.

Texas Report of Indicators for Tracking Progress

The indicators are listed on the following pages and, where appropriate, the relevant target is identified in parenthesis. The following list of indicators can serve as a menu of options for local coalitions, and partners are encouraged to use the indicators in local projects to help Texas make progress on a statewide level.

Updates for the Strategic Plan for the Prevention of Obesity in Texas

Indicator 1: Number of media efforts (not including community-wide campaigns).

Indicator 2: Number of technical assistance activities.

Indicator 3: Number of workshop/training activities.

Indicator 4: Number of legislative bills filed related to obesity prevention.

Indicator 5: Number of community-wide campaigns.

Indicator 6 (*Target 19*): Percentage of school districts that have adopted an approved coordinated school health program.

Indicator 7: Number of *Healthier U.S.* awards given to Texas schools.

Indicator 8: Number of interventions that meet the CDC definition of interventions for obesity prevention.

Indicator 9: Number of events held and number of children who participated in *Nickelodeon Worldwide Day of Play*.

Indicator 10: Number of activities that target screen time reduction.

Indicator 11: Number of coalitions focusing on obesity or related chronic diseases.

Indicator 12 (*Target 19*): Percentage of school districts with established School Health Advisory Councils.

Indicator 13: Percentage of partners who use the goals and strategies in the state plan in their current work.

Indicator 14: Number of communities funded by DSHS Chronic Disease programs for activities related to nutrition, physical activity, or obesity prevention.

Indicator 15: Number of communities recognized through Heart and Stroke Healthy City Recognition Program.

Indicator 16: Number of Women, Infants, and Children Program (WIC) clinics funded by DSHS WIC for obesity prevention activities.

Indicator 17: Percentage of partners who implement specific items from the state plan that are related to their work.

Indicator 18: Number of chronic disease state plans (housed within DSHS Chronic Disease Branch) that incorporate evidence-based strategies for obesity prevention.

Indicator 19: Number of policy or environmental changes.

Indicator 20: Number of legislative bills passed related to obesity prevention.

Indicator 21 (*Target 6*): Percentage of eligible children participating in the National School Lunch Program.

Indicator 22: (*Target 18*): Number of work sites that have adopted work site wellness programs that meet a qualified standard.

Indicator 23: (*Target 19*): Percentage of school districts that have implemented an approved school wellness policy.

Indicator 24: Percentage of schools with a school health committee or advisory group.

Indicator 25: (*Target 7*): Number of farmers markets, direct other farm sales locations.

Indicator 26: (*Target 7*): Number of farm direct programs.

Indicator 27: (*Target 7*): Number of farm to school programs.

Indicator 28: (*Target 9*): Number of hospitals with supportive policies and practices for breast-feeding initiation.

Indicators to Track Progress of Implementation of the State Plan

Indicator 29: (*Target 10*): Number of Mother-Friendly Work Sites.

Indicator 30: (*Target 14*): Number of accessible Texas trails.

Indicator 31: Number of schools participating in the Fresh Fruit and Vegetable Program.

Indicator 32: (*Target 8*): Percentage of school districts with exclusive vending contracts.

Indicator 33: (*Target 15*): Number of communities that apply for funding to improve or enhance alternative modes of transportation.

Indicator 34: Percentage of Texans who shift one stage of change for being physically active.

Indicator 35: Percentage of Texans who shift one stage of change for healthy eating.

Indicator 36: Redemption rates of the WIC Farmers Market Nutrition Program.

Indicator 37: Redemption rates of the WIC fresh fruit and vegetable vouchers.

Indicator 38: Number of employees who participate in Farm to Work.

Indicator 39: (*Target 3*): Percentage of adults who consume fruits and vegetables at least 5 times daily.

Indicator 40: (*Target 4*): Percentage of mothers who initiate breast feeding, percentage who exclusively breast feed at 3 months, percentage who breast feed exclusively at 6 months, and percentage who breast feed at 1 year (not necessarily exclusively).

Indicator 41: (*Target 5*): Percentage of school-age children who eat 3 or more servings of vegetables daily, percentage of school-age children who eat 2 or more servings of fruit daily, and percentage of high school students who eat fruits and vegetables at least 5 times daily.

Indicator 42: (*Target 11*): Percentage of adults who meet recommended levels of moderate or vigorous physical activity.

Indicator 43: (*Target 12*): Percentage of adults who engage in no leisure time physical activity.

Indicator 44: (*Target 13*): Percentage of high school children who accumulate 60 minutes or more of physical activity per day on 5 or more days per week.

Indicator 45: (*Target 16*): Percentage of adults, who, on a typical day, spend 4 or more hours viewing any type of screen (television, computer, or video) outside of work.

Indicator 46: (*Target 17*): Percentage of school-age children who view 3 or more hours of television per day.

Indicator 47: (*Target 1*): Percentage of adults overweight or obese (Body Mass Index [BMI] > 25).

Indicator 48: (*Target 2*): Percentage of school-age children with BMI > 85th percentile.

Indicator 49: Percentage of adults with diabetes.

Indicator 50: Percentage of adults with cardiovascular disease or stroke.

Indicator 51: Incidence rate of obesity-related cancer.

Indicator 52: Percentage of adults who report 5 or more days of poor physical health.

Indicator 53: Percentage of adults who report general health fair to poor.

Indicator 54: Percent of adults kept from doing usual activities for 5 or more days because of poor physical or mental health.

Indicator 55: Percentage of adults with 5 or more days of poor mental health.

Georgia: Report on Intermediate Outcomes

2015 Objectives for Georgia	Target Audience	Goal	Base line (2002 -03)	2004	2005	2006	2007	2008
Overweight and Obesity								
Reduce the proportion of overweight children.	WIC Children (2 – <5 years)	11%	12%	13%	-	14%	15%	-
Reduce the proportion of overweight youth.	Middle School Students	12%	14%	-	16%	-	15%	-
Reduce the proportion of overweight youth.	High School Students	10%	11%	-	12%	-	14%	-
Increase proportion of healthy weight adults.	Adults	45%	41%	41%	37%	38%	35%	35%
Reduce adult obesity.	Adults	22%	24%	25%	27%	27%	29%	28%
Physical Activity								
Increase youth engagement in moderate physical activity.	High School Students	27%	25%	-	24%	-	-	-
Increase youth engagement in vigorous physical activity.	Middle School Students	75%	68%	-	72%	-	55%	-
Increase youth engagement in vigorous physical activity.	High School Students	65%	59%	-	61%	-	44%	-
Reduce the proportion of adults who engage in no leisure-time physical activity.	Adults	20%	26%	26%	27%	25%	25%	23%
Increase adult engagement in regular moderate physical activity.	Adults	33%	30%	-	42%	-	45%	-
Increase adult engagement in vigorous physical activity.	Adults	28%	25%	-	24%	-	27%	-
TV Viewing								
Increase 2 or fewer hours of television on school days.	Middle School Students	53%	48%	-	51%	-	56%	-
Increase 2 or fewer hours of television on school days.	High School Students	64%	58%	-	58%	-	57%	-
Fruits and Vegetables								

Increase consumption of five or more servings of fruits and vegetables per day.	High School Students	21%	17%	-	18%	-	19%	-
Increase consumption of five or more servings of fruits and vegetables per day.	Adults	29%	23%	23%	23%	-	25%	-
Breast-feeding								
Increase breast-feeding initiation .	WIC Participants	54%	49%	52%	52%	52%	52%	-
Increase breast-feeding initiation .	General Population	70%	64%	66%	70%	63%	-	-
Increase breast-feeding continuation for at least 6 months.	WIC Participants	20%	16%	16%	18%	18%	19%	-
Increase breast-feeding continuation for at least 6 months.	General Population	35%	28%	37%	39%	36%	-	-

Plan Monitoring Form

This form can serve two purposes:

1. During the development of the state plan, it can assist in the identification of inputs, activities, outputs, and outcomes.
2. Through an annual reporting process (or other time, as appropriate), it can gather information concerning what has occurred with respect to implementation.

Source of Information

This form could be completed by public health department staff, or by others involved in monitoring the state plan. In addition, if concerns about objectivity exist in a state, several informants could complete this form; and their ratings could be pooled. These would be informants who are knowledgeable about public health activities in the state, who do not have a vested interest in the plan, and who can provide reliable, objective accounts about what has been implemented, or not implemented, in accordance with the plan. These individuals will be the sample of *expert informants*. They might complete this form once per year.

Potential Content

The following matrix provides a draft template that states could use. First, it includes questions for development of a state-specific logic model on the basis of the generic logic model shown earlier. Then, it includes items for identifying plan components and whether they have been completed.

Developing a Logic Model for State Plan

Inputs	Activities	Outputs	Initial Outcomes	Intermediate and Ultimate Outcomes
<p>List the human, financial, organizational, and community support to be mobilized for plan development.</p> <p>Identify the stakeholders who must be engaged in plan development.</p> <p>Identify data on nutrition, physical activity, and obesity to be included.</p>	<p>In order to complete the plan, we will complete the following activities:</p>	<p>We expect that these activities will lead to the following decisions, policies, changes in resource allocation:</p>	<p>We expect that the following programs, services, or initiatives will be started (if new), increased, maintained, or decreased:</p>	<p>We expect the following changes in the population:</p> <p>(reference to six target)</p>

Monitoring Activities, Outputs, Initial Outcomes for State Plan

Activities, Outputs, Initial Outcomes, from Plan		Projected Completion Date	Completed?
Activities	1		Yes (date) Partial No
	2		Yes (date) Partial No
	3		Yes (date) Partial No
	4		Yes (date) Partial No
	5*		Yes (date) Partial No
Outputs	1		Yes (date) Partial No
	2		Yes (date) Partial No
	3		Yes (date) Partial No
	4		Yes (date) Partial No
	5		Yes (date) Partial No
Initial Outcomes	1		Yes (date) Partial No
	2		Yes (date) Partial No
	3		Yes (date) Partial No
	4		Yes (date) Partial No
	5		Yes (date) Partial No

*Insert additional lines, as needed, to accommodate the number of activities, outputs, initial outcomes in the plan.

Appendix C. Evaluation References

The following references can provide information relevant to the design of an evaluation of a state plan.

Resources and links for nonfederal organizations found at this section are provided solely as a service to the reader. The inclusion of these resources and links does not constitute an endorsement of these organizations or their programs by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of the individual organization Web pages or documents.

SMART Objectives

DASH Tutorial on Goals & SMART Objectives

http://apps.nccd.cdc.gov/dashoet/writing_good_goals/menu.html

DHDSP Evaluation Guides (SMART objectives, Evaluation Plan development)

http://www.cdc.gov/dhdsp/state_program/evaluation_guides/smart_objectives.htm

Logic Model Resources

CDC Evaluation Logic Models Selected

Bibliography <http://www.cdc.gov/eval/logic%20model%20bibliography.PDF>

DHDSP Evaluation Guides (Logic Model)

http://www.cdc.gov/dhdsp/state_program/evaluation_guides/logic_model.htm

W.K. Kellogg Foundation – Logic Model Development Guide

<http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf>

[http://www.wilder.org/reportsummary.0.html?&no_cache=1&tx_ttnews\[swords\]=logic%20model&tx_ttnews\[tt_news\]=1900&tx_ttnews\[backPid\]=311&cHash=d425cdd105](http://www.wilder.org/reportsummary.0.html?&no_cache=1&tx_ttnews[swords]=logic%20model&tx_ttnews[tt_news]=1900&tx_ttnews[backPid]=311&cHash=d425cdd105)

Comprehensive Evaluation Resources

Basic Guide to Program Evaluation

http://www.managementhelp.org/evaluatn/fnl_eval.htm

Guidance for Comprehensive Cancer Control Planning Guidelines

<http://www.cdc.gov/cancer/ncccp/cccpdf/Guidance-Guidelines.pdf>

Guidance for Comprehensive Cancer Control Planning Toolkit

<http://www.cdc.gov/cancer/ncccp/cccpdf/Guidance-Toolkit.pdf>

Physical Activity Evaluation Handbook (PA focused)

<http://www.cdc.gov/nccdphp/dnpa/physical/handbook/index.htm>

Practical Evaluation of Public Health Programs

<http://www.cdc.gov/eval/workbook.PDF>

Evaluation Frameworks

CDC Evaluation Framework

<http://www.cdc.gov/eval/framework.htm>

RE-AIM Framework

<http://www.re-aim.org/>

Evaluation Tools and Templates

CDC Evaluation Resource list

<http://www.cdc.gov/eval/resources.htm>

TB Evaluation Toolkit

http://www.cdc.gov/tb/Program_Evaluation/default.htm

Innonet (Advocacy and Policy Evaluation, Point K logic model and evaluation plan builder, organizational assessment tool)

<http://www.innonet.org/>

Community Evaluation

Community Food Project Evaluation Toolkit

<http://www.foodsecurity.org/pubs.html#handouts>

Community Food Project Evaluation Handbook (Comprehensive)

<http://www.foodsecurity.org/Handbook2005JAN.pdf>

Community Toolbox

<http://ctb.ku.edu>

Surveillance Resources

Behavioral Risk Factor Surveillance System

<http://www.cdc.gov/brfss/index.htm>

Youth Risk Behavioral Surveillance System

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

National Immunization Survey: Breastfeeding

http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

National Children's Study:

Forthcoming: <http://www.nationalchildrensstudy.gov/Pages/default.aspx>

Pediatric and Pregnancy Nutrition Surveillance System

<http://www.cdc.gov/pednss/>

National Vital Statistics System

<http://www.cdc.gov/nchs/nvss.htm>

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2. Finkelstein EA, Strombotne KL. "Annual Medical Spending Attributable to Obesity: Payer and Service- Specific Estimates" Am J Clin Nutr. 2010 May;91(5):1520S-1524S. Epub 2010 Mar 17.
3. State Nutrition, Physical Activity, and Obesity (NPAO) Program, Technical Assistance Manual, January 2008.
4. Rieker, Patricia P. and Jan Jernigan, Partnership Evaluation, Centers for Disease Control, 2010.
5. State Nutrition, Physical Activity, and Obesity (NPAO) Program, Technical Assistance Manual, January 2008, p. 24.
6. Rieker, Patricia P. and Jan Jernigan, Partnership Evaluation, Centers for Disease Control, 2010.