2015 Physical Activity and Nutrition Coalition Self-Assessment

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Wisconsin Department of Health Services

Division of Public Health

The Nutrition and Physical Activity Coalition Self-Assessment Tool is designed to give you an idea of the strengths and weaknesses of your coalition and help direct your current and future functions. The tool will ask you a number of questions with assigned point values and then provide you with a "score" at the end. The score and related recommendations should help you in making your coalition as functional as possible given your resources.

The survey tool should be completed by the coalition chair or a core group of coalition members.

The survey will take about 30 minutes to complete. You may want to download the pdf version of the survey and complete that by hand with key coalition members and then transfer the results to the online survey. When you complete the survey you will be given the option at the end to print your results and receive your score. An explanation of the score can be found on the web page that provided the link to this self-assessment survey.

Select Survey Instructions

1. The Survey Times Out after 1 Hour. This survey tool has a "time-out" setting of one (1) hour, which is activated when you open the survey and resets each time you move to the next "Page".

2. Saving Your Work. Because of this setting, you must move to the next "Page" (or finish the survey) within 1 hour for your work to be saved. When you move to the next page the clock is reset for 1 additional hour. (When you select "Next" at the bottom of each page or "Done" at the end of the survey, your work to that point is also saved.)

3. Coming Back To Your Survey Answers. If you can't finish the survey in one session, you can select "Next" or "Done," exit the survey, and return later to edit or add to your saved responses. You will need to use the same computer if you return to the survey, since that computer's IP address will be the only way to automatically find your earlier responses. (Make sure that you finish a "Page" or section before leaving the survey if you're going to be away for over an hour. You can return to your survey by clicking on the original hyperlink sent to you via email.)

- 1. Coalition Name
- 2. Which of the following social media or communications tools does your coalition have? (Check all that apply.)

Website Facebook Twitter Blog YouTube / Vimeo Instagram or similar photo-sharing site Google Tools for shared info (Drive, Calendar, etc.) LinkedIn Regular texts to an enrolled audience We don't have any of these tools.

3. If your coalition has any of these tools, please list the URL (web address). Example: mywebsite.com

Website
Facebook
Twitter
Blog
YouTube
Vimeo
Instagram

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	General Coalition Information
4.	In what year was your coalition formed?* 2015 2010 - 2014 2005 - 2009 2000 - 2004 Prior to 2000
5.	 How does your coalition partner with other health-related coalitions (chronic disease coalition, tobacco coalition, FACT group, food security coalition, safe kids coalition, etc.) in your community? Our coalition (Check all that apply.) shares information about current activities with other health-related coalition(s). is represented on other health-related coalition(s) by our coordinator or other members. jointly plans and implements strategies with other health-related coalition(s). is part of an overarching coalition focused on multiple health behaviors or outcomes. doesn't partner with other health-related coalitions in the community.
6.	In 2015, which of the following did your coalition try to align or collaborate with when selecting its own priorities, strategies, and/or activities? (Check all that apply.) Community health assessment (CHA) Community health improvement plan (CHIP) Healthiest Wisconsin 2020 (state health plan) Healthy People 2020 (federal health plan) Hospital(s) priorities and/or initiatives Local health department(s) priorities and/or initiatives Funding source deliverables Other, please specify
7.	Does your coalition partner with any other local coalitions or groups to work on strategies and activities that also affect the program areas or health outcomes listed below?
	No, but No we would Yes

	like to
Arthritis	
Asthma	
Cancer Prevention and Control	
Children and Youth with Special Health Care Needs	
Diabetes Prevention and Control	
Early Care and Education (Child Care)	
Food Security	
Heart Disease and Stroke Prevention	
WISEWOMAN	
Injury Prevention	
Maternal and Child Health	
Oral Health	
School Health	
Tobacco Prevention and Control	

- 8. Which of the following best describes what your coalition currently has in place? (Check all that apply.)
 - Definitions:

Mission Statement: An organization's statement that describes what the group is going to do and why it's going to do it.

Vision Statement: Communicates what your coalition believes are the ideal conditions for your community.

Strategic Plan: Provides overall direction for accomplishing the mission over a period of several years.

Intervention Action Plan: A plan that uses a detailed, step-wise process to develop and implement a specific, targeted intervention.

A clear, written mission statement A clear, written vision statement A clear, written strategic plan for the current year A clear, written strategic plan beyond the current year An intervention action plan(s) based on your strategic plan None of the above

9. To what extent has your coalition achieved each of the following?

	Not at all	Very little	Somewhat	To a great extent
Met and shared information among members regularly				
Built sufficient capacity				
Developed a strategic plan				
Planned, implemented and/or evaluated a program or intervention				
Addressed multiple areas of focus (e.g. nutrition and physical activity) or in multiple settings (e.g. schools, worksites)				

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Coalition Infrastructure

Please tell us some general information about the membership and activities of your coalition in 2015. Responses to all questions should relate to calendar year 2015.

- 10. Which of the following are currently represented on your coalition?
 - (Check all that apply.)

Advocacy groups (American Heart Association, American Diabetes Association, etc.) Afterschool Providers Aging **Businesses** Chambers of Commerce Child Care / Early Childhood Care and Education Citizen / Public Member **Community Health Workers Community Organizations Disability Services Economic Development** Farmers/Local Growers/Farmers Market Managers Federally Qualified Health Centers Food System Distributors Food System Processors **Government Agencies** Grocers Health System Administrators Health Care Providers (MDs, nurses, exercise physiologists, dietitians, PT, OT, etc.) Law Enforcement Organizations Local Health Departments Media Minority/Diversity/Disadvantaged Population Service Groups Parks and Recreation Organizations Private, Non-Profit Organizations Public Works / Engineering Real Estate Religious or Faith-based Groups Restaurants Schools (K-12 teachers, food service, administration) Service Groups (Rotary, etc.) Transportation, City Planning or Municipal Planning Organizations **Tribal Agencies** Universities (includes 2-year, 4-year, and technical colleges) **UW-Extension Organizations** WIC YMCA, Boys and Girls Club, etc. Youth Groups Other, please specify

11. Which of the following high-level positions does your coalition have community engagement or buy-in from? (Check all that apply.)

"Engagement" would include active coalition participation in some form.

Mayor or top aide School Superintendent School Board President County Board/City Council/Village Chair Hospital or large clinic CEO CEO from large local business Local funding foundation State government senator or representative Other, please specify

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Coordinator and Funding

12. In 2015, approximately what percent of the coordinator's time was spent on coalition activities?

- 1 24% 25 - 49% 50 - 74% 75 - 99% 100% Not applicable/No coordinator
- 13. In 2015, which one of the following ranges includes the approximate dollar amount of your coalition's total annual funding? **Choose the most appropriate dollar range**.
 - \$0 \$1 to \$999 \$1,000 to \$4,999 \$5,000 to \$9,999 \$10,000 to \$24,999 \$25,000 to \$49,999 \$50,000 to \$99,999 \$100,000 or more

14. Please list the amount of your annual budget in 2015 to the nearest thousand.

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Coalition Activities

Please tell us about your coalition's activities and where your coalition focused its efforts in 2015.

15. In 2015, at what level(s) of change (intervention) was your coalition working to improve health? (Check all that apply.)

Individual and interpersonal programming would include events, training, health fairs, etc. Organizational and community environmental change would include new trails, vending options, etc. Policy change would include flex time at work to be active, meeting snacks or food options, etc.

Individual (e.g., promote awareness, knowledge, and motivation)

Interpersonal (e.g., teach families or enhance their skills needed to make desired changes) Organizational (e.g., foster supportive environments such as organizations, worksites, schools) Community (e.g., foster supportive environments community-wide, change social norms and standards)

Policy (e.g., local or state laws, ordinances, policies or regulations) None. Please explain why.

16. In 2015, which of the following populations or areas did your coalition specifically target in your

- community? (Check all that apply.) White Black / African American Hispanic / Latino Asian American Indian Low Socioeconomic Status Lesbian, Gay, Bisexual and Transgender people People with Disabilities Seniors Youth Rural Immigrants/refugees Specific neighborhoods or census tracts None Other, please specify
- 17. For the groups/areas you checked in question 23, please briefly describe how you engaged with these groups during the planning and implementation of your efforts.
- 18. in 2015, to what extent has your coalition engaged in each of the following health equity activities.

	Not at all	Very little	Somewhat	To a great extent
Increased coalition capacity to advance health equity.				
Used a combination of data to better understand health disparities and their effects.				
Identified groups that are inequitably affected by health problems.				
Populations/areas experiencing health inequities were engaged in planning to identify barriers and unintended consequences.				
The strategy or intervention was targeted to population groups/areas experiencing health inequities.				
The strategy or intervention was culturally tailored to the unique needs of the population groups/areas experiencing health inequities.				
The selection criteria for intervention sites reflected populations/areas with the highest burden.				
The intervention action plan included additional supports and activities to build capacity in the populations/areas experiencing health inequities.				
Evaluation and monitoring plans included health equity measures.				
Please provide other insights you have on your coalition's hea	alth eq	uity cap	bacity.	

20. In 2015, which of the following media outreach activities relevant to breastfeeding, nutrition, physical activity, and/or obesity prevention issues did your coalition participate in? (Check all that apply.) Created press releases Created media advisory or photo opportunity announcement(s) Chose and trained a media spokesperson to represent the coalition Participated in media interviews Developed and promoted media materials (logo/graphics, tagline, radio soundbites, etc) Developed social media options (blogging, online video or photo sharing, text messaging, social networking websites, micro-blogging, RSS feeds, podcasts) Wrote letters to the editor Wrote opinion editorials Met with an editorial board of your local or county newspaper Worked with print, internet and/or TV reporters to develop feature stories Cultivated or worked to maintain a relationship with one or more reporters None of the above Other type of media outreach; please specify: 21. In 2015, which of the following evaluation activities did your coalition participate? (Check all that apply.) Evaluated the coalition's capacity-building efforts Conducted a community health assessment Conducted a formative assessment (e.g., survey, focus group, interviews) Conducted a community environment assessment for nutrition or physical activity (e.g., walkability checklist, fruit and vegetable outlet audit) Assessed data for health equity or disparity issues Conducted a pre/post evaluation on intervention goals and objectives Formally evaluated the coalition's progress on its strategic plan Revised or refined the coalition's strategic plan based on evaluation results Connected with an academic partner at a university to help with evaluation Tracked HEDIS measures for health care quality assurance Used biometric measures (BMI, blood pressure, etc.) for outcome evaluation Shared results with community audiences None of the above Other, please specify

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Specific Interventions and Strategies

The following questions ask about the settings where your coalition is working and your use of specific strategies that have been identified by the Centers for Disease Control and Prevention(CDC).

22. In 2015, in which of the following settings did your coalition implement an intervention? (Check all that apply.)

Active Community Environments: Community Physical Activity (promoting and supporting physical activity through changes to the built environment). Examples include: promoting active transportation; Safe Routes to School.

Breastfeeding Support: Examples include encouraging breastfeeding support in the workplace with private rooms and flexible scheduling for breast milk pumping/storage; policy and environmental changes for breastfeeding-friendly childcare facilities.;

Food System/Community Nutrition: Examples include farm to school or institution; farmers market/farm stands; gardening; point-of-decision labeling for healthy eating; encouraging convenience stores to offer more fruits and vegetables.

	 Early Care and Education (child care): Examples include si healthy food options; reduced TV time. Health Care: Examples include screenings for activity and nut covered by insurance, maternity care practices. School Nutrition: Examples include policies that encourage h school gardens. School Physical Activity: Examples include Active Schools st active recess, joint use agreements, Safe Routes to School). Worksite Wellness: Examples include comprehensive wellness benefits; promoting physical activity by providing breaks and a physical activity; promoting alternative transportation. Other, please specify 	rition; counselin ealthy foods; Fa rategies (active as programs and	g; services rm to School, classrooms, preventive
23.	For the settings you worked in, please estimate the "reach" you h behavior. Estimate the number of sites or organizations you affe potentially affected in each. (One site = a school, a childcare pro- market, etc.) Assess "reach" by first estimating the number of targeted settings of intervention. These may include organizational settings such as early worksites, schools, and health care systems, or the built environmen farmers markets, healthy food retail, etc.). Next, reach is determined people within each of those settings who are potentially served by the	cted and the nuivider, a worksite r systems that ac y childhood educa t (sidewalks, ope by estimating the	mber of people e, a farmers lopt the ation sites (ECEs), en spaces,
		# of Sites	# of People
	Breastfeeding Support (list any breastfeeding reach here, not in settings)		
	Community Gardens		
	Community Supported Agriculture (CSA)		
	Farmers' Markets		
	Food Pantries		
	Grocery Stores		
	Convenience or Corner Stores		
	Restaurants		
	Bike and Pedestrian Improvements (sidewalks, trails, facilities, etc.)		
	Park space or improvements (new green space, trails, etc.)		
	Shared Use or Recreational Use Facilities (increased access to school and recreation facilities)		
	Child Care		
	Health Care		
	School Nutrition		
	School Physical Activity		
	Worksite		
	In 2015, which of the following strategies (in questions 30 address in each setting listed below?	-37) did your (coalition
24.	In 2015, how was your coalition involved in the implementation o improve physical activity in the community setting?	f the following s	trategies to
	"Not happening" - We are not aware of any initiatives for this strategy.		
	"Not involved" - We are aware of local implementation of this strategy, but of	our coalition is not	directly involved.

"Secondary involvement" - We're involved in the implementation of this strategy, but not leading the initiative.

"Assessment and planning" - We've identified this strategy as a priority and have done assessment and planning to determine resources needed.

"Initial implementation" - We are leading this strategy and are involved with early implementation steps for this initiative.

"Full implementation" - We are leading this strategy which has been implemented and is fully operationalized or is close to being fully operationalized and evaluated.

	Not happening	Not involved	Secondary involvement	Assessment and planning	Initial	Full
Community campaigns and social support for physical activity						
Evidence-based self- management and prevention programs (Living Well, etc.)						
Comprehensive Master Plans						
Complete Streets policy						
Mixed-Use development (residential/commercial)						
Network of walking and biking routes and trails available						
Safe Routes to School						
Public Transportation						
Joint Use (sharing recreation facilities in off hours)						
School / Community recreational activity programs						
Safety and crime prevention						

25. In 2015, how was your coalition involved in the implementation of the following strategies to improve nutrition in the community setting?

"Not happening" - We are not aware of any initiatives for this strategy.

"Not involved" - We are aware of local implementation of this strategy, but our coalition is not directly involved.

"Secondary involvement" - We're involved in the implementation of this strategy, but not leading the initiative.

"Assessment and planning" - We've identified this strategy as a priority and have done assessment and planning to determine resources needed.

"Initial implementation" - We are leading this strategy and are involved with early implementation steps for this initiative.

"Full implementation" - We are leading this strategy which has been implemented and is fully operationalized or is close to being fully operationalized and evaluated.

	Not happening	Not involved	Secondary involvement	Assessment and planning	Initial	Full
Community campaigns and social support for healthy foods, beverages or breastfeeding						
Restaurants (menu labeling, healthy options, portion sizes,						

etc.)
Grocery stores (marketing, product placement, pricing, store access, etc.)
Small corner stores / food retail venues (healthy options, marketing, pricing, etc.)
Farm to Institution (worksites, hospitals, etc.)
Farmers' Markets (access, WIC/SNAP acceptance, EBT use, etc.)
Community gardens
Community supported agriculture
Emergency food programs (healthy options, fresh produce, etc.)
Breastfeeding support in public places
Education of mothers and peer support programs to encourage breastfeeding
Food policy council
Public food and beverage standards, including promotion and access to healthy beverages, including water, in public buildings
Limiting access to sugar-sweetened beverages
Local food system (food hubs)
26. In 2015, how was your coalition involved in the implementation of the following strategies to improve nutrition or physical activity in the early care and education (childc are) setting?
"Not happening" - We are not aware of any initiatives for this strategy.
"Not involved" - We are aware of local implementation of this strategy, but our coalition is not directly involved.
"Secondary involvement" - We're involved in the implementation of this strategy, but not leading the initiative.

"Assessment and planning" - We've identified this strategy as a priority and have done assessment and planning to determine resources needed.

"Initial implementation" - We are leading this strategy and are involved with early implementation steps for this initiative.

"Full implementation" - We are leading this strategy which has been implemented and is fully operationalized or is close to being fully operationalized and evaluated.

Not	Not	Secondary	Assessment
happening	involved	involvement	and
парреппту	involveu	involvement	planning

planning

Initial

Full

 $https://4.selectsurvey.net/DHS/Print.aspx?SurveyID=l23J3l51\&Title=Y\&Breaks=N\&AllPages=Y\&Pages=[3/1/2016\ 1:15:21\ PM]$

Provider trainings on health/wellness topics Provider standards that include wellness policies Policy and programming for 60 – 120 minutes of physical activity daily Policy and programming to limit screen time to < 1 hour daily Healthy meals and snacks served Healthy beverages served Breastfeeding-friendly childcare Childcare garden available

27. In 2015, how was your coalition involved in the implementation of the following strategies to improve nutrition or physical activity in the healthcare setting?

"Not happening" - We are not aware of any initiatives for this strategy.

"Not involved" - We are aware of local implementation of this strategy, but our coalition is not directly involved.

"Secondary involvement" - We're involved in the implementation of this strategy, but not leading the initiative.

"Assessment and planning" - We've identified this strategy as a priority and have done assessment and planning to determine resources needed.

"Initial implementation" - We are leading this strategy and are involved with early implementation steps for this initiative.

"Full implementation" - We are leading this strategy which has been implemented and is fully operationalized or is close to being fully operationalized and evaluated.

	Not happening	Not involved	Secondary involvement	Assessment and planning	Initial	Full
Routine screening and counseling on physical activity, nutrition, weight management and food insecurity						
Referral system and follow-up for health issues						
Promotion of disease self-management as part of care continuum						
"Exercise prescriptions" for appropriate patients as part of counseling						
"Fruit and vegetable prescriptions" for appropriate patients as part of counseling						
Healthy options for patients, staff, and visitors in meals, cafeterias, and vending						
Marketing of healthy foods/no advertising of unhealthy foods						
Maternity care						

practices that support breastfeeding
Linking community and clinical activities
Referral system to
community evidence-
based self-
management and
prevention programs
(Living Well, Healthy
Living with Diabetes,
National Diabetes
Prevention Program)

28. In 2015, how was your coalition involved in the implementation of the following strategies to improve general nutrition or physical activity in the school setting?

"Not happening" - We are not aware of any initiatives for this strategy.

"Not involved" - We are aware of local implementation of this strategy, but our coalition is not directly involved.

"Secondary involvement" - We're involved in the implementation of this strategy, but not leading the initiative.

"Assessment and planning" - We've identified this strategy as a priority and have done assessment and planning to determine resources needed.

"Initial implementation" - We are leading this strategy and are involved with early implementation steps for this initiative.

"Full implementation" - We are leading this strategy which has been implemented and is fully operationalized or is close to being fully operationalized and evaluated.

		Not happening	Not involved	Secondary involvement	Assessment and planning	Initial	Full
	School health advisory councils and a health coordinator						
	Implementation of national and state standards on physical education						
	Implementation of national and state standards on school meals and competitive foods						
	Environment and policy changes that facilitate healthy behaviors						
	Standards-based learning for physical education and nutrition education						
	Implementation of the coordinated school health model (Whole School, Whole Community, Whole Student)						
29.	In 2015, how was your coa improve physical activit "Not happening" - We are not a	y in the scho	ool setting	?	the following st	rategies t	:0
	Not happening - we are not a			s sualeyy.			

"Not involved" - We are aware of local implementation of this strategy, but our coalition is not directly involved.

"Secondary involvement" - We're involved in the implementation of this strategy, but not leading the initiative.

"Assessment and planning" - We've identified this strategy as a priority and have done assessment and planning to determine resources needed.

"Initial implementation" - We are leading this strategy and are involved with early implementation steps for this initiative.

"Full implementation" - We are leading this strategy which has been implemented and is fully operationalized or is close to being fully operationalized and evaluated.

	Not happening	Not involved	Secondary involvement	Assessment and planning	Initial	Full
Collection of BMI and fitness data						
Regular physical education						
Physical activity opportunities before and after school						
Active recess						
Active classroom breaks						
Active transportation options to/from school (walk/bike)						

30. In 2015, how was your coalition involved in the implementation of the following strategies to improve nutrition in the school setting?

"Not happening" - We are not aware of any initiatives for this strategy.

"Not involved" - We are aware of local implementation of this strategy, but our coalition is not directly involved.

"Secondary involvement" - We're involved in the implementation of this strategy, but not leading the initiative.

"Assessment and planning" - We've identified this strategy as a priority and have done assessment and planning to determine resources needed.

"Initial implementation" - We are leading this strategy and are involved with early implementation steps for this initiative.

"Full implementation" - We are leading this strategy which has been implemented and is fully operationalized or is close to being fully operationalized and evaluated.

	Not happening	Not involved	Secondary involvement	Assessment and planning	Initial	Full
Healthy food and beverage options for students, staff, and visitors in school meals						
Healthy food and beverage options for students, staff, and visitors in competitive foods, vending, fundraisers, celebrations, etc.						
School breakfast participation/promotion						
Farm to School						
School garden						
Marketing of healthy foods/no advertising of unhealthy foods						
In 2015, how was your coaliti improve nutrition or physic		•			ategies t	0

"Not happening" - We are not aware of any initiatives for this strategy.

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"Not involved" - We are aware of local implementation of this strategy, but our coalition is not directly involved.

"Secondary involvement" - We're involved in the implementation of this strategy, but not leading the initiative.

"Assessment and planning" - We've identified this strategy as a priority and have done assessment and planning to determine resources needed.

"Initial implementation" - We are leading this strategy and are involved with early implementation steps for this initiative.

"Full implementation" - We are leading this strategy which has been implemented and is fully operationalized or is close to being fully operationalized and evaluated.

	Not happening	Not involved	Secondary involvement	Assessment and planning	Initial	Full
Employee health risk assessments						
Incentives for healthy behaviors						
Environment, policy and programming changes that facilitate healthy behaviors						
Opportunities for PA built into the work day (breaks, noon hour, etc.)						
Access to fitness facilities, classes, and equipment, when possible						
Promotion of active transportation options (walk/bike)						
Healthy food and beverage options for staff in cafeteria, vending, and meetings						
Marketing of healthy foods: no advertising of unhealthy foods						
Refrigerator, microwave, and sink access for employees						
Lactation support program						
National Diabetes Prevention Program						

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Environmental and Policy Change

Please tell us about your coalition's efforts regarding environmental change related to breastfeeding, nutrition, physical activity, and/or obesity prevention. Examples of environmental change include creating or expanding new farmers' markets, building trails or paths, and adding bike lanes.

32. If your coalition or community implemented any specific environmental changes locally in

	2015, please list them below.
	#1
	#2
	#3
	#4
	#5
	#6
	Please tell us about your community's efforts regarding legislated policy related to breastfeeding, nutrition, physical activity, and/or obesity prevention. Legislated policy is defined as a law or ordinance passed by a governing body; it is a formal legal action taken by local or state government. Organizational policy is specific to a single organization, such as a worksite.
33.	If your community had laws or ordinances initiated or enacted locally in 2015 , please describe each instance below.
	#1
	#2
	#3
	#4
	#5
	#6
34.	If your community had organizational policies initiated or enacted locally in 2015 , please describe each instance below.
	#1
	#2
	#3
	#4
	#5
	#6