



Program Survey

National Survey Addressing Childhood Physical Inactivity and Excess Weight

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This survey was written and produced by the staff of Academic Network, LLC, with the involvement of Shaping America's Youth sponsors, partners, and advisory panel members.

Welcome to the Shaping America's Youth Initiative

In cooperation with leaders from all sectors of society, Academic Network is recruiting survey respondents for an unprecedented national initiative to identify actions being taken to address childhood and adolescent inactivity and excess weight.

Beginning mid-November, 2003, organizations throughout the country have had the opportunity to provide information regarding their programs and/or funding initiatives. Respondents will also be given the option to have their programs included in a forthcoming national registry that will be hosted on the web site www.shapingamericasyouth.com.

If your organization or program is involved in efforts to increase physical activity or reduce overweight in young people, we invite you to participate in this survey. **Your participation in this project is essential to the quality of the results.** In addition, if you are aware of other organizations that should be included in this initiative, we encourage you to forward this registration information to them.

Privacy Statement

Your survey responses will be completely confidential. Information collected in this survey will be available to and used only by Academic Network to prepare a report that provides an overview of current programs targeting physical activity and nutrition of our nation's children. The data will be reported in the aggregate and no specific program will be identified in the report.

Each program survey respondent will also be asked to accept a privacy statement at the start of the survey. Within the survey, we collect information such as name, title, company name, address, telephone, fax, and email address. The information we collect is not sold, rented, leased, traded, swapped, marketed, exchanged, bartered, distributed, or disclosed outside of Academic Network.

A survey question is included that specifically asks each respondent if their contact information and program descriptions can be included in the registry that will become available on the Internet.

I have read and accept this privacy statement: Yes___ No___

Registration Information

Choose the category, agency/department and sub-category that **best fit** your organization:

1. Government - Federal

Department of Agriculture

Agriculture Research Center

National Agricultural Library Other _____

Center for Nutrition Policy and Promotion

Dietary Guidelines Food Pyramid for Young Children

Food Plans Web-Based Training Other

Food and Nutrition Service

Child Nutrition Program

National School Lunch Program School Breakfast Program

Summer Food Service Program Other, please describe _____

Food Stamp Program Nutrition Educating Program

Women, Infants and Children Other, please describe

Other, please describe _____

Department of Education

Alaska Native Education

Center for Faith-Based and Community Initiatives

Department of Elementary and Secondary Education

Other, please describe _____

Department of Energy

Smart Communities

Other, please describe

Department of Health and Human Services

Administration for Children and Families

Children's Bureau Head Start Bureau Other _____

Agency for Healthcare Research and Quality

Center for Primary Care, Prevention and Clinical Partners

Office of Extramural Research, Education and Priority

Center for Medicare and Medicaid Services

State Children's Health Insurance Program (SCHIP)

Other _____

Centers for Disease Control and Prevention

Epidemiology Program Office

Faith-Based and Community Initiatives

National Center for Chronic Disease Prevention and Health Promotion

National Center for Health Statistics Office of Minority Health

Public Health Practice Program Office Other

Food and Drug Administration

- Heath Resources and Services Administration
- Indian Health Service
- National Institute of Health
- Office of Public Health and Science
- Department of Transportation
- Other, please describe _____

2. Government – State, Local and Public Education

- Education
- Parks and Recreation
- Planning
- Public Health
- Transportation
- Other, please describe _____

3. Hospital / Health System

- Children’s Hospital
- Health System
- HMO
- Hospital
- Private Practice
- Other, please describe _____

4. Foundation

- Corporate
- Private
- Other, please describe _____

5. Corporation

- Fitness / Weight Loss
- Food Manufacturer
- Food Retailer
- Insurance
- Media and Communications
- Medical Device Manufacturer
- Medical / Healthcare
- Pharmaceutical
- Sporting Good Manufacturer
- Urban Planning and Architecture
- Other, please describe _____

6. Sports Association or League

7. Trade Association

- Athletic Trade Association
- Beverage Trade Association
- Food Trade Association
- Pharmaceutical Trade Association
- Other, please describe _____

8. Education Related Organization

- 9. Health Profession Association or Society
- 10. Voluntary or Public Interest Association or Institute
- 11. Non-Profit Youth Organization
- 12. Higher Education
- 13. Tribal Government
- 14. Recreation
- 15. Research
- 16. Private Education (K-12)
- 17. Other, please describe

Please proceed to page 6, Your Program Profile

Registration: Your Program Profile

Please provide the following information about the program for which you are completing this survey. (*Required)

*Last Name

*First Name

*Title

*Job Title

Please enter your email address twice, the second time to verify

*Email

*Again to verify

*Organization or
business name

Department
(if applicable)

Division
(if applicable)

Address 1

Address 2

City

State

Phone Ext.

Fax

Registration: Funding

This section of the registration seeks to identify organizations (for example: a foundation, a corporation, a government agency) that sponsor programs or initiatives in the areas of inactivity or overweight in young people. Such programs may be internally or externally initiated; and they may be internally or externally implemented.

If this description fits your organization, you will be asked several multiple choice questions regarding your organization's funding policy and process, and this will complete your registration.

For all organizations and programs, instructions for accessing and taking the Program Survey are provided at the end of the Registration.

1. Does this description fit your organization?

- a) Yes
 - b) No (*please proceed to page 11, Program Survey*)
-

If you answered A for question 1, please proceed to next question

2. How does your organization fund programs or initiatives?

- a) Provides funding/grants to third parties (external)
 - b) Funds only internal programs or initiatives (*proceed to question 3*)
 - c) Funds both internal and external programs or initiatives
-

If you answered A or C for question 2, please answer the following questions

2-a. Do you solicit proposals for programs to fund?

- a) Yes
- b) No

2-b. Do you have a formal application process?

- a) Yes
- b) No

2-c. Do you have peer or independent review of the funding/grant proposals?

- a) Yes
- b) No

2-d. Would you like to have your program's external funding information and/or URL listed on the *Funding Opportunities* page of the Shaping America's Youth website? (If you select yes, you will be asked to approve any information before it is posted.)

- a) Yes
 - b) No
 - c) Need more information
-

3. Which of the following factors have influenced your selection process in making funding decisions? (Select all that apply)

- a) Race or ethnicity
- b) Income status
- c) Geographic region of country
- d) Locale of program: urban, suburban, rural
- e) Gender
- f) Age
- g) Outcomes-based criteria
- h) Program fit with business and/or communications objectives
- i) Research requirements
- j) Other: _____

4. Do you encourage multiple funding sources in your projects?

- a) Yes
- b) No

5. What is the total amount of funding that your organization provided for childhood obesity/inactivity programs in the current fiscal year?

(consider cash funding only, not product, services or staffing)
(Select one)

- a) Less than \$50,000
- b) \$50,000 to 99,000
- c) \$100,000 to \$499,000
- d) \$500,000 to \$999,000
- e) \$1,000,000 to \$4,999,000
- f) \$5 million to \$10 million
- g) \$11 million to \$100 million
- h) \$101 million to \$1 billion
- i) Greater than \$1 billion
- j) Do not know/Cannot answer

6. What was the total amount of funding provided for these programs in the previous fiscal year? (cash funding only) (Select one)

- a) Less than \$50,000
- b) \$50,000 to \$99,000
- c) \$1050,000 to \$499,000
- d) \$500,000 to \$999,000
- e) \$1,000,000 to \$4,999,000
- f) \$5 million to \$10 million
- g) \$11 million to \$100 million
- h) \$101 million to \$1 billion
- i) Greater than \$1 billion
- j) Do not know/Cannot answer

7. Does your organization have a policy/position/mission statement that includes in some way child/youth overweight/obesity?

- a) Yes
- b) No (*proceed to question 8*)
- c) Do not know (*proceed to question 8*)

If you answered A for question 7, please answer the following question

7-a. Please provide reference citation or web site link where policy statement can be found, if possible: _____

8. Would you and/or your organization benefit from participating in discussions about childhood obesity with other funding organizations?

- a) Yes
- b) No

9. Are you partnering with other funding organizations in your efforts in the area of child/youth overweight/obesity?

- a) Yes (*proceed to question 10*)
- b) No

If you answered B for question 9, please answer the following question

9-a. Would your organization benefit from partnerships in this area?

- a) Yes
- b) No

10. Is your organization a for-profit corporation or business?

- a) Yes
 - b) No
-

If you answered A on question 10, please answer the following question

10-a. A corporation may have initiatives relating to child/youth overweight/obesity in a number of its divisions or functional areas. Please indicate all areas that you are aware of in which your corporation has initiatives related to this issue:

- a) Community affairs and/or the corporate foundation
- b) Product development and research
- c) Brand marketing and communications
- d) Government affairs
- e) Employee programs
- f) Medical research/clinical trials
- g) Other: _____

If you answered B on question 10, please answer the following question

10-b. An organization may have initiatives relating to child/youth overweight/obesity in a number of its divisions or functional areas. Please indicate all areas that you are aware of in which your organization has initiatives related to this issue:

- a) Community affairs and/or foundation
- b) Government affairs
- c) Employee programs
- d) Medical research/clinical trials
- e) Non-medical clinical trial research
- f) Other: _____

Please proceed to page 11, Program Survey

Program Survey

This section of the survey **seeks to profile a single program or initiative** – *not* the organization in which the program may reside, if distinct. If your organization has more than one distinct program, **please fill out a separate survey for each program.**

Please consider any initiative that potentially impacts childhood/youth overweight/obesity as a “program” for the purposes of this survey.

0. Do the objectives of your program address in any way the problem of overweight or obesity in children/youth?

- a) Yes
- b) No

If you answered B for question 0, your program does not fall within the scope of the survey. Thank you for taking this survey.

1. Does your program focus primarily on:

- a) Treatment
- b) Prevention
- c) Both Treatment and Prevention
- d) Other _____

2. Who is the target audience of this program? (Select one)

- a) Children or youth (0-19 years old)
- b) People of any age, including children (*proceed to question 3*)
- c) Adults with direct responsibility for children/youth (such as: parents, educators, physicians, etc.) (*proceed to question 2-b*)
- d) Families

If you answered A for question 2, please answer the following question

2-a. What age group(s) of children/youth are targeted? (Select all that apply)

- a) Children, ages 0-2
 - b) Children, ages 3-4
 - c) Children, ages 5-12
 - d) Youth, ages 13-19
-

If you answered C for question two, please answer the following questions

2-b. Which category(s) of adults are targeted? (Select all that apply)

- a) Pregnant women
- b) Parents
- c) Educators (including school administrators and physical education instructors)
- d) Medical professionals
- e) Elected officials
- f) Community Residents
- g) Other: _____

2-b-1. Of the adults targeted, what age group(s) of children/youth are they themselves responsible for? (Select all that apply)

- a) Children, newborn to toddler
 - b) Children, preschool
 - c) Children, 5-12
 - d) Youth, 13-19 years old
 - e) Don't know
-

3. What is the geographic scope of the program? (Choose the description that best applies.)

- a) **National**
- b) **State-wide**
- c) **State or local implementation of a national program with the same name**
- d) **Regional/county**
- e) **City/neighborhood**
- f) **Other: _____**

4. What is the gender of the children/youth addressed by this program?

- a) **Female**
- b) **Male**
- c) **Male and female**

5. Does one ethnic or racial group dominate your target audience?

- a) **Yes**
- b) **No (proceed to question 6)**

If you answered A for question 5, please answer the following question

5-a. Select one of the following:

- a) White (Caucasian)
 - b) Black or African American
 - c) Native American or Alaskan American
 - d) Hispanic (***proceed to question 5-a-1***)
 - e) Asian or Pacific Islander
 - f) Other: _____
-

If you answered D for question 5-a, please answer the following question

5-a-1. Do you offer Spanish language services or materials?

- a) Yes
 - b) No
 - c) Not applicable
-

6. Do you know what percentage of the program participants is low-income?

- a) **Yes**
 - b) **No**
 - c) **Not Applicable**
-

If you answered A for question 6, please answer the following question

6-a. What percentage of the program participants is low income (Select one):

- a) None or insignificant number
 - b) 10% or fewer
 - c) 11%-25%
 - d) 26%-50%
 - e) 51%-75%
 - f) 76%-100%
 - g) Decline to answer
-

7. Environment where program participants live is best described as:

- a) **Urban**
- b) **Suburb**
- c) **Rural**
- d) **Mixed**

8. Does your program seek to enable environmental changes that promote physical exercise?

- a) **Yes**
 - b) **No**
-

If you answered A for question 8, please answer the following question

8-a. How does your program enable environmental change? Planning, policy, and/or implementation in the area of: (Select all that apply)

- a) Parks and recreation
 - b) Transportation
 - c) Public housing
 - d) Urban planning
 - e) Architecture
 - f) Schools or school transportation
 - g) Other: _____
-

9. Approximately how many people are served by the program on an annual basis?

- a) **0-50**
- b) **51-100**
- c) **101-500**
- d) **501-1,000**
- e) **1,001-10,000**
- f) **More than 10,000**

10. How long has the program been operational? (Check one only.)

- a) **Less than a year**
- b) **1-3 years**
- c) **4-6 years**
- d) **7-10 years**
- e) **More than 10 years**
- f) **Not yet operational, scheduled to launch in the next year**
- g) **Not yet operational, scheduled to launch more than a year from today**

11. In addition to a concern for the well-being of children, what factors motivated the decision to initiate this program? (Select all that apply)

- a) **Need to control health care costs**
- b) **Requirement to adhere to national guidelines**
- c) **Increasing public perception of health care crisis**
- d) **New published data spurred new thinking on the issue**
- e) **Professional opinion(s) from outside the organization**
- f) **Potential legal liability**
- g) **Corporate image and/or product marketing concerns**
- h) **Customer/client demand**
- i) **Research for new product development**
- j) **Directive from senior management/directors**
- k) **Other**

12. Which of the following does the program address? (Select one)

- a) **Physical activity**
- b) **Healthy eating (*proceed to question 12-c*)**
- c) **Both physical activity and healthy eating (*proceed to question 12-e*)**

If you answered A for question 12, please answer the following questions

12-a. What approaches do you use to promote physical activity? (Select all that apply)

- a) **Supervised exercise, during school hours (physical education)**
- b) **After school physical activity programs**
- d) **Promotion of sports or physical activity in context unrelated to school**
- e) **Educate influencers, such as coaches, to promote more or better fitness programs**
- e) **Guidelines for reducing television or computer time**
- f) **Guidelines for time spent daily in outdoor activity or plan**
- g) **Educating children/youth about the value of physical exercise**
- h) **Educating family to encourage changes in physical activity patterns**
- i) **Modifying the environment to enable outdoor activity**
- j) **Promotion of transportation policies that encourage physical activity**
- k) **Education of adults to promote physical activity programs for children/youth**
- l) **Promote policies to increase healthy options for low-income families**
- m) **Other: _____**

12-b. What are your program's formal objectives regarding physical activity?
(Select all that apply)

- a) Helping young people to lose weight or improve body mass index (BMI)
 - b) Increasing the time allotted to physical education in schools
 - c) Improving the quality of physical education in schools
 - d) Increasing physical activity (at any time) by a set number of hours a week
 - e) Increasing physical activity by lifestyle change (such as encouraging walking, etc.)
 - f) Changing self image (kids start to think of themselves as baseball players, or as sports-loving)
 - g) Designing or promoting environmental change that enables increased physical activity
 - i) Reducing health care costs
 - j) Other: _____
-

If you answered B for question 12, please answer the following questions

12-c. What approaches do you use to promote healthy eating? (Select all that apply)

- a) Educating children/youth about the value of healthy eating
- b) Behavioral counseling or education for parents or families with regard to eating patterns and food types
- c) Instruct families/caregivers in cooking, shopping, or menu-planning
- d) Prescription of weight-loss diet plan
- e) Provide brochures, data sheets, posters on healthy eating
- f) Provide weight-loss education and motivational group meetings
- g) Provide training to healthcare professionals
- h) Provide overweight/obesity assessment tools to medical professionals
- i) Promulgate policies that influence food choice options
- j) Develop and promote healthy food products
- k) Promote policies to increase healthy options for low-income families
- l) Other: _____

12-d. What are your program's formal objectives regarding healthy eating?
(Select all that apply)

- a) Improving nutrition habits
- b) Improving self-esteem to motivate changes in eating habits
- c) Reducing health care costs
- d) Influencing food choice options through policy
- e) Other: _____

If you answered C for question 12, please answer the following questions

12-e. What approaches do you use to promote physical activity/fitness?

(Select all that apply)

- a) Supervised exercise, during school hours (physical education)
- b) After school physical activity programs
- c) Promotion of sports or physical activity in context unrelated to school
- d) Educate influencers, such as coaches, to promote more or better fitness programs
- e) Guidelines for reducing television or computer time
- f) Guidelines for time spent daily in outdoor activity or play
- g) Educating children/youth about the value of physical exercise
- h) Educating family to encourage changes in physical activity patterns
- i) Modifying the environment to enable outdoor activity
- j) Promotion of transportation policies that encourage physical activity
- k) Education of adults to promote physical activity programs for children/youth
- l) Promote policies to increase healthy options for low-income families
- m) Other: _____

12-f. What are your program's formal objectives regarding physical activity?

(Select all that apply)

- a) Helping young people to lose weight or improve body mass index (BMI)
- b) Increasing the time allotted to physical education in schools
- c) Improving the quality of physical education in schools
- e) Increasing physical activity (at any time) by a set number of hours a week
- e) Increasing physical activity by lifestyle change (such as encouraging walking, etc.)
- f) Changing self image (kids start to think of themselves as baseball players, or as sports-loving)
- h) Designing or promoting environmental change that enables increased physical activity
- h) Reducing health care costs
- i) Other: _____

12-g. What approaches do you use to promote healthy eating?

(Select all that apply)

- a) Educating children/youth about the value of healthy eating
- b) Behavioral counseling or education for parents or families with regard to eating patterns and food types
- c) Instruct families/caregivers in cooking, shopping, or menu-planning
- d) Prescription of weight-loss diet plan
- e) Provide brochures, data sheets, posters on healthy eating
- f) Provide weight-loss education and motivational group meetings
- g) Provide training to healthcare professionals
- h) Provide overweight/obesity assessment tools to medical professionals
- i) Promulgate policies that influence food choice options
- j) Develop and promote healthy food products
- k) Promote policies to increase healthy options for low-income families
- l) Other: _____

12-h. What are your program's formal objectives regarding healthy eating?

(Select all that apply)

- a) Improving nutrition habits
- b) Improving self-esteem to motivate changes in eating habits
- c) Reducing health care costs
- d) Influencing food choice options through policy
- e) Other: _____

13. Have you identified a quantifiable measure to evaluate the success of the program?

- a) Yes
- b) No (*proceed to question 14*)

If you answered A for question 13, please answer the following question

13-a. Do you have mechanisms in place for capturing program outcome (effectiveness) data?

- a) Yes
- b) No (*proceed to question 14*)

If you answered A for question 13-a, please answer the following question

13-a-1. Have you published a report on the outcomes of your program?

- a) Yes
- b) No (*proceed to question 13-a-2*)

If you answered A for 13-a-1, please answer the following question

13-a-1-a. Was the report published in a professional journal?

- a) Yes
- b) No (*proceed to question 14*)

If you answered A for 13-a-1-a, please answer the following question

13-a-1-b. Please provide a citation of the publication (journal name, issue number, page number):

- a) _____
- b) _____
- c) _____
- d) _____
- e) Additional publication citations available upon request
- f) Don't know

If you answered B for question 13-a-1, please answer the following question

13-a-2. Are there plans to publish such a report in the future?

- a) Yes
- b) No

14. Does the program measure the percentage of participants who drop out of the program?

- a) Yes
- b) No
- c) Not applicable

If you answered A for question 14, please answer the following question

14-a What is the drop out rate?

- a) Less than 10%
- b) 10-25%
- c) 26-50%
- d) 51-100%

15. Does the program include follow-up?

- a) Yes
 - b) No (*proceed to question 16*)
 - c) Not applicable (*proceed to question 16*)
-

If you answered A for question 15, please answer the following questions

15-a. What is the length of the follow-up period (choose one):

- a) 6 months or less
- b) 1 year
- c) 2 years
- d) 3-5 years
- e) More than 5 years

15-b. Does the program record data on weight loss maintenance or other goals?

- a) Yes
 - b) No
-

16. Have you identified barriers to client (child/youth/family) *participation* in the program? (Select all that apply)

- a) Lack of family support for improving health through fitness and/or healthy eating.
- b) Lack of transportation for participants
- c) Cost to family or participant
- d) Family dysfunction
- e) Work conflict
- f) Language/cultural barriers
- g) Limited program resources
- h) Other: _____
- i) Not applicable

17. How is the program best able to affect change? (Select all that apply)
- a) Implementing broad reach communications (such as publication of dietary or fitness guidelines)
 - b) Implementing educational programs (classroom or one-on-one)
 - b) Implementing behavior modification programs involving repeated contact with clients
 - d) Promoting physical activity within the context of school
 - e) Promoting physical activity outside the context of school
 - f) Research and publication
 - g) Policy making and/or lobbying
 - h) Sponsoring initiatives implemented by other organizations
 - i) Other: _____

18. What is the budget for this program for the *present* fiscal year?
(Dollars/cash funding only, not product or other non-cash contributions.)
(Select one)

- a) Less than \$50,000
- b) \$50,000 to \$99,000
- c) \$100,000 to \$499,000
- d) \$500,000 to \$999,000
- e) \$1,000,000 to \$4,999,000
- f) \$5 million to \$10 million
- g) \$11 million to \$100 million
- h) \$101 million to \$1 billion
- i) Greater than \$1 billion
- j) Do not know/Cannot answer

19. What was the budget for the *last* (previous) fiscal year?
(Dollars/cash funding only, not product or other non-cash contributions.)
(Select one)

- a) Less than \$50,000
- b) \$50,000 to \$99,000
- c) \$100,000 to \$499,000
- d) \$500,000 to \$999,000
- e) \$1,000,000 to \$4,999,000
- f) \$5 million to \$10 million
- g) \$11 million to \$100 million
- h) \$101 million to \$1 billion
- i) Greater than \$1 billion
- j) Do not know/Cannot answer
- k) Not applicable, program not in existence

20. Describe the funding sources for this program (Select one)?

- a) Program has one source of funding that is non-federal government (internal or external)
 - b) Program is **wholly** funded by the federal government (*proceed to question 20-b*)
 - c) Program is funded by multiple sources (i.e. government, foundations, corporations, etc.) (*proceed to question 20-c*)
-

If you answered A for question 20, please answer the following questions

20-a. Sources of funding (Select all that apply):

- a) Foundation
- b) Corporation
- d) Association
- e) Medical research group
- f) Insurance or Health Maintenance Organization
- g) Health cost research group
- h) State
- i) County or City
- j) Fees
- k) Private sources
- l) Fund raising
- m) Don't know
- n) Not applicable
- o) Other: _____

20-a-1. Length of current funding period for the program?

- a) 1 year
- b) 2 years
- c) 3 or more years
- d) Until it runs out
- e) Until program becomes self-sustaining
- f) Not determined
- g) Don't know

If you answered B for question 20, please answer the following questions

20-b. Which federal agency(s) provides your funding? (Select all that apply)

- a) US Department of Health and Human Services (includes Centers for Disease Control and National Institutes of Health)
- b) US Department of Agriculture
- c) US Department of Education
- d) US Department of Transportation
- e) US Department of Interior
- f) Other _____
- g) Do not know

20-b-1. Length of current funding period for the program?

- a) 1 year
- b) 2 years
- c) 3 or more years
- d) Until it runs out
- e) Until program becomes self-sustaining
- f) Not determined
- g) Do not know

If you answered C for question 20, please answer the following questions

20-c. Which federal agency(s) partially provides your funding? (Select all that apply)

- a) US Department of Health and Human Services (includes Centers for Disease Control and National Institutes of Health)
- b) US Department of Agriculture
- c) US Department of Education
- d) US Department of Transportation
- e) US Department of Interior
- f) Other:
- g) Do not know
- h) Not applicable

20-c-1. How many sources of funding does the program have? (Select one)

- a) Self-funded
- b) One sponsor
- c) Two sponsors
- d) 3-10 sponsors or contributing organizations
- e) More than 10 sponsors or contributing organizations
- f) Do not know

20-c-2. Types of sponsoring or funding entities (other than federal agencies).
(Select all that apply)

- a) Foundation(s)
- b) Corporation(s)
- c) Association(s)
- d) Medical research group(s)
- e) Insurance or Health Maintenance Organization
- f) Health cost research group(s)
- g) State
- h) County or City
- i) Fees
- j) Private sources
- k) Fund raising
- l) Do not know
- m) Not applicable
- n) Other: _____

20-c-3. Length of current funding period for the program? (Select one)

- a) 1 year
- b) 2 years
- c) 3 or more years
- d) Until it runs out
- e) Until program becomes self-sustaining
- f) Not determined
- g) Do not know

20-c-4. If applicable, list the top five non-federal sources of funding for the program by name:

1. _____
2. _____
3. _____
4. _____
5. _____

21. Is this program the product of a collaboration/partnership between two or more organizations?

- a) Yes
 - b) No (*proceed to question 21-c*)
 - c) Do Not Know (*proceed to question 22*)
-

If you answered A for question 21, please answer the following questions

21-a. What type(s) of organization have you partnered with? (Select all that apply)

- a) Federal government agency(s)
- b) Foundation(s)
- c) Corporation(s)
- d) Insurance or health maintenance organization (HMO)
- e) School(s) or school district(s)
- f) Sports league(s) or athletic association(s)
- g) Food manufacturer(s) or retailer(s)
- h) Other: _____

21-b. Please list the top five partnering or collaborating organizations by name, if applicable:

- 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____
-

If you answered B for question 21, please answer the following question

21-c. Could this program benefit from collaboration or partnership with other organizations?

- a) Yes
- b) No
- b) Do not know

22. Which category(s) best describes the primary charter or mission of this program? (Select all that apply)

- a) General health and/or fitness *promotion*
- b) Overweight and obesity *prevention*: all ages
- c) Overweight and obesity *prevention*: children and/or adolescents only
- d) Childhood/youth overweight/obesity *intervention* (i.e., directly assisting youths already overweight/obese)
- e) Research
- f) Other: _____

23. How is your program publicized? (Select all that apply)

- a) Brochures, posters, flyers, other print materials
- b) Advertising in print or broadcast media
- c) Public relations: placing articles and/or news stories in appropriate print or broadcast media
- d) Program promoted at the implementation level directly to young people
- e) Word of mouth
- f) Web site
- g) Other: _____

24. Does your organization provide training materials to other organizations on a topic related to childhood obesity/inactivity?

- a) Yes
- b) No

25. Does your organization have free publications or literature on the topic of childhood obesity/inactivity?

- a) Yes
- b) No

If you answered A for question 25, please answer the following question

25-a. Please provide titles and publication date and location:

- a) _____
- b) _____
- c) _____
- d) _____
- e) Additional publication information provided upon request

26. Does your organization have free behavior management, behavior change or behavior tracking tools related to childhood obesity/inactivity?

a) Yes

b) No

27. Please select the topic heading that *most closely matches* the nature of the program or initiative that your organization sponsors and/or implements. Based on your answer to this question, you will be asked a series of questions that relate specifically to your type of program throughout the remainder of the survey.

While not all programs will fall smoothly into one of these 6, please choose the one that comes closest. If your program fits into more than one category, please select one of them and continue with the survey. These data are being collected in aggregate, and thus are not directly linked to any one program. The SAY objective is to acquire an overview of what is being done to reduce childhood obesity across the country, and data from at least one aspect of your program, rather than none at all, is essential to accomplishing this.

If your program or initiative is sponsored by a corporation's community affairs department or a corporate foundation, please select the topic heading that most closely matches the *venue* in which the initiative is implemented.

a) **Health:**

- Any program implemented by or through a health system or hospital, health maintenance organization (HMO), health insurance program
- Any program directed by health or medical professionals
- Health/medical related research
- Health/medical related advocacy

b) **Community, Schools, and Youth Programs: in-school, after-school, Internet**

- Any program that reaches children or youth at the school or community level, regardless of the geographic reach of the program as a whole.

c) **Communications, public policy, government affairs**

- Any program that accomplishes its objectives through communications and/or public policy **exclusively**; and does **not** seek to intervene directly with children or youth.

Choices continued on page 28

- d) **Physical environment, transportation, urban planning, architecture**
 - e) **Product Development/Brand Marketing**
 - f) **Employee programs: includes benefits and health**
 - g) **Other: (programs or initiatives that do not fit into any of the previous categories)**
-

If you answered A for question 27, please proceed to Question 28 of the Health Survey on Page 31

If you answered B for question 27, please proceed to Question 28 of the Community Survey on Page 38

If you answered C for question 27, please proceed to Question 28 of the Communications Survey on Page 47

If you answered D for question 27, please proceed to Question 28 of the Physical Environment Survey on Page 50

If you answered E for question 27, please proceed to Question 28 of the Product Development Survey on Page 54

If you answered F for question 27, please proceed to Question 28 of the Employee Programs Survey on Page 60

If you answered G for question 27, please proceed to Question 28 of the Program Survey on page 29

28. Would you be interested in having your program information listed in the national SAY Program Registry?

- a) Yes
 - b) No
 - c) Need more information
-

If you answered A for question 28, please answer the following question

28-a. Please provide a brief program description (3-5 sentences) for the Registry.

Optional Questions:

29. Beyond what you are accomplishing as described in this survey, what would your program or organization like to be able to implement in the future in the area of child/youth weight and fitness?

30. What would it take to enable you to be able to accomplish implement the program(s) just described?

31. Do you have any comments on this survey or additional information you would like to provide regarding your initiative(s)?

Thank you for participating in this survey.

Please mail completed survey to:

**Academic Network, LLC
1221 SW Yamhill Street Suite 303
Portland, Oregon 97205-2110**

Health: Medical, Insurance, Research, Advocacy

28. At what level does the program operate? (Select one)

- a) Directly with individuals/small groups
- b) Primarily at a policy/community level
- c) Other: _____

29. Does the program involve the family of the children/youth?

- a) Yes
- b) No

If you answered A for question 29, please answer the following question

29-a. Does the program teach parenting skills, such as how to say "no", portion sizes, and modeling behavior?

- a) Yes
- b) No
- d) Not applicable

30. Does the program target: (Select one)

- a) All children within its organizational scope (for example, every child in a school district, or any child who wants to participate)
- b) Only children at risk or in need of intervention
- c) Clinical professionals
- d) Other: _____

31. Does the program intervene with children/youth:

- a) Individually (including one-on-one contact with goal measurement)
- b) Only as a member of a group (no individual goal measurement) (*proceed to question 32*)
- c) Indirectly through professionals who are the immediate focus of the program (*proceed to question 31-d*)

If you answered A for question 31, please answer the following questions

31-a. What types of professionals interact with the children/youth in the delivery of the program? (Select all that apply)

- a) Physician(s)
- b) Dietitian(s)
- c) Therapist(s)
- d) Certified physical education trainer or instructor
- e) Teachers, day-care center or other childcare personnel, trained to implement your program.
- f) Other(s): _____

31-b. Does the program involve goal-setting by children/youth and (if applicable) their parents?

- a) Yes
- b) No
- c) Not applicable

31-c. Do you keep data on maintenance of weight loss, body mass index (BMI) or other goals of program?

- a) Yes
- b) No
- c) Not applicable

If you answered C for question 31, please answer the following question

31-d. What types of professionals are targeted or trained by this program? (Select all that apply)

- a) Physician(s)
- b) Dietitian(s)
- c) Therapist(s)
- d) Certified physical education trainer or instructor
- d) Teachers, day-care center or other childcare personnel, trained to implement your program.
- f) Other(s): _____

32. Are the program objectives (Select one):

- a) Primarily *behavioral* (such as: play outside for 30 minutes each day; increase intake of fruits and vegetables)
- b) *Fitness or weight* related (such as: weight loss measurement, skinfold measurement, fitness testing)
- c) Policy or institutional changes (such as food service options, physical education equipment or space, transportation policies)
- d) Not applicable

33. What is the institutional context in which the program is delivered?
(Select all that apply)

- a) Day care centers
- b) Pre-school or kindergarten
- c) Schools – primary grades
- d) Schools – high school
- e) Hospital, public health or other healthcare facility
- f) Community centers or churches
- g) Other: _____

34. Does the program consider breast feeding as a possible determinant of future overweight/obesity?

- a) Yes
- b) No
- c) Not applicable

35. Does the program consider pre-natal environmental factors as possible determinants of future overweight/obesity?

- a) Yes
- b) No
- c) Not applicable

36. Does the program have a set time-frame for individual participants?

- a) Yes
- b) No

If you answered A for question 36, please answer the following question

36-a. What is the program time-frame or duration for individual participants?
(Select one)

- a) 3 months or less
- b) 3 - 6 months
- c) 7 months - 1 year
- d) 13 months - 2 years
- d) More than 2 years

37. How frequent is contact with participants (Select one)

- a) More than once a week
- b) Once a week
- c) Two times a month
- d) Monthly
- e) Less frequent than monthly
- f) Not applicable

38. Does the program include use of peer educators (other children or youth)?

- a) Yes
- b) No

39. Does the program include oversight by a health professional of some or all of the participants?

- a) Yes
- c) No

If you answered A for question 39, please answer the following questions

39-a. Does the program include pharmaceutical intervention if deemed necessary?

- a) Yes
- b) No
- c) Not applicable

39-b. Does the program include surgical intervention if deemed necessary?

- a) Yes
- b) No
- d) Not applicable

40. Is the program a clinical trial or does it contain a component that can be described as a clinical trial for overweight/obesity intervention in children/youth?

- a) Yes
- b) No

41. Do you provide training to healthcare professionals on current pediatric screening recommendations for childhood/youth overweight/obesity?

- a) Yes
- b) No
- c) Not Applicable

42. Do you have overweight-assessment tools that you can provide to pediatric health care professionals?

- a) Yes
- b) No
- e) Not Applicable

43. What barriers does this program face in the assessment and treatment of overweight children and youth? (Select all that apply)

- a) Lack of patient motivation
- e) Lack of parent involvement
- f) Lack of clinician time
- g) Lack of reimbursement
- h) Lack of treatment skills
- i) Lack of support services to which refer clients
- j) Lack of training for clinical staff
- k) Attitude of futility from clinical professionals
- l) Other: _____

44. Has your program been able to implement team-based (multi-disciplinary) methods for dealing with childhood/youth overweight/obesity?

- a) Yes
- b) No
- c) Not Applicable

45. Is it a goal of the program to be able to implement team-based (multi-disciplinary) methods for dealing with childhood/youth overweight/obesity?

- a) Yes
- b) No

46. Does the program target: (Select one)

- a) At risk of overweight and overweight children and youth (BMI-for-age \geq 85th percentile)
- b) Overweight only children and youth (BMI-for-age \geq 95th percentile)
- c) Not applicable

47. Would you be interested in having your program information listed in the national on-line SAY Program Registry?

- a) Yes
- b) No
- c) Need more information

If you answered A for question 47, please answer the following question

47-a. Please provide a brief program description (3-5 sentences) for the Registry.

Optional Questions:

48. Beyond what you are accomplishing as described in this survey, what would your program or organization like to be able to implement in the future in the area of child/youth weight and fitness?

49. What would it take to enable you to be able to accomplish implement the program(s) just described?

50. Do you have any comments on this survey or additional information you would like to provide regarding your initiative(s)?

Thank you for participating in this survey

Please mail completed survey to:

**Academic Network, LLC
1221 SW Yamhill Street Suite 303
Portland, Oregon 97205-2110**

Community, Schools & Youth Programs

28. Through what channels does the program reach its audience? (Select all that apply)

- a) **Assists/educates individuals or groups through broad-reach communications**
- b) **Facilitates and promotes new fitness or nutrition programs through existing organizations such as schools, public recreation facilities, community centers, or youth organizations.**
- d) **Develops and/or funds recreation opportunities for low-income youth**
- d) **Develops and/or funds public recreation facilities**
- e) **Implements and/or makes policy regarding urban planning or transportation**
- f) **Funds research**
- g) **Funds medical intervention for individuals at risk**
- h) **Other: _____**

29. Who does the program target? (Select one)

- a) **All children within its organizational scope (for example, every child in a school district, or any child who wants to participate)**
- b) **Only children at risk or in need of intervention**

If you answered B for question 29, please answer the following question

29-a. Does the program intervene with children/youth:

- a) **Individually (including one-on-one contact with goal measurement)**
- b) **Only as a member of a group (no individual goal measurement)**

If you answered A for question 29-a, please answer the following question

29-b. Do you have pre- and post-intervention measurements of body mass index (BMI) for your program?

- a) **Yes**
- b) **No**
- c) **Not applicable**

30. Does the program involve goal-setting by children/youth and (if applicable) their parents?

- a) Yes
- b) No
- c) Not applicable/Do not know

31. Are the objectives of the program (Select one):

- a) Primarily behavioral (such as: play outside for 30 minutes each day; increase intake of fruits and vegetables)
- b) Fitness or weight related (such as: weight loss measurement, skinfold measurement, fitness testing)
- c) Policy or institutional changes (such as food service options, physical education equipment or space, transportation policies)

32. Does the program involve the family of the children/youth?

- a) Yes
- b) No
- c) Not applicable/Do not know

If you answered A for question 32, please answer the following question

32-a. Does the program seek to teach parenting skills, such as how to say "no", portion sizes, and modeling behavior?

- a) Yes
- b) No
- c) Not Applicable

33. Does the program have a set time-frame (duration in weeks/months/years) for client participation?

- a) Yes
- b) No
- c) Not applicable/Do not know

If you answered A for question 33, please answer the following question

33-a. What is the program time-frame for individual participants? (Select one)

- a) 3 months or less
 - b) 3 – 6 months
 - c) 7 months – 1 year
 - d) 13 months – 2 years
 - e) More than 2 years
-

34. How frequent is contact with participants (Select one):

- a) More than once a week
- b) Once a week
- c) Two times a month
- d) Monthly
- e) Less frequent than monthly
- f) Not applicable

35. Does program include use of peer educators (other children or youth)?

- a) Yes
- b) No
- c) Not applicable/Do not know

36. Does the program provide or subsidize athletic equipment or the construction of athletic facilities, courts, fields, etc., for youth activities?

- a) Yes
- b) No
- c) Not applicable/Do not know

37. Does the program provide or subsidize healthy meals for young people through schools, day care, community programs, etc.?

- a) Yes
- b) No

School specific questions

38. Is your program implemented through a school or school district?

- a) Yes
 - b) No (***proceed to question 41***)
-

If you answered A for question 38, please continue with the following questions

38-a. What school levels are the children/youth targeted by the program? (Select all that apply)

- a) Pre-school and/or kindergarten
- b) Grade school
- c) Middle school
- d) High school

38-b. Does the program influence policy with regard to food services (such as: cafeteria, vending machines)?

- a) Yes
- b) No

38-c. Has the school(s) made changes to food service options to promote healthy eating among students?

- a) Yes
- b) No (***proceed to question 38-d***)
- c) Not applicable/Don't know (***proceed to question 38-d***)

If you answered A for question 38-c-1, please answer the following question(s)

38-c-1. What food service changes have been implemented?
(Select all that apply)

- a) Healthier choices offered in cafeteria
- b) Healthier choices offered in vending machines
- c) Vending machine access curtailed or cut
- d) Lunch period time reduced
- e) New policies regarding leaving school to purchase lunch implemented
- f) Other: _____

If you answered B for question 38-c-1, please answer the following questions. If not, please proceed to question 38-d.

38-c-1-a. What categories of foods have been removed or reduced in vending machines? (Select all that apply)

- a) Sweetened soft drinks
- b) Diet soft drinks
- c) Cookies & pastries
- d) Candy
- e) Potato chip-type snacks
- f) Other

38-c-1-b. What categories of foods have been used to replace those that have been removed from vending machines? (Select all that apply)

- a) Fluid milk, yogurt, cheese
- b) Diet soft drinks
- c) Fruit juices
- d) Fruit or dried fruit (such as, raisins)
- e) Nutrition bars
- f) Soy products
- g) Other

38-d. Does the school(s) offer any training or instruction to students to promote healthy eating?

- a) Yes
- b) No
- c) Not applicable/Do not know

38-e. Does the school(s) have physical education instruction during school hours?

- a) Yes
- b) No (***proceed to question 38-e-5***)
- c) Not applicable/Do not know (***proceed to question 38-f***)

If you answered A for 38-e, please answer the following questions

38-e-1. How many times a week does each student participate in physical education class?

- a) Once
- b) Twice
- c) Three times
- d) More than three times
- e) Varies
- f) Other: _____

38-e-2. Is participation in physical education class mandatory for all able/healthy students?

- a) Yes
- b) No
- c) Do not know

38-e-3. How long is the physical education class period? (Select one)

- a) Less than 1 hour
- b) 1 hour
- c) More than 1 hour
- d) Time period varies

38-e-4. The course is taught by (Select one)

- a) Certified physical education instructor
- b) Teacher with no instruction in physical education
- c) Teacher with basic instruction in physical education
- d) Varies according to circumstance
- f) Do not know

If you answered B for question 38-e, please answer the following question

38-e-5. Why does the school(s) not offer physical education?
(Select all that apply)

- a) Budget constraints
- b) Lack of parental support
- c) Time constraints due to expanding academic schedule (due to pressure from standardized testing, for example)
- d) Lack of suitable place or facilities
- e) Teachers not trained to offer physical education
- f) Lack of administrative support
- g) Other: _____

38-f. Does the school offer indoor/outdoor unstructured physical activity (i.e., recess)?

- a) Yes
 - b) No
 - c) Not applicable to program or age group
 - d) Do not know
-

If you answered A for question 38-f, please answer the following question

38-f-1. Are children given the option to substitute other activities (such as library or computer time) for indoor/outdoor unstructured physical activity?

- a) Yes
 - d) No
-

38-g. Does the school(s) offer after school physical activities?

- a) Yes
 - b) No (***proceed to question 38-g-2***)
 - c) Not applicable/Do not know (***proceed to 39***)
-

If you answered A for question 38-g, please answer the following question

38-g-1. Do after school physical activities include organized sports teams (such as soccer, basketball)?

- a) Yes
- b) No (***proceed to question 39***)

If you answered B for question 38-g, please answer the following question

38-g-2. Reasons why school(s) does not offer after school physical activities

(Select all that apply)

- a) Budget constraints
 - b) Lack of parental support
 - c) Lack of administrative support
 - d) Lack of suitable place or facilities
 - e) Obstacles to participation, such as lack of transportation options for students, cost to students, etc.
 - f) Competition from non-school or club athletic teams
 - g) Other: _____
-

39. Does the school(s) partner with the community to make athletic or sports facilities available to the community outside of school hours or when not in use by school?

- a) Yes
- b) No
- c) Varies by location
- d) Do not know

40. Do you have a transportation policy to facilitate walking or biking to school?

- a) Yes
- b) No
- c) Do not know
- d) Not Applicable

41. Would you be interested in having your program information listed in the national on-line SAY Program Registry?

- a) Yes
- b) No
- c) Need more information

If you answered A for question 41, please answer the following question

41-a. Please provide a brief program description (3-5 sentences) for the Registry.

Optional Questions:

42. Beyond what you are accomplishing as described in this survey, what would your program or organization like to be able to implement in the future in the area of child/youth weight and fitness?

43. What would it take to enable you to be able to accomplish implement the program(s) just described?

44. Do you have any comments on this survey or additional information you would like to provide regarding your initiative(s)?

Thank you for participating in this survey.

Please mail completed survey to:

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Portland, Oregon 97205-2110**

Communications/Public Policy/Government Affairs

Any program that accomplishes its objectives through communications and/or public advocacy exclusively; and does not seek to intervene directly with children or youth

28. Does your program or initiative accomplish its objectives through media communications (including the Internet)?

- a) Yes
- b) No (*please proceed to question 29*)

If you answered A for question 28, please answer the following questions

28-a. What media are used to deliver your message? (Select all that apply)

- a) Web site
- b) Direct mail
- c) Advertising in print or broadcast media
- d) Articles in print publications, journals
- e) Public relations: placing news stories in appropriate print or broadcast media
- f) Point-of-sale signage, brochures, etc.
- g) Other: _____

28-b. Do you have some means to measure the **reach** (number of people in target audience) of your communications?

- a) Yes
- b) No

28-c. Is the intent of your communications relative to its immediate audience: (Select one)

- a) To encourage behavior modification in the immediate audience with regard to physical activity or diet
- b) To encourage the immediate audience to take some action in the public sphere (voting, supporting school or recreation programs, etc.)
- c) To inform/educate the immediate audience about an issue
- d) Other: _____

If you answered A or B for question 28-c, please answer the following question

28-c-2. Do you have any means of measuring the effectiveness of your communications in changing behavior or driving action?

- a) Yes
- b) No

29. Does your program or initiative accomplish its objectives through seeking to influence governmental legislation and/or funding in the area of child/youth overweight/obesity?

- a) Yes
- b) No (*please proceed to question 30*)

If you answered A for question 29, please answer the following questions

29-a. At what level does your initiative lobby for government action? (Select all that apply)

- a) Federal
- b) State
- c) City/county/regional

29-b. In what area(s) does your initiative seek to influence legislation and/or funding? (Select all that apply)

- a) Policies or legislation affecting the introduction of new pharmaceuticals or other medical treatments or procedures
- b) Policies or legislation affecting schools and/or school transportation issues
- c) Policies or legislation affecting urban planning or transportation
- d) Policies or legislation affecting food labeling
- e) Increasing government agency priority to this public health issue
- f) Other: _____

30. Would you be interested in having your program information listed in the national on-line SAY Program Registry?

- a) Yes
- b) No
- c) Need more information

If you answered A for question 30, please answer the following question

30-a. Please provide a brief program description (3-5 sentences) for the Registry.

Optional Questions:

31. Beyond what you are accomplishing as described in this survey, what would your program or organization like to be able to implement in the future in the area of child/youth weight and fitness?

32. What would it take to enable you to be able to accomplish implement the program(s) just described?

33. Do you have any comments on this survey or additional information you would like to provide regarding your initiative(s)?

Thank you for participating in this survey

Please mail completed survey to:

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Physical Environment: Transportation, Urban Planning, Architecture

28. Are you engaged in, or have you completed, urban planning, design or development projects or initiatives that were commissioned with an objective of enabling or increasing physical activity?

- a) Yes
- b) No (*proceed to question 29*)

If you answered A for question 28, please answer the following question

28-a. Were any of these projects targeted specifically at increasing the physical activity of children or youth (as distinct from the general population)?

- a) Yes
- b) No

29. In what area is your initiative focused (Select all that apply)

- a) Urban planning
- b) Transportation
- c) Architecture

30. Is influencing policy a critical success factor for your program or initiative?

- a) Yes
- b) No (*proceed to question 31*)

If you answered A for question 30, please answer the following question

30-a. At what level does your program or initiative seek to influence policy?
(Select all that apply)

- a) Federal
- b) State
- c) Municipal/Regional
- d) City
- e) Neighborhood

31. Most efforts to create constructed and natural environments that promote healthy living involve the collaboration of several key constituencies. Please indicate all categories that your initiative involves. (Select all that apply)

- a) Public health department, public health professionals
- b) Educators and/or school administrators
- c) Politicians: local
- d) Politicians: influencers of national transportation legislation
- e) Department(s) of transportation, transportation professionals
- f) Land use agencies
- g) Parks and recreation departments
- h) Environmental agencies
- i) Community planners
- j) Other(s): _____

32. Does the program or initiative seek to change facilities design standards to promote walking, biking, access to public transportation, or other forms of active living?

- a) Yes
- b) No

33. What have you found to be the greatest impediments to implementing environmental change for healthy living? (Select all that apply)

- a) Budget: fiscal constraints dictate environmental issues such as school location, availability of recreation space
- b) Budget: unwillingness to sacrifice highway transportation dollars for alternative transportation facilities (such as bike paths, sidewalks, public transit)
- c) Lack of long-term vision
- d) Fear of change at the city/community level
- e) Building codes
- f) Zoning ordinances
- g) Lack of political support
- h) Legal and/or technical frameworks that limit the harmonization of planning activities
- i) Other(s): _____

34. Is your program/initiative involved in research to demonstrate the correlation between policy, environmental change and physical activity?

- a) Yes
- b) No

35. How important is the development of a strong research base (on the correlation of policy and environmental change to physical activity) to the long-term success of your program/initiative? (Select one)

- a) Extremely important
- b) Somewhat important
- c) Not important

36. Please describe the nature of the project or initiative (in three to five lines).

37. Would you be interested in having your program information listed in the national on-line SAY Program Registry?

- a) Yes
- b) No
- c) Need more information

If you answered A for question 37, please answer the following question

37-a. Please provide a brief program description (3-5 sentences) for the Registry.

Optional Questions:

38. Beyond what you are accomplishing as described in this survey, what would your program or organization like to be able to implement in the future in the area of child/youth weight and fitness?

39. What would it take to enable you to be able to accomplish implement the program(s) just described?

40. Do you have any comments on this survey or additional information you would like to provide regarding your initiative(s)?

Thank you for participating in this survey.

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Product Development/Brand Marketing

28. Is there a component of your initiative that more specifically targets children/youth as opposed to consumers of all ages?
- a) Yes
 - b) No
29. Which of the following describes the primary audience this initiative aims to influence? (Select one)
- a) Customers, via the purchase and consumption of your products
 - b) General public, through education, increased awareness
 - c) Children/youth at risk
 - d) Other: _____
30. Which of the following statements characterizes why your organization has initiated a program in this area? (Select all that apply)
- a) Supports corporate product marketing goals
 - b) Supports corporate messaging/image
 - c) Corporation sees childhood weight/fitness issues as having a market impact over the long term
 - d) Corporation is responding to government-established nutritional guidelines
 - e) Corporation is responding to scientific studies
 - f) Corporation responding to consumer demands
 - g) Other: _____
31. Which of the following best categorizes the initiative or program? (Select one)
- a) A brand marketing or communications strategy adopted partially or wholly in response to the issue of child/youth overweight/obesity (*proceed to question 43*)
 - b) A product development or product design research initiative undertaken partially or wholly in response to the issue of child/youth overweight/obesity
 - c) Both of the above

If you answered A for question 31, please proceed to question 44

**32. Which of the following best categorizes your primary area of business?
(Select one)**

- a) **Food: food products / food retail / restaurants**
- b) **Athletic equipment / electronic gaming**
- c) **Media: television / movies and video / music**
- d) **Medical/health**
- e) **Other: _____**

If you answered A for question 32, please proceed to #1 FOOD

**If you answered B for question 32, please proceed to #2 ATHLETICS &
GAMES**

If you answered C for question 32, please proceed to #3 MEDIA

If you answered D for question 32, please proceed to #4 MEDICAL/HEALTH

If you answered E for question 32, please proceed to #5 OTHER

#1 FOOD

33. Has your organization modified, or is it in the process of modifying, its food product formulations (i.e., content, size, and/or preparation methods) in response to the increase in overweight/obesity in America?

- a) **Yes**
- b) **No**

34. Is your organization undertaking research to develop healthier versions of existing food products?

- a) **Yes**
- b) **No**
- c) **I Do not know**

Please Proceed to Question 44

#2 ATHLETICS & GAMES

35. Is your organization developing products whose consumer benefits intentionally include increasing physical activity in young people?

- a) **Yes**
- b) **No (*proceed to question 36*)**

If you answered A to question 35, please answer the following questions

35-a. Do these products combine video or electronic gaming with sports or physical activity?

- a) Yes
- b) No

35-b. Do you foresee the use of these products in schools?

- a) Yes
- b) No
- c) I Do not know

36. Is the increasing popularity of sedentary video games perceived as a potential threat to your core business?

- a) Yes
- b) No

37. Is the increasing popularity of video games (of any kind) perceived as a potential opportunity to your core business?

- a) Yes
- b) No

Please Proceed to Question 44

#3 MEDIA

38. Is your organization developing shows or other electronic entertainment whose consumer value intentionally includes increasing physical activity in young people?

- a) Yes
- b) No

39. Is the public perception of a link between television/media time and overweight in young people a factor in developing new programming?

- a) Yes
- b) No (*proceed to question 40*)

If you answered A for question 39, please answer the following question

39-a. Is developing programming that promotes physical activity a competitive issue for your organization?

- a) Yes (*proceed to question 40*)
 - b) No
-

If you answered B for question 39-a, please answer the following question

39-a-1 Do you foresee that it might become a competitive issue?

- a) Yes
 - b) No
-

40. Does your programming promote physical activity through tie-ins to live sporting events?

- a) Yes
- b) No

Please Proceed to Question 44

#4 MEDICAL/HEALTH

41. Does the increase in overweight/obesity in children/youth represent a potential opportunity for your business?

- a) Yes
- b) No

42. Do you have new products or services under development in response to the issue of overweight/obesity?

- a) Yes
 - b) No
-

If you answered A for question 42, please answer the following question

42-a. Are you developing new products or services in this area specifically targeted at treating or serving children or youth (as distinct from adults)?

- a) Yes
- b) No

If you answered B for question 42, please answer the following question

42-b. Is your organization undertaking research to try to discover/develop products that could be effective against child/youth overweight/obesity?

- a) Yes
- b) No

Please Proceed to Question 44

#5 OTHER

43. Please describe your business and your product development initiative in the area of child/youth overweight/obesity.

Please Proceed to Question 44

44. Would you be interested in having your program information listed in the national on-line SAY Program Registry?

- a) Yes
- b) No
- c) Need more information

If you answered A for question 44, please answer the following question

44-a. Please provide a brief program description (3-5 sentences) for the Registry.

Optional Questions:

45. Beyond what you are accomplishing as described in this survey, what would your program or organization like to be able to implement in the future in the area of child/youth weight and fitness?

46. What would it take to enable you to be able to accomplish implement the program(s) just described?

47. Do you have any comments on this survey or additional information you would like to provide regarding your initiative(s)?

Thank you for participating in this survey.

Please mail completed survey to:

**Academic Network, LLC
1221 SW Yamhill Street Suite 303
Portland, Oregon 97205-2110**

Employee Programs: Benefits and Health

28. The target audience for this program is (pick one):

- a) Corporate employees
- b) Corporate employees and their families

29. Is one of the goals of this program to manage health care costs?

- a) Yes
 - b) No
-

If you answered A for question 29, please answer the following questions

29-a. Has your organization been able to quantify increases or decreases in health care costs relative to body weight in employees/employee families?

- a) Yes
- b) No

29-b. As a factor in controlling overall health care costs, is weight loss/control among the top three in terms of cost impact for your organization?

- a) Yes
- b) No
- c) I don't know

If you answered B for question 602, please answer the following question

29-c. Describe goal: _____

30. Does your program offer voluntary intervention program(s) for overweight/obese employees or their families?

- a) Yes
- b) No

31. Which of the following has your organization implemented to promote physical fitness among employees/employee families? (Select all that apply)

- a) On-site sports or exercise facilities
- b) Design or modification of corporate campus or other work facility to promote increased physical activity, such as walking, climbing stairs
- c) Subsidized membership in fitness club(s)
- d) Promotion of employee participation in athletic events
- e) Other: _____

32. Which of the following has your organization implemented to promote healthy eating among employees/employee families? (Select all that apply)

- a) **Modification of on-site food service to provide healthier choices**
- b) **Education, either through brochures or hand-outs, classes, or presentations**
- c) **Opportunity for one-on-one or family counseling**
- d) **Other: _____**

33. Does your program, or a component of your program, target children/youth specifically?

- a) **Yes**
- b) **No (*Proceed to Question 34*)**

If you answered A for question 33, please answer the following questions: 33-a; 33-b; 33-c

33-a. Does the program target (Select one):

- a) **All children within its organizational scope (for example, every child in a school district, or any child who wants to participate)**
- b) **Only children at risk or in need of intervention**

If you answered A for question 33-a, please answer the following question

33-a-1. Does the program intervene with children/youth:

- a) **Individually (including one-on-one contact with goal measurement)**
- b) **Only as a member of a group (no individual goal measurement)**

If you answered A for question 33-a-1, please answer the following question

33-a-1-a. Do you have pre- and post-intervention measurements of body mass index (BMI) for your program?

- a) **Yes**
- b) **No**
- c) **Not Applicable**

33-b. Does the program involve goal-setting by children/youth and (if applicable) their parents?

- a) **Yes**
- b) **No**

33-c. Does your program cover the cost for overweight/obesity intervention for children of employees?

- a) Yes
 - b) No
-

34. Do you have workplace programs and policies that encourage breastfeeding?

- a) Yes
- b) No

35. Would you be interested in having your program information listed in the national on-line SAY Program Registry?

- a) Yes
 - b) No
 - c) Need more information
-

If you answered A for question 35, please answer the following question

35-a. Please provide a brief program description (3-5 sentences) for the Registry.

Optional Questions:

36. Beyond what you are accomplishing as described in this survey, what would your program or organization like to be able to implement in the future in the area of child/youth weight and fitness?

37. What would it take to enable you to be able to accomplish implement the program(s) just described?

38. Do you have any comments on this survey or additional information you would like to provide regarding your initiative(s)?

Thank you for participating in this survey.

Please mail completed survey to:

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1221 SW Yamhill Street Suite 303
Portland, Oregon 97205-2110**