

Evaluation Plan for the Michigan Healthy Eating and Physical Activity Strategic Plan: 2010-2020



Prepared by the
Michigan Public Health
Institute

9/26/2011

Nutrition Facts	
Serving Size 1 packet (1g)	
Servings per Carton 100	
Amount Per Serving	
Calories 0	
Total Fat (g)	% Daily Value*
Sodium (mg)	0%
Total Carb. (mg)	0%
Fiber (g)	0%
Sugars (g)	0%
Total Fat (g)	1%
Saturated Fat (g)	0%
Trans Fat (g)	0%
Cholesterol (mg)	3%
Total Carb. (mg)	4%
Fiber (g)	26%
Sugars (g)	less than 1g
Total Fat (g)	made 2g
Vitamin A	0%
Vitamin C	0%
Calcium	0%
Iron	4%

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I. Overview and Introduction

The prevalence of obesity in both Michigan and the United States has risen steadily since the year 2000. In 2009, 30.3% of adults in Michigan were considered obese, while 35.2% of the adult population was overweight.¹ Research has identified associations between individuals' weight and both their mental and physical well-being. Compared to healthy weight adults, obese individuals are at greater risk for developing chronic illnesses such as cardiovascular disease, asthma, diabetes and arthritis. In addition to the negative implications overweight and obesity have on people's health and quality of life, they have tremendous potential to affect state government spending as well. If obesity prevalence continues to rise at its current rate, Michigan is projected to spend approximately \$12.5 billion on costs related to health care by the year 2018.²

Significant disparities in overweight and obesity prevalence also exist with regard to individuals' racial/ethnic background, socioeconomic status, and education level. Blacks (41.6%) and Hispanics (42.6%) in Michigan were shown to have a significantly higher prevalence of obesity than their White counterparts (28.7%). Similarly, those who graduated college were less likely to be obese than those without a college degree.¹ Further, barriers related to breastfeeding, physical activity participation and adequate fruit and vegetable consumption also influence the overall health of Michigan residents.

To combat the multiple and interdependent factors that influence obesity, particularly behavioral and environmental factors, the Michigan Healthy Weight Partnership (the Partnership) developed a ten year strategic plan (the Strategic Plan).³ The Strategic Plan was developed as a guide to move Michigan citizens toward healthier eating and physical activity behavior patterns.

Evaluation of the Strategic Plan is critical for determining the effectiveness of its conceptualization, implementation, and capacity to produce intended outcomes. The proposed evaluation plan was developed by Michigan Public Health Institute (MPHI) in collaboration with The Michigan Department of Community Health (MDCH) and members of the Partnership. It is meant to provide insight and direction to MDCH with regard to the Strategic Plan and its capacity to promote healthy eating, physical activity, and policy and practices that encourage individuals' abilities to achieve and maintain a healthy weight.

The evaluation proposes a collaborative, multi-method, approach to data collection and analysis focusing on five identified foci: 1) process, 2) content, 3) dissemination and awareness, 4) initial outcomes, and 5) intermediate and long term outcomes. Initial evaluation questions have been developed by the evaluation staff and presented for feedback from Partnership members.

The Strategic Plan is designed to target multiple levels of the social ecology in order to positively impact individual health behavior. It is not meant to duplicate other initiatives throughout the state; rather, it intends to assist in the alignment of the state's priorities regarding improved physical activity and nutrition. Using a mixed-methods, multi-level approach, the proposed evaluation will examine the initiative's progress toward meeting its overarching goals.

¹ Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance Survey (BRFSS). Available at www.cdc.gov/brfss/

² The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses, Kenneth E. Thorpe, Ph.D. Nov 2009; A collaborative report from United Health Foundation, the American Public Health Association and Partnership for Prevention; Available at <http://www.americashealthrankings.org/2009/report/Cost%20Obesity%20Report-final.pdf>

³ Michigan Department of Community Health. *Michigan Healthy Eating and Physical Activity Strategic Plan: 2010-2020*. Available at http://www.michigan.gov/documents/mdch/Mi_Healthy_State_Plan_353817_7.pdf

II. Background

The Michigan Healthy Eating and Physical Activity Strategic Plan (the Strategic Plan) is a CDC-funded state-based initiative within the national Nutrition, Physical Activity, and Obesity (NPAO) program. The national program originated in 1999 with the hope of building states' capacities to better prevent obesity and associated negative health outcomes. The Strategic Plan aims to serve as a guide for community stakeholders to focus obesity reduction efforts within six target areas, thus, allowing the state to maximize resources and draw on the strengths of collaborative problem-solving processes. To designate sufficient time for the measurement of relevant outcomes, the Strategic Plan is implemented over the course of 10 years. Further, plan implementation occurs as an iterative process, receiving active revision and further development at 18 month intervals. The Strategic Plan is based on the Social-Ecological Model,⁴ which suggests that the creation of lasting behavior change is most likely when interventions address individuals as well as their social, physical and environmental contexts. This involves the development of policies and environmental changes that better support positive health behaviors to transform community norms.

Members of the Healthy Weight Partnership, who represent state, local, public and private organizations and have expertise in nutrition, physical activity, breastfeeding, and other chronic conditions, participated in the planning process for the Strategic Plan. Key sources of data, references, and other resources were compiled to inform this planning process. Related existing plans in Michigan were also pooled to guide the design of the Strategic Plan and to distinguish opportunities for collaboration, integration, and resource sharing among programs. Other national guidance documents, particularly those issued by the CDC,^{5,6} also helped inform the development of the Strategic Plan and its goals and objectives. The logic model, presented in Figure 1, presents a detailed breakdown of the inputs and activities that will go into facilitating the Strategic Plan. The goals of the Strategic Plan are as follows:

1. Increase the portion of Michigan's population who are at a healthy weight;
2. Reduce inequities that contribute to health disparities in overweight and obese individuals;
3. Increase physical activity;
4. Increase healthy eating;
5. Increase breastfeeding.

Most of the work of the Healthy Weight Partnership in development of the Strategic Plan was accomplished prior to the tenure of Michigan's new Governor and Executive Leadership. Since entering office in January 2011, Michigan's Governor Snyder and appointed Director of MDCH, have adopted Obesity as a key health benchmark on which to "Move the needle." Towards this aim, over 500 stakeholders from across Michigan joined MDCH in a summit entitled, *Michigan Call to Action to Reduce and Prevent Obesity* on Wednesday, Sept. 21, 2011. Out of this summit a series of specific action items were put forward by multiple small workgroups. The recommendations – still subject to further revision and refinement – are quite consistent with the Strategic Plan, and many are likely to inform efforts to concretize the Strategic Plan into a series of Implementation Plans. Participation included members of the Healthy Weight Partnership as well as additional partners. This process provides Michigan with an opportunity to incorporate the priorities of a new administration to energize and provide renewed focus to Michigan's efforts to promote healthy weight goals. The broadening of engaged

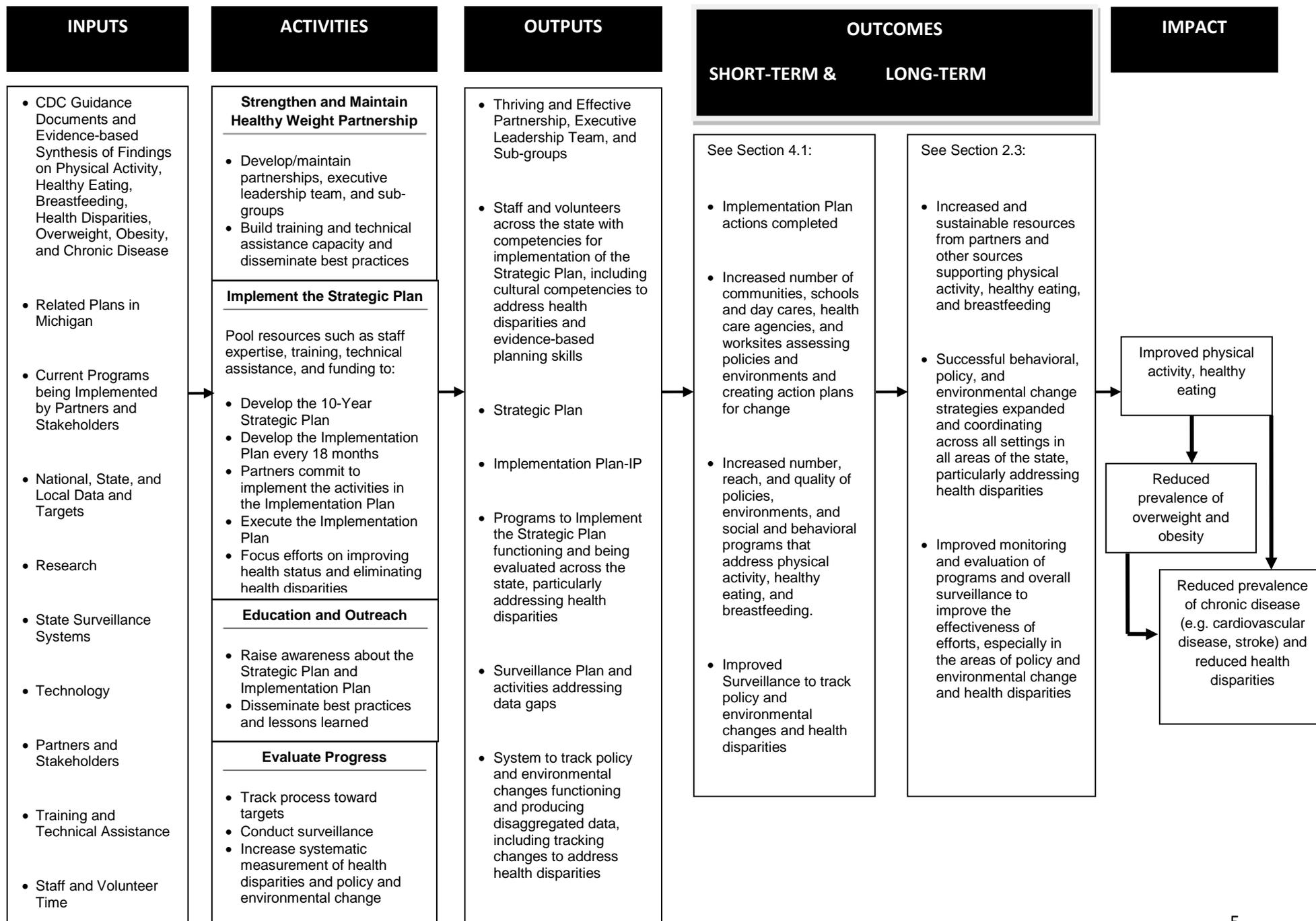
⁴ Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10, 282-298.

⁵ Mattessich, P. Evaluation of State Nutrition, Physical Activity, and Obesity Plans. Centers for Disease Control and Prevention (CDC). Available at www.cdc.gov/obesity/downloads/EvaluationofStateNPAOPlans.pdf

⁶ Centers for Disease Control and Prevention (CDC). (2008). State Nutrition, Physical Activity and Obesity (NPAO) Program Technical Assistance Manual. Available at <http://www.cdc.gov/obesity/downloads/StateNPAOProgramTechnicalAssistanceManual.pdf>

stakeholder groups should lead to greater reach of Michigan's Strategic Plan and Implementation Plans over the coming decade.

Figure 1. Logic Model for the State Strategic Plan



III. Focus of Evaluation

Evaluation Paradigm

The evaluation framework is based upon Patton’s *Utilization Focused Evaluation*⁷ as well as a CDC-produced report for use by communities, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.⁸ In addition to surveillance measures identified and developed by MDCH, evaluation activities that measure capacity, readiness, and collaboration, such as the Partnership Self-Assessment Tool⁹ and the State Plan Index,¹⁰ will be used. Utilization-focused evaluation prioritizes the wants and needs of those charged with the responsibility to implement the recommendations. As such, evaluation activities are designed to elicit the perspectives of a wide range of stakeholders. Additionally, the evaluation framework uses information gathered across activities to answer evaluation questions. The strength of this evaluation is that there is no single, dominant stakeholder group or method. Instead, compiled information across several activities will create richer evaluation activity and findings. It should also be noted that as the Strategic Plan is updated over the next ten years, so too the Evaluation Plan will be updated to insure its continued relevance to stakeholders.

The proposed evaluation uses multiple methods in order to better understand if and how the Strategic Plan influences various levels of the social ecology and other key factors as they pertain to obesity prevention. Even more, this approach will be important for assessing various domains of the Strategic Plan over the course of its implementation. The use of mixed-methods will facilitate the examination of the Strategic Plan's process, content, dissemination, and awareness. Examining these domains will allow program staff to make necessary changes to the Strategic Plan over the course of its implementation to improve the likelihood of creating positive intermediate and long-term health outcomes. Evaluators will also be able to cross-check their work or triangulate by using different strategies to examine a single factor or outcome. More generally, the use of multiple evaluation methods will be critical for better understanding complex evaluation questions and engaging a broad perspective.

Foci

The evaluation of the Strategic Plan aims to examine questions that correspond to the following five foci: 1) process, 2) content, 3) dissemination and awareness, 4) initial outcomes, and 5) intermediate and long term outcomes. These foci are described as follows:

- **Process:** An evaluation with process-related components analyzes the development and actual implementation of the strategy or program. It assesses whether strategies were implemented as planned and whether expected output was actually produced. Process-related questions may also elicit information about the general environment or context in which work takes place, the creation of metrics and other data collection tools, as well as highlighting intervening events. In the case of the Strategic Plan and successive Implementation Plans, the processes by which the plans are developed and adapted are considered to be extremely important for strengthening the Partnership – the support of whose members

⁷ Patton, M. Q. *Utilization Focused Evaluation*. Thousand Oaks, CA: SAGE Publications, Inc, 2008.

⁸ Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. (2009). *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

⁹ The Center for the Advancement of Collaborative Strategies in Health. Partnership Self Assessment Tool. Available at <http://cacsh.org/pdf/psatquestionnaire.pdf>

¹⁰ Butterfoss FD, Dunett DO. State Plan Index: a tool for assessing the quality of state public health plans. *Prev Chronic Dis* [serial online] 2005 Apr [date cited]. Available at: http://www.cdc.gov/pcd/issues/2005/apr/04_0089.htm

will determine whether the Strategic Plan is actually implemented across multiple efforts throughout the state via the Implementation Plans.

- **Content:** In the evaluation of the Strategic Plan and Implementation Plans, content questions are meant to showcase the alignment of the plan with contemporary, evidence-based, understanding of the phenomena of interest. The Strategic Plan will be reassessed periodically to determine whether it is keeping pace with developing evidence. The content of the Implementation Plans will be assess to determine how the proposed activities are expected to advance the goals of the Strategic Plan.
- **Dissemination and Awareness:** The Strategic Plan and Implementation Plans can only be effective in focusing activities throughout the state if a diverse group of stakeholders are aware of, understand, and utilize the Plans to guide local goals and objectives.
- **Outcomes:** Initial outcomes are expected to be changes in the policy efforts and strategies for change across multiple settings, including communities, school, and workplaces, among others. This should lead to intermediate outcomes of actual policy and environmental change that will have a long term impact on the knowledge, behavior, and health status of Michigan residents in relation to healthy eating, physical activity and breastfeeding.

Evaluation Questions

The evaluation team proposed a set of evaluation questions that address the five foci discussed above. These questions were presented to MDCH and the Partnership for consideration and input. The final questions will adhere to the standards of effective evaluation: utility, feasibility, propriety, and accuracy. The questions, while not inclusive, are listed below and grouped by their focus. For a more detailed description of the evaluation and data collection strategies by foci, see Appendices 1-5.

Table 1 . Evaluation Questions by Focus

Process	• What was/is the level of stakeholder involvement in the development of the Strategic Plans and Implementation Plans?
	• Are partners diverse both substantively and geographically? Was there involvement by stakeholders who will need to implement the Plans?
	• Do planning and other partnership activities take place at a schedule that meets the needs of the Partners and contributes towards Plan achievements?
	• Does development of the Strategic and Implementation Plans contribute toward engagement of key stakeholders?
	• Do partnership processes provide adequate support to stakeholders to enable meaningful participation?
	• Do stakeholders feel ownership of the Strategic Plan?
Content	• Are the goals and objectives of the Strategic Plan distributed across the required domains (e.g., environmental, policy and health behavior)?
	• Is the Strategic Plan reflective of contemporary Public Health science? Are implementation activities evidence-based?
	• Does the Strategic Plan align with national goals?
	• Does the Strategic Plan align with/incorporate goals of diverse Michigan stakeholders?
	• Do the Strategic and Implementation Plans provide useful direction to leverage stakeholder resources, promote synergy and efficiencies, and communicate a common language and vision?
	• Do the evaluation and surveillance plans provide useful feedback on process as well as track progress towards short, intermediate, and long-term outcomes?

Table 1 . Evaluation Questions by Focus (continued)

Content (continued)	<ul style="list-style-type: none"> • Are the goals and objectives of the successive Implementation Plans designed to promote achievement of Michigan’s short- and long-term outcomes? • Do Implementation Plans incorporate lessons learned? • Do the content and priorities of the Strategic Plan keep pace with evolving evidence-based obesity prevention strategies?
Dissemination & Awareness	<ul style="list-style-type: none"> • What is the proposed and actual reach of the plans for disseminating the Strategic Plan? • Are key partners and stakeholders engaged in dissemination and do they fulfill their assignments? • Does dissemination include a training component? • Are new stakeholders – and new types of stakeholders – engaged? • Are supplemental materials developed that promote dissemination and utilization of the Strategic Plan? • Are targeted audiences aware of the Plan’s purpose and function? • Do targeted audiences understand the Plan? • How do targeted audiences utilize the Plan? • Do partners and stakeholders feel the impact of the Plan in their communities? • Does dissemination contribute towards cultural competency and planning skills? • Does dissemination of the Plan promote collaboration on a local level?
Initial Outcomes	<ul style="list-style-type: none"> • Has there been an increase in the in the access to and use of environments that support physical activity and healthy eating? • Have public health programs and service providers embraced and conformed to the Strategic Plan? • Has an increase occurred in the social and behavioral approaches to promote physical activity and healthy eating? • Have initiatives related to evaluation started? • Has an increase occurred in the policies and standards to support physical activity and healthy eating?
Intermediate & Long-term Outcomes	<ul style="list-style-type: none"> • Has there been an increase in physical activity within Michigan? • Has the consumption of fruits and vegetables increased within Michigan? • Has breastfeeding initiation and duration increased in Michigan? • Has television viewing in Michigan decreased? • Has the consumption of sugar sweetened beverages decreased within Michigan? • Did obesity rates in Michigan decline? • Did rates of obesity related chronic illness decline? • Did mortality rates decline within Michigan?

IV. Methods for Gathering Credible Data

Approach

The evaluation plan involves the utilization of several data collection methods including, national and state surveillance systems, surveys, interviews, observation, case study, grant process reports, environmental assessments, and activity reporting. Please refer to Appendices 1-5 for a more in-depth look at the data collection plan which includes many evaluation questions, indicators, data sources and timing. Please also note that the activities and tools highlighted in the following discussion lend particular insight into the foci of process, content, dissemination and awareness, and initial outcomes. Strategies and surveillance systems for monitoring intermediate and long-term outcomes were described at length in the Strategic Plan and are summarized in Appendix 5.

Activities and Tools:

State Plan Index: The State Plan Index will be used to examine nine components of the Strategic Plan. These include: (1) Involvement of Stakeholders; (2) Presentation of Data on Disease Burden and Existing Efforts to Control Obesity; (3) Goals; (4) Objectives; (5) Selecting Population(s) and Strategies for Intervention; (6) Integration of Strategies with Other Programs and Implementation of Plan; (7) Resources for Implementation of Plan; (8) Evaluation; and (10) Accessibility of Plan community attributes. Information garnered from this instrument will serve as an indicator of the Strategic Plan's overall quality for the evaluation team and relevant stakeholders.¹¹

Partnership Survey: The Partnership Survey will aid in assessing the process of Strategic Plan implementation.¹² To do so, the survey asks questions related to synergy, a key indicator of a successful collaborative process. Additional questions measure leadership, efficiency, administration and management, and sufficiency of resources. The Partnership Survey also provides insight into how members perceive the decision-making process, drawbacks and benefits of being included in the Partnership, and their overall satisfaction with the Partnership. The survey will also serve as vehicle to ask Partners questions specific to the Strategic Plan. The survey will elicit information related to partnership members' obstacles or successes relating to the Strategic Plan, such as legislative or regulatory progress; and the alignment of partner activities with the Strategic Plan. Evaluators will add questions to this instrument regarding local policy change, Strategic Plan implementation and dissemination.

The survey will be administered electronically to Partnership members at baseline and follow-ups at 3 year intervals. The Partnership Survey will also be available on the MDCH Nutrition, Physical Activity, and Obesity Prevention website. This will provide partnership members with an opportunity to give regular feedback to the Initiative. Data collected during these follow-up points will highlight information related to foci other than process as they become relevant. Questions of specific interest to evaluators and MDCH will also be incorporated in the survey as they become relevant. The survey will help elucidate the necessary technical assistance needed during the course of Strategic Plan implementation.

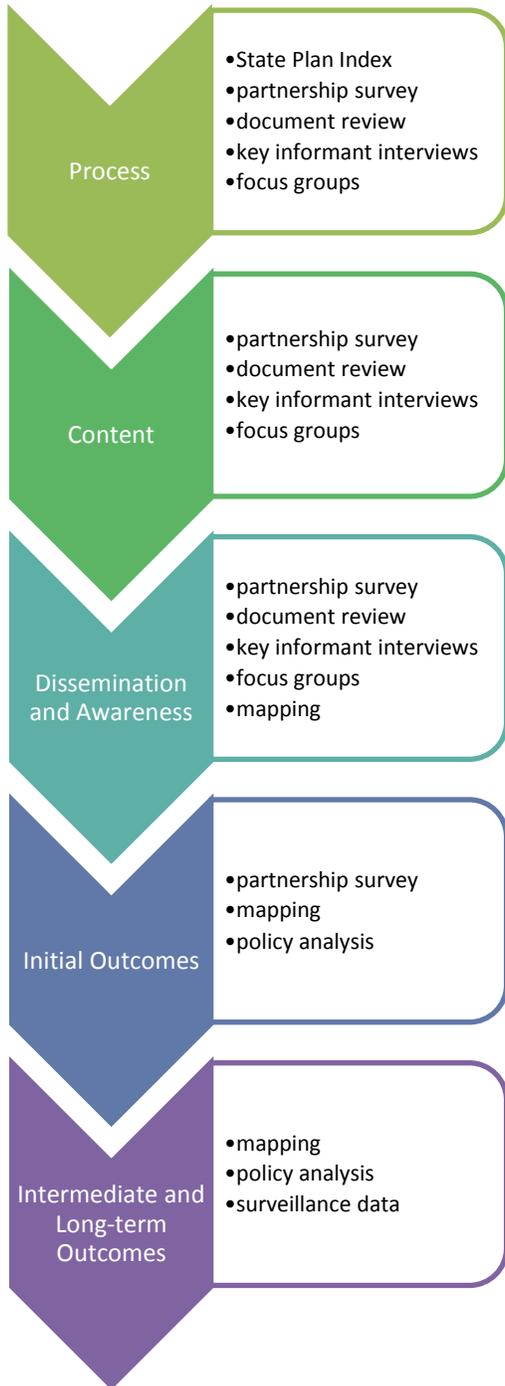
¹¹ Butterfoss FD, Dunét DO. State Plan Index: a tool for assessing the quality of state public health plans. *Prev Chronic Dis* [serial online] 2005 Apr [date cited]. Available at: http://www.cdc.gov/pcd/issues/2005/apr/04_0089.htm

¹² The Center for the Advancement of Collaborative Strategies in Health. Partnership Self Assessment Tool. Available at <http://cacsh.org/pdf/psatquestionnaire.pdf>

Document Review: Archival data related to the Partnership will be collected and analyzed to assist with the examination of evaluation questions across each focus area. This is particularly important for assessing partner involvement in the Strategic Plan and their composite substantive and geographic diversity.

Data collected will include: partnership membership and subcommittee lists, meeting minutes and attendance, grant applications and reports, surveillance systems, data system reports, dissemination tracking, and partner engagement in other communications and program events. Evaluators will work with the initiative and partnership members to create a tracking tool or spreadsheet to allow for consistent and reliable monitoring. Collection and review of these items will be ongoing with the generation of reports at regular intervals and additional time points in order to meet partnership needs.

Figure 2. Overview of Activities and Targeted Foci



Focus Groups: Focus groups and/or listening sessions will be conducted frequently in order to examine evaluation questions related to program process and program dissemination and awareness. As a form of qualitative research, focus groups are particularly valuable for informing applied research and evaluation. The key objective of conducting focus groups in this evaluation is to identify success factors and salient practices in local communities to inform future implementation plans. Focus groups will also be the format used to gather and incorporate feedback from local stakeholders who are not members of the Partnership. The use of both unstructured and facilitated sessions will allow evaluators to address specific questions, while gaining perspective on community concerns not included within existing evaluation questions.

Focus groups will be conducted in communities that appear to be making progress as identified through partnership surveys and other data collection methods. Evaluators will work with partnership members to recruit community members to participate in focus groups at several time-points during the Strategic Plan's implementation. Focus groups conducted during the middle years of the Strategic Plan will largely inform the process evaluation, whereas those conducted towards the end of the period will inform questions related to impact evaluation.

Key Informant Interviews: Evaluation questions related to the foci of process, content, and dissemination and awareness will be examined through Key Informant interviews. Key Informants will be asked to participate in one face-to-face or phone interview lasting no more than one hour during year 2 of the Strategic Plan's implementation.

The interview will be semi-structured and have five core components: 1) What is the informant's experience of collaboration with the Initiative; 2) How the informant believes

the Strategic Plan fits into obesity and healthy lifestyle-related work across the state and in their local community; 3) What are the informant's experiences and beliefs about obesity and healthy lifestyles; 4) What are the informants' suggestions or feedback (if any) about the Initiative's content and process; and 5) Other suggestions and feedback. Additional follow-up interviews will be scheduled and conducted on an as-needed basis. Interviews will be conducted both in person and over the telephone to ensure representation from across the state.

Mapping: Mapping will be useful for the evaluation of questions related to all foci, particularly those related to Strategic Plan process and dissemination and awareness. By mapping partnership organizations both geographically and in terms of their areas of focus, evaluators will gain a better sense of the Strategic Plan's reach and identify partners that could be further engaged by the Initiative. Additionally, wherever possible, initial and intermediate outcomes will be analyzed by region to identify the Strategic Plan's strengths and opportunities for improvement in implementation.

Observation: Evaluators will observe some partnership meetings and meetings of the Initiative in order to assess program process. Specifically, by conducting participant observation, evaluators will gain insight into the fidelity and reach of the Strategic Plan's implementation.

Policy Analysis: Conducting policy analysis is essential for investigating the Strategic Plan and its influence on community legislation and environments. Because of the inherent difficulty of monitoring policy activity and change related to obesity, particularly for multiple partnership members across the state, the proposed evaluation aims to "piggyback" off of existing policy programs and surveillance systems in order to collect data. Evaluators will work with stakeholders to identify coalitions that are tracking policies relevant to the Strategic Plan, and then use CDC-generated guidance documents to focus their investigation on a limited set of policy indicators that are feasible to track and report within the scope of the evaluation. Attention will be given to ensure that policy indicators are chosen in a way that provides insight into all five goals of the Strategic Plan as they relate to physical activity, healthy eating, and breastfeeding. Chosen policy indicators will be updated and reported biannually.

An example of a coalition, whose work could be tapped in order to monitor policy change is the Michigan Complete Streets Coalition. The Complete Streets Coalition's mission is to create more livable cities and towns by improving the accessibility and inclusivity of roads and streets to all types of users. Potential related policy indicators include: the miles of on-street bicycle routes created, new linear feet of pedestrian accommodation, changes in the number of people using public transportation, bicycling, or walking (mode shift), and/or number of new street trees. Complete Streets also releases a regular newsletter that provides a round-up of policy progress for communities with complete streets in place.

Additional organizations with expertise in the areas of physical activity, healthy eating, and breastfeeding that could be tapped in determining the chosen policy indicators to track include, but are not limited to: the Michigan Food Policy Council; Michigan Breastfeeding Network; Women, Infants, and Children (WIC); the Building Healthy Communities Grant Project; Healthy Kids, Healthy Michigan; Michigan Steps Up; and the Michigan Nutrition Network. Annual reports generated by these and other programs and initiatives could provide data related to the numbers of Michigan parks and trails, local farmers markets and gardens and other relevant measures. By establishing contacts at these organizations, the evaluation will also have a conduit for receiving information regarding policy progress in these factors that influence obesity and to gauge overall awareness of the Strategic Plan. In addition, these contacts will be able to help identify existing forms of data collection (conducted by their organization) onto which the evaluation could tag additional questions regarding initial outcomes.

Finally, policy progress related to obesity prevention will be monitored using the Database of State Legislative and Regulatory Action to Prevent Obesity and Improve Nutrition and Physical Activity. This website, hosted by the CDC, provides an opportunity to track state legislative and regulation actions related to obesity, nutrition and physical activity topics. Evaluators will review existing Michigan policies related to obesity prevention at baseline and track changes or progress at two year time points through the completion of Strategic Plan implementation. Potential metrics and how they relate to Strategic Plan goals are depicted in Figure 3.

Figure 3. Example Metrics to Measure Strategic Plan Initial Outcomes¹³



¹³ Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. (2009). Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Surveillance Data: Using state and national surveillance systems will be essential for collecting data related to intermediate and long-term outcomes. Over time, these sources will document trends in nutrition, physical activity, and breastfeeding behavior, as well as the prevalence of overweight and obesity in Michigan and its sub-populations. Measurements relevant to understanding key questions will be collected using the following national and state surveillance systems: Youth Risk behavior Surveillance System; Behavior Risk Factor Surveillance System; National Immunization Survey; data from WIC; and the Kids Count Data Center, among others.

New sources of surveillance data are also likely to develop as momentum around the issue of healthy weight grows in Michigan. Specifically, on September 14, 2011 Michigan Governor, Rick Snyder, announced that he has, “directed the MDCH to incorporate information about BMI in the Michigan Care Improvement Registry (MCIR), which tracks childhood immunization records.” He went on to explain, “This rule change will allow a health care provider to report height and weight measurements on MCIR. The goal is to increase obesity screening rates and improve treatment of childhood obesity, which is significantly under-diagnosed in children.” Initially the proposed rule would apply only to children under the age of 18, however the Governor expressed support for future expansion to adults.

V. Limitations

The proposed evaluation plan is not without limitations. Many of these limitations are related to the broad scope of the Strategic Plan, the structural and environmental changes it aims to create, and the many community agencies charged with implementing the plan. As such, evaluators may not be able to investigate every indicator of the Strategic Plan's success. The proposed evaluation is also unlikely to capture the process of the Strategic Plan's implementation in each community of interest. Using the CDC technical assistance guidance documents referenced above, however, evaluators will focus their efforts and methods to measure the most salient indicators of the Strategic Plan's success. Because the Partnership Survey will serve as a mechanism for communities to highlight their progress with implementation, evaluators will also be able to pay greater attention to those who demonstrate particular growth.

As indicated above, the proposed evaluation plan may also be limited in its ability to assess structural change resulting from the Strategic Plan. This is due to the inherently lengthy process of modifying policy and the built environment, and finally the health behaviors of a population. Moreover, it is important to pinpoint the extent to which one factor (such as a strategic plan) has an impact on outcomes such as policy, environmental, and behavioral change – which are typically a culmination of multiple factors. This is another reason that the evaluation will focus on assessing various dimensions of program process. Conducting a comprehensive evaluation of process, content, dissemination and awareness of the Strategic Plan will provide insight into the role of the Plan in guiding and mobilizing efforts towards common change efforts.

VI. Data Analysis and Dissemination

The techniques for data analysis will vary based on the data collection method and data source. The evaluation team will determine the appropriate statistical methods, stratifications, tables, and figures to be used depending on the audience and report being produced. The evaluation team will use SPSS as the software for analysis of quantitative data and NVivo will be used to identify themes and code qualitative data.

Evaluation results will be reported on a schedule appropriate to the needs of the Partnership. Annual reports will be provided to the Center for Disease Control and Prevention as part of the progress reporting for the initiative. Regular reports will be provided to state, coalition, community audiences, and the public on the state plan progress. In addition to presenting results related to the evaluation questions specified in the Strategic

Plan, reports will highlight partnership member success stories and role model programs. Data analysis included in these reports will highlight summary statistics, comparisons, and graphs and tables. Results will be stratified by region and/or community, where possible, in order to maximize the usability of data for individual partnership members. Reports will also be made available and delivered in multiple formats, including: web-based documents, electronic copies, and hard copy.

VII. Appendices

Appendix 1

FOCUS: PROCESS		
<p><i>Activity: Strengthen & maintain Healthy Weight Partnership</i></p> <ul style="list-style-type: none"> • <i>Develop/maintain partnerships</i> • <i>Build training and TA capacity and disseminate best practices</i> <p><i>Output: Develop the 10-year Strategic Plan</i></p> <p><i>Output: Thriving and effective Partnership, Executive Leadership Team, and Sub-groups</i></p>		
Evaluation Questions by Focus	Data Source and Methods	Timing
<p>1. What was/is the level of stakeholder involvement in the development of the Strategic Plans and Implementation Plans?</p> <p>2. Are partners diverse both substantively and geographically? Was there involvement by stakeholders who will need to implement the Plans?</p> <p>3. Do planning and other partnership activities take place at a schedule that meets the needs of the Partners and contributes towards Plan achievements?</p>	<p>Partnership documents such as:</p> <ul style="list-style-type: none"> • Meeting minutes & attendance • Partnership membership and subcommittee lists • Partner engagement in other communications & program events • Obesity Symposium attendance and press release <p>Assess partner involvement in comparison to diversity goals</p>	<p>Ongoing – with regular reports according to Partnership needs</p>
<p>4. Does development of the Strategic and Implementation Plans contribute toward engagement of key stakeholders?</p>	<p>Partnership survey</p>	<p>Baseline, Years 3, 6, 9</p>
<p>5. Do partnership processes provide adequate support to stakeholders to enable meaningful participation?</p> <p>6. Do stakeholders feel ownership of the Strategic Plan?</p>	<p>Key informant interviews</p>	<p>Year 2, with follow-up as needed</p>

Appendix 2

FOCUS: CONTENT		
<p><i>Activity: Implement the Strategic Plan</i></p> <ul style="list-style-type: none"> • Develop 10 yr. Strategic plan • Develop the Implementation Plan every 18 months <p><i>Activity: Evaluate progress</i></p> <p><i>Output: Surveillance Plan and activities addressing data gaps</i></p> <p><i>Output: System to track policy and environmental changes</i></p>		
Evaluation Questions by Focus	Data Source and Methods	Timing
<p>1. Are the goals and objectives of the Strategic Plan distributed across the required domains (e.g., environmental, policy and health behavior)?</p> <p>2. Is the Strategic Plan reflective of contemporary Public Health science? Are implementation activities evidence-based?</p> <p>3. Does the Strategic Plan align with national goals?</p>	<p>Document review: State Plan</p> <p>State Plan Index</p> <p>CDC Feedback</p>	<p>Year 1</p>
<p>4. Does the Strategic Plan align with/incorporate goals of diverse Michigan stakeholders?</p> <p>5. Do the Strategic and Implementation Plans provide useful direction to leverage stakeholder resources, promote synergy and efficiencies, and communicate a common language and vision?</p> <p>6. Do the evaluation and surveillance plans provide useful feedback on process as well as track progress towards short, intermediate, and long-term outcomes?</p>	<p>Key informant interviews</p> <p>Partnership survey</p>	<p>Year 2, with follow-up as needed</p> <p>Baseline, Years 3, 6, 9</p>
<p>7. Are the goals and objectives of the successive Implementation Plans designed to promote achievement of Michigan’s short- and long-term outcomes?</p> <p>8. Do Implementation Plans incorporate lessons learned?</p> <p>9. Do the content and priorities of the Strategic Plan keep pace with evolving evidence-based obesity prevention strategies?</p>	<p>Document review:</p> <ul style="list-style-type: none"> • Comparison of the activities, goals and objectives of the Implementation Plan to the Strategic Plan • Incorporation of evaluation findings in subsequent Implementation Plans 	<p>Summarize relevant data as part of implementation planning process</p>

Appendix 3

FOCUS: DISSEMINATION AND AWARENESS		
<i>Action: Education and Outreach</i>		
<ul style="list-style-type: none"> • Raise awareness about the Strategic Plan and Implementation Plan • Disseminate best practices and lessons learned 		
<i>Output: Staff and volunteers across the state with competencies for implementation of the Strategic Plan, including: cultural competencies to address health disparities and evidence-based planning skills</i>		
Evaluation Questions by Focus	Data Source and Methods	Timing
1. What is the proposed and actual reach of the plans for disseminating the Strategic Plan?	Partnership documents, such as: <ul style="list-style-type: none"> • Meeting minutes • Dissemination plan • Dissemination tracking • Training plans • Training tracking • Dissemination documents (letters, press releases, public statements) • Other supplemental materials • Media stories that may result from dissemination 	Ongoing – with regular reports according to Partnership needs
2. Are key partners and stakeholders engaged in dissemination and do they fulfill their assignments?		
3. Does dissemination include a training component?		
4. Are new stakeholders – and new types of stakeholders – engaged?		
5. Are supplemental materials developed that promote dissemination and utilization of the Strategic Plan?		
6. Are targeted audiences aware of the Plan’s purpose and function?	Key informant interviews	Year 2, with follow-up as needed
7. Do targeted audiences understand the Plan?	Partnership survey	Baseline, Years 3, 6, 9
8. How do targeted audiences utilize the Plan?	Other data collection from stakeholders <ul style="list-style-type: none"> • Focus group • Community case study(ies) of success factors and barriers 	Year 3 or 4 (after dissemination push, for inclusion in 5 year report)
9. Do partners and stakeholders feel the impact of the Plan in their communities?		
10. Does dissemination contribute towards cultural competency and planning skills?		
11. Does dissemination of the Plan promote collaboration on a local level?		

Appendix 4

FOCUS: INITIAL OUTCOMES		
<i>Short-term Outcome: Implementation Plan Actions Completed</i>		
<i>Short term Outcome: Increased number of communities, schools and day cares, healthcare agencies, and worksites assessing policies and environments and creating action plans for change</i>		
Evaluation Questions by Focus	Data Source and Methods	Timing
1. Has there been an increase in the in the access to and use of environments that support physical activity and healthy eating?	Key informant interviews	Year 2, with follow up as needed
2. Have public health programs and service providers embraced and conformed to the Strategic Plan?		
3. Has an increase occurred in the social and behavioral approaches to promote physical activity and healthy eating?	Partnership survey	Baseline, Years 3, 6, 9
4. Have initiatives related to evaluation started?	Partnership members workplan review	Year 3, with follow up as needed
5. Has an increase occurred in the policies and standards to support physical activity and healthy eating?	Policy Analysis (not inclusive): <ul style="list-style-type: none"> • Michigan Complete Streets Coalition • Database of State Legislative and Regulatory Action to Prevent Obesity and Improve Nutrition and Physical Activity • Michigan Food Policy Council • Michigan Breastfeeding Network • Women, Infants and Children (WIC) • Building Healthy Communities Grant Project • Healthy Kids, Healthy Michigan • Michigan Steps Up • Michigan Nutrition Network 	Ongoing

Appendix 5

FOCUS: INTERMEDIATE AND LONG-TERM OUTCOMES		
<i>Intermediate Outcome: Increased number, reach, and quality of policies, environments, and social and behavioral programs that address physical activity, healthy eating and breastfeeding</i>		
<i>Intermediate Outcome: Improved surveillance to track policy and environmental changes</i>		
<i>Long-term Outcome: Increased and sustainable resources supporting physical activity, healthy eating and breastfeeding</i>		
<i>Long-term Outcome: Improved monitoring and evaluation of programs and overall surveillance to improve the effectiveness of policy, environmental change, and health disparities</i>		
Evaluation Questions by Focus	Data Source and Methods	Timing
<ol style="list-style-type: none"> 1. Has there been an increase in physical activity within Michigan? 2. Has the consumption of fruits and vegetables increased within Michigan? 3. Has breastfeeding initiation and duration increased in Michigan? 4. Has television viewing in Michigan decreased? 5. Has the consumption of sugar sweetened beverages decreased within Michigan? 6. Did obesity rates in Michigan decline? 7. Did rates of obesity related chronic illness decline? 8. Did mortality rates decline within Michigan? 	Surveillance Systems (not inclusive): <ul style="list-style-type: none"> • National Health and Nutrition Examination System (NHANES) • Behavioral Risk Factor Surveillance System (BRFSS) • Inter-Tribal Council of Michigan- Behavioral Risk Factor Survey (ITCM-BRFS) • Racial and Ethnic Approaches to Community Health across the U.S. (REACH USRFS) • Youth Risk Behavior Survey (YRBS) • Pregnancy Risk Assessment Monitoring System (PRAMS) • National Immunization Survey (NIS) • School Health Profiles • School Principal Survey • School Health Policies and Programs Study (SHPPS) • Michigan Care Improvement Registry (MCIR) 	Baseline, Ongoing, and at Year 10