



Thank you for considering this survey, which should take less than 15 minutes to complete. It is from the Physical Activity Policy Research Network, and funded by the Centers for Disease Control and Prevention, to help gain an understanding of national and state-level physical activity planning. The National Society for Physical Activity Practitioners in Public Health (NSPAPPH) approved the process. Upon completion, you will be entered in a random drawing for one of five \$50 Amazon gift cards to thank you for your time. Any future reports from this survey will always be written so that no single individual is identifiable. There are no risks to you for completing the survey. The benefits include contributing to a greater understanding of how the National Physical Activity Plan and state plans are used and implemented. If you have any questions, please contact us at <paplan@unc.edu>. We greatly appreciate your time and assistance.

If you decide not to complete the survey, please provide your name and we will not contact you again during survey follow up to ask you to participate.

First name:

Last name:

Thank you for helping to advance the field of physical activity and public health.

## QUESTIONS

This survey asks about two separate documents:

- “National Physical Activity Plan” available here link to [www.physicalactivityplan.org](http://www.physicalactivityplan.org)
- “Make the Move” report available here link to [www.nxtbook.com/nxtbooks/ncppa/make\\_the\\_move/index.php](http://www.nxtbook.com/nxtbooks/ncppa/make_the_move/index.php)

Several questions will ask you to write in your answer. Please answer those items in as much detail as possible.

## PART 1: NATIONAL PHYSICAL ACTIVITY PLAN

1. Are you aware of the National Physical Activity Plan?

- <sub>1</sub> No (*SKIP to “Part 2: Implementation Plan” on page 6*)  
<sub>2</sub> Yes

2. How did you learn about the National Physical Activity Plan?

- a. Email or listserv announcement <sub>1</sub> No <sub>2</sub> Yes  
b. Website <sub>1</sub> No <sub>2</sub> Yes  
c. Conferences or talks <sub>1</sub> No <sub>2</sub> Yes  
d. Other <sub>1</sub> No <sub>2</sub> Yes →

e. If other, please describe:

3. When did you first learn about the National Physical Activity Plan?

- <sub>1</sub> In the past month
- <sub>2</sub> 2 to <6 months ago
- <sub>3</sub> 6 to <12 months ago
- <sub>4</sub> 12 or more months ago

4. a. Since learning about the National Physical Activity Plan, how often have you referred to it in your work?

- <sub>1</sub> 0 times - I have never used the National Physical Activity Plan
- <sub>2</sub> 1 time
- <sub>3</sub> 2 to 3 times
- <sub>4</sub> 4 to 5 times
- <sub>5</sub> 6 or more times

If 0 times:

b. Why do you not use the Physical Activity Plan?

c. What would make the National Physical Activity Plan more useful to you and your work?

*Please go to question 6.*

If 1 or more times, how have you used the National Physical Activity Plan?

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| d. Goal setting at <i>state</i> level .....                                  | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes | <i>e. if yes, please describe</i> → |
| f. Goal setting at <i>local</i> level .....                                  | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes | <i>g. if yes, please describe</i> → |
| h. Individual program, project, ... or initiative at the <i>state</i> level  | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes | <i>i. if yes, please describe</i> → |
| j. Individual program, project, ..., or initiative at the <i>local</i> level | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes | <i>k. if yes, please describe</i> → |
| l. Development or ..... implementation of activities                         | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes | <i>m. if yes, please describe</i> → |
| n. Grant writing.....  | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes | <i>o. if yes, please describe</i> → |
| p. Brainstorming or discussion ....  | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes | <i>q. if yes, please describe</i> → |
| r. Training .....  | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes | <i>s. if yes, please describe</i> → |
| t. Other .....   | <input type="checkbox"/> <sub>1</sub> No | <input type="checkbox"/> <sub>2</sub> Yes | <i>u. if yes, please describe</i> → |


5. a. Are there any challenges you have had in using the National Physical Activity Plan?

<sub>1</sub> No

<sub>2</sub> Yes →

b. If yes, please describe in detail the challenges you have had in working with the plan and any ideas for how the plan could be more useful to you and your work.

6. Please circle whether you agree or disagree with the following statements, reflecting on your organization (workplace) and work you do that pertains to physical activity.

Statements	Response Options				
	Strongly agree <sub>1</sub>	Agree <sub>2</sub>	Neither agree nor disagree <sub>3</sub>	Disagree <sub>4</sub>	Strongly disagree <sub>5</sub>
a. The National Physical Activity Plan has changed the direction of the work that I do related to physical activity.	SA	A	N	D	SD
b. The National Physical Activity Plan is being disseminated effectively to physical activity practitioners in my state.	SA	A	N	D	SD
c. The National Physical Activity Plan complements our current state plans (including physical activity, obesity, chronic disease, etc.).	SA	A	N	D	SD
d. Leadership at my organization are aware of the National Physical Activity Plan.	SA	A	N	D	SD
e. Intervention staff at my organization are aware of the National Physical Activity Plan.	SA	A	N	D	SD
f. Leadership at my organization encourage the use of the National Physical Activity Plan.	SA	A	N	D	SD
g. My organization easily adopts new interventions to promote physical activity.	SA	A	N	D	SD
h. My organization is able to incorporate guidance from the National Physical Activity Plan for physical activity promotion.	SA	A	N	D	SD
i. My organization has adequate monetary resources to implement the National Physical Activity Plan.	SA	A	N	D	SD
j. My organization has adequate staffing to implement the National Physical Activity Plan.	SA	A	N	D	SD
k. My organization conducts regular evaluation to monitor and improve ongoing physical activity promotion efforts.	SA	A	N	D	SD
l. My organization disseminates evaluation findings from physical activity efforts to community groups.	SA	A	N	D	SD
m. My organization has one or more funding sources to support the implementation of recommendations in the National Physical Activity Plan.	SA	A	N	D	SD



11. Please respond whether you agree or disagree with the following statements, reflecting on your organization (workplace) and work you do that pertains to physical activity.

Statements	Response Options				
	Strongly agree <sub>1</sub>	Agree <sub>2</sub>	Neither agree nor disagree <sub>3</sub>	Disagree <sub>4</sub>	Strongly disagree <sub>5</sub>
a. Positive changes have occurred in my state as a result of implementing the National Physical Activity Plan.	SA	A	N	D	SD
b. The National Physical Activity Plan uses an evidence-based approach to make recommendations.	SA	A	N	D	SD
c. The National Physical Activity Plan is easy to understand.	SA	A	N	D	SD
d. The National Physical Activity Plan is easy to implement.	SA	A	N	D	SD
e. The National Physical Activity Plan is consistent with what we were already doing at my organization.	SA	A	N	D	SD
f. The National Physical Activity Plan can be subdivided in order to use.	SA	A	N	D	SD
g. My organization can revert to previous strategies if the strategies taken from the National Physical Activity Plan are not working.	SA	A	N	D	SD
h. Implementing the National Physical Activity Plan is low risk.	SA	A	N	D	SD
i. The National Physical Activity Plan is low cost to implement.	SA	A	N	D	SD
j. The National Physical Activity Plan fits with my organization's mission or goals.	SA	A	N	D	SD
k. We would not have to make many changes at my organization as a result of the National Physical Activity Plan.	SA	A	N	D	SD
l. We would not have to hire new staff at my organization to facilitate the implementation of the National Physical Activity Plan.	SA	A	N	D	SD
m. The National Physical Activity Plan could be tried without fully committing to it.	SA	A	N	D	SD
n. The changes made by implementing the National Physical Activity Plan can be easily observed.	SA	A	N	D	SD
o. Satisfaction with the National Physical Activity Plan can be easily gauged.	SA	A	N	D	SD

12. a. There are 8 sectors identified in the national plan, and each has a committee. Have you participated at the national level with any of the sector committees?

<sub>1</sub> No

<sub>2</sub> Yes →

b. If yes, please name the sector and describe the work you have done:

**PART 2: IMPLEMENTATION PLAN**

The next group of questions pertains to the national implementation plan; a separate document that describes strategies and activities for carrying out the National Physical Activity Plan.

13. Are you aware of the implementation plan, titled “Make the Move: 2010-11 National Implementation of the U.S. Physical Activity Plan”?

- <sub>1</sub> No (*SKIP to “Part 3: Plans in Your State” at the bottom of this page*)
- <sub>2</sub> Yes

14. How did you learn about the implementation plan?

- a. Email or listserv announcement    <sub>1</sub> No    <sub>2</sub> Yes
- b. Website    <sub>1</sub> No    <sub>2</sub> Yes
- c. Conferences or talks    <sub>1</sub> No    <sub>2</sub> Yes
- d. Other    <sub>1</sub> No    <sub>2</sub> Yes

↓

e. If other, please describe:

15. Who informed you of the implementation plan?

- a. Colleague    <sub>1</sub> No    <sub>2</sub> Yes
- b. Local physical activity practitioner    <sub>1</sub> No    <sub>2</sub> Yes
- c. State physical activity practitioner    <sub>1</sub> No    <sub>2</sub> Yes
- d. Professional organization    <sub>1</sub> No    <sub>2</sub> Yes → e. if a professional organization, please name:
- f. Government agency    <sub>1</sub> No    <sub>2</sub> Yes → g. if a government agency, please name:
- h. Other    <sub>1</sub> No    <sub>2</sub> Yes → i. if other, please describe:

**PART 3: PLANS IN YOUR STATE**

16. Does your state currently have a state public health plan for physical activity?

- <sub>1</sub> No
- <sub>2</sub> Yes
- <sub>3</sub> Don't know / not sure

17. a. Does your state currently have a chronic disease plan, such as an obesity, heart disease, asthma, or diabetes state plan that includes physical activity as a key focal point?

- <sub>1</sub> No →
- <sub>2</sub> Yes
- <sub>3</sub> Don't know / not sure →

If no or don't know / not sure:

b. Do you believe your state would benefit from developing a state public health plan specific to physical activity?

- <sub>1</sub> No    <sub>2</sub> Yes → c. if yes, please describe:

18. Please rank the relevance of each of the following components in a state public health plan for physical activity.

Components	Response Options				
	Not at all relevant	Slightly relevant	Neutral	Moderately relevant	Extremely relevant
a. Local (city, town, municipality) emphasis	1	2	3	4	5
b. Collaborative (multi-sectoral) approach	1	2	3	4	5
c. Setting goals and targets	1	2	3	4	5
d. Use of evidence-based strategies	1	2	3	4	5
e. Needs assessment (gaps between what is and what should be)	1	2	3	4	5
f. Prioritizing populations	1	2	3	4	5
g. Evaluating programs or initiatives	1	2	3	4	5
h. Integrating with the National Physical Activity Plan	1	2	3	4	5

19. Please rate the difficulty with moving forward with a state public health plan for physical activity.

Components	Response Options				
	Very difficult	Somewhat difficult	Neither difficult nor easy	Somewhat easy	Easy
a. Developing a state public health plan for physical activity	1	2	3	4	5
b. Appropriately trained staff	1	2	3	4	5
c. Financial support	1	2	3	4	5
d. Access to physical activity specific content expertise	1	2	3	4	5
e. Political will and support from agency	1	2	3	4	5
f. Community partners, leaders in the physical activity area	1	2	3	4	5
g. Access to state and local data on physical activity	1	2	3	4	5
h. Other barriers (i. please explain here what are the “other” barriers you referred to in question h):	1	2	3	4	5

20. Please rate your level of agreement with the following statements.

Components	Response Options				
	Strongly agree <sub>1</sub>	Agree <sub>2</sub>	Neither agree nor disagree <sub>3</sub>	Disagree <sub>4</sub>	Strongly disagree <sub>5</sub>
a. I have the capacity to advocate for a public health physical activity plan in my state.	SA	A	N	D	SD
b. I have the capacity to develop a public health physical activity plan in my state.	SA	A	N	D	SD
c. I have the capacity to implement a public health physical activity plan in my state.	SA	A	N	D	SD
d. I have the capacity to evaluate a public health physical activity plan in my state.	SA	A	N	D	SD
e. Having a state-level public health plan for physical activity to use as a model would be helpful for my state.	SA	A	N	D	SD
f. A state public health plan for physical activity will be helpful in advancing other plans that focus on chronic disease.	SA	A	N	D	SD
g. The National Physical Activity Plan has helped make physical activity a health priority in my state.	SA	A	N	D	SD
h. Collaboration among sectors (public health, transportation, education, recreation, business, etc.) is important to develop a state public health plan for physical activity.	SA	A	N	D	SD
i. I would adopt a state public health plan for physical activity developed by other physical activity leaders.	SA	A	N	D	SD

**PART 4: WHAT'S HAPPENING NEAR YOU**

21. a. Does your state have a formal partnership across sectors to address physical activity, for example across public health, planning, education, and transportation?

<sub>1</sub> No

<sub>2</sub> Yes →

b. If yes, please describe the state-level partnership, including its name and a list of what groups are involved:

22. Please identify three exemplary groups in your state making progress towards increasing physical activity. The group could be a collaborative, coalition, network, or other such group, and can work statewide, regionally, or locally on physical activity.

i:

ii:

iii:



## **PART 5: ABOUT YOU**

23. What is today's date? \_\_\_\_\_ / \_\_\_\_\_ / 2011  
mm      dd

24. What is your first and last name?

First name:

Last name:

25. What is the name of the organization you work for?

26. What type of membership do you have with the NSPAPPH?

- <sub>1</sub> Voting member
- <sub>2</sub> General member
- <sub>3</sub> Not currently a member (*SKIP to question 31 on the next page*)

27. How long have you been a member of NSPAPPH?

- <sub>1</sub> <1 year
- <sub>2</sub> 1 to <2 years
- <sub>3</sub> 2 to <3 years
- <sub>4</sub> 3 or more years

28. How long have you been a physical activity practitioner?

- <sub>1</sub> I am not a physical activity practitioner
- <sub>2</sub> < 1 year
- <sub>3</sub> 1 to <3 years
- <sub>4</sub> 3 to <5 years
- <sub>5</sub> 5 to <10 years
- <sub>6</sub> 10 or more years

29. What is your highest level of education? (*check one answer*)

- <sub>1</sub> High school diploma or GED
- <sub>2</sub> Some college or technical school
- <sub>3</sub> College graduate
- <sub>4</sub> Some graduate school
- <sub>5</sub> Master's degree
- <sub>6</sub> Doctoral degree

30. Does this activity describe your role at work?

- a. Lead physical activity coordinator for your state <sub>1</sub> No <sub>2</sub> Yes
- b. Physical activity practitioner at the *state* level <sub>1</sub> No <sub>2</sub> Yes
- c. Physical activity practitioner at the *local* level <sub>1</sub> No <sub>2</sub> Yes
- d. Physical activity consultant <sub>1</sub> No <sub>2</sub> Yes
- e. State health department employee <sub>1</sub> No <sub>2</sub> Yes
- f. Other <sub>1</sub> No <sub>2</sub> Yes

g. If other, please describe:

31. Does your organization have a *formal affiliation* with a university? This includes official relationships to collaborate on research, education, and service.

- <sub>1</sub> No
- <sub>2</sub> Yes
- <sub>3</sub> Don't know / not sure

**PART 6: CLOSING**

32. Would you be willing to take a shortened version of this survey a second time, in order for us to assess the quality of the survey?

- <sub>1</sub> No
- <sub>2</sub> Yes

33. a. Do you have any additional comments?

- <sub>1</sub> No
- <sub>2</sub> Yes →

b. If yes, please describe:

34. To thank you for taking the time to complete the survey, we will enter your name into the random drawing for one of five \$50 Amazon gift cards. The drawing will take place later this summer and winners will be notified via email. Please provide us with your email address.

Email: \_\_\_\_\_

**Thank you very much for your participation in the survey!**