STATE PLAN INDEX

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

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

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

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

Component A. Involvement of Stakeholders	Not Addressed / 1= Low / 3=Variable/partial / 5= High
1. Stakeholders in the planning process represent a balance among academic, government, public health, non-profit, business, and advocacy organizations that represent people affected by obesity.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
2. Department of Health representatives in the planning process included experts in nutrition and physical activity as well as stakeholders with expertise in other chronic diseases.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
3. Leaders from state and community organizations were included in the planning process.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
4. Key stakeholders actively participated throughout the planning process.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
5. Organizations likely to be involved in providing resources and/or implementing the plan were involved in the planning process.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
6. Written endorsement of plan from governor, secretary of health, or other high-ranking state official is included.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Component B. Presentation of Data on Disease Burden and Existing Efforts to Prevent and Control Obesity	Not Addressed / 1= Low / 3=Variable/partial / 5= High
7. Data are presented on disease burden of obesity and chronic diseases related to poor nutrition and physical inactivity.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
8. Epidemiologic data are from reliable source(s) (e.g., BRFSS, NHANES).	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
9. State-level data are provided, including results of state-specific epidemiologic or evaluation studies.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
10. Disease burden on sub-populations in the state are identified with special emphasis on diversity related to age, gender, ethnicity, sexual orientation, and income.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
11. Potential facilitating factors and barriers (behavioral, social, environmental, and economic factors) that contribute to healthy diet and physical activity are described.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
12. A conclusion is stated based on data presented to indicate population(s) at highest risk.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
13. Previous interventions conducted in state to address disease burden associated with poor diet and physical inactivity are described.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Component C: Goals	
14. Plan relates to statewide effort, not just to selected cities, counties, or regions of state.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
15. Goals reflect needs and efforts of broad sector of organizations, not just state health department.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
16. Goals cover 8-10 year time frame.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
17. Goals focus on changing health status indicators within a state (e.g., decreasing rate of increase in overweight and obesity).	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
18. Circumstances in state expected to have a major influence are described (such as windfall from tobacco settlement, major reorganization of health department, budget crisis).	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
19. Plan is not an inventory of existing programs. Plan makes clear that something *new* is gained that is likely to lead to change.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Component D: Objectives	
20. Objectives are clearly organized.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
21. Objectives are logically related to goals.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
22. Objectives are related to State's public health goals (such as Healthy People 2010 nutrition and physical activity objectives).	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
23. Short-term objectives (changes in process) are included.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
24. Intermediate objectives (changes in behavior, environment, or policy) are included.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
25. Long-term objectives (changes in health status) are included.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Component D: Objectives, Continued		Not Addressed / 1= Low / 3=Variable/partial / 5= High
26.	Objectives include multiple ecological levels: individual, family, institutions, and community.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
27.	Objectives are S.M.A.R.T. (Specific, Measurable, Attainable, Results-oriented, and Time-phased).	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
28.	Objectives are sufficient in intensity to impact health status indicators.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
29.	Responsibility (a person, position, or organization) is identified for each objective.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Component E: Selecting Population(s) and Strategies for Interventions		
30.	Criteria used to designate population sub-groups selected for intervention are described.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
31.	Process of selecting groups for intervention included consideration of social marketing data, social habits, beliefs, and other social data relevant to population sub-groups.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
32.	Assessment of resources and gaps in existing programs relevant to priority population was included in the planning process.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
33.	Highest risk group(s) (identified in the description of epidemiologic data) are designated as high priority for intervention. If not, justification is presented..	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
34.	Criteria used to select interventions are described.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
35.	Selection of intervention strategies is based on scientific evidence of effectiveness (e.g., strategies recommended in the Guide to Community Preventive Services; or promising new strategies) and strategies recommended by CDC (decreasing television time; increasing consumption of vegetables and fruit; balancing caloric intake and expenditure; increasing physical activity; and promoting breast feeding).	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
36.	Strategies fit with characteristics (age, gender, and culture, etc.) of population selected for intervention.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Component F: Integration of Strategies with Other Programs and Implementation of Plan		
37.	Plan describes how strategies will be integrated with existing programs that focus on chronic diseases, prevention, education, and service delivery.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
38.	Plan describes how existing or potential partners (government, community-based, faith-based, business/industry, and private organizations) will be involved to implement plan.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
39.	Ways that partners will be supported in the future (e.g., training, technical assistance, funding) are described.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
40.	Sustainability of interventions is addressed in the plan.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
41.	Process for updating or revising the plan during implementation is described.	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Component G: Resources for Implementation of Plan		Not Addressed	1= Low		3=Variable/partial		5= High
42.	Resources needed to implement plan are described.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
43.	Strategies that will be used to obtain needed resources are described.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
44.	Sustainability of resources over time is addressed in the plan.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
45.	Plan identifies who will assume fiscal responsibility (lead agency).	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
46.	Plan describes how funds will be allocated to/from partners to support plan implementation.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Component H: Evaluation							
47.	Potential effects on priority population(s) and communities if goals and objectives are met are described in the plan.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
48.	Short-term indicators (process) to be measured are outlined in the plan.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
49.	Intermediate-term indicators (behavior, environment, or policy changes) to be measured are outlined in the plan.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
50.	Long-term indicators (BMI, BMI for age, and other health status outcomes) to be measured are outlined in the plan.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
51.	Stakeholder involvement in ongoing evaluation activities is described.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
52.	Methods that will be used to collect and analyze evaluation data are described.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
53.	Needed changes in data collection and surveillance systems to support measurement of intermediate and long-term indicators are discussed.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
54.	Plan describes regular reporting of evaluation data to stakeholders.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Component I: Accessibility of Plan							
55.	Plan is written in clear and understandable language.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
56.	Plan is logically organized into sections to make information easy to find.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
57.	Plan includes description of intended audience.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
58.	Plan is appropriate in content and scope for intended audience.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
59.	Plan includes “executive summary” or other brief summary.	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
60.	Plan describes how it will be widely distributed (e.g., posted on a Web site).	N/A ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

State Plan Index Summary Page Directions: Please assign an overall score for each component and note any comments in the space provided. Please attach additional sheets if necessary for comments.	**Score by Component** Not Addressed; 1= Low; 3=Variable/partial; 5= High
A: Involvement of Key Stakeholders	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
B: Presentation of Data on Disease Burden and Existing Efforts in Obesity	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
C: Goals	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
D: Objectives	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
E: Selecting Population(s) and Strategies for Interventions	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
F: Integration of Strategies with Other Programs and Implementation of Plan	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
G: Resource Development	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
H: Evaluation	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
I: Accessibility of Plan	N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
WHAT IS YOUR OVERALL ASSESSMENT OF THE ENTIRE PLAN?	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

For information about the development and testing of this instrument, please see:

Butterfoss FD, Dunět 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 from: URL: http://www.cdc.gov/pcd/issues/2005/apr/04_0089.htm.