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## Introduction

Communities that support and maintain positive environments for people to make healthier food choices and be more physically active can enhance the personal health of their citizens. All communities need the information necessary to create an ideal place to provide its citizens with the knowledge and skills needed to help improve attitudes and behaviors concerning health. Improving community supports for physical activity and nutrition can:

- Create lasting behavior change
- Boost social vitality
- Make people healthier and happier

The Community Wellness Index is a self assessment and planning guide adapted from the Center for Disease Control and Prevention (CDC) *School Health Index for Physical Activity and Healthy Eating: A Self Assessment and Planning Guide* (February 2000). It will help you:

- Identify the strengths and weaknesses of your community's wellness and health promotion policies and programs
- Develop an action plan to implement a community wellness program or improve an existing program

Healthy eating and regular physical activity help people to stay in shape, feel good, and avoid developing risk factors that can lead to heart disease, stroke, cancer, and diabetes. Unfortunately, many people do not meet the physical activity and nutrition recommendations, and more and more Americans are becoming overweight than ever before.

Cardiovascular disease, stroke, cancer, and diabetes are linked by common risk factors/behaviors and/or health habits associated with physical inactivity and poor nutrition. Poor eating habits and physical inactivity together account for at least 300,000 deaths among U.S. adults; only tobacco contributes to more deaths.

## Texas Behavioral Risk Factor Surveillance System (BRFSS) Facts

### Nutrition and Overweight

- 36% of persons between the ages of 18 and 39 reported high fat intake (1993)
- 29% of persons between the ages of 18 and 39 reported eating the recommended five servings of fruits and vegetables each day (1996)
- 58.3% of adult Texans classified themselves as overweight (1999) (based on Body Mass Index, BMI > 25)

### Highlights of the 1998 Texas Physical Activity Survey

- More than two-thirds (69%) of adult Texans are not getting the amount of physical activity recommended for greater health benefits.\*
- 41% of adult Texans reported the main personal reason they are not more physically active is that they believe they are already getting enough physical activity.
- However, 51% of adult Texans who believe they are already getting enough physical activity are not getting the amount of physical activity recommended for greater health benefits.
- 29% of adult Texans reported the main reason they are not more physically active is the lack of time for physical activity.
- 32% of adult Texans reported the leading community reason for not being more physically active is the lack of enough fitness facilities, sidewalks, and bicycle lanes.

\* Twenty minutes of moderate to vigorous activity three times a week

## Instructions for Coordinator

1. **Review the Community Wellness Index assessment tool.**
2. **Assemble a Community Wellness Index team.** The first step toward community wellness is to identify a team of people who will be responsible for completing the Community Wellness Index. Broad participation is important for meaningful assessment and successful planning and implementation. Representatives from groups like the following will help ensure success:
  - State and Local governments
  - Transportation, health, and community planners
  - Architects and engineers
  - Exercise specialists and health professionals
  - Health clubs
  - Community groups
  - Businesses
  - Schools
  - Colleges and universities
  - Recreational programs and community leagues
  - Social service organizations
  - Libraries
  - Senior centers and nursing homes
  - Places of worship
3. **Meet to discuss the Index.** At the first meeting, explain the Community Wellness Index. Set a timeline for the completion of the assessment. Working as a team will increase the accuracy of responses and tap into creative insights. Make sure that everyone gets a copy of the Instructions, Score Card, and Questionnaire.
4. **Complete the Index.** Each team member should answer the questions by getting any needed information and having open discussion. Each question gives directions on how to select from the four scoring choices. Answers should be written on a copy of the Score Card.
5. **Meet as a team.** Discuss each question and its scoring descriptions. Arrive at a consensus on a score for each question, and record the consensus score on a separate Score Card. The team should then use these results to answer the Planning Questions for each section.
6. **Arrive at recommendations.** As a team, arrive at recommendations for action to address any weaknesses identified by the scores earned for each question. List the team's recommendations in the Recommendation Table

and rate each on the five criteria listed in the table.

7. **Prioritize.** Write the sum of the ratings in the “total” column in the Recommendation Table. In the “Priority Ranking” column of the Recommendation Table, indicate the rank order the team has decided for implementing the recommendations. Consider the “Total” column when ranking the recommendations, but do not feel bound to numerical totals. Some very important actions may be too expensive, labor intensive, or too complex to rank as number one. Others may be less important, but require fewer resources or staff to implement. Use the collaborative judgement and knowledge of your team members. Together they know the community and will arrive at the best mix of important, achievable recommendations.
8. **Make a plan.** Once you have prioritized the recommendations, use the Action Plan Worksheet to further develop the team’s ideas.
9. **Implement the plan.** Present the recommendations and action plan to the community's decision making authority. After approval, implement the plan and monitor progress.

## Tips for Completing the Community Wellness Index

- **Accuracy counts.** Please answer all questions as accurately as possible. The Community Wellness Index is your community's self-assessment and planning tool.
- **The focus is on health promotion.** The Community Wellness Index was designed to assess implementation of wellness and health promotion activities.
- **There is no passing grade.** The Community Wellness Index is not intended to be used to compare one community wellness program with another. You should only use your Index scores to help you understand your community's strengths and weaknesses and to develop an action plan for improving your wellness and health promotion efforts. It is realistic to expect low scores in certain areas; low scores can help you build awareness of areas needing improvement.
- **Some actions are easier than others.** Use of the Community Wellness Index tool might lead your team to recommend actions that require additional resources. You might find, however, that many of the recommended actions involve simply making better use of existing resources.
- **Keep the team together.** The purpose of completing the Community Wellness Index is to start a path or improve your community's wellness program. Once you have started, you can keep the team together and use the Index to monitor your progress. Establish a schedule for annual assessments, so that the Index can serve as tool for continuous improvement and accountability over time.

# Community Level Support for Physical Activity and Nutrition

## Part A - Access in the Community for Physical Activity and Nutrition

### A-1. Walking/jogging/biking trails are available to the public for use

*Does the community have a variety of available and accessible trails or paths that can be used at most times of the day or night?*

3 = Yes, there are free trails available

2 = Trails are available for a small fee

1 = No trails are available, but there are plans to make trails available

0 = No trails are available

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### A-2. Secure areas for bicycles are available throughout the community

*Does the community have secure areas for bikes in various parts of the community, i.e. at worksites, downtown, shopping areas, parks, etc. to encourage use of bikes as a mode of transportation?*

3 = Yes, numerous secure bicycle areas are available

2 = Some secure area available in a few areas

1 = No secure bicycle areas are available, but there are plans to make secure bicycle areas available

0 = No secure bicycle areas are available



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**A-3. Commercial fitness facilities are available at a reasonable cost in the area**

*Does the community have fitness facilities that have affordable cost for the majority of the community?*

- 3 = Yes, fitness facilities are available at a reasonable cost
  - 2 = A limited number are available at reasonable cost
  - 1 = No commercial facilities are available at a reasonable cost, but there are plans to make commercial facilities available
  - 0 = No commercial facilities are available at a reasonable cost
- 

**A-4. A majority of the neighborhoods in the community have sidewalks available for residents to use**

*Does the community have sidewalks in at least 75% of the neighborhoods which allows residents to move without fear of safety from motor vehicles?*

- 3 = Yes, the majority of neighborhoods have sidewalks
  - 2 = Less than half of the neighborhoods have sidewalks
  - 1 = No neighborhoods have sidewalks, but there are plans to make sidewalks available in neighborhoods
  - 0 = No neighborhoods have sidewalks
- 

**A-5. The local schools allow use of fitness facilities (gyms, trails, etc.) during off hours to the community**

*Does the local school district open the school facilities such as playgrounds, tracks, swimming pools, gyms, etc. to the public for use after school hours?*

- 3 = All schools allow use of facilities during off hours
- 2 = Some schools allow use of facilities
- 1 = No schools allow use of facilities, but there are plans to allow use of school facilities
- 0 = No schools allow use of facilities

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**A-6. Unused railway tracks have been converted to walking/hiking/biking paths for the community**

*Has the community taken advantage of unused railway tracks by converting them to pathways and connectors throughout the community?*

- 3 = Yes, unused railways have been converted
  - 2 = Some unused railways have been converted
  - 1 = No unused railways have been converted, but there are plans to convert some unused railways
  - 0 = No unused railways have been converted/no available railways
- 

**A-7. Surplus public land has been converted to park/recreation facilities**

*Has the community sought to have non-used public land converted to park and recreation facility use in various parts of town to encourage leisure time use by the public?*

- 3 = Yes, surplus public lands have been converted to parks
  - 2 = Some surplus public land has been converted
  - 1 = No surplus public lands have been converted, but there are plans to convert some surplus lands
  - 0 = No surplus public lands have been converted
- 

**A-8. Shopping malls promote indoor mall walking programs to the community**

*Has the community worked with all indoor malls to develop and promote mall walking programs to the public through the use of pamphlets, signs, organized events?*

- 3 = All malls promote indoor mall walking
- 2 = Some malls promote indoor mall walking
- 1 = No malls allow indoor mall walking, but there are plans to allow indoor mall walking
- 0 = No malls allow indoor mall walking/ have no malls

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**A-9. Healthy foods and beverages are available in vending machines in public buildings**

*Do public buildings have at least one third of the options in vending machines as healthy food and beverage choices available to the public?*

- 3 = All public buildings offer at least one third as healthy options
  - 2 = A majority of public buildings offer at least one third as healthy options
  - 1 = A few public buildings offer at least one third as healthy options
  - 0 = No public buildings offer at least one third as healthy options
- 

**A-10. Restaurants and fast food establishments offer heart healthy food and beverage choices and advertise them on the menu**

*Do the restaurants and fast food establishments make the public aware of heart healthy options indicated on the menu?*

- 3 = All restaurants and fast food establishments advertise heart healthy options on the menu
  - 2 = A majority of restaurants and fast food establishments offer heart healthy options on the menu
  - 1 = A few restaurants and fast food establishments offer heart healthy options on the menu
  - 0 = No restaurants offer heart healthy options on the menu
- 

**A-11. Farmer's markets, co-ops, community gardens or produce vendors are located in the community**

*Does the public have access to other sources to purchase produce?*

- 3 = There is a large number of alternate produce vendors available in the community
- 2 = There are a few alternate produce vendors available in the community
- 1 = There is one alternate produce vendor available in the community
- 0 = There are no alternate produce vendors available in the community

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**A-12. Grocery stores provide “point of purchase” information promoting USDA/DHHS dietary guidelines through 5-A-Day messages, food guide pyramids, end-shelf, and check out counter displays**

*Does the public receive additional prompts and awareness messages on the dietary guidelines through the grocery stores?*

3 = A majority of grocery stores have point of purchase information

2 = A few grocery stores have point of purchase information

1 = One grocery store has point of purchase information

0 = No grocery stores have point of purchase information

---

**A-13. State-level organizations with a policy to offer heart-healthy food and beverage choices at group functions**

*Do state-level organizations have policies related to heart-healthy food and beverage choices at group meetings (i.e. Rotary, Lion’s Club, etc)?*

3 = A majority of state-level organizations have policies for heart-healthy food and beverage choices

2 = Some state-level organizations have policies for heart-healthy food and beverage choices

1 = A few state-level organizations have policies for heart-healthy food and beverage choices

0 = No state-level organizations have policies for heart-healthy food and beverage choices

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**A-14. The public school districts in the community have a functioning school health advisory council representative of the community**

*Does each school district have a school health advisory council that meets regularly to discuss the implementation of a coordinated school health program for all grade levels and does the council contain representatives from the school staff, students, parents, and community agencies?*

3 = 100% of school districts have a functioning school health advisory council

2 = 50% of school districts have a functioning council

1 = 25% of school districts have a functioning council

0 = 0 school districts have a functioning council

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**A-15. The public school districts in the community implement the eight components of a coordinated school health program**

*Does each public school district implement the eight components of a coordinated school health program which are health education, physical education, health services, nutrition services, counseling services, healthy school environment, health promotion for staff, and family/community involvement?*

3 = 100% of school districts implement a coordinated school health program

2 = 50 % of school districts implement a coordinated school health program

1 = 25% of school districts implement a coordinated school health program

0 = 0 school districts implement a coordinate school health program

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**A-16. Worksites with at least 50 employees have an identified wellness program coordinator or working committee**

*Do worksites in the community that have at least 50 employees identify a wellness program coordinator or a working committee that assesses, plans and implements an employee wellness program at the worksite?*

3 = 100% of worksites have an identified wellness program coordinator or working committee

2 = 50% of worksites have an identified wellness program coordinator or working committee

1 = 25% of worksites have an identified wellness program coordinator or working committee

0 = 0 worksites have an identified wellness program coordinator or working committee

**A-17. The worksites with at least 50 or more employees provide a comprehensive employee wellness program to their employees**

Does each worksite with at least 50 or more employees provide a comprehensive employee wellness program that consists of awareness programs (information on health issues through various media channels), education programs (scheduled or self- management health programs, with a special focus on physical activity and nutrition), behavior change programs (screening, smoking cessation, physical fitness classes, stress management through employee assistance programs, weight loss or management classes, etc) or environmental or cultural changes (flextime policies for physical activities, fitness rooms, no tobacco use policies, better nutrition options in the cafeteria or vending machines, etc).

3 = 100% of worksites offer a comprehensive employee wellness program

2 = 50 % of worksites offer a comprehensive employee wellness program

1 = 25% of worksites offer a comprehensive employee wellness program

0 = 0 worksites offer a comprehensive employee wellness program

**Part B - Education in the Community on Physical Activity and Nutrition****B-1. Community health and fitness screenings are available to the general public**

*Does the medical community develop and promote screenings for health risk, blood pressure, cholesterol, weight and activity levels and promote referral sources for follow up and treatment of identified risks?*

3 = Yes, health and fitness screenings are available free

2 = Health and fitness screenings are available for a fee

1 = No health and fitness screenings are available, but there are plans to make health and fitness screenings available

0 = No health and fitness screenings are available

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**B-2. Community health awareness programs on physical activity and nutrition are available to the general public**

*Does the community private or public sector promote messages through media, fliers, pamphlets, billboards, etc. to increase the public's awareness on physical activity and nutrition programs and practices?*

3 = Yes, health awareness programs are available free

2 = Health awareness programs are available for a fee

1 = No health awareness programs are available, but there are plans to make health awareness programs available

0 = No health awareness programs are available

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**B-3. Community health education classes on physical activity and nutrition are available to the general public**

*Does the public have access to a variety of classes on the basics of physical activity and good nutrition practices that promote health on a regular basis and free or at a reasonable fee?*

3 = Yes, health education classes are available free

2 = Health education classes are available for a fee

1 = No health education classes are available, but there are plans to make health education classes available

0 = No health education classes are available

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**B-4. Community health behavior classes on physical activity and nutrition are available to the general public**

*Does the public have access to classes on how to identify present personal health practices and patterns and determine how to address barriers to being more active and eating healthier?*

3 = Yes, health behavior change classes are available free

2 = Health behavior classes are available for a fee

1 = No health behavior classes are available, but there are plans to make health behavior classes available

0 = No health behavior classes are available

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**B-5. A variety of physical activity and nutrition classes are available to the general public**

*Does the public have access to aerobic classes, tai chi, yoga, swimming lessons, cooking, food labeling, etc. that can cater to a wide variety of physical activity and nutrition interests and capability issues on a regular basis and at a reasonable cost?*

- 3 = Yes, physical activity and nutrition classes are available
  - 2 = Some physical activity and nutrition classes are available
  - 1 = No physical activity and nutrition classes are available, but there are plans to make physical activity and nutrition classes available
  - 0 = No physical activity and nutrition classes are available
- 

**B-6. Family oriented physical activity and nutrition programs are available in the community**

*Does the community offer family friendly programs such as group walks, hikes, bike rides, other activity programs, cooking classes, etc. that encourage parent, child, grandparent, etc. participation and support at the event or program?*

- 3 = Yes family friendly programs are available
  - 2 = Some family friendly programs are available
  - 1 = No family friendly classes are available, but there are plans to make physical activity and nutrition classes available
  - 0 = No family friendly programs are available
- 

**B-7. Media promotion that supports policy/environmental changes for physical activity and nutrition**

*Does the local media (i.e. television, radio, newspaper, or community bulletin board outlets) promote messages that support policy/environmental changes for physical activity and nutrition on a regular basis?*

- 3 = Yes, a variety of media promotion is available regularly (both physical activity and nutrition)
- 2 = Some media promotion is available sporadically (one or the other)
- 1 = No media promotion is available, but there are plans to make media promotion available
- 0 = No media promotion is available



**B-8. Local public funds support local resource manpower to health promotion efforts in physical activity and nutrition for the general public**

*Does the local community have organizations that fund health educators, promoters, community health workers, peer education, etc. that reach the general public about physical activity and nutrition through awareness and education programs?*

3 = Yes, local public funds support manpower

2 = Private funds support manpower

1 = No funds support manpower, but there are plans to make funds available

0 = No funds support manpower

**Part C - Incentives****C-1. There is corporate sponsorship for community physical activity and nutrition promotion programs**

*Does the majority of corporations located in or around the community provide funding, staff or other in-kind support for the promotion and implementation of various physical activity and nutrition programs or events, such as walks, competition, classes, etc.?*

3 = Yes, a majority of corporate entities sponsor programs

2 = Some corporate entities sponsor programs

1 = No corporate sponsorship is available, but there are plans to make corporate sponsorship available

0 = No corporate sponsorship is available

---

**C-2. Physical activity liability program/facility clearance is available**

*Does the community or facilities offering physical activity programs provide health assessment/liability clearance forms at programs to the public to address responsibility between participants and program providers?*

3 = Yes, liability clearance is available

2 = Some facilities offer liability clearance

1 = No, liability clearance is not available, but there plans to make liability clearance available

0 = No, liability clearance is not available

# Appendix 1

## Part A: Access in the Community for Physical Activity and Nutrition

### Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire. Answer the specific questions and follow the scoring descriptions. After all questions have been scored, respond to the Planning Questions for that.

	Fully In Place	Partially In Place	Under Development	No
A-1. Walking/Jogging/ Biking Trails are available to the public for use	3	2	1	0
A-2. Secure areas for bicycles are available throughout the community	3	2	1	0
A-3. Commercial Fitness Facilities are available at a reasonable cost in the area	3	2	1	0
A-4. A majority of the neighborhoods in the community have sidewalks available for residents to use	3	2	1	0
A-5. The local schools allow use of fitness facilities (gyms, trails, etc.) during off hours to the community	3	2	1	0
A-6. Unused railway tracks have been converted to walking/hiking/biking paths for the community	3	2	1	0
A-7. Surplus public land has been converted to park/recreation facilities	3	2	1	0
A-8. Shopping malls promote indoor mall walking programs to the community	3	2	1	0
A-9. Healthy foods and beverages are available in vending machines in public places.	3	2	1	0

Cardiovascular Health and Wellness Program

Community Wellness Index

A-10. Restaurants and fast food establishments offer heart healthy food and beverage choices and advertise them on the menu	3	2	1	0
A-11. Farmer’s markets, co-ops, community gardens or produce vendors are located in the community	3	2	1	0
A-12. Grocery stores provide “point of purchase” information promoting USDA/DHHS dietary guidelines through 5-A-Day messages, food guide pyramids, end-shelf, and check out counter	3	2	1	0
A-13. State-level organizations with a policy to offer heart-healthy food and beverage choices at group functions	3	2	1	0
A-14. The public school districts in the community have a functioning school health advisory council representative of the community	3	2	1	0
A-15. The public school districts in the community implement the eight components of the coordinated school health program	3	2	1	0
A-16. Worksites with at least 50 employees have an identified wellness program coordinator or working committee	3	2	1	0
A-17. The worksites with at least 50 or more employees provide a comprehensive employee wellness program to their employees	3	2	1	0

<b>Total the number of circled responses in each column</b>				
<b>Multiply by the Point Value</b>	x3	x2	x1	x0
<b>Subtotals</b>				
<b>Total Points Earned</b>	Add	All	Subtotals	
<b>Total Possible Points</b>				51
<b>Percentage (total points earned/24) x100</b>				%



# Appendix 3

## Part A: Access in the Community for Physical Activity and Nutrition

### Recommendation Table (photocopy before using)

Instructions: Rate each of the recommendations identified in the Access in the Community for Physical Activity and Nutrition Planning Questions on the following five aspects: importance, cost, time, commitment, and feasibility. Rate each on a scale of 1 to 5 using the chart below.

Importance	How important is the recommendation? 5 = Very important 3 = Somewhat important 1 = Not very important
Cost	How expensive would it be to plan and implement the recommendation? 5 = Not very expensive 3 = Moderately expensive 1 = Very expensive
Time	How much time and effort would be needed to implement the recommendation? 5 = Modest time and effort 3 = Somewhat high time and effort 1 = Very high time and effort
Commitment	How enthusiastic would the community be about implementing the recommendation? 5 = Very enthusiastic 3 = Somewhat enthusiastic 1 = Not enthusiastic
Feasibility	How attainable is the recommendation? 5 = Fairly easy to attain 3 = Somewhat difficult to attain 1 = Very difficult to attain

Recommendations	Importance	Cost	Time	Commitment	Feasibility	Total Points	Priority

# Appendix 4

## Part B: Education in the Community on Physical Activity and Nutrition

### Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire. Answer the specific questions and follow the scoring descriptions. After all questions have been scored, respond to the Planning Questions for that section.

	Fully In Place	Partially In Place	Under Development	No
B-1. Community health and fitness screenings are available to the general public	3	2	1	0
B-2. Community health awareness programs on the physical activity and nutrition are available to the general public	3	2	1	0
B-3. Community health education classes on physical activity and nutrition are available to the general public	3	2	1	0
B-4. Community health behavior classes on physical activity and nutrition are available to the general public	3	2	1	0
B-5. A variety of physical activity and nutrition classes are available to the general public	3	2	1	0
B-6. Family oriented physical activity and nutrition programs are available in the community	3	2	1	0
B-7. Media promotion that supports policy/environmental changes for physical activity and nutrition	3	2	1	0
B-8. Local public funds support local resource manpower to health promotion efforts in physical activity and nutrition for the general public	3	2	1	0
<b>Total the number of circled responses in each column</b>				
<b>Multiply by the Point Value</b>	x3	x2	x1	x0
<b>Subtotals</b>				
<b>Total Points Earned</b>	Add	All	Subtotals	
<b>Total Possible Points</b>				24
<b>Percentage (total points earned/24) x100</b>				%



# Appendix 6

## Part B: Education in the Community of Physical Activity and Nutrition

### Recommendation Table (photocopy before using)

Instructions: Rate each of the recommendations identified in the Education in the Community on Physical Activity and Nutrition Planning Questions on the following five aspects: importance, cost, time, commitment, and feasibility. Rate each on a scale of 1 to 5 using the chart below.

Importance	How important is the recommendation? 5 = Very important 3 = Somewhat important 1 = Not very important						
Cost	How expensive would it be to plan and implement the recommendation? 5 = Not very expensive 3 = Moderately expensive 1 = Very expensive						
Time	How much time and effort would be needed to implement the recommendation? 5 = Modest time and effort 3 = Somewhat high time and effort 1 = Very high time and effort						
Commitment	How enthusiastic would the community be about implementing the recommendation? 5 = Very enthusiastic 3 = Somewhat enthusiastic 1 = Not enthusiastic						
Feasibility	How attainable is the recommendation? 5 = Fairly easy to attain 3 = Somewhat difficult to attain 1 = Very difficult to attain						
Recommendations	Importance	Cost	Time	Commitment	Feasibility	Total Points	Priority



# Appendix 7

## Part C: Incentives

### Score Card (photocopy before using)

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire. Answer the specific questions and follow the scoring descriptions. After all questions have been scored, respond to the Planning Questions for that section.

	Fully in Place	Partially In Place	Under Development	No
C-1. There is corporate sponsorship for community physical activity and nutrition promotion programs	3	2	1	0
C-2. Physical activity liability program/facility clearance is available	3	2	1	0
Total the number of circled responses in each column				
Multiply by the Point Value	x3	x2	x1	x0
Subtotals				
Total Points Earned	Add	All	Subtotals	
Total Possible Points				6
Percentage (total points earned /6) x 100				%



# Appendix 9

## Part C: Incentives

### Recommendation Table (photocopy before using)

Instructions: Rate each of the recommendations identified in the Incentives Planning Questions on the following five aspects: importance, cost, time, commitment, and feasibility. Rate each on a scale of 1 to 5 using the chart below.

Importance	How important is the recommendation? 5 = Very important 3 = Somewhat important 1 = Not very important						
Cost	How expensive would it be to plan and implement the recommendation? 5 = Not very expensive 3 = Moderately expensive 1 = Very expensive						
Time	How much time and effort would be needed to implement the recommendation? 5 = Modest time and effort 3 = Somewhat high time and effort 1 = Very high time and effort						
Commitment	How enthusiastic would the community be about implementing the recommendation? 5 = Very enthusiastic 3 = Somewhat enthusiastic 1 = Not enthusiastic						
Feasibility	How attainable is the recommendation? 5 = Fairly easy to obtain 3 = Somewhat difficult to attain 1 = Very difficult to attain						
Recommendations	Importance	Cost	Time	Commitment	Feasibility	Total Points	Priority

## Appendix 10

### Part A: Access in the Community for Physical Activity and Nutrition Action Plan Worksheet

Recommendations	Describe the recommendations from the Recommendation Table
Activities	List the activities required to meet the recommendation
Materials, Resources and Personnel	List the individuals who will do the work, and the resources and tools they need to get the job done
Time Frame	When will implementation begin? How long will it take to finish?
Evaluation	How will you measure success (or disappointment)?

Recommendations	Activities	Materials, Resources, and Personnel	Time Frame	Evaluation
1.				
2.				
3.				
4.				
5.				

# Appendix 11

## Part B: Education in the Community on Physical Activity and Nutrition Action Plan Worksheet

Recommendations	Describe the recommendations from the Recommendation Table
Activities	List the activities required to meet the recommendation
Materials, Resources and Personnel	List the individuals who will do the work, and the resources and tools they need to get the job done
Time Frame	When will implementation begin? How long will it take to finish?
Evaluation	How will you measure success (or disappointment)?

Recommendations	Activities	Materials, Resources, and Personnel	Time Frame	Evaluation
1.				
2.				
3.				
4.				
5.				

# Appendix 12

## Part C: Incentives

### Action Plan Worksheet

Recommendations	Describe the recommendations from the Recommendations Table
Activities	List the activities to meet the recommendation
Materials, Resources and Personnel	List the individuals who will do the work, and the resources and tools they need to get the job done
Time Frame	When will the implementation begin? How will it take to finish?
Evaluation	How will you measure success (or disappointment)?

Recommendations	Activities	Materials, Resources, and Personnel	Time Frame	Evaluation
1.				
2.				
3.				
4.				
5.				