

AMENDMENT II TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as "Amendment II", is made and entered into this 20th day of June, 2017, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and **CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION**, a Private Non-Profit Organization, whose address is 4910 N. Chestnut Avenue, Fresno, California, 93726-1952, hereinafter referred to as "CONTRACTOR" (collectively the "parties").

WHEREAS the parties entered into that certain Agreement, identified as COUNTY Agreement No. A-15-323, effective July 14, 2015, and Amendment I to Agreement No. A-15-323, effective July 14, 2015, hereinafter collectively referred to as "Agreement", whereby CONTRACTOR agreed to provide certain program evaluation services to COUNTY's Department of Public Health; and

WHEREAS the parties now desire to amend the Agreement regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is hereby acknowledged, the parties agree as follows:

1. That the following be deleted from existing COUNTY Agreement No. A-15-323, Page 2, beginning with Line 4:

"This Agreement shall automatically be extended for one (1) additional twelve (12) month period upon the same terms and conditions herein set forth, unless written notice of nonrenewal is given by either CONTRACTOR or COUNTY or COUNTY's DPH Director, or designee, not later than sixty (60) days prior to the close of the current Agreement term."

2. That the existing COUNTY Agreement No. A-15-323, Page 3, beginning with Section 4, "COMPENSATION," Line 6, with the word "In" and ending on Line 8, with the word "Agreement" be deleted and the following inserted in its place:

"In no event shall actual services performed under this Agreement be in excess of One Hundred Seventy-Five Thousand, One Hundred Twenty-One and No/100 Dollars (\$175,121) during the period July 14, 2015 through September 30, 2016, and Eighty-Three Thousand, Five Hundred and No/100 Dollars (\$83,500) during the period of October 1, 2016 through September 29, 2017."

1 3. That all references in existing COUNTY Agreement No. A-15-323 to “Exhibit A” shall
2 be changed to read “Revised Exhibit A”, attached hereto and incorporated herein by reference.

3 4. That all references in existing COUNTY Agreement No. A-15-323 to “Revised Exhibit
4 B” shall be changed to read “Revised Exhibit B-1”, attached hereto and incorporated herein by
5 reference.

6 5. Except as otherwise provided in this Amendment II, all other provisions of the
7 Agreement remain unchanged and in full force and effect. This Amendment II shall become effective
8 upon execution.

9 6. COUNTY and CONTRACTOR agree that this Amendment II is sufficient to amend the
10 Agreement, and that upon execution of this Amendment II, the Agreement, Amendment I, and
11 Amendment II together shall be considered the Agreement.

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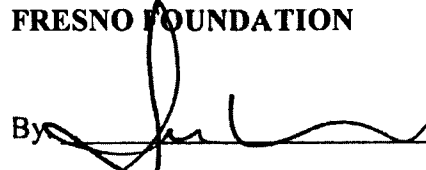
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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment II to Agreement
2 as of the day and year first hereinabove written.

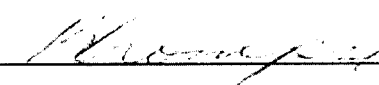
3 **CONTRACTOR:**
4 **CALIFORNIA STATE UNIVERSITY,**
5 **FRESNO FOUNDATION**

6 By: 

7 Print Name: James Marshall

8 Title: Dean of Research & Graduate Studies

9 Date: 6/19/17

10 By: 

11 Print Name: Keith Kompsi

12 Title: Director Foundation Financial Services

13 Date: 6-19-17

14 Mailing Address:
15 California State University, Fresno
16 Office of Research and Sponsored Programs
17 4910 N. Chestnut Ave.
18 Fresno, CA 93726-1852

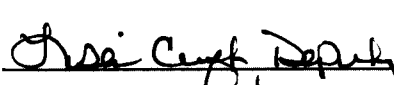
19 Phone #: (449) 278-0964
20 Contact: Doug Carey, Grants Administrator

COUNTY OF FRESNO:

21 By: 
22 Chairman, Board of Supervisors

23 Date: 6/20/2017

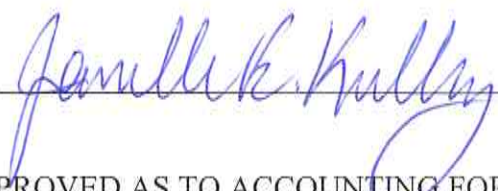
24 BERNICE E. SEIDEL, Clerk
25 Board of Supervisors

26 By: 

27 Date: 6/20/2017

28 **PLEASE SEE ADDITIONAL
SIGNATURE PAGE ATTACHED**

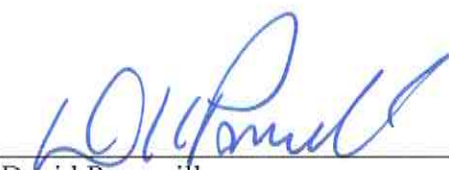
1 APPROVED AS TO LEGAL FORM:
2 DANIEL C. CEDERBORG, COUNTY COUNSEL

3
4
5 By  _____

6 APPROVED AS TO ACCOUNTING FORM:
7 OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/
8 TREASURER-TAX COLLECTOR

9
10
11 By  _____

12 REVIEWED AND RECOMMENDED FOR APPROVAL:

13
14
15 By  _____

16 David Pomaville
17 Director
18 Department of Public Health

19
20
21 Fund/Subclass: 0001/10000
22 Organization: 56201668
23 Account #: 7295

24
25
26 ET

Comprehensive Evaluation and Actual Use Assessment Plan

Awardee Name: Fresno County Department of Public Health

Awardee Type: PICH

Date Printed: 7/10/2016

Plan Name Farm to Table

Overview

What is the purpose of this plan?

- ☒ This plan measures actual use
- ☐ This is a required outcome evaluation of an innovative intervention
- ☐ This is a voluntary evaluation

Is this evaluation/assessment focused on a single intervention or a broader strategy (group of interventions aiming to achieve similar outcomes)?

- ☒ Single Intervention
- ☐ Strategy (group of interventions)

Who is the primary point of contact for this evaluation plan?

Name John A. Capitman, PhD
 Title Executive Director, Central Valley Health Policy Institute
 Affiliation California State University, Fresno
 Phone 559-228-2157
 Email jcapitman@csufresno.edu

List any topics you would like to see addressed through evaluation TA, webinars, collaborative calls or other training opportunities.

Plan Name Farm to Table

Intervention Description

Please include a logic model for the intervention as an attachment when you submit your evaluation plan to CDC.

Intervention/strategy name	Farm to Table
Risk factor(s)/focus areas	☐ Tobacco ☒ Nutrition ☐ Physical Activity ☐ Community and Clinical Linkages ☐ Communication
Description	The Fresno County Department of Public Health (FCDPH) and the Farm to Table Workgroup will increase access to fruits and vegetables in communities with the greatest health disparities by collaborating with local food aggregators, school districts, and community agencies for 126,347 residents. Two models will be implemented during the intervention, 1) Food Recovery and 2) a modified community supported agriculture (CSA) model. Fresno Metro Ministry will implement a Food Recovery model where they distribute food at well developed community resource locations such as churches, community centers, and parks. Food Commons Fresno will use school sites to sell food boxes adapting the CSA model. This evaluation is of actual use; therefore, the plan is designed to measure actual use of the CSA model food distribution at the school sites. This will be done by collecting all receipts from each purchase that is made. This will allow the Evaluation Team to determine the extent to which community members actually use the site. The Food Recovery sites will be evaluated for their ability to distribute pounds of food to local communities and their ability to create access points for communities of high need.
This intervention meets CDC's criteria for innovative.	☐ Yes Explain ☒ No
Anticipated start date of intervention(month/year)	4/1/2015
Anticipated end date of intervention(month/year)	9/30/2017
Does intervention/strategy aim to reduce health disparities?	☐ The intervention focuses on a general population only (typically jurisdiction wide) ☒ The intervention aims to reduce health disparities by focusing on both a general population(jurisdiction wide) and one or more specific sub-populations ☐ The intervention aims to reduce health disparities by focusing on one or more specific sub-populations

Plan Name Farm to Table

Evaluation Questions

Please list each of your evaluation questions. Evaluation questions should relate to the impact of an intervention/strategy on specific health behaviors and/or health outcomes. Research questions are not appropriate. If this plan is to meet the actual use assessment requirement, then at least one question should be related to actual use. In addition, all questions should inform the evidence base and/or contribute to program improvement.

Evaluation Question	What indicators will be measured to address this question?	Describe how this question will contribute to the evidence base, program improvement, or an assessment of actual use.
To what extent does the Farm to Table CSA intervention increase access to fruits and vegetables in low income neighborhoods in the City of Fresno that currently have limited access?	The number of sites created by FCDPH.	This question will measure the programs ability to reach communities with low access to fruits and vegetables. Answering this question will provide insight to the number of access points provided to community members to attain fresh fruits and vegetables. This question will also help to estimate the number of individuals who are in close proximity to the access point.
In neighborhoods that incorporate a food recovery or community supported agriculture model, to what extent does FCDPH increase the number of individuals with increased access to fresh healthy foods?	The number of individuals who purchase or receive fresh fruits and vegetables from Community Supported Agriculture or food recovery. The number of individuals with Supplemental Nutrition Assistance Program who purchase fresh fruits and vegetables from Community Supported Agriculture or receive food from food recovery.	This question will measure the number of individuals that have increased access to fresh fruits and vegetables.

Plan Name Farm to Table

Evaluation Design

Please describe the overall evaluation design, including the number and description of any comparison groups (if applicable) and the timing and frequency of data collection (e.g., before and after implementation).

The proposed evaluation will use a cross-sectional design in order to estimate the number of community members with improved access to healthy food options. This evaluation will include an assessment of actual use by collecting purchase receipts and counting the number of individuals that purchase fresh fruits and vegetables. The Evaluation Team will work closely with Food Commons Fresno and Fresno Metro Ministry in order to track all individuals who either purchase food or pick-up food at the access points. When evaluating Food Commons Fresno at the school sites, a report of all transactions made will be collected and analyzed by the Evaluation Team. These records will be reviewed to determine the number of access points created throughout program implementation, the number of individuals who make purchases, and the number of individuals who purchase food using Supplemental Nutrition Assistance Program benefits. Data will be collected monthly and records will be attained for all purchases made. Individuals will be tracked throughout the program. In order to evaluate the Food Recovery project incorporated by Fresno Metro Ministry, the Evaluation Team will work closely to track the pounds of food distributed to each access point. A general estimation of the number of individuals impacted by the redistribution of recovered food will be made.

Plan Name Farm to Table

Instruments

Please list each of your evaluation instruments/data sources. If you know the indicators you want to measure, but have not yet selected the instruments, indicate "TBD" for the instrument. Please include available instruments as attachments when you submit your evaluation plan to CDC.

Instrument/ Data Source	Reference	Please describe any modifications made to the original instrument	What key indicators are measured by this instrument/data source?
The primary tool will be receipts collected from all the purchases made at each site. These receipts will be used to compare who used SNAP services to purchase food.	United States Department of Agriculture Food and Nutrition Service http://www.fns.usda.gov/farmtoschool/procuring-local-foods provides extensive guidelines on tool/instrument development. An evaluation can be made by tracking farm origins on distributor invoices. Define 'Local': a boundary must be established	N/A	The number of individuals who purchase or receive fresh fruits and vegetables from Community Supported Agriculture or food recovery. The number of individuals with Supplemental Nutrition Assistance Program who purchase fresh fruits and vegetables from Community Supported Agriculture or receive food from food recovery. The number of sites created by FCDPH.
Instrument/ Data Source	Reference	Please describe any modifications made to the original instrument	What key indicators are measured by this instrument/data source?
Survey	Oakland, CA Fresh Food Share project.	Questions were adapted from Oakland's implementation of a Fresh Food Share project.	The number of individuals who purchase or receive fresh fruits and vegetables from Community Supported Agriculture or food recovery.

Plan Name Farm to Table

Sampling Plan

Instrument Name	The primary tool will be receipts collected from all the purchases made at each site. These receipts will be used to compare who used SNAP services to purchase food.
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Sampling Plan

#	Level	Number of Units	Intended Sample Size	Sampling Approach
1	Community Supported Agriculture sites	9	9	universal
All CSA sites will be included in order to count the number of community participants which make a purchase from the site.				
2				

Please provide your reasoning and/or justification for the sampling approach. Address all levels of the sampling plan.

A random sample of the community supported agriculture sites will be observed so that we can develop an unbiased estimate of how many individuals use the resource. By using a random sampling strategy, we can estimate with the highest the number of individuals who benefit from the CSA sites. The CSA site will be the only level of sampling included in this evaluation. At each observation, during the randomly allotted time period, all individuals who purchase a food box will be counted.

Describe the limitations of the sampling plan.

A limitation in our sampling plan is that we are limited to the number of sites that we will make observations. Another limitation is that the random observation dates could be bias. These limitations are expected, and have been implemented in previous evaluations.

Did you conduct a power analysis? ☐ Yes ☐ No (why not?) ☒ Not applicable

If yes, is your intended sample size sufficiently powered? Please explain. ☐ Yes ☒ No

Are you trying to represent any specific subpopulations in your sample? If yes, please complete this table by checking the subpopulation included in your sample, indicating the desired sample size per group, and describing in the space provided.

Sub-population	Intended Sample Size	Description
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Plan Name Farm to Table

☐ Age		
☐ Gender		
☐ Geography (urban, rural or frontier)		
☐ Homeless/transient		
☐ Immigrants/Non-native English speakers		
☐ LGBTQ		
☐ Low SES/income		
☐ People w/disabilities (cognitive or Physical)		
☐ People w/mental illness/substance abuse conditions		
☐ Race Ethnicity		
☐ Uninsured/underinsured		
☐ Other disparate subpopulation		

How will you recruit and/or select participants to respond to this instruments?

All participants who purchase food will be included.

Will you use participation incentives to promote response rate to the instrument?

☐ Yes (please describe)

☒ No

Plan Name Farm to Table

Instrument Name		Survey																																									
Sampling Plan																																											
#	Level	Number of Units	Intended Sample Size	Sampling Approach																																							
1	Consumers	250	180	convenience																																							
At each school site 20 individuals will be surveyed. All consumers who pick-up a food box will have the opportunity to participate in the survey.																																											
Please provide your reasoning and/or justification for the sampling approach. Address all levels of the sampling plan. A minimum of 20 individuals are needed in order to open a school site by Food Commons Fresno. We anticipate that by sampling at least 20 consumers per site we will have a good estimate of how many family members are benefiting from all purchases being made. Describe the limitations of the sampling plan. A limitation of the sampling process is that we will not be able to infer any findings generated from the report to the overall population because sampling is not random. Did you conduct a power analysis? ☐ Yes ☐ No (why not?) ☒ Not applicable If yes, is your intended sample size sufficiently powered? Please explain. ☐ Yes ☒ No Are you trying to represent any specific subpopulations in your sample? If yes, please complete this table by checking the subpopulation included in your sample, indicating the desired sample size per group, and describing in the space provided. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Sub-population</th> <th style="width: 20%;">Intended Sample Size</th> <th style="width: 35%;">Description</th> </tr> </thead> <tbody> <tr><td>☐ Age</td><td></td><td></td></tr> <tr><td>☐ Gender</td><td></td><td></td></tr> <tr><td>☐ Geography (urban, rural or frontier)</td><td></td><td></td></tr> <tr><td>☐ Homeless/transient</td><td></td><td></td></tr> <tr><td>☐ Immigrants/Non-native English speakers</td><td></td><td></td></tr> <tr><td>☐ LGBTQ</td><td></td><td></td></tr> <tr><td>☐ Low SES/income</td><td></td><td></td></tr> <tr><td>☐ People w/disabilities (cognitive or Physical)</td><td></td><td></td></tr> <tr><td>☐ People w/mental illness/substance abuse conditions</td><td></td><td></td></tr> <tr><td>☐ Race Ethnicity</td><td></td><td></td></tr> <tr><td>☐ Uninsured/underinsured</td><td></td><td></td></tr> <tr><td>☐ Other disparate subpopulation</td><td></td><td></td></tr> </tbody> </table>					Sub-population	Intended Sample Size	Description	☐ Age			☐ Gender			☐ Geography (urban, rural or frontier)			☐ Homeless/transient			☐ Immigrants/Non-native English speakers			☐ LGBTQ			☐ Low SES/income			☐ People w/disabilities (cognitive or Physical)			☐ People w/mental illness/substance abuse conditions			☐ Race Ethnicity			☐ Uninsured/underinsured			☐ Other disparate subpopulation		
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How will you recruit and/or select participants to respond to this instruments?																																											
All consumers who pick-up a food box will have the opportunity to participate in the survey. Consumers will self-select by their willingness to participate in the evaluation.																																											
Will you use participation incentives to promote response rate to the instrument?																																											
☒ Yes (please describe) A \$10 gift card will be given to the participant upon completion of the survey.																																											
☐ No																																											

Plan Name Farm to Table

Data Collection Plan

Instrument Name The primary tool will be receipts collected from all the purchases made at each site. These receipts will be used to compare who used SNAP services to purchase food.	
Please select the data collection method. ☐ Observation ☐ Survey ☐ Intercept survey ☐ Interview ☒ Records review	How many times will you administer this instrument? ☐ 1 time ☒ 2 times ☐ 3 or more times ☐ timing is continuous or ongoing
Please describe the timing for when you will collect data.	For the three year duration of this study, CVHPI will receipts from the CSA sites created throughout the intervention by the FCDPH. All sites created will be included in this analysis. At the end of each year, a progress report will be supplied for documentation.
Please describe in detail the data collection protocol for this instrument.	Data will be collected from receipts. The receipts will detail if the purchase was made with SNAP benefits. The subcontractor that is selling the food boxes will share receipts with the evaluator.
Who will administer this instrument/collect the data? How will you train data collectors to ensure data are collected accurately and reliably?	The subcontractor that is selling the food boxes will share receipts with the evaluator. Accuracy and reliability of data collection will rely solely on receipts. If necessary, research assistants will be trained on data-entry in order to separate individuals who paid with SNAP services.
Will you collect data from the same individuals over time (longitudinal) or from independent samples at each time point (cross-sectional)?	☐ Longitudinal ☒ Cross-sectional
Instrument Name Survey	
Please select the data collection method. ☐ Observation ☒ Survey ☐ Intercept survey ☐ Interview ☐ Records review	How many times will you administer this instrument? ☒ 1 time ☐ 2 times ☐ 3 or more times ☐ timing is continuous or ongoing
Please describe the timing for when you will collect data.	This survey will be administered at each site once. The survey will be administered on the third week of site operation. We anticipate that by the third week of operation the site will have

Plan Name Farm to Table

	a consistent base population.
Please describe in detail the data collection protocol for this instrument.	Trained research assistants will administer the survey. A mock interview will be conducted in order to train the research assistants. The research assistant will intercept the consumer after a food pick-up has been made. At this time, the research assistant will assist the consumer in completing the survey.
Who will administer this instrument/collect the data?	A trained research assistant will administer the survey.
How will you train data collectors to ensure data are collected accurately and reliably?	The Evaluation Team will instruct Research Assistants through a mock trial. This help ensure accurate and reliable administration of the tool.
Will you collect data from the same individuals over time (longitudinal) or from independent samples at each time point (cross-sectional)?	☐ Longitudinal ☒ Cross-sectional

Plan Name Farm to Table

Data Analysis Plan

Complete a data analysis plan for each question.

Evaluation Question	To what extent does the Farm to Table CSA intervention increase access to fruits and vegetables in low income neighborhoods in the City of Fresno that currently have limited access?
What indicators will be examined?	The number of sites created by FCDPH.
What types of variables will be examined?	☐ Nominal ☒ Ordinal ☐ Interval ☒ Ratio
What descriptive analyses will you perform?	The number of sites created by the FCDP will be recorded. This variable will be treated as a ratio value.
What inferential analyses will you conduct to answer your evaluation question?	N/A
What procedures will you conduct to test your assumptions?	N/A
Evaluation Question	In neighborhoods that incorporate a food recovery or community supported agriculture model, to what extent does FCDPH increase the number of individuals with increased access to fresh healthy foods?
What indicators will be examined?	The number of individuals with Supplemental Nutrition Assistance Program who purchase fresh fruits and vegetables from Community Supported Agriculture or receive food from food recovery. The number of individuals who purchase or receive fresh fruits and vegetables from Community Supported Agriculture or food recovery.
What types of variables will be examined?	☐ Nominal ☐ Ordinal ☐ Interval ☒ Ratio
What descriptive analyses will you perform?	The number of individuals who purchase or receive food from the community site will be tallied and treated as a ratio variable. This measure will provide information on the extent to which individuals in the community actually use the site.
What inferential analyses will you conduct to answer your evaluation question?	N/A
What procedures will you conduct to test your assumptions?	N/A

Plan Name Farm to Table

Dissemination Plan

List all audiences for the evaluation findings	Fresno County Health Improvement Partnership members, Fresno Food Service and Risk Management, Community members, CDC and Peer reviewed journals.
How will you disseminate the findings from this evaluation?	All findings will be written and shared primarily with the Fresno Community Health Improvement Partnership, community as well as conferences, social media platforms, a variety of academic settings, and potentially through a peer-reviewed journal such as Nutrition Education and Behavior, Preventive Medicine, Health Education and Behavior, The Journal of Child Nutrition and Management, and Health Psychology. The findings generated by this voluntary assessment may be utilized by stakeholders in creating a platform to present evidence to community leaders and policy makers for positive changes to the current food distribution practices experienced by Fresno County schools. CVHPI will work in conjunction with FCDPH for all dissemination purposes.
Do you plan to develop a peer - reviewed manuscript based on this evaluation?	☒ Yes ☐ No

Plan Name Farm to Table

Evaluation Work Plan

For each milestone, please indicate the current status and anticipated or actual dates of initiation and completion. Also indicate the specific activities that must be completed to achieve each milestone.

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Finalize evaluation plan	☐ Complete ☒ In Progress ☐ Delayed ☐ Not yet started ☐ N/A	4/1/2015	9/1/2015

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
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☐

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Obtain IRB approval / exemption	☒ Complete ☐ In Progress ☐ Delayed ☐ Not yet started ☐ N/A	4/1/2015	9/18/2015

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
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☐

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect baseline data	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
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☐

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze baseline data	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
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Plan Name Farm to Table

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate baseline data	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			
Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect followup data (1)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			
Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze followup data (1)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			
Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate followup data (1)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			

Plan Name Farm to Table

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect followup data (2)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			
Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze followup data (2)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			
Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate followup data (2)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			
Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect followup data (3)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			

Plan Name Farm to Table

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze followup data (3)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			
Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate followup data (3)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities			
Check completed	Activity	Activity Init Date	Activity Completion Date Lead staff
☐			

Plan Name Prescription for Health

Overview

What is the purpose of this plan?

- ☐ This plan measures actual use
- ☒ This is a required outcome evaluation of an innovative intervention
- ☐ This is a voluntary evaluation

Is this evaluation/assessment focused on a single intervention or a broader strategy (group of interventions aiming to achieve similar outcomes)?

- ☒ Single Intervention
- ☐ Strategy (group of interventions)

Who is the primary point of contact for this evaluation plan?

Nam John Capitman, PhD
Title Executive Director, Central Valley Health Policay Institute
Affiliation California State University, Fresno
Phone 559-228-2157
Emai jcapitman@csufresno.edu

List any topics you would like to see addressed through evaluation TA, webinars, collaborative calls or other training opportunities.

Plan Name Prescription for Health

Intervention Description

Please include a logic model for the intervention as an attachment when you submit your evaluation plan to CDC.

Intervention/strategy name	Prescription for Health		
Risk factor(s)/focus areas	☐ Tobacco ☐ Nutrition ☐ Physical Activity ☒ Community and Clinical Linkages ☐ Communication		
Description	The “Rx for Health” referral system will use local resources to integrate and promote lifestyle intervention programs (CDSMP, DASH Diet, National Diabetes Prevention Program, and smoking cessation programs) in federally qualified health centers and/or rural health clinics. Referrals will result in increased opportunities for free and low-cost, tobacco cessation, and chronic disease self-management workshops. The Rx for Health system will include training and support for clinicians, changes to electronic medical records to track referrals, and will build relationships with intervention participants to track the success of referral practices. The evaluation team will administer an innovative plan which will capture the extent to which the referral system has an impact on patient’s health outcomes. Furthermore, all patients who are identified as having uncontrolled hypertension will be tracked from implementation up until the end of the evaluation period. This evaluation strategy will allow us to report how many individuals used the referral system, where attrition may occur throughout the process, and how much of an impact the referral system has on health behaviors and other health outcomes. A subset of patients who are referred to lifestyle change programs will be closely monitored and will be administered a survey which tracks motivation, perception, behavior, and social support of patient’s hypertension management.		
This intervention meets CDC’s criteria for innovative.	☒ Yes Explain ☐ No	This intervention is innovative because, to our knowledge, there are no consensus recommendations for program design and no structured evaluations of the model in similar populations. This evaluation will provide insight on how well the referral program has reached the population in consideration, as well as the health outcome of the studied individuals.	
Anticipated start date of intervention(month/year)	4/1/2015		
Anticipated end date of intervention(month/year)	9/1/2017		
Does intervention/strategy aim to reduce health disparities?	☐ The intervention focuses on a general population only (typically jurisdiction wide) ☒ The intervention aims to reduce health disparities by focusing on both a general population(jurisdiction wide) and one or more specific sub-populations		

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Prescription for Health

- ☐ The intervention aims to reduce health disparities by focusing on one or more specific sub-populations
-

Plan Name Prescription for Health

Evaluation Questions

Please list each of your evaluation questions. Evaluation questions should relate to the impact of an intervention/strategy on specific health behaviors and/or health outcomes. Research questions are not appropriate. If this plan is to meet the actual use assessment requirement, then at least one question should be related to actual use. In addition, all questions should inform the evidence base and/or contribute to program improvement.

Evaluation Question	What indicators will be measured to address this question?	Describe how this question will contribute to the evidence base, program improvement, or an assessment of actual use.
Do patients participating in the Rx for Health program demonstrate better behavioral patterns for chronic disease self-management than non-participants?	Weight in pounds Body Mass Index HbA1c level Blood Pressure Level of fasting low-density lipoprotein (LDL)	This question will measure the effect of the prescription for lifestyle modification on relevant behavioral changes.
What is the effect of Rx for Health lifestyle modification programming on patients' smoking behaviors compared to those in non-participating clinics?	Number of individuals who quit smoking Number of smokers who have made a quit attempt	This question will contribute by measuring behavioral patterns for smoking in individuals that participate in a referral program.
What is the effect of Rx for Health lifestyle modification programming on patients' attitudes, self-efficacy, and social support for chronic disease self-management compared to non-participating patients?	Proportion of individuals who make behavioral changes to manage their hypertension. Proportion of individuals who make attitudinal changes toward their hypertension management. Proportion of individuals who make self-efficacy changes toward their hypertension management. Proportion of individuals who make social support changes to manage their hypertension.	This evaluation question will directly provide information on the patients' attitude, self-efficacy, and social support systems before and after the referral has been made. Physical health outcomes as well as attitudinal changes that may occur throughout the program will also be captured. This question will also measure the impact of the referral system on individuals who participate compared to those who do not.

Plan Name Prescription for Health

What is the effect of Rx for Health lifestyle modification programming on patients' smoking cessation behaviors, attitudes, self-efficacy, and social support compared to non-participating patients?	Proportion of smokers who make behavioral changes to their management of hypertension. Proportion of smokers who make attitudinal changes to their management of uncontrolled hypertension. Proportion of smokers who make self-efficacy changes to their management of uncontrolled hypertension. Proportion of smokers who make social support changes to their management of uncontrolled hypertension.	This question will inform on a patient's smoking patterns before and after the referral on behaviors, attitudes, self-efficacy, and social support. This question will also provide insight on actual smoking cessation.
To what extent are the referral programs being used by individuals with uncontrolled hypertension?	The proportion of individuals who are actually using the referral program compared to the total population identified as having uncontrolled hypertension. The proportion of individuals who complete all sessions of the referral program compared to the number of individuals who initially enrolled in the program.	This question will contribute to the assessment of actual use by tracking all individuals identified as having hypertension and tracking which of those individuals are eventually referred to a program. This is a preliminary step prior to the health outcome evaluation of a subgroup of patients who are enrolled in the referral program.

Plan Name Prescription for Health

Evaluation Design

Please describe the overall evaluation design, including the number and description of any comparison groups (if applicable) and the timing and frequency of data collection (e.g., before and after implementation).

The proposed outcome evaluation will be a longitudinal design where all individuals identified as having uncontrolled hypertension will be tracked for the duration of the program. A local clinic will identify and contact all patients who have uncontrolled hypertension and attempt to recruit these individuals for the referral system. An evaluation of actual use will be reported within several phases of the program. For example, of the patients who have uncontrolled hypertension, only a certain proportion of individuals will successfully get in to see a physician or be referred. This is one example of the number of individuals who actually use the services compared to those who do not. Furthermore, this evaluation is categorized as innovative because we will track a subgroup of individuals who enroll in a lifestyle change program and compare them to individuals who are delayed in their referral to the program. This will be accomplished by anticipating a staggered referral process where a subset of individuals will have to wait in order to enroll in a lifestyle change program. This subset will be interviewed two times prior to enrollment. We anticipate that in year-2 we will sample and interview a total of 150 individuals whom are referred to the lifestyle change program. These individuals will be enrolled in the lifestyle change program by two different cohorts, each with 75 individuals. All 150 individuals will be interviewed prior to enrollment. Cohort A will receive a follow-up interview after completion of a lifestyle change program and Cohort B will receive a follow-up interview prior to enrolling in the lifestyle change program. Cohort B will be used as a comparison group.

Plan Name Prescription for Health

Instruments

Please list each of your evaluation instruments/data sources. If you know the indicators you want to measure, but have not yet selected the instruments, indicate "TBD" for the instrument. Please include available instruments as attachments when you submit your evaluation plan to CDC.

Instrument/ Data Source	Reference	Please describe any modifications made to the original instrument	What key indicators are measured by this instrument/data source?
Interview Survey	Warren-Findlow, Jan, and Rachel B. Seymour. "Prevalence rates of hypertension self-care activities among African Americans." Journal of the National Medical Association 103.6 (2011): 503. Han, Hae-Ra, et al. "Development and validation of the hypertension self-care profile: a practical tool to measure hypertension self-care." The Journal of cardiovascular nursing 29.3 (2014): E11. Douglas, Brenda M., and Elizabeth P. Howard. "Predictors of self-management behaviors in older adults with hypertension." Advances in preventive medicine 2015 (2015).	Several Questions from the H-Scale and the Hypertension Blood Pressure Self-Care Profile were adapted for the interview survey used throughout this evaluation. The measures included have been peer-reviewed in academic journals and demonstrate a high level of reliability and validity for measuring behaviors and other related factors to the management of hypertension. The items selected for our interview survey demonstrated the highest level of factor loading when a factor analysis was administered. Please view the references provided above for an extensive review of the two scales. Questions of demography were supplemental to the survey.	Proportion of individuals who make behavioral changes to manage their hypertension. Proportion of smokers who make attitudinal changes to their management of uncontrolled hypertension. Proportion of individuals who make social support changes to manage their hypertension. Proportion of individuals who make self-efficacy changes toward their hypertension management. Number of individuals who quit smoking Number of smokers who have made a quit attempt
Instrument/ Data Source	Reference	Please describe any modifications made to the original instrument	What key indicators are measured by this instrument/data source?
Clinica Patient Tracking System		Tracking software called i2i Tracking has been created to follow all patients for the duration of the evalution.	Weight in pounds Body Mass Index HbA1c level Blood Pressure Level of fasting low-density lipoprotein (LDL)

Plan Name Prescription for Health

Sampling Plan

Instrument Name	Interview Survey
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Sampling Plan

#	Level	Number of Units	Intended Sample Size	Sampling Approach
1	Patient	2500	300	convenience
A random sample of patients will be generated from a subset of patients who qualify to be referred to a lifestyle change program. Our approach is to sample cohorts of patients that will be referred at different times to the lifestyle change program. The go				

Please provide your reasoning and/or justification for the sampling approach. Address all levels of the sampling plan.

This sampling approach allows us to evaluate the impact of the referral programs by comparing individuals who have been referred to those who have not yet participated in the lifestyle change programs. Eventually, the delayed (comparison) group will have the opportunity to participate in the lifestyle change program. Assignment to the immediate or delayed cohort will be random.

Describe the limitations of the sampling plan.

A limitation in this design is that patients who are sampled may represent a bias group who are willing to participate in the health care system. We do not know the reasons for some individuals who are identified as having uncontrolled hypertension for not participating.

Did you conduct a power analysis? ☒ Yes ☐ No (why not?) ☐ Not applicable

If yes, is your intended sample size sufficiently powered? Please explain. ☒ Yes ☐ No

Yes, if the intended sample size is obtained we will be justified in using inferential statistics.

Are you trying to represent any specific subpopulations in your sample? If yes, please complete this table by checking the subpopulation included in your sample, indicating the desired sample size per group, and describing in the space provided.

Sub-population

Intended Sample Size

Description

- ☐ Age
- ☐ Gender
- ☐ Geography (urban, rural or frontier)
- ☐ Homeless/transient
- ☐ Immigrants/Non-native English speakers
- ☐ LGBTQ
- ☐ Low SES/income
- ☐ People w/disabilities (cognitive or Physical)
- ☐ People w/mental illness/substance abuse conditions
- ☐ Race Ethnicity
- ☐ Uninsured/underinsured
- ☐ Other disparate subpopulation

How will you recruit and/or select participants to respond to this instruments?

All patients identified as having uncontrolled hypertension will have the opportunity to participate in a lifestyle change program. Of those patients identified as having uncontrolled hypertension, a subset of patients will be randomly selected to

Plan Name

Prescription for Health

take the interview survey. Patient navigators will administer the interview survey twice to each patient. The evaluation team and the patient navigators will work closely to ensure that patients are in the correct cohort.

Will you use participation incentives to promote response rate to the instrument?

- ☒ Yes (please describe) Each participant has the opportunity of receiving a \$25 gift card with the completion of the second survey. In order to receive the incentive, the patient must have completed the
- ☐ No

Plan Name Prescription for Health

Instrument Name Clinica Patient Tracking System																																											
Sampling Plan																																											
#	Level	Number of Units	Intended Sample Size	Sampling Approach																																							
1	1	2500	2500	universal																																							
No sampling approach occur at this level. All individuals who are identified as having uncontrolled hypertension will be tracked throughout program implementation.																																											
Please provide your reasoning and/or justification for the sampling approach. Address all levels of the sampling plan. A universal sampling approach will be implemented in order to capture the extent to which the intervention successfully manages the population that is identified as having uncontrolled hypertension. The evaluation team understands that not all individuals will participate in the program. However, a universal sampling approach will allow us to capture the proportion of attrition throughout the implementation process. Describe the limitations of the sampling plan. There are no foreseeable limitations at this time. Did you conduct a power analysis? ☐ Yes ☐ No (why not?) ☒ Not applicable If yes, is your intended sample size sufficiently powered? Please explain. ☐ Yes ☒ No Are you trying to represent any specific subpopulations in your sample? If yes, please complete this table by checking the subpopulation included in your sample, indicating the desired sample size per group, and describing in the space provided. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: left; padding: 5px;">Sub-population</th> <th style="width: 20%; text-align: center; padding: 5px;">Intended Sample Size</th> <th style="width: 35%; text-align: center; padding: 5px;">Description</th> </tr> </thead> <tbody> <tr><td>☐ Age</td><td></td><td></td></tr> <tr><td>☐ Gender</td><td></td><td></td></tr> <tr><td>☐ Geography (urban, rural or frontier)</td><td></td><td></td></tr> <tr><td>☐ Homeless/transient</td><td></td><td></td></tr> <tr><td>☐ Immigrants/Non-native English speakers</td><td></td><td></td></tr> <tr><td>☐ LGBTQ</td><td></td><td></td></tr> <tr><td>☐ Low SES/income</td><td></td><td></td></tr> <tr><td>☐ People w/disabilities (cognitive or Physical)</td><td></td><td></td></tr> <tr><td>☐ People w/mental illness/substance abuse conditions</td><td></td><td></td></tr> <tr><td>☐ Race Ethnicity</td><td></td><td></td></tr> <tr><td>☐ Uninsured/underinsured</td><td></td><td></td></tr> <tr><td>☐ Other disparate subpopulation</td><td></td><td></td></tr> </tbody> </table>					Sub-population	Intended Sample Size	Description	☐ Age			☐ Gender			☐ Geography (urban, rural or frontier)			☐ Homeless/transient			☐ Immigrants/Non-native English speakers			☐ LGBTQ			☐ Low SES/income			☐ People w/disabilities (cognitive or Physical)			☐ People w/mental illness/substance abuse conditions			☐ Race Ethnicity			☐ Uninsured/underinsured			☐ Other disparate subpopulation		
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☐ Yes (please describe) ☒ No																																											

Plan Name Prescription for Health

Data Collection Plan

Instrument Name Interview Survey	
Please select the data collection method. ☐ Observation ☒ Survey ☐ Intercept survey ☐ Interview ☐ Records review	How many times will you administer this instrument? ☐ 1 time ☒ 2 times ☐ 3 or more times ☐ timing is continuous or ongoing
Please describe the timing for when you will collect data.	The interview survey will be administered twice. The survey will be administered once prior to enrollment in a lifestyle change program and a second time after completion of the program. A small subgroup of patients will take the survey twice prior to enrollment in a lifestyle change program in order to have a comparison group. There will be approximately 3 to 6 months in between each survey.
Please describe in detail the data collection protocol for this instrument.	Behavioral health outcomes will be collected from electronic medical records and all other types of data that are related to the management of hypertension will be collected from the interview survey. Healthcare professionals (e.g. physicians, nurses, and patient navigators) will directly input data into the electronic medical records system whenever appropriate. Patient navigators will be trained on how to administer and collect data from the interview survey instrument. Patient navigators will assist patients in filling out the survey instrument which will be completed either at the clinic or over the phone. Each interview will take approximately 30 to 40 minutes. The patient navigator will administer the survey twice to each patient and at the second interview will provide the participant with a gift card for participation. CVHPI will work closely with the patient navigators, Fresno Department of Public Health, and the life-style change referral group to ensure data is securely and accurately stored. Patient navigators will share the survey data and the medical records data with CVHPI for evaluation.
Who will administer this instrument/collect the data?	Trained research assistants will administer the instrument.
How will you train data collectors to ensure data are collected accurately and reliably?	Patient Navigators will be trained prior to administering the informed consent and survey by a mock exercise to ensure accurate data collection. A full review of all the items on the survey will be thoroughly discussed by the evaluation team and the Patient Navigators to ensure that the navigator can explain the survey content to a patient.

Plan Name Prescription for Health

Will you collect data from the same individuals over time (longitudinal) or from independent samples at each time point (cross-sectional)?	☒ Longitudinal ☐ Cross-sectional
Instrument Name Clinica Patient Tracking System	
Please select the data collection method. ☐ Observation ☐ Survey ☐ Intercept survey ☐ Interview ☒ Records review	How many times will you administer this instrument? ☐ 1 time ☐ 2 times ☐ 3 or more times ☒ timing is continuous or ongoing
Please describe the timing for when you will collect data.	Data will be collected at several points throughout implementation of the program. All patients who are identified as having uncontrolled hypertension will have data collected from the electronic tracking system. Additional data will be collected on individuals who come in to see a physician, at this point patients who refuse will be included in evaluation reports but will not be tracked. Data will be continuously tracked for individuals throughout program implementation so that we can evaluate attrition as well as the behavioral advances that participating patients make.
Please describe in detail the data collection protocol for this instrument.	The electronic software used by the clinic is called i2i Tracking. Indicators have been manually entered to reflect behavioral indicators for hypertension management.
Who will administer this instrument/collect the data?	Data is automatically updated by health care professionals and patient navigators.
How will you train data collectors to ensure data are collected accurately and reliably?	Health care professionals and Patient Navigators have been trained to upload data.
Will you collect data from the same individuals over time (longitudinal) or from independent samples at each time point (cross-sectional)?	☒ Longitudinal ☐ Cross-sectional

Plan Name Prescription for Health

Data Analysis Plan

Complete a data analysis plan for each question.

Evaluation Question	Do patients participating in the Rx for Health program demonstrate better behavioral patterns for chronic disease self-management than non-participants?
What indicators will be examined?	Body Mass Index HbA1c level Blood Pressure Level of fasting low-density lipoprotein (LDL) Weight in pounds
What types of variables will be examined?	☐ Nominal ☐ Ordinal ☐ Interval ☒ Ratio
What descriptive analyses will you perform?	Descriptive analysis will be conducted by demographic characteristics as well as health categories. This indicator will be tracked over a 6 month period to determine the extent to which lifestyle change referrals impact physical health.
What inferential analyses will you conduct to answer your evaluation question?	N/A
What procedures will you conduct to test your assumptions?	N/A
Evaluation Question	What is the effect of Rx for Health lifestyle modification programming on patients' smoking behaviors compared to those in non-participating clinics?
What indicators will be examined?	Number of smokers who have made a quit attempt Number of individuals who quit smoking

Plan Name Prescription for Health

What types of variables will be examined?	☐ Nominal ☐ Ordinal ☐ Interval ☒ Ratio
What descriptive analyses will you perform?	Descriptive analysis will be conducted by demographic characteristics as well as health categories. This indicator will be tracked over a 6 month period to determine the effect of the program.
What inferential analyses will you conduct to answer your evaluation question?	Repeated measures will be used to conduct inferential analysis for the entire population.
What procedures will you conduct to test your assumptions?	Tests of tool validity and reliability will be conducted prior to any analysis.
Evaluation Question	What is the effect of Rx for Health lifestyle modification programming on patients' attitudes, self-efficacy, and social support for chronic disease self-management compared to non-participating patients?
What indicators will be examined?	Proportion of individuals who make social support changes to manage their hypertension.
	Proportion of individuals who make behavioral changes to manage their hypertension.
	Proportion of individuals who make attitudinal changes toward their hypertension management.
	Proportion of individuals who make self-efficacy changes toward their hypertension management.
What types of variables will be examined?	☐ Nominal ☐ Ordinal ☒ Interval ☐ Ratio
What descriptive analyses will you perform?	Likert scales that measure attitude, behavioral, self-efficacy and motivation will be analyzed descriptively by acquiring frequencies, means, and standard deviations of individuals within and across sites and time.
What inferential analyses will you conduct to answer your evaluation question?	Paired samples t-test will be used for analysis when appropriate. Generally, these analyses will be used to measure attitudinal change over time.
What procedures will you conduct to test your assumptions?	Tests of internal consistency (Cronbach's alpha) will be conducted.
Evaluation Question	What is the effect of Rx for Health lifestyle modification programming on patients' smoking cessation behaviors, attitudes, self-efficacy, and social support compared to non-participating patients?
What indicators will be examined?	Proportion of smokers who make social support changes to their management of uncontrolled hypertension.
	Proportion of smokers who make behavioral changes to their management of hypertension.
	Proportion of smokers who make attitudinal changes to their management of uncontrolled hypertension.
	Proportion of smokers who make self-efficacy changes to their management of uncontrolled hypertension.

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What types of variables will be examined?	☐ Nominal ☐ Ordinal ☒ Interval ☐ Ratio
What descriptive analyses will you perform?	Likert scales that measure attitude, behavior, motivation, self-efficacy and social support will analyzed descriptively by acquiring frequencies, means, and standard deviations of individuals within and across sites and time.
What inferential analyses will you conduct to answer your evaluation question?	Paired samples t-test will be used for analysis when appropriate. Generally, these analyses will be used to measure smoking attitudinal change over time.
What procedures will you conduct to test your assumptions?	Tests of internal consistency (Cronbach's alpha) will be conducted.
Evaluation Question What indicators will be examined?	To what extent are the referral programs being used by individuals with uncontrolled hypertension? The proportion of individuals who complete all sessions of the referral program compared to the number of individuals who initially enrolled in the program. The proportion of individuals who are actually using the referral program compared to the total population identified as having uncontrolled hypertension.
What types of variables will be examined?	☐ Nominal ☐ Ordinal ☒ Interval ☐ Ratio
What descriptive analyses will you perform?	These data will be analyzed descriptively to obtain frequencies and percentage of individuals that participate in the lifestyle change program.
What inferential analyses will you conduct to answer your evaluation question?	Inferential statistics are not applicable in this case.
What procedures will you conduct to test your assumptions?	Test of assumptions are not applicable in this case.

Plan Name Prescription for Health

Dissemination Plan

List all audiences for the evaluation findings	Board county members, Community members, CDC and peer-reviewed journal.
How will you disseminate the findings from this evaluation?	Due to the innovative approach of this evaluation, it is a priority to disseminate the valuable information gathered from this assessment. We intend to develop preliminary analysis and a report describing the initial findings of the screening tool as well as a final analysis and final report that extend in detail the findings and implications of this evaluation. All descriptive and inferential findings will be written and shared primarily with the community as well as conferences, a variety of academic settings, and potentially through a peer-reviewed journal. CVHPI will work in conjunction with FCDPH for all dissemination purposes.
Do you plan to develop a peer - reviewed manuscript based on this evaluation?	☒ Yes ☐ No

Plan Name Prescription for Health

Evaluation Work Plan

For each milestone, please indicate the current status and anticipated or actual dates of initiation and completion. Also indicate the specific activities that must be completed to achieve each milestone.

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Finalize evaluation plan	☐ Complete ☒ In Progress ☐ Delayed ☐ Not yet started ☐ N/A	4/1/2015	9/30/2015

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
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☐

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Obtain IRB approval / exemption	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
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☐

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect baseline data	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
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☐

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze baseline data	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
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☐

Plan Name Prescription for Health

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate baseline data	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect followup data (1)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze followup data (1)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate followup data (1)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Plan Name Prescription for Health

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect followup data (2)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze followup data (2)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate followup data (2)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect followup data (3)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Plan Name Prescription for Health

Evaluation Milestone		Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze followup data (3)		☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities				
Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				
Evaluation Milestone		Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate followup data (3)		☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		
Activities				
Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Plan Name Storefront Advertising

Overview

What is the purpose of this plan?

- ☐ This plan measures actual use
- ☐ This is a required outcome evaluation of an innovative intervention
- ☒ This is a voluntary evaluation

Is this evaluation/assessment focused on a single intervention or a broader strategy (group of interventions aiming to achieve similar outcomes)?

- ☒ Single Intervention
- ☐ Strategy (group of interventions)

Who is the primary point of contact for this evaluation plan?

Name John A. Capitman, PhD
 Title Executive Director, Central Valley Health Policy Institute
 Affiliation California State University, Fresno
 Phone (559) 228-2157
 Email jcapitman@csufresno.edu

List any topics you would like to see addressed through evaluation TA, webinars, collaborative calls or other training opportunities.

Plan Name Storefront Advertising

Intervention Description

Please include a logic model for the intervention as an attachment when you submit your evaluation plan to CDC.

Intervention/strategy name	Storefront and Outdoor Advertising
Risk factor(s)/focus areas	☒ Tobacco ☒ Nutrition ☐ Physical Activity ☐ Community and Clinical Linkages ☐ Communication
Description	The FCDPH will identify target cities using the Healthy Stores for a Healthy Community Workgroup assessment in Fresno County. FCDPH will educate and inform community members, retailers, and decision-makers and provide technical assistance in the targeted communities to reduce storefront and outdoor advertising. An estimated 623,721 people will be reached in a minimum of five cities including Kingsburg, Fresno, Parlier, Firebaugh, and Clovis. The evaluation will target selected stores within the ordinance jurisdiction and measure storefront adherence to the law and perception of advertising. The Evaluation Team has developed a plan to randomly select stores within the targeted communities and will measure compliance of storefront advertising. The Evaluation Team will also conduct intercept surveys on consumers who have made a purchase.
This intervention meets CDC's criteria for innovative.	☐ Yes Explain ☒ No
Anticipated start date of intervention(month/year)	8/15/2014
Anticipated end date of intervention(month/year)	9/29/2017
Does intervention/strategy aim to reduce health disparities?	☒ The intervention focuses on a general population only (typically jurisdiction wide) ☐ The intervention aims to reduce health disparities by focusing on both a general population(jurisdiction wide) and one or more specific sub-populations ☐ The intervention aims to reduce health disparities by focusing on one or more specific sub-populations

Plan Name Storefront Advertising

Evaluation Questions

Please list each of your evaluation questions. Evaluation questions should relate to the impact of an intervention/strategy on specific health behaviors and/or health outcomes. Research questions are not appropriate. If this plan is to meet the actual use assessment requirement, then at least one question should be related to actual use. In addition, all questions should inform the evidence base and/or contribute to program improvement.

Evaluation Question	What indicators will be measured to address this question?	Describe how this question will contribute to the evidence base, program improvement, or an assessment of actual use.
In communities that have made policy changes related storefront advertising, has the level of storefront and outdoor advertising been reduced compared to pre-policy baseline?	The proportion of storefront window advertisements	We will assess the Department's ability to reduce storefront and outdoor advertising. This question will measure the extent to which stores adhere to adopted policy in their city. We will measure the amount of advertising before and after the policy is passed.
In communities that have adopted new storefront advertising policies, to what extent has the purchase of alcohol and tobacco decreased?	The number of individuals who buy tobacco products, alcoholic beverages, and/or sugary drinks	This question will measure levels of alcohol, tobacco and sugary drink purchases. The amount of alcohol, tobacco and sugary drinks purchased will be estimated from a random sample of consumers who will be surveyed after making a purchase. This question will contribute to the evidence for the association between storefront advertising and youth purchasing alcohol, tobacco and sugary drinks.
In the communities that have adopted new policies and have reduced the total amount of storefront advertising, to what extent do shopper's attitudes change on storefront appeal?	Number of participants who find the storefront appealing	This question will measure if the policy changes the community's attitude towards storefront appeal. This question will inform is shoppers change their perception of stores due to the amount of storefront advertising.

Plan Name Storefront Advertising

Evaluation Design

Please describe the overall evaluation design, including the number and description of any comparison groups (if applicable) and the timing and frequency of data collection (e.g., before and after implementation).

The Central Valley Health Policy Institute (CVHPI) will randomly select five stores per zip code within the within each target city. Zip codes will be selected using previous research that has been conducted in the region on tobacco use and on the population of the jurisdiction. In areas of high population density, more stores will be sampled. These stores will be observed for baseline and follow-up data after the intervention has been implemented. CVHPI will collect baseline data prior to the policy being passed, and then collect follow-up data 3 to 6 months after the policy has been passed. Each observation will include the implementation of an observational tool and an intercept survey of consumers. The observational tool will cover the measurement of the storefront advertising and the intercept surveys will capture use and public perception of storefront advertising. On average, ten intercept surveys will be collected per store with the cities with higher population being over sampled. A grand total of 500 participants are expected to be collected over the three-year period in at least four different cities. Data will be collected using intercept survey methods. Individuals older than the age of 18 will be intercepted by a research assistant with survey. Independent samples will be collected at each observation.

Plan Name Storefront Advertising

Instruments

Please list each of your evaluation instruments/data sources. If you know the indicators you want to measure, but have not yet selected the instruments, indicate "TBD" for the instrument. Please include available instruments as attachments when you submit your evaluation plan to CDC.

Instrument/ Data Source	Reference	Please describe any modifications made to the original instrument	What key indicators are measured by this instrument/data source?
Intercept survey	Stanford Prevention Research Center California Tobacco Control Progrm (2013)	Only two questions from the original instrument will be utilized: 7 and N17. Additional questions will inclu de: •Do you live in this community? •Which category best describes your race? •Which category best describes your gender? •Have you smoked any cigarettes in the last 30 days? •Do you shop here regularly? •Did you purchase anything that is being advertised on storefront or outdoor advertising? •Do you think youth are influenced by storefront advertising at this store? •Do you find this storefront appealing? •Did you purchase alcohol? •Did you purchase cigarettes? •Did you purchase fruits or vegetables ? •Did you purchase soda, Gatorade, or an energy drink?	The number of individuals who buy tobacco products, alcoholic beverages, and/or sugary drinks Number of participants who find the storefront appealing
Instrument/ Data Source	Reference	Please describe any modifications made to the original instrument	What key indicators are measured by this instrument/data source?
Instrument/ Data Source	Reference	Please describe any modifications made to the original instrument	What key indicators are measured by this instrument/data source?
Observational Tool	Window Signage Fact Sheet, Los Angeles County Public Health Department	A photograph will be taken of the storefront and the proportion of storefront signage will be determined from the photograph.	The proportion of storefront window advertisements

Plan Name Storefront Advertising

☐ Age		
☐ Gender		
☐ Geography (urban, rural or frontier)		
☐ Homeless/transient		
☐ Immigrants/Non-native English speakers		
☐ LGBTQ		
☐ Low SES/income		
☐ People w/disabilities (cognitive or Physical)		
☐ People w/mental illness/substance abuse conditions		
☐ Race Ethnicity		
☐ Uninsured/underinsured		
☐ Other disparate subpopulation		

How will you recruit and/or select participants to respond to this instruments?

Participant recruitment will occur at local community events, swap meets, etc. within the targeted communities.

Will you use participation incentives to promote response rate to the instrument?

☐ Yes (please describe)

☒ No

Plan Name Storefront Advertising

Instrument Name

Sampling Plan

Please provide your reasoning and/or justification for the sampling approach. Address all levels of the sampling plan.

Describe the limitations of the sampling plan.

Did you conduct a power analysis? ☐ Yes ☐ No (why not?) ☐ Not applicable

If yes, is your intended sample size sufficiently powered? Please explain. ☐ Yes ☒ No

Are you trying to represent any specific subpopulations in your sample? If yes, please complete this table by checking the subpopulation included in your sample, indicating the desired sample size per group, and describing in the space provided.

Sub-population	Intended Sample Size	Description
☐ Age		
☐ Gender		
☐ Geography (urban, rural or frontier)		
☐ Homeless/transient		
☐ Immigrants/Non-native English speakers		
☐ LGBTQ		
☐ Low SES/income		
☐ People w/disabilities (cognitive or Physical)		
☐ People w/mental illness/substance abuse conditions		
☐ Race Ethnicity		
☐ Uninsured/underinsured		
☐ Other disparate subpopulation		

How will you recruit and/or select participants to respond to this instruments?

Will you use participation incentives to promote response rate to the instrument?

☐ Yes (please describe)

☒ No

Plan Name Storefront Advertising

Instrument Name		Observational Tool																																									
Sampling Plan																																											
#	Level	Number of Units	Intended Sample Size	Sampling Approach																																							
1	Convenience Store	20		random																																							
At least five stores will be randomly selected from within each ordinance jurisdiction. More stores will be selected for highly populated cities. These stores will be measured pre- and post-intervention.																																											
2																																											
Please provide your reasoning and/or justification for the sampling approach. Address all levels of the sampling plan. The stores will be randomly selected within each ordinance jurisdiction. The random selection will limit biases toward a group of stores that may not represent the entire jurisdiction under the ordinance. Describe the limitations of the sampling plan. A limited number of stores will be selected due to shortage in staffing. It would be ideal to randomly sample a large set of stores throughout the County. Did you conduct a power analysis? ☐ Yes ☒ No (why not?) ☐ Not applicable If yes, is your intended sample size sufficiently powered? Please explain. ☐ Yes ☒ No Are you trying to represent any specific subpopulations in your sample? If yes, please complete this table by checking the subpopulation included in your sample, indicating the desired sample size per group, and describing in the space provided. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%; text-align: left;">Sub-population</th> <th style="width: 20%; text-align: left;">Intended Sample Size</th> <th style="width: 35%; text-align: left;">Description</th> </tr> </thead> <tbody> <tr><td>☐ Age</td><td></td><td></td></tr> <tr><td>☐ Gender</td><td></td><td></td></tr> <tr><td>☐ Geography (urban, rural or frontier)</td><td></td><td></td></tr> <tr><td>☐ Homeless/transient</td><td></td><td></td></tr> <tr><td>☐ Immigrants/Non-native English speakers</td><td></td><td></td></tr> <tr><td>☐ LGBTQ</td><td></td><td></td></tr> <tr><td>☐ Low SES/income</td><td></td><td></td></tr> <tr><td>☐ People w/disabilities (cognitive or Physical)</td><td></td><td></td></tr> <tr><td>☐ People w/mental illness/substance abuse conditions</td><td></td><td></td></tr> <tr><td>☐ Race Ethnicity</td><td></td><td></td></tr> <tr><td>☐ Uninsured/underinsured</td><td></td><td></td></tr> <tr><td>☐ Other disparate subpopulation</td><td></td><td></td></tr> </tbody> </table>					Sub-population	Intended Sample Size	Description	☐ Age			☐ Gender			☐ Geography (urban, rural or frontier)			☐ Homeless/transient			☐ Immigrants/Non-native English speakers			☐ LGBTQ			☐ Low SES/income			☐ People w/disabilities (cognitive or Physical)			☐ People w/mental illness/substance abuse conditions			☐ Race Ethnicity			☐ Uninsured/underinsured			☐ Other disparate subpopulation		
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Will you use participation incentives to promote response rate to the instrument?																																											

Plan Name **Storefront Advertising**

☐ Yes (please describe)

☒ No

Plan Name Storefront Advertising

Data Collection Plan

Instrument Name Intercept survey	
Please select the data collection method. ☐ Observation ☐ Survey ☒ Intercept survey ☐ Interview ☐ Records review	How many times will you administer this instrument? ☐ 1 time ☒ 2 times ☐ 3 or more times ☐ timing is continuous or ongoing
Please describe the timing for when you will collect data.	The Central Valley Health Policy Institute (CVHPI) will randomly select stores within the jurisdiction of the new ordinance. These stores will be observed for baseline and follow-up data after the intervention has been implemented. The baseline observation will occur prior to the implementation of the ordinance and a follow-up observation will occur after the ordinance is being enforced. In each year of the grant, the goal is to add more stores to be observed. The Evaluation Team will maintain constant communication with partners to ensure that baseline data is being collected in communities that are highly considering to pass an ordinance which reduces storefront advertising.
Please describe in detail the data collection protocol for this instrument.	Photographs of the store front will be taken pre and post ordinance change. The observer will identify customers as they walk out of the store. The observer will ask for informed consent from all potential participants. If the customer consents, the observer will proceed to administer the survey instrument. The survey should take no longer than fifteen minutes to administer. If necessary, surveys will be available in Spanish and the observer will be trained on how to administer these surveys.
Who will administer this instrument/collect the data?	Trained observers/research assistants will administer the instrument.
How will you train data collectors to ensure data are collected accurately and reliably?	CVHPI will work in conjunction with the Fresno County Public Health Department to train observers to administer the instruments in the targeted communities. Observers will be given a mock training to ensure accurate data collection.
Will you collect data from the same individuals over time (longitudinal) or from independent samples at each time point (cross-sectional)?	☐ Longitudinal ☒ Cross-sectional
Instrument Name	

Plan Name Storefront Advertising

Please select the data collection method. ☐ Observation ☐ Survey ☐ Intercept survey ☐ Interview ☐ Records review	How many times will you administer this instrument? ☐ 1 time ☐ 2 times ☐ 3 or more times ☐ timing is continuous or ongoing
Please describe the timing for when you will collect data.	
Please describe in detail the data collection protocol for this instrument.	
Who will administer this instrument/collect the data?	
How will you train data collectors to ensure data are collected accurately and reliably?	
Will you collect data from the same individuals over time (longitudinal) or from independent samples at each time point (cross-sectional)?	☐ Longitudinal ☐ Cross-sectional
Instrument Name Observational Tool	
Please select the data collection method. ☒ Observation ☐ Survey ☐ Intercept survey ☐ Interview ☐ Records review	How many times will you administer this instrument? ☐ 1 time ☒ 2 times ☐ 3 or more times ☐ timing is continuous or ongoing
Please describe the timing for when you will collect data.	The observational tool will be administered twice for each store site. The tool will be administered pre- and post-intervention in order to measure the effect of the ordinance.
Please describe in detail the data collection protocol for this instrument.	The observational tool will include taking a photograph of the storefront and measuring the proportion of the storefront that is dedicated to signage. The percent of signage will be determined by dividing the signage area by the total door/window storefront area. This proportion will be compared pre- and post-intervention to determine the effect size of the storefront.
Who will administer this instrument/collect the data?	A trained research assistant will take a photograph from a specific distance from the storefront.
How will you train data collectors to ensure data are collected accurately and reliably?	A mock trial will be conducted with the data collectors in order to improve accuracy and reliability of the observational tool.

Plan Name **Storefront Advertising**

Will you collect data from the same individuals over time (longitudinal) or from independent samples at each time point (cross-sectional)?

☐ Longitudinal

☒ Cross-sectional

Plan Name Storefront Advertising

Data Analysis Plan

Complete a data analysis plan for each question.

Evaluation Question	In communities that have made policy changes related storefront advertising, has the level of storefront and outdoor advertising been reduced compared to pre-policy baseline?
What indicators will be examined?	The proportion of storefront window advertisements
What types of variables will be examined?	☐ Nominal ☒ Ordinal ☒ Interval ☐ Ratio
What descriptive analyses will you perform?	This value will be used to estimate the proportion of storefront advertising at each observation time point. Pre and post photographs will be analyzed to compare change and adherence to the new policy.
What inferential analyses will you conduct to answer your evaluation question?	None.
What procedures will you conduct to test your assumptions?	Interrater reliability will be calculated using a weighted kappa statistic.
Evaluation Question	In communities that have adopted new storefront advertising policies, to what extent has the purchase of alcohol and tobacco decreased?
What indicators will be examined?	The number of individuals who buy tobacco products, alcoholic beverages, and/or sugary drinks
What types of variables will be examined?	☐ Nominal ☐ Ordinal ☒ Interval ☐ Ratio
What descriptive analyses will you perform?	Frequencies and percentages will be calculated for analysis. These data will provide information for comparison of data prior to the ordinance and after the ordinance has been passed.
What inferential analyses will you conduct to answer your evaluation question?	These values will be compared across stores, cities, and observation times. Frequencies, means, and standard deviations will be used to compare proportional differences across groups. This analysis will help us infer actual use of stores in a community.
What procedures will you conduct to test your assumptions?	Once all data has been collected, pre-intervention observations will be compared to post-intervention groups via a paired samples t-test. This inferential statistic will examine if the intervention was significantly impactful on the population.
Evaluation Question	In the communities that have adopted new policies and have reduced the total amount of storefront advertising, to what extent do shopper's attitudes change on storefront appeal?
What indicators will be examined?	Number of participants who find the storefront appealing

Plan Name Storefront Advertising

What types of variables will be examined?	☐ Nominal ☒ Ordinal ☐ Interval ☐ Ratio
What descriptive analyses will you perform?	Frequencies and proportions of answers will be analyzed descriptively.
What inferential analyses will you conduct to answer your evaluation question?	Pre and post intervention groups will also be compared via a paired samples t-test to measure the impact of storefront advertisement on attitudes/behaviors.
What procedures will you conduct to test your assumptions?	Pre and post intervention groups will also be compared via a paired samples t-test to measure the impact of storefront advertisement on attitudes/behaviors.

Plan Name Storefront Advertising

Dissemination Plan

List all audiences for the evaluation findings	City Counvil memebbers, County board members, Fresno County Health Improvement Partnership members, community members, CDC.
How will you disseminate the findings from this evaluation?	All findings will be written and shared primarily with the community as well as conferences, flyers, school site newsletters,, social media platforms, a variety of academic settings, and potentially through a peer-reviewed journal such as Nutrition Education and Behavior, Health Education and Behavior, The Journal of Child Nutrition and Management, and Health Psychology. The findings generated by this actual use assessment may be utilized by stakeholders in creating a platform to present evidence to community leaders and policy makers for positive changes to the current storefront advertisement practices. CVHPI will work in conjunction with FCDPH for all dissemination purposes.
Do you plan to develop a peer - reviewed manuscript based on this evaluation?	☒ Yes ☐ No

Plan Name Storefront Advertising

Evaluation Work Plan

For each milestone, please indicate the current status and anticipated or actual dates of initiation and completion. Also indicate the specific activities that must be completed to achieve each milestone.

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Finalize evaluation plan	☐ Complete ☒ In Progress ☐ Delayed ☐ Not yet started ☐ N/A	4/1/2015	

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Obtain IRB approval / exemption	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect baseline data	☒ Complete ☐ In Progress ☐ Delayed ☐ Not yet started ☐ N/A	5/1/2013	9/30/2013

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze baseline data	☒ Complete ☐ In Progress ☐ Delayed ☐ Not yet started ☐ N/A	10/1/2013	12/31/2013

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Plan Name Storefront Advertising

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate baseline data	☒ Complete ☐ In Progress ☐ Delayed ☐ Not yet started ☐ N/A	1/1/2014	12/31/2014

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect followup data (1)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze followup data (1)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate followup data (1)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Plan Name Storefront Advertising

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect followup data (2)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze followup data (2)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate followup data (2)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Collect followup data (3)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

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Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Analyze followup data (3)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

Evaluation Milestone	Milestone Status	Milestone Init Date	Milestone Completion Date
Disseminate followup data (3)	☐ Complete ☐ In Progress ☐ Delayed ☒ Not yet started ☐ N/A		

Activities

Check completed	Activity	Activity Init Date	Activity Completion Date	Lead staff
☐				

A. Salaries and Wages				Year 1 7/14/15- 9/29/16		Year 2 9/30/16-9/29/17		
Last Name	Init.	Position	Annual Salary	% Time	Program Salary	% Time	Program Salary	Total Request
FACULTY								
Capitman	J	Principal Investigator	\$139,800	18%	\$25,224	1%	\$1,631	\$26,855
Subtotal Faculty Salaries					\$25,224		\$1,631	\$26,855
STAFF								
Bengiamin	M	Research Director	\$90,000	40%	\$35,775	15%	\$13,500	\$49,275
Lessard	L	Project Coord.	\$54,204	8%	\$4,300	0%	\$0	\$4,300
Alcala/Constantino	E	Data Analyst	\$41,600	23%	\$9,360	39%	\$16,380	\$25,740
Garcia	M	Research Assistant	\$34,000	23%	\$7,650	0%	\$0	\$7,650
Silva	Y	Research Assistant	\$32,000	22%	\$6,960	31%	\$9,900	\$16,860
Cortez	J	Research Assistant	\$32,000	27%	\$8,640	26%	\$8,250	\$16,890
Interns		Research Assistants	\$0	0%	\$0	0%	\$0	\$0
Subtotal Staff Salaries					\$72,685		\$48,030	\$120,715
Subtotal ALL Salaries and Wages					\$97,909		\$49,661	\$147,570
B. Fringe Benefits				Rate		Rate		
Capitman	J	Principal Investigator		42%	\$10,594	42%	\$685	\$11,279
Bengiman	M	Research Director		30%	\$10,733	28%	\$3,780	\$14,513
Lessard	L	Project Coord.		32%	\$1,376	0%	\$0	\$1,376
Alcala/Constantino	E	Data Analyst		34%	\$3,182	30%	\$4,914	\$8,096
Garcia	M	Research Assistant		35%	\$2,678	0%	\$0	\$2,678
Silva	Y	Research Assistant		35%	\$2,436	10%	\$990	\$3,426
Cortez	J	Research Assistant		10%	\$864	10%	\$825	\$1,689
Interns		Research Assistants		0%	\$0	0%	\$0	\$0
Subtotal Fringe Benefits					\$31,862		\$11,194	\$43,056
TOTAL SALARY AND FRINGE BENEFITS					\$129,771		\$60,855	\$190,626
C. Equipment								
					\$0		\$0	\$0
TOTAL EQUIPMENT					\$0		\$0	\$0
D. Travel								
Local mileage at current IRS rates					\$750		\$1,000	\$1,750
TOTAL TRAVEL					\$750		\$1,000	\$1,750
E. Participant/Trainee Support								
Incentives					\$5,000		\$0	\$5,000
TOTAL PARTICIPANT/TRAINEE SUPPORT					\$5,000		\$0	\$5,000
F. Other Direct Support		Description	Calculation					
Materials and Supplies		Meeting and office supplies and communication			\$5,238		\$2,313	\$7,551
Equipment or Facility Rental/User Fees		Office space and meeting room rental	\$600 x 12 months		\$7,200		\$6,000	\$13,200
TOTAL OTHER					\$12,438		\$8,313	\$20,751
I. Total Direct Costs					\$147,959		\$70,168	\$218,127
					Modified Total Direct Co		\$70,168	\$213,127
J. Indirect Costs					Rate: <u>19.0%</u> of MTDC		\$13,332	\$40,494
K. Total Proposed Costs					\$175,121		\$83,500	\$258,621