Introduction

Thank you for taking the time to complete this ACORNS Phase II Progress Report (due Month Day, 2017). Your responses help guide the CRIHB ACORNS team's assistance to your ACORNS Program's chronic disease prevention and management strategies.

This ACORNS Report focuses on the following strategies, which have the potential to bring about sustainable Policy, Systems, and Environmental (PSE) changes:

- Preventing **Commercial Tobacco Use and Exposure**;

- Increasing Access to **Healthy Eating and Local Foods**;

- Increasing Access to **Exercise and Physical Activity**; and

- Increasing **Community-Clinical Linkages**

Click the Next button below to move to the next page.

Instructions

For the following questions, please provide responses that apply to your ACORNS Program's chronic disease prevention and management strategies.

Also, in the spaces provided, please share additional thoughts or comments. If not applicable, please type Not Applicable.

The survey will automatically save responses after you complete a given page and click the Next button (or the Done button on the final page). You can edit your responses at any time (even after submitting the report) by using the link originally sent to your email and working from the same computer.

If you need assistance or have questions, please contact Andrew Stutman, ACORNS Program Evaluator at <u>andrew.stutman@crihb.org</u> or (916) 929-9761 ext. 1515.

Navigation Instructions:

To move to the next page, click the Next button.
To return to the previous page, click the Prev button.

Agency and Project Contact Information

Agency Contact Information

Agency Name

Tribes Represented

Name of Health Officer or Tribal Health Director

Street Address

City

State

Zip Code

Telephone Number

Official Project Contact

Name

Email Address

Work Telephone Number

Project Lead

Name

Email Address

Work Telephone Number

Commercial Tobacco Use and Exposure strategy?

Does your ACORNS Program include a strategy to prevent**commercial tobacco use and exposure** (e.g., commercial tobacco-free areas, smoke-free areas, promoting the increased use of tobacco cessation resources such as California Smokers' Helpline, etc.)? Please select Yes or No.

○ Yes

○ No

No Commercial Tobacco Use and Exposure strategy

THESE QUESTIONS WILL ONLY APPEAR IN SURVEY MONKEY IF YOU INDICATE "NO" TO THE PRIOR QUESTION.

You selected that your ACORNS Program does not include a strategy to prevent commercial tobacco use and exposure. Is this an area your ACORNS Program would like to work on in the future? Please select Yes or No.

◯ Yes

◯ No

Please use the following space to share any comments relating to commercial tobacco use and exposure strategies:

Commercial Tobacco Use and Exposure strategy

Please select one (or more than one, if applicable) of the following choices that describes your ACORNS commercial tobacco use and exposure strategy. Please select all of the following that apply:

☐ Commercial tobacco-free areas and/or smoke-free areas

☐ Informing Tribal Leaders, decision makers, and the tribal community about the burden of commercial tobacco use on tribal members and the tribal economy

☐ Discouraging the use of commercial tobacco for traditional purposes at community events and ceremonies

☐ Increasing access to traditional tobacco for traditional purposes

☐ Banning commercial tobacco advertisements, promotions, and prizes

☐ Regulating the number, location, and density of commercial tobacco retail outlets

☐ Banning or restricting the placement of commercial tobacco vending machines (including self-service displays)

☐ Enforcing a ban on selling single cigarettes

☐ Increasing the price of commercial tobacco products and investing the generated revenue (e.g., from taxes, mitigation fees) in commercial tobacco control efforts

☐ Implementing a referral system for commercial tobacco cessation resources and services such as a quitline (e.g., 1-800-NO-BUTTS, 1-800-QUIT-NOW)

☐ Increasing access to free or low cost pharmacological quitting aids

☐ Assessing patients' commercial tobacco use and exposure, in addition to providing regular counseling about the harm of commercial tobacco use and exposure as part of written checklist or screening used in all routine office visits

☐ Adopting a tobacco-use prevention curriculum for students

☐ Other (please describe)

[ ]

Please explain your ACORNS commercial tobacco use and exposure strategy:

[ ]

What is the **setting(s)** of your ACORNS commercial tobacco use and exposure strategy? Please select all of the following that apply:

☐ School

☐ Workplace

☐ Tribe

☐ Casino

☐ Housing

☐ Parks/Recreation areas

☐ Other (please describe)

[ ]

Please **describe the setting(s)** of your ACORNS commercial tobacco use and exposure strategy:

[ ]

Please describe the **population(s) reached** by your ACORNS commercial tobacco use and exposure strategy:

[ ]

Please share the **number of individuals reached** by your ACORNS commercial tobacco use and exposure strategy **from the start of the ACORNS 2016/2017 Phase II Program through Month Day, 2017**:

[ ]

Please select the **stage of the policy process** that best describes the current status of your ACORNS commercial tobacco use and exposure strategy. Please select one of the following:

◯ Problem definition - clearly define the problem and seek community agreement that the problem exists

◯ Agenda setting - an identified decision-maker defined and included a proposed solution on the policy agenda

◯ Policy formulation - leaders make a decision about what should be done about the problem and proposals are formed and drafted for policy

◯ Policy adoption - working to get enough support from other decision-makers for a proposal to be adopted as a policy

◯ Implementation - putting the adopted policy into action

Please explain the **status/progress** of your ACORNS commercial tobacco use and exposure strategy:

Please describe any factors that **assist** in your ACORNS commercial tobacco use and exposure strategy's success:

Please describe any **challenges and/or barriers** that affect your ACORNS commercial tobacco use and exposure strategy's success:

Please share any **additional comments** about your ACORNS commercial tobacco use and exposure strategy:

Healthy Eating and Local Foods strategy?

Does your ACORNS Program include a strategy to increase access to **healthy eating and local foods** (e.g., a healthy food policy, community gardens, farmers' markets, etc.)? Please select Yes or No.

○ Yes

○ No

No Healthy Eating and Local Foods strategy

THESE QUESTIONS WILL ONLY APPEAR IN SURVEY MONKEY IF YOU INDICATE "NO" TO THE PRIOR QUESTION.

You selected that your ACORNS Program does not include a strategy to increase access to healthy eating and local foods. Is this an area your ACORNS Program would like to work on in the future? Please select Yes or No.

◯ Yes

◯ No

Please use the following space to share any comments relating to healthy eating and local foods strategies:

Healthy Eating and Local Foods strategy

Please select one (or more than one, if applicable) of the following choices that describes your ACORNS healthy eating and local foods strategy. Please select all of the following that apply:

☐ Community gardens

☐ Farmers' markets

☐ Healthy food policies (e.g., traditional foods and other healthy options at tribally owned venues, meetings, and events; for vending machines; for local restaurants and food retailers; for schools, workplaces, clinics)

☐ Accepting food vouchers, WIC (Women, Infants, and Children) Benefits, and Food Stamp Benefits at local farmers' markets

☐ Connecting locally grown foods to local restaurants, food venues, and food retailers

☐ Nutritional labeling and marketing strategies to encourage healthy food choices (e.g., signage, product placement, pricing strategies at restaurants and food retailers)

☐ Providing safe, unflavored, cool drinking water at no cost (e.g., in schools, workplaces, clinics)

☐ Prohibiting the sale of sugar-sweetened beverages (e.g., in schools, workplaces, clinics)

☐ Banning the use of food as a reward or punishment for academic performance or behavior

☐ School breakfast and lunch programs

☐ School nutrition education curriculum

☐ Providing free or low cost weight management or nutrition programs for employees

☐ Breastfeeding policies (e.g., in tribal government buildings, workplaces, restaurants, retail establishments)

☐ Assessing patients' nutrition and providing regular counseling about the health value of good nutrition as part of a written checklist or screening used in all routine office visits

☐ Implementing a referral system to help patients access community-based resources or services for nutrition

☐ Other (please describe)

```
[                                        ]
```

Please explain your ACORNS healthy eating and local foods strategy:

```
[                                        ]
```

What is the **setting(s)** of your ACORNS healthy eating and local foods strategy? Please select all of the following that apply:

☐ School

☐ Workplace

☐ Tribe

☐ Other (please describe)

```



```

Please **describe the setting(s)** of your ACORNS healthy eating and local foods strategy:

```



```

Please describe the **population(s) reached** by your ACORNS healthy eating and local foods strategy:

```



```

Please share the **number of individuals reached** by your ACORNS healthy eating and local foods strategy from **the start of the ACORNS 2016/2017 Phase II Program through Month Day, 2017**:

```



```

Please select the **stage of the policy process** that best describes the current status of your ACORNS healthy eating and local foods strategy. Please select one of the following:

○ Problem definition - clearly define the problem and seek community agreement that the problem exists

○ Agenda setting - an identified decision-maker defined and included a proposed solution on the policy agenda

○ Policy formulation - leaders make a decision about what should be done about the problem and proposals are formed and drafted for policy

○ Policy adoption - working to get enough support from other decision-makers for a proposal to be adopted as a policy

○ Implementation - putting the adopted policy into action

Please explain the **status/progress** of your ACORNS healthy eating and local foods strategy:

Please describe any factors that **assist** in the success of your ACORNS healthy eating and local foods strategy:

Please describe any **challenges and/or barriers** that affect the success of your ACORNS healthy eating and local foods strategy:

Please share any **additional comments** about your ACORNS healthy eating and local foods strategy:

Strategy to Increase Access to Exercise and Physical Activity?

Does your ACORNS Program include a strategy to increase access to **exercise and physical activity** (e.g., exercise/physical activity policy, walking and/or biking paths, community parks and recreation areas)? Please select Yes or No.

◯ Yes

◯ No

No strategy to Increase Access to Exercise and Physical Activity

THESE QUESTIONS WILL ONLY APPEAR IN SURVEY MONKEY IF YOU INDICATE "NO" TO THE PRIOR QUESTION.

You selected that your ACORNS Program does not include a strategy to increase access to exercise and physical activity. Is this an area your ACORNS Program would like to work on in the future? Please select Yes or No.

○ Yes

○ No

Please use the following space to share any comments relating to strategies to increase access to exercise and physical activity:

Strategy to Increase Access to Exercise and Physical Activity

Please select one (or more than one, if applicable) of the following choices that describes your ACORNS strategy to increase access to exercise and physical activity. Please select all of the following that apply:

☐ Walking and/or biking paths, routes, and trails

☐ Bike sharing program

☐ Parks, playgrounds, public recreational areas, wellness centers

☐ Allowing the use of school and/or tribal government buildings and recreational/exercise facilities by the public during non-school and/or non-business hours (e.g., joint use agreements: formal agreements between separate government entities, setting forth the terms and conditions for shared use of public property or facilities)

☐ Supporting clubs, teams, and/or groups (e.g., walking, biking, hiking, dance, sports) to encourage physical activity (e.g., among employees, among community members)

☐ Physical activity policies in the workplace (e.g., providing flexible work arrangements or break times for employees to engage in physical activity)

☐ Encouraging non-motorized commutes (e.g., walk, bike) to school and/or work

☐ Promoting stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity)

☐ Providing access to an on-site fitness center, gymnasium, or physical activity classes

☐ Providing access to an off-site workout facility or subsidized membership to local fitness facility

☐ Banning using or withholding physical activity as punishment in schools

☐ Adopting a physical education curriculum for all students; requiring that students are physically active during the majority of time in physical education class

☐ Providing access to a broad range of competitive and noncompetitive physical activities that help to develop the skills needed to participate in lifetime physical activities

☐ Providing street traffic calming measures (e.g., road narrowing, central islands, roundabouts, speed bumps) to make areas safer where people are or could be physically active (e.g., playgrounds, parks, bike lanes, walking paths, neighborhoods)

☐ Adopting strategies (e.g., neighborhood crime watch, lights) to enhance personal safety in areas where people are or could be physically active (e.g., playgrounds, parks, bike lanes, walking paths, neighborhoods)

☐ Assessing patients' physical activity and providing regular counseling about the value of physical activity as part of a written checklist or screening used in all routine office visits

☐ Implementing a referral system to help patients access community-based resources or services for physical activity

☐ Other (please describe)

Please explain your ACORNS strategy to increase access to exercise and physical activity:

What is the **setting(s)** of your ACORNS strategy to increase access to exercise and physical activity? Please select all of the following that apply:

☐ School

☐ Workplace

☐ Tribe

☐ Other (please describe)

Please **describe the setting(s)** of your ACORNS strategy to increase access to exercise and physical activity:

Please describe the **population(s) reached** by your ACORNS strategy to increase access to exercise and physical activity:

Please share the **number of individuals reached** by your ACORNS strategy to increase access to exercise and physical activity **from the start of the ACORNS 2016/2017 Phase II Program through Month Day, 2017**:

Please select the **stage of the policy process** that best describes the current status of your ACORNS strategy to increase access to exercise and physical activity. Please select one of the following:

◯ Problem definition - clearly define the problem and seek community agreement that the problem exists

◯ Agenda setting - an identified decision-maker defined and included a proposed solution on the policy agenda

◯ Policy formulation - leaders make a decision about what should be done about the problem and proposals are formed and drafted for policy

◯ Policy adoption - working to get enough support from other decision-makers for a proposal to be adopted as a policy

◯ Implementation - putting the adopted policy into action

Please explain the **status/progress** of your ACORNS strategy to increase access to exercise and physical activity:

Please describe any factors that **assist** in the success of your ACORNS strategy to increase access to exercise and physical activity:

Please describe any **challenges and/or barriers** that affect the success of your ACORNS strategy to increase access to exercise and physical activity:

Please share any **additional comments** about your ACORNS strategy to increase access to exercise and physical activity:

Strategies to Increase Community-Clinical Linkages?

Is your ACORNS Program developing and/or implementing policies or programs related to increasing **community-clinical linkages** (e.g., increasing community-clinical linkages to support chronic disease prevention and self-management, increasing access to Community Health Representatives who link patients to community resources such as Talking Circles and lactation support, increasing use of team-based care strategies, etc.)? Please select Yes or No.

○ Yes

○ No

No strategies to Increase Community-Clinical Linkages

THESE QUESTIONS WILL ONLY APPEAR IN SURVEY MONKEY IF YOU INDICATE "NO" TO THE PRIOR QUESTION.

You selected that your ACORNS Program is not developing and/or implementing policies or programs to increase community-clinical linkages. Is this an area your ACORNS Program would like to work on in the future? Please select Yes or No.

◯ Yes

◯ No

Please use the following space to share any comments relating to strategies to increase community-clinical linkages:

Strategies to Increase Community-Clinical Linkages

Please select one (or more than one, if applicable) of the following choices that describes your ACORNS Program's strategy to increase community-clinical linkages. Please select all that apply:

☐ Implementing a referral system to help patients access community-based resources or services to support the prevention, self-management, and treatment of diabetes, heart disease, hypertension, and obesity (e.g., nutrition and/or physical activity support)

☐ Increasing the use of team-based care strategies, including the use of health care extenders such as Community Health Representatives, pharmacists, public health nurses, case managers, patient navigators, and community health workers who link patients to community resources that promote the prevention and self-management of diabetes, heart disease, hypertension, and obesity (e.g., Talking Circles, Weight Watchers, CDC's National Diabetes Prevention Program, lactation support)

☐ Adopting strategies to educate the community, employees, and/or students on the importance of obesity prevention, controlling blood sugar or insulin levels, controlling high blood pressure, and controlling cholesterol

☐ Adopting a plan or process to increase patient adherence to chronic disease treatment (e.g., for diabetes, heart disease)

☐ Provide routine screening, follow-up counseling, and education to help address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)

☐ Providing access to an on-site occupational health nurse and/or an on-site medical clinic to monitor and address chronic diseases and related risk factors (e.g., high blood pressure, high cholesterol, elevated blood sugar levels)

☐ Providing paid time off to attend health promotion programs or classes

☐ Providing employee insurance coverage for preventive services and quality medical care

☐ Providing access to a free or low cost employee health risk appraisal or health screenings

☐ Meeting the nutritional needs of students with special health care or dietary requirements (e.g., diabetes, allergies, physical disabilities)

☐ Ensuring immediate and reliable access to prescribed medications (e.g., inhaler, insulin, epinephrine pen) for chronic disease management throughout the day (e.g., in schools, in the workplace)

☐ Having a district health group (e.g., school health council) comprised of school personnel, parents, students, and community partners that help plan and implement district health activities

☐ Providing opportunities to raise awareness of the signs and symptoms of heart attack and stroke (e.g., in schools, in the workplace)

☐ Ensuring students and staff are aware of the importance of calling 9-1-1 for emergencies

☐ Ensuring cardiopulmonary resuscitation (CPR) training is made available to students and staff

☐ Engaging families in the development of school plans (e.g., school diabetes management plans) to effectively manage students with chronic diseases or conditions

☐ Other (please describe)

[ ]

Please explain your ACORNS strategy to increase community-clinical linkages:

What is the **setting(s)** of your ACORNS strategy to increase community-clinical linkages? Please select all of the following that apply:

☐ School

☐ Workplace

☐ Tribe

☐ Other (please describe)

Please **describe the setting(s)** of your ACORNS strategy to increase community-clinical linkages:

Please describe the **population(s) reached** by your ACORNS strategy to increase community-clinical linkages:

Please share the **number of individuals reached** by your ACORNS strategy to increase community-clinical linkages **from the start of the ACORNS 2016/2017 Phase II Program through Month Day, 2017**:

Please select the **stage of the policy process** that best describes the current status of your ACORNS strategy to increase community-clinical linkages. Please select one of the following:

◯ Problem definition - clearly define the problem and seek community agreement that the problem exists

◯ Agenda setting - an identified decision-maker defined and included a proposed solution on the policy agenda

◯ Policy formulation - leaders make a decision about what should be done about the problem and proposals are formed and drafted for policy

◯ Policy adoption - working to get enough support from other decision-makers for a proposal to be adopted as a policy

◯ Implementation - putting the adopted policy into action

Please explain the **status/progress** of your ACORNS strategy to increase community-clinical linkages:

Please describe any factors that **assist** in the success of your ACORNS strategy to increase community-clinical linkages:

Please describe any **challenges and/or barriers** that affect the success of your ACORNS strategy to increase community-clinical linkages:

Please share any **additional comments** about your ACORNS strategy to increase community-clinical linkages:

Increasing Access to Health Education Resources?

Does your ACORNS Program include a strategy to increase access to **health education resources** that improve health beliefs, attitudes, and behaviors through integration with strategies to:

- prevent **commercial tobacco use and exposure**;

- increase access to **healthy eating and local foods**;

- increase access to **exercise and physical activity**, and/or

- increase **community-clinical linkages**?

Please select Yes or No.

◯ Yes

◯ No

No Increasing Access to Health Education Resources

THESE QUESTIONS WILL ONLY APPEAR IN SURVEY MONKEY IF YOU INDICATE "NO" TO THE PRIOR QUESTION.

You selected that your ACORNS Program does not include a strategy to increase access to health education resources through integration with strategies relating to commercial tobacco use and exposure, healthy eating and local foods, exercise and physical activity, and/or community-clinical linkages. Is this an area your ACORNS Program would like to work on in the future? Please select Yes or No.

( ) Yes

( ) No

Please use the following space to share any comments relating to strategies to increase access to health education resources:

[text box]

Increasing Access to Health Education Resources

Please explain your ACORNS Program's integration of strategies to increase access to **health education resources** with strategies to prevent **commercial tobacco use and exposure**: (If there is no such integration, please type Not Applicable.)

Please explain your ACORNS Program's integration of strategies to increase access to **health education resources** with strategies to increase access to **healthy eating and local foods**: (If there is no such integration, please type Not Applicable.)

Please explain your ACORNS Program's integration of strategies to increase access to **health education resources** with strategies to increase access to **exercise and physical activity**: (If there is no such integration, please type Not Applicable.)

Please explain your ACORNS Program's integration of strategies to increase access to **health education resources** with strategies to increase **community-clinical linkages**: (If there is no such integration, please type Not Applicable.)

Please share any **additional comments** about your ACORNS strategy to increase access to health education resources:

Tribal Community Team (TCT)

Please list the names of the members on your ACORNS Tribal Community Team (TCT), as well as their community affiliation (e.g., Tribal Leadership, school district, fire department, construction, non-profit, community member, etc.):

Community Resources

Please describe the resources (organizations and/or individuals) in your community that may help bring about the desired outcomes of your ACORNS chronic disease prevention and management strategies (e.g., Tribal Leadership, school district representatives, non-profit organizations, community members, AmeriCorps, contractors, etc.):

Partnerships

Please indicate your partners that assist your ACORNS chronic disease prevention and management strategies. Please select all of the following that apply:

☐ Another department, program, or project within your agency

☐ Tribal Leadership

☐ School district

☐ Local Government

☐ State Government

☐ Federal Government

☐ Non-profit organization

☐ For-profit company

☐ Other (please describe)

[text box]

Please explain each of your ACORNS partnerships:

[text box]

Memoranda of Understanding (MOU) and Resolutions

Please describe any Memoranda of Understanding (MOU) and/or resolutions your ACORNS Program has established or utilized with partners for your chronic disease prevention and management strategies (e.g., MOU and/or resolutions establishing parties' responsibilities, completion dates, joint-use agreements, etc.):

Please share any additional comments prior to submitting the survey:

Please click Done to submit the survey.

Thank you!