

## Network for a Healthy California - FFY 07 Final SAAR

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Welcome [joeseeph.schmoe@cdph.ca.gov](mailto:joeseeph.schmoe@cdph.ca.gov), to the Semi-Annual Activity Report Online Application

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**I. Program Information**

A. Contractor Name:  Select one of the following

B. Contract Number:  **Required Field.**

C. Reporting Period: April 1, 2007 - September 30, 2007

D. Person Completing Form:  **Please do not leave field blank.**

E. Phone Number:  **Required Field.** (Do not include dashes. ie. 9164495400)

F. Email Address:

G. Date Completed: Not Completed Yet

**H. CHANNELS your organization utilized to reach target audience: (Mark all that apply.)**

- |                                                                                 |                                                                        |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> <del>Community Clinics (non government)</del>          | <input type="checkbox"/> <del>Public Health Department</del>           |
| <input type="checkbox"/> <del>Community Youth Organizations</del>               | <input type="checkbox"/> <del>Radio</del>                              |
| <input type="checkbox"/> <del>Faith/Church</del>                                | <input type="checkbox"/> <del>Restaurants/Diners</del>                 |
| <input type="checkbox"/> <del>Farmers Markets</del>                             | <input type="checkbox"/> <del>Schools (K-12)</del>                     |
| <input type="checkbox"/> <del>Food Closets/Food Pantries</del>                  | <input type="checkbox"/> <del>Senior Centers</del>                     |
| <input type="checkbox"/> <del>Grocery Stores</del>                              | <input type="checkbox"/> <del>Soup Kitchens/Congregate Meal Site</del> |
| <input type="checkbox"/> <del>Healthcare Facilities (non government)</del>      | <input type="checkbox"/> <del>Television</del>                         |
| <input type="checkbox"/> <del>Healthy Start/Head Start</del>                    | <input type="checkbox"/> <del>Universities, Community Colleges</del>   |
| <input type="checkbox"/> <del>Indian Tribal Organization</del>                  | <input type="checkbox"/> <del>WIC Sites</del>                          |
| <input type="checkbox"/> <del>Internet</del>                                    | <input type="checkbox"/> <del>Worksites</del>                          |
| <input type="checkbox"/> <del>Other Community-Based Organizations</del>         | Other 1: <input type="text"/> 0                                        |
| <input type="checkbox"/> <del>Other Preschool or Daycare (not Head Start)</del> | Other 2: <input type="text"/> 0                                        |
| <input type="checkbox"/> <del>Parks, Recreation Centers</del>                   |                                                                        |
| <input type="checkbox"/> <del>Print (newspaper, newsletter, etc.)</del>         |                                                                        |

*Be sure to include any channels not mentioned above. If you have no other channels, please type in the number 0.*

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**II. Summary of Program Activities During the Six-month Reporting Period**

*Network* activities include all activities within the Scope of Work, as well as those that come about as a result of program activities. This means that you would report any overlap with other organizations, events or activities if your *Network* program was promoted or involved. Examples: *Network* program or message is "tagged" on a Safeway paid print advertisement that was not funded by the *Network*, but the contractor organization assisted in getting it placed –count as paid print advertising.

\*\* When asked for impressions: If you do not know the answer, please enter "dk" (stands for 'don't know').

**A. Television Advertising and Public Service Announcements (Social Marketing Tool: Advertising):**

1. Did you pay to have ads run on a television station?

Yes

No

2. If yes, what are the estimated consumer impressions that were generated (this should be provided by the station or a media purchasing contractor). 0 \*\*

**For Public Service Announcements (PSAs):**

3. How many stations did you contact to ask them to play PSAs?

0

4. How many times did you contact TV stations to ask them to play Public Service Announcements? (# Contacts X number of stations)

0

5. How many consumer impressions did the Public Service Announcement generate, if known? (This number may be provided by the station or a media contractor)

0 \*\*

**B. Television News Coverage (Social Marketing Tool: Public Relations)**

1. Did you submit any media alerts or media tip sheets to TV stations about activities your *Network* program was doing in the past six months?

Yes

No

a. If yes, how many media alerts and/or media tip sheets did you submit to TV stations? (# of mailings X number of stations = total)? 0

2. Did you submit any press releases to TV stations about activities your *Network* program was doing in the past six months?

Yes

No

a. If yes, how many releases did you submit to TV stations? (# of mailings X number of stations = total)? 0

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**II. Summary of Program Activities during the Six-month Reporting Period (Continued)**

This series of questions asks you to report on any TV coverage of stories you received for local events or local news. Do not include interviews you did for state-initiated *Network* Spokesperson Tours (those are reported separately).

\*\* When asked for impressions: If you do not know the answer, please enter "dk" ('don't know').

3. How many press releases or tip sheets resulted in a TV station airing a story?

or  Don't know.

4. How many interviews were you granted by television stations?

5. How many interviews resulted in the TV station airing a story?

or  Don't know.

**C. Radio Advertising or Public Service Announcements Coverage (Social Marketing Tool: Advertising)**

**For Paid Radio Advertising:**

1. Did you pay to have ads run on a radio station?

Yes

No

2. If yes, what are the estimated consumer impressions that were generated (this should be provided by the station or a media purchasing contractor).  \*\*

**For Radio Public Service Announcements (PSA's):**

3. How many radio stations did you contact to ask them to play PSA's?

4. How many times did you contact radio stations to ask them to play Public Service Announcements? (# stations X # contacts)

5. How many consumer impressions did the Public Service Announcement generate, if known? (This number may be provided by the station or a media contractor)  0 \*\*

**D. Radio News Coverage (Social Marketing Tool: Public Relations)**

1. Did you submit any media alerts or media tip sheets to radio stations about things activities your *Network* program was doing in the past six months?

Yes

No

a. a. If yes, how many media alerts and/or media tip sheets did you submit to radio stations? (# of mailings X number of stations = total)?

2. Did you submit any press releases to radio stations about things your *Network* program was doing in the past six months?

Yes

No

a. a. If yes, how many releases did you submit to radio stations? (# of mailings X number of stations = total)?

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**II. Summary of Program Activities during the Six-month Reporting Period (Continued)**

This series of questions asks you to report on any radio coverage of stories you received for local events or local news. Do not include interviews you did for state-initiated *Network* Spokesperson Tours (those are reported separately).

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s.

[Click here for a hint on prefilling form with zeros.](#)

- 3. How many press releases or tip sheets resulted in a radio station airing a story?
- Don't know.
- 4. How many interviews were you granted by radio stations?
- 5. How many interviews resulted in the radio station airing a story?
- Don't know.
- ~~6. How many consumer impressions did the radio station airing a story generate?~~
- ~~Don't know.~~

**~~E. Radio Remotes (Social Marketing Tool: Public Relations)~~**

~~1. Did you conduct *Network* education at any radio remotes?~~

- Yes
- No

<del>a. Live Remote Location</del>	<del>b. Radio Station Covering Remote</del>	<del>c. # Who Attended Event</del>
<del>Event 1: <input type="text"/></del>	<del>Radio Station 1: <input type="text"/></del>	<del><input type="text"/> -</del>
<del>Event 2: <input type="text"/></del>	<del>Radio Station 2: <input type="text"/></del>	<del><input type="text"/> -</del>
<del>Event 3: <input type="text"/></del>	<del>Radio Station 3: <input type="text"/></del>	<del><input type="text"/> -</del>

**F. Paid Print Advertising (Newspaper/Magazine/Community Newsletter and Outdoor Advertising) (Social Marketing Tool: Advertising)**

1. Did you place any paid ads with print media?

- Yes
- No

- a. **If yes**, how many paid print ads were placed?
- b. **If yes**, insert the total cumulative circulation:  
(Circulation of magazine for ad 1 + circulation of magazine for ad 2 = total)

2. Did you pay for any advertisements on billboards, bus stops, or other kinds of outdoor advertising?

- Yes
- No

- a. **If yes**, how many consumer impressions did the advertising generate?

\_\_\_\_\_ \*\*

3. Did you sponsor any unpaid print advertising such as Kiosks or Poster displays?

Yes

No

a. ~~If yes~~, how many consumer impressions did the advertising generate?

~~\*\*~~

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**II. Summary of Program Activities during the Six-month Reporting Period (Continued)**

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s.

**G. Print Media News Coverage (Newspaper/Magazine/Community Newsletter) (Social Marketing Tool: Public Relations)**

1. Did you submit any media alerts or media tip sheets to newspapers or magazines about activities your *Network* program was doing in the past six months?

Yes

No

a. If yes, how many media alerts and/or media tip sheets did you submit to newspapers or magazines? (# of mailings X number of newspapers/magazines = total)?

2. Did you submit any press releases to newspapers or magazines about activities your *Network* program was doing in the past six months?

Yes

No

a. **If yes**, how many releases did you submit to newspapers or magazines? (# of mailings X number of newspapers/magazines = total)? \_\_\_\_\_

3. How many press releases or tip sheets resulted in a newspaper, newsletter or magazine running a story?

\_\_\_\_\_ or  Don't know.

4. How many interviews were you granted by newspapers, newsletters or magazines?

\_\_\_\_\_

5. How many interviews resulted in the newspapers, newsletters or magazines running a story?

\_\_\_\_\_ or  Don't know.

~~6. How many impressions were generated by newspapers, newsletters or magazines running a story?~~

~~0 \_\_\_\_\_ or  Don't know.~~

7. How many feature articles did you write about *Network* activities, projects or policies over the past 6 months?

Total of feature articles submitted: \_\_\_\_\_

Total number of feature articles run: \_\_\_\_\_

**H. Print Media Advocacy Efforts (Social Marketing Tool: Media Advocacy)**

1. How many editorial articles or letters to the editor did you or someone from your organization submit to the editor in the past six months?

Total number of editorial articles or letters submitted: \_\_\_\_\_

Total number of editorial articles or letters run: \_\_\_\_\_

2. How many editorial board meetings at a newspaper or magazine did you attend in the last six months?

Total number of editorial board meetings: \_\_\_\_\_

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**II. Summary of Program Activities during the Six-month Reporting Period (Continued)**

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s. If you conduct only one event, please fill in the rest of the form with 0s.

[Click here for a hint on prefilling form with zeros.](#)

~~I. Internet (Social Marketing Tool: Personal Sales)~~

~~1. Does your organization have a website?~~

- Yes
- No

~~a. If yes, please check the box next to any websites that your website is linked to:~~

- ~~California Nutrition Network (www.CA5aday.com)~~
- ~~California Project LEAN (www.DHS.CA.GOV/LEAN)~~
- ~~USDA Web Site (www.fns.usda.gov/fsp)~~

**J. Retail Outlet Promotions (Grocery Stores and Farmers Markets) (Social Marketing Tool: Sales Promotions)**

Sales promotions provide paid and voluntary support of special events, materials, and incentives. The intent is to gain maximum media and consumer attention so as to stimulate interest, acceptance, trial or repeat "product purchase".

**1. Did you conduct any nutrition education activities in grocery stores?**

- Yes
- No

**Grocery Stores**

	Activity Type	# of Events Conducted at Grocery Stores	# of Participants (Consumer Impressions) for Activity Type
1.	Taste Test	<input type="text"/>	<input type="text"/>
2.	Tour of Retail Outlet	<input type="text"/>	<input type="text"/>
3.	All other promotions (excluding merchandising activities.) Describe: <input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Other promotions (i.e., handing out recipes, posters, grocery bags, etc.) Describe: <input type="text"/>	<input type="text"/>	<input type="text"/>

<p>5. <del>Other promotions (i.e., handing out recipes, posters, grocery bags, etc.)</del> Describe: 0</p>	<input type="text" value="0"/>	<input type="text" value="0"/>
--------------------------------------------------------------------------------------------------------------------	--------------------------------	--------------------------------

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**II. Summary of Program Activities during the Six-month Reporting Period (Continued)**

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s. If you conduct only one event, please fill in the rest of the form with 0s.

[Click here for a hint on prefilling form with zeros.](#)

**Farmer's Market**

**1. Did you conduct nutrition education at any farmers' market?**

Yes

No

	Activity Type	# of Events Conducted at Farmer's Market	# of Participants (Consumer Impressions) for Activity Type
1.	Taste Test	<input type="text"/>	<input type="text"/>
2.	Tour of Farmer's Market	<input type="text"/>	<input type="text"/>
3.	All other promotions Describe:	<input type="text"/>	<input type="text"/>
<del>9.</del>	<del>Other promotions (i.e., handing out recipes, posters, grocery bags, etc.) Describe:</del>	<del><input type="text"/></del>	<del><input type="text"/></del>
<del>10.</del>	<del>Other promotions (i.e., handing out recipes, posters, grocery bags, etc.) Describe:</del>	<del><input type="text"/></del>	<del><input type="text"/></del>

**K. Classes (Personal Sales)**

Classes are defined as a single class and/or lesson in a series of separate lessons. Participation is the sum of individuals attending a single class or one lesson in a series. Using these definitions give a consistent measure of nutrition education class and attendance across all classes conducted.

**1. Did you conduct any group or one-on-one nutrition education classes?**

Yes

No

**2. Please complete the following table. You can get the totals from your activity tracking form.**

Classes	# of Classes Conducted	# of Participants for All Classes
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.	Consumer Nutrition Education Classes (i.e., benefits of fruits and vegetables).	<input type="text"/>	<input type="text"/>
2.	Provider Training (i.e., nutrition education training for teachers, healthy food preparation and safety for staff, SPARK)	<input type="text"/>	<input type="text"/>
3.	Physical Activity Promotion Class with Nutrition	<input type="text"/>	<input type="text"/>
<del>4.</del>	<del>Other: (Specify)</del> <input type="text"/>	<input type="text"/>	<input type="text"/>
<del>5.</del>	<del>Other: (Specify)</del> <input type="text"/>	<input type="text"/>	<input type="text"/>

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**II. Summary of Program Activities during the Six-month Reporting Period (Continued)**

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s. If you conduct only one event, please fill in the rest of the form with 0s.

[Click here for a hint on prefilling form with zeros.](#)

**L. Promotional Events (Social Marketing Tool: Sales Promotions)**

Events include those which are put on by your *Network* program or attendance at venues put on by another agency that promote your *Network* program and activities. Example: If a *Network* program is promoted at a health fair, but the health fair is funded by another organization then – count it as health fair event and enter booth attendance. If a *Network* program sponsors an entire event, count the entire attendance.

**1. Did you conduct *Network* education at any events?**

Yes

No

Please complete the following table. You can get the totals from your activity tracking form.

	Promotional Events	# of Events Conducted	# Attended Event
a.	Organized <i>Physical Activity</i> Events with nutrition educations (i.e., community basketball game, 5k fun run/walk, softball tournament)	<input type="text"/>	<input type="text"/>
b.	Health Fairs/Festivals (i.e., cultural health fair, school health fair, healthy harvest festival)	<input type="text"/>	<input type="text"/>
c.	Community Forum or <i>Public Meeting</i> (i.e., hunger and nutrition forums)	<input type="text"/>	<input type="text"/>
d.	<del>Federal Nutrition Assistance Program Promotion (i.e., food stamps, child nutrition/school meals, after-school snacks/summer meals)</del>	<input type="text" value="0"/>	<input type="text" value="0"/>
e.	<del>Swap Meets</del>	<input type="text" value="0"/>	<input type="text" value="0"/>
f.	Open Houses, Back to School Nights	<input type="text"/>	<input type="text"/>
g.	Speeches and Conferences <input type="text"/>	<input type="text"/>	<input type="text"/>
h.	Other Promotional events: (Specify)	<input type="text"/>	<input type="text"/>
i.	Other: (Specify) <input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

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	Select Type	0
	Select Type	0
	Select Type	0

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Page 10

**~~III. Materials Distribution (Personal Sales) (Continued)~~**

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**~~B. PREVIOUSLY Developed Materials Distributed~~**

**~~1. Did you distribute any previously developed materials?~~**

Yes

No

~~Record the distribution of all previously developed materials developed using Network funds distributed during this six-month reporting period from your activity tracking form. Materials are grouped by curriculum or lesson plan (C), flyers (F), promotional item (ie. NERI, cookbook, tote bag, stadium cup, pencils with nutrition message) (P), or other education materials (O), such as a Harvest of the Month material, an independent video or an independent informational brochure.~~

~~Note: Do not use apostrophes (') or quotes (") in the title field!~~

<del>Title of Material and Type</del>	<del>Type</del>	<del>Quantity</del>
<del>Example: Nutrition Education Class Announcement Flyers</del>	<del>(F) Flyers</del>	<del>45</del>
0	Select Type	0 -

		-
<input type="text" value="0"/>	Select Type	<input type="text" value="0"/>
		-
<input type="text" value="0"/>	Select Type	<input type="text" value="0"/>
		-
<input type="text" value="0"/>	Select Type	<input type="text" value="0"/>
		-
<input type="text" value="0"/>	Select Type	<input type="text" value="0"/>
		-

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**~~III. Materials Distribution (Personal Sales) (Continued)~~**

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**~~C. Federal Nutrition Assistance Program Promotional Materials Distributed~~**  
**~~1. Did you distribute any nutrition assistance program promotional materials?~~**

- Yes
- No

~~List all federal nutrition assistance program materials distributed during this six-month reporting period. This would include promotional materials for food stamps, child nutrition/school meals, and after-school snacks/summer meals. Please specify quantity distributed. Do not include applications for services.~~

<b>Title of Material and Type</b>	<b>Quantity</b>
<i>Example: USDA Food Stamp Program Brochures</i>	50
<del>Food Stamp Brochures</del>	<input type="text" value="0"/>
<del>Food Stamp Awareness Flyer</del>	<input type="text" value="0"/>
<del>Food Stamp Recipes or Tip Sheets</del>	<input type="text" value="0"/>
<del>"Food Stamps Work" from the California Food Policy Advocates</del>	<input type="text" value="0"/>
<del>"To Your Health!" Safety Brochure</del>	<input type="text" value="0"/>
<del>WIC Materials</del>	<input type="text" value="0"/>
<del>FSNEP, EFNEP Materials</del>	<input type="text" value="0"/>
<del>Summer Food Program Information</del>	<input type="text" value="0"/>
<del>USDA Eat Smart Play Hard</del>	<input type="text" value="0"/>
<del>LIA produced fact sheet or promotional flyer for USDA meal program</del>	<input type="text" value="0"/>
<del>Other (Describe):</del> <input type="text" value="0"/>	<input type="text" value="0"/>
<del>Other (Describe):</del> <input type="text" value="0"/>	<input type="text" value="0"/>

**~~D. Other Materials Distributed~~**  
**~~1. Did you distribute any other non-Network nutrition education materials?~~**

- Yes
- No

~~Record the distribution of all other materials purchased with Network funds or supplied to your organization during this six-month reporting period. These include items that were not produced by the Network, but support the Network message, such as materials from the American Heart Association or MyPyramid.gov. Materials are grouped by curriculum or lesson plan, promotional item (cookbook, tote bag, stadium cup, pencils with nutrition message), informational flyers or other education materials, such as a video or an informational brochure.~~

Title of Material and Type	Quantity
<del>Example: total informational flyers distributed</del>	<del>10120</del>
Total Distribution of Curriculums and Lessons	<input type="text" value="0"/> —
Total Distribution of Promotional items	<input type="text" value="0"/> —
Total Distribution of Informational flyers	<input type="text" value="0"/> —
Total Distribution of Other Educational Items	<input type="text" value="0"/> —

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**IV. Partnership Development (Social Marketing Tool: Partnership)**

Please fill this page out completely. For Section C: please fill in any blanks with a "0" before continuing.

~~A. Did a representative from your organization participate in a State-level Network/5 a Day, Joint Steering Committee, Advisory Group (include Policy Action Teams), or Planning Meeting during this reporting period?~~

Yes

No

~~B. Did your organization participate in a local nutrition or physical activity coalition?~~

Yes

No

**C. List up to 5 organizations or programs you work with most often and the city where they are located:**

Ex: San Francisco Department of Public Health (San Francisco)

1.

2.

3.

4.

5.

**V. Formative Research and Planning During the Six-month Reporting Period**

~~A. Has your organization conducted a community needs assessment around the issues of nutrition or physical activity?~~

Yes

No

~~B. Does your organization have a nutrition education strategic plan and/or communication/marketing plan (besides your Network workplan)?~~

Yes

No

~~C. Has your organization conducted focus groups, roundtable discussion groups, or client interviews as part of program development or evaluation?~~

Yes

No

~~D. Has your organization conducted an impact or outcome evaluation of any Network programs or activities?~~

Yes

No

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**VI. Environmental Change (Social Marketing Tool: Policy Change)**

This includes environmental changes within your organization, as well as efforts to facilitate these changes among your partner organizations.

**A. As a result of your *Network* efforts for nutrition education, have you observed changes to the physical environment for physical activity, food security and healthy diet?** Yes No**• If yes, check all that apply:**

- Increased distribution and access to fruits and vegetables in local stores, neighborhoods, workplaces, parks and/or communities.
- Developed and/or, maintained partnerships between parents, community, schools organizations to work towards environmental change.
- Supported the ability to conduct nutrition education using or community gardens.
- Encouraged local restaurants and grocery stores to carry culturally appropriate for and healthier choices.
- Improved food choices served at agency functions (e.g., more fruits and vegetables).
- Improved food choices in agency cafeteria.
- Increased daily nutrition announcements or tips, and posters, or webpages.
- Increased opportunities to utilize EBT (Electronic Benefit Transfer) cards for the purposes of increasing access to fruits and vegetables.
- Increased access to fruits, vegetables, and physical activity through participation school wellness committee.
- Increased nutrition information available at qualifying stores, restaurants, and worksites?
- Increased healthy options in vending machines in qualifying neighborhoods, parks community centers and/or worksites.
- Increased efforts to limit access to soda and other foods of minimal nutritional value.
- Increased the extent of healthy nutrition cues in community, school, and neighborhood settings (outdoor signage, displays, and advertising).
- ~~Replaced vending machine choices with healthier foods.~~
- Supported efforts to improve transportation to and from markets.

Other: Please Describe: \_\_\_\_\_

*Be sure to enter any "other" environmental changes you have completed*[Save](#)[Save and go to Next Page](#)

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**VI. Policy Change (Social Marketing Tool: Policy Change)**

Policies include laws, regulations and rules (both formal and informal). Examples: school board food policies banning the sale of soda and junk food on school campuses; organizational rules that provide time off during work hours for physical activity.

Example 1: Mayor Holden declared March 2001 as African American Nutrition Month in response to active involvement from Pasadena Church of God.

Example 2: Marin County Health Department assisted Lagunitas School District in developing a food policy that was adopted by the school board on July 24, 2001.

**A. Because of your *Network* efforts for nutrition education, have you observed any policy changes that pertain to healthy eating, physical activity, or food security?**

- Yes
- No

**• If yes, check all that apply:**

- Support for city ordinances related to nutrition or physical activity.
- Support for regulations or rules that decreased or eliminated soda and food / limit nutritional value foods at child care centers and school campuses.
- Rules ratified about serving healthier foods at meetings, events, or in the work place.
- Rules ratified rules to promote physical activity opportunities, such as walking breaks.
- Offered educational and informational support for laws, regulation or rules limited banning events with sponsorship by soda companies or other competitive food companies.
- ~~Worked towards or responded to policies regarding food stamps, food security or banks.~~
- Collaborated with groups or coalitions that were ~~pushing~~ supporting a policy agenda that promotes *Network* goals.
- ~~Wrote or responded to legislative bills pertaining to healthy eating or physical activity.~~

~~Policy Changes related to Food Security (Please Describe):~~

~~Other: Please Describe:~~

*Be sure to enter any "other" environmental changes you have completed. If you have no other environmental changes, please type in the number 0.*

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**VIII. Harvest of the Month**

**Page 15 has been moved to Survey Monkey. You will be given a link after you have submitted the SAAR.**

**Please click on "Save and go to Next Page" at the bottom of this page.**

*Harvest of the Month* is a comprehensive nutrition education intervention designed to give students, their parents and surrounding communities hands-on opportunities to explore, taste and learn about the importance of eating fruits and vegetables. Monthly materials are comprised of educator newsletters, parent newsletters in English and Spanish and menu slicks. Posters are also used to promote the health benefits of fruits and vegetables.

[Click here for a hint on prefilling form with zeros.](#)

1. ~~Does your organization have a website?~~

- Yes
- No

2. ~~Has your organization implemented any components of a Harvest of the Month nutrition education intervention?~~

- Yes
- No

3. ~~If yes, are you using Harvest of the Month materials provided by the Network?~~

- Yes
- No

**If yes, please complete the table below. If no, you are finished with the SAAR.**

4. ~~Please answer the following for activity during the last six months. Report unduplicated counts, i.e., total number of individuals reached one or more times.~~

**Harvest of the Month Intervention**

<b>Participants</b>	<b># of Sites</b>	<b># of Participants</b>
<b>Children</b>		
<del>Pre-school</del>	<input type="text" value="0"/>	<input type="text" value="0"/>
<del>Grades K-5</del>	<input type="text" value="0"/>	<input type="text" value="0"/>
<del>Grades 6-8</del>	<input type="text" value="0"/>	<input type="text" value="0"/>
<del>Grades 9-12</del>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Adults</b>		
<del>Parents of Students</del>	<input type="text" value="0"/>	<input type="text" value="0"/>
<del>ESL (English as a Second Language)</del>	<input type="text" value="0"/>	<input type="text" value="0"/>
<del>Other Adults, WIC, Shelters,</del>		

etc.	0	0
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