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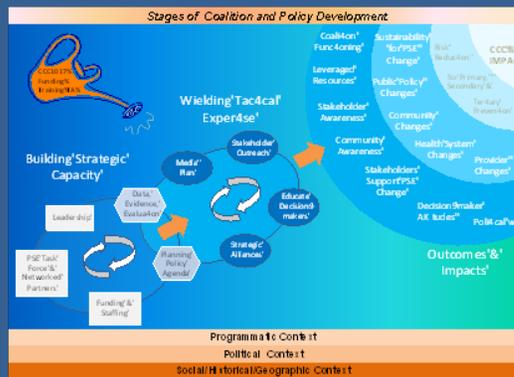
### Background:

CDC granted CDC-RFA-DP10-1017 fund to 12 states. The goal of this fund was to include policy, system, and environmental (PSE) change strategies to prevent cancer in these states.

CDC contracted out a project to Battelle Memorial Institute to evaluate awardees' projects and their success.

Following a systematic search of the literature on public health coalitions and their role in advocacy for PSE change, Battelle developed a conceptual model to describe the 1017 program's theory of change (Exhibit 1). This model shows the critical role of contextual PSE change.

Exhibit 1. Conceptual Model of the CDC 1017 Pilot Program



These contextual factors include cultural, political, economic, existing relationships, competing interest, and programmatic.

### Objectives:

- Compiling, analyzing and writing a comprehensive report on the contextual factors for 12 states
- Creating contextual profile for each state

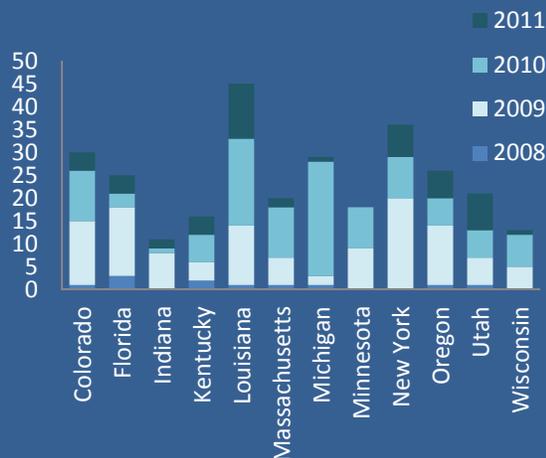
### Methods:

Comprehensive literature review and secondary data compiling was done on the following contextual factors:

- The policy climate defined as the number of legislation and regulation introduced and enacted regarding obesity, nutrition, and physical activity
- The public health system which is defined as defined as the degree to which the public health system is centralized in each state.
- Demographics, include including the percent of the state's population living in rural areas
- Population health defined as the prevalence of cancer incidence
- Programmatic context including:
  - Access to previous or current funding
  - Local Health Departments (LHDs) contribution

In the next step, qualitative and quantitative analyses were run on the data and the results were presented in tables and graphs following their interpretation.

Graph 1. Nutrition, obesity, and physical activity policies enacted by year in each state



### Summary of the Results:

Graph 1 indicates that both 2009 and 2010 were successful years for policy enactment, with 115 policies enacted in 2009, and 113 enacted in 2010. This of course varies by state. New York had most of its success in 2009, and Michigan in 2010. Louisiana had a lot of policies passed in 2009, but nearly equal proportions of total policies were passed in 2009 and 2011. Only a few states were successful in enacting new regulations and legislations related to nutrition, obesity and physical activity in 2008.

- Number of policies related to nutrition, obesity 2008-2011:
  - Range from 11 in Indiana to 264 in New York
  - Seven of the 1017 grantee states enacted 95% or more of the legislation or regulations proposed
  - New York and Massachusetts introduced many policies but small percentages got passed
- Only 3 states in 2012 had legislation to support smoke-free public school campus policies
- 2012 legislature control:
  - 6 states Republicans
  - 1 states Democrats
  - 5 states split
- Public health system:
  - 6 states decentralized
  - 4 states hybrid
  - 2 states centralized
- Population residing in non-metropolitan areas:
  - Range from 3% in Massachusetts to 45% in Kentucky
- All-type cancer incidence :
  - Range from 386 in Utah to 501 in Kentucky
- All states received CTG funding
- Michigan and Utah did not receive CPPW funding
- The states in which 85% of LHDs have prevention programs:
  - Chronic disease programs: Florida, Kentucky and Utah
  - Physical activity promotions: Utah, Kentucky and Minnesota
  - Nutrition promotions: Louisiana, Minnesota, Kentucky, and Utah
  - Tobacco prevention programs: Kentucky, Utah, New York and Oregon

### Implications:

- The contextual report and state profiles are tools to be used by Battelle to evaluate the awardees' success in implementing PSE changes.
- The results will be provided to CDC as a summary about the grantees.