



methods

Phase 1 – Project Planning

Tom Kean, of Healthy Concepts Inc., was hired to help guide the inventory development team in the creation of an organizational framework for the project. The inventory development team was comprised of staff from the Cardiovascular Health Program housed within the State of Alaska, Department of Health and Social Services, Division of Public Health. A two-day planning session with Mr. Kean resulted in a grid that logically divided the state into manageable sections, in a series of surveys to administer by telephone, and in a list of key informant interview questions.

Data Collection Grid (Figure 1) – Deciding where to look for information was the first task addressed by the inventory team. Governments, non-governmental service organizations, schools, worksites, and healthcare sites were the five settings chosen for this inventory because of their potential impact on physical activity. Each of the chosen settings is represented as a vertical column in the grid.

State, regional and local data were desired for each of the settings. These divisions are represented as horizontal rows in the grid. Within the grid blocks are the agencies identified as probable data sources.

Phase 2 – Search Strategies

Information included in the physical activity inventory project was gathered by Alaska Division of Public Health, Section of Epidemiology staff. Telephone surveys, key informant interviews, and searches of public information were all methods used for data collection.

Telephone surveys – A total of six survey tools were developed to determine the level of physical activity support within the identified settings. To help ensure a high response rate, the surveys were designed to be short in duration and easy to administer. Each survey contained questions about public policies, current programs being administered, and environmental supports relevant to physical activity. Additional questions about cardiovascular risk factor screening and nutrition were added to the worksite survey. Nutrition questions were also added to the school survey.

Telephone surveys were administered between November 2002 and February 2003 by the Health Survey Lab located within the Health Promotion Unit. A description of phone survey targets and participation rates can be found in the introduction for each setting.

Internet Sites – A search of internet websites for each of the fifty-one agencies targeted for a key informant interview was conducted prior to conducting the interview. Websites were searched for any current policies, programs, or environmental supports relating to physical activity.



Figure 1. Data Collection Grid

	Government	Non-Government Service	Educational Systems	Worksites	HEALTHCARE	
					General	Native
STATE	Department of Transportation	American Heart Association	University of Alaska			Alaska Native Medical Center
	Department of Health & Social Services	American Diabetes Association American Cancer Society	Department of Education and Early Development	Ten largest Alaskan Employers	Providence Alaska Medical Center	Southcentral Foundation
	Department of Natural Resources	Boys and Girls Clubs Special Olympics Alaska				
REGIONAL	Anchorage	Challenge Alaska			Public Health Centers	
	Fairbanks		All 55 Alaskan School Districts	Businesses with over 250 employees	Community Health Centers	Native Health Corporations
	Juneau	ORCA			Small Hospitals	
LOCAL	150 Incorporated Alaskan Cities	YMCA	150 Public Schools			196 Native Health Clinics

Key Informant Interviews – Interviews with key employees of the Alaska State government, the three largest incorporated cities, major non-government service organizations, the ten largest employers, large hospitals, and Alaska Native Health Corporations were conducted to retrieve in-depth information about their physical activity policies, programs, and environmental supports. Pre-designed questions were posed to these “key informants” that would reveal information that is



difficult to retrieve through structured phone surveys or internet searches. A listing of the questions posed to key informants can be found in Appendix D.

All key informant interviews were conducted by Russ Stevens, Physical Activity Specialist for the Cardiovascular Health Program, Division of Public Health, between November 2002 and May 2003.

Phase 3 – Recommendations

After the telephone surveys, internet searches, and key informant interviews were completed, all the data were analyzed in an attempt to identify both successes and gaps in physical activity promotion efforts. Based on that analysis, recommendations for future physical activity promotion efforts were listed for each section, accompanied by the survey question number that prompted that recommendation. Each recommendation is derived from a list of key health indicators related to cardiovascular disease produced by the Centers for Disease Control and Prevention.

Phase 4 – Dissemination

The final phase of this project involved creating a final, printable version for distribution, creating a distribution list, printing and distributing the final copy, and identifying other possible venues for dissemination of the project findings.

Limitations

There are a few limitations to this inventory that are important to note.

The state government agencies targeted for key informant interviews were those determined by the inventory development team to have the most involvement in physical activity promotion efforts around the state. The selection of participants for those interviews was based on who would best be able to answer questions about activities of their agency, which was also determined by the inventory development team.

Attempts to contact several agencies targeted for a key informant interview were unsuccessful, thus limiting our data in the worksite and healthcare sections.

Question # 2 on the local municipality survey (Page 14) asked the respondent to answer “in general.” As a result, data concerning “usability” for local facilities is non-specific.

Question # 5 on the local municipality survey (Page 14) asked the respondent to indicate which improvements it believed its community would be interested in. Responses are subjective and may be based on the respondent’s interpretation of feedback from the community.



Question # 1 on the worksite telephone survey (Page 35) asked the respondent to approximate the percent of employees who have jobs that require “significant physical exertion”. Therefore, results from this question are approximations of what the respondent considered “significant” exertion.

Question # 13 on the worksite survey (Page 37) asked which cardiovascular disease detection and prevention efforts were covered by the employee’s health insurance. Since employers often provide different benefits to different types of employees at different job sites, data from this question may be unreliable.

Results

Results will be presented for each setting in order of its appearance on the grid. Statewide information will be presented first, with information collected through key informant interviews and searches of internet and/or other published materials presented next. Regional and local data gathered via telephone survey will follow, with each question in the telephone survey listed along with the results. At the end of the report for each setting will be a list of recommendations for addressing highlighted gaps.