

**STATE LEVEL PROJECT SUMMARY  
FFY 2015**

**1. Project Title: State-Level Evaluation.**

Budget \$5,126,225

**a. Related State Objectives:** This project supports 1, 2, 3, and 4 of the State Level Objectives.

**b. Audience:**

Gender: Males and Females

Ethnicity: White, African American, Latino/Hispanic populations, and all other racial/ethnic groups

Languages: English and Spanish

Ages: Adults, Teenagers, and Children

**c. Food and Activity Environments:** N/A

**d. Project Description and Educational Strategies:**

The State-level Evaluation consists of five projects.

*Project 1: Inner-Agency Agreement with UC Berkeley, Atkins Center for Weight and Health (CWH), for 13 staff positions within the NEOPB Research and Evaluation Section (RES).*

Under the direction of the Chief of the RES, the 13 staff will design, conduct, and report on research and evaluation activities for the NEOPB; and use findings from these studies, as well as external sources, to support LHDs in their required deliverables; address the State Level Objectives; and meet the needs of the NEOPB's reporting requirements to USDA. RES staff will also be available to provide training and technical assistance to State Implementing Agencies (SIAs) and their contractors on topics related to evaluation design, instrument selection, recruitment, and other basic evaluation topics, as well as the specifics of the evaluation of Policy, Systems, and Environmental (PSE) interventions using the RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) framework.

The Scope of Work with UCB identifies six related activities:

1. Assist LHDs and their subcontractors in completing the required deliverables to the NEOPB (training and technical assistance on EARS, IOEs, CX3, and PSEs using RE-AIM; see Local Health Department Support, Evaluation section).
2. Assist in the planning and oversight of NEOPB's quantitative and qualitative surveys: Benchmark Survey (Project 2); Qualitative Evaluation of Nutrition Education and Obesity Prevention Branch (NEOPB) Model (Project 3); and (3) Comprehensive Evaluation of SNAP-Ed and Behavioral Surveillance of SNAP Populations (Project 4). The CWH will release the funding announcement and establish a contract with a vendor for the Benchmark Survey.

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3. Provide training and technical assistance to contractors across all SIAs-, within the NEOPB, and for LHDs. RES staff have already begun to train key SIA staff on the requirements and functions of online EARS in preparation to implement the system and related training and technical assistance across all SIAs and their contractors (see Local Health Department Support, Evaluation, Project 1). In FFY 2015, RES staff will extend this assistance to SIAs and their contractors on basic process and outcome evaluation activities.
4. Assist in the development and completion of reporting requirements to USDA (EARS and Annual Reports).
5. Use internal and external research and evaluation findings to educate and inform NEOPB and CDPH staff, lay and professional audiences; and develop professional abstracts, briefs, technical and project reports, and manuscripts for publication.
6. Conduct sampling, data cleaning and syntax programming and documentation, coding of qualitative data, and descriptive and inferential statistical analyses.

### Project 2: *Benchmark Survey (funded via CWH).*

The Benchmark Survey will be the mechanism for evaluating associations between levels of exposure to NEOPB Champion for Change Media, Advertising and Public Relations Campaign messages and self-reported behavioral outcomes. RES staff will revise the current questionnaire to include unaided recall questions related to television, radio, and billboard exposure specific to the images and messages of the 2015 Campaign. The 2015 survey instrument will also be revised to assess applicable outcomes from the *Western Region SNAP-Ed Nutrition, Physical Activity, and Obesity Prevention Outcomes Evaluation Framework* document.

NEOPB staff will identify SNAP households with adult women and conduct a statewide random sample stratified by race/ethnicity. A survey vendor (TBD through a competitive process facilitated by the CWH) will administer by telephone the survey instrument to roughly 333 White, 333 African American, and 333 Latino/Hispanic women in March 2015. Three months after the initiation of the 2015 Campaign, these mothers will be re-contacted and asked to participate in a follow-up interview. Open-ended unaided recall responses will be coded into levels of possible exposure by at least two RES staff. Analyses will be conducted to verify acceptable levels of reliability. Revisions to the coding instructions and procedures will be performed if necessary. Levels of ad exposure will be examined in relationship to within-person changes in outcomes (see Section 4g).

### Project 3: *Qualitative Evaluation of Nutrition Education and Obesity Prevention Branch (NEOPB) Model.*

CDPH will establish an inner-agency agreement with Helen Wu, PhD, from the Institute for Population Health Improvement, UC Davis, to conduct the semi-structured interviews with key staff from 58 LHDs in FFY 2015. The survey instrument will collect qualitative

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information on the benefits and challenges to the new funding model; coordination activities with SIAs and the County Nutrition Action Plan (CNAP); approaches to PSE interventions; perceived ability to change behavior among the SNAP population; adequacy and flexibility of funding; adequacy and types of services directed at African American and Latino populations; status of implementation of the new funding model in terms of hiring for administrative and direct service positions and establishing subcontracts; establishing partnerships; and assistance of the Training Resource Centers (TRCs).

*Project 4: Comprehensive Evaluation of SNAP-Ed and Behavioral Surveillance of SNAP Populations.*

FFY 2015 will represent Year 3 of the four-year comprehensive evaluation study. The Year 3 survey will be one-year follow-up telephone interviews with 2014 survey participants who agreed to be re-contacted (Cohort 2) and mothers, teenagers, and children from a new sample (Cohort 3). The core component of the survey instrument is the Automated Self-administered 24-hour Recall (ASA24). A supplemental questionnaire developed by RES staff will be used again to assess levels of physical activity, consumption of sugar-sweetened beverages, access to healthier foods, and height and weight. The telephone interviews will be conducted in English and Spanish.

Beginning in FFY 2015, the NEOPB plans to incorporate its ongoing behavioral surveillance surveys into the comprehensive evaluation study by expanding the telephone interviews outside of the selected 17 LHDs. These efforts will replace the current California Dietary Practices Survey (CDPS) and the California Children's Healthy Eating and Exercise Practices Survey (CalCHEEPS). Children will be oversampled in 2015, the next scheduled year for CalCHEEPS. Overall, telephone interviews will be completed with 13,250 adults, teenagers, and children. In summary, Project 4 will address three objectives:

1. Assess outcomes among adults, teenagers, and children within the selected 17 LHDs for the comprehensive SNAP-Ed evaluation.
2. Provide statewide behavioral surveillance data for adults.
3. Provide statewide behavioral surveillance data for children.

We will employ the current recruitment strategies for the 2015 survey. Thus, in addition to obtaining behavioral prevalence rates with greater accuracy at less cost, our recruitment rates will increase over those for past CDPS and CalCHEEPS. The recruitment methods will consist of (1) a letter of (re)introduction to the survey mailed to sampled households; (2) telephone contact with adults to confirm eligibility, willingness to participate, and current mailing address; and (3) mailing of a survey packet with a tape measure along with instructions for measuring the respondents' height, food demonstration booklet and measuring cups and spoons as required for administration of the ASA24. Moreover, attempts will be made to locate adults with letters of (re)introduction returned as non-deliverable through the use of reverse directories and/or public or commercial tracing services.

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The current contract with Westat is through PHI which expires on September 30, 2014. Ann Invitation For Bids procurement will be released to contract for the 2015 survey work with the State of California.

Project 5: *Behavior Risk Factor Surveillance System (BRFSS)*.

The BRFSS supplements the NEOPB's primary adult statewide surveillance surveys (Project 4) to monitor trends and, where possible, compare changes among SNAP-Ed-eligible population segments of adults. Because this external survey includes the general population, it allows the NEOPB to compare the low-income target with higher income segments of the population. We are requesting funding for seven questions.

- e. Developing New Materials:** N/A
  - f. Evidence Base:** N/A
  - g. Environmental Supports:** N/A
  - h. Use of Existing Educational Materials:** N/A
  - i. Development of New Educational Materials:** N/A
  - j. Key Performance Measures/Indicators:** See 4g
- 2. Evaluation Plans** N/A
- a. Name**
  - b. Type**
  - c. Questions**
  - d. Evaluation**
- 3. Coordination Efforts:** N/A
- 4. Evaluation Activity**
- a. Related project(s) or Interventions:**

Project 2: NEOPB Champion for Change Media, Advertising and Public Relations Campaign

Project 3: All individual and environmental interventions implemented through the LHDs.

Project 4: All individual and environmental interventions implemented, as well as impressions for media campaign exposure, within the 17 selected LHDs, as recorded through EARS, IOEs, and RE-AIM for PSE interventions.

Project 5: NEOPB Champion for Change Media, Advertising and Public Relations Campaign and all individual and environmental interventions implemented through the LHDs.

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b. Formative, process, outcome or impact evaluation:

Project 2: Outcome  
Project 3: Process  
Project 4: Outcome  
Project 5: Outcome

c. Question(s) to be addressed by the evaluation:

Project 2:

RQ1: What is the proportion of SNAP women who recall a 2015 Campaign television, radio, or billboard ad?

RQ2: What is the relationship between ad exposure and recall of and adherence to My Plate guidelines; overall increases in fruit and vegetable consumption and levels of physical activities; and decreases in sedentary behaviors?

RQ3: Are there differences in recall rates and associations between exposure and outcomes across Whites, African Americans, and Latinos/Hispanics?

Project 3:

RQ1: What is the status of implementation of the new funding model in terms of filling staff positions, establishing subcontracts, and providing services?

RQ2: What are the successes, barriers, and lessons learned from the new funding model within and across LHDs?

Project 4:

RQ 1: Is there evidence of positive changes over time among adults, teenagers, and children in the areas of (a) consumption of healthier foods, (b) access to healthier foods, (c) consumption of water, (d) levels of physical activity, (e) consumption of unhealthy foods, and (f) consumption of unhealthy beverages?

RQ 2: Is there evidence of positive changes over time within certain racial/ethnic groups among adults, teenagers, and children in a through f?

RQ 3: Is there evidence of levels of behavior change among adults, teenagers, and children in relation to types and levels of programs and interventions in a through f?

RQ 4: What is the cost-effectiveness of programs and interventions?

RQ 5: What are the prevalence rates for fruit and vegetable consumption and other behaviors among adults from SNAP households throughout California?

RQ 6: What are the prevalence rates for fruit and vegetable consumption and other behaviors among children from SNAP households throughout California?

Project 5:

RQ1: What are California adults' dietary and physical activity practices on a typical day?

RQ2: What is the frequency of California adults eating fruits and vegetables?

RQ3: What is the frequency of California adults drinking sugar-sweetened beverages?

RQ4: What is the frequency of California adults eating fast food?

RQ5: What is the average number of minutes that California adults engage in physical activity per week?

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RQ6: What is the prevalence of food insecurity among California adults?

d. Approach to conducting the evaluation, including scope, design, measures, and data collection: See 1d.

e. Plans for using the results:

Project 2: The results will be communicated in an annual report and used to provide recommendations for and potentially improve the effectiveness of future campaigns.

Project 3: Semi-structured interview findings will be presented in a report, and used to make improvements to programs.

Project 4: 2014 and 2015 survey responses will be linked for Cohort 2 mothers, teenagers, and children. During the first six months of 2016 we anticipate completing the analyses to examine changes over time in outcomes among the three age cohorts as related to RQ 1 and RQ 2. In the latter half of 2016 we will conduct the analyses related to RQ 3 and RQ 4.

Analyses for calculating statewide prevalence rates and confidence intervals for RQ 5 and RQ 6 will be completed in early 2016. The value of the calculated point prevalences in comparison to prior years to assess trends will be limited. However, the wealth of dietary behavior information available through the ASA24 will allow for addressing all long-term Individual Level outcomes from the *WRO Evaluation Framework*, specifically LT2 through LT5.

Project 5: Survey findings will be used to inform NEOPB programs and campaigns to assist in program planning and refinement. Survey data will help guide the development and enhancement of the NEOPB and its targeted statewide social marketing campaigns. Results inform the needs assessment component of the annual Plan, are compiled into data tables for public use, and are presented in fact sheets and reports.

f. Whether or not the project has been evaluated previously, along with the most recent year in which the evaluation was done:

Project 2: The Benchmark Survey was changed from a cross-sectional to a longitudinal survey in 2014. Households statewide with incomes < 185% FPL were randomly sampled and stratified by race/ethnicity (White, African American, and Latino/Hispanic). Wave 1 interviews with 1,000 women occurred at the end of the media campaign; follow-up (Wave 2) interviews occurred three months later. For 2015, we will replicate this methodology but schedule and complete Wave 1 interviews just prior to the start media campaign (March 2015) and Wave 2 three months later. The revised design will assess changes in self-reported outcomes post versus pre campaign implementation.

Project 3: Key staff from all funded local health departments will be asked to participate in semi-structured interviews. These data will allow us to continue to document the evolution and successes and barriers of the new funding model, as well as provide

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qualitative data that will be beneficial in our interpretation of the quantitative survey findings.

Project 4: Based on the recommendations of the UC Berkeley, CWH, Expert Review Team, the current Year 2 survey for the Comprehensive California SNAP-Ed Evaluation includes assessing dietary behaviors through the administration of the ASA24. This represents a major improvement over the 2013 methodology, which assessed food and beverage intake by using the BRFSS food frequency questions. The current and proposed 2015 survey will recruit and re-interview approximately 1,500 mothers, 500 teens, and 700 children, as well as newly-sampled mothers (n=5,300), teens (n=1,700), and children (n=2,500) from randomly-selected SNAP households.

For 2015 we proposed to expand the survey to include males, and adults and children from counties outside of the selected 17 local health departments. This will allow for improved statewide behavioral surveillance for dietary behaviors and prevalence rates with smaller confidence intervals due to the increased sample sizes, and reduce the costs over the current CDPS and CalCHEEPS. (For 2016, we would oversample teens as a substitute to the biennial California Teen Eating, Exercise and Nutrition Survey, or CalTEENS.)

g. Framework indicators to be assessed:

Project 2:

ST1

e. Percent of participants who know MyPlate, as demonstrated by recall of: Make half your plate fruits and vegetables

ST3

Percent of participants who set a goal with intention to reduce their time spent watching television

MT1

Percent of participants who increased their use of MyPlate when planning their meals during the period assessed.

c. Ate more than one kind of fruit throughout the day

d. Ate more than one kind of vegetable daily throughout the day

LT2

Percent of participants who ate

a. Fruits two or more times per day (or, average number of cups consumed daily)

b. Vegetables three or more times per day (or, average number of cups consumed daily)

MT3

a. Percent of participants who report increases exercise, physical activities or leisure-sport appropriate for the population of interest, and types of activities: average number of minutes per session

MT6

a. Percent of SNAP-Ed eligibles who can recall SNAP-Ed nutrition, physical activity, and obesity prevention messaging

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Project 4:

MT3

Percent of participants who report increases exercise, physical activities or leisure-sport appropriate for the population of interest, and types of activities:

a. Average number of minutes per session

LT2

Percent of participants who ate:

a. Fruits two or more times per day (or, average number of cups consumed daily)

b. Vegetables three or more times per day (or, average number of cups consumed daily)

LT3

Percent of participants who ate 100% whole grain/whole wheat versions of:

a. Cooked grains

b. Ready-to-eat grains

c. Average servings of whole grains consumed daily

d. Refined food grains

LT4

Percent of participants who drank/ate low-fat (1%) or fat-free versions of:

a. Milk

b. Yogurt or cheese

c. Switched from whole or 2% milk to fat-free or low-fat milk

d. Consumed any dairy product three or more times daily

LT5

a. Percent of participants who increased the number of cups of plain water consumed daily.

b. Percent of participants who reduced their consumption of sugar-sweetened beverages daily.

c. Percent of participants who switched from fruit-flavored drinks to 100% fruit juice.

LT7

Percent of adults who achieve:

a. At least 150 minutes per week of moderate-intensity aerobic physical activity.

I1

Percent of participants at a healthy weight

a. Adults with BMI between 18.5 and 24.9

b. Children and teens less than the 85<sup>th</sup> percentile.

Project 5:

MT3

Percent of participants who report increases exercise, physical activities or leisure-sport appropriate for the population of interest, and types of activities:

a. Average number of minutes per session

LT2

Percent of participants who ate:

a. Fruits two or more times per day (or, average number of cups consumed daily)

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b. Vegetables three or more times per day (or, average number of cups consumed daily)

LT5

a. Percent of participants who increased the number of cups of plain water consumed daily.

b. Percent of participants who reduced their consumption of sugar-sweetened beverages daily.

c. Percent of participants who switched from fruit-flavored drinks to 100% fruit juice.

LT6

a. Percent of participants who did not run out of food in the past 30 days.

b. Percent of participants who were food secure in the past 12 months.

LT7

Percent of adults who achieve:

a. At least 150 minutes per week of moderate-intensity aerobic physical activity.

h. Cost

Project 1 and 2: \$2,870,028 UCB (includes \$450K Benchmark Survey)

Project 3: \$201,197 – UCD

Project 4: \$1,950,000 – CHC IFB

Project 5: \$105,000 - BRFS

Total: \$5,126,225