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| III. | PROGRAM PLANNING AND RESOURCES SECTION |
| 500 | Evaluation |

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501 Evaluation Expectations

Evaluation should be included as a component of program planning because it supports long-term sustainability, replication of efforts by demonstrating success, and diffusion of information and program improvement. Conducting evaluation can assist in understanding the successes and problem areas of a program. It is recommended that all Local Incentive Awardee (LIA) contractors allocate ten percent of their Federal Share budgets for evaluation. All contractors are required to complete a Semi-Annual Activity Report (SAAR). LIAs and special projects are required to coordinate with the *Regional Networks for a Healthy California* to track activities in which the LIA participates but originated with the *Regional Networks* (the *Regional Networks* complete a *Regional Network* SAAR). All contractors are expected to conduct process evaluation that tracks progress towards meeting the goals and objectives in their Scope of Work (SOW). The recommended allocation of funds for evaluation should cover the required elements of process evaluation reported in progress reports, activity tracking reported on the SAAR, and impact/outcome evaluation for those programs required to engage in that level of evaluation. Programs that have already planned or conducted impact/outcome evaluation are encouraged to continue and expand upon these activities as appropriate. Programs are also encouraged to use interventions that have been previously tested and shown to be effective, such as *Network for a Healthy California (Network) Children's Power Play! Campaign*, the *Network's Harvest of the Month*, California Project LEAN's *Food on the Run*, and the American Cancer Society's *Body and Soul* Campaign.

502 Process Evaluation

Process Evaluation describes the extent to which planned activities are implemented.

- Process evaluation is included in the development of LIA SOWs and documented through the completion of the "Evaluation" column of the SOW template.
- Examples of process evaluation measures may include activity tracking logs, meeting agendas, sign-in sheets, number of materials distributed, or whether coalitions were developed.
- Summaries of process measures are required and reported on the annual progress report forms and SAAR online forms.

Activity Tracking, as part of process evaluation, is completed to count the kinds of activities that were implemented and the number of people reached by the activity.

- Throughout each six-month reporting period, contractors **are required to keep an Activity Tracking Form (ATF) for each program activity** that was implemented and the number of impressions that were generated by the activity or the number of people reached. A copy of the ATF can be found in the Appendix. Additional information about

the ATF is provided in Section 800, Progress Reporting and on the *Network* website at www.networkforahealthycalifornia.net.

- At the close of each six month reporting period, **all contractors are required to complete the SAAR**. The SAAR summarizes program activities by social marketing tools, such as personal sales (i.e. nutrition classes) or promotions (i.e. taste testing in grocery stores) and also documents activities such as policy work, environmental changes or interviews with media outlets. A copy of the SAAR form (for reference only) can be found in the Appendix. Additional information about the SAAR is provided in Section 800, Progress Reporting and on the *Network* website at www.networkforahealthycalifornia.net.

503 Impact/Outcome Evaluation and Requirements

Impact/outcome evaluation is conducted to assess the overall effectiveness of a program, justify funding and identify successful programs or strategies. This can be done by quantifying change in a behavior, like fruit and vegetable consumption, or factors that influence it namely cognitive and social outcomes; environmental changes; and structural institutional and systemic outcomes. These factors may include knowledge, preferences, norms, or self-efficacy at the individual level or availability of fruit and vegetables at the environmental level.

The *Network* has the following ten requirements for contractors conducting impact/outcome evaluation. Contractors are encouraged to check for updates to these on the Research and Evaluation Unit's (REU) webpage, which is available on the *Network* website at www.networkforahealthycalifornia.net:

1. Contractors that receive over \$350,000 in Federal Share are expected to conduct impact/outcome evaluation. (All contractors, regardless of funding amount, are strongly encouraged to assess program impact/outcomes.)
2. Contractors are expected to measure change in factors that influence fruit and vegetable consumption or physical activity.
 - a. If they measure change in knowledge they must also measure change in at least one other factor.
3. Contractors are **strongly** encouraged to measure change in fruit and vegetable consumption and physical activity (the latter if targeted).
4. Contractors are expected to include an impact/outcome evaluation objective, with clearly identified outcomes, in their SOW. This should include the specific factors that will be measured in the evaluation.
5. Contractors are expected to get their evaluation survey approved by the *Network's* REU. (Surveys should not be developed without the approval of the *Network*.)
6. Contractors are expected to increase the rigor of their evaluation each year and refine their evaluation plan to incorporate findings of previous evaluations. This may include increasing sample size, measuring more factors, measuring change in behavior or adding a control group.
7. Contractors that conduct nutrition education at the individual or interpersonal levels are expected to implement an intervention that is designed to reach the same individuals at least five times.
8. Contractors are responsible for collecting and analyzing their data. Data entry templates are available from the *Network's* REU to facilitate this.
9. Contractors are expected to submit results for at least 50 matched pairs, i.e., a pretest and posttest for the same individuals.
10. Contractors are expected to submit data, analysis results and a report by July 31st of each year, unless otherwise approved by the *Network*.

504 Network Impact/Outcome Evaluation Tools

To meet evaluation requirements the *Network* offers resources that are posted on the REU webpage at www.networkforahealthycalifornia.net:

1. Evaluation trainings and workshops
2. Technical assistance via telephone, e-mail or in person to individuals or small groups
3. An Impact Evaluation Handbook
4. A Compendium of Surveys
5. SOW impact/outcome evaluation objective template
6. Ongoing monitoring
7. A data entry template to facilitate analysis
8. A report template
9. Teleconferences to promote use of findings

For more information on impact/outcome evaluation, contractors are encouraged to contact the REU by e-mailing Andy Fourney at andy.fourney@cdph.ca.gov.

505 School-Based Evaluation

Schools have many resources available to assist in measuring the overall effectiveness of a program in producing changes in individual knowledge, attitude, skill or behavior. All contractors that are school-based programs or working with school-based programs are encouraged to evaluate (process and/or impact/outcome) their interventions as part of the process for informing effective nutrition education and physical activity programming.

Evaluation provides valuable information that can be used to:

- Develop a realistic and measurable SOW;
- Promote program successes;
- Identify areas for program improvement; and
- Encourage potential future partners to support and/or fund the continuation or expansion of the program.

506 School-Based Assessment Resources

Several of the youth health behavior surveys conducted in California are listed in this section. Determine which are being implemented at the school site(s) and talk with the individuals responsible for the data collection and program implementation. Discuss possible strategies for utilizing their data and/or encouraging the use of modules that focus on diet and physical activity.

Although very useful, it is not advisable to rely on health behavior survey measures alone to demonstrate successful health education programs because it is well known that knowledge and skills are not necessarily practiced. Since the practice of positive health behaviors is preceded by knowledge and skill attainment, it is important to measure these indicators as benchmarks of teaching and learning effectiveness.

The 2003 *Health Framework for California Public Schools* clearly delineates skill and knowledge expectations at the various grade levels. The 2003 *Health Framework* can be downloaded from www.cde.ca.gov/be/st/. California Model Content Standards for Physical Education (California Department of Education, 2006) and Health Education (anticipated 2008) identify and describe the essential skills and knowledge that students need to acquire at each grade level to adopt and maintain a healthy and physically active lifestyle. These may be ordered from the California

Department of Education (CDE) Press at 1-800-995-4099 or downloaded from www.cde.ca.gov/be/st/.

Changes within the physical, social, or political environment are equally important to measure. To promote sustainable changes within the school community, contractors are encouraged to work with their partners to achieve policy, systems, and environmental changes. Although contractors may not lead these efforts, they may contribute to them, for example, serve as an expert on the school health council or other school wellness committee to represent the nutrition education needs of the students. Assessing the school nutrition environment lays the foundation for planning and implementing policy, systems, and environmental changes.

Contractors that are school-based or working with schools are encouraged to seek out previously generated data as part of their evaluation efforts. Several of these assessment resources are discussed briefly below.

Assessments of Student Behaviors (Behavioral Outcomes)

California Healthy Kids Survey: - www.wested.org/hks/

The California Healthy Kids Survey (CHKS) is a comprehensive youth health-risk and resilience data collection system sponsored by the CDE. It is available to all local education agencies (LEAs). The CHKS is an easily customized, self-report youth survey that assesses all major areas of health-related risk behavior and resilience. This survey support system is low-cost and uses the latest technology to help LEAs collect and use CHKS data to improve prevention and health programs. The CHKS consists of a core module and five optional topic-specific modules designed for grades 7, 9, and 11.

The secondary school survey consists of a general core (Module A) with a set of five in-depth behavior-specific optional supplementary modules which an LEA can configure to meet local needs and standards. Individual modules assess tobacco use (Module B); drug use and violence (Module C); diet, physical activity, and general health (Module D); and sexual behavior and HIV/AIDS risks (Module E). All these areas, except sexual behavior and suicide, are covered briefly in the general core. In addition, a sixth module assesses resilience or youth assets (Module F).

A single elementary school instrument provides comparable, developmentally appropriate data focusing on risk and resilience factors.

All schools receiving Safe & Drug Free Schools (SDFSC) and Tobacco Use Prevention Education (TUPE) funds are required to conduct the CHKS Core and Youth Development and Resiliency modules (A and B). Contractors are encouraged to coordinate with the staff responsible, to access the data that pertain to nutrition education and physical activity promotion for their targeted sites.

All school-based agencies receiving after school program funding from the State's general fund are required by their funding source to complete the After School module. LIAs are encouraged to coordinate with the staff responsible and access the data that pertain to nutrition education and physical activity promotion for their targeted sites.

California Student Survey: - www.safestate.org/index.cfm?navId=254

The California Student Survey (CSS) is a biennial survey co-sponsored by the CDE, Office of the Attorney General of California, and California Department of Alcohol and Drug Programs. It

has been expanded into a comprehensive health risk survey that covers all the items in the CHKS general core. It is a good source of representative statewide data that can be generalized to all students in California.

Physical Fitness Testing: - www.cde.ca.gov/ta/tg/pf/

Each year, all public school districts are required to administer the *Fitnessgram™*, California's designated physical fitness test, to all students in grades 5, 7, and 9 during the months of March, April, or May. All data must be reported to the state by June 30 of each year. Contractors are encouraged to coordinate with the staff responsible and access the data that pertain to nutrition education and physical activity promotion for their targeted sites.

Assessment of Student Health Knowledge and Skill Attainment

CCSSO-SCASS Health Education Project's Assessment Project: - www.ccsso.org/heap

The SCASS Health Education Assessment Project began in 1993 under the leadership of the Chief Council of State School Officers (CCSSO) as part of the State Collaborative on Assessment of Student Standards (SCASS). The mission of the project is to develop effective health education assessment resources through a collaborative process and to increase members' capacity to align curriculum, instruction, and assessment to improve student health literacy through improved health education instruction. The project has developed a variety of assessment materials that are appropriate for use by teachers at the classroom level and for use in district and large-scale assessments of health education at the elementary, junior high/middle school, and high school levels. In addition, the project has developed a variety of professional development materials to support teacher training in standards-based health education and assessment linked to the National Health Education Standards and Centers for Disease Control and Prevention's (CDC's) six priority adolescent risk behaviors.

This resource organizes assessment items at the elementary, middle school and high school levels for skills and concepts that are most likely to yield health-promoting behaviors among youth. These items guide teachers in assessing student performance to inform and prioritize instruction. A total of over 1300 items were developed and tested. The types of assessment items used in the project include:

- selected response (multiple choice);
- constructed response (short answer/extended response);
- performance events (curriculum-embedded activities that students complete within a single class period); and
- performance tasks (curriculum-embedded projects that students complete outside of class over an extended period of time).

These materials are available for free loan from the California Healthy Kids Resource Center (CHKRC). For additional information, contractors are encouraged to contact their district's health education coordinator or if not available, the School Health Connections Office, California Department of Education, at 916-319-0914 or www.cde.ca.gov/ls/he/cs/contacts.asp. Section 600, School-Based Programs provides more information about CHKRC.

Assessment of the School Environment

Per the *Network for a Healthy California* Program Letter 05-02, dated September 19, 2005, "Certain environmental and policy assessment activities are no longer allowed, including use of

USDA's *Changing the Scene*, CDC's *School Health Index*, and community/food assessments to identify availability and access by FSNE-eligible persons to healthy food and physical activity options." This guidance became effective FFY 2006, October 1, 2005.

Changing the Scene: - www.fns.usda.gov/tn/Resources/changing.html

Changing the Scene – Improving the School Nutrition Environment is a tool kit that addresses the entire schools nutrition environment from a commitment to nutrition and physical activity, pleasant eating experiences, quality school meals, other healthy food options, nutrition education and marketing the issue to the public. This kit can help local people take action to improve their school's nutrition environment. The kit includes a variety of tools for use at the local level to raise awareness and address school environment issues that influence students' eating and physical activity practices. The kit was developed by the USDA Food and Nutrition Service, Team Nutrition with input from education, nutrition and health organizations.

Ordering information for the kit is available on the website. Contractors are encouraged to coordinate with the staff responsible and access the data that pertain to nutrition education and physical activity promotion for their targeted sites.

School Health Index: - www.cdc.gov/nccdphp/dash/SHI/

The School Health Index is a self-assessment and planning guide developed by the CDC. This tool enables schools to:

- Identify the strengths and weaknesses of a school's health promotion policies and programs;
- Develop an action plan for improving student health; and
- Involve teachers, parents, students, and the community in improving school policies, programs, and services.

A downloadable version of the tool which addresses only nutrition and physical activity is available from the website. Contractors are encouraged to coordinate with the staff responsible and access the data that pertain to nutrition education and physical activity promotion for their targeted sites.

School Health Policies & Programs Study: - <http://cdc.gov/nccdphp/dash/shpps/index.htm>

The School Health Policies and Programs Study (SHPPS) is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels. Questionnaires are available for each of the Coordinated School Health Program components:

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| Food Services | Health Services |
| Physical Education and Activity | Mental Health and Social Services |
| School Policy and Environment | Faculty and Staff Health Promotion |
| Health Education | |

The content summaries and questionnaires for the 2000 SHPPS can be downloaded from their website and be used to identify policies and programs at the classroom, school site, district, and state levels. Contractors are encouraged to access the data that pertain to nutrition education and physical activity promotion for their targeted sites. Initial results of the 2006 SHPPS have been reported in the *Journal of School Health*, November 2007.