

<b>III.</b>	<b>PROGRAM PLANNING AND RESOURCES SECTION</b>
<b>500</b>	<b>Evaluation</b>

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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 Network Local Projects (NLP) contractors allocate ten percent of their Federal Share budgets for evaluation. All contractors are required to complete [an Activity Tracking Form \(ATF\) from which the data for the Semi-Annual Activity Report \(SAAR\) auto fill](#). [A supplemental component of the SAAR is required to be completed online via SurveyMonkey](#). NLPs and special projects are required to coordinate with the *Regional Networks for a Healthy California (Regional Networks)* to track activities in which the NLP 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 NLP 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 [component](#).

Activity tracking, as part of process evaluation, is completed to count the **types** 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 ATF for each program activity **conducted** and the number of **contacts, or people**, that were generated by the activity. 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](http://www.networkforahealthycalifornia.net).
- With the implementation of the new USDA mandated Education and Administrative Reporting System (EARS) in FFY10, NLPs are required to report the unduplicated and duplicate count of direct education participants, along with the number of *Network* target audience reached for indirect education activities in the ATF. The data needed for the EARS will auto fill on the ATF as each activity is entered.
- At the close of each six-month reporting period, all contractors are required to **submit the ATF and complete the online SAAR component**. The majority of the SAAR data auto fills on the ATF once activities are entered; however the online portion of the SAAR includes data points not collected via the ATF. 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](http://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* expects contractors that receive over \$350,000 in Federal Share to conduct impact/outcome evaluation using the following guidelines. The guidelines were developed to generate sound information through rigorous evaluation that can be used to improve nutrition education activities or develop new ones. Technical assistance is available throughout the year to ensure the guidelines fit unique situations.

1. Contractors are expected to measure change in fruit and vegetable consumption and factors that influence it.
2. Contractors are expected to include an impact/outcome evaluation objective in their SOW.
3. Contractors are expected to use an age-appropriate selected from the following:
  - Network Youth Survey* – third - eighth grade students
  - Network High School Survey* – high school students
  - Food Behavior Checklist (FBC)* – Adults
  - Fruit and Vegetable Checklist (FVC)* – Adults
  - Fruit and Vegetable Inventory* along with *FBC* or *FVC* – Adults
4. Contractors that have previously conducted impact/outcome evaluation are expected to do a more rigorous evaluation each year. This may include adding a comparison group, increasing sample size, **or partnering with other local contractors to evaluate the same**

**intervention.** It may also include evaluating a different aspect of their SOW if a previously evaluated intervention has been shown to be effective. This will include interventions that show a statistically significant and meaningful change in outcomes resulting from a rigorous evaluation design. A process evaluation could be added to satisfy this requirement.

5. Contractors are expected to evaluate an intervention that has face-to-face contact with the same individuals at least five times. This may include contacts made by collaborating agencies if it can be demonstrated that the individual has contact at the other site.
6. Contractors are expected to submit results for at least **100** matched surveys (i.e., a pre- and post-test for the same individual) **for contractors working with youth, and 75 for those working with adults.**
7. Contractors are responsible for collecting and analyzing their data and are expected to submit data and a report by the 31<sup>st</sup> of July of each year.
8. Contractors are expected to submit a draft evaluation plan with their final report by the 31<sup>st</sup> of July of each year. This plan should make specific any general language written into the SOW and incorporate findings from the prior year's evaluation.

#### **504 Network Impact/Outcome Evaluation Tools**

To meet evaluation requirements the *Network* offers resources that are posted on the *Network* website [www.networkforahealthycalifornia.net](http://www.networkforahealthycalifornia.net) by clicking on "Research and Evaluation."

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

For more information on impact/outcome evaluation, contractors are encouraged to contact the REU by calling **Carolyn Kitzmann** at (916) 449-5547.

#### **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.

California's Content Standards for Health Education (2008) and for Physical Education (2006) 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/ci/he](http://www.cde.ca.gov/ci/he) (health education) or [www.cde.ca.gov/be/st/](http://www.cde.ca.gov/be/st/) (physical education). [The 2010 Nutrition Competencies for California's Children, Kindergarten – Grade 12, featured in the CDE's newly released Nutrition Education Resource Guide, define what students need to know and be able to do as they matriculate from kindergarten through grade 12 \(documents will be available on CDE's web site by the end of 2011\).](#)

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/](http://www.wested.org/hks/)

The California Healthy Kids Survey (CHKS) is a comprehensive youth health-risk and resilience data collection system sponsored by 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. CHKS consists of a core module and five optional topic-specific modules designed for grades seven, nine, and eleven.

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 resilience or youth assets (Module B); alcohol and other drugs, violence and suicide (Module C); tobacco use (Module D); physical health includes physical activity, diet, and general health (Module E); and sexual behavior (Module F).

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

CDE requires that all schools receiving Tobacco Use Prevention Education (TUPE) funds are required to conduct CHKS at least once every two years. 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.

California Student Survey: - [www.cde.ca.gov/ls/he/at/csscomparisondata.asp](http://www.cde.ca.gov/ls/he/at/csscomparisondata.asp)

The California Student Survey (CSS) is a biennial survey co-sponsored by 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/tq/pf/](http://www.cde.ca.gov/ta/tq/pf/)

Each year, all public school districts are required to administer the state-designated Physical Fitness Test (PFT) to all students in grades five, seven, and nine during the months of February, 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](http://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) six priority adolescent risk behaviors.

This resource organizes assessment items at the elementary, junior high/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 1,300 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](http://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 SNAP-Ed Nutrition Education eligible persons to healthy food and physical activity options." This guidance became effective in Federal Fiscal Year 2006, October 1, 2005.

*Changing the Scene*: - [www.fns.usda.gov/tn/Resources/changing.html](http://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: - <https://apps.nccd.cdc.gov/SHI/Default.aspx>

The School Health Index is a self-assessment and planning guide developed by 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 and Programs Study: - <http://cdc.gov/HealthyYouth/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:

Food Services  
Physical Education and Activity  
School Policy and Environment  
Health Education

Health Services  
Mental Health and Social Services  
Faculty and Staff Health Promotion

The content summaries and questionnaires for the 2006 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. Comprehensive results of the 2006 SHPPS have been reported in the Journal of School Health, October 2007 and can be found on the website noted above.