

Nutrition Assistance Program Report Series
Office of Research and Analysis

Supplemental Nutrition Assistance Program

***SNAP Education and Evaluation
Case Study Report:***

*New York State Department of Health's
Eat Well Play Hard in Child Care Settings Program*

Volume II: Appendices



United States
Department of
Agriculture

Food and
Nutrition
Service

January 2012

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SNAP Education and Evaluation Case Study Report:

New York State Department of Health's Eat Well Play Hard in Child Care Settings Program

Volume II: Appendices

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**A.1: Program Information Abstraction Form for Demonstration
Project Application to FNS and 2010 SNAP-Ed Plans**

Program Information Abstraction Form for

NYSDOH EWPHCCS Demonstration project Application to FNS and 2010 SNAP-Ed Plans

| | |
|--|--|
| <p>IA:</p> <p>State:</p> <p>Program name:</p> <p>Data abstractor:</p> <p>Date of abstraction:</p> <p>Resources used:</p> | |
|--|--|

TOPIC AREA 1: Formative Research and Intervention Design

- 1-1. Target audience(s)**
- 1-2. Reach or intended size of intervention**
- 1-3. Description of nutrition education intervention.**

A. Describe the key education methods that are being used in the nutrition education intervention, including how this may vary for different target audiences (e.g. children versus their caregivers).

B. Describe each nutrition education lesson in detail using the following format. [Please copy and paste as many copies of this table as you need to capture all nutrition education messages and number them accordingly].

Lesson #1

| | |
|---|---|
| Short title: | |
| Detailed description of education message(s): | |
| Specific objectives: | ▪ |
| Intended impact/change | |
| Materials supporting lesson | ▪ |

Lesson #2

| | |
|--|---|
| Short title: | |
| Detailed description of education message: | ▪ |
| Specific objectives: | ▪ |
| Intended impact/change | |
| Materials | ▪ |

| | |
|-------------------|--|
| supporting lesson | |
|-------------------|--|

Lesson #3

| | |
|--|---|
| Short title: | |
| Detailed description of education message: | ▪ |
| Specific objectives: | ▪ |
| Intended impact/change | |
| Materials supporting lesson | ▪ |

Lesson #4

| | |
|--|---|
| Short title: | |
| Detailed description of education message: | ▪ |
| Specific objectives: | ▪ |
| Intended impact/change | |
| Materials supporting lesson | ▪ |

C. List and describe other key components of the nutrition education intervention that supports or reinforces its objectives (e.g. the family activity nights in NV).

1-4. Anticipated dose and intensity of each nutrition education intervention method

___ A. Direct education

| | |
|---|--|
| Dose (# of contacts with each participant) | |
| Intensity (# of contacts X length of contact) | |

___ B. Indirect education

| | |
|---|--|
| Dose (# of contacts with each participant) | |
| Intensity (# of contacts X length of contact) | |

___ C. Social marketing

| | |
|---|--|
| Dose (# of contacts with each participant) | |
| Intensity (# of contacts X length of contact) | |

___ D. Other

| | |
|---|--|
| Dose (# of contacts with each participant) | |
| Intensity (# of contacts X length of contact) | |

1-5. Nutrition education materials (Title, source, how to locate source)

___ A. Materials developed by FNS

If modified FNS materials, how and why?

___ B. Materials developed by other State SNAP-Ed programs

If modified these existing materials, how and why?

___ C. Materials developed by other public nutrition education programs

If modified these existing materials, how and why?

___ D. Materials developed by private agencies

If modified these existing materials, how and why?

___ E. Materials developed by project

Justification for development?

___ F. Other

1-6. Theoretical underpinnings for nutrition education

1-7. Evidence that suggest the intervention will be successful (i.e., pilot project results, previously tested instruments, etc.)

1-8. Key players in the design of the intervention

- a. Who were the key players from the implementing agency?
- b. Were there any partnerships with other public or private organizations that were key to the design and implementation plan of the intervention?
- c. If so, how were these partnerships formed?
- d. Other key players?

TOPIC AREA 2: Operational Steps Involved in Intervention Implementation

2-1. Management and oversight structure

- a. Who are the program administrators and coordinators?
- b. Who is responsible for quality control and monitoring the nutrition education delivery?

2-2. Qualifications of nutrition educator trainer(s)

- a. Level of education
- b. On-the-job training
- c. Years of experience

2-3. Qualifications of nutrition education provider(s)

- a. Level of education
- b. Specialized training
- c. Years of experience delivering nutrition education

2-4. Plans for training of nutrition education providers *(Describe frequency and duration of training, training agenda and method, etc.)*

2-5. Recruitment of intervention sites/participants

- a. How were *individual* intervention sites selected to participate in the intervention (specifically for this FNS evaluation component)?
- b. How will individual classrooms be selected to participate in the intervention?
- c. How will the adult participants be recruited to participate in the intervention?

2-6. Efforts planned to retain participants in order to receive the desired maximum dose of the intervention

**A.2: Discussion Guide for EWPHCCS Program Managers
(Program Director and CACFP Bureau Director)**

Discussion Guide for EWPHCCS Program Managers

State: _____ Interviewer: _____
Respondent: _____ Date of Interview: _____
Title: _____ Study ID No: _____
Organization: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

OMB No. 0584-0554

Expiration date: 01/31/2013

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Thank you for taking the time for this interview. The U.S. Department of Agriculture's Food and Nutrition Service has contracted with Altarum Institute to conduct a study of the [NAME OF INTERVENTION] that is offering information to children and their families about healthy foods to eat and the importance of being active. Altarum is a health and nutrition policy research and consulting institute and our work focuses on helping improve the health and nutrition status of children, families, and adults. The purpose of the study is to evaluate several SNAP (Supplemental Nutrition Education Program)-Education models around the country and to provide recommendations for how these interventions could be improved to better serve the children and families in your community. We also will be evaluating how the intervention might be replicated in other communities.

Although there are only a select number of programs participating in this evaluation, we will do our best to aggregate data wherever possible in order to avoid information being tied back to a particular respondent. Nothing said today will be attached to you, and nothing that you say will affect your job or be shared with your employers.

I expect that this interview will take about 45 minutes. Thank you for taking the time to speak with me.

Before I begin, do you have any questions?

Clarifying Information from Secondary Data Review

Several weeks ago we reviewed your IA application that was submitted to FNS, your 2010 SNAP-Ed Plan, and your nutrition education materials, and a few days ago sent you sections of our draft abstraction of the project where we still have remaining questions or gaps in information. To begin our discussion today we would like to go over any comments, additions, or edits you have to that summary document we sent.

Curriculum implementation

1. How does each RD select the 6 lessons she or he will teach from the 10 available in the curriculum?
2. Where and how are the EWPHCCS staff curriculum AND/OR NAPSACC lessons being taught to staff at centers receiving basic EWPHCCS intervention?

Justification for Intervention Development

1. Why did you develop the EWPHCCS intervention?
2. What organizations outside of NYSDOH helped you implement and what were their contributions?

Key Players in the Intervention Design

1. Who were the key players from the implementing agency?
2. Were there any partnerships with other public or private organizations that were key to the design and implementation plan of the intervention and how did they/do they contribute to the design and implementation?
3. What challenges, if any, did you face during the design and planning of this nutrition education program?

4. What factors do you feel contributed most to a successful design and planning of this intervention?

Evidence that suggests the intervention will be successful

1. Can you explain how you initially piloted the EWPCCS curriculum in the past?
2. Have you revised it over time, and if so based on what input and how?
3. Can you provide any recent information on the program's outcomes as it has been updated and expanded over time?

Management and oversight structure

1. Who is responsible for quality control and monitoring the nutrition education delivery?
2. Please describe any quality control and monitoring efforts that will take place during implementation? (RQ #2-7)

Recruitment and retention of intervention sites/participants

1. How are individual child care centers usually selected to participate in the intervention (outside of the FNS evaluation sample)?
2. What do you ask the nutritionists to do to recruit parents to the parent classes and encourage them to return after attending one class?

Challenges and Lessons Learned in Implementation

1. What challenges or barriers, if any, have you faced in the implementation of EWPCCS in the past few years
2. What challenges or barriers, if any, have the local agencies faced in its implementation?
3. Has the program have any difficulty recruiting adequate staff for the nutrition education delivery?
[IF YES]
 - a) What were the recruitment challenges/problems?

4. What factors do you feel contribute most to successful implementation of EPHCCS?

What other lessons have you learned during these past years of implementation? What would you do differently? What would you do the same?

That ends my formal interview questions. Do you have any comments or recommendations that you would like to add?

Thank you very much for your time and input on this very important project. As I mentioned, we will follow up and talk with you after the intervention and evaluation period are over.

A.3: Discussion Guide for Trainer of EWPHCCS Nutrition Educators

Discussion Guide for Trainer of EWPHCCS Nutrition Educators

State: _____ Interviewer: _____
Respondent: _____ Date of Interview: _____
Title: _____ Study ID No: _____
Organization: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

OMB No. 0584-0554

Expiration date: 01/31/2013

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Thank you for taking the time for this interview. The U.S. Department of Agriculture's Food and Nutrition Service contracted with Altarum Institute to conduct a study of the [NAME OF INTERVENTION] that is offering information to children and their families about healthy foods to eat and the importance of being active. Altarum is a health and nutrition policy research and consulting institute and our work focuses on helping to improve the health and nutrition status of children, families, and adults.

The purpose of the study is to evaluate several SNAP-Education models around the country and provide recommendations for how these interventions could be improved to better serve the children and families in your community. We also will be evaluating how the intervention might be replicated in other communities.

We will be using first names only today. Everything you say will be kept private. After we conduct several of these interviews, we will write a report for the U.S. Department of Agriculture's Food and

Nutrition Service. Your name will not appear anywhere in the report. Nothing said today will be attached to your name at any point. Nothing that you say will affect your job or be shared with your employers.

I expect that our discussion will take about 30 minutes. I appreciate you taking the time to speak with me today.

Before I begin, do you have any questions?

1. Who are the trainers for the initial training RDs receive before implementing the intervention?
2. What kinds of skills are needed of the trainers?
3. Who are the trainers for the ongoing trainings?
4. What level of education or other training and years of experience are the trainers required to have?
5. What is your actual experience?
 - a. Level of education
 - b. On-the-job training
 - c. Years and types of relevant past experience

Description of Training

Now, I'd like to ask you to describe the training that is provided to the EWP/CCS nutritionists:

1. How long is the initial training on the curriculum?
2. Where and when is this training provided?
3. What are the topics and desired outcomes for the RDs for this initial training?
4. What is the format (e.g., group or one-on-one, written materials, lecture, practice etc.)?
5. Do you know why this particular format was chosen?
6. Do you think the initial training is effective? Why/Why not?
7. What would you change to improve the initial training?
8. What are the subjects for ongoing training and technical assistance your program provides for the RDs after they go through the initial training?

- At the quarterly in-person meetings?
 - During the quarterly conference calls?
9. Please describe any one-on-one training you may provide if needed and how that is need is determined and training provided.
 10. What aspects overall of the ongoing RD training do you think work well and why?
 11. What would you change?

Quality monitoring and assurance

1. What kind of monitoring of the educators is provided as they implement the program?
2. Who does this monitoring? Outside of NYC? In NYC?
3. What methods are used (e.g., review of logs, site visits, etc.)?
4. How often is each RD observed through a site visit?
5. How is feedback provided to the RDs and when?
6. Is there any formal assessment done of the training?
 - [IF YES]
 - a) Who does this assessment?
 - b) How is it conducted?
 - c) What has been the outcome of such assessments in the past?

Challenges and Lessons Learned

1. 1. What challenges or barriers, if any, have you faced in your role in the EWPHCCS program?
2. What are the most important challenges or barriers, if any, that RDs have faced in its implementation?
3. Has the program had any difficulty recruiting adequate staff for the nutrition education delivery?
 - [IF YES]
 - a) What were the recruitment challenges/problems?
4. What factors do you feel contribute most to successful implementation of EPHCCS?
5. What would you do the same if a similar program was started somewhere else?
6. What might you do differently?
7. What other lessons have you learned about this kind of nutrition education intervention?

That ends my formal interview questions. Do you have any comments or recommendations that you would like to add?

Thank you very much for your time and input on this very important project. As I mentioned, we will follow up and talk with you after the intervention and evaluation period are over.

**A.4: Discussion Guide for EPHCCS Direct Educators
(Nutritionists/RDs) *[Pre-Implementation]***

Discussion Guide for EWPHCCS Direct Educators (Nutritionists/RDs)

[PRE-IMPLEMENTATION]

| | | | |
|---------------|-------|--------------------|-------|
| State: | _____ | Interviewer: | _____ |
| Respondent: | _____ | Date of Interview: | _____ |
| Title: | _____ | Study ID No: | _____ |
| Organization: | _____ | | |
| Address: | _____ | | |
| | _____ | | |
| | _____ | | |
| Phone: | _____ | | |
| Fax: | _____ | | |
| Email: | _____ | | |

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Thank you for taking the time for this interview. The U.S. Department of Agriculture’s Food and Nutrition Service has contracted with Altarum Institute to conduct a study of the EWPHCCS that is offering information to children and their families about healthy foods to eat and the importance of being active. Altarum is a health and nutrition policy research and consulting institute and our work focuses on helping to improve the health and nutrition status of children, families, and adults. The purpose of the study is to evaluate several SNAP-Education models around the country and to provide recommendations for how these interventions could be improved to better serve the children and families in your community. We also will be evaluating how the intervention might be replicated in other communities.

We will be using first names only today. Everything you say will be kept private. After we conduct several of these interviews, we will write a report for the U.S. Department of Agriculture's Food and Nutrition Service. Your name will not appear anywhere in the report. Nothing said today will be attached to your name at any point. Nothing that you say will affect your job or be shared with your employers.

Today we will specifically be discussing your background and other qualifications as an educator for this education program, the planning process that has already begun with the intervention sites, and your expectations for the reach and design of the program. Once you have completed teaching one complete session of EWPCCS, we will follow up with you for one more interview to find out how things may have changed from what you planned to do and to obtain your experiences and views on what worked well or not and why, and what you might change to improve the program.

I expect that our discussion today will take about 30 minutes. Before I begin, do you have any questions?

Educator's Job Title, Qualifications and Capabilities

First I would like to ask you a few questions about your position and your background for this type of work.

1. What is your job title in this role as educator for EWPCCS?
2. Do you also provide nutrition education or community education for any other programs?

[IF YES]
 - a) Please tell me a little bit about your other related work?
3. For how many months or years have you been providing the Eat Well Play Hard in Child Care Settings classes?
4. Prior to this role as an educator for EWPCCS have you had any other job or volunteer experience in nutrition or health education for children and families?

[IF YES]
 - a) Please describe these job or volunteer experiences?
 - b) How many total years of experience in nutrition or health education for children and families did you have before you came to be an educator for the EWPCCS?
5. What is the highest level of education you have completed to date?
 - a) [For those who have college or graduate school degrees] What subject was your major or degree in?

6. Outside of any formal education, have you had any specialized training or certification either in nutrition education or health education?
[IF YES]
 - a) Could you please describe this training for me?
7. What else from your life experience do you think makes you capable of being an effective educator for this SNAP Ed program?
8. What are some of the challenges that you or others like you might face in being an effective educator for this intervention?

Recruitment and Implementation Plans

Next I would like to discuss what is being planned to recruit sites and participants for the intervention and how many sites, classes and students you plan to be working with.

9. Do you know yet how the sites will be recruited?
 - a) Who does the recruiting and how do they or did they reach out to enroll the sites?
 - b) Do you think this is an effective way to select the sites? Why or why not?
10. At how many sites do you plan to teach the EWPHCCS classes?
11. How many classrooms or groups of children will you be working with at each of these sites?
 - a) How often will you be going out to these groups, and how long will each class or activity be?
 - b) How many children do you expect will be involved in each class?
12. Will you be conducting parent/caregiver/family classes or events at the intervention sites?
[IF YES]
 - a) How many of these parent classes or events do you plan to hold at each site?
 - b) How often will they occur?
13. How many adults do you expect will be attending each of the classes for parents/caregivers?
14. What efforts will be made to retain the parents in the classes so that they receive the entire intervention or attend as many classes as possible for them?
15. Aside from yourself as the nutrition educator, will there be anyone else involved teaching the EWPHCCS curriculum at these sites?
[IF YES]
 - a) What are their roles?

16. What physical resources will you need at the sites to implement the intervention? (e.g. space, a/v equipment, computers)?

Perceived Facilitators and Challenges to Intervention Success

17. Based on what you know about the curriculum, materials and other aspects of the EWP/CCS, what aspects of the do you think will be most effective with the target audiences you are trying to reach?
18. Before we close, I would like to ask you whether you foresee any challenges in implementing the intervention as designed or planned?
- [IF YES]
- a) What are those potential challenges and how might they be overcome?

That ends my formal interview questions. Do you have any comments or recommendations that you would like to add?

Thank you very much for your time and input on this important project. My colleagues and I at Altarum will get be getting back in touch with you to schedule a follow-up interview after you finish teaching the program at (NAME OF SITE). I am looking forward to talking with you then.

A.5: Discussion Guide for Direct Educators (Nutritionists/RDs)
[Post-Implementation]

Discussion Guide for Direct Educators (Nutritionists/RDs)

[POST-IMPLEMENTATION]

| | | | |
|---------------|-------|--------------------|-------|
| State: | _____ | Interviewer: | _____ |
| Respondent: | _____ | Date of Interview: | _____ |
| Title: | _____ | Study ID No: | _____ |
| Organization: | _____ | | |
| Address: | _____ | | |
| | _____ | | |
| | _____ | | |
| Phone: | _____ | | |
| Fax: | _____ | | |
| Email: | _____ | | |

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Thank you for taking the time for this interview. As I told you during our first meeting, the U.S. Department of Agriculture's Food and Nutrition Service has contracted with our Altarum Institute to conduct a study of EWPHCCS that is offering information to children and their families about healthy foods to eat and the importance of being active. Altarum is a health and nutrition policy research and consulting institute and our work focuses on helping to improve the health and nutrition status of children, families, and adults.

The purpose of the study is to describe how several SNAP-Education program models are being carried out across the country and evaluate their impact on nutrition behaviors. The study will also highlight recommendations for how to replicate and improve these SNAP-Education models—based on what we observe and learn from the program planners, from the people who are implementing these interventions—like yourselves—and from the intervention participants.

We will be using first names only today. Everything you say will be kept private. After we conduct several of these interviews, we will write a report for the U.S. Department of Agriculture's Food and Nutrition Service. Your name will not appear anywhere in the report. Nothing said today will be attached to your name at any point. Nothing that you say will affect your job or be shared with your employers.

Today we will talk first about the training and assistance you were provided, then about differences between what your planned implementation versus what actually happened. After we cover that information, I want to spend most of our today hearing what you think worked well and your suggestions for any revisions or improvements to EWPHCCS.

I expect that our discussion will take about 30 minutes today. Before I begin, do you have any questions?

Experience and Satisfaction with Training

Let's start with your views on the training you received from (NYSDOH or NYCDOHMH) before you began implementing EWPHCCS.

1. Please describe the format of initial training you received from EWPHCCS staff to teach this curriculum. (e.g., was it in a large or small group or one-on-one, was observation of implementation involved, etc.)
2. How much training did you initially receive (number and length of sessions)?
3. What aspects of the training did you find most useful?
4. What additional information, tools, skills, or other training do you think should be provided in the initial training to help you or other educators like yourself be more effective in delivering EWPHCCS?

Are there any other changes you would suggest to improve the content or format or other aspects of the educator trainings for EWPHCCS?

5. Did you receive any ongoing training or assistance—in a structured or unstructured format—after your initial training for EWPHCCS?

[IF YES]

- a) What was the format?
- b) What was the content?
- c) How much of this assistance did you receive?
- d) What was helpful about this follow-up training or assistance?

- e) What other follow-up training or assistance could have helped your or other educators like you teach the nutrition education curriculum to this target population more effectively?
 - f) What kind of follow-up training or technical assistance do you think could have helped you more effectively teach the [curriculum]?
6. Of the lessons that you chose to implement at this site, please explain why you selected these six lessons over others.

PROBES:

- i. Are certain kinds of child activities more effective than others (e.g. reading a book, taste tests, making a recipe, etc.)?
 - ii. Are certain kinds of adult activities more effective than others (e.g. taste tests, making a recipe, brainstorm sessions, etc.)?
7. How did the number of activities you implemented with the children in each class differ, if at all, from what you had planned?
8. How did the amount of time you spent in direct education with the children differ, if at all, from what you had planned?
9. How did the number of classes and activities you implemented with parents/caregivers/families differ, if at all, from what you had planned?
10. Did you implement most of the classes for parents in a group setting or were they less formal interactions?

[IF THEY ANSWER "LESS FORMAL" ASK:]

- a. Why was this preferable at this center?
 - b. How did you provide the information to the parents?
11. How did the amount of time you spent in direct education with the parents/caregivers/families differ, if at all, from what you had planned?

Recruitment and Retention

12. Can you please describe the various methods used by you or others to inform and recruit adults to participate in the parent classes?
13. How effective do you think the recruitment efforts were and why?

14. What were barriers to recruiting parents to come to classes or events and how do you think that these barriers could be reduced?
15. What efforts were made to retain parents beyond their first class or activity night?
 - a. How effective do you think the retention efforts were and why?
16. What were barriers to retaining parents in the intervention that might be different from recruitment barriers and how do you think that these barriers could be reduced?

Differences between Actual and Planned Implementation

17. In addition to any changes in the number, size and length of your educational activities you mentioned earlier, in what other ways did you implement the program at NAME OF CENTER differently from what was planned?

[IF THEY CITE ANY DIFFERENCES ASK:]

Why did these changes occur?

- a) In what ways were the changes positive?
- b) In what ways were the changes negative?

Lessons Learned for Improvement and Replicability

18. What do you think works well about the direct education, in-classroom education format of EWPCCS for children and why do you think it works well?
19. What could be improved about the direct education, in-classroom education format of EWPCCS for children and why would you suggest this change?
20. What do you think works well about the nutrition education materials and lesson activities designed for the children and why do you think it works well?
21. What could be improved about the nutrition education materials and lesson activities designed for the children and why would you suggest this change?
22. What do you think works well about the direct education formats that are designed to engage parents or caregivers in EWPCCS and why do you think these work well?
23. What could be improved about the direct education formats for parents or caregivers and why would you suggest this change?

24. What about the take-home nutrition education materials and lessons targeted to parents or caregivers works well, and why do think this works well?
25. What could be improved about the take-home nutrition education materials and lessons targeted to parents or caregivers and why would you suggest this change?
26. [IF NOT ALREADY MENTIONED IN RESPONSE TO QUESTIONS 24-28] Do you think that the nutrition educational materials and lessons and other aspects of the EWPCCS are tailored to be culturally-appropriate to the racial and ethnic groups that were in the target audience at this center?
- [IF YES]
- a) What features of the materials and lessons make them culturally-appropriate?
- [IF NO]
- a) What do you think specifically could be changed or tailored in the materials and/or lessons or class form to make them more culturally appropriate for the racial and ethnic groups that are in the target audience at this center?
27. In addition to what we have already talked about already, what other specific aspects of the EWPCCS program, if any do you think worked well at this center?
28. What other aspects of the program, if any, did not work well at this center?
29. Do you have any other suggestions for ways that EWPCCS could be improved to be more effective in improving the nutrition behaviors of its target audiences?

That ends my formal interview questions. Do you have any comments or recommendations that you would like to add?

Thank you very much for your time and input on this important project.

A.6: Discussion Guide for EWPCCS Childcare Center Directors
[Pre-Implementation]

Discussion Guide for EWPCCS Childcare Center Directors

[PRE-IMPLEMENTATION]

State: _____ Interviewer: _____
Respondent: _____ Date of Interview: _____
Title: _____ Study ID No: _____
Organization: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

OMB No. 0584-0554

Expiration date: 01/31/2013

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554). Do not return the completed form to this address.

Thank you for taking the time to participate in this interview. The U.S. Department of Agriculture's Food and Nutrition Service has contracted with Altarum Institute to conduct a study of the Eat Well Play Hard in Child Care Settings program that is offering information to children and their families about healthy foods to eat and the importance of being active. Altarum is a health and nutrition policy research and consulting institute and our work focuses on helping to improve the health and nutrition status of children, families, and adults.

This study will provide information on how the Eat Well Play Hard in Child Care Settings program works from the perspective of the people who planned the program, the program teachers, you and your staff and some of the parents whose children participated. We also will use what you tell us today to provide recommendations for how the Eat Well Play Hard in Child Care Settings program can be improved to better work with organizations like yours and the children and families you serve.

Any answers you provide for this study will be kept private and your name will not be identified with any answers you provide. The estimated amount of time required to complete this interview is 30 minutes. I want to thank you for taking the time today to speak with me.

Before I begin, do you have any questions?

Initial Engagement and Response to the Program

1. How did you find out about the Eat Well Play Hard in Child Care Settings Program?
2. Why did your child care center/school decide to participate in the Eat Well Play Hard in Child Care Settings Program at this time?
3. What do you see as the most important messages and goals of the Eat Well Play Hard in Child Care Settings Program for the children and families it is trying to reach?
4. How would you say that the messages and goals of Eat Well Play Hard in Child Care Settings will fit into other aspects of the curriculum you have for the children in the targeted classrooms?
5. What are your initial impressions of the educator who will be teaching the Eat Well Play Hard in Child Care Settings Program lessons at your center?

Implementation Plans

6. How many classrooms and children are planned to be involved in Eat Well Play Hard in Child Care Settings at your center over the next couple of months?
7. How will the Eat Well Play Hard in Child Care Settings Program take home materials be distributed to the parents of the children in these classrooms?
8. What mechanisms are in place to find out if the parents saw or used the materials?
9. When will classes for the parents and other caregivers be scheduled at your center?
10. What have or are you planning to do to invite and encourage parents or other caregivers to participate in the parent -focused activities of Eat Well Play Hard in Child Care Settings?

Implementation Challenges and Solutions

11. What do you see as the logistical challenges that your teachers or you as the principal/director may face in fitting EWPCCS into the daily schedule and activities that are already going on at the center/school for the children?

12. In addition to the in-classroom logistical issues we discussed early, do you anticipate any other challenges or issues that in implementing Eat Well Play Hard in Child Care Settings Program as planned?
13. If any unanticipated challenges arise during the next couple of months while the intervention is going on, how do you think they can be addressed?

That ends my formal interview questions. Do you have any comments or recommendations that you would like to add?

Thank you very much for your time and input on this very important project. As I mentioned earlier, we will follow up with you after the intervention has been implemented to hear your experience and recommendations.

A.7: Discussion Guide for EWPCCS Childcare Center Directors
[Post-Implementation]

Discussion Guide for EWPHCCS Childcare Center Directors

[POST-IMPLEMENTATION]

| | | | |
|---------------|-------|--------------------|-------|
| State: | _____ | Interviewer: | _____ |
| Respondent: | _____ | Date of Interview: | _____ |
| Title: | _____ | Study ID No: | _____ |
| Organization: | _____ | | |
| Address: | _____ | | |
| | _____ | | |
| | _____ | | |
| Phone: | _____ | | |
| Fax: | _____ | | |
| Email: | _____ | | |

OMB No. 0584-0554

Expiration date: 01/31/2103

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554*). Do not return the completed form to this address.

Thank you for taking the time for this interview. As I explained during our first meeting, the U.S. Department of Agriculture’s Food and Nutrition Service has contracted with Altarum to conduct a study of the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program that is offering information to children and their families about healthy foods to eat and importance of being active.

This study will provide information on how the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program works from the perspective of the people who planned the program, the program teachers, you and your staff and some of the parents whose children participated. We also will use what you tell us today to provide recommendations for how the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program can be improved to better work with organizations like yours and the children and families you serve.

Again, everything you say will be kept private. After we conduct several of these interviews, we will write a report for the U.S. Department of Agriculture's Food and Nutrition Service. Your name will not appear anywhere in the report. Nothing said today will be attached to your name at any point.

Today I have just a few questions about how the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program was carried out at your (school or center), and your views on whether it was effective and how it could be improved.

The estimated amount of time required to complete this interview is 30 minutes. I want to thank you for taking the time today to speak with me.

Before I begin, do you have any questions?

1. First I would like to know how involved you have been in overseeing the implementation of EAT WELL PLAY HARD IN CHILD CARE SETTINGS program

REQUIRED PROBES:

- a) Have you observed any of the in-classroom activities for the children?
 - b) Have you read any of the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program materials that were sent home with children to their parents?
 - c) Have you observed any of the classes tailored to engage parents or caregivers in the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program?
2. Now that the intervention is over what are your views on the educator who led the classes?
 3. What would you say are the most useful aspects of the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program overall for the age groups of children it is targeting?
 - a) What do you think about the various methods that were used by the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program to engage and educate parents at your center
 - b) What worked well about the parent take home materials and why?
 - c) What could be improved about this method for reaching parents?
 - d) What worked well about the weekly parent classes?
 - e) What could be improved about these classes?
 - f) Overall, what do you think could be changed or improved to increase parent or other caregiver engagement in the program's nutrition education components?
 4. (FOR NYC SITES ONLY): Have you seen the Link It Lessons that were provided for the teachers?
(RQ #6-7)

[IF NO, SKIP TO QUESTION 5]

[IF YES]

- a) What did you like about them?
 - b) What did you not like about them?
 - c) How do you think they could they be improved?
 - d) What else would you recommend be done to help teachers incorporate the Eat Well Play Hard messages into their classrooms when the EWPHCCS instructor is not there?
5. What challenges or issues did you face in implementing this program at your [school or center]?
- a) How did you address these?
 - b) Did you need to communicate with the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program staff to address any of these issues? If so what did you need to communicate to them about and how were those issues addressed?
6. What could be done to make the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program more appealing to schools and child care centers like yours?
7. Do you have any other suggestions for ways that this educational program could be improved?
8. Thinking outside of the way the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program works, do you have any suggestions for other ways that child care centers like yours can encourage preschool children to eat more fruits and vegetables at home and encourage their parents to serve more fruits and vegetables?
9. My final and very straightforward question for you today is: would you want the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program to come to your center next year?

[IF YES]

- a) Why would you want this program back at your center again?

[IF NO]

- b) Why not?

That ends my formal interview questions. Do you have any comments or recommendations that you would like to add?

Thank you very much for your time and input on this very important project. We have a small gift for the child care center classrooms to thank you for your time.

A.8: Questionnaire for Lead Teachers in Classrooms Receiving *Eat Well Play Hard in Child Care Settings* Lessons in Spring 2010



Questionnaire for Lead Teachers in Classrooms Receiving *Eat Well Play Hard* in Child Care Settings Lessons in Spring 2010

OMB No. 0584-0554

Expiration date: 01/31/2013

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554). **Do not return the completed form to this address.**

If you have any questions, please feel free to contact [Name] at [Phone Number].

The U.S. Department of Agriculture's Food and Nutrition Service wants to know about your experience with the *Eat Well Play Hard In Child Care Settings* Program. They have contracted with Altarum Institute to study how this program is being implemented at local child care centers. Please fill out the form below to provide your feedback and help improve this program for children and families in your community and those in other communities like yours.

Your response to this questionnaire will be kept private. After we have received all of the completed questionnaires and conducted interviews with a number of sites, we will write a report for the U.S. Department of Agriculture's Food and Nutrition Service. Your name will not appear anywhere in the report. Nothing that you write will be attached to your name at any point. None of your responses will affect your job or be shared with the child care center administrator where you work.

Instructions

- Please fill out the short questionnaire on the following pages. Answer each question honestly and thoughtfully.
- When you have answered the questions, please mail it in the stamped self-addressed envelope provided. Please be sure to also fill out and include the enclosed contact form to receive a **\$10 check for completing the questionnaire.**

EWPHCCS Questionnaire for Lead Teachers in Child Care Classrooms

| | |
|--|---|
| Child Care Center Name | |
| Today's Date (mm/dd/yyyy) | |
| Your Current Job Title at this Center | |
| <p>Q01. On a scale of 0 to 5, where 0 is <i>Not at All Important</i> and 5 is <i>Extremely Important</i>, how important do you think <u>eating more fruits and vegetables</u> should be for preschool children and their families? (Please mark only one box below)</p> | |
| <p><i>Not at All Important</i></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>0 1 2 3 4 5</p> | <p><i>Extremely Important</i></p> |
| <p>Q02. On a scale of 0 to 5, where 0 is <i>Not at All Important</i> and 5 is <i>Extremely Important</i>, how important do you think <u>choosing 1% or non-fat dairy products instead of 2% or whole milk dairy products</u> should be for preschool children and their families (Please mark only one box below)</p> | |
| <p><i>Not at All Important</i></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>0 1 2 3 4 5</p> | <p><i>Extremely Important</i></p> |
| <p>Q03. For how many of the <i>Eat Well Play Hard in Child Care Settings</i> lessons taught by the nutritionist were you able to stay in the classroom?</p> | <p><input type="checkbox"/> One Lesson <input type="checkbox"/> Two Lessons</p> <p><input type="checkbox"/> Three Lessons <input type="checkbox"/> Four Lessons</p> <p><input type="checkbox"/> Five Lessons <input type="checkbox"/> Six Lessons</p> |
| <p>Q04. What do you think worked well about these in-classroom activities?</p> | |
| | |
| <p>Q05. What changes or improvements, if any, would you suggest to these in-classroom activities?</p> | |
| | |

EWPHCCS Questionnaire for Lead Teachers in Child Care Classrooms

| | |
|---|---|
| Q06. Considering your available time, how much have you been able to look over and read any of the <i>Eat Well Play Hard in Child Care Settings</i> take-home materials designed for parents or guardians of the children in your classroom? | <input type="checkbox"/> Not looked over or read at all <input type="checkbox"/> Glanced at materials <input type="checkbox"/> Browsed through most materials <input type="checkbox"/> Read thoroughly |
| Q07. What do you think were the most helpful aspects of these take-home materials? | |
| | |
| Q08. What changes or improvements, if any, would you suggest to the take-home materials? | |
| | |
| Q09. Did you incorporate any nutrition messages, sample activities or tools from the <i>Eat Well Play Hard in Child Care Settings</i> program in your classroom? | <input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO Q12 |
| Q10. How did you incorporate these messages in your classroom? | |
| | |
| Q11. How often would you estimate you use the new information you received from the <i>Eat Well Play Hard in Child Care Settings</i> program in your classroom? | <input type="checkbox"/> A couple of times <input type="checkbox"/> Once every week <input type="checkbox"/> A few times a week <input type="checkbox"/> More than a few times a week |

EWPHCCS Questionnaire for Lead Teachers in Child Care Classrooms

| | |
|---|---|
| Q12. How many of the <i>Eat Well Play Hard in Child Care Settings</i> <u>parent/family classes</u> that were held at your center were you able to attend? | <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six |
| Q13. What do you think worked well about these classes for parents and families? | |
| | |
| Q14. What do you think <u>did</u> not work well about these classes for parents and families? | |
| | |
| Q15. What changes or improvements would suggest to better reach the parents with the messages of the <i>Eat Well Play Hard in Child Care Settings</i> Program? | |
| | |
| Q16. Do you have any other recommendations or suggestions for ways that the <i>Eat Well Play Hard in Child Care Settings</i> Program could be improved? | |
| | |

Thank you very much for your time and input on this very important project. Please mail your confidential responses along with the completed short contact form to:

Altarum Institute
1200 18th Street N.W. Suite 700
Washington, DC 20036
Attn: Julia Fantacone

A.9: Questionnaire for Lead Teachers in Classrooms Receiving *Eat Well Play Hard in Child Care Settings* Lessons in New York City (Spring 2010)



Questionnaire for Lead Teachers in Classrooms Receiving *Eat Well Play Hard* in Child Care Settings Lessons in New York City (Spring 2010)

OMB No. 0584-0554

Expiration date: 01/31/2013

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554). **Do not return the completed form to this address.**

If you have any questions, please feel free to contact [Name] at [Phone Number].

The U.S. Department of Agriculture's Food and Nutrition Service wants to know about your experience with the *Eat Well Play Hard In Child Care Settings* Program. They have contracted with Altarum Institute to study how this program is being implemented at local child care centers. Please fill out the form below to provide your feedback and help improve this program for children and families in your community and those in other communities like yours.

Your response to this questionnaire will be kept private. After we have received all of the completed questionnaires and conducted interviews with a number of sites, we will write a report for the U.S. Department of Agriculture's Food and Nutrition Service. Your name will not appear anywhere in the report. Nothing that you write will be attached to your name at any point. None of your responses will affect your job or be shared with the child care center administrator where you work.

Instructions

- Please fill out the short questionnaire on the following pages. Answer each question honestly and thoughtfully.
- When you have answered the questions, please mail it in the stamped self-addressed envelope provided. Please be sure to also fill out and include the enclosed contact form to receive a **\$10 check for completing the questionnaire.**

EWPHCCS Questionnaire for Lead Teachers in Child Care Classrooms

| | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------------|--------------------------------------|--|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---|---|---|---|
| Child Care Center Name | | | | | | | | | | | | | | | | | | | |
| Today's Date (mm/dd/yyyy) | | | | | | | | | | | | | | | | | | | |
| Your Current Job Title at this Center | | | | | | | | | | | | | | | | | | | |
| <p>Q01. On a scale of 0 to 5, where 0 is <i>Not at All Important</i> and 5 is <i>Extremely Important</i>, how important do you think <u>eating more fruits and vegetables</u> should be for preschool children and their families? (Please mark only one box below)</p> | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; text-align: center;"> <tr> <td colspan="3"><i>Not at All Important</i></td> <td colspan="3"><i>Extremely Important</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> | | <i>Not at All Important</i> | | | <i>Extremely Important</i> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 1 | 2 | 3 | 4 | 5 |
| <i>Not at All Important</i> | | | <i>Extremely Important</i> | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | |
| <p>Q02. On a scale of 0 to 5, where 0 is <i>Not at All Important</i> and 5 is <i>Extremely Important</i>, how important do you think <u>choosing 1% or non-fat dairy products instead of 2% or whole milk dairy products</u> should be for preschool children and their families (Please mark only one box below)</p> | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; text-align: center;"> <tr> <td colspan="3"><i>Not at All Important</i></td> <td colspan="3"><i>Extremely Important</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> | | <i>Not at All Important</i> | | | <i>Extremely Important</i> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 | 1 | 2 | 3 | 4 | 5 |
| <i>Not at All Important</i> | | | <i>Extremely Important</i> | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | |
| <p>Q03. For how many of the <i>Eat Well Play Hard in Child Care Settings</i> lessons taught by the nutritionist were you able to stay in the classroom?</p> | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> One Lesson</td> <td><input type="checkbox"/> Two Lessons</td> </tr> <tr> <td><input type="checkbox"/> Three Lessons</td> <td><input type="checkbox"/> Four Lessons</td> </tr> <tr> <td><input type="checkbox"/> Five Lessons</td> <td><input type="checkbox"/> Six Lessons</td> </tr> </table> | <input type="checkbox"/> One Lesson | <input type="checkbox"/> Two Lessons | <input type="checkbox"/> Three Lessons | <input type="checkbox"/> Four Lessons | <input type="checkbox"/> Five Lessons | <input type="checkbox"/> Six Lessons | | | | | | | | | | | | |
| <input type="checkbox"/> One Lesson | <input type="checkbox"/> Two Lessons | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three Lessons | <input type="checkbox"/> Four Lessons | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five Lessons | <input type="checkbox"/> Six Lessons | | | | | | | | | | | | | | | | | | |
| <p>Q04. What do you think worked well about these in-classroom activities?</p> <div style="border: 1px solid black; height: 100px;"></div> | | | | | | | | | | | | | | | | | | | |
| <p>Q05. What changes or improvements, if any, would you suggest to these in-classroom activities?</p> <div style="border: 1px solid black; height: 100px;"></div> | | | | | | | | | | | | | | | | | | | |

EWPHCCS Questionnaire for Lead Teachers in Child Care Classrooms

| | |
|---|---|
| Q06. Considering your available time, how much have you been able to look over and read any of the <i>Eat Well Play Hard in Child Care Settings</i> take-home materials designed for parents or guardians of the children in your classroom? | <input type="checkbox"/> Not looked over or read at all <input type="checkbox"/> Glanced at materials <input type="checkbox"/> Browsed through most materials <input type="checkbox"/> Read thoroughly |
| Q07. What do you think were the most helpful aspects of these take-home materials? | |
| | |
| Q08. What changes or improvements, if any, would you suggest to the take-home materials? | |
| | |
| Q09. Did you incorporate any nutrition messages, sample activities or tools from the <i>Eat Well Play Hard in Child Care Settings Link it Lessons</i> you received in your classroom? | <input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO Q12 |
| Q10. How did you incorporate these <i>Link It Lessons</i> in your classroom? | |
| | |
| Q11. How often would you estimate you use the new information you received from the <i>Eat Well Play Hard in Child Care Settings Link it Lessons</i> your classroom? | <input type="checkbox"/> A couple of times <input type="checkbox"/> Once every week <input type="checkbox"/> A few times a week <input type="checkbox"/> More than a few times a week |

EWPHCCS Questionnaire for Lead Teachers in Child Care Classrooms

| | |
|---|---|
| Q12. How many of the <i>Eat Well Play Hard in Child Care Settings</i> <u>parent/family classes</u> that were held at your center were you able to attend? | <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six |
| Q13. What do you think worked well about these classes for parents and families? | |
| | |
| Q14. What do you think <u>did</u> not work well about these classes for parents and families? | |
| | |
| Q15. What changes or improvements would suggest to better reach the parents with the messages of the <i>Eat Well Play Hard in Child Care Settings</i> Program? | |
| | |
| Q16. Do you have any other recommendations or suggestions for ways that the <i>Eat Well Play Hard in Child Care Settings</i> Program could be improved? | |
| | |

Thank you very much for your time and input on this very important project. Please mail your confidential responses along with the completed short contact form to:

**Altarum Institute
1200 18th Street N.W. Suite 700
Washington, DC 20036
Attn: Julia Fantacone**

A.10: EWPHCCS Lesson and Activity Log Form

EWPHCCS Lesson and Activity Log [NAME OF INTERVENTION SITE]

Instructions: In the boxes below please place an "x" to indicate which 6 Eat Well Play Hard in Child Care Settings (EWPHCCS) lessons you administered at [NAME OF SITE] this spring, the date of the lesson, and which of the child and adult activities you chose to include in each lesson. If you conducted another activity that is not listed under that particular lesson, please check the "other" box and briefly describe that activity.

Food Mood

Date Lesson Taught: _____

Child Activities:

- Activity #1: Manners
- Activity #2: Politely Accepting or Refusing New Foods
- Activity #3: Choose Your Snack
- Other Activity (please describe): _____

Adult Activities:

- Activity #1: Preparing a Healthy Family Meal
- Activity #2: Meal Deal
- Activity #3: Introducing New Foods to Children
- Other Activity (please describe): _____

Vary Your Veggies

Date Lesson Taught: _____

Child Activities:

- Activity #1: Let's Vote: Touch, Taste, Smell, and See
- Activity #2: Local Vegetables Placemat
- Activity #3: Let's Cook Green Beans
- Other Activity (please describe): _____

Adult Activities:

- Activity #1: Get Fresh with Vegetables
- Activity #2: Enjoying Vegetables!
- Activity #3: Roots, Stems, Leaves, Fruits, Flowers, and Seeds (parents and children)
- Other Activity (please describe): _____

Flavorful Fruit**Date Lesson Taught:** _____**Child Activities:**

- Activity #1: Apple Tasting
- Activity #2: Fruit Kabobs
- Activity #3: Fruit Mystery Bags
- Other Activity (please describe): _____

Adult Activities:

- Activity #1: Enjoying Fruits!
- Activity #2: Fruit Salad
- Activity #3: Apple Cinnamon Wrap and Roll
- Other Activity (please describe): _____

Dairylicious**Date Lesson Taught:** _____**Child Activities:**

- Activity #1: This is the Farmer
- Activity #2: Dairy Tasting
- Activity #3: Smoothies
- Other Activity (please describe): _____

Adult Activities:

- Activity #1: Milk Taste Test Challenge
- Activity #2: Cottage Cheese Dip
- Activity #3: Easy No-Bake Mac & Cheese
- Other Activity (please describe): _____

Choose Your Fun**Date Lesson Taught:** _____**Child Activities:**

- Activity #1: Too Much TV
- Activity #2: Family Activity Picture
- Activity #3: Musical Fun
- Other Activity (please describe): _____

Adult Activities:

- Activity #1: Reducing TV Time-Increasing Active Time
- Activity #2: Tuna Salad in Pita Pockets
- Activity #3: Crustless Spinach Pie
- Other Activity (please describe): _____

Cooking with Children**Date Lesson Taught:** _____**Child and Adult Activities:**

- Activity #1: Cinnamon French Toast
- Activity #2: Mini Pizza
- Activity #3: Cooking with Children
- Other Activity (please describe): _____

Smart Snacking**Date Lesson Taught:** _____**Child Activities:**

- Activity #1: Banana Sundae
- Activity #2: Growing Colors
- Activity #3: Healthy Snack Artwork
- Other Activity (please describe): _____

Adult Activities:

- Activity #1: Chick Pea Dip
- Activity #2: Banana Oatmeal Muffins
- Activity #3: Healthy Low-Cost Snack Ideas
- Other Activity (please describe): _____

Fitness is Fun**Date Lesson Taught:** _____**Child Activities:**

- Activity #1: Head, Shoulders, Knees, and Toes
- Activity #2: Animal Boogie
- Activity #3: Dancing Fun
- Other Activity (please describe): _____

Adult Activities:

- Activity #1: Active Time with Children
- Activity #2: Steps Add Up!
- Activity #3: Yarn Ball
- Other Activity (please describe): _____

Awesome Appetites**Date Lesson Taught:** _____**Child Activities:**

- Activity #1: How Much?
- Activity #2: Choose Your Snack!
- Activity #3: Hungry? Eat a Variety of Foods!
- Other Activity (please describe): _____

Adult Activities:

- Activity #1: Helping Your "Choosy" Eater
- Activity #2: Family Fun Sandwiches
- Activity #3: The Challenge of Feeding Children Right
- Other Activity (please describe): _____

Growing Goodness**Date Lesson Taught:** _____**Child Activities:**

- Activity #1: Start with a Seed
- Activity #2: Growing Vegetable Soup
- Activity #3: The Farmers Market
- Other Activity (please describe): _____

Adult Activities:

- Activity #1: Get Fresh with Vegetables
- Activity #2: Baked Squash
- Activity #3: Farmer Visit
- Other Activity (please describe): _____

A.11: EWPHCCS Parent/Caregiver Focus Group Guide
[Post-Implementation]

EWPHCCS Parent/ Caregiver Focus Group Guide

[POST-IMPLEMENTATION]

Date of discussion: _____

Location: _____

Facilitator: _____

Number of participants: _____

Start Time: _____

Study ID No: _____

Note Taker: _____

End Time: _____

OMB No. 0584-0554

Expiration date: 01/31/2013

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554*). Do not return the completed form to this address.

Welcome! My name is _____, I am here with my co-worker _____. Thank you for taking the time for this group discussion. The U.S. Department of Agriculture’s Food and Nutrition Service has contracted with Altarum Institute to conduct a study of the EAT WELL PLAY HARD IN CHILD CARE SETTINGS PROGRAM that is offering information to children and their families about healthy foods to eat and the importance of being active. Altarum is a health and nutrition policy research consulting institute and our work focuses on helping improve the health and nutrition status of children, families, and adults.

This study will provide information on how the program in which your children participates works from the perspective of: the people who planned the program, the teachers, you and your child. The purpose of today’s group is to hear from you—about you and your child’s experiences and satisfaction with this program that recently took place at your child’s day care/school. We also will use what you tell us today provide recommendations for how the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program can be improved to better serve the children and families in your community and those in other communities like yours.

We will be using first names only today. Everything you say will be kept private. After we conduct several of these group discussions, we will write a report for the U.S. Department of Agriculture’s Food and Nutrition Service. Your name will not appear anywhere in the report. Nothing said today will be

attached to your name at any point. Nothing that you say will affect the services you receive through any of the programs we talk about today.

Before we begin, I would like to review a few details about our discussion:

- First, your participation in today's discussion is voluntary. You are free to leave at any time.
- There are no right or wrong answers. Remember that we don't work for the child care center or with the educators, so please feel free to say whatever you think.
- Also, it is okay to have ideas or opinions that are different from each other. We want to hear everyone's point of view.

It would be helpful to have only one person talking at a time. We are tape recording this session so that we don't miss anything important. If two people talk at once, we can't understand what anyone is saying. We may remind you of this during the group discussion.

- We would like everyone to participate. But, you each don't have to answer every question. You don't have to raise your hand either. If, however, some of you are shy or we really want to know what you think about a particular question, we may ask you what you think.
- We have a lot to talk about today. So, don't be surprised if at some point we interrupt the discussion and move to another topic. But, don't let us cut you off. If there is something important you want to say, let us know and you can add your thoughts before we change subjects.
- Finally, we just want to emphasize what we said earlier: we will be using first names only. Everything you say is private. What you say today will not be attached to your name at any point. Nothing that you say will affect the child care you receive at this site or any other services you receive from this or any other program.

The group will last no more than 2 hours. You will not get out any later than _____. We will not be taking a formal break, but if you need to leave for a restroom break, the bathrooms are _____. And feel free to get snacks.

For this session, I will read a question and then listen to your responses. I also may ask follow up questions to get some more detail.

Let's get started! I can't wait to hear what you think of the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program.

Do you have any questions before we begin?

Introductions/Icebreaker

Let's go around the room for this one: Please introduce yourself, tell us how long you have been coming to this child care center with your child, and name one fun activity you like doing with your preschooler. [MODERATOR NOTE: it is helpful to go in order of how the group is sitting. This will allow the transcriptionist to label responses by person. Also for note taking you can then label person1, person2, person 3 etc- to be able to write comments]

Exposure and Accessibility of SNAP-Ed Intervention for Parents/Caregivers

Please raise your hand if you know that your child has been participating in a program at this school (or child care center) where they learn about what healthy foods and being active. [ASK FOLLOWING QUESTIONS FOR THOSE WHO RAISE HAND]

1. What did your children tell you about what they did in these classes or sessions?

PROBES: Food they tried? Activities they did? Games they played? What they learned?

2. Did you see any take home materials on food and physical activity recently provided for you by the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program? [MODERATOR SHOULD PROMPT RESPONSE BY SHOWING SOME SAMPLE TAKE-HOME MATERIALS USED IN THE INTERVENTION]

3. What were the most helpful aspects of these take home materials?

Raise your hand if you remember seeing an Eat Well Play Hard program staffer who came to your center on Monday mornings? (OBTAIN OUTLOUD COUNT OF NUMBER OF GROUP PARTICIPANTS WHO REMEMBER SEEING THE MARKETER/RECRUITER)

4. How many of you stopped to get information or something from her?
5. For those of you who did stop to see her, what made you decide to stop there? (e.g. the poster was attractive, she was handing out food, she seemed very friendly)
6. What kind of information did she provide you?
7. How was that information helpful to you?
8. Did you hear about the parent classes/family activity nights that were offered at [NAME OF CHILD CARE CENTER]?
 - a) If yes, how did you hear about them?

Raise your hand if you went to at least one class?

- a) *If you raised your hand: what made you decide to go?*

b) If you didn't raise your hand: what were the reasons that you didn't go? (e.g., barriers related to timing and location, other barriers related to accessibility, level or interest or perceived need)

9. If you went to any of these classes did you receive any handouts?
 - a) Which handouts were most helpful and why?
 - b) Which handouts were not helpful and why?
10. Do you think the educator who led the classes provided information in a way that was easy for the people in the class to understand?
11. *Please think for a moment about what could be done to encourage more people like you to participate in these classes/family nights. I will hand out a pencil and paper if you want to write down your ideas before you answer out loud.*

[AFTER ABOUT 2 MINUTES TAKE ANSWERS VIA ROUND ROBIN QUESTIONING]

12. If you went to any of these classes did you receive any handouts?
 - c) Which handouts were most helpful and why?
 - d) Which handouts were not helpful and why?
13. Do you think the educator who led the classes provided information in a way that was easy for the people in the class to understand?
14. Would you say that the educator who led the classes was a good teacher for you?
15. If yes, what made her a good teacher? If not, why not?

Satisfaction/Likes and Dislikes with Intervention

16. Tell me about the parts of the program overall—including the classes for your children, the take home materials, and any classes you may have participated in, that you liked the best and why you liked these parts.
17. Now, I would like to know what parts of the program you liked least and why.
18. What parts of the program do you think your child liked the best and why?
19. What parts of the program did your child like the least and why?

Perceptions of Goals and Relevancy of Intervention

We are interested in hearing more about what you thought about the purpose of the classes, whether they helped you and provided useful information to you.

20. What do you think the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program was trying to teach you and your child?
21. How useful was the information the program offered for parents like you with young children?
22. How well did the program suggestions and information fit with the ways that people of your racial or ethnic background live your life?
23. How well did the program suggestions and information fit with the challenges faced by people who do not have a lot of money?

Intervention Impacts

These next few questions are about how you think EAT WELL PLAY HARD classes and materials may have helped you learn new information or other ways it may have changed things for you or your children.

24. What are the most important things that your child learned from this program?
25. What are the most important things that you learned from this program?
26. Now I would like to ask you a question that you probably need more time to think about: What are the most significant change or changes that have taken place in your household because of this program?

[AFTER ABOUT 2 MINUTES TAKE ANSWERS VIA ROUND ROBIN QUESTIONING]

OPTIONAL PROBES AS NEEDED:

- Changes in food parents serve to their children?
- Changes in the food children select?
- Changes in physical activity at home?

Factors Affecting Fruit and Vegetable Availability at Home and Ways of Addressing these Barriers

Now I would like to take a few moments to ask you about the difficulties that parents who live in your neighborhood might face in trying to buy, store, and prepare fruits and vegetables for your preschool child.

27. What makes it harder for you or other parents like you to buy and keep fruits and vegetables at home? (e.g., cost, access, and storage)
28. What makes it harder for you or other parents of young children like you to prepare and serve fruits and vegetables to your young children?
29. Did the information or take home materials provided to you by the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program help you to address any of these difficulties or barriers?
 - a) For those of you that said “yes”, how was the information or materials helpful?
30. For those who said “no”, what could have been done to make the information or take home materials more helpful for parents?

Recommendations

31. Would you recommend this program to friends?
 - [IF YES]
 - a) Why?
 - [IF NO]
 - b) Why not?
32. If you could change anything about the classes or take home materials or other aspects of the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program – what would it be?
33. Is there anything we haven’t asked that you would like to tell us about your experience with and opinions of the EAT WELL PLAY HARD IN CHILD CARE SETTINGS program?
34. Before we close, I would like you to help us by giving us your ideas for other ways that child care centers could encourage children to eat more fruits and vegetables and encourage their parents to serve fruits and vegetables more often.

Thank you very much for participating in this discussion group today. We have learned a lot from your experiences and recommendations.

In appreciation of your time and trouble today, we have gift cards for each of you today. Before you leave, please take one of these and sign the form indicating you have received one of these cards.

**A.12: Project Resource and Expense Tracking Form for
Implementation of *Eat Well Play Hard in Child Care Settings*
Program**

**Project Resource and Expense Tracking Form for
Implementation of Eat Well Play Hard in Child Care Centers Program**

This data collection form will be used to summarize information about ACTUAL resources used for and expenses related to the implementation of your SNAP-Ed intervention.

Implementation

In the following tables, please provide the requested information as it relates to the implementation of your project. Please do not include resources or expenses related to your planning and design or evaluation.

1.1 Summarize staff costs (human capital) for the implementation of your SNAP-Ed project

a) At the administrative, coordination, oversight level, trainer level

| Title of position | Brief description of responsibilities | FTEs | Average salary for this position | Salary range for this position |
|-------------------|---------------------------------------|------|----------------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

b) At the nutrition educator level (per intervention site), IF APPLICABLE

| Title of position | Brief description of responsibilities | FTEs | Average salary for this position | Salary range for this position |
|-------------------|---------------------------------------|------|----------------------------------|--------------------------------|
| | | | | |
| | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

c) IT/Technical Staff, IF APPLICABLE

| Title of position | Brief description of responsibilities | FTEs | Average salary for this position | Salary range for this position |
|-------------------|---------------------------------------|------|----------------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

d) Other

| Title of position | Brief description of responsibilities | FTEs | Average salary for this position | Salary range for this position |
|-------------------|---------------------------------------|------|----------------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

1.2 Describe the ACTUAL costs other than staff costs (physical capital) required to implement project

- a) Space
- b) Audio/visual
- c) Computer/software
- d) Other

1.3 Please provide the following information for ACTUAL expenditures related to the implementation of your SNAP-Ed intervention only (NOT FOR EVALUATION)

| Expenses | (a) Non-Federal Public Funds | | (b) Non-Federal, Non-cash | (c) Total Non-Federal Funds (a+b) | (d) Federal Funds | Total Funds (c+d) |
|---|------------------------------|-------------------|---------------------------|-----------------------------------|-------------------|-------------------|
| | Cash | In-kind Donations | | | | |
| 1. Salary/benefits | | | | | | |
| 2. Contracts/grants agreements | | | | | | |
| 3. Non-capital equipment/ supplies | | | | | | |
| 4. Materials | | | | | | |
| 5. Travel | | | | | | |
| 6. Administrative | | | | | | |
| 7. Building/space | | | | | | |
| 8. Maintenance | | | | | | |
| 9. Equipment and other capital expenditures | | | | | | |
| 10. TOTAL Direct Costs | | | | | | |
| 11. Indirect costs | | | | | | |
| 12. TOTAL Costs | | | | | | |

A.13: SNAP-Ed Nutrition Education Observation Form

SNAP-Ed 1 Nutrition Education Observation Form

The purpose of this observation tool is to describe the intervention as it is being implemented and inform the process evaluation of this project. This observation is not intended to evaluate the teaching abilities of the instructor.

Name of observer:

Date of class observed:

Name of intervention:

Name of instructor:

Name and type of site:

PART A: GENERAL PLAN BACKGROUND (to be filled out prior to class)

Name of lesson to be taught:

Lesson topic(s):

Intended Lesson Objective(s):

Target audience(s):

Children Yes No
Parents/Guardians Yes No

Grade/Age range of children in class:

PART B: CLASS OBSERVATION

1. Length of Class

Class Start Time:

Class End Time:

2. Reach

Number of participants:

How many of the participants were exposed to the complete class (e.g. most relevant for NY parent classes where some may arrive or leave late):

3. Description of the Setting

- Physical Location
 - In the children's regular classroom
 - Indoors, in a general purpose room in the building (describe briefly)
 - Indoors, in an informal area of the building not structured for group classes (describe briefly-- e.g. in the hallway, in the front waiting area, etc.)
 - In an outdoor area
- Adequacy of space
 - Space is very ample for the number of participants and activities planned
 - Space is sufficient, but somewhat limited for the number of participants and activities planned
 - Space is insufficient for the number of participants and activities planned
- Any other facilitators or barriers related to classroom setting:
 - Facilitators to teaching the lesson, carrying out planned activities and engaging participants:
 - Barriers to teaching the lesson, carrying out planned activities and engaging participants:
- Other observations about adequacy of space or class environment/setting:

4. Teaching Methods

- Teaching Techniques Used: *Check the teaching techniques used in teaching the lesson.*
- Lecture/verbal presentation
 - Educator engages the children in discussions
 - Story reading
 - Food preparation demonstration
 - Food tasting
 - Movement activity
 - Student performance (e.g. dance)
 - Small group discussions or activities (likely only relevant with large parent classes)
 - Other
- Types of Teaching aids used: *Check the types of teaching aids used in the lesson.*
- Food models
 - Posters
 - Music
 - DVD or Video
 - Handouts
 - Foods for demonstration purposes and tasting
 - Other

- Materials Distributed: *Check the materials that were distributed during the lesson.*
 - Recipes
 - Nutrition education newsletters
 - Handouts:
 - Other:

5. Student Engagement in the Lesson

Describe the level of engagement of students in the lesson as presented. For example: did it appear the students were engaged in the lesson; was the lesson age appropriate; was the literacy level appropriate for this grade level; was it culturally appropriate; did it appear that this was new information for the students.

PART C. LESSON WAS TAUGHT AS PLANNED IN PROJECT

Overall, did the instructor follow the curriculum for this lesson as developed? If not, how was it different and what are the apparent reasons for this deviation?

Observer Comments/Notes:

PART D. ENVIRONMENTAL REINFORCEMENTS/INFLUENCES

(relevant to classes for children -not necessary to complete for the parent classes)

1. Teacher Involvement

What role (s) did the school/childcare teacher(s) play during the intervention class?

- Was not in the classroom during the lesson
- Silent observer who did not participate or support the educator during the lesson ,
- Assisted the nutrition educator in handing out materials
- Assisted the nutrition educator in activities beyond handing out materials
- Additional or other roles: What other role, if any, does the classroom teacher play in supporting the intervention messages?

2. Availability of Fruits and Vegetables At the intervention sites

Request and review the current weekly or cycle menu to see the extent and variation in fruits and vegetables offered at the school/center for meals and snacks. Below, provide a general description of the number of the fruits and vegetables on menu each day and the variety of fruits and vegetables offered on menu. Attach a copy of the menu.

3. Supportive or Conflicting Indirect Nutrition Messages Visible at the Intervention Site

Note any posters, displays, bulletin boards at the intervention site that relate to nutrition and physical activity.

Description of nutrition messaging at intervention site:

PART E. LESSONS LEARNED FOR IMPROVEMENT AND REPLICABILITY

These are four questions for observers to ask educator after the lesson:

1. Did you deviate from the written lesson plan for today? Yes No
(If yes)
 - a. What did you do differently?
 - b. Why did you decide to make this change (or changes) today?
2. What do you think works best today about this lesson and why?
3. What if anything made it challenging to teach the lesson as you had planned today?
4. What recommendations would you have for improving this lesson if you or others are teaching it another time?

Additional Observer Comments/Notes:

Appendix B
Process Evaluation Data and Supplemental
Information

List of Contents

- B.1: Project Resource and Expense Tracking Form *Eat Well Play Hard in Child Care Settings* (Implementation and Evaluation Costs)
- B.2: *Eat Well Play Hard in Child Care Settings* Program Evaluation Parent Follow-up Survey Descriptive Tables for Process Questions
- B.3: Characteristics of Eat Well Play Hard in Child Care Settings Focus Group Participants (N=23)
- B.4: New York State Department of Health's EWPHCCS Evaluation Model (Updated: October 2010)

B.1: Project Resource and Expense Tracking Form *Eat Well Play Hard in Child Care Settings* (Implementation and Evaluation Costs)

Project Resource and Expense Tracking Form

Eat Well Play Hard in Child Care Centers

(Implementation and Evaluation Costs)

This data collection form will be used to summarize information about ACTUAL resources used for and expenses related to your SNAP-Ed intervention. In Section 1 ,we are requesting cost related data specific to the implementation of your project. In Section 2, we are requesting information that is specific only to the evaluation (Demonstration Project-led assessment) component of your intervention.

SECTION 1. Implementation

In the following tables, please provide the requested information as it relates to the implementation of your project. Please do not include resources or expenses related to your planning and design or evaluation.

1.1 Summarize staff costs (human capital) for the implementation of Eat Well Play Hard in Child Care Settings (EWPHCCS)

a) At the administrative, coordination, oversight level, trainer level

| Title of position | Brief description of responsibilities for EWPHCCS implementation | FTEs | Average salary for this position | Salary range for this position |
|---------------------------------------|--|-------------|---|---------------------------------------|
| CACFP Public Health Nutritionist 1 | Provides training, technical assistance, and monitoring to the seven grantees. | 1.9 | \$63,685 | \$63,041-79,819 |
| CACFP Public Health Nutritionist 2 | Oversees the entire EWPHCCS SNAP-Ed grant. | .95 | \$79,160 | \$69,911-88,256 |
| CACFP Health Program Administrator | Assists PHN1s in the management of EWPHCCS initiative. | 1 | \$61,774 | \$51,268-\$65,190 |
| CACFP Administrative Aide | Handles support activities | 1 | \$42,387 | \$40,903-\$49,821 |

| | | | | |
|--|---|-------|---|---------------------|
| CACFP Agency Program Aide | Handles support activities | .4 | \$41,248 | \$40,903-\$49,821 |
| NYC DOHMH Program Assistant | Assists in the implementation of NYC DOHMH SNAP-ED Program. | .9525 | \$45,000 | Not Available (N/A) |
| NYC DOHMH EWPCCS Program Coordinator | Supervises NYC DOHMH EWPCCS Nutritionists and conducts site visits. | .975 | \$71,759 | N/A |
| NYC EWPCCS Program Manager | Oversees entire NYC DOHMH EWPCCS Program. | .9875 | \$75,000 | N/A |
| NYC DOHMH Physical Activity and Nutrition Director | Oversees PAN programs in NYC. | .4 | \$70,400 – NYC Tax Levy Portion (TLP) of Salary | N/A |
| NYC DOHMH Physical Activity and Nutrition Deputy Director | Assists Director in overseeing PAN programs in NYC. | .4 | \$49,169 – NYC TLP of Salary | N/A |
| NYC DOHMH Asst. Commissioner, Bureau of Chronic Disease Prevention Control | Oversees, manages and supports implementation of all NYC DOHMH Bureau programs. | .15 | \$102,400 – NYC TLP of Salary | N/A |
| NYC DOHMH Special Asst. Commissioner of the Bureau of Chronic Disease and Prevention Control | Monitors the implementation of and tracks progress of all the NYC DOHMH Bureau's nutrition education efforts. | .15 | \$36,637 – NYC TLP of Salary | N/A |
| Child Care Resource and Referral Agency (CCR&R) EWPCCS | Oversee EWPCCS at the CCR&R level – supervise the | 0.713 | \$44,327 | \$30,000-\$54,036 |

| | | | | |
|--|--|---------|----------|-------------------|
| Project Directors | Nutritionists. | | | |
| CCR&R Executive Directors | Provide oversight and guidance to the EWPHCCS Project Directors. | 0.173 | \$77,674 | \$56,369-\$95,917 |
| CCR&R Fiscal Directors | Provide EWPHCCS financial reports and vouchers on a monthly basis. | 0.345 | \$49,431 | \$36,564-\$59,124 |
| CCR&R Office Managers/Directors | Assist Project and Fiscal Directors as needed. | 0.1955 | \$44,792 | \$26,205-\$58,547 |
| CCR&R Clerical Staff/Administrative Assistants | Provide clerical assistance to the Nutritionists. | 0..6966 | \$28,225 | \$18,416-\$42,389 |

b) At the nutrition educator level (per intervention site), IF APPLICABLE

| Title of position | Brief description of responsibilities for EWPHCCS Implementation | FTEs | Average salary for this position | Salary range for this position |
|---|---|-------------|---|---------------------------------------|
| NYC DOHMH Nutritionists | Provides nutrition education in centers. | 8.1 | \$60,846 | \$54,080-74,360 |
| Child Care Resources of Rockland Nutritionist | Provides nutrition education in centers. | .9 | \$52,020 | N/A |
| Child Care Council Nutritionists | Provides nutrition education in centers. | 1.8 | \$43,900 | \$39,500-\$47,500 |
| Child Care Solutions | Provides nutrition education in | .9 | \$47,563 | N/A |

| | | | | |
|---|--|-----|----------|-------------------|
| Nutritionist | centers. | | | |
| Capital District Child Care Coordinating Council Nutritionist | Provides nutrition education in centers. | 1.8 | \$52,045 | \$45,224-\$64,866 |
| Family Enrichment Network Nutritionist | Provides nutrition education in centers. | .9 | \$43,472 | N/A |
| Child Care Council of Nassau Nutritionist | Provides nutrition education in centers. | .9 | \$53,045 | N/A |

c) IT/Technical Staff, IF APPLICABLE – None

d) Other

| Title of position | Brief description of responsibilities for implementation | FTEs | Average salary for this position | Salary range for this position |
|--------------------------|---|-------------|---|---|
| Marketers-NYC | Conduct indirect education for parents and recruit child care centers and parents to classes. | 3 | \$42,666 | \$39,000-\$46,000 |

1.2 Please provide the following information for ACTUAL expenditures related to the implementation of Eat Well Play Hard in Child Care Settings only (NOT FOR EVALUATION)

| Expenses | (a) Non-Federal Public Funds | | (b) Non-Federal, Non-cash | (c) Total Non-Federal Funds (a+b) | (d) Federal Funds | Total Funds (c+d) |
|---|------------------------------|-------------------|---------------------------|-----------------------------------|--------------------|--------------------|
| | Cash | In-kind Donations | | | | |
| 1. *Salary/benefits | | | \$1,177,429 | \$1,177,429 | \$1,177,428 | \$2,354,857 |
| 2. *Contracts/grants agreements | | | | | | |
| 3. *Non-capital equipment/ supplies | | | \$110,491 | \$110,491 | \$110,490 | \$220,981 |
| 4. *Materials | | | \$45,597 | \$45,597 | \$45,597 | \$91,195 |
| 5. Travel | | | \$24,656 | \$24,656 | \$24,656 | \$49,312 |
| 6. *Administrative | | | \$40,737 | \$40,737 | \$40,736 | \$81,473 |
| 7. Building/space | | | | | | |
| 8. Maintenance | | | | | | |
| 9. Equipment and other capital expenditures | | | | | | |
| 10. TOTAL Direct Costs | | | \$1,398,909 | \$1,398,909 | \$1,398,909 | \$2,797,818 |
| 11. *Indirect costs | | | \$129,428 | \$129,428 | \$129,429 | \$258,857 |
| 12. TOTAL Costs | | | \$1,528,338 | \$1,528,338 | \$1,528,337 | \$3,056,675 |

*In order to more accurately reflect the expenses of the **Eat Well Play Hard in Child Care Settings (EWPCCS)** model that was evaluated, the costs associated with two companion SNAP-Ed programs in New York City are not reflected in this chart. These programs include:

- **Move to Improve (MTI)** – This is a NYC DOHMH nutrition and physical activity program that provides public school teachers (K – 3rd grade) and child care center staff with the skills necessary to incorporate nutrition education and physical activity in their daily classroom schedules.
- **Administration Child Services (ACS) Self Run Center Staff Time** – This represents New York City child care center staff providing nutrition and physical activity lessons to children and/or their parents/caregivers in Self-Run child care centers.

SECTION 2. Evaluation

In the following tables, please provide the requested information as it relates to the evaluation of Eat Well Play Hard in Child Care Settings

2.1 Summarize actual staff costs (human capital) used for your *evaluation*

a) At the administrative, coordination, oversight level

| Title of position | Brief description of responsibilities for EWPHCCS evaluation | FTEs | Average salary for this position | Salary range for this position |
|--|---|-------------|---|---------------------------------------|
| Research Scientist III | Oversees and coordinates the EWPHCCS evaluation | .18 | \$83,393 | \$70,931-\$86,699 |
| CACFP Public Health Nutritionist 1 | Oversees data collection and entry of the seven grantees | .1 | \$63,685 | \$63,041-79,819 |
| CACFP Public Health Nutritionist 2 | Oversees entire evaluation process of EWPHCCS SNAP-Ed grant | .05 | | |
| NYC DOHMH EWPHCCS Program Coordinator | Supervises NYC DOHMH data collection and entry | .025 | \$71,759 | N/A |
| NYC EWPHCCS Program Manager | Oversees NYC DOHMH EWPHCCS evaluation process | .0125 | \$75,000 | N/A |

b) At the evaluator level, IF APPLICABLE

| Title of position | Brief description of responsibilities for EWPHCCS evaluation | FTEs | Average salary for this position | Salary range for this position |
|--------------------------|---|-------------|---|---------------------------------------|
| Research Scientists | Assess outcomes of State Nutrition Programs. | .65 | \$48,628 | \$42,268-\$65,190 |

c) IT/Technical Staff, IF APPLICABLE - None

d) Other

| Title of position | Brief description of responsibilities for EWPHCCS evaluation | FTEs | Average salary for this position | Salary range for this position |
|----------------------------------|---|-------------|---|---------------------------------------|
| CACFP Agency Program Aide | Data entry | .6 | \$41,248 | \$40,903-49,821 |
| Temp | Data entry | .06 | | |
| NYC DOHMH Program Assistant | Assists in the data collection and entry. | .0475 | \$45,000 | N/A |
| NYC DOHMH Nutritionists | Provides nutrition education in centers. | .9 | \$60,846 | \$54,080-74,360 |
| Child Care Resources of Rockland | Provides nutrition education in | .1 | \$52,020 | N/A |

| | | | | |
|---|--|----|----------|-------------------|
| Nutritionist | centers. | | | |
| Child Care Council Nutritionists | Provides nutrition education in centers. | .2 | \$43,900 | \$39,500-\$47,500 |
| Child Care Solutions Nutritionist | Provides nutrition education in centers. | .1 | \$47,563 | N/A |
| Capital District Child Care Coordinating Council Nutritionist | Provides nutrition education in centers. | .2 | \$52,045 | \$45,224-\$64,866 |
| Family Enrichment Network Nutritionist | Provides nutrition education in centers. | .1 | \$43,472 | N/A |
| Child Care Council of Nassau Nutritionist | Provides nutrition education in centers. | .1 | \$53,045 | N/A |

2.2 Describe the ACTUAL physical capital required to *evaluate* this project

- a) Space – Provided for evaluation staff at no cost to the project.
- b) Audio/visual – Not Applicable.
- c) Computer/software – Provided for evaluation staff at no cost to the project.
- d) Other – Office supplies needed by evaluation staff provided at no cost to the project.

2.3 Please provide the following information for ACTUAL expenditures related to the evaluation of Eat Well Play Hard in Child Care Settings only (NOT FOR IMPLEMENTATION)

| Expenses | (a) Non-Federal Public Funds | | (b) Non-Federal, Non-cash | (c) Total Non-Federal Funds (a+b) | (d) Federal Funds | Total Funds (c+d) |
|---|------------------------------|-------------------|---------------------------|-----------------------------------|-------------------|-------------------|
| | Cash | In-kind Donations | | | | |
| 1. Salary/benefits | | | \$102,738 | \$102,738 | \$102,739 | \$205,477 |
| 2. Contracts/grants agreements | | | | | | |
| 3. Non-capital equipment/ supplies | | | \$1,500 | \$1,500 | \$1,500 | \$3,000 |
| 4. Materials | | | \$5,310 | \$5,310 | \$5,310 | \$10,620 |
| 5. Travel (NYC Lynn E., Katie E., Mark G.) | | | \$210 | \$210 | 209 | \$419 |
| 6. Administrative | | | \$767 | \$767 | \$768 | \$1,535 |
| 7. Building/space | | | | | | |
| 8. Maintenance | | | | | | |
| 9. Equipment and other capital expenditures | | | | | | |
| 10. TOTAL Direct Costs | | | \$110,525 | \$110,525 | \$110,525 | \$221,051 |
| 11. Indirect costs | | | \$10,546 | \$10,546 | \$10,545 | \$21,091 |
| 12. TOTAL Costs | | | \$121,071 | \$121,071 | \$121,071 | \$242,142 |
| | | | | | | |

SECTION 3. Total Budget Costs

In the following table, please provide the requested information as it relates to the TOTAL cost of Eat Well Play Hard in Child Care Settings.

3.1 Provide the total proposed budget for the EWPHCCS project (Sum of 1.3 and 2.3)

| Expenses | (a) Non-Federal Public Funds | | (b) Non-Federal, Non-cash | (c) Total Non-Federal Funds (a+b) | (d) Federal Funds | Total Funds (c+d) |
|---|------------------------------|-------------------|---------------------------|-----------------------------------|--------------------|--------------------|
| | Cash | In-kind Donations | | | | |
| 1. *Salary/benefits | | | \$1,280,167 | \$1,280,167 | \$1,280,167 | \$2,560,334 |
| 2. Contracts/grants agreements | | | | | | |
| 3. Non-capital equipment/ supplies | | | \$111,991 | \$111,991 | \$111,990 | \$223,981 |
| 4. Materials | | | \$50,907 | \$50,907 | \$50,908 | \$101,815 |
| 5. Travel | | | \$24,866 | \$24,866 | \$24,865 | \$49,731 |
| 6. Administrative | | | \$41,504 | \$41,504 | \$41,504 | \$83,088 |
| 7. Building/space | | | | | | |
| 8. Maintenance | | | | | | |
| 9. Equipment and other capital expenditures | | | | | | |
| 10. TOTAL Direct Costs | | | \$1,509,435 | \$1,509,435 | \$1,509,434 | \$3,018,869 |
| 11. *Indirect costs | | | \$139,974 | \$139,974 | \$139,974 | \$279,948 |
| 12. TOTAL Costs | | | \$1,649,409 | \$1,649,409 | \$1,649,409 | \$3,298,817 |

* The salaries and indirect costs associated with the evaluation of EWPHCCS that appear in this table were not reported in the annual USDA EWPHCCS reports because the:

- USDA Demonstration Project in the Models of SNAP-Ed and Evaluation funded the 1.0 FTE Research Scientist, and
- NYS DOH Division of Nutrition provided the 0.18 FTE Research Scientist 3 and the 0.15 FTE Research Scientist as in-kind services. These were not used as local cost share for the EWPHCCS program.

**B.2: *Eat Well Play Hard in Child Care Settings* Program Evaluation
Parent Follow-up Survey Descriptive Tables for Process
Questions**

**Eat Well Play Hard in Child Care Settings Program Evaluation
Parent Follow-up Survey**

Descriptive Tables for Process Questions

Table B-1. Number of EWPHCCS Program Parent Classes Attended—Overall and by Region

| | Overall | | NYC | | Outside of NYC | |
|--|---------|-------|-----|-------|----------------|-------|
| | n | % | n | % | n | % |
| Number of parent classes ^a attended (overall mean = 0.95) | | | | | | |
| None | 284 | 64.55 | 94 | 47.24 | 190 | 78.84 |
| One | 34 | 7.73 | 14 | 7.04 | 20 | 8.30 |
| Two | 33 | 7.50 | 25 | 12.56 | 8 | 3.32 |
| Three | 30 | 6.82 | 25 | 12.56 | 5 | 2.07 |
| Four | 14 | 3.18 | 10 | 5.03 | 4 | 1.66 |
| Five | 9 | 2.05 | 5 | 2.51 | 4 | 1.66 |
| Six | 18 | 4.09 | 12 | 6.03 | 6 | 2.49 |
| Don't know/refusal | 18 | 4.09 | 14 | 7.04 | 4 | 1.66 |
| Number of respondents | 440 | | 199 | | 241 | |

^a Participating child care centers had one parent class offered weekly for 6 weeks, concurrent with the classes in the classrooms. These classes focused on why it is important to eat healthy foods and be physically active. The theme for each week's parent class was designed to be consistent with that of the lesson taught to the children that week.

Source: Parent Follow-up Survey, data collected spring and summer 2010.

Table B-2. Reasons for Nonparticipation in the EWPCCS Program Parent Classes, Overall and by Region

| | Overall | | NYC | | Outside of NYC | |
|--|---------|-------|-----|-------|----------------|-------|
| | n | % | n | % | n | % |
| Reasons for not attending all six of the parent classes ^a | | | | | | |
| Did not know about the other classes | 12 | 10.00 | 6 | 7.59 | 6 | 14.63 |
| The classes were offered at times that did not work | 77 | 64.17 | 48 | 60.76 | 29 | 70.73 |
| Did not think the classes would be useful | 1 | 0.83 | 1 | 1.27 | 0 | 0.00 |
| Do not like to go to classes like this | 1 | 0.83 | 1 | 1.27 | 0 | 0.00 |
| Lack of time ^b | 1 | 0.83 | 1 | 1.27 | 0 | 0.00 |
| Had to work ^b | 6 | 5.00 | 5 | 6.33 | 1 | 2.44 |
| Conflicted with other plans | 15 | 12.50 | 13 | 16.46 | 2 | 4.88 |
| Don't know/refusal | 12 | 10.00 | 6 | 7.59 | 6 | 14.64 |
| Number of respondents | 120 | | 79 | | 41 | |
| Reasons for not attending any parent classes ^a | | | | | | |
| Did not know about the classes | 66 | 23.24 | 21 | 22.34 | 45 | 23.68 |
| The classes were offered at times that did not work | 153 | 53.87 | 53 | 56.38 | 100 | 52.63 |
| Did not think the classes would be useful | 4 | 1.41 | 1 | 1.06 | 3 | 1.58 |
| Do not like to go to classes like this | 3 | 1.06 | 1 | 1.06 | 2 | 1.05 |
| Lack of transportation ^b | 4 | 1.41 | 0 | 0.00 | 4 | 2.11 |
| Lack of time ^b | 5 | 1.76 | 1 | 1.06 | 4 | 2.11 |
| Had to work ^b | 33 | 11.62 | 15 | 15.96 | 18 | 9.47 |
| Children at home/no babysitter ^b | 6 | 2.11 | 2 | 2.13 | 4 | 2.11 |
| Already serve healthy meals ^b | 6 | 2.11 | 2 | 2.13 | 4 | 2.11 |
| Conflicted with other plans | 26 | 9.15 | 9 | 9.57 | 17 | 8.95 |
| Don't know/refusal | 8 | 2.81 | 4 | 4.25 | 4 | 2.11 |
| Number of respondents ^c | 286 | | 94 | | 192 | |

^a Respondents could select multiple responses.

^b Write-in responses.

^c Includes two respondents who did not answer the question on number of classes attended.

Source: Parent Follow-up Survey, data collected spring and summer 2010.

Table B-3. Parent/Caregiver Use of EWPHCCS Program Take-Home Materials—Overall and by Region

| | Overall | | NYC | | Outside of NYC | |
|--|---------|-------|-----|-------|----------------|-------|
| | n | % | n | % | n | % |
| Read "Parent Pages" ^a | | | | | | |
| Yes, all or most of them | 226 | 51.36 | 104 | 52.26 | 122 | 50.62 |
| Yes, some of them | 150 | 34.09 | 64 | 32.16 | 86 | 35.68 |
| No | 12 | 2.73 | 6 | 3.02 | 6 | 2.49 |
| Did not receive the "Parent Pages" | 46 | 10.45 | 21 | 10.55 | 25 | 10.37 |
| Don't know/refusal | 6 | 1.36 | 4 | 2.01 | 2 | 0.83 |
| Number of respondents | 440 | | 199 | | 241 | |
| Completed worksheet about eating vegetables with child | | | | | | |
| Yes | 309 | 70.23 | 150 | 75.38 | 159 | 65.98 |
| No | 58 | 13.18 | 24 | 12.06 | 34 | 14.11 |
| Did not receive handout | 67 | 15.23 | 22 | 11.06 | 45 | 18.67 |
| Don't know/refusal | 6 | 1.36 | 3 | 1.51 | 3 | 1.24 |
| Number of respondents | 440 | | 199 | | 241 | |
| Completed worksheet about eating fruit with child | | | | | | |
| Yes | 321 | 72.95 | 156 | 78.39 | 165 | 68.46 |
| No | 57 | 12.95 | 20 | 10.05 | 37 | 15.35 |
| Did not receive handout | 57 | 12.95 | 20 | 10.05 | 37 | 15.35 |
| Don't know/refusal | 5 | 1.13 | 3 | 1.51 | 2 | 0.83 |
| Number of respondents | 440 | | 199 | | 241 | |
| Completed worksheet about drinking and eating low-fat dairy products with child ^b | | | | | | |
| Yes | 230 | 60.21 | 129 | 64.82 | 101 | 55.19 |
| No | 76 | 19.90 | 36 | 18.09 | 40 | 21.86 |
| Did not receive handout | 70 | 18.32 | 29 | 14.57 | 41 | 22.40 |
| Don't know/refusal | 6 | 1.57 | 5 | 2.51 | 1 | 0.55 |
| Number of respondents | 382 | | 199 | | 183 | |

^a "Parent Pages" with tips on healthy eating and healthy recipes were sent home with participating students after each of the six classes.

^b The dairy lesson was not provided at the Unity House child care center at the request of the center director; thus, responses to this question for the parent respondents at this center are excluded from the analysis and not included in the baseline.

Source: Parent Follow-up Survey, data collected in spring and summer 2010.

Table B-4. Parent/Caregiver Satisfaction with EWPHCCS Program Take-Home Materials and Parent Classes—Overall and by Region

| | Overall | | NYC | | Outside of NYC | |
|---|---------|-------|-----|-------|----------------|-------|
| | n | % | n | % | n | % |
| Parent/caregivers' level of understanding of the NYSDOH EWPHCCS program materials ^a | | | | | | |
| Very easy | 198 | 45.00 | 82 | 41.21 | 116 | 48.13 |
| Easy | 146 | 33.18 | 70 | 35.18 | 76 | 31.54 |
| Somewhat easy | 34 | 7.73 | 14 | 7.04 | 20 | 8.30 |
| Not very easy | 6 | 1.36 | 5 | 2.51 | 1 | 0.41 |
| Not at all easy | 3 | 0.68 | 2 | 1.01 | 1 | 0.41 |
| Did not read or use the NYSDOH EWPHCCS program materials | 48 | 10.91 | 21 | 10.55 | 27 | 11.20 |
| Don't know/refusal | 5 | 1.14 | 5 | 2.51 | 0 | 0.00 |
| Number of respondents | 440 | | 199 | | 241 | |
| Perceived usefulness of the NYSDOH EWPHCCS program materials in helping child eat healthier foods | | | | | | |
| Very useful | 164 | 37.27 | 90 | 45.23 | 74 | 30.71 |
| Useful | 144 | 32.73 | 64 | 32.16 | 80 | 33.20 |
| Somewhat useful | 72 | 16.36 | 19 | 9.55 | 53 | 21.99 |
| Not very useful | 7 | 1.59 | 1 | 0.50 | 6 | 2.49 |
| Not at all useful | 2 | 0.45 | 1 | 0.50 | 1 | 0.41 |
| Did not read or use the NYSDOH EWPHCCS program materials | 48 | 10.91 | 21 | 10.55 | 27 | 11.20 |
| Don't know/refusal | 3 | 0.68 | 3 | 1.51 | 0 | 0.00 |
| Number of respondents | 440 | | 199 | | 241 | |
| Perceived usefulness of the parent classes ^b in helping child eat healthier foods | | | | | | |
| Very useful | 88 | 62.41 | 59 | 64.13 | 29 | 59.18 |
| Useful | 38 | 26.95 | 21 | 22.83 | 17 | 34.69 |
| Somewhat useful | 11 | 7.80 | 8 | 8.70 | 3 | 6.12 |
| Not very useful | 1 | 0.71 | 1 | 1.09 | 0 | 0.00 |
| Not at all useful | 2 | 1.42 | 2 | 2.17 | 0 | 0.00 |
| Don't know/refusal | 1 | 0.71 | 1 | 1.09 | 0 | 0.00 |
| Number of respondents ^c | 141 | | 92 | | 49 | |

^a NYSDOH EWPHCCS program materials included handouts, the "Parent Pages," and other materials provided to the parents through their child's classroom or at parent classes.

^b Participating child care centers had one parent class offered weekly for 6 weeks, concurrent with the classes in the classrooms. These classes focused on why it is important to eat healthy foods and be physically active. The theme for each week's parent class was designed to be consistent with that of the lesson taught to the children that week.

^c Includes three respondents who did not answer the question on number of classes attended.

Source: Parent Follow-up Survey, data collected in spring and summer 2010.

**B.3: Characteristics of *Eat Well Play Hard in Child Care Settings*
Focus Group Participants (N=23)**

Characteristics of Eat Well, Play Hard Focus Group Participants (N=23)

| Select Characteristics | n | % |
|--|----|------|
| Relationship to Child | | |
| Mother/Step-Mother | 17 | 73.9 |
| Father/Step-Father | 4 | 17.4 |
| Other | 2 | 8.7 |
| Age of Child* | | |
| 2 years or less | 3 | 10.3 |
| 3 years | 9 | 31.0 |
| 4 years | 12 | 41.4 |
| 5 years | 5 | 17.2 |
| Responsible for most of their households' food shopping | | |
| Yes | 22 | 95.7 |
| No | 1 | 4.3 |
| Responsible for most of their households' food preparation | | |
| Yes | 21 | 91.3 |
| No | 2 | 8.7 |
| Highest Education Level Attained | | |
| 8 th grade or less | 5 | 21.7 |
| Some high school but did not graduate | 6 | 26.1 |
| High school grad or GED | 4 | 17.4 |
| Some college or 2-year degree | 6 | 26.1 |
| Four year college grad or more | 2 | 8.7 |
| Ethnicity | | |
| Hispanic or Latino | 11 | 47.8 |
| Not Hispanic or Latino | 12 | 52.2 |
| Race ^a | | |
| White | 6 | 24.0 |
| Black/African American | 7 | 28.0 |
| Asian | 1 | 4.0 |
| Native Hawaiian/Pacific Islander | 0 | 0.0 |
| American Indian/Alaska Native | 1 | 4.0 |
| Other (Hispanic or Latino) | 10 | 40.0 |
| Age | | |
| 20-29 years old | 8 | 34.8 |
| 30-39 years old | 10 | 43.5 |
| 40-49 years old | 2 | 8.7 |
| 50 years and up | 2 | 8.7 |
| Did not respond | 1 | 4.3 |

* For this question, parents responded with the age of each of their children so the total N = 29

^a Some participants selected more than one category for this question, so N = 25

B.4: New York State Department of Health's EWPCCS Evaluation Model (Updated: October 2010)

New York State Department of Health's EWPHCCS Evaluation Model (Updated: October 2010)

| Outputs |
|---|
| <p><u>EWPHCCS Curriculum</u> Was the curriculum used by RD?</p> <p><u>EWPHCCS Toolkit</u> Was the toolkit used by RD?</p> <p><u>Infrastructure development, including partnerships and increased capacity of CCR&R</u> NAP-SACC assessment <u>Reports to FSNEP and within NYSDOH</u> Administrative information on delivery of project using state resources</p> <p><u>Context of program</u> NAP-SACC assessments</p> <p>EWPHCCS Service Delivery: <u>County/statewide reach</u> # and % of counties and centers adopting the intervention # and % of children reached # and % of parents reached <u>Recruitment of RDs and staff</u> # of trainings provided to RDs # and % of center staff trained <u>Resources for implementation</u> # and % of toolkit recipients # and % of incentives provided <u>Implementation</u> # and % of lessons taught # of site visits/observations completed</p> |

| Short-term outcomes |
|---|
| <p><u>Improved knowledge and attitudes regarding healthy eating and PA among parents and children in participating centers</u> Pre- and post-survey 13) How confident are you that you can reduce the amount of time your child spends watching TV? 14) How confident are you that you can help your child to play outdoors every day? 15) How confident are you that you can offer fruit to your child? 16) How confident are you that you can offer vegetables to your child? 17) How confident are you that you can offer fat-free or low-fat (1%) milk to your child?</p> <p><u>Increased Center staff buy-in Re: healthy eating and physical activity</u></p> <p><u>Expansion of program to additional grantees</u> # and % of centers who receive EWPHCCS grant funding in present fiscal year who have not received it prior</p> |

| Intermediate outcomes |
|---|
| <p><u>Improved behaviors Re: healthy eating and physical activity among parents and children in participating centers</u> Pre- and post-survey 4) On a typical day at home, how much time does your child spend watching TV, DVDs or videos? 5) On a typical morning at home (waking up until noon), how much times does your child spend playing outdoors? 6) On a typical afternoon at home (noon until 6pm), how much time does your child spend playing outdoors? 7) On a typical evening at home (6pm until bedtime), how much time does your child spend playing outdoors? 8) What type of milk does your child usually drink at home? 9 & 10) How often do you offer fresh, canned or frozen [fruit/vegetables] to your child at meals and for snacks? 11) How often does your child help you make or cook a meal? 12) In the past week did you offer your child a fruit or vegetable they had never tasted before?</p> <p><u>Policies and practices that promote healthy eating and physical activity in centers</u> NAP-SACC, EARS or qualitative data (from focus groups or interviews)</p> <p><u>Expansion of program to additional sites</u> # of centers who receive EWPHCCS grant funding in present fiscal year who have not received it previously</p> <p><u>Integration of nutrition in CCR&R services</u> # of new RDs hired for EWPHCCS implementation</p> <p><u>Integration of nutrition services in early childhood services (onsite at centers)</u></p> |

| Long-term outcomes |
|---|
| <p><u>Improved eating habits and physical activity levels in low-income children and their families attending CACFP centers</u> Parent/caregiver pre- and post-surveys, qualitative data from interviews or focus groups, and observation from RDs and other program evaluation staff</p> |

| Data sources |
|--|
| <p>EARS NAP-SACC Focus groups and interviews Pre- and post-caregiver surveys NYSDOH CACFP records and other administrative reports</p> |

Appendix C
Parent Survey Instruments

List of Contents

C.1: Baseline Survey, Intervention and Control Groups

C.2: Follow-up Survey, Intervention Group

C.3: Follow-up Survey, Control Group

C.1: Baseline Survey, Intervention and Control Groups*

*Cups of fruits and vegetables graphics courtesy of Dr. Marilyn Townsend and Kathryn Sylva, University of California, Davis.

OMB No. 0584-0554

Expiration date: 1/31/2013

See OMB statement on inside cover

What Does Your Child Eat?



¿Qué come su niño?

Thank you for taking part in this important study!

Please fill out and return the survey in the enclosed envelope within the next week.
If you have any questions about the *What Does Your Child Eat?* study, please send an e-mail to USDA@sna.rti.org or call toll-free at 1-866-800-9176.

Put Label Here

NYS - Pre

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554). Do not return the completed form to this address.

If you have questions regarding your rights as a research participant, you may contact RTI's Office of Research Protection toll-free at 866-214-2043.

This survey asks about what your child eats. This study is being sponsored by the U.S. Department of Agriculture's Food & Nutrition Service and conducted by RTI International, a non-profit research organization. The survey will take about 15 minutes to complete. You will receive \$10 for completing this survey and \$15 for completing a second survey that we will mail you in about 2 months.

All of your answers to the survey will be kept private. We will not share your answers with anyone. You may skip any questions you do not want to answer. If you have any questions, please call Matthew Bensen at RTI International at 1-866-800-9176.

Questions on Whether Certain Foods Are Available at Home

1. Were any of the following foods available in your home during the past week? Include fresh, frozen, canned, and dried foods. *(Circle yes or no for each food.)*

| | | |
|--|-----|----|
| a. Bananas | Yes | No |
| b. Apples | Yes | No |
| c. Grapes | Yes | No |
| d. Melons (for example, cantaloupe, honeydew, or watermelon) | Yes | No |
| e. Strawberries | Yes | No |
| f. Carrots | Yes | No |
| g. Potato chips, nacho chips, or corn chips | Yes | No |
| h. Regular soft drinks or sodas | Yes | No |
| i. Diet or low calorie soft drinks or sodas | Yes | No |
| j. Regular whole or 2% milk | Yes | No |
| k. 1% or skim milk | Yes | No |

Questions on the Fruits and Vegetables Your Child Eats

For the next questions think about what your child ate during the past week, or the past 7 days. Do not include school or day care time.

2. How many days during the past week did your child eat more than one kind of fruit each day? Do not include fruit juice. *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

3. During the past week, how many cups of fruit did your child eat each day? Do not include fruit juice. (*Circle one.*)

- 1. None
- 2. 1/2 cup
- 3. 1 cup
- 4. 1 1/2 cups
- 5. 2 cups
- 6. 2 1/2 cups
- 7. 3 cups or more



None



1 cup



2 cups



3 cups

4. How many days during the past week did your child eat more than one kind of vegetable each day? Do not include vegetable juice. (*Circle one.*)

- 1. None
- 2. 1 to 2 days
- 3. 3 to 4 days
- 4. 5 to 6 days
- 5. Every day

5. During the past week, how many cups of vegetables did your child eat each day? Do not include vegetable juice. (*Circle one.*)

- 1. None
- 2. 1/2 cup
- 3. 1 cup
- 4. 1 1/2 cups
- 5. 2 cups
- 6. 2 1/2 cups
- 7. 3 cups or more



None



1 cup



2 cups



3 cups

6. During the past week, did your child eat any meals or snacks that were provided by his or her school or day care? (*Circle all that apply.*)

- 1. Yes, breakfast
- 2. Yes, lunch
- 3. Yes, snacks
- 4. No, did not eat breakfast, lunch, or snacks provided by school or day care

7. Is your child willing to try a new kind of fruit? (*Circle one.*)

- 1. No
- 2. Maybe
- 3. Yes

8. How many days during the past week did you give your child fruit as a snack? (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

9. How many days during the past week did your child ask or help himself or herself to fruit as a snack? (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

10. How many days during the past week did you give your child fruit at dinner? (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

11. Is your child willing to try a new kind of vegetable? (*Circle one.*)

1. No
2. Maybe
3. Yes

12. How many days during the past week did you give your child a vegetable as a snack? (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

13. How many days during the past week did your child ask or help himself or herself to vegetables as a snack? *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

14. How many days during the past week did you give your child a vegetable at dinner? *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

Questions on the Dairy Products Your Child Eats

15. Did your child drink milk or use milk on his or her cereal at home during the past week? *(Circle one.)*

1. Yes
2. No **[Go to Question 17]**

16. What kind of milk did your child drink or use on his or her cereal at home during the past week? *(Circle one.)*

1. Regular whole milk
2. 2% milk
3. 1% milk
4. Skim or fat-free milk
5. Other type of milk (for example, soy or rice milk)

17. How many days during the past week did your child eat low-fat or fat-free yogurt at home? *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

18. How many days during the past week did your child eat regular-fat yogurt at home?
(Circle one.)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

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19. How many days during the past week did your child help you make or cook a meal? For example, did your child wash fruits or vegetables? (Circle one.)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

20. How many days during the past week did you make your child eat everything on his or her dinner plate? (Circle one.)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

21. How much do you agree or disagree with the following statement? "If my child eats healthy, he or she will be healthier when he or she gets older." (Circle one.)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

22. How much do you agree or disagree with the following statement? "I am a good role model for my child by eating healthy foods." (Circle one.)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Questions about You and Your Household

23. During the past year, how often did you run out of food before the end of the month?

(Circle one.)

1. Did not run out of food
2. Seldom
3. Sometimes
4. Most of the time
5. Almost always

24. How many people under 18 years of age live in your household?

25. Including yourself, how many people 18 years of age or older live in your household?

26. Which of the following categories best describes your age? *(Circle one.)*

1. 18 to 24
2. 25 to 34
3. 35 to 44
4. 45 to 54
5. 55 to 64
6. 65 to 74
7. Over 74

27. What is your gender? *(Circle one.)*

1. Male
2. Female

28. Are you Hispanic or Latino? *(Circle one.)*

1. Yes
2. No

29. What is your race? *(Circle all that apply.)*

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White

30. Does your family speak English at home? *(Circle one.)*

1. We speak English all of the time at home.
2. We speak English some of the time at home and speak another language some of the time.
3. We never speak English at home. We speak another language.

***Thank you for completing our survey.
Please return the survey in the enclosed envelope.
If you have misplaced the envelope, call 1-866-800-9176
for a replacement or mail the survey to
RTI INTERNATIONAL
ATTN: Data Capture (0211890.001.008.002)
PO Box 12194
Research Triangle Park, NC 27709-9779***

C.2: Follow-up Survey, Intervention Group

OMB No. 0584-0554

Expiration date: 1/31/2013

See OMB statement on inside cover

What Does Your Child Eat?



¿Qué come su niño?

Thank you for taking part in this important study!

Please fill out and return the survey in the enclosed envelope within the next week.
If you have any questions about the *What Does Your Child Eat?* study, please send an e-mail to USDA@sna.rti.org or call toll-free at 1-866-800-9176.

Put Label Here

NYS – Post T

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554). Do not return the completed form to this address.

If you have questions regarding your rights as a research participant, you may contact RTI's Office of Research Protection toll-free at 866-214-2043.

This survey asks about what your child eats. You may recall that we asked some of the same questions in the last survey. This study is being sponsored by the U.S. Department of Agriculture's Food & Nutrition Service and conducted by RTI International, a non-profit research organization. The survey will take about 15 minutes to complete. You will receive \$15 for completing this survey.

All of your answers to the survey will be kept private. We will not share your answers with anyone. You may skip any questions you do not want to answer. If you have any questions, please call Matthew Bensen at RTI International at 1-866-800-9176.

Questions on Whether Certain Foods Are Available at Home

1. Were any of the following foods available in your home during the past week? Include fresh, frozen, canned, and dried foods. *(Circle yes or no for each food.)*

| | | |
|--|-----|----|
| a. Bananas | Yes | No |
| b. Apples | Yes | No |
| c. Grapes | Yes | No |
| d. Melons (for example, cantaloupe, honeydew, or watermelon) | Yes | No |
| e. Strawberries | Yes | No |
| f. Carrots | Yes | No |
| g. Potato chips, nacho chips, or corn chips | Yes | No |
| h. Regular soft drinks or sodas | Yes | No |
| i. Diet or low calorie soft drinks or sodas | Yes | No |
| j. Regular whole or 2% milk | Yes | No |
| k. 1% or skim milk | Yes | No |

Questions on the Fruits and Vegetables Your Child Eats

For the next questions think about what your child ate during the past week, or the past 7 days. Do not include school or day care time.

2. How many days during the past week did your child eat more than one kind of fruit each day? Do not include fruit juice. *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

3. During the past week, how many cups of fruit did your child eat each day? Do not include fruit juice. (*Circle one.*)

1. None
2. 1/2 cup
3. 1 cup
4. 1 1/2 cups
5. 2 cups
6. 2 1/2 cups
7. 3 cups or more



None



1 cup



2 cups



3 cups

4. How many days during the past week did your child eat more than one kind of vegetable each day? Do not include vegetable juice. (*Circle one.*)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

5. During the past week, how many cups of vegetables did your child eat each day? Do not include vegetable juice. (*Circle one.*)

1. None
2. 1/2 cup
3. 1 cup
4. 1 1/2 cups
5. 2 cups
6. 2 1/2 cups
7. 3 cups or more



None



1 cup



2 cups



3 cups

6. During the past week, did your child eat any meals or snacks that were provided by his or her school or day care? (*Circle all that apply.*)

1. Yes, breakfast
2. Yes, lunch
3. Yes, snacks
4. No, did not eat breakfast, lunch, or snacks provided by school or day care

7. Is your child willing to try a new kind of fruit? (*Circle one.*)

1. No
2. Maybe
3. Yes

8. How many days during the past week did you give your child fruit as a snack? (*Circle one.*)

1. None
2. 1 to 2 days
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9. How many days during the past week did your child ask or help himself or herself to fruit as a snack? (*Circle one.*)

1. None
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15. Did your child drink milk or use milk on his or her cereal at home during the past week? *(Circle one.)*

1. Yes
2. No **[Go to Question 17]**

16. What kind of milk did your child drink or use on his or her cereal at home during the past week? *(Circle one.)*

1. Regular whole milk
2. 2% milk
3. 1% milk
4. Skim or fat-free milk
5. Other type of milk (for example, soy or rice milk)

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2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

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(Circle one.)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

Questions on Your Child's Eating Habits

19. How many days during the past week did your child help you make or cook a meal? For example, did your child wash fruits or vegetables? (Circle one.)

1. None
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5. Every day

20. How many days during the past week did you make your child eat everything on his or her dinner plate? (Circle one.)

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

21. How much do you agree or disagree with the following statement? "If my child eats healthy, he or she will be healthier when he or she gets older." (Circle one.)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

22. How much do you agree or disagree with the following statement? "I am a good role model for my child by eating healthy foods." (Circle one.)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

Questions on Nutrition Education Materials Your Child Got at Child Care

23. Your child's teacher sent home a handout about eating vegetables. Did you or someone else in your household do the handout with your child? *(Circle one.)*

1. Yes
2. No
3. Did not get handout

24. Your child's teacher sent home a handout about eating fruit. Did you or someone else in your household do the handout with your child? *(Circle one.)*

1. Yes
2. No
3. Did not get handout

25. Your child's teacher sent home a handout about drinking and eating low-fat dairy products. Did you or someone else in your household do the handout with your child? *(Circle one.)*

1. Yes
2. No
3. Did not get handout

26. Your child's teacher sent home several "Parent Pages" with tips on healthy eating and healthy recipes. Did you or someone else in your household read the "Parent Pages"? *(Circle one.)*

1. Yes, all or most of them
2. Yes, some of them
3. No
4. Did not get the "Parent Pages"

27. How easy was it to understand the handouts, the "Parent Pages," and other materials sent home with your child? *(Circle one.)*

1. Very easy
2. Easy
3. Somewhat easy
4. Not very easy
5. Not at all easy
6. Did not get or read the handouts, the "Parent Pages," and other materials

28. How useful were the handouts, the "Parent Pages," and other materials sent home with your child in helping you to get your child to eat healthier? (*Circle one.*)

1. Very useful
2. Useful
3. Somewhat useful
4. Not very useful
5. Not at all useful
6. Did not get or read the handouts, the "Parent Pages" and other materials

29. During the past two months, six classes for parents were conducted by a registered dietitian at your child care facility on why it is important to eat healthy and be physically active. Did you or someone else in your household go to any of these classes? (*Circle one.*)

1. Yes
2. No **[Go to Question 33]**

30. Of these six classes on healthy eating and physical activity, how many did you or someone else in your household attend? (*Circle one.*)

1. One
2. Two
3. Three
4. Four
5. Five
6. Six **[Go to Question 32]**

31. Why did you decide not to go to all of the classes? (*Circle all that apply.*)

1. Did not know about the other classes
2. The classes were offered at times that did not work for me
3. Did not think the classes would be useful
4. Do not like to go to classes like this
5. Other reason (*specify*): _____

32. How useful were the classes in helping you to get your child to eat healthier? (*Circle one.*) **[Go to Question 34 after answering this question.]**

1. Very useful
2. Useful
3. Somewhat useful
4. Not very useful
5. Not at all useful

33. Why did you decide not to go to any of the classes? (Circle all that apply.)

- 1. Did not know about the classes
- 2. The classes were offered at times that did work for me
- 3. Did not think the classes would be useful
- 4. Do not like to go to classes like this
- 5. Other reason (specify): _____

34. Please share any comments about the handouts, "Parent Pages," and classes.

***Thank you for completing our survey.
 Please return the survey in the enclosed envelope.
 If you have misplaced the envelope, call 1-866-800-9176
 for a replacement or mail the survey to
 RTI INTERNATIONAL
 ATTN: Data Capture (0211890.001.008.002)
 PO Box 12194
 Research Triangle Park, NC 27709-9779***

C.3: Follow-up Survey, Control Group

OMB No. 0584-0554

Expiration date: 1/31/2013

See OMB statement on inside cover

What Does Your Child Eat?



¿Qué come su niño?

Thank you for taking part in this important study!

Please fill out and return the survey in the enclosed envelope within the next week.
If you have any questions about the *What Does Your Child Eat?* study, please send an e-mail to USDA@sna.rti.org or call toll-free at 1-866-800-9176.

Put Label Here

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Questions on Whether Certain Foods Are Available at Home

1. Were any of the following foods available in your home during the past week? Include fresh, frozen, canned, and dried foods. *(Circle yes or no for each food.)*

| | | |
|--|-----|----|
| a. Bananas | Yes | No |
| b. Apples | Yes | No |
| c. Grapes | Yes | No |
| d. Melons (for example, cantaloupe, honeydew, or watermelon) | Yes | No |
| e. Strawberries | Yes | No |
| f. Carrots | Yes | No |
| g. Potato chips, nacho chips, or corn chips | Yes | No |
| h. Regular soft drinks or sodas | Yes | No |
| i. Diet or low calorie soft drinks or sodas | Yes | No |
| j. Regular whole or 2% milk | Yes | No |
| k. 1% or skim milk | Yes | No |

Questions on the Fruits and Vegetables Your Child Eats

For the next questions think about what your child ate during the past week, or the past 7 days. Do not include school or day care time.

2. How many days during the past week did your child eat more than one kind of fruit each day? Do not include fruit juice. *(Circle one.)*

1. None
2. 1 to 2 days
3. 3 to 4 days
4. 5 to 6 days
5. Every day

3. During the past week, how many cups of fruit did your child eat each day? Do not include fruit juice. (*Circle one.*)

- 1. None
- 2. 1/2 cup
- 3. 1 cup
- 4. 1 1/2 cups
- 5. 2 cups
- 6. 2 1/2 cups
- 7. 3 cups or more



None



1 cup



2 cups



3 cups

4. How many days during the past week did your child eat more than one kind of vegetable each day? Do not include vegetable juice. (*Circle one.*)

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- 2. 1 to 2 days
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- 5. Every day

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- 1. None
- 2. 1/2 cup
- 3. 1 cup
- 4. 1 1/2 cups
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1 cup



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3 cups

6. During the past week, did your child eat any meals or snacks that were provided by his or her school or day care? (*Circle all that apply.*)

- 1. Yes, breakfast
- 2. Yes, lunch
- 3. Yes, snacks
- 4. No, did not eat breakfast, lunch, or snacks provided by school or day care

7. Is your child willing to try a new kind of fruit? (*Circle one.*)

- 1. No
- 2. Maybe
- 3. Yes

8. How many days during the past week you give your child fruit as a snack? (*Circle one.*)

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1. Yes
2. No **[Go to Question 17]**

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4. 5 to 6 days
5. Every day

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4. 5 to 6 days
5. Every day

21. How much do you agree or disagree with the following statement? "If my child eats healthy, he or she will be healthier when he or she gets older." (Circle one.)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

22. How much do you agree or disagree with the following statement? "I am a good role model for my child by eating healthy foods." (Circle one.)

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

*Thank you for completing our survey.
Please return the survey in the enclosed envelope.
If you have misplaced the envelope, call 1-866-800-9176
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RTI INTERNATIONAL
ATTN: Data Capture (0211890.001.008.002)
PO Box 12194
Research Triangle Park, NC 27709-9779*

Appendix D
Parent Survey Material

List of Contents

D.1: Initial Letter

D.2: Information Sheet

D.3: Contact Card

D.4: Brochure

D.1: Initial Letter

February 2010

Dear Parent or Caregiver,

I am writing to ask you to take part in a research study about what preschool children eat. The U.S. Department of Agriculture's Food & Nutrition Service has asked RTI International, a non-profit research organization, to conduct the study for them.

Please read the enclosed brochure which describes the study. If you decide to take part in this study, we will ask you to complete two surveys about your child's eating habits. The first survey is enclosed. We will mail the second survey to you in about 2 months. Each survey will take you about 15 minutes to fill out. **As a thank you, we will mail you \$10 cash for filling out the first survey and \$15 cash for filling out the second survey.** We hope you will take part in this important research study. Your survey answers will help improve nutrition education programs for preschool children in your community.

If you want to take part in the study:

- 1) Please check the "Yes" box on the **Contact Card** and complete the rest of the card. Return the Contact Card **in the small envelope provided** to your child's teacher. Your child will receive a surprise gift when you return the small envelope. The Contact Card tells us whether you want to take part in the study. Also, it lets us know where to **send you your cash gift and the second survey.** Because your answers are private, your name is not on the survey. The special number on the survey will tell us to send your cash gift when we get the survey.
- 2) **Please fill out the enclosed survey and return it to your child's teacher in the large envelope provided.** Please return the survey within 7 days.

If you do NOT want to take part in the study:

- Please check the "No" box on the **Contact Card and return it to your child's teacher in the small envelope provided.** Your child will receive a surprise gift when you return the small envelope.

Your child's child care center will send all returned envelopes to RTI for processing. The center will get a cash donation for helping us with the study. If you have any questions about the *What Does Your Child Eat?* study, please call me toll-free at 1-866-800-9176. You can also e-mail me at USDA@sna.rti.org.

Sincerely,



Matthew F. Bensen
RTI International

D.2: Information Sheet

Information Sheet

Introduction

You are being asked to take part in a research study, which is being sponsored by the U.S. Department of Agriculture's Food & Nutrition Service (USDA, FNS) and carried out by RTI International, a non-profit research organization. Before you decide whether to take part in this study, you need to read this sheet to understand what the study is about and what you will be asked to do. This sheet also tells you who can be in the study, the risks and benefits of the study, how we will protect your information, and who you can call if you have questions.

Purpose

The purpose of this survey is to learn what preschool children eat. It is part of a study to improve nutrition education programs for preschool children in your community and across the country. You are one of about 1,500 parents and caregivers who will be asked to participate in this study.

Procedures

If you decide to take part in this study, you will be asked to complete two surveys about 2 months apart that ask about your preschooler's eating habits. The first survey is included in this packet. In order for us to send you your cash gift and second survey, you also need to provide us with your contact information.

Study Duration

Each survey will take you about 15 minutes to fill out.

Possible Risks or Discomforts

There are minimal psychological, social, or legal risks to taking part in this study. There is also a minimal risk of loss of privacy. Please be assured that all of your answers to the survey will be kept private except as required by law, and every effort will be made to protect your contact information. We will not share your contact information or your survey answers with anyone outside the study team.

Benefits

There are no direct benefits to you from participating in this study. Your survey answers will help us improve nutrition education programs for preschool children in your community and across the country.

Payment for Participation

As a thank you, we will mail you \$10 cash for filling out the first survey and \$15 cash for filling out the second survey, for a total of \$25.

Privacy

Many precautions have been taken to protect your contact information. Your name will be replaced with an identification number. Other personal information like your address will be stored separately from your survey answers. If the results of this study are presented at scientific meetings or published in scientific journals, no information will be included that could identify you or your answers personally. The Institutional Review Board (IRB) at RTI International has reviewed this research. An IRB is a group of people who are responsible for making sure the rights of participants in research are protected. The IRB may review the records of your participation in this research to assure that proper procedures were followed.

Future Contacts

We will mail you the second survey in about 2 months. We may also call you and ask you to take part in a group discussion for an additional payment.

Your Rights

Your decision to take part in this research study is completely up to you. You can choose not to answer any survey questions, and you can stop participating at any time. If you decide to participate and later change your mind, you will not be contacted again or asked for further information.

Your Questions

If you have any questions about the study, you may call Matthew Bensen of RTI at 1-866-800-9176. If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043.

D.3: Contact Card

CONTACT CARD

Do you want to take part in the *What Does Your Child Eat?* study? YES NO

If “YES”, please clearly PRINT your contact information below so we can send you your cash gift and the second survey.

Your First Name: _____ Your Last Name: _____ Title: Mr. Mrs. Ms.

Child’s First Name: _____ Child’s Last Name: _____

Child’s Gender: Male Female Name of Child Care Center: _____

Child’s Month and Year of Birth (ex. April, 2005 → “04/2005”): _____ / _____
M M / Y Y Y Y

Mailing Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: (_____) _____ Home Cell Work

Alternate Phone Number: (_____) _____ Home Cell Work

Would you like to receive the second survey in English or Spanish? English Spanish

Please return this card even if you checked that you do not want to take part in this study. Seal it in the small envelope provided and have your child return it to the teacher to receive a small gift. Thank you.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0554 and the expiration date is 1/31/2013. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

CONTACT CARD

Do you want to take part in the *What Does Your Child Eat?* study? YES NO

If “YES”, please clearly PRINT your contact information below so we can send you your cash gift and the second survey.

Your First Name: _____ Your Last Name: _____ Title: Mr. Mrs. Ms.

Child’s First Name: _____ Child’s Last Name: _____

Child’s Gender: Male Female Name of Child Care Center: _____

Child’s Month and Year of Birth (ex. April, 2005 → “04/2005”): _____ / _____
M M / Y Y Y Y

Mailing Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: (_____) _____ Home Cell Work

Alternate Phone Number: (_____) _____ Home Cell Work

Would you like to receive the second survey in English or Spanish? English Spanish

Please return this card even if you checked that you do not want to take part in this study. Seal it in the small envelope provided and have your child return it to the teacher to receive a small gift. Thank you.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0554 and the expiration date is 1/31/2013. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

D.4: Brochure

Do I have to participate?

No. You do not have to take part in this study or answer any questions you do not want to answer. Your decision on whether to participate will not affect any social service(s) you may be getting.

¿Tengo que participar?

No. Usted no tiene que participar en este estudio o contestar ninguna pregunta que no quiera contestar. Su decisión de participar o no, no afectará ningún servicio social que pueda estar recibiendo.

Why was I selected?

Specific child care centers or elementary schools were selected for the study. Parents and caregivers in the selected sites and classrooms are being asked to participate.

¿Por qué fui seleccionado(a)?

Se seleccionaron centros de cuidado infantil o escuelas elementales específicos para el estudio. Se les está pidiendo que participen a los padres y a las personas encargadas del cuidado de niños de los centros y escuelas seleccionadas.

How can I get more information?

For more information, call 1-866-800-9176 (toll-free) and leave a message or send an e-mail to USDA@sna.rti.org. Someone from the project staff will contact you.

RTI International is an independent, non-profit research organization in North Carolina, dedicated to conducting research that improves the human condition. For more information, see www.rti.org.

Additional information about the Food & Nutrition Service of the U.S. Department of Agriculture is available at www.fns.usda.gov/fns.

¿Cómo puedo obtener más información?

Para mayor información, llame al número gratuito 1-866-800-9176 y deje un mensaje o envíe un mensaje por correo electrónico a USDA@sna.rti.org. Un miembro del personal del proyecto se comunicará con usted.

RTI International es una organización independiente sin fines de lucro que realiza estudios sobre la salud y está ubicada en Carolina del Norte. Se dedica a realizar estudios que mejoran la condición humana. Para mayor información, vea el sitio de Internet www.rti.org.

Información adicional sobre el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos está disponible en el sitio de Internet www.fns.usda.gov/fns.



RTI International is a trade name of Research Triangle Institute.
RTI International es el nombre comercial registrado de Research Triangle Institute.

What Does Your Child Eat?



¿Qué come su niño?

Questions & Answers about the *What Does Your Child Eat Study*

Preguntas y Respuestas sobre el estudio ¿Qué come su niño?

Conducted by RTI International and sponsored by the
Food & Nutrition Service of the
U.S. Department of Agriculture

Realizado por RTI International y pagado por el
Servicio de Alimentos y Nutrición del
Departamento de Agricultura de los Estados Unidos





What is the purpose of this study?

RTI International is conducting a study for the Food & Nutrition Service of the U.S. Department of Agriculture. This study will help researchers and policymakers understand more about what young children eat and help improve nutrition education programs for children in your community.

¿Cuál es el propósito de este estudio?

RTI International está realizando un estudio para el Servicio de Alimentos y Nutrición del Departamento de Agricultura de los Estados Unidos. Este estudio ayudará a las personas encargadas de realizar estudios y a los legisladores a entender mejor lo que los niños pequeños comen y a ayudar a mejorar los programas educacionales de nutrición para niños en su comunidad.

What is involved and how long will it take?

If you decide to participate, you will be asked to complete two surveys. Each survey will take about 15 minutes to fill out. You may refuse to answer any question on the surveys,

and you may stop participating in the study at any time.

To participate in the study, please do the following:

1. Complete and return the first survey to your child's teacher within one week in the large envelope provided.
2. Complete and return the Contact Card to your child's teacher in the small envelope provided so we can send you your cash gift and mail you the second survey.

¿Qué hay que hacer para participar en este estudio y cuánto tiempo tomará?

Si usted decide participar, se le pedirá que complete dos encuestas. Cada encuesta le tomará unos 15 minutos en completarse. Usted puede dejar de contestar cualquier pregunta de las encuestas y puede dejar de participar en el estudio en cualquier momento.

Para participar en el estudio, por favor, haga lo siguiente:

1. Complete y devuelva la primera encuesta al/a la maestro(a) de su niño(a) a más tardar en una semana, en el sobre grande que le proporcionamos.
2. Complete y devuelva la Tarjeta de datos personales al/a la maestro(a) de su niño(a) en el sobre pequeño que le proporcionamos, para que podamos enviarle su regalo en efectivo y la segunda encuesta.

Will I be paid?

Yes. You will be mailed \$10 cash after completing the first survey. You will receive an additional \$15 cash for completing the second survey sent to you about 2 months later.

¿Recibiré algún pago?

Sí. A usted se le enviará por correo \$10 dólares en efectivo por completar la primera entrevista. Usted recibirá \$15 dólares adicionales en efectivo por completar la segunda encuesta que se le enviará 2 meses después.

What about my privacy?

The information you provide will be kept private except as required by law. We will create an identification (ID) number and use it instead of your name to identify your information, which will prevent anyone from finding out your answers. Only the project staff will see the information we have collected from study participants. We will combine your information with information from all of the other participants to create summary reports.

¿Y qué pasa con mi privacidad?

La información que usted proporcione se mantendrá en forma privada, excepto cuando lo requiera la ley. Nosotros crearemos un número de identificación (ID) que se usará en lugar de su nombre para identificar su información, lo cual va a prevenir que alguien pueda averiguar sus respuestas. Sólo el personal del proyecto verá la información que recopilamos de los participantes del estudio. Nosotros combinaremos su información con la información de otros participantes para crear reportes con los resúmenes del estudio.

Appendix E
Impact Evaluation Methodological Analyses

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Table E-1. Baseline Demographic Characteristics for Parent Respondents and their Children Who Participated in the EWPCCS Program Evaluation Study, by Region

| Characteristic | NYC (SE) | Outside of NYC (SE) | Difference | t-statistic | p-value |
|---|----------------|---------------------|------------|-------------|---------|
| Child's sex, % male | 51.20 (2.6929) | 52.51 (2.7104) | -1.31 | -0.34 | 0.7340 |
| Child's age | 4.44 (0.0286) | 4.40 (0.0282) | 0.04 | 0.93 | 0.3617 |
| Parent ^a /household demographics | | | | | |
| Respondent's age, % | | | | | |
| 18 to 34 | 62.23 (3.8805) | 72.73 (3.9036) | -10.50 | -1.91 | 0.0697 |
| 35 to 44 | 30.55 (3.3817) | 23.34 (3.4026) | 7.21 | 1.50 | 0.1471 |
| 45 or older | 6.75 (0.9817) | 3.72 (0.9721) | 3.03* | 2.19 | 0.0391 |
| Respondent's sex, % male | 10.27 (1.7859) | 7.35 (1.8018) | 2.92 | 1.15 | 0.2615 |
| Respondent's ethnicity, % | | | | | |
| Hispanic or Latino | 49.22 (8.1432) | 24.89 (8.1545) | 24.33* | 2.11 | 0.0463 |
| Not Hispanic or Latino | 50.78 (8.1432) | 75.11 (8.1545) | -24.33* | -2.11 | 0.0463 |
| Respondent's race, % | | | | | |
| American Indian or Alaska Native | 5.12 (1.5368) | 1.14 (1.5059) | 3.98 | 1.85 | 0.0778 |
| Asian | 13.57 (4.6997) | 1.73 (4.6801) | 11.84 | 1.79 | 0.0880 |
| Black or African American | 51.65 (8.5598) | 27.98 (8.5236) | 23.66 | 1.96 | 0.0629 |
| Native Hawaiian or other Pacific Islander | 4.59 (1.1557) | 1.59 (1.0999) | 2.99 | 1.88 | 0.0739 |
| White | 22.70 (7.3994) | 61.69 (7.3573) | -38.98** | -3.74 | 0.0011 |
| More than one race ^b | 2.08 (1.1541) | 6.03 (1.0687) | -3.95* | -2.51 | 0.0198 |
| Size of household | 4.67 (0.1087) | 4.70 (0.1082) | -0.03 | -0.18 | 0.8557 |
| Single-adult household, % | 18.95 (2.2099) | 18.25 (2.2118) | 0.70 | 0.22 | 0.8245 |

(continued)

Table E-1. Baseline Demographic Characteristics for Parent Respondents and their Children Who Participated in the EWPCCS Program Evaluation Study, by Region (continued)

| Characteristic | NYC (SE) | Outside of NYC (SE) | Difference | t-statistic | p-value |
|--|----------------|---------------------|------------|-------------|---------|
| Language spoken by family at home, % | | | | | |
| Speak English all of the time | 40.36 (6.9771) | 74.15 (6.9949) | -33.79** | -3.42 | 0.0024 |
| Speak English some of the time and speak another language some of the time | 50.28 (5.9193) | 22.05 (5.9400) | 28.22** | 3.37 | 0.0028 |
| Speak another language all of the time | 9.40 (1.8296) | 4.16 (1.8414) | 5.24 | 2.02 | 0.0559 |
| Center-provided food, % | | | | | |
| Received no food from center | 15.82 (4.4244) | 8.55 (4.4287) | 7.27 | 1.16 | 0.2582 |
| Received snacks only | 7.38 (3.1228) | 9.88 (3.1262) | -2.50 | -0.57 | 0.5772 |
| Received one meal (breakfast or lunch) ^c | 35.66 (3.5050) | 21.79 (3.5043) | 13.87** | 2.80 | 0.0104 |
| Received two meals (breakfast and lunch) ^c | 41.24 (6.2521) | 60.40 (6.2586) | -19.16* | -2.17 | 0.0414 |
| Number of respondents (%) | 568 (49.69) | 575 (50.31) | | | |
| Number of centers | 12 | 12 | | | |

*Indicates statistical significance if the *p*-value is less than or equal to 0.05.

**Indicates statistical significance if the *p*-value is less than or equal to 0.01.

^a Represents the parent/caregiver who completed the survey.

^b Includes respondents who selected more than one race category.

^c Some in this category also reported receiving center-provided snacks.

Notes: Standard errors (SEs) and *t*-statistic used to test the null hypothesis of no difference between the two regions were derived from model-based comparisons adjusted for clustering of students within centers.

Source: Parent Baseline Survey, data collected spring 2010.

Table E-2. Baseline Demographic Characteristics for Parent Respondents and their Children Who Participated in the EWPCCS Evaluation Program Study, by Condition

| Characteristic | Intervention Group (SE) | Control Group (SE) | Difference | t-statistic | p-value |
|--|-------------------------|--------------------|------------|-------------|---------|
| Child's sex, % male | 51.43 (2.7235) | 52.26 (2.6931) | -0.83 | -0.22 | 0.8308 |
| Child's age | 4.51 (0.0286) | 4.34 (0.0278) | 0.17** | 4.28 | 0.0003 |
| Parent ^a /household demographics | | | | | |
| Respondent's age, % | | | | | |
| 18 to 34 | 64.09 (4.1129) | 70.71 (4.1056) | -6.62 | -1.14 | 0.2672 |
| 35 to 44 | 29.53 (3.5156) | 24.46 (3.5075) | 5.07 | 1.02 | 0.3183 |
| 45 or older | 5.97 (1.0766) | 4.62 (1.0621) | 1.35 | 0.89 | 0.3829 |
| Respondent's sex, % male | 8.60 (1.8351) | 9.05 (1.8246) | -0.45 | -0.17 | 0.8632 |
| Respondent's ethnicity, % | | | | | |
| Hispanic or Latino | 40.52 (8.8716) | 33.56 (8.8645) | 6.97 | 0.56 | 0.5842 |
| Not Hispanic or Latino | 59.48 (8.8716) | 66.44 (8.8645) | -6.97 | -0.56 | 0.5842 |
| Respondent's race, % | | | | | |
| American Indian or Alaska Native | 4.89 (1.5641) | 1.37 (1.5361) | 3.52 | 1.60 | 0.1229 |
| Asian | 11.10 (4.9210) | 4.19 (4.9023) | 6.91 | 1.00 | 0.3303 |
| Black or African American | 34.27 (9.1270) | 45.20 (9.0930) | -10.94 | -0.85 | 0.4051 |
| Native Hawaiian or other Pacific Islander | 2.10 (1.1708) | 3.87 (1.1285) | -1.77 | -1.09 | 0.2872 |
| White | 44.21 (9.4128) | 40.44 (9.3796) | 3.78 | 0.28 | 0.7788 |
| More than one race ^b | 2.74 (1.1833) | 5.49 (1.1300) | -2.75 | -1.68 | 0.1065 |
| Size of household | 4.65 (0.1086) | 4.71 (0.1078) | -0.05 | -0.36 | 0.7244 |
| Single-adult household, % | 20.00 (2.1485) | 17.26 (2.1331) | 2.74 | 0.91 | 0.3752 |
| Language spoken by family at home, % | | | | | |
| Speak English all of the time | 55.33 (8.6187) | 59.29 (8.6141) | -3.96 | -0.33 | 0.7482 |
| Speak English some of the time and speak another language some of the time | 36.49 (7.2871) | 35.69 (7.2814) | 0.81 | 0.08 | 0.9383 |
| Speak another language all of the time | 8.30 (1.9376) | 5.29 (1.9300) | 3.01 | 1.10 | 0.2834 |

(continued)

Table E-2. Baseline Demographic Characteristics for Parent Respondents and their Children Who Participated in the EWPCCS Evaluation Program Study, by Condition (continued)

| Characteristic | Intervention Group (SE) | Control Group (SE) | Difference | t-statistic | p-value |
|---|-------------------------|--------------------|------------|-------------|---------|
| Center-provided food, % | | | | | |
| Received no food from center | 13.06 (4.5577) | 11.31 (4.5524) | 1.75 | 0.27 | 0.7882 |
| Received snacks only | 10.58 (3.0943) | 6.69 (3.0878) | 3.90 | 0.89 | 0.3824 |
| Received one meal (breakfast or lunch) ^c | 26.21 (3.9516) | 31.02 (3.9366) | -4.81 | -0.86 | 0.3979 |
| Received two meals (breakfast and lunch) ^c | 50.17 (6.8977) | 51.53 (6.8892) | -1.36 | -0.14 | 0.8903 |
| Number of respondents | 552 | 591 | | | |
| Number of centers | 12 | 12 | | | |

**Indicates statistical significance if the *p*-value is less than or equal to 0.01.

^a Represents the parent/caregiver who completed the survey.

^b Includes respondents who selected more than one race category.

^c Some in this category also reported receiving center-provided snacks.

Note: Standard errors (SEs) and t-statistic used to test the null hypothesis of no difference between intervention and control groups were derived from model-based comparisons adjusted for clustering of students within centers.

Source: Parent Baseline Survey, data collected spring 2010.

Table E-3. Baseline Outcome Measures for the Evaluation of the EWP/CCS Program, Overall and by Region

| Measure ^a | Overall (SE) | NYC (SE) | Outside of NYC (SE) | Difference | t-statistic | p-value |
|---|----------------|----------------|---------------------|------------|-------------|---------|
| Primary outcomes (at-home consumption) | | | | | | |
| Cups of fruits and vegetables | 2.53 (0.0555) | 2.54 (0.0805) | 2.53 (0.0812) | 0.02 | 0.15 | 0.8815 |
| Cups of fruits | 1.44 (0.0354) | 1.46 (0.0511) | 1.42 (0.0516) | 0.04 | 0.53 | 0.6043 |
| Cups of vegetables | 1.10 (0.0273) | 1.09 (0.0397) | 1.10 (0.0400) | -0.01 | -0.22 | 0.8317 |
| Used 1% or fat-free milk ^b | 36.51 (2.8880) | 31.57 (3.9359) | 41.51 (3.9680) | -9.94 | -1.78 | 0.0893 |
| Child's other dietary behaviors | | | | | | |
| Ate variety of fruits ^c | 4.13 (0.0602) | 4.09 (0.0868) | 4.18 (0.0860) | -0.09 | -0.76 | 0.4560 |
| Ate variety of vegetables ^c | 3.38 (0.1112) | 3.23 (0.1521) | 3.54 (0.1535) | -0.31 | -1.44 | 0.1632 |
| Helped self/requested fruit as snack ^c | 3.33 (0.0980) | 3.41 (0.1410) | 3.25 (0.1424) | 0.17 | 0.83 | 0.4133 |
| Helped self/requested vegetable as snack ^c | 1.36 (0.0829) | 1.50 (0.1122) | 1.22 (0.1133) | 0.28 | 1.78 | 0.0886 |
| Helped parent make snacks or meals ^c | 2.05 (0.0727) | 2.07 (0.0918) | 2.03 (0.0910) | 0.04 | 0.28 | 0.7828 |
| Willingness to try new fruits ^b | 51.32 (2.0580) | 48.81 (2.8408) | 53.86 (2.8678) | -5.06 | -1.25 | 0.2235 |
| Willingness to try new vegetables ^b | 36.32 (1.7269) | 36.77 (2.0318) | 36.41 (2.0318) | 0.36 | 0.12 | 0.9027 |
| Ate low-fat or fat-free yogurt ^c | 2.14 (0.0865) | 2.15 (0.1255) | 2.14 (0.1268) | 0.01 | 0.05 | 0.9605 |
| Parent behavior and household variables | | | | | | |
| Availability of fruits and vegetables ^d | 4.28 (0.0601) | 4.47 (0.0640) | 4.09 (0.0639) | 0.38** | 4.17 | 0.0004 |
| Parent offered fruit as snack ^c | 3.75 (0.0674) | 3.75 (0.0979) | 3.76 (0.0980) | -0.01 | -0.08 | 0.9363 |
| Parent offered fruit at dinner ^c | 1.92 (0.0979) | 2.00 (0.1382) | 1.84 (0.1395) | 0.15 | 0.79 | 0.4394 |
| Parent offered vegetable as snack ^c | 1.61 (0.0707) | 1.74 (0.0937) | 1.49 (0.0944) | 0.26 | 1.92 | 0.0673 |
| Parent offered vegetable at dinner ^c | 3.86 (0.1854) | 3.34 (0.2205) | 4.37 (0.2220) | -1.03** | -3.28 | 0.0035 |
| Availability of 1% or fat-free milk ^b | 47.68 (2.5522) | 42.37 (3.3260) | 53.07 (3.3580) | -10.70* | -2.26 | 0.0338 |
| Number of respondents | 1,143 | 568 | 575 | | | |
| Number of centers | 24 | 12 | 12 | | | |

*Indicates statistical significance if the *p*-value is less than or equal to 0.05.

**Indicates statistical significance if the *p*-value is less than or equal to 0.01.

^a Based on continuous measures of the identified construct, unless otherwise indicated.

^b Dichotomous variable indicates the proportion responding yes.

^c Reported as the number of days in the past week.

^d Index score (0-6) based on reported household availability of six fruits and vegetables.

Notes: Standard errors (SEs) and *t*-statistic used to test the null hypothesis of no difference between the two regions were derived from model-based comparisons adjusted for clustering of students within centers.

Source: Parent Baseline Survey, data collected spring 2010.

Table E-4. Baseline Outcome Measures for the Evaluation of the EWP/HCCS Program, by Condition

| Measure ^a | Baseline Means (SE) | | Difference | t-statistic | p-value |
|---|---------------------|----------------|------------|-------------|---------|
| | Intervention Group | Control Group | | | |
| Primary outcomes (at-home consumption) | | | | | |
| Cups of fruits and vegetables | 2.46 (0.0791) | 2.61 (0.0782) | -0.15 | -1.36 | 0.1863 |
| Cups of fruits | 1.42 (0.0514) | 1.46 (0.0510) | -0.04 | -0.59 | 0.5630 |
| Cups of vegetables | 1.04 (0.0384) | 1.15 (0.0376) | -0.11 | -1.98 | 0.0606 |
| Used 1% or fat-free milk ^b | 37.22 (4.1787) | 35.83 (4.1522) | 1.40 | 0.24 | 0.8149 |
| Child's other dietary behaviors | | | | | |
| Ate variety of fruits ^c | 4.14 (0.0892) | 4.13 (0.0862) | 0.01 | 0.07 | 0.9482 |
| Ate variety of vegetables ^c | 3.33 (0.1613) | 3.43 (0.1603) | -0.10 | -0.44 | 0.6665 |
| Helped self/requested fruit as snack ^c | 3.28 (0.1427) | 3.38 (0.1414) | -0.09 | -0.46 | 0.6534 |
| Helped self/requested vegetable as snack ^c | 1.34 (0.1206) | 1.37 (0.1196) | -0.03 | -0.18 | 0.8602 |
| Helped parent make snacks or meals ^c | 2.10 (0.0932) | 2.01 (0.0897) | 0.10 | 0.77 | 0.4508 |
| Willingness to try new fruits ^b | 48.84 (2.9358) | 53.75 (2.9090) | -4.92 | -1.19 | 0.2467 |
| Willingness to try new vegetables ^b | 36.33 (2.0651) | 36.83 (2.0001) | -0.50 | -0.17 | 0.8628 |
| Ate low-fat or fat-free yogurt ^c | 2.24 (0.1241) | 2.05 (0.1222) | 0.19 | 1.07 | 0.2981 |
| Parent behavior and household variables | | | | | |
| Availability of fruits and vegetables ^d | 4.33 (0.0868) | 4.24 (0.0859) | 0.09 | 0.74 | 0.4642 |
| Parent offered fruit as snack ^c | 3.79 (0.0976) | 3.72 (0.0949) | 0.08 | 0.57 | 0.5747 |
| Parent offered fruit at dinner ^c | 2.00 (0.1389) | 1.84 (0.1380) | 0.16 | 0.83 | 0.4172 |
| Parent offered vegetable as snack ^c | 1.64 (0.1025) | 1.59 (0.1012) | 0.05 | 0.35 | 0.7266 |
| Parent offered vegetable at dinner ^c | 3.90 (0.2681) | 3.81 (0.2675) | 0.09 | 0.23 | 0.8174 |
| Availability of 1% or fat-free milk ^b | 49.39 (3.6525) | 45.99 (3.6331) | 3.40 | 0.66 | 0.5156 |
| Number of respondents | 552 | 591 | | | |
| Number of centers | 12 | 12 | | | |

^a Based on continuous measures of the identified construct, unless otherwise indicated.

^b Dichotomous variable indicates the proportion responding yes.

^c Reported as the number of days in the past week.

^d Index score (0-6) based on reported household availability of six fruits and vegetables.

Note: Standard errors (SEs) and t-statistic used to test the null hypothesis of no difference between intervention and control groups were derived from model-based comparisons adjusted for clustering of students within centers.

Source: Parent Baseline Survey, data collected spring 2010.

Table E-5. Unadjusted Baseline Means of Participants Providing Post-intervention Follow-Up Data for the Evaluation of the EWPHCCS Program, by Condition

| Measure ^a | Baseline Means (SE) | | Difference | <i>t</i> -statistic | <i>p</i> -value |
|---|---------------------|----------------|------------|---------------------|-----------------|
| | Intervention Group | Control Group | | | |
| Primary outcomes (at-home consumption) | | | | | |
| Cups of fruits and vegetables | 2.46 (0.0860) | 2.59 (0.0857) | -0.13 | -1.10 | 0.2832 |
| Cups of fruits | 1.42 (0.0532) | 1.45 (0.0531) | -0.03 | -0.42 | 0.6771 |
| Cups of vegetables | 1.04 (0.0430) | 1.14 (0.0425) | -0.10 | -1.57 | 0.1298 |
| Used 1% or fat-free milk ^b | 37.91 (4.4521) | 38.85 (4.4339) | -0.94 | -0.15 | 0.8821 |
| Child's other dietary behaviors | | | | | |
| Ate variety of fruits ^c | 4.15 (0.1036) | 4.20 (0.1015) | -0.05 | -0.34 | 0.7348 |
| Ate variety of vegetables ^c | 3.36 (0.1815) | 3.43 (0.1816) | -0.07 | -0.27 | 0.7919 |
| Helped self/requested fruit as snack ^c | 3.28 (0.1423) | 3.47 (0.1418) | -0.19 | -0.92 | 0.3667 |
| Helped self/requested vegetable as snack ^c | 1.29 (0.1400) | 1.44 (0.1399) | -0.15 | -0.77 | 0.4490 |
| Helped parent make snacks or meals ^c | 2.03 (0.1211) | 2.12 (0.1197) | -0.09 | -0.51 | 0.6169 |
| Willingness to try new fruits ^b | 49.57 (2.8186) | 52.25 (2.7955) | -2.68 | -0.67 | 0.5072 |
| Willingness to try new vegetables ^b | 36.80 (2.8887) | 35.35 (2.8726) | 1.45 | 0.36 | 0.7245 |
| Ate low-fat or fat-free yogurt ^c | 2.26 (0.1314) | 2.05 (0.1299) | 0.21 | 1.14 | 0.2653 |
| Parent behavior and household variables | | | | | |
| Availability of fruits and vegetables ^d | 4.33 (0.1053) | 4.25 (0.1053) | 0.07 | 0.49 | 0.6305 |
| Parent offered fruit as snack ^c | 3.70 (0.1081) | 3.81 (0.1060) | -0.10 | -0.67 | 0.5101 |
| Parent offered fruit at dinner ^c | 1.98 (0.1511) | 1.98 (0.1509) | 0.01 | 0.03 | 0.9755 |
| Parent offered vegetable as snack ^c | 1.56 (0.1155) | 1.65 (0.1149) | -0.09 | -0.55 | 0.5902 |
| Parent offered vegetable at dinner ^c | 3.92 (0.2814) | 3.87 (0.2817) | 0.05 | 0.11 | 0.9102 |
| Availability of 1% or skim milk ^b | 50.77 (4.3348) | 48.64 (4.3411) | 2.13 | 0.35 | 0.7321 |
| Number of respondents | 440 | 462 | | | |
| Number of centers | 12 | 12 | | | |

^a Based on continuous measures of the identified construct, unless otherwise indicated.

^b Dichotomous variable indicates the proportion responding yes.

^c Reported as the number of days in the past week.

^d Index score (0-6) based on reported household availability of six fruits and vegetables.

Note: Standard errors (SEs) and *t*-statistic used to test the null hypothesis of no difference between intervention and control groups were derived from model-based comparisons adjusted for clustering of students within centers.

Source: Parent Baseline Survey, data collected spring 2010.

Table E-6. Unadjusted Post-test Means for the Evaluation of the EWPHCCS Program, by Condition

| Measure ^a | Post-test Means (SE) | | Difference | t-statistic | p-value |
|---|----------------------|----------------|------------|-------------|---------|
| | Intervention Group | Control Group | | | |
| Primary outcomes (at-home consumption) | | | | | |
| Cups of fruits and vegetables | 2.57 (0.0698) | 2.51 (0.0688) | 0.06 | 0.61 | 0.5466 |
| Cups of fruits | 1.46 (0.0337) | 1.44 (0.0318) | 0.03 | 0.55 | 0.5899 |
| Cups of vegetables | 1.11 (0.0440) | 1.07 (0.0438) | 0.04 | 0.57 | 0.5773 |
| Used 1% or fat-free milk ^b | 41.82 (4.5093) | 34.49 (4.5140) | 7.34 | 1.15 | 0.2626 |
| Child's other dietary behaviors | | | | | |
| Ate variety of fruits ^c | 4.33 (0.1104) | 4.23 (0.1088) | 0.09 | 0.60 | 0.5527 |
| Ate variety of vegetables ^c | 3.44 (0.1313) | 3.36 (0.1306) | 0.09 | 0.47 | 0.6410 |
| Helped self/requested fruit as snack ^c | 3.34 (0.1517) | 3.26 (0.1511) | 0.08 | 0.39 | 0.6971 |
| Helped self/requested vegetable as snack ^c | 1.47 (0.1268) | 1.28 (0.1268) | 0.19 | 1.06 | 0.2996 |
| Helped parent make snacks or meals ^c | 2.30 (0.1222) | 2.27 (0.1212) | 0.02 | 0.14 | 0.8921 |
| Willingness to try new fruits ^b | 59.66 (2.4660) | 58.30 (2.4257) | 1.36 | 0.39 | 0.6977 |
| Willingness to try new vegetables ^b | 45.16 (2.3623) | 41.15 (2.2997) | 4.02 | 1.22 | 0.2358 |
| Ate low-fat or fat-free yogurt ^c | 2.41 (0.1325) | 2.23 (0.1315) | 0.18 | 0.97 | 0.3422 |
| Parent behavior and household variables | | | | | |
| Availability of fruits and vegetables ^d | 4.52 (0.0722) | 4.55 (0.0711) | -0.03 | -0.28 | 0.7795 |
| Parent offered fruit as snack ^c | 3.85 (0.1103) | 3.88 (0.1082) | -0.03 | -0.17 | 0.8646 |
| Parent offered fruit at dinner ^c | 2.27 (0.1014) | 1.96 (0.0981) | 0.31* | 2.17 | 0.0410 |
| Parent offered vegetable as snack ^c | 1.77 (0.1199) | 1.61 (0.1194) | 0.16 | 0.97 | 0.3403 |
| Parent offered vegetable at dinner ^c | 4.07 (0.2720) | 3.84 (0.2723) | 0.23 | 0.61 | 0.5502 |
| Availability of 1% or skim milk ^b | 54.52 (3.8067) | 52.11 (3.8094) | 2.41 | 0.45 | 0.6590 |
| Number of respondents | 440 | 462 | | | |
| Number of centers | 12 | 12 | | | |

*Indicates statistical significance if the *p*-value is less than or equal to 0.05.

^a Based on continuous measures of the identified construct, unless otherwise indicated.

^b Dichotomous variable indicates the proportion responding yes.

^c Reported as the number of days in the past week.

^d Index score (0–6) based on reported household availability of six fruits and vegetables.

Note: Standard errors (SEs) and *t*-statistic used to test the null hypothesis of no difference between intervention and control groups were derived from model-based comparisons adjusted for clustering of students within centers.

Source: Parent Follow-Up Survey, data collected summer 2010.

Table E-7. Attrition Analysis for the Evaluation of the EWPHCCS Program

| Characteristic | Estimated Odds Ratio (95% CI) ^a | 95% Wald Confidence Limits | | <i>p</i> -value |
|---|---|----------------------------|-------|-----------------|
| | | Lower | Upper | |
| Child demographics | | | | |
| Sex | | | | |
| Male (reference group) | 1.00 | — | — | — |
| Female | 1.26 | 0.922 | 1.724 | 0.1463 |
| Age | 0.96 | 0.759 | 1.208 | 0.7158 |
| Parent ^b /household demographics | | | | |
| Respondent's age | | | | |
| 18 to 34 (reference group) | 1.00 | — | — | — |
| 35 to 44 | 1.94** | 1.303 | 2.900 | 0.0011 |
| 45 or older | 2.72* | 1.107 | 6.660 | 0.0292 |
| Respondent's sex | | | | |
| Male (reference group) | 1.00 | — | — | — |
| Female | 0.69 | 0.393 | 1.207 | 0.1927 |
| Respondent's race and ethnicity | | | | |
| Black | 0.59* | 0.377 | 0.931 | 0.0231 |
| Hispanic or Latino | 0.71 | 0.466 | 1.081 | 0.1098 |
| White (reference group) | 1.00 | — | — | — |
| Other or more than one race ^c | 0.66 | 0.352 | 1.235 | 0.1931 |
| Size of household | 0.97 | 0.891 | 1.055 | 0.4719 |
| Number of respondents ^d | 1,143 | | | |

*Indicates statistical significance if the *p*-value is less than or equal to 0.05.

**Indicates statistical significance if the *p*-value is less than or equal to 0.01.

^a Estimate (with 95% confidence limits) indicates the odds ratio of completers (completed the follow-up survey) to attriters (did not complete follow-up survey) for each demographic characteristic.

^b Represents the parent/caregiver who completed the survey.

^c Includes respondents who selected more than one race category.

^d Attrition analysis includes 902 completers and 241 attriters.

Notes: Generalized linear mixed model (SAS PROC GLIMMIX) was used to evaluate program attrition while accounting for the clustering of students within centers. Dichotomous participation indicator (based on availability of post-intervention data) was regressed on child and parent demographic characteristics and household descriptors.

Source: Parent Baseline Survey, data collected spring 2010.

Table E-8. Child's Dietary Intake: Primary Impacts for the Evaluation of the EWPHCCS Program, by Strata

| NYC | | | | |
|---------------------------------------|------------------------------------|----------------|-------------------------------------|----------------|
| Child's Dietary Intake | Model-Adjusted Baseline Means (SE) | | Model-Adjusted Follow-Up Means (SE) | |
| | Intervention Group | Control Group | Intervention Group | Control Group |
| Cups of vegetables | 0.98 (0.0700) | 1.09 (0.0668) | 1.10 (0.0744) | 1.03 (0.0703) |
| Used 1% or fat-free milk ^a | 31.58 (0.0492) | 34.04 (0.0492) | 36.52 (0.0540) | 29.73 (0.0480) |
| Number of respondents | 265 | 303 | 199 | 237 |
| Number of centers | 6 | 6 | 6 | 6 |

| Outside of NYC | | | | |
|---------------------------------------|------------------------------------|----------------|-------------------------------------|----------------|
| Child's Dietary Intake | Model-Adjusted Baseline Means (SE) | | Model-Adjusted Follow-Up Means (SE) | |
| | Intervention Group | Control Group | Intervention Group | Control Group |
| Cups of vegetables | 1.08 (0.0668) | 1.17 (0.0672) | 1.11 (0.0690) | 1.14 (0.0719) |
| Used 1% or fat-free milk ^a | 41.10 (0.0522) | 38.78 (0.0514) | 45.16 (0.0539) | 36.81 (0.0524) |
| Number of respondents | 287 | 288 | 241 | 225 |
| Number of centers | 6 | 6 | 6 | 6 |

| Child's Dietary Intake | Estimated Impact (95% CI) ^b | p-value |
|---------------------------------------|--|---------|
| Cups of vegetables | 0.12 (-0.12, 0.36) | 0.3195 |
| Used 1% or fat-free milk ^a | 1.19 (0.69, 2.03) | 0.5366 |

^a Dichotomous variable indicates the proportion responding yes.

^b Program impact (with 95% confidence limits) was estimated via difference-in-difference models comparing change over time between treatment and control across the two strata (NYC and outside of NYC).

Notes: General linear mixed models (SAS PROC MIXED) for continuous impact variables and generalized linear mixed models (SAS PROC GLIMMIX) for dichotomous impact variables were used to evaluate the program impact while accounting for the clustering of students within centers. Covariates in the model included child age, child sex, number of people in the household, respondent race/ethnicity, respondent age, and respondent sex. Missing data ranged from 7 to 10%. SE = standard error. CI = confidence interval.

Source: Parent Survey, spring (Baseline) and summer 2010 (Follow-Up).

Appendix F
Instruments for Assessment of the Demonstration
Project's Evaluation

List of Contents

- F.1: Pre-evaluation Interview Guide for Evaluation Lead
- F.2: Review Form for Assessment of the Demonstration Project's Evaluation
- F.3: Outline for Demonstration Project's Evaluation
- F.4: Post-evaluation Interview Guide for Evaluation Lead
- F.5: Resource and Expense Tracking Form

F.1: Pre-evaluation Interview Guide for Evaluation Lead

Discussion Guide for Implementing Agency Evaluation Manager

[Pre-Implementation]

State: _____ Interviewer: _____
Respondent: _____ Date of Interview: _____
Title: _____ Study ID No: _____
Organization: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

OMB No. 0584-0554

Expiration date: 01/31/2013

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554). Do not return the completed form to this address.

Thank you for taking the time for this interview. The U.S. Department of Agriculture's Food and Nutrition Service has contracted with Altarum Institute to conduct a study of the Eat Well Play Hard in Child Care Settings program. Altarum is a health and nutrition policy research and consulting institute and our work focuses on helping to improve the health and nutrition status of children, families, and adults. This study will include not only outcome evaluation information but also process information on how it is being implemented and how you are evaluating the intervention. All of this will be useful to both FNS and to other SNAP-Ed implementing agencies that are planning to evaluate their own SNAP-Ed interventions.

We will be using first names only today. Everything you say will be kept private. After we conduct several of these interviews, we will write a report for the U.S. Department of Agriculture's Food and Nutrition Service. Your name will not appear anywhere in the report. Nothing said today will be attached to your name at any point. Nothing that you say will affect your job or be shared with your employers.

I expect that our discussion today will take 30 minutes. Before I begin, do you have any questions?

Overview of IA-Led Evaluation Design, Budget and Staffing

Several weeks ago we reviewed the IA application submitted to FNS, 2010 SNAP-Ed Plan, and additional updated materials you have provided to us about your evaluation plans. We summarized this information

and sent you a synopsis for your review. To begin our discussion today, we would like to go over that summary document with you and give you the opportunity to comment or suggest revisions and provide additional information that we could not fill in from the written materials.

1. After reading the summary does any information appear to be incorrect or inaccurately describe your project in any way? Please highlight any information that is incorrect or needs more clarification and make the necessary corrections or additions.

Is this information incorrect because your project has changed in some way since submitting your 2010 SNAP-Ed Plan or did we misunderstand or misinterpret something?

2. We want to be sure we understand your staffing plan for the evaluation. Which project staff or other staff will be responsible for conducting the evaluation? Please name staff and time allotted and if they will be involved in data collection only, data analysis only, in project implementation, or in any combination of these three activities.
3. Will any quality control or monitoring take place during data collection? If so, please describe.

Evaluation Planning Phase

Now let's briefly talk about your experiences in the design and planning phase for this evaluation.

1. What challenges, if any, have you faced during the design and planning phases of this evaluation?
2. What factors do you feel have contributed most to a successful design and planning phase?
3. What lessons have you learned during this key phase of the evaluation design? What would you do differently? What would you do the same?

Anticipated Challenges for Implementation

1. What challenges do you anticipate for this evaluation as you now approach your initial evaluation data collection phase?

Dissemination of Evaluation Results

1. When do you expect to complete data collection? When do you anticipate that you will complete data analysis?
2. How do you intend to use and/or disseminate your evaluation results?

That ends my formal interview questions. Do you have any information about your evaluation plans, comments or recommendations that you would like to add?

Thank you very much for your time and input on this very important project.

F.2: Review Form for Assessment of the Demonstration Project's Evaluation

ASSESSMENT OF IA-LED IMPACT EVALUATION
REVIEW FORM

To develop the evaluation review form, we started by emulating the data abstraction form that the Center for Substance Abuse Prevention (CSEP) used in development of the National Registry of Evidence-based Programs and Practices (NREPP) database, a service of the Substance Abuse and Mental Health Services Administration (SAMHSA; <http://www.nrepp.samhsa.gov/>). Then we compared the data abstraction form against the Society for Prevention Research Standards of Evidence criteria to ensure that the review form captured all relevant evaluation components (<http://www.preventionresearch.org/StandardsofEvidencebook.pdf>).

We expect raters to complete this review form after reading Implementing Agencies' (IA) State SNAP Ed Annual Final Reports and information extracted from other data sources as indicated in the accompanying matrix. We plan to collect much of the data for this review from data abstractions of IAs' applications and evaluation reports. Other data will be obtained from in-depth interviews with the evaluation manager at each of the IA sites.

Implementing Agency: _____

Reviewer: _____ **Date:** _____

Rating scale

| The evaluation component being rated... | | |
|--|----------|---|
| Not Acceptable | 1 | ...is missing or so poorly described that its value to the evaluation cannot be determined. |
| | 2 | ...is inappropriate, misunderstood, or misrepresented in such a way that it cannot contribute to an effective evaluation of the program. The actions or materials reported are not appropriate from the evaluation effort proposed. |
| | 3 | ...shows a general understanding of its role in the evaluation. However, key details have been overlooked or not thoroughly reported. Needs moderate revision to be considered acceptable. |
| Acceptable | 4 | ...is appropriate for the evaluation, technically correct, and is described well enough to show a general understanding of its role in the overall evaluation. Evidence shows that it will or has been implemented properly, but minor details may be missing or unclear. |
| | 5 | ...is appropriate for the program being evaluated and is presented in a way that shows the evaluator has a clear understanding of its role in the evaluation. |

A. Research Objectives and Hypotheses

Score: _____

- **Clarity of research questions/hypotheses the evaluation is addressing**
 - *Are the objectives stated in SMART terms (specific, measurable, achievable, realistic, time-bound)?*
 - *A clear theory of causal mechanisms should be stated.*
- **Alignment of evaluation goals and objectives with intervention activities**
 - *Do the objectives/hypotheses include endpoints that are behavioral, meaningful, and related to the program's theory of change?*

B. Viable Comparison Strategy

Score: _____

(Outcome Evaluation Research Design)

Note: under no circumstances should self-selection into treatment or control be viewed as an acceptable method for developing a comparison strategy.

- **Appropriateness of the control or comparison group**
 - *Are the members of the control/comparison groups likely to be similar to the members of the treatment group? Is the study an experimental (randomized) or a quasi-experimental (non-randomized) design? Does this strategy make sense in the context of the treatment program?*
- **Threats to the validity of the design**
 - *Have plausible threats to validity (i.e., factors that permit alternative explanations of program outcomes) been discussed?*
 - *The evaluator must be able to rule out other factors that could explain changes, such as competing programs, concurrent media campaigns, and the effects of maturation among evaluation participants.*
 - *Absent true randomization, there is additional onus on the program to identify and rule out alternative explanations of program effects.*

C. Sampling Size/Sampling Strategy

Score: _____

- **Sample size estimations**
 - *Should be supported by power analysis that indicates the sample is sufficient to detect statistically significant differences in outcomes between treatment and control/comparison groups.*
 - *The power analysis should be matched to the outcome evaluation design. It should be based on an anticipated program effect size that is empirically valid (i.e., drawn from published literature or pilot work).*
- **Method of selecting sample participants from the population.**
 - *Should specify what/who the sample is and how it was obtained. Should be detailed and provide a reasonable basis for generalization of program effects to the broader population of people 'like those' in the study.*
- **Recruitment plans.**
 - *Description of steps to be taken by project staff to increase the likelihood that members of the target population approached by the program will agree to participate in the program*
NOTE: no program will have 100% recruitment, but rates below 70% - 80% should be closely examined for justification.

D. Outcome Measures

Score: _____

- **Quality of the data collection instruments (surveys, interviews)**
 - *Information on reliability (internal consistency (alpha), test-retest reliability, and/or reliability across raters) and construct validity of measures should be provided.*
 - *When possible, the use of scales is preferable to single item measures.*
- **Alignment of evaluation measures with the intervention activities.**
 - *Outcome measures assess actual behavior change.*
 - *Outcome measures should map onto research objectives/hypotheses*
 - *Higher scores should be considered for measures that include intermediate factors in the behavior change process.*

E. Data Collection

Score: _____

- **Overview of data collection schedule**
 - *Timing of data collection should align with program activities*
 - *Should be realistic and achievable*
- **Rigor of the data collection process**
 - *Data collection for the intervention and comparison group participants should be similar. Any differences should be noted and justified.*
 - *Participant data should be anonymous (no names linked to data) or confidential (names linked to data are kept private).*
 - *Should include description of data management and data security measures*
 - *Describe longitudinal tracking procedures*
- **Quality of the data collection process**
 - *Evidence of thorough training of data collectors*
 - *High scores should be given for data collection procedures that are least likely to introduce bias or promote non-response.*

F. Data Analysis

Score: _____

Note: Descriptive statistics are not sufficient to show program effects!

- **Sample characteristics and baseline comparability**
 - *Tables showing demographic information and number of participants in the intervention and comparison groups*
 - *Statistical tests assessing baseline comparability across treatment conditions*
- **Statistical methods used to assess the program impacts**
 - *Multivariate statistics should be used to assess program effects*
 - *Statistical approach should be matched to the characteristics of the research design and the data being collected*
- **Additional Statistical Procedures and Analyses**
 - *Analyses/Methods for handling attrition bias are proposed/conducted properly*
 - *Procedures for accounting for missing data are proposed/conducted properly*
 - *Subgroup analyses proposed/presented for primary outcomes*
Potential indicators for specifying sub-groups include demographic and socioeconomic variables.

G. Attrition (loss of participants)

Score: _____

- **Attrition is program drop out.** *It is the differences between the number of participants completing baseline survey and the number completing the post-intervention and follow-up survey(s). Modest attrition should be anticipated in the design. Lowest scores given for extraordinary attrition rates.*

H. Missing Data (incomplete survey/items)

Score: _____

- **Missing data is survey non-response.** *It represents the absence of, or gaps in, information from participants who remain involved in the evaluation. Lowest scores given for a large amount of missing data.*

F.3: Outline for Demonstration Project's Evaluation

**Outline of Information Needed on
NYSDOH-Led Evaluation of *Eat Well Play Hard in Child Care Settings***

A. Research Objectives and Hypotheses

- 1. Provide hypotheses (research questions) addressed by the evaluation**
- 2. Specify each impact (outcome variable) assessed by the evaluation**

B. Comparison Strategy/Research Design

C. Sample Size/Sampling Strategy

- 1. Provide number of units (child care centers) and individuals (children) in the intervention group at the start of the intervention.**
- 2. Describe steps taken to increase likelihood that members of the target population approached by the program would participate (i.e., recruitment strategies used to increase the program response rate).**

D. Outcome Measures

- 1. For each impact (outcome variable) being assessed by the evaluation (including intermediate factors in the behavior change process, if appropriate)**
 - a. Describe key measures or indicators used to assess the intervention's impact (outcome variable)**
 - b. State whether the measures were scales or single item measures**
 - c. Provide information on reliability (internal consistency [alpha], test-retest reliability, and/or reliability across raters) and construct validity of each measure.**

E. Data Collection

- 1. Describe data collection methods and timing of pre- and post-intervention data collection.**
- 2. Describe training provided to data collectors.**
- 3. Provide information on survey response rates at pre- and post-intervention, including the numerator and denominator used in your calculations. If available, please provide this information by center.**

| Location | Pre-test Response Rate (%) | Post-test Response Rate (%) |
|--------------------------|----------------------------|-----------------------------|
| Outside of NYC | ____ % (X/Y) | ____ % (X/Y) |
| New York City | ____ % (X/Y) | ____ % (X/Y) |
| Total for New York State | ____ % (X/Y) | ____ % (X/Y) |

F. Data Analysis

1. Provide a table below showing demographic information and the number of parent participants for all participants and in the NYC and Outside of NYC intervention groups. Describe tests of statistical significance to assess comparability across the intervention groups. Tables 1a and 1b provide a suggested format for providing this information.

Table 1a. Demographic Characteristics of the Full Evaluation Sample and Comparisons between NYC and Outside of NYC Intervention Groups at Baseline

| Characteristic | Full Sample (N = 484) | Outside of NYC (n = 246) | NYC (n = 238) | χ^2 | p |
|-------------------------------------|----------------------------|--------------------------------|----------------------------|-------------------|-------|
| Age in years <i>M</i> (<i>SD</i>) | 48.29 (14.08) ^a | 48.34 (13.74) ^a | 48.30 (14.50) ^a | 0.07 ^b | 0.981 |
| Gender % | | | | 3.97 | 0.052 |
| Female | 77.69 | 81.30 | 73.73 | | |
| Male | 22.31 | 18.70 | 26.27 | | |
| Etc. | | | | | |

^a Mean (standard deviation).

^b *t*-values from studentized *t*-test.

Table 1b. Comparison between the Demographic Characteristics of the Full Intervention Sample and the Full Evaluation Sample at Baseline

| Characteristic | Full Intervention Sample (N = 484) | Full Evaluation Sample (N = 484) | χ^2 | p |
|-------------------------------------|--|--|-------------------|-------|
| Age in years <i>M</i> (<i>SD</i>) | 48.29 (14.08) ^a | 48.29 (14.08) ^a | 0.07 ^b | 0.981 |
| Gender % | | | 3.97 | 0.052 |
| Female | 77.69 | 77.69 | | |
| Male | 22.31 | 22.31 | | |
| Etc. | | | | |

^a Mean (standard deviation).

^b *t*-values from studentized *t*-test.

2. **Provide a table showing the comparison of demographic information for parent participants in the full evaluation sample from pre-test versus post-test. Describe tests of statistical significance to assess comparability across intervention groups. Provide similar tables for the NYC and Outside of NYC intervention groups. Tables 2, 3 and 4 provide a suggested format for providing this information.**

Table 2. Comparison of Demographic Characteristics between Full Sample at Pre-test versus Post-test

| Characteristic | Pre-test (n = 246) | Post-test (n = 238) | χ^2 | p |
|----------------------------|----------------------------|----------------------------|-------------------|-------|
| Age in years <i>M (SD)</i> | 48.34 (13.74) ^a | 48.30 (14.50) ^a | 0.07 ^b | 0.981 |
| Gender % | | | 3.97 | 0.052 |
| Female | 81.30 | 73.73 | | |
| Male | 18.70 | 26.27 | | |
| Etc. | | | | |

Note. The data in this table reflects completed surveys from parents at ___ centers at pre-test and ___ centers at post-test.

^a Mean (standard deviation).

^b *t*-values from studentized *t*-test.

Table 3. Comparison of Demographic Characteristics between Outside of NYC Sample at Pre-test versus Post-test

| Characteristic | Pre-test (n = 246) | Post-test (n = 238) | χ^2 | p |
|----------------------------|----------------------------|----------------------------|-------------------|-------|
| Age in years <i>M (SD)</i> | 48.34 (13.74) ^a | 48.30 (14.50) ^a | 0.07 ^b | 0.981 |
| Gender % | | | 3.97 | 0.052 |
| Female | 81.30 | 73.73 | | |
| Male | 18.70 | 26.27 | | |
| Etc. | | | | |

Note. The data in this table reflects completed surveys from parents at ___ centers at pre-test and ___ centers at post-test.

^a Mean (standard deviation).

^b *t*-values from studentized *t*-test.

Table 4. Comparison of Demographic Characteristics between NYC Sample at Pre-test versus Post-test

| Characteristic | Pre-test (n = 246) | Post-test (n = 238) | χ^2 | p |
|----------------------------|----------------------------|----------------------------|-------------------|-------|
| Age in years <i>M (SD)</i> | 48.34 (13.74) ^a | 48.30 (14.50) ^a | 0.07 ^b | 0.981 |
| Gender % | | | 3.97 | 0.052 |
| Female | 81.30 | 73.73 | | |
| Male | 18.70 | 26.27 | | |
| Etc. | | | | |

Note. The data in this table reflects completed surveys from parents at ___ centers at pre-test and ___ centers at post-test.

^a Mean (standard deviation).

^b *t*-values from studentized *t*-test.

3. **For each outcome measure, compare intervention groups at pre- and post-intervention and include the number of participants measured at each time period. Describe tests of statistical significance and their results. Table 5 provides a suggested format for providing this information for means and Table 6 provides a suggested format for providing this information for percentages.**
4. **If applicable, describe the modeling approach (model specification) used, including variables included in the model, software package used, and estimation procedures.**

G. Missing Data (item non-response)

1. **Describe procedures used to account for missing data, if any.**
2. **Provide amount of missing data on an item-by-item basis for the demographic and outcome variables included in the model (# of cases, % missing).**

Table 5. Comparisons between Pre- and Post-Intervention Groups on Outcome Measures (Means)

| | Outside of NYC | | | | NYC | | | | Total | | | |
|--------------------|----------------|-------------|----------|----------|-------------|-------------|----------|----------|-------------|-------------|----------|----------|
| | Pre | Post | <i>t</i> | <i>p</i> | Pre | Post | <i>t</i> | <i>p</i> | Pre | Post | <i>t</i> | <i>p</i> |
| Outcome | | | | | | | | | | | | |
| Variable 1 | | | | | | | | | | | | |
| Sample size | 246 | 175 | | | 238 | 169 | | | 484 | 344 | | |
| Mean (<i>SE</i>) | 1.42 (0.14) | 1.69 (0.15) | 1.92 | 0.057 | 1.68 (0.21) | 1.71 (0.22) | 0.17 | 0.861 | 1.49 (0.46) | 1.71 (0.32) | 0.17 | 0.763 |
| Etc. | | | | | | | | | | | | |

Note. The data in this table reflects completed surveys from parents at ___ centers Outside of NYC and ___ centers in NYC.

Table 6. Comparisons between Pre- and Post-Intervention Groups on Outcome Measures (Percentages)

| | Outside of NYC | | | | NYC | | | | Total | | | |
|-----------------------|-----------------|-----------------|----------|----------|-----------------|----------------|----------------|----------|-----------------|----------------|------------|----------|
| | Pre | Post | χ^2 | <i>p</i> | Pre | Post | χ^2 | <i>p</i> | Pre | Post | χ^2 | <i>p</i> |
| Outcome | | | | | | | | | | | | |
| Variable 2 | | | | | | | | | | | | |
| Sample size | 246 | 174 | | | 238 | 168 | | | 484 | 344 | | |
| Percent (<i>SE</i>) | 53.91 (4.41) | 67.92 (4.13) | 7.45 | 0.059 | 53.91 (4.41) | 59.0 (6.33) | 62.3 (6.23) | 1.50 | 59.91 (4.48) | 69.0 (6.23) | 69.3 (6.4) | 1.45 |
| Etc. | | | | | | | | | | | | |

Note. The data in this table reflects completed surveys from parents at ___ centers Outside of NYC and ___ centers in NYC.

F.4: Post-evaluation Interview Guide for Evaluation Lead

Discussion Guide for Implementing Agency Evaluation Manager
[Post-Implementation]

State: _____ Interviewers: _____
Respondent: _____ Date of Interview: _____
Title: _____
Organization: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

OMB No. 0584-0554

Expiration date: 1/31/2013

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0554). Do not return the completed form to this address.

Thank you for taking the time for this interview. As you know, the U.S. Department of Agriculture's Food and Nutrition Service has contracted with Altarum Institute to conduct a study of the **EWPHCCS** that is offering information to children and their families about healthy foods to eat and the importance of being active. Altarum is a health and nutrition policy research and consulting institute and our work focuses on helping to improve the health and nutrition status of children, families, and adults.

This study will include not only outcome evaluation information but also process information on how it is being implemented and how you are evaluating the intervention. All of this will be useful to both FNS and to other SNAP-Ed implementing agencies that are planning to evaluate their own SNAP-Ed interventions.

As I mentioned during our last meeting, we will be using first names only today. Everything you say will be kept private. After we conduct several of these interviews, we will write a report for the U.S. Department of Agriculture's Food and Nutrition Service. Your name will

not appear anywhere in the report. Nothing said today will be attached to your name at any point. Nothing that you say will affect your job or be shared with your employers.

I expect that our discussion will take about 30-45 minutes today. Before I begin, do you have any questions?

Outcome/Impact Related Questions for NYSDOH

The first set of questions is intended to clarify any information provided in your evaluation report that was unclear or for which we need additional information.

[Ask questions to clarify information provided in the evaluation report.]

Process Related Questions

Specific Changes from Planned to Actual Evaluation

We would like to know about the specific aspects of your evaluation that might have changed along the way. We want to be able to describe any deviations from the evaluation plan you described to us during our first meeting, and also know why you had to make any specific changes from your plans.

1. Did you make any changes over the 9 month period of the evaluation to your planned data collection techniques or instructions to the RDs about how to distribute and collect these surveys?

If yes, what caused these changes?

2. What changes, if any, did you make to your data analysis plan from what you had planned when we talked this summer?

What caused these changes?

3. What changes if any did you make in the staffing for your data collection or staffing for your data analysis?

4. Did you need more or less time than budgeted for staff to spend on the data collection? On the data analysis? Why do you think you needed more/less time than budgeted for these evaluation tasks?

5. Did you have any increased non-personnel costs or resources required for the evaluation compared to what you planned for?

If yes, what additional costs or resources were needed compared to what you planned for?

Alternative Explanation of Outcomes

6. Based on your analysis you saw statistical improvement in many of the desired outcomes --usually in the "outside of NYC sample" and sometimes in the "NYC" sample. With many programs, there are alternative explanations of outcomes that need to be ruled out due to plausible threats to validity. Other than the child and parent's exposure to the EWPHCCS curriculum, what would you say might be alternative reasons for the reported changes (e.g. other programs they are exposed to, concurrent media campaigns, other?)

Lessons Learned

Now I would like to ask a few questions about lessons learned about your evaluation now that it is complete.

7. Other than those we discussed above, what challenges, if any, have you faced during the implementation of this evaluation?
8. What do you think worked very well in the implementation of your evaluation? What factors contributed to what worked well?
9. What do you think did not work well and what factors contributed to this?
10. What lessons have you learned from conducting this evaluation?
11. Are you planning a future evaluation of your program?
12. Whether or not you are planning a future evaluation, what would you do differently?
13. What would you be sure to do the same?
14. Was your evaluation influenced/impacted at all because of the need to coordinate with an external evaluator? If so, how?

Dissemination Plans

15. Finally, how do you now plan to use and/or disseminate your evaluation results?

That ends my formal interview questions. Do you have any comments or recommendations that you would like to add? Thank you very much for your time and input on this important project.

F.5: Resource and Expense Tracking Form

Project Resource and Expense Tracking Form for NYSDOH Evaluation of Eat Well Play Hard in Child Care Centers Program

This data collection form will be used to summarize information about ACTUAL resources used for and expenses related to your evaluation of EWPHCCS.

2.1 Summarize actual staff costs (human capital) used for your *evaluation*

a) At the administrative, coordination, oversight level

| Title of position | Brief description of responsibilities | FTEs | Average salary for this position | Salary range for this position |
|-------------------|---------------------------------------|------|----------------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

b) At the evaluator level, IF APPLICABLE

| Title of position | Brief description of responsibilities | FTEs | Average salary for this position | Salary range for this position |
|-------------------|---------------------------------------|------|----------------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

c) IT/Technical Staff, IF APPLICABLE

| Title of position | Brief description of responsibilities | FTEs | Average salary for this position | Salary range for this position |
|-------------------|---------------------------------------|------|----------------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

d) Other

| Title of position | Brief description of responsibilities | FTEs | Average salary for this position | Salary range for this position |
|-------------------|---------------------------------------|------|----------------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

2.2 Describe the ACTUAL physical capital required to *evaluate* this project

- a) Space
- b) Audio/visual
- c) Computer/software
- d) Other

2.3 Please provide the following information for ACTUAL expenditures related to the evaluation of your SNAP-Ed intervention only (NOT FOR IMPLEMENTATION)

| Expenses | (a) Non-Federal Public Funds | | (b) Non-Federal, Non-cash | (c) Total Non-Federal Funds (a+b) | (d) Federal Funds | Total Funds (c+d) |
|---|------------------------------|-------------------|---------------------------|-----------------------------------|-------------------|-------------------|
| | Cash | In-kind Donations | | | | |
| 1. Salary/benefits | | | | | | |
| 2. Contracts/grants agreements | | | | | | |
| 3. Non-capital equipment/ supplies | | | | | | |
| 4. Materials | | | | | | |
| 5. Travel | | | | | | |
| 6. Administrative | | | | | | |
| 7. Building/space | | | | | | |
| 8. Maintenance | | | | | | |
| 9. Equipment and other capital expenditures | | | | | | |
| 10. TOTAL Direct Costs | | | | | | |
| 11. Indirect costs | | | | | | |
| 12. TOTAL Costs | | | | | | |

Appendix G
Process Evaluation Methodology

PROCESS EVALUATION METHODOLOGY

As described in chapter I, the following seven broad research questions provided the framework for the process evaluation design and approach:

- What was the demonstration project’s overall objectives and approach?
- How was the intervention implemented and administered?
- How many people did it reach and how much exposure did participants have it?
- What resources and associated costs were needed for implementation of the intervention?
- What were the facilitators, challenges, and lessons learned regarding implementation and administration of the intervention?
- What feedback did participants have about the implementation of and their satisfaction with the intervention?

These broad research questions and more specific indicators, also described in chapter I, guided the design of the Eat Well Play Hard in Child Care Settings (EWPHCCS) evaluation, including respondent samples, instrument development, data collection procedures, response rates, and analysis approach, all of which are described in detail in the following sections.

1. Research Design and Data Sources

As noted in the introductory chapter, the process evaluation methodology was designed to ensure comparable data collection across the four demonstration projects while allowing for project-specific tailoring of the approach. The research design for the EWPHCCS process evaluation was primarily qualitative in approach. The distinctive characteristics of this program, as well as their influence on the tailored research design, are summarized in exhibit G-1.

Exhibit G-1.— Characteristics of the EWPHCCS Program that Contributed to a Tailored Evaluation Research Design

| Characteristic | Implications for research design |
|---|---|
| 1 EWPHCCS is an ongoing SNAP-Ed program in New York State that is conducted at more than 200 centers across the State each year. | For cost and efficiency, the process evaluation focused on a sample of 12 randomly selected childcare centers implementing the intervention between March and June 2010. Because of the geographic diversity of these 12 sites across New York State, the in-depth, center-level, onsite interviews, observations and focus groups were conducted at three purposively selected childcare centers: one in upstate New York and two in New York City (including one center where the majority of parents are Hispanic and non-English speaking.) |
| 2 Given the geographic diversity of the 12 centers in the evaluation sample, 11 direct educators implemented the program at the study sites. | It was important to conduct in-depth interviews with the direct educators to document the variation in their experience in the program, obtain their perspective on the program design and implementation, and to document variations, if any, in the lesson topics taught at the intervention sites. Because the direct educators work and live far from one another, the research plan included in-person data collection only for the pre-intervention interviews. |
| Characteristic | Implications for research design |

- | | |
|--|--|
| 3 The 8–10 week cycles of EWPHCCS run on different schedules in New York City (NYC) versus the rest of the State. | The varied implementation schedule of the program required two general rounds of data collection for the evaluation. The first round was conducted for the six sites located outside of New York City from January through May 2010. The second round for the six NYC sites was conducted from late March through July 2010. |
| 4 Many families at the centers where EWPHCCS is conducted do not use English as their primary language. The intervention sites included two sites in NYC where Spanish is the primary language among the parents. | One of the three centers selected for the onsite visit in NYC was a center where the parent classes are taught in Spanish. At this site, the focus group was conducted in Spanish. |

To address each of the research questions it was necessary to gather both objective and subjective information, as such, the process evaluation team acquired and assessed data from secondary and primary data sources using multiple methods, including data abstraction; in-depth, open-ended interviews with stakeholders; direct educator lesson logs; questionnaires for childcare center staff members; direct nutrition education observation; and focus groups with parents and caregivers who participated in parent classes.

Exhibit G-2 summarizes how various sources were used to inform the six broad process-related research questions by providing a crosswalk of data sources—both secondary and primary—to the indicators that were collected and analyzed for the EWPHCCS demonstration project. More detail on the specific secondary and primary sources of information for the process evaluation is provided below.

Exhibit G-2.— Crosswalk of Process Evaluation Research Questions and Indicators to EWPHCCS Data Sources

| Research Questions and Indicators | Secondary Data Sources | Primary Data Sources | | | | |
|--|------------------------|-----------------------------------|------------------|--|------------------------|---------------------------------|
| | | Program Managers and Lead Trainer | Direct Educators | Child Care Center Directors and Teachers | Parents and Caregivers | Nutrition Education Observation |
| What was the demonstration project’s overall objectives and approach? | | | | | | |
| Target audience and intended reach | ✓ | | | | | |
| Intended effects | ✓ | | | | | |
| Method and setting of education delivery | ✓ | | | | | |
| Theoretical underpinnings or logic model | ✓ | ✓ | | | | |
| Project development timeline | ✓ | ✓ | | | | |
| Formative research and pilot testing | ✓ | ✓ | | | | |
| Number and topic of lessons | ✓ | | | | | |
| Key nutrition education messages and activities | ✓ | | | | | |
| Planned education dose and intensity | ✓ | | | | | |
| Types and sources of nutrition education materials | ✓ | | | | | |
| How was the intervention implemented and administered? | | | | | | |
| Management and oversight structure | ✓ | ✓ | | | | |
| Partnerships | ✓ | ✓ | ✓ | | ✓ | |
| Direct educators’ qualifications, characteristics, or training | ✓ | ✓ | ✓ | | | |
| Recruitment approach (for intervention sites, for parents) | | ✓ | ✓ | | ✓ | |
| Quality control and monitoring procedures | | ✓ | | | | |
| How many people were reached and how much exposure did participants have to the intervention? | | | | | | |
| Number of participating centers and classrooms | ✓ | | | | | |
| Number and demographics of participating children | ✓ | | | | | |
| Number of classes attended by children | ✓ | | | | | ✓ |
| Number of parents or caregivers attending parent classes | ✓ | | | | | ✓ |
| Number of classes attended by parents | ✓ | | | | | |

Exhibit G-2.— Crosswalk of Process Evaluation Research Questions and Indicators to EWPHCCS Data Sources (continued)

| Research Questions and Indicators | Secondary Data Sources | Primary Data Sources | | | | |
|--|------------------------|-----------------------------------|------------------|--|------------------------|---------------------------------|
| | | Program Managers and Lead Trainer | Direct Educators | Child Care Center Directors and Teachers | Parents and Caregivers | Nutrition Education Observation |
| What resources and costs were needed for implementation of the intervention? | | | | | | |
| Range and mean salary, by staff type | ✓ | | | | | |
| Number of FTEs, by staff type | ✓ | | | | | |
| Other direct costs | ✓ | | | | | |
| Physical capital used | ✓ | | | | | |
| What are the facilitators, challenges, and lessons learned regarding implementation and administration of the intervention? | | | | | | |
| Deviations from plan, reasons for deviations | | ✓ | ✓ | ✓ | | ✓ |
| Key challenges | | ✓ | ✓ | ✓ | | |
| Key facilitators | | ✓ | ✓ | ✓ | | |
| Recommendations for program improvement | | ✓ | ✓ | ✓ | | |
| What feedback did participants have about the implementation of and their satisfaction with the intervention? | | | | | | |
| Facilitators of and challenges to participation | | | | | ✓ | |
| Parent perception of the intervention goals | | | | | ✓ | |
| Parent satisfaction with the education | | | | | ✓ | |
| Reported changes in nutrition behaviors | | | | | ✓ | |
| Barriers or challenges to changing nutrition behaviors | | | | | ✓ | |
| Recommendations for improving program accessibility | | | | | ✓ | |
| Recommendations for improving program usefulness | | | | | ✓ | |

a. Secondary data sources

Exhibit G-3 lists the secondary data sources collected and reviewed at various stages of the evaluation. These sources served as rich sources of descriptive, objective information on key aspects of the demonstration project’s design and implementation. Abstracting this type of information from secondary sources helped to reduce the burden on key informants, who would otherwise have needed to supply this information through interviews or surveys. The existing sources that the evaluation team collected and reviewed can be categorized into four groups: planning and reporting, implementation documents, administrative data on program reach and dosage, and program costs.

Exhibit G-3.— Secondary Data Sources for the Process Evaluation of the EWPHCCS Demonstration Project

| Document Category | Specific Documents Reviewed |
|---|---|
| Planning and Reporting Documents | <ul style="list-style-type: none">• Demonstration project application• FY 2010 SNAP-Ed Plan |
| Implementation Documents | <ul style="list-style-type: none">• The EWPHCCS curriculum (10 modules)• Copies of “Parent Pages” for each module (take-home educational materials)• Direct educator toolkit (list of items needed to implement EWPHCCS)• Direct educator training agenda• EWPHCCS childcare center training observation form• Link-it-lessons (used in the program only in NYC) |
| Administrative Data on Program Reach and Dosage | <ul style="list-style-type: none">• Information on Federal FY 2010 EWPHCCS nutrition education activities from data collected by NYSDOH for the SNAP-Ed Education and Administrative Reporting System (EARS) |
| Program Costs* | <ul style="list-style-type: none">• Standardized cost tables consistent with FNS SNAP-Ed expenditure reporting requirements |

* The evaluation team provided a form for NYSDOH to complete to ensure cost data were collected in a standardized way (see “Resource and expenss tracking form” in Appendix A).

i. Planning and reporting documents

The New York State Department of Health’s (NYSDOH) original application to FNS for this study provided detailed background and objective information related to how NYSDOH planned to develop, implement, and evaluate the EWPHCCS demonstration project. New York State’s FY 2010 SNAP-Ed Plan was also reviewed to provide information related to the program’s stated objectives, approach, administration, and design.

ii. Implementation documents

Implementation documents, such as the EWPHCCS curriculum, parent handouts, training curriculum, and agenda contributed substantial objective information on the program’s educational messages, lesson objectives, and handout materials used for indirect education of the children’s families.

iii. Administrative data on program reach and dosage

The EWPHCCS program staff tabulated program reach data based on routine child and parent enrollment data that are collected at each site and entered into the SNAP-Ed EARS system for FNS. These data were provided for the statewide program and specifically for the 12 intervention sites. Based on information gathered to populate the EARS system, NYSDOH provided detailed data on the number and demographic

characteristics of the child and parent participants in EWPHCCS classes and the range and mean in the number of classes children and parents attended. These data were provided for the statewide program at all centers that began and completed the program during Federal FY 2010 and separately for the 12 intervention sites. For the intervention sites, NYSDOH provided these data by center so that similarities and differences in program attendance could be assessed across the two intervention regions (New York City and the rest of New York State). Because NYSDOH administrative data do not contain information on the number of classes each parent attends, parent follow-up survey responses were the data source for calculating average parent class exposure among those who attended any parent classes at the intervention sites.

iv. Program costs

NYSDOH provided data on resources and costs associated with implementing and evaluating the EWPHCCS program. Although NYSDOH was provided with a series of cost-related tables to complete, this information was categorized as a secondary data source because it was requested in a format that is consistent with FNS SNAP-Ed reporting requirements, thus should have already existed in one form or another.

b. Primary data sources

Primary data were collected from four categories of key informants—program-level managers, direct educators, intervention site key contacts (directors and teachers), and the target audience (parents of children in the intervention classrooms)—as well as through direct nutrition education observation. The information gathered from key informants was descriptive and primarily qualitative in nature. The timing of data collection from key informants was strategic; interviews with state-level staff members took place in January, prior to the start of the intervention at any of the 12 sites. Interviews with the EWPHCCS direct educators and childcare center directors were conducted both pre- and post-intervention, with the timing of the data collection tailored to accommodate the varied implementation schedules at each site. Focus groups with parents and questionnaires for the childcare center teachers were administered only post-intervention and within two weeks from the completion date of the intervention at their center.

Exhibit G-4 below lists the respondent types, methods used, and number of respondents for the process evaluation's pre- and post-intervention primary data collection efforts.

i. Program managers

In selecting program managers for interviews, the evaluators worked directly with the program director to identify key members of the EWPHCCS management team and to gain a basic understanding of their respective roles and responsibilities. Based on this information, the process data collection plan included interviewing the CACFP bureau director, the EWPHCCS director, and the EWPHCCS contract manager—all of whom work at the NYSDOH. These individuals were involved in the initial design and implementation of the EWPHCCS program and currently oversee its administration, implementation, and direct educator training. Our data collection plan also included a joint interview with the program director and manager at the New York City Department of Health and Mental Hygiene (NYCDOHMH), which administers one-half of the EWPHCCS program. This interview was also important to better understand the additional EWPHCCS components that are unique to the program in New York City.

Exhibit G-4.— EWPHCCS Respondent Types, Data Collection Methods, and Number of Respondents

| Type of Respondents | Data Collection Method | Number of Respondents | |
|---|--|-----------------------|-------------------|
| | | Pre-Intervention | Post-Intervention |
| Program Managers | | | |
| State Program Managers (bureau and program director) | Interview | 2 | 2 |
| NYC Program Managers | Interview | 2 | n/a |
| State Contract Manager (supervises implementing agency and lead training) | Interview | 1 | 1 |
| Direct Educators | | | |
| Direct educators conducting EWPHCCS at the 12 intervention sites | Interview | 11 | 11 |
| Intervention Site Staff | | | |
| Childcare Center Directors (at two centers in NYC and one center outside of NYC) | Interview | 3 | 3 |
| Lead teachers in classrooms at the 12 intervention sites where EWPHCCS was taught | Questionnaire | n/a | 32 |
| Program Participants | | | |
| Parents or other primary caregivers of children who participated in EWPHCCS | Focus Group | n/a | 23 |
| | Survey (process questions included in parent follow-up survey) | n/a | 440 |

Note: n/a= not applicable

ii. Direct educators

Collecting information from each of the direct educators who taught the program at the intervention sites was very important to document variations in their background and training and in program implementation, if any, and to ascertain their differing views on the facilitators and challenges to program recruitment and implementation.

iii. Intervention site staff

The center directors and classroom teachers were identified as the key process evaluation respondents from the intervention sites. Directors were selected for onsite interviews because they would be most familiar with the catalysts and challenges to implementation of the program from the perspective of the center administration. The directors were also the most knowledgeable about other classes and trainings that may have been conducted at the center. Thus, directors from each of the 12 intervention centers were asked to complete a brief questionnaire to list other nutrition education activities that may have occurred at their center.

The lead teachers in each of the intervention classrooms provided an important and unique perspective as direct observers of the child classes and a secondary target audience for the intervention. Through a post-intervention questionnaire, their input was sought to gain insights into which aspects of the program worked well or could be improved in the preschool classroom setting. They also were the only ones who

could report on whether and how the center teachers are incorporating EWPHCCS nutrition messages at mealtime and in the classroom.

iv. Parents and caregivers who participated in EWPHCCS parent classes

Because they would be knowledgeable about their child’s nutrition-related behaviors and because they were direct recipients of the EWPHCCS education efforts, parents were important respondents for the process evaluation and the most appropriate respondents from the EWPHCCS target audiences. Parents or caregivers were an important source of information related to accessibility of the nutrition education materials to parents, participant satisfaction, relevance of the messages and materials, and recommendations for improvement. As shown in exhibit VI-4 above, 23 adults participated in the three focus groups and 440 parents and caregivers participating in the intervention responded to the follow-up survey. The number of discussants in each group and their demographic characteristics are provided in appendix B).

v. Direct observation of nutrition education

The fourth primary data collection source was direct observation of a convenience sample of intervention classes. As noted above, the focus of these observations was on the education environment (e.g., classroom setting, classroom teachers’ engagement) and factors related to program fidelity (e.g., Did the nutrition educator implement the lesson as planned? Was the lesson implemented consistently across classrooms?).

2. Instrumentation

Data collectors used standardized secondary data abstraction tools and primary data collection instruments across the four demonstration projects. The wording of many of the questions in each key informant interview and the focus group discussion guide was tailored to each of the demonstration projects. While such customization was important to capture the unique aspects of each demonstration program, at each data collection occasion, the evaluators worked from the same core set of questions. All data collectors were trained on the use of these approved instruments to collect information essential to answering the process-related research questions and queries. In addition, key informant interviews included relevant, probing questions to allow for in-depth discussions of critical issues or topics.

Data collection commenced in December 2009. Detailed descriptions of the instruments developed and implemented as part of the process evaluation of the EWPHCCS, including their intent and various characteristics of their administration, are provided below. Secondary data collection tools are described first, followed by descriptions of the primary data collection tools. Copies of most of the process evaluation data collection instruments are provided in appendix A. The parent follow-up survey instrument is included in appendix C.

Data Collection Instruments Used to Collect Process Data on the EWPHCCS Program.

- Data abstraction tools
- Program cost form
- In-depth, open-ended key informant interview guides
- Questionnaire for child care teachers
- Parent and caregiver structured group interview guide
- Parent and caregiver follow-up survey (the subset of process questions)
- Nutrition education observation protocol

a. Secondary data sources

i. Data abstraction tools

Data abstraction from secondary data sources helped to reduce the burden on key informants who would have otherwise needed to supply this information through interviews or surveys. The data abstraction tool was designed to capture objective, yet descriptive information related to: formative research conducted to inform the project; the demonstration project's design (e.g., descriptions of the target audience, intervention goals, nutrition education delivery methods, curriculum content); and operational aspects of the program's implementation.

ii. Program cost form

The EWPHCCS management team compiled and provided us with resource and cost information for the program implementation statewide. NYSDOH was provided a standardized program cost information form that was also consistent with FNS SNAP-Ed reporting requirements. This form requested data on: human capital (e.g., staff roles and responsibilities, number of FTEs, as well as averages and ranges of salaries for each), physical capital (e.g., printing, labels, computers, folders), and line-item expenditures (e.g., salary and benefits, materials, travel) by funding source (i.e., non-Federal or Federal funds).

b. Primary data sources

i. In-depth, open-ended key informant interview guides

Consistent with a participant-oriented approach, primary data were elicited through in-depth, open-ended discussions with a number of key informants. A separate discussion guide was developed for each of these key informant types.

Since the EWPHCCS program level staff members have been administering and managing this program for several years, only one interview was conducted with these individuals for the process evaluation. An interview guide was developed for each of these key informants to capture rich information from them on the planning and design of the demonstration project, the training that had taken place, and their views on the facilitators and challenges of implementation based on their many years of experience with the program.

For the interviews with the 11 direct educators and the onsite interviews with center directors at three intervention sites, interviews were conducted before and after program implementation. Hence, for these key informants, two discussion guides were developed—one for use prior to implementation of the classes at their intervention site and one for use post-intervention. The pre-intervention interview guides were structured primarily to gather descriptive information on the background of the direct educators and the number of years they have worked in the program. Post-intervention interview guides with these key informants captured their views on the program's implementation at their intervention site, what worked well, and what could have gone better as well as their broader recommendations for the program.

ii. Questionnaire for childcare teachers

After the interventions were completed at each site, questionnaires were distributed in person or by mail to each lead teacher in the 12 study site classrooms. A shorter instrument with primarily closed-ended, multiple-choice questions was used for this key respondent group. This questionnaire specifically asked the teachers to rate how important they think eating more fruits and vegetables and choosing 1% or nonfat milk is for preschool children and their families. This instrument used open-ended questions which sought teachers' views on what worked well and what could be improved in the program, with separate questions that focused on the EWPHCCS child classes, the EWPHCCS take-home materials, and classes targeted to

parents and caregivers. The questionnaires for teachers also asked whether and how they had incorporated the EWPHCCS messages at meal time or in other parts of their preschool day.

iii. Parent and caregiver focus group discussion guide

The focus group discussion guide was designed to elicit experiences and perspectives from parents or caregivers whose children participated in the EWPHCCS intervention and who participated in at least one EWPHCCS parent class. These individuals also were recipients of indirect education through the distribution of nutrition education take-home materials. Topics addressed during each focus group included exposure to and accessibility of the intervention, level of satisfaction with the program, relevancy of the information and materials provided, perceived impacts on their or their child's nutrition-related behaviors, factors affecting fruit and vegetable availability at home, and recommendations for improving the program were covered during each focus group.

iv. Parent and caregiver follow-up survey (subset of process questions)

A short series of process-related questions were included on the FNS post-intervention parent and caregiver follow-up survey. The process questions focused on respondents' participation in the parent classes and reasons for nonparticipation in any or all of the classes, and their perceptions of the usefulness of the EWPHCCS handouts provided. Because New York State does not collect data that can track the number of parent classes each parent attended or the number of parents who did not attend any classes, the survey's parent-report is also the study's source of this dosage information. (See appendix C.)

v. Structured nutrition education observation protocol

The nutrition education observation tool allowed for the documentation of environmental influences (e.g., classroom setting, classroom teachers' engagement), participants' interest in the nutrition education lessons, and program fidelity. The tool also included several questions that were to be asked of the direct educator at the completion of each of the observed lessons. These questions offered the direct educator the opportunity to reflect on the previous lesson and describe any deviations from their lesson plan as well as anything that did or did not go particularly well.

3. Data Collector Training

Several months prior to onsite data collection, data collection team members participated in a comprehensive training. The purpose of this training was to review the logistics of the data collection plan, walk through the process of respondent recruitment, and provide guidance and instructions on scheduling these early site visits and coordinating interviews with multiple respondents. In addition, to ensure that data collectors used each interview instrument correctly and consistently, the training also included a review of the intent of each data collection instrument, the schedule of interviews, and the specific study research questions underlying the topics and questions within each of the respondent-specific interview discussion guides.

4. Data Collection Procedures

The process data collection team for the EWPHCCS comprised four evaluators, one of whom, a senior staff member, took a lead role on all recruitment and data collection activities. One evaluator conducted all interviews and focus groups with the Spanish-speaking staff members and parents. This section includes a detailed description of the procedures used to recruit program participants, collect process information from various sources, and document responses.

a. Data abstraction from secondary sources

All secondary data sources were collected directly from the demonstration project administrators as they became available. Because most secondary data sources were available prior to implementation, data abstraction was completed before onsite data collection commenced. Members of the process evaluation team carefully reviewed all documentation provided by the demonstration projects and abstracted key information to be included in the analysis and final summation of the project. Further, this review of materials substantially informed revisions made to key informant interview guides. This data abstraction tool and the information contained within it were used to develop a summary of the demonstration project's design and program content. When updated materials were provided to the project team or updated information was obtained through interviews, this summary was revised accordingly.

b. Data collection procedures for program-level key informant interviews

At the onset of the study and throughout the study period, the evaluation team maintained informal communication with the demonstration project staff—primarily the designated program liaison. This ongoing communication fostered a strong working relationship, and, as a result, formal recruitment of the program-level staff for key informant interviews was not necessary. However, to officially kick off our recruitment effort and to ensure timely, efficient communication of information required to finalize plans for onsite data collection, the following packet of materials was submitted to the New York State program staff approximately four months prior to the start of the intervention at the 12 sites, or two months prior to the first process evaluation interviews. This packet, which was sent electronically, included a

- Brief overview memorandum, or cover email, which described the packet of materials (sent as attachments) and outlined next steps, including timelines and expectations;
- Respondent contact information form for the program staff to complete with potential respondents' contact information;
- Draft letter for the program staff to review, revise as necessary, and submit to intervention and control site contacts to inform them about the independent evaluation and request their cooperation; and,
- Data collection plan summary, which provided an overview of our data collection plan for each site, including the number and type of respondents and timing of data collection.

NYSDOH program staff members were very responsive to this form of communication and effectively facilitated the recruitment of their staff, identifying a date, block of time, and location for the two evaluators to conduct the onsite interviews with program staff.

c. Data collection procedures for implementation site key informant interviews

In addition to facilitating and accommodating onsite data collection with demonstration project staff, the EWPHCCS program director sent the introductory letter described above to the director at each of the 12 intervention sites. Once delivery of these communications was confirmed to the intervention sites, the evaluation team took the following steps to complete recruitment of the intervention site contacts for the process evaluation:

- **Follow-up letter to provide overview of the impact and process evaluation design.** A follow-up email was sent to the center director and each of the 12 intervention schools. It provided a detailed description of the type and timing of data to be collected, and what would be needed from them during the study period. These letters described both the process and impact evaluation processes. Because the data collection plan differed for the three intervention sites selected for more intensive process data collection (including director interviews, onsite nutrition education observations and focus groups with parents), these sites received a modified version of the letter.
- **Follow-up telephone call.** Once the above correspondence was sent, the evaluators followed up with the directors at the three site visit centers to formally recruit them into the study, answer any questions they had, schedule a convenient time for the pre-intervention telephone interviews, and plan potential dates for the onsite nutrition education observations and post-intervention interviews and focus groups.

d. Recruitment and data collection procedures for parent and caregiver focus groups

A total of three parent and caregiver focus groups were conducted post-intervention—one in May 2010 at the upstate New York site visit center and two in June 2010 at the NYC site visit centers. Approximately three to four weeks prior to the focus group date, the center director at each of these sites was mailed a recruitment letter and flier to distribute to parents or caregivers of the nutrition education recipients who had attended at least one of the EWPCCS parent classes. The center directors provided us with a list of parents who were interested in participating and the first 10 respondents were included.

To meet an ideal group interview size of 6 to 8 participants, 10 to 12 parents or caregivers were recruited for each focus group to allow for an approximate 50 percent no-show rate. The following measures were taken to meet recruitment targets and maximize actual participation on the day of the focus group:

- Groups were scheduled while preschool was in session (either at drop-off time or one hour before the end of the preschool day) so that the parents would not be concerned with childcare during each focus group.
- A \$50 gift card incentive was offered to every parent for participation.
- Breakfast or dinner was provided before each focus group.
- Approximately one week prior to the focus group, the evaluators sent the director reminder note cards to distribute to parents or caregivers who were registered for one of the group interviews, and asked the director, if possible, to remind parents in person.

One or two days before each focus group was held, a member of the evaluation team made reminder phone calls to participating parents or caregivers. The \$50 gift cards were distributed to participants at the time of the interview, after each adult signed an informed consent form. In addition to the privacy-related information provided on the consent form, privacy assurance was offered verbally prior to the start of the interview, as was a reminder that participation in the interview was voluntary. The focus group discussions were recorded using a digital recorder and transcribed for future coding and analysis.

e. Classroom observations

Observations of the EWPCCS classes took place in March 2010 at the one site visit center in upstate New York and in May and June 2010 at the two site visit centers in New York City. The evaluation team

member completed the observation form during each lesson, administered the few questions on the form to the direct educator at the end of each lesson, reviewed the form for completeness, and transcribed handwritten information into an electronic copy of the form.

5. Analysis Approach

The evaluation team applied an analysis approach to the data that takes into account the range of data and respondent types used in the process evaluation. Key informant responses from EWPHCCS program managers, direct educators, and childcare center directors were compiled into a master Microsoft Word 2007 document and organized by broad process evaluation research question and process indicator. This approach helped to organize the extensive amount of information that was available and allowed for the identification of both broad themes (e.g., implementation challenges) and specific topics (e.g., lesson plan scheduling) as well as agreement and disagreement amongst respondents. Direct quotations were also identified where relevant and used to support key findings.

Transcripts from the focus groups with parents or caregivers of the children participating at EWPHCCS intervention sites were coded in QSR International NVivo Version 8, which allowed the evaluation team to systematically organize, process, and summarize information provided by this key stakeholder group. It also allowed us to capture the breadth of opinions offered by parents or caregivers, while also identifying common themes and issues. Direct quotations were also identified and used to support key findings.

Quantitative process data were primarily used to describe objective aspects of the EWPHCCS intervention, such as those related to dose, reach, and costs. Quantitative process data collected from parents or caregivers through the parent follow-up survey were analyzed using SAS 9.2. Frequencies of participant responses to each process question were reported. Qualitative information collected through key informant interviews, the teacher questionnaires, and the parent focus groups, including direct quotes, was used to further explain any quantitative findings. Integrating methods in this way provides the context needed to obtain a complete picture of the evaluation results.

Appendix H
Impact Evaluation Methodology

This appendix describes the methodology for the impact evaluation of the EWPHCCS program. We identify the research questions and describe the research design and sample selection, the survey instrument development and testing procedures, and the survey administration procedures for the baseline and follow-up surveys. We describe the procedures for data handling and data processing and the methodology for the impact analysis.

1. Impact Evaluation Research Questions

The primary objective of the impact evaluation was to assess whether the EWPHCCS program yielded positive and statistically significant changes in observed nutrition behaviors. The specific primary and secondary outcomes for the impact evaluation are described below.

▲ Primary Outcomes

Based on FNS' interest in observing a minimum increase in children's dietary intake of 0.30 standard deviation units, we hypothesized that children participating in the program would increase their average daily in-home consumption of fruits and vegetables by approximately 0.30 cups per day compared with children not participating in the program. We also hypothesized that there would be an increase in low-fat (referred to as 1% milk in the impact instrument) or fat-free milk consumption at home among program participants compared with children not participating in the program.¹

▲ Secondary Outcomes

We hypothesized that children participating in the program will increase other nutrition behaviors that may lead to increased fruit and vegetable consumption compared with children not participating in the program and that the behavior of parents or caregivers of children participating in the program will change in ways that support increased fruit and vegetable consumption in the home. Specifically, we considered the following secondary outcome measures in the impact evaluation:

- Variety: eat more than one type of fruit or vegetable each day
- Snacking: help self to or request a fruit or vegetable as snack
- Preparation: help parent make snacks or meals
- Willingness: willingness to try new fruits and vegetables
- Consumption: number of days ate low-fat or fat-free yogurt during past week
- Availability: average weekly in-home availability of fruits and vegetables and 1% or fat-free milk
- Parental offerings: frequency of parental offerings of fruits or vegetables as a snack and at dinner

2. Research Design and Sample Selection

The study population for the EWPHCCS intervention included 3- and 4-year-old preschool children and their parents or caregivers in approximately 156 low-income Child and Adult Care Food Program (CACFP) childcare centers throughout New York. These centers constitute the sampling frame which included two strata: New York City (NYC) and outside of NYC. From within each stratum, six pairs of CACFP centers were selected for inclusion in the study based on center type (standard versus Head Start), region, and size. Centers with less than 50 children enrolled were removed from consideration; selection within each stratum was conducted independently. Within each stratum, centers were organized according to type (standard or Head Start), and matched as closely as possible according to region and size. For

¹ The dairy lesson was not provided at one intervention center, Unity House, at the request of the center director.

NYC, 23 pairs of CACFP childcare centers were created, and 13 pairs of CACFP childcare centers were created outside of NYC.

Table H-1 presents the final assignment of CACFP childcare centers located in NYC for the evaluation of the EWPHCSS intervention. Random selection among the 23 pairs led to inclusion of two Head Start centers (one pair) and 10 standard childcare centers (five pairs). All centers were matched within region. Within each pair, one center was randomly allocated to receive the intervention, while the other center was allocated to the control group, the latter being scheduled to receive the intervention after the evaluation was completed.

Table H-1.— Assignment of Centers for the EWPHCSS Program Impact Evaluation: NYC

| Intervention Group | | | | Control Group | | | |
|--|------|-------------|----------|--|------|-------------|----------|
| Center | Size | Center Type | Region | Center | Size | Center Type | Region |
| Briarwood Early Childhood Center | 69 | S | Queens | National Sorority Phi Delta Kappa Early Childhood Education Center | 68 | S | Queens |
| Heartshare Human Services #4 | 80 | S | Queens | All Children's Child Care Center | 82 | S | Queens |
| St. Rita's Head Start | 138 | H | Bronx | South Bronx Head Start | 132 | H | Bronx |
| HAC Marshall England Early Childhood Learning Center | 65 | S | Bronx | Highbridge Advisory Council Day Care Center | 70 | S | Bronx |
| Alianza Dominicana Inc. | 78 | S | New York | UFOBCOI-Child Development Center | 72 | S | New York |
| Sumner Children's Center | 56 | S | Kings | Little Flower Day Care Center and Prep School | 60 | S | Kings |

Notes: Size = number of children enrolled in 3- and 4-year-old classes at time of sample selection, H = Head Start, S = standard (not Head Start)

Table H-2 presents the final assignment of CACFP childcare centers located outside of NYC. The selection process was conducted to provide representation across the following five geographic regions within the State of New York:

- Northeast (Schenectady, Washington, Fulton, Rensselaer)
- Central (Broome)
- Genesee/Rochester (Steuben, Wayne, Seneca, Monroe, Livingston)
- Long Island (Nassau, Suffolk)
- Mid-Hudson (Rockland, Westchester)

Table H-2.— Assignment of Centers for the EWPHCCS Program Impact Evaluation: Outside of NYC

| Intervention Group | | | Control Group | | |
|--|------|-------------|---|------|-------------|
| Center | Size | Center Type | Center | Size | Center Type |
| Wayne CAP Inc. Lyons Head Start | 54 | H | Wayne CAP Inc. Clyde Head Start | 54 | H |
| Unity House of Troy | 134 | S | YMCA of Greater Rochester | 76 | S |
| Washington County Head Start—Dix Avenue Site | 65 | H | Washington County EOC Head Start—River St. Site | 62 | H |
| LIHSCDS Wyandanch Head Start | 75 | H | LIHSCDS Amityville Head Start | 105 | H |
| Easter Seals Project Explore | 80 | S | Monroe Community College Child Care Center | 56 | S |
| LIHSCDS Bay Shore Head Start | 55 | H | LIHSCDS Bellport Head Start | 53 | H |

Notes: Size = number of children enrolled in 3- and 4-year-old classes at time of sample selection, H = Head Start, S = standard (not Head Start)

Random selection among the 13 pairs of CACFP childcare centers led to the inclusion of eight Head Start centers (four pairs) and four standard (not Head Start) childcare centers (two pairs). The four pairs of Head Start centers were matched within region, and the two pairs of standard childcare centers were matched across regions. Within each pair, one center was randomly allocated to receive the intervention, while the other center was allocated to the control group, the latter being scheduled to receive the intervention after the evaluation was completed.

▲ Sample Size Estimation

Sample size estimation procedures are used to quantify a researcher’s level of confidence regarding their ability to accurately reject the null hypothesis when empirical differences are statistically significant. Our main outcome measure and the focus of sample size estimation was the change in consumption of servings of fruits and vegetables by children participating in the EWPHCCS program as reported by their parents or caregivers. Our sample size estimation procedures follow the convention of estimating sample size allowing for a type II error rate of 0.20 (yielding 80 percent statistical power) and a type I error rate of 0.05, with a two-tailed test.

Sample size estimation was predicated on FNS’ interest in observing a minimum increase in children’s dietary intake of 0.30 standard deviation units and was carried out to identify the minimum number of parents from each school that would be needed to obtain sufficient statistical power. Few studies in the published literature provide data on parent-reported values of children’s fruit and vegetable consumption. We used estimates from a trial in Chicago that includes means and standard deviations for parent-reported measures of their children’s intake of fruits and vegetables. The study included six lower socioeconomic status communities and collected data from 516 parents. In this study population, mean fruit and vegetable consumption was 3.83 servings per day, with a standard deviation of 2.04 servings (Evans, Necheles, Longjohn, & Christoffle, 2007). Next, we determined an appropriate expectation for the magnitude of the program impact, often referred to as the effect size or the minimum detectable effect.

This number describes the anticipated change in observed outcomes among participants as a result of participating in the intervention. Based on the findings from the Chicago study, the realized net change is expected to be 0.30 cups of fruits and vegetables from baseline values between the two groups. This expectation is consistent with findings reported in a recent meta-analysis by Knai, Pomerleau, Lock, and McKee (2006) who found that across a range of dietary interventions, children’s fruit and vegetable consumption increased by 0.30 to 0.99 servings (i.e., 0.15 to 0.50 cups) per day.

Additional assumptions relate to the form of the standard error of the test of the intervention effect. These include the anticipated intra-class correlation coefficient (ICC), the proportion of variation attributable to the cluster (i.e., center) over and above the variation attributable to the individual, and the form of the statistical model. At present, we are unaware of any study that has published ICC estimates on parent’s reports of children’s dietary intake. However, a study of middle school youth reported an ICC of 0.034 for self-reported fruit and vegetable consumption (Murray, Phillips, Birnbaum, & Lytle, 2001). Using this study as a starting point, and recognizing the differences between the participants in Murray et al. (2001) and our study, we used an ICC 0.05 for our calculations.

The final assumption involves the form of the statistical model. Our calculations are appropriate for a mixed model regression model that includes baseline and follow-up measures of the outcome of interest (i.e., pre-test and post-test model) and allows for the inclusion of covariates associated with the outcome variable, but independent of the intervention. This model allows for two sources of reduction to the variance of the outcome. First, the use of a pre-test and post-test model helps ensure that baseline differences and potential confounding influences will be minimized. Second, the inclusion of covariates associated with the outcome of interest, but independent of the intervention, can further reduce unwanted variation in the outcome and improve statistical power. We decided which (if any) variables to include in the model by examining the baseline data. Demographic variables such as age, sex, and race or ethnicity are typically included.

We estimated sample size with the aim of detecting a change in consumption of servings of fruits and vegetables of 0.30 standard deviation units or better based on the parameters described above. Our calculations indicate a 97.3 percent probability of properly rejecting a false null hypothesis given complete data (pre-test and post-test) on an average of 23 participants per center with 12 centers in each condition. Table H-3 provides details of the sample size estimate for the EWPHCCS evaluation and our assumptions regarding response rate and attrition.

Table H-3.— Sample Size for the EWPHCCS Program Impact Evaluation

| Group | Number of Centers | Number of Children ^a | Number of Completed Surveys | |
|--------------|-------------------|---------------------------------|---|--|
| | | | Baseline Survey (Number of Parents and Caregivers) ^b | Follow-Up Survey (Number of Parents and Caregivers) ^c |
| Intervention | 12 | 720 | 393 | 275 |
| Control | 12 | 720 | 393 | 275 |

^a Assumed two classrooms per center, with an average of 30 children per classroom.

^b Assumed that 78 percent will consent to providing contact information and a 70 percent response rate for the baseline survey.

^c Assumed a 70 percent response and retention rate between the baseline and follow-up surveys.

3. Survey Instrument Development and Testing

We developed drafts of the survey instruments for the baseline (pre-intervention) and follow-up (post-intervention) surveys and conducted two rounds of interviews with parents and caregivers to test and refine the instruments. The impact instruments for the three demonstration projects with children as the target audience (Eat Well Play Hard in Child Care Settings, the Eagle Adventure, and All 4 Kids programs) were very similar because the primary outcome measures and some of the secondary outcome measures were the same. Our survey instrument development and testing procedures are described below.

a. Outcome measures and instrument development

To develop the impact evaluation instrument, we reviewed NYSDOH's application and the EWPHCCS curriculum and talked with the NYSDOH project staff to identify the primary and secondary outcome measures for the intervention. We then reviewed the instruments compiled as part of the literature review conducted for this study (Altarum Institute and RTI International, 2009) to identify instruments that address these outcomes and are feasible, appropriate for the target audience, reliable, valid, and sensitive to change. We worked with our consultant, Dr. Marilyn Townsend, a Cooperative Extension specialist at the University of California Davis, to develop the impact evaluation instrument.

The impact evaluation instrument for the EWPHCCS program collected information on the following:

- Primary outcomes: child's average daily in-home consumption of fruits and vegetables and use of 1% or fat-free milk
- Secondary outcomes: child's other dietary behaviors (i.e., variety, snacking, preparation, and willingness)
- Secondary outcomes: parent behavior and household variables
- Parent use of the educational materials sent home with the child
- Parent satisfaction with the educational materials sent home with the child
- Demographic characteristics of the household, respondent, and child

In developing the impact instrument, we assessed the appropriateness of the instrument for collecting data on fruit and vegetable outcomes. Exhibit H-1 provides information on the study population, mode(s) of data collection, reliability, validity, and sensitivity to change for the instruments used to develop the questionnaire items on outcome measures for the impact evaluation. The majority of the items were taken or adapted from instruments that have been administered successfully with low-income audiences, validated, and demonstrated to be reliable and sensitive to change in previous studies.

For the primary outcome measures, child's dietary behavior, we modified questions from the Food Stamp Program Fruit and Vegetable Checklist (Townsend, Kaiser, Allen, Joy, & Murphy, 2003) and University of California Cooperative Extension Food Behavior Checklist (Townsend, Silva, Martin, Metz & Wooten-Swanson, 2008) to ask the respondent (parent or other caregiver) to report on his or her child's consumption of fruits and vegetables. Respondents were instructed not to include meals eaten at school or day care so that they were reporting only on observed consumption behavior.

We assessed the readability of the instrument using the Fry Test (Fry, 1968). This test examines the proportion of syllables and sentence length and is a commonly used measure of reading level. Generally, the questions themselves were at the fifth grade reading level.

Exhibit H-1.— Summary of Instruments Used to Develop Impact Instrument for the EWPHCCS Impact Evaluation

| Outcome Measures | Instrument | Study Population(s) | Mode(s) of Data Collection | Reliability | Validity | Sensitivity to Change |
|---|--|--------------------------------|--|---|--|---|
| Cups of fruits, vegetables, and fruits and vegetables consumed by child each day^a Child ate variety of fruits each day^a Child ate variety of vegetables each day^a | Food Stamp Program Fruit and Vegetable Checklist (Townsend et al., 2003) University of California Cooperative Extension Food Behavior Checklist (Townsend et al., 2008) | Low-income women | Self-administered, self-administered in group setting, and interviewer administered individually and in groups | The internal consistency for the 7-item fruit and vegetable subscale was high ($\alpha = 0.80$) | The 7-item fruit and vegetable subscale showed a significant correlation with serum carotenoid values ($r = 0.44$, $p < 0.001$), indicating acceptable criterion validity and showed significant correlation with dietary variables | Demonstrated sensitivity to change for items expected to change as a result of the study intervention |
| Child used 1% or fat-free milk | NHANES 2005-2006 (CDC, 2007) | General population | Interviewer administered | Not reported | Not reported | Not reported |
| Willingness of child to try new fruits Willingness of child to try new vegetables | Willingness to try new fruits and vegetables (Jamelske, Bica, McCarty, & Meinen, 2008) | 4th, 7th, and 9th graders | Self-administered | Not reported | Not reported | Compared with controls, intervention participants reported an increased willingness to try new fruits and vegetables at school ($p < 0.01$) |
| Availability of fruits and vegetables at home during past week | Fruit, juice, and vegetable availability questionnaire (Marsh, Cullen, & Baranowski, 2003; Cullen et al., 2003) | Parents of 4th and 6th graders | Self-administered and interviewer administered via telephone | The internal consistencies for the fruit and vegetable availability items were high | There was significant agreement between self-reported and observed in-home availability for all fruit juices and most fruits and vegetables | Fruit, juice, and vegetable availability was a significant predictor of child fruit, juice, and vegetable consumption ($p < 0.05$) |

(continued)

**Exhibit H-1.— Summary of Instruments Used to Develop Impact Instrument for the EWPCCS Impact Evaluation
(continued)**

| Outcome Measures | Instrument | Study Population(s) | Mode(s) of Data Collection | Reliability | Validity | Sensitivity to Change |
|---|--|----------------------------|-----------------------------------|--------------------|-----------------|------------------------------|
| Child ate low-fat or fat-free yogurt during the past week | Questionnaire items were developed and tested by RTI | — | — | — | — | — |
| Availability of 1% or fat-free milk at home during the past week | Questionnaire items were developed and tested by RTI | — | — | — | — | — |
| Child helped self to/ requested fruit as snack | Questionnaire items were developed and tested by RTI | — | — | — | — | — |
| Child helped self to/ requested vegetable as snack | Questionnaire items were developed and tested by RTI | — | — | — | — | — |
| Child helped parent make snacks or meals | Questionnaire items were developed and tested by RTI | — | — | — | — | — |
| Parent offered fruit as a snack | Questionnaire items were developed and tested by RTI | — | — | — | — | — |
| Parent offered fruit at dinner | Questionnaire items were developed and tested by RTI | — | — | — | — | — |
| Parent offered vegetables as a snack | Questionnaire items were developed and tested by RTI | — | — | — | — | — |
| Parent offered vegetables at dinner | Questionnaire items were developed and tested by RTI | — | — | — | — | — |

^aThe questions were modified to ask the respondent (parent or other caregiver) to report on his or her child's consumption of fruits and vegetables.

b. Instrument testing

To pre-test the draft impact instrument, we conducted in-person interviews in July 2009 with SNAP recipients or eligibles who were parents or caregivers of children aged 3 or 4 years old enrolled in preschool or a Head Start program. Working with the North Carolina State Coordinator of the Expanded Food and Nutrition Education Program (EFNEP) and the EFNEP program assistant from Pitt County, North Carolina, we recruited and interviewed three individuals to evaluate the draft instrument for the baseline survey for the evaluations of Eat Well Play Hard in Child Care Settings, Eagle Adventure, and All 4 Kids. The interviews were conducted at the Pitt County Center in Greenville, North Carolina.

After obtaining informed consent, the interviewer went through the draft instrument question by question. After asking each question, the interviewer asked the respondent to provide his or her response, and to explain the reason for their response choice and whether the question or its responses were confusing or difficult to understand. Each interview lasted 30 to 45 minutes, and participants received a \$60 honorarium.

Based on the findings from these interviews and the five interviews conducted with Native Americans for the CNNS demonstration project, we modified questions and response items to improve understanding and deleted several questions that were redundant. The draft impact instrument asked questions about fruit and vegetable intake in terms of both servings and cups. We found that participants were not consistent in their responses for these questions and decided to limit the intake questions to ask for intake in terms of cups because this is the unit of measure used by My Pyramid.

In August 2009, we conducted five in-person interviews in Raleigh, North Carolina, to test the revised instrument. The purpose of the interviews was to test the revised questions on fruit and vegetable intake using cups (instead of servings) and to test the revised scale for questions that ask about the frequency of certain activities during the week (i.e., number of days or a scale with “yes, sometimes,” “yes, often,” “yes, every day,” and “no” as response options). We worked with an extension associate for EFNEP at the Wake County Cooperative Extension Center to recruit individuals for the interviews. Participants were parents of children ages 3 to 8 years and SNAP recipients or eligibles. One participant was male and four were female; two participants were White, Hispanic, and three participants were Black, non-Hispanic. One participant was 18 to 24 years old, three participants were 25 to 34 years old, and one participant was 35 to 44 years old. After reading and signing the informed consent form, participants completed the questionnaire, and the interviewer timed how long it took each participant to complete the questionnaire. Following completion of the questionnaire, the interviewer used a debriefing guide to lead participants in a discussion to understand why they chose their responses and to identify questions or terms that were confusing or difficult to understand. Participants received a cash honorarium of \$60 for participating in the 30-minute interview.

Participants were able to answer the questions on their child’s intake of fruits and vegetables in terms of cups. They found the graphics of the fruits and vegetables shown in measuring cups for different quantities (1, 2, and 3 cups) useful. These graphics were developed by Drs. Marilyn Townsend and Kathryn Sylva, University of California, Davis. Participants were able to answer questions with the revised scale of none, 1 to 2 days, 3 to 4 days, 5 to 6 days, every day. Participants were able to think back over the past week and “count” the number of times their children did a particular activity (e.g., number of days ate more than one kind of fruit or vegetable), so we decided to use the revised scale in the final instrument. Additionally, we made some revisions to questions and response items to improve understanding and consistency in answering the questions.

We developed three versions of the instrument.

- **Baseline survey.** The same instrument was used for the intervention and control groups. This instrument collected information on the primary and secondary outcomes and demographic information.
- **Follow-up survey for the intervention group.** This instrument collected information on the primary and secondary outcomes and included questions on use and satisfaction with the intervention materials.
- **Follow-up survey for the control group.** This instrument collected information on the primary and secondary outcomes.

Each survey took about 15 minutes to complete. We prepared separate versions of the instruments for administration by mail (survey booklet) and telephone (computer-assisted telephone interviewing [CATI] script). For the CATI version, respondents did not have access to the graphics with cups of fruits and vegetables. The survey instruments and other survey materials were available in English and Spanish. Copies of the final survey instruments (in English) for administration by mail are provided as appendix C

4. Survey Administration Procedures and Response

To maximize the response rate for the survey, we used a multimodal survey approach. Working with the childcare centers in the study, we distributed packets with information on the study and the questionnaire for the baseline survey. If participants consented to be in the study but did not return the mail survey, we contacted them by telephone and attempted to complete the survey over the phone. For the follow-up survey, we mailed the survey questionnaire and contacted nonrespondents and attempted to complete the survey by phone. We describe below the training of data collectors, the survey administration procedures, and the response to the survey.

a. Data collector training

We provided training for two types of data collectors: (1) field representatives who coordinated the distribution of the parent information packets at the centers and (2) telephone interviewers who administered the pre- and post-intervention surveys to study participants who did not respond to the paper or hard copy survey.

Each training class included a detailed training manual. The training manual provided background materials, including a study overview and glossary of terms; answers to frequently asked questions; description of likely data collection challenges and recommendations for avoiding or resolving them; confidentiality and data security procedures; interviewing techniques for the telephone interviewing training; procedures for logging completed interviews; and procedures for training the centers on the process for submitting data from the field.

Field representatives participated in a 3-hour training session held via teleconference approximately 6 weeks prior to the start of the intervention. Separate teleconferences were conducted for the two regions of the state (NYC and outside of NYC). Before attending training, each candidate received a training manual to read and home-study exercises to complete. Each field representative had to pass a certification exercise demonstrating proficiency in the required skills before beginning work. This certification exercise was completed individually by phone within 3 days of the teleconference training.

Telephone interviewers were trained to work on the data collection for all four demonstration projects. Interviewers attended a 2-day evening training totaling 8 hours for pre-survey administration and then a second 8 hours of training over two evenings for post-survey administration. For bilingual interviewers, an additional 2 hours of training were required to review the Spanish language version of the instruments. Before beginning work on the administration of either round of surveys, each telephone interviewer had to pass certification exercises demonstrating knowledge of the study, facility with the instruments and control system for documenting their work, and use of the equipment. The training included information on gaining respondent cooperation and time for interviewers to practice administering the questionnaire and documenting calls. The training used multiple formats, including classroom-style teaching, discussions, and role-playing. The survey protocol was reinforced by trainer demonstrations and post-classroom practice.

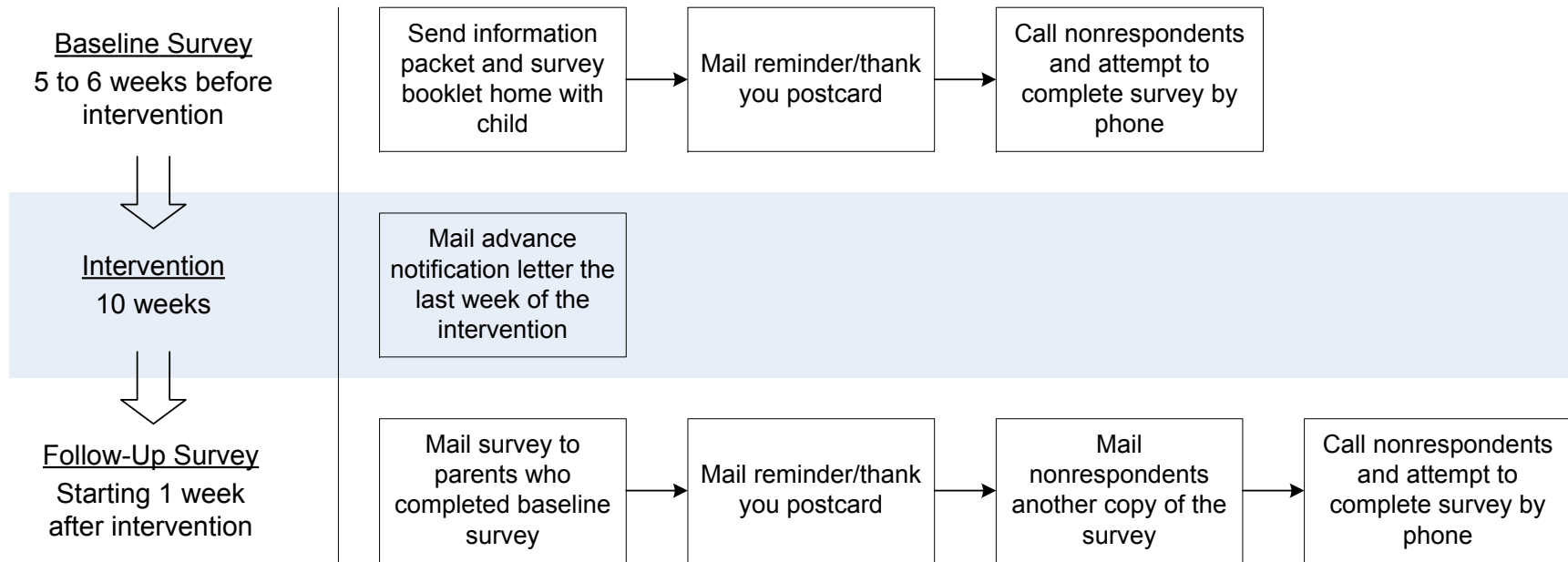
b. *Data collection procedures*

Exhibit H-2 illustrates the data collection procedures for the baseline and follow-up surveys. The baseline data collection was conducted from February to March 2010 for childcare centers located outside of NYC and from March to April 2010 for childcare centers in NYC. We worked with NYSDOH and the childcare centers to coordinate the recruitment for the baseline survey at the intervention and control centers. NYSDOH made the initial contact with the intervention and control centers to encourage their cooperation in the study. Approximately 5 to 6 weeks before the start of the intervention, teachers were asked to send home with the child (via their cubbies in the center or other standard mode of communication with the home) a preassembled information packet with an invitation to participate in the study and the mail survey booklet for the baseline survey. Parents or caregivers were asked to return a contact card indicating whether they wanted to participate and, if so, to provide contact information (e.g., name, mailing address, phone number, or contact number) sealed in the return envelope provided for this purpose. Parents or caregivers who agreed to participate in the study were asked to return the completed questionnaire in a separate envelope to preserve confidentiality. Children received a token incentive (e.g., finger puppets, Play-Doh) for returning the envelope to their teachers regardless of whether their parent or caregiver agreed to participate in the study. Teachers tracked the return of the envelopes with the contact cards and distributed the incentive to children who returned them. The site coordinator, a designated childcare center employee, collected the sealed envelopes with the contact cards and the separate envelopes with the completed surveys. These two types of envelopes were mailed separately to RTI for processing (to protect confidentiality of survey responses). We provided monetary incentives to the childcare centers (\$125 for each center), the site coordinator (\$50 for each center), and teachers (\$20 per teacher at each center) in appreciation for their assistance with the recruiting process. Parents or caregivers who completed the baseline survey received a \$10 cash honorarium.

If a contact card was returned but not a survey, we mailed a follow-up postcard 5 days later reminding participants to complete the survey and thanking them for their participation if they had already completed it. One week later, these nonrespondents were contacted by telephone interviewers to see if they would prefer to complete the survey over the phone. At least 15 call attempts were made to each working phone number at various times and on different days.

The data collection for the follow-up survey was conducted from May to July 2010 for childcare centers outside of NYC and from June to September 2010 for childcare centers in NYC. During the last week of the intervention, an advance notification letter was mailed reminding study participants about the follow-up survey. The mail survey packet was sent approximately 1 week later, which was 1 week after

Exhibit H-2.— Data Collection Procedures for the Impact Evaluation of the EWPHCCS Program



completion of the intervention. Five days later, we mailed a follow-up postcard reminding participants to complete the survey and thanking them for their participation if they have already completed it. A second mailing of the survey was sent 2 weeks after the reminder or thank-you postcard was sent. Telephone contact of nonrespondents began 1 week after the second mailing; at least 10 call attempts were made to each working phone number at various times and on different days. Respondents received \$15 cash for completing the follow-up survey. Appendix D provides a copy of the information packet materials for the baseline survey.

c. Survey response

Table H-4 provides the number of completed surveys for the intervention and control groups at baseline and follow-up by region. At baseline, 552 participants in the intervention group and 591 participants in the control group completed the survey. The combined consent and response rate for the baseline survey was 76 percent for the treatment group (77.32 x and 98.75) and 74 percent (75.09 x 99.00) for the control group. At follow-up, 440 participants in the intervention group and 462 participants in the control group completed the survey. The response rate for the follow-up survey was 80 percent for the treatment group and 78 percent for the control group. We greatly exceeded the targeted number of completed surveys for the intervention group (n = 275) and control group (n = 275). The response was higher than anticipated because we modified our procedures before the start of data collection to include the baseline survey booklet in the survey packet, instead of mailing the survey booklet to the parent or caregiver's home after receiving their contact information. We made this change in our procedures based on suggestions offered by the directors of participating childcare centers and to expedite the collection of the baseline survey data.

5. Data Processing and File Production Procedures

Data processing steps included entering the survey data, editing and cleaning the data, creating derived variables, creating the analysis data files, and producing data documentation. Throughout data processing and file production, we implemented quality control and assurance procedures as described below.

a. Data entry

Data entry consisted of entering data from the contact cards and mail surveys as well as entering data through computer-assisted telephone interviews (CATI) for respondents contacted by phone. Double-keying verification was performed on all contact cards and mail surveys. All data entry errors were resolved by comparing the first- and second-keying files. Item nonresponse was keyed as a "refusal," and data were checked for chronic item refusals. Parents or caregivers who did not complete the mail survey in a specific amount of time were contacted by telephone. Telephone interviewers entered the survey responses using CATI; thus, data entry was not required. The CATI program incorporated the questionnaire skip logic and included out-of-range checks for numeric responses.

Table H-4.— Number of Completed Surveys and Response Rates for the Baseline and Follow-Up Surveys by Region

| Treatment Group | Eligible Population (Number of Students) ^a | Consent Rate (%) ^b | Number of Completed Baseline Surveys | Response Rate for Baseline Survey (%) ^c | Number of Completed Follow-Up Surveys | Response Rate for Follow-Up Survey (%) ^d |
|--|---|-------------------------------|--------------------------------------|--|---------------------------------------|---|
| NYC Centers | | | | | | |
| Briarwood Early Childhood Center | 62 | 59.68 | 37 | 100.00 | 27 | 72.97 |
| Heart Share Human Services #4 | 48 | 58.33 | 27 | 96.43 | 23 | 85.19 |
| St. Rita's Head Start | 60 | 95.00 | 57 | 100.00 | 41 | 71.93 |
| HAC Marshall England Early Childhood Learning Center | 62 | 82.26 | 51 | 100.00 | 42 | 82.35 |
| Alianza Dominicana Inc. | 56 | 80.36 | 45 | 100.00 | 29 | 64.44 |
| Sumner Children's Center | 51 | 94.12 | 48 | 100.00 | 37 | 77.08 |
| Centers Outside of NYC | | | | | | |
| Wayne CAP Inc. Lyons Head Start | 32 | 59.38 | 19 | 100.00 | 18 | 94.74 |
| Unity House of Troy | 85 | 81.18 | 68 | 98.55 | 58 | 85.29 |
| Washington County Head Start-Dix Avenue Site | 102 | 66.67 | 67 | 98.53 | 56 | 83.58 |
| LIHSCDS Wyandanch Head Start | 64 | 87.50 | 53 | 94.64 | 39 | 73.58 |
| Easter Seals Project Explore | 48 | 68.75 | 33 | 100.00 | 32 | 96.97 |
| LIHSCDS Bay Shore Head Start | 53 | 90.57 | 47 | 97.92 | 38 | 80.85 |
| Total for Treatment Group | 723 | 77.32 | 552 | 98.75 | 440 | 79.71 |
| Control Group | | | | | | |
| NYC Centers | | | | | | |
| National Sorority Phi Delta Kappa Early Childhood Education Center | 57 | 64.91 | 37 | 100.00 | 31 | 83.78 |
| All Children's Child Care Center | 75 | 84.00 | 63 | 100.00 | 52 | 82.54 |
| South Bronx Head Start | 66 | 65.15 | 48 | 100.00 | 42 | 87.50 |
| Highbridge Advisory Council Day Care Center | 41 | 68.29 | 28 | 100.00 | 24 | 85.71 |
| UFOBCCI-Child Development Center Child Care Center | 92 | 91.30 | 82 | 97.62 | 62 | 75.61 |
| Little Flower Day Care Center and Prep School | 57 | 78.95 | 45 | 100.00 | 26 | 57.78 |
| Centers Outside of NYC | | | | | | |
| Wayne CAP Inc. Clyde Head Start | 33 | 66.67 | 21 | 95.45 | 16 | 76.19 |
| YMCA of Greater Rochester | 68 | 60.29 | 41 | 100.00 | 31 | 75.61 |
| Washington County EOC Head Start—River St. site | 54 | 59.26 | 32 | 100.00 | 24 | 75.00 |
| LIHSCDS Amityville Head Start | 120 | 81.67 | 96 | 97.96 | 80 | 83.33 |
| Monroe Community College Child Care Center | 62 | 72.58 | 44 | 97.78 | 37 | 84.09 |
| LIHSCDS Bellport Head Start | 70 | 77.14 | 54 | 100.00 | 37 | 68.52 |
| Total for Control Group | 795 | 75.09 | 591 | 99.00 | 462 | 78.17 |

^a The eligible population is based on class enrollment data available at the start of the intervention. The eligible population may differ from the reach data reported in Chapter II, which is equal to the actual number of unduplicated children who attended at least one EWPCCS class at their childcare center.

^b Consent rate = $\frac{\text{number of parents who returned the contact card and agreed to participate in the study}}{\text{eligible population}}$

^c Response rate for the baseline survey = $\frac{\text{number of completed baseline surveys}}{\text{number of parents who returned the contact card and agreed to participate in the study}}$

^d Response rate for the follow-up survey = $\frac{\text{number of completed follow-up surveys}}{\text{number of completed baseline surveys}}$

b. Data editing

To prepare the analysis data files, we made the following edits to the survey data:

- Investigated and addressed responses that fell outside a specified range for the contact card and mail survey data.
- Verified responses to categorical questions to ensure that they corresponded to a valid response.
- Checked for contradictory responses and investigated and addressed inconsistent responses, if necessary.
- Checked for incorrect flows through prescribed question skip patterns. This step was not necessary for CATI surveys because the programming logic incorporated the skip patterns.
- Checked for omission or duplication of records; for example, several missing items in a row can indicate that one or more pages in the survey were not keyed or there are other errors in the data entry process.
- For questions with an “other, specify” response, responses were coded to existing categorical responses and additional response codes were added as necessary. Additions of response codes are noted in the survey result tables. Open-ended responses recorded in Spanish at the data entry stage were translated to English and provided in the final dataset.

c. File production

Preparing the analysis data file for the impact analysis required several steps as described below.

- Combine the mail and phone survey responses: In cases where a CATI survey was completed before a mail survey was received for the same respondent, the mail survey data were kept for analysis.
- Create derived variables: Several analysis variables were derived using contact card information, survey responses, or a combination of both. Creation of these variables is described in the next section.
- Combine the baseline and follow-up survey data: Baseline and follow-up survey responses were combined to form a single analysis data file. Demographic information provided by respondents in the baseline survey and child contact card data were merged with the respective follow-up survey responses.

6. Impact Analysis

We compared changes in an intervention group that participated in the EWPHCCS program (12 childcare centers) and a control group that did not participate in the program (12 matched childcare centers). We used parent or caregiver reports of the child’s behavior to collect information on the child’s consumption and other dietary behaviors at baseline and follow-up. We describe below the measures and variables used in the statistical analyses and our modeling specifications.

a. Description of measures and variables used in statistical analyses

The contact card collected information on the child’s age and gender, and the baseline survey collected demographic information on the parent or caregiver respondent and their household. Exhibit H-3 identifies the demographic variables included in the impact analysis and provides information on procedures used to derive new variables.

Exhibit H-3.— Description of Demographic Variables Used in the Analysis

| Variable | Question(s) ^a | Analysis Variable Derivation |
|--------------------------------------|---|--|
| Child sex | Contact card | Male children were included as the reference group for the analysis. |
| Child age | Contact card | Child's age was determined using the date of birth information provided on the contact card (month and year of birth) at study enrollment and the date the baseline survey was received. |
| Respondent age | Question 26, "Which of the following best describes your age?" | Age categories were combined to create a three-level categorical variable: "18 to 34" (reference group for the analysis), "35 to 44," and "45 or older." |
| Respondent sex | Question 27, "What is your gender?" | Male respondents were included as the reference group for the analysis. |
| Size of household | Question 24, "How many people under 18 years of age live in your household?" and Question 25, "Including yourself, how many people 18 years or older live in your household?" | Responses to the two questions were summed to calculate the total number of individuals in the household, provided the respondent provided information for both questions. |
| Respondent race and ethnicity | Question 28, "Are you Hispanic or Latino?" and Question 29, "What is your race?" Multiple responses were allowed for the race question. | Responses to the two questions were combined to create a five-level categorical variable. Respondents indicating they were Hispanic or Latino were given priority over other race and ethnicity designations and assigned to "Hispanic." Respondents indicating they were not Hispanic and only selected Black or African-American as their race were assigned to "Black, non-Hispanic." Respondents indicating they were not Hispanic and only selected White or Caucasian as their race were assigned to "White, non-Hispanic" and is the reference group for the analysis. Respondents indicating they were American Indian or Alaska Native, Asian or Native Hawaiian, or who selected more than one race were assigned to "other or more than one." |

^aAppendix C provides copies of the survey instruments. The contact card is provided in appendix D.

The baseline and follow-up surveys collected information on the primary outcomes, the child secondary outcomes, and the parent secondary outcomes. Exhibits H-4 through H-6 identify the variables for the impact analysis and provide information on procedures used to derive new variables.

b. *Model selection*

The independent evaluation of the Eat Well Play Hard in Child Care Settings was based on an experimental design that included childcare centers from each of two strata: (1) the counties that constitute New York City and (2) the remaining counties from around New York State. From each stratum, six pairs of childcare centers were selected for inclusion in the study. We matched centers within strata and randomly assigned one center in each pair to receive the EWPHCCS intervention.

Matching is commonly used for two purposes. First, it ensures a similar distribution of factors that might otherwise bias the impact estimates. For EWPHCCS, we felt it was important to have a similar distribution in terms of center type (i.e., Head Start centers will be matched to other Head Start centers; non-Head Start centers will be matched to non-Head Start centers), geography (within county when possible), and center size. We retain this benefit regardless of which analytic model we choose. Second, matching can improve the precision of the model when the matching of similar units reduces random error by a degree that is strong enough to offset the reduction in degrees of freedom. In a matched design, the loss of degrees of freedom is a function of basing the analysis on independent pairs ($n = 12$), rather than on centers ($n = 24$).

The design of the EWPHCCS independent evaluation offers three possible modeling options. The first model includes strata as a fixed effect and would be applicable if variations in the data arose because of stratum-specific factors. The second model includes pairs as the unit of analysis and would be applicable if matched centers were sufficiently similar to reduce unwanted variation. The third model is the repeated-measures cohort model, which examines centers as independent units assigned to either intervention or control conditions. The information in table H-5 provides a comparison of the standard error and the Akaike information criteria (AIC) from each of the modeling options. For both the standard error and the AIC, smaller values are preferable. The observed treatment impact and degrees of freedom are also provided as points of reference. The information in table H-5 indicates that the model including stratification is the least efficient. Further, the nonsignificant time-by-condition-by-strata term ($p = 0.4077$) in this model indicates that changes from pre-intervention to post-intervention did not differ between conditions in the two regions.

The data in table H-7 also suggest that the precision gained from employing pairs in the analysis is offset by the reduction in statistical power that occurs because of the loss of degrees of freedom. In balance, our evaluation of modeling options shows that the repeated-measures cohort model comparing intervention centers to control centers offers a greater parsimony and provides a level of precision that is similar to the pair-matched model.

Exhibit H-4.— Description of Primary Outcome Variables

| Variable | Question(s) | Analysis Variable Derivation |
|--------------------------------------|---|---|
| Cups of fruits | Question 3, "During the past week, how many cups of fruit did your child eat each day? Do not include fruit juice." ^a | Continuous variable in half-cup increments. |
| Cups of vegetables | Question 5, "During the past week, how many cups of vegetables did your child eat each day?" ^a | Continuous variable in half-cup increments. |
| Cups of fruits and vegetables | Questions 3 and 5 (above) | Summed responses to Questions 3 and 5 to create continuous variable in half-cup increments. |
| Used 1% or fat-free milk | Question 15, "Did your child drink milk or use milk on his or her cereal at home during the past week?" and Question 16, "What kind of milk did your child drink or use on his or her cereal at home during the past week?" | Responses to the two questions were combined to create a binary variable with those indicating that their child used or drank 1% or fat-free milk assigned a value of "1," and those indicating that their child did not use milk or used whole or 2% milk assigned a value of "0." |

^a Response options were in half-cup increments ranging from 0 to 3 cups. Mail questionnaires provided visuals for none, one, two, and three cups.

Exhibit H-5.— Description of Child Secondary Outcome Variables

| Variable | Question(s) | Analysis Variable Derivation |
|--|--|---|
| Ate variety of fruits | Question 2, "How many days during the past week did your child eat more than one kind of fruit each day? Do not include fruit juice." ^a | Created continuous variable ranging from 0 to 7 using the midpoint for the 2-day responses (e.g., "1 to 2 days" was assigned a value of 1.5). |
| Ate variety of vegetables | Question 4, "How many days during the past week did your child eat more than one kind of vegetable each day? Do not include vegetable juice." ^a | Created continuous variable ranging from 0 to 7 using the midpoint for the 2-day responses. |
| Helped self to/requested fruit as snack | Question 9, "How many days during the past week did your child ask or help himself or herself to fruit for a snack?" ^a | Created continuous variable ranging from 0 to 7 using the midpoint for the 2-day responses. |
| Helped self to/requested vegetable as snack | Question 13, "How many days during the past week did your child ask or help himself or herself to a vegetable for a snack?" ^a | Created continuous variable ranging from 0 to 7 using the midpoint for the 2-day responses. |
| Willingness to try new fruits | Question 7, "Is your child willing to try a new kind of fruit?" | Binary variable was created with "Yes" responses assigned a value of "1" and "No" or "Maybe" responses assigned a value of "0." |
| Willingness to try new vegetables | Question 11, "Is your child willing to try a new kind of vegetable?" | Binary variable was created with "Yes" responses assigned a value of "1" and "No" or "Maybe" responses assigned a value of "0." |
| Ate low-fat or fat-free yogurt | Question 17, "How many days during the past week did your child eat low-fat or fat-free yogurt at home?" ^a | Created continuous variable ranging from 0 to 7 using the midpoint for the 2-day responses. |

^a Response options were "None," "1 to 2 days," "3 to 4 days," "5 to 6 days," and "Every day."

Exhibit H-6.— Description of Parent Secondary Outcome Variables

| Variable | Question(s) | Analysis Variable Derivation |
|--|---|---|
| Availability of fruits and vegetables | Question 1, "Were any of the following foods available in your home during the past week (include fresh, frozen, canned, and dried foods bananas, apples, grapes, melons, strawberries, and carrots)?" "Yes" or "No" response was provided for each item. | Created continuous variable ranging from 0 to 6 based on the number of "Yes" responses for availability of the six fruits and vegetables. |
| Parent offered fruit as snack | Question 8, "How many days during the past week did you give your child fruit as a snack?" ^a | Created continuous variable ranging from 0 to 7 using the midpoint for the 2-day responses. |
| Parent offered fruit at dinner | Question 10, "How many days during the past week did you give your child fruit at dinner?" ^a | Created continuous variable ranging from 0 to 7 using the midpoint for the 2-day responses. |
| Parent offered vegetables as snack | Question 12, "How many days during the past week did you give your child a vegetable as a snack?" ^a | Created continuous variable ranging from 0 to 7 using the midpoint for the 2-day responses. |
| Parent offered vegetables at dinner | Question 14, "How many days during the past week did you give your child a vegetable at dinner?" ^a | Created continuous variable ranging from 0 to 7 using the midpoint for the 2-day responses. |
| Availability of 1% or skim milk | Question 1(k), "Were any of the following foods available in your home during the past week (include fresh, frozen, canned, and dried foods)?—1% or skim milk" | Binary variable was created with "Yes" responses assigned a value of "1" and "No," "Don't know," and "Refusal" responses assigned a value of "0." |

^aResponse options were "None," "1 to 2 days," "3 to 4 days," "5 to 6 days," and "Every day."

Table H-7.— Comparison of Factors Used to Select Statistical Models for the Independent Evaluation of EWPHCCS

| | Treatment Impact | Std Error | Degrees of Freedom | AIC (model fit) |
|--------------------------------|-------------------------|------------------|---------------------------|------------------------|
| Stratified model | 0.2079 | 0.2458 | 20 | 6,885.8 |
| Pair-matched model | 0.1796 | 0.1113 | 10 | 6,876.8 |
| Repeated-measures cohort model | 0.1822 | 0.1164 | 22 | 6,876.8 |

c. Repeated-measures cohort models for program outcomes

EWPHCCS was evaluated with a research design that includes multiple levels of nesting. The term “nested” refers to situations that arise when one unit of analysis is uniquely located in a supra-ordinate unit of analysis (i.e., cluster). The independent evaluation of EWPHCCS included repeated measures on individual respondents (e.g., observation nested within respondent), with respondents who are nested within centers and centers that are nested in a study condition (i.e., intervention or control). When data are nested, responses within the same cluster tend to be correlated. If the correlated nature of the data is ignored in the selection and specification of the model, it is likely to lead to inflated type-I error rates. The study team developed a series of hierarchical, or mixed-effects, regression models to evaluate EWPHCCS outcomes. These models account for correlated responses by allowing for the inclusion of multiple sources of random variation.

Below we provide additional detail on the sampling models and link functions that describe the statistical models used to assess program outcomes and the structural models that detail the explanatory variables and the model coefficients. The sampling models vary at level one depending on the characteristics of the outcome measure; these characteristics determine the appropriate link function. All sampling models at level two and higher are assumed to conform to the assumptions of linearity (McCulloch & Searle, 2001; Raudenbush & Bryk, 2002).

Primary outcomes include parents’ reports on children’s fruit and vegetable consumption in the home and a combined fruit and vegetable score derived from these measures. These outcomes have a continuous measure, so we employed general linear mixed models with Gaussian (i.e., normal) distributions and an identity link function. Secondary impact variables include both a continuous measure and dichotomous measures. For those based on dichotomous measures, we employed generalized linear mixed models with a binomial distribution and a logit link function.

The structural model is assumed to be a linear and additive function of the outcome variable; for the binary models, the assumptions of linearity and additivity apply to the transformed outcome variable. These models are determined by the research question addressed rather than by the characteristics of the outcome.

i. Sampling models and linking functions

The sampling model describes the expectation and distributional characteristics of the outcome at each level of the model. For the variables that constitute the outcomes of interest for this evaluation, level-one sampling models vary according to the characteristics of the outcome under consideration.

For variables that express the outcome of interest as a continuous measure, the level-one sampling model can be expressed as

$$Y_{i,j,k} | \mu_{i,j,k} \sim N(\mu_{i,j,k}, \sigma^2). \quad (1)$$

This indicates that, given the predicted value $\mu_{i,j,k}$, the outcome ($Y_{i,j,k}$) measured at time t ($t = 0, 1$) for respondent i ($i = 1 \dots m$) from the j^{th} center ($j = 1 \dots 10$) assigned to the k^{th} condition ($k = 0, 1$) is normally distributed with expected value of $\mu_{i,j,k}$ and a constant variance, σ^2 . The expectations of these values are expressed as

$$E[Y_{i,j,k} | \mu_{i,j,k}] = \mu_{i,j,k} \text{ and } \text{Var}(Y_{i,j,k} | \mu_{i,j,k}) = \sigma^2 \quad (2)$$

for the mean and variance, respectively. When the outcome of interest follows a normal distribution, it can be expressed directly as a function of a set of explanatory variables. However, to simplify the expression of the structural models that follow, we note that

$$\eta_{i,j,k} = \mu_{i,j,k}, \quad (3)$$

which indicates that the modeled outcome $\eta_{i,j,k}$ is equal to the expected value of $Y_{i,j,k}$.

The level-one sampling model for variables that express the outcome of interest as a binary outcome follows a binomial distribution that can be expressed as

$$Y_{i,j,k} | \varphi_{i,j,k} \sim B(s_{i,j,k}, \varphi_{i,j,k}), \quad (4)$$

where $Y_{i,j,k}$ is the number of “successes” in each of $s_{i,j,k}$ trials, and $\varphi_{i,j,k}$ represents the probability of success on each trial. In the evaluation of EWPCCS, $s_{i,j,k} = 1$ and the binary variable follows a Bernoulli distribution where $Y_{i,j,k}$ takes on the value 1 (success) with probability $\varphi_{i,j,k}$, and the expected value and variance of $Y_{i,j,k}$ can be expressed as

$$E[Y_{i,j,k} | \varphi_{i,j,k}] = \varphi_{i,j,k} \text{ and } \text{Var}(Y_{i,j,k} | \varphi_{i,j,k}) = \varphi_{i,j,k} (1 - \varphi_{i,j,k}). \quad (5)$$

The canonical link when the level-one sampling distribution is binomial is the logit link, which is expressed as follows:

$$\eta_{i,j,k} = \log\left(\frac{\varphi_{i,j,k}}{1 - \varphi_{i,j,k}}\right) \quad (6)$$

and indicates that the modeled outcome $\eta_{i,j,k}$ is equal to the log of the odds of success.

The sampling distributions for level-two (and higher) models express the characteristics of the modeled random effects. Here, the term ($u_{0,j,k}$) is used to indicate random effects. For all of the structural models presented below, random effects are assumed to follow a normal distribution with

$$u_{0,j,k} | \zeta_{0,j,k} \sim N(\zeta_{0,j,k}, \sigma_u^2). \quad (7)$$

ii. Structural models

The structural models are used to express the expectation of the outcome as the function of a series of explanatory variables. In general form,

$$\eta_{ti:j,k} = \sum x_{ti:j,k} \beta_{ti:j,k} + \sum z_{0:j,k} u_{0:j,k} . \quad (8)$$

Here, $\eta_{ti:j,k}$ is the expected value of the outcome; $\sum x_{ti:j,k} \beta_{ti:j,k}$ is a shorthand representation for the set of fixed-effect covariates and coefficients; and $\sum z_{0:j,k} u_{0:j,k}$ is a shorthand representation for the set of random-effect covariates and coefficients.

As noted in the previous section, when the outcome of interest is represented by a variable that has a continuous measure, $\eta_{ti:j,k}$ represents the identity link, and from equation (3) it follows that

$$E[Y_{ti:j,k}] = \eta_{ti:j,k} . \quad (9)$$

When the outcome of interest is represented by a binomial variable, $E[Y_{ti:j,k}]$ is the predicted probability $\varphi_{ti:j,k}$ which can be derived from equation (6) by taking $\exp(\eta_{ti:j,k})$ as follows:

$$E[Y_{ti:j,k}] = \frac{1}{1 + \exp(\eta_{ti:j,k})} . \quad (10)$$

For continuous outcomes, we employ general linear mixed models where the expectation for $Y_{ti:j,k}$ in equation (9) is the appropriate form. However, when response options are binary, we employ generalized linear models where the expectation for $Y_{ti:j,k}$ in equation (10) is the appropriate form.

a) *Generalized Hierarchical Linear Model (HLM) Presentation*

The structural model used to assess the effects of EWPHCCS can be articulated as a three-level HLM. The observation-level model (level one) describes the outcome of interest as a function of initial status and change over time. The individual-level model (level two) includes two models, one for each of the two parameters of the observation-level model. The center-level model (level three) also includes two models, one for each of the intercepts in the two individual-level models.

Observation-level model (level one). In this model, $\eta_{ti:j,k}$ represents the response of the i^{th} parent or caregiver measured on occasion t , whose child attends the j^{th} center and is in the k^{th} condition. The model includes two parameters, one describing initial status, ($\beta_{0i:j,k}$) and the other describing the incremental change in $\eta_{ti:j,k}$ associated with a one-unit change in the variable TIME. For this model, TIME is indexed as “0” for baseline measures and as “1” for follow-up measures, leading to the interpretation of $\beta_{1i:j,k}$ as a change, or growth, parameter. Any variation between the predicted value and the observed value is accounted for by residual error ($e_{ti:j,k}$) in the Gaussian model but is a function of the expected probability in the Bernoulli model:²

$$\eta_{ti:j,k} = \beta_{0i:j,k} + \beta_{1i:j,k} \text{ TIME} + e_{ti:j,k} . \quad (11)$$

² For the Bernoulli model, $\varepsilon_{i:kp}$ is $\varphi_{ti:j,k} (1 - \varphi_{ti:j,k})$.

Individual-level models (level two). At the respondent level, each of the parameters (β) from the observation-level model is expanded. The first individual-level model, equation (12), describes $\beta_{0i:j:k}$, the initial status of the i^{th} respondent in the j^{th} center of the k^{th} condition, as a function of the intercept value of all respondents associated with center j ($\gamma_{00:j:k}$) and a random effect ($u_{0i:j:k}$) that allows for variation from the intercept value. A set of covariates characterizes the survey respondent (R_SEX, R_AGE, R_RACE), the index child (CH_SEX, CH_AGE), and the family household (HH); the coefficients associated with these covariates are not of direct interest.

$$\beta_{0i:j:k} = \gamma_{00:j:k} + \gamma_{01:j:k} \text{CH_SEX} + \gamma_{02:j:k} \text{CH_AGE} + \gamma_{03:j:k} \text{R_SEX} + \gamma_{04:j:k} \text{R_AGE} + \gamma_{05:j:k} \text{R_RACE} + \gamma_{06:j:k} \text{HH} + u_{0i:j:k} \quad (12)$$

$$\beta_{1i:j:k} = \gamma_{10:j:k} + u_{1i:j:k} \quad (13)$$

The second student-level model, equation (13), describes $\beta_{1i:j:k}$, the change or growth over time of the i^{th} respondent in the j^{th} center of the k^{th} condition as a function of the mean slope associated with center j ($\gamma_{10:j:k}$) and a random effect ($u_{1i:j:k}$) that allows for individual variation from the center-specific slope. Given the structure of the data being modeled, $u_{1i:j:k}$ is not directly estimable separate from $e_{ti:j:k}$, as noted in the mixed model specification by the brackets [] in equation (16) below.

Center-level models (level three). At the center level, the intercepts from the individual-level models are expanded. The first center-level model, equation (14), describes $\gamma_{00:j:k}$, the initial status of the j^{th} center of the k^{th} condition as a function of the mean intercept value across all centers ($\lambda_{00:0:k}$) and random effect ($u_{00:j:k}$) that allows for center-to-center variation from the overall intercept value. This model includes an indicator variable (COND) identifying centers as a member of either the intervention or control condition; its coefficient ($\lambda_{00:1:k}$) accounts for any difference in initial status between centers in the two conditions.

$$\gamma_{00:j:k} = \lambda_{00:0:k} + \lambda_{00:1:k} \text{COND} + u_{00:j:k} \quad (14)$$

$$\gamma_{10:j:k} = \lambda_{10:0:k} + \lambda_{10:1:k} \text{COND} + u_{10:j:k} \quad (15)$$

The second center-level model, equation (15), describes $\gamma_{10:j:k}$, the change over time of the j^{th} center of the k^{th} condition as a function of the mean slope across all centers $\lambda_{10:0:k}$ and a random effect that ($u_{10:j:k}$) allows for center-to-center variation from the condition-specific mean slope. This model also includes an indicator variable (COND) identifying centers as a member of either the intervention or control condition; its coefficient ($\lambda_{10:1:k}$) accounts for any difference in mean slope between centers in the two conditions.

a) Generalized Mixed Model Presentation

The five models described above can be combined into the familiar mixed-effects model shown in equation (16). In this expression of the model, fixed-effect terms are presented in standard typeface, and random-effect terms are presented in bold typeface. Fixed effects associated with lambdas (λ) represent center-level effects, while those associated with gammas (γ) represent individual-level effects.

$$\begin{aligned}
\eta_{ti:j:k} = & \lambda_{00:0:k} + \lambda_{00:1:k} \text{COND} + \lambda_{10:0:k} \text{TIME} + \lambda_{10:1:k} \text{COND} * \text{TIME} + \gamma_{01:j:k} \text{CH_SEX} \\
& + \gamma_{02:j:k} \text{CH_AGE} + \gamma_{03:j:k} \text{R_SEX} + \gamma_{04:j:k} \text{R_AGE} + \gamma_{05:j:k} \text{R_RACE} + \gamma_{06:j:k} \text{HH} \\
& + \mathbf{u}_{00:j:k} + \mathbf{u}_{0i:j:k} + \mathbf{u}_{10:j:k} \text{TIME} + \left[\mathbf{u}_{1i:j:k} \text{TIME} + \mathbf{e}_{ti:j:k} \right]
\end{aligned} \tag{16}$$

In equation (16), $\mathbf{u}_{1i:j:k} \text{TIME}$ is the component of variation associated with repeated measures within a person at a given point in time; as previously noted, that component cannot be estimated apart from residual error in this model and is dropped from further notation. Thus,

$\mathbf{u}_{0i:j:k} + \mathbf{u}_{00:j:k} + \mathbf{u}_{10:j:k} \text{TIME} + \mathbf{e}_{ti:j:k}$ represents the total variation in the outcome, $Y_{ti:j:k}$.

d. Analytic approaches for mixed-model regression

To account properly for the multiple sources of random variation that result from randomizing centers to conditions with measurements taken on children and parents nested within those centers, the study specified multilevel regression equations using SAS PROC MIXED (SAS Institute, 2004) and SAS PROC GLIMMIX (SAS Institute, 2006) for general and generalized linear mixed models, respectively. These two procedures offer a flexible approach to modeling the longitudinal and multilevel regression models specified here. A primary strength of the mixed model approach is that multiple random effects can be modeled independently. Under the general linear mixed model, the random effects are assumed to be independent and normally distributed; the random effects necessary to avoid misspecification for each model are identified in the preceding subsection. The analyses can be extended to non-Gaussian data in the generalized linear mixed model through the appropriate specification of an alternative error distribution and link function. The standard errors estimated and significance tests conducted account for the fact that centers (not child/parent) are the units of random assignment.

The models were estimated using restricted maximum likelihood (REML) for general linear mixed models and the restricted pseudo-likelihood (RPL) for generalized linear mixed models. These approaches provide parameter estimates by maximizing the probability that the predicted values agree with the observed data. They are iterative, similar to maximum likelihood (ML) estimation, but provide separate estimation for fixed and random effects. Separate estimation of the fixed and random components is less efficient, which may result in a slightly larger mean square error; however, estimates obtained in this manner are considered preferable because they produce less of a downward bias than ML estimates (Murray, 1998; SAS Institute, 2004, 2006).

Appendix I
Methodology for Assessment of the Demonstration
Project's Evaluation

This appendix describes the methodology for our assessment of NYSDOH's evaluation of the EWPHCCS program. We identify the research questions, describe the research design and data sources, and discuss the analysis approach.

1. Research Questions

The purpose of the assessment of NYSDOH's self-evaluation was to provide a detailed description of their evaluation methods, measure the quality of their evaluation, examine the soundness of the outcome measures, and determine the strengths and weaknesses of the evaluation's design and implementation. Specifically, this assessment addressed the following three broad research questions:

- How did each demonstration project plan to and actually evaluate the success of its intervention(s)?
- What were the results of each demonstration project's evaluation, and how do they compare with the independent evaluation?
- What lessons are learned about each demonstration project's evaluation?

2. Research Design and Data Sources

Determining the effectiveness of NYSDOH self-evaluation required a clear understanding of the planning, design, and implementation of the evaluation based on both objective and subjective measures. To the extent possible, our assessment was based on objective information (e.g., the evaluation report prepared by NYSDOH). Qualitative methods were used to gather in-depth information as well as perspectives of key players in the evaluation (e.g., program administrators and the evaluation manager). We describe below the data sources for our assessment of NYSDOH's self-evaluation, including the evaluation review form, evaluation cost form, abstraction of NYSDOH's evaluation report, and interview guides for interviews with key informants

a. Evaluation review form

To assess the quality of NYSDOH's self-evaluation, we used the evaluation review form provided in appendix F. To develop the evaluation review form, we adapted a scoring tool based on the one used by the Center for Substance Abuse Prevention in developing the National Registry of Evidence-based Programs and Practices (NREPP) database (see <http://nrepp.samhsa.gov/> for additional information). This is an evaluation form that we had previous experience with and had found to be valuable.

The evaluation review form (see exhibit I-1) includes eight components, each of which is scored on a scale of 1 to 5, with 1 = "missing or so poorly described that its value to the evaluation cannot be determined" and 5 = "is appropriate for the program being evaluated and is presented in a way that shows the evaluator has a clear understanding of its role in the evaluation."

Exhibit I.1—Criteria for Assessing the Quality of NYSDOH’s Self-Evaluation

| Evaluation Component | Specific Criteria |
|---|---|
| Research objectives and hypothesis | <ul style="list-style-type: none"> • Clarity of research questions and hypotheses that the evaluation addresses • Alignment of evaluation goals and objectives with intervention activities |
| Viable comparison strategy | <ul style="list-style-type: none"> • Appropriateness of the control or comparison group • Threats to the validity of the design |
| Sampling size and strategy | <ul style="list-style-type: none"> • Sample size estimation • Method of selecting sample participants from population • Recruitment plans |
| Outcome measures | <ul style="list-style-type: none"> • Quality of data collection instruments • Alignment of evaluation measures with intervention activities |
| Data collection | <ul style="list-style-type: none"> • Overview of data collection schedule • Rigor of data collection process • Quality of the data collection process |
| Data analysis | <ul style="list-style-type: none"> • Sample characteristics and baseline comparability • Statistical methods used to assess program impacts • Additional statistical procedures and analyses |
| Attrition | <ul style="list-style-type: none"> • Attrition rate |
| Missing Data | <ul style="list-style-type: none"> • Level of item nonresponse |

b. Evaluation cost form

To document the resources used and costs incurred by NYSDOH to evaluate the EWPHCCS program, we provided NYSDOH with a series of tables to complete at the end of the project. These tables, which were specific to the evaluation phase of the EWPHCCS project, were included in the previously referenced Resource and Expense Tracking Form (see appendix B for completed evaluation cost information). The format of the tables and the information requested therein was consistent with FNS SNAP-Ed reporting requirements, thus minimizing reporting burden. Specifically, we requested data on:

- Human capital (e.g., staff roles and responsibilities, number of FTEs, as well as averages and ranges of salaries for each);
- Physical capital (e.g., printing, labels, computers, folders); and
- Line-item expenditures (e.g., salary and benefits, materials, travel) by funding source (non-Federal or Federal funds).

NYSDOH completed the evaluation cost tables and submitted them at the completion of the demonstration project, or once all evaluation-related costs had been incurred. We reviewed these forms for completeness and used this information to summarize NYSDOH evaluation-related costs.

c. *Abstraction of demonstration project's evaluation report*

We provided NYSDOH with an outline for their evaluation report that followed directly from the evaluation review form. For each evaluation component, we developed an outline heading, thereby facilitating the NYSDOH evaluation manager in providing the type of data necessary for us to evaluate that aspect of their evaluation. The outline also included tables for providing information on outcome measures and the results of the evaluation. We pre-populated sections of the report based on data from prior interviews, reports, or conversations with the evaluation manager. We then sent the partially completed report to the evaluation manager to review the populated information and provide the additional information requested. We reviewed and abstracted key information from the report to complete our assessment of NYSDOH's self-evaluation.

d. *Pre-evaluation and post-evaluation interview guides for key informant interviews*

Primary data related to NYSDOH's evaluation of the EWPHCCS program were elicited from two key informants, involving in-depth, open-ended discussions. This method was used to capture rich, subjective information both before and after the completion of the demonstration projects' own evaluations. The first interview was conducted with the evaluation manager and focused on the planning and design of the evaluation, aiming to capture the experiences and anticipated challenges in the beginning phase of the project when the evaluation design and plan were being formulated. A post-intervention interview with the evaluation manager captured more detailed information about the implementation and analysis phases of the evaluation. A post-intervention group interview was also conducted with the EWPHCCS program directors and the supervisor of the EWPHCCS direct educators to document lessons learned with regard to the evaluation from a programmatic perspective, plans for dissemination of the findings, and potential future evaluations of the program.

Because of the different foci of the pre-intervention and post-evaluation interviews, two different interview guides were developed for the interviews with the evaluation manager. A subset of questions from the post-evaluation interview guide was used in the group interview with the program directors and EWPHCCS supervisor. Each guide was developed to be as concise as possible. (See appendix F for a copy of these interview guides.)

3. Analysis Approach

The assessment of NYSDOH's self-evaluation included a descriptive assessment of the management and costs of the evaluation; a descriptive assessment of the quality of their evaluation; a comparison of NYSDOH's study design and results with the FNS independent evaluation; and an assessment of lessons learned based on the quality assessment, cost analysis, and reported factors affecting evaluation implementation. Our analysis procedures are described below.

a. *Descriptive assessment of evaluation management and costs*

To assess and describe the NYSDOH's management of their evaluation, including roles and responsibilities, training, and aspects of quality control, we gathered and compared descriptive information provided by NYSDOH through their evaluation report and key informant interviews. We applied an analysis approach similar to that described for the process evaluation, which entailed compiling key informant responses to each interview question into a master Microsoft Word 2007 document and identifying direct quotations where relevant to support key findings. Costs associated with

the demonstration project's own evaluation were reported directly by NYSDOH through the previously described evaluation cost form; these numbers were reported as is and were not manipulated or used for any additional calculations.

b. *Descriptive assessment of the quality of NYSDOH's self-evaluation*

To assess the quality of NYSDOH's self-evaluation, we used the evaluation review form provided in appendix F. We collected much of the data to complete the review form by examining NYSDOH's evaluation report that was organized explicitly to address each of the evaluation criteria on our form. Other data were obtained from in-depth interviews with NYSDOH program staff. RTI had two people rate the evaluation (one rater was the designated impact evaluation leader for the FNS evaluation). We assessed inter-rater agreement and came to a consensus score. The overall assessment score was the average across the eight criteria categories. In addition to reporting the score for each category and the overall score, we prepared a descriptive assessment of the strengths and weaknesses of NYSDOH's self-evaluation.

c. *Comparison of NYSDOH's evaluation with the FNS independent evaluation*

RTI described the study design employed by NYSDOH for their evaluation and compared the design with that of the FNS independent evaluation, noting the similarities and differences in the two research designs and anticipated effects. Additionally, RTI compared the results of NYSDOH's self-evaluation with the FNS independent evaluation for constructs included in both evaluations, noting whether the results were similar or different in terms of direction and magnitude. This analysis was based on the abstraction of NYSDOH's evaluation report and the interview with the evaluation manager and other program staff.

d. *Assessment of lessons learned*

Altarum Institute used information collected primarily through key informant interviews to assess and describe lessons learned from the perspective of the demonstration project staff. Key informant responses to each interview question were entered into a master Microsoft Word 2007 document to allow for the identification of similarities and differences between lessons the key informants reporting learning through their evaluation of the EWPHCCS program. The assessment of lessons learned also described approaches for improving evaluations based on the weaknesses identified in our assessment of the quality of NYSDOH's self-evaluation.

Appendix J
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