Existing Evaluations for RECO Investments

PROGRAM DEVELOPMENT

EARLY CHILDHOOD OBESITY PREVENTION INITIATIVE EVALUATIONS:

Los Angeles Reducing Obesity in Child Care Settings (LA ROCCS):

Los Angeles Reducing Obesity in Child Care Settings (LA ROCCS) is a First 5 LA-funded initiative in strategic partnership with the Los Angeles County Department of Public Health (LACDPH). LA ROCCS uses a training and coaching model focused on increasing the capacity of licensed child care providers in family day care homes and centers as well as license-exempt providers to improve the nutrition and physical activity environments in their sites through multiple strategies. Providers will learn evidence-based practices and strategies through trainings and/or one-on-one coaching sessions from nutrition and physical activity coaches with the ultimate goal of reducing obesity among pre-school aged children in Los Angeles County.

Overarching Goal and Evaluation Questions:

LA ROCCS Goal: To develop healthy eating and physical activity habits and to reduce obesity among pre-school aged children in Los Angeles County in licensed and license-exempt child care settings.

1. How many licensed child center, licensed home day care, and license-exempt providers and children were reached by LA ROCCS?
2. In what ways did the LA ROCCS trainings and coaching change the knowledge, attitude, and readiness to change of the child care providers to improve nutrition and physical activity environments in their child care settings.
3. In what ways have nutrition and/or physical activity policies, practices, and environments changed as a result of LA ROCCS?
4. What are the barriers and facilitators that child care providers face in efforts to promote healthy nutrition and physical activity?

Pending further funding for a comprehensive evaluation of all First 5-funded childhood obesity initiatives, these additional evaluation questions could also be addressed:

5. What is the economic impact, if any, to providers making changes to nutrition and physical activity policies and/or practices?
6. Did LA ROCCS and other First 5-funded childhood obesity initiatives impact rates of overweight and obesity among young children in child care in Los Angeles County?

Evaluation Methods:

- Provider Survey – process evaluation
- Have a database to manage collected demographic data as well as information about coaching sessions.
  - Highlights of the LA ROCCS Database:
    - Programmed in MS-Access 2010/SQL as seven stand-alone databases with plans for a future, single web-based configuration
    - Data entry screens presented in seven TABS addressing various LA ROCCS data collection needs
o TAB #1 (Search Function/Provider Details): Each record contains workplace information about one provider who completed the workshop
 o TAB #2 (Workshop Details): Agency /Coach who taught workshop, date of workshop and workshop language
 o TAB #3 (Provider Survey): Language spoken at home, Ethnicity, Involvement in early childcare, number of children and families served
 o TAB #4 (Provider Contact Log): Offered to help each Coach document communication with each Provider who requests follow-up services
 o TAB #5 (Provider Goals and in-person Coaching Sessions 1-2): To document specific goal(s) and to document coaching visits #1 and #2
 o TAB #6 (Follow-Ups 3-5): Although rare, there could be more than two coaching visits for a Provider who requests coaching services
 o TAB #7 (Pre-programmed Queries/Reports): Offered to quantify/qualify services provided, as well as to assist Coaches plan their caseload of LA ROCCS training workshops and in-person coaching visit(s) over time

- Pre/Post Training Survey:
  o The Pre/Post Training Survey will measure change in knowledge, attitude, and readiness to change after the initial training. These surveys will be collected until 600 matched responses have been collected, at which point the surveys should be analyzed so that results can inform the program. Some challenges as described above include the burden of paperwork faced by the coaches teaching the training and the providers completing the survey. If changes are made to the training based on the results, the program team can decide whether they would like to collect more surveys to evaluate those changes.

- Policies and Practices Survey:
  o The Policy and Practices Survey will be given to a sample of classes of providers at the training (baseline) and again 6 months later (follow-up). This survey will include questions about knowledge, attitude, and readiness to change. After the initial training, participating classes will be given the baseline survey in a sealed envelope with a small incentive in hopes of increasing response rates. Six months later, the survey will be mailed again with a small incentive to the same participants.

- Half-day environmental assessments & survey questions
  o Environmental assessments are the most accurate way to objectively measure changes in environment or policies, and funding to conduct between 50 and 100 environmental assessments has been written into the year 3 budget. Plans for conducting those are in progress. The assessment of the environment will be paired with a questionnaire about policies that will be conducted onsite with the provider. An existing validated tool will be used to conduct these assessments.

- Key Informant Interviews
- One focus group

Los Angeles Managing Obesity in Moms (LA MOMS):

The Los Angeles Managing Obesity in Moms (LA MOMs) program, which addresses the third component of the initiative, is a program to reduce postpartum obesity. Knowing that postpartum women are often confined to their home and family environment, and resources and programs for overweight and obese postpartum women are limited and not readily obtainable, the program aims to include a social media/Internet component.

The evaluation activities for LA MOMs will focus on assessing the following:

- The implementation process of LA MOMs strategies (e.g., number/type of trainings, number/type of activities implemented, number of organizations participating in activities, percentage of activities completed; and adherence to the established benchmarks of fidelity to the LA MOMs model);
• Overall reach of the projects (e.g., number of people reached by various strategies);

• Potential change in knowledge, attitudes, beliefs, and/or intentions of mothers affected by LA MOMs strategies); and

• Barriers and facilitators to achieving the overall ECOPI project goals (e.g., ongoing monitoring efforts during the planning, implementation, outcome assessment, and translation/dissemination phases of each project to identify and troubleshoot issues that may arise during the course of the grant).

Process Evaluation
The process evaluation will address whether LA MOMs was implemented as planned; whether any deviations from the plan occurred; if so, what led to the deviations and what impact the deviations may have had on the planned interventions, as well as on the evaluation of project outcomes. Thus, the process evaluation will examine whether the short-term and long-term outcomes specified in the program design (i.e., increases in the frequency of engaging in healthy weight management behaviors) are achieved. LA MOMs will also establish benchmarks of fidelity to the LA MOMs model. Using strategies developed by Borrelli, et al. (2005) as a guide, benchmarks in areas of program design, training, delivery, receipt, and enactment of intervention skills will be developed and used to assess fidelity.

The process evaluation will also examine the characteristics of program participants and the trainers who provided train-the-trainer instruction to community-based partners. Information obtained from the process evaluation will be used to provide ongoing assessment of the implementation of the planned project and this information will be communicated to the various stakeholder groups. If information from the process evaluation implies that services are not being provided as planned or brings to light other problems with the project, the program can then be modified to address the issue and ensure the best outcomes for all parties involved. This type of information is critical to the evaluation of the program and will assist in refining the intervention throughout the project in order to improve the delivery of the planned intervention to the target population.

Targeted Evaluation
The targeted evaluation is centered on examining the impact the community/social-media based public education and skills-building campaign has on a) increasing exclusive breastfeeding rates and duration (at least 6 months) (targeted outcome #1) b) increasing the number of 8 oz. glasses or bottles of water consumed each day to at least 8 (targeted outcome #2); c) increasing mothers’ physical activity level by achieving goal of walking at least 10,000 steps a day, 5 days a week (targeted outcome #3); and d) decreasing perceived stress (targeted outcome #4).

The targeted evaluation will determine the effects of the program on the participants and examine what aspects of the intervention or other contextual factors are associated with participant outcomes, what individual characteristics are associated with participant outcomes, and the durability of the effects on participants.

This evaluation will involve the assessment of pre-post measures to determine individual and group level changes. These measures will be collected at several stages to monitor progress and inform program staff about immediate issues. A control group will be constructed using multivariate matched sampling methods that may incorporate propensity score data from the Los Angeles Mommy and Baby (LAMB) surveillance tool. Matching methods are used in many fields including economics, epidemiology, and medicine to estimate causal effects using observational data. It is considered a good alternative to measuring success of an intervention when randomization is not financially or otherwise feasible (Stuart, 2010).
Social Media Evaluation
The social media evaluation will track and assess the use all electronic media components (i.e. LA MOMs website, Facebook, Twitter, etc.) of the LA MOMs program. Key performance indicators in areas of insight (consumer feedback from social media applications), exposure (the number of times content on a social media application is viewed), reach (the number of people who have contact with the social media application and the related content, and three levels of engagement (low: the number of people who acknowledge agreement or preference for content; medium: the number of people who participate in creating, sharing, and using content and the degree to which they influence others; and high: the number of people who engage in offline events (which may be in addition to continued online activity) as a consumer or as a program partner, volunteer, or sponsor) will be measured (Neiger, et al., 2012).

Choose Health LA Kids (CHLA Kids):

Evaluation Activity #1: Internet Panel Surveys to Inform Program Improvement and Planning

Los Angeles County Department of Public Health (DPH) will issue purchase orders to internet panel survey firms (e.g., Global Strategy Group, uSAMP) to conduct at least two internet panel surveys of approximately 800 parents/caregivers each. The panel survey’s aim is to inform Choose Health LA Kids (CHLA Kids) progress monitoring efforts by assessing repeated self-reports on knowledge, attitudes, beliefs, and health behaviors that represent the intended targets for change by the various CHLA Kids interventions, which are now or will be in the field. These data will also offer year-to-year comparisons to internet panel surveys conducted to inform CHLA Kids program interventions. Data from these surveys, for example, can: 1) help DPH better understand and track public opinions and attitudes towards healthier eating and physical activity for children ages 0-5 years old and their families, and 2) help strengthen and refine subsequent public education campaign messaging or on-the-ground programming that has been launched or will be launched during Year 3 of this funded initiative. Timeline: Internet Panel Surveys to be implemented in January and March 2014.

Evaluation Activity #2: American Life Panel for Targeted Program Evaluation of the Restaurant Recognition Program

DPH will contract with a survey/study design agency or university to conduct, during Year 3 (2014-2015), internet-based program evaluations of the Choose Health LA Restaurant Recognition Program (RPP) and other CHLA Kids programs via assessments of potential restaurant patrons and targeted populations via recruited panels of Los Angeles County residents. This American Life Panel evaluations approach will used to monitor and study the potential impact of the RRP over time. It aims to capture consumer’s/resident’s perspective of CHLA Kids’ programming in the community. Timeline: Targeted survey with low-income groups will be implemented in May-June 2014.

Evaluation Activity #3: Mobile Technology Survey of Targeted Groups Affected by the Restaurant Recognition Program and other CHLA Kids programming

DPH will contract with a mobile technology survey firm to conduct, during Year 3 (2014-2015), surveys of the public/restaurant patrons to gauge the progress of the Choose Health LA Restaurant Recognition Programs and other Choose Health LA programs. This survey approach will utilize mobile technology to compare the perspectives and experiences of different consumer groups as well as other residents of Los Angeles County potentially impacted by these programs. Mobile research panel surveys will be implemented in May-June 2014.
Evaluation Activity #4: Field Poll

DPH will collect information on public opinions, knowledge and attitudes of families with young (minor) child(ren) through a telephone field poll survey. Field Poll objectives include the following:

- Data collected will be used to understand the public interest and attitudes of Los Angeles County families with children towards policies or programs related to healthy eating.
- Data collected will be used to identify receptivity to future policy, systems and/or environmental change strategies.
- Survey findings can be shared with state, and other local agencies/organizations to inform system-level and program planning in the community. Findings can be shared through a variety of channels, including presentations at local and national scientific conferences, issue briefs, and peer review publications.

Timeline: Field Poll Survey to be implemented in April 2014.

Evaluation Activity #5: DCFS Focus Groups

LA County DPH will contract with a marketing firm to conduct, in the Spring of 2014, four (4) pre-intervention foster/kinship and parent/caregiver focus groups. Four focus groups will be conducted with 5-10 foster/kinship or parent/caregiver with children ages 0-5 years old per group. The focus groups aim to identify foster care/kinship parents’ perceptions and views about healthy eating. The results will strengthen program planning for education efforts and assess effectiveness of overall messaging. Timeline: Focus groups with DCFS parents and caregivers will be implemented in the Spring of 2014.
**TOTS PARKS AND TRAILS:**

There has not been an evaluation done on Tots Parks and Trails.

**COMMUNITY INVESTMENTS**

**50 PARKS:**

The 50 Parks Initiative evaluation was done on parks intended to increase opportunities for physical activity for residents and to build social capital in the neighborhood. The study conducted a series of 84 semi-structured interviews, 10 park observations, and quantitative data analysis to gain a better understanding of the effects of the initiative.

The four research areas for this study are the effects of the parks on physical activity, crime rates, property values, and community life. The parks were compared with sites considered but not chosen for park development. Measures investigated include:

- Park user perceived safety
- Crime levels
- Property value
- System for Observing Play and Recreation in Communities (SOPARC): level of physical activity among users
- Social interaction

**FRESHWORKS FUND:**

No evaluation planned yet.

**HEALTHY FOOD ACCESS INITIATIVE: COMMUNITY GARDENS:**

**Evaluation Areas**

I. Description of each garden (using collaborative group’s documentation, meeting minutes)
   a. Process by which the garden site was selected, specifically how the site was identified and fits selection criteria
   b. Unique considerations, design challenges, issues involved with individual sites

II. Definition of service area; Description of community/neighborhood served by garden and how area generally compares to LA County as a whole
   a. Characteristics of the urban environment (using geographical information system [GIS] tools)
      i. accessibility of garden via public transit, autos, bicycle and foot
      ii. distance from major roads
      iii. available food options in area including grocery stores, convenience stores, liquor stores, restaurants, fast food establishments
      iv. presence of green spaces
      v. crime statistics
   b. Characteristics of residential population (using Census data)
i. Demographics including race/ethnicity, age distribution including 0-5 population, types of housing units, percentage of families that could be served by garden

c. Description of community stakeholders (using LANLT research)
   i. NPOs, CBOs, schools, churches, daycares, neighborhood groups

III. Description of families, community members involved in garden (using data collected by community organizer, CBO designee involved in leadership of garden, student interns)

   a. Application process for garden plot, application to include some basic questions
   b. Roster of garden members who receive plots
   c. Basic survey of garden members a three time points: orientation, 6 months, 12 months (using UCCE-modeled questionnaire)
   d. Qualitative interviews of garden members to obtain narratives of experience, before and after garden participation

IV. Activity of garden

   a. Cultivable acreage available at garden site, proportion cultivated versus used for other purposes (eg., educational areas, features for 0-5 population) (using GDML garden design plans)
   b. Plot usage: number of plots available, number of plots assigned, number of plots actively cultivated
   c. Attendees of meetings, efforts to specifically target families with children 0-5 years (system established to record participation including sign-in sheet and CBO designee involved in leadership doing head count)
   d. Attendees of classes (same as in c. above)
   e. Attendees of garden maintenance workdays, number of volunteer hours (same as in c. above)
   f. Number and type/description of programs offered by or developed out of the garden for community members and impact of these programmatic activities on participation in the garden (specifically in 0-5 children and their families) (using system established in c. above) and knowledge of healthy eating (using qualitative interviews of case examples)
   g. Produce grown, using three tracking systems
      i. Produce harvest scale and log (made available to general garden, part of training provided at orientation for new garden members)
      ii. Plot harvest (2-3 families designated, assigned individual scale and log, incentive to record crops grown and harvests, extrapolate to garden overall)
      iii. Overall garden survey to record variety of crops grown (conducted by student interns trained on survey methods, model after UCCE and UCR systems, possibly using IPads)

V. Impact of garden on indicators of childhood obesity

   a. BMI, waist circumference (in children aged 2-5 years) and body fat (in children aged 5 years) measurements on children involved in garden at three time points: baseline (orientation), 6 months, 12 months and on comparison group of age and race matched children (convenience sample of children from same neighborhood not involved in garden, potentially from daycare or preschool or church in community), incentivized (measurements made by student interns, assisted by CBO designee involved in leadership)

VI. Funds leveraged to sustain garden

   a. Garden fundraising efforts garden (using data collected by community organizer, CBO designee involved in leadership of garden)
   b. Sponsorships from outside organizations, businesses (using data collected by BWG)

HEALTHY FOOD ACCESS INITIATIVE: FRUIT & VEGGIE VOUCHER:

No evaluation planned yet.
<table>
<thead>
<tr>
<th>POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNITY COALITION: HEALTHY FOOD &amp; SAFE SPACE ACCESS</strong></td>
</tr>
<tr>
<td>There is process data being collected.</td>
</tr>
<tr>
<td><strong>ASIAN &amp; PACIFIC ISLANDER: OBESITY PREVENTION ALLIANCE: SAFE FOR APIS</strong></td>
</tr>
<tr>
<td>There is process data being collected.</td>
</tr>
<tr>
<td><strong>CALIFORNIA FOOD POLICY ADVOCATES: NUTRITION FOR LOS ANGELES FAMILIES</strong></td>
</tr>
<tr>
<td>At this point, California Food Policy Advocates will have process data but may potentially have access to data related to Cal Fresh access.</td>
</tr>
<tr>
<td><strong>COMMUNITY HEALTH COUNCILS: ASSESSING SWEETENED BEVERAGE TAX PROPOSAL &amp; ALTERNATIVES</strong></td>
</tr>
<tr>
<td>There is process data being collected.</td>
</tr>
<tr>
<td><strong>CHILD CARE LAW CENTER</strong></td>
</tr>
<tr>
<td>There is process data being collected.</td>
</tr>
<tr>
<td><strong>BREASTFEEDING TASKFORCE OF GREATER LOS ANGELES</strong></td>
</tr>
<tr>
<td>There is process data being collected.</td>
</tr>
<tr>
<td><strong>PUBLIC COUNSEL</strong></td>
</tr>
<tr>
<td>There is process data being collected.</td>
</tr>
<tr>
<td><strong>WESTERN CENTER ON LAW AND POVERTY</strong></td>
</tr>
<tr>
<td>There is process data being collected.</td>
</tr>
<tr>
<td><strong>OCCIDENTAL COLLEGE URBAN &amp; ENVIRONMENT POLICY INSTITUTE: POLICIES TO INCREASE ACCESS TO HEALTHY, LOCAL &amp; AFFORDABLE FOOD</strong></td>
</tr>
<tr>
<td>There is process data being collected.</td>
</tr>
<tr>
<td><strong>CALIFORNIA CENTER FOR PUBLIC HEALTH ADVOCACY</strong></td>
</tr>
<tr>
<td>There is process data being collected.</td>
</tr>
</tbody>
</table>