

Evaluation: Measuring Success

Annie Hardison-Moody, PhD

Director, Faithful Families

Research Assistant Professor

Department of Youth, Family, and Community Sciences

NC State University



Evaluation

- Process Evaluation
- Participant Evaluation – measure change pre- and post-lessons
 - Includes Social Media Questions
- Faith Community Assessment – measure policy & environmental change pre-and post-one year
- Success Stories



Process Evaluation



FAITHFUL FAMILIES EATING SMART AND MOVING MORE PROJECT CHECK LIST

TASK	LEAD PERSON	PLANNED DATE	ACTUAL DATE
PLANNING			
Faithful Families Online Curriculum Training Completed			
Faith Community Site Selected			
Faith Community Assessment Completed (online at www.FaithfulFamiliesESMM.org under "Resources and Tools")			
Lay Leader Selected			
Lay Leader Training Held			
Faithful Families Classes Scheduled			
Faithful Families Class Location Booked and Confirmed			
IMPLEMENTATION			
Faithful Families Classes Begin			
Faithful Families Entry Form Completed (on the first class)			
Faithful Families Classes End			
Faithful Families Exit Form Completed (on the last class)			
Meet with Lay Leader to discuss PSE Changes			
PSE Changes – Planning Completed			
PSE Changes Implemented			

October 2015




Participant Evaluation

- EFNEP – Include 24-Hour Food Recall
- Behavioral questions
(nutrition and physical activity behavior)

Participant Entry Form

Faithful Families Participant Entry Form



9/15 Entry

Facilitator Name: _____

Faith Community Name: _____

TELL ME ABOUT YOU!

Today's Date: _____

Name: _____

Address: _____

City: _____

North Carolina Zip: _____

Phone Number: (____) _____

Email: _____

Age: _____ Sex: Female Male

Are you pregnant? Yes No

Are you breastfeeding? Yes No

Are you Hispanic or Latino? Yes No

What is your race?

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

What is your highest grade completed in school?

<input type="checkbox"/> Grade 6 or below	<input type="checkbox"/> Grade 12
<input type="checkbox"/> Grade 7	<input type="checkbox"/> GED
<input type="checkbox"/> Grade 8	<input type="checkbox"/> Some College
<input type="checkbox"/> Grade 9	<input type="checkbox"/> Graduated 2 Year College
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Graduated College
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Post Graduate

Programs in which you and your family participate

Child Nutrition (Free/Reduced Lunch)

FDPIR (Food Distribution Program on Indian Reservations)

Head Start

SNAP (EBT Card)

TANF (Temporary Assistance for Needy Families)

TEFAP Commodity (Emergency Food Assistance Program)

WIC

Medicaid

Work First

Approximate household income:


\$ _____ per week per month

Please write the age of your child(ren).

Age: _____ Age: _____ Age: _____

Age: _____ Age: _____ Age: _____

How many adults live with you? _____





TELL ME ABOUT WHAT YOU USUALLY DO!

This is a survey about ways you plan and fix foods for your family. As you read each question, think about the recent past. This is not a test. There are not any wrong answers. If you do not have children, just answer the questions for yourself.

1. How often do you plan meals ahead of time?	Never	Seldom	Sometimes	Most of the time	Always
2. How often do you compare prices before you buy food?	Never	Seldom	Sometimes	Most of the time	Always
3. How often do you run out of food before the end of the month?	Never	Seldom	Sometimes	Most of the time	Always
4. How often do you shop with a grocery list?	Never	Seldom	Sometimes	Most of the time	Always
5. This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?	Never	Seldom	Sometimes	Most of the time	Always
6. How often do you thaw frozen foods at room temperature?	Never	Seldom	Sometimes	Most of the time	Always
7. When deciding what to feed your family, how often do you think about healthy food choices?	Never	Seldom	Sometimes	Most of the time	Always
8. How often have you prepared foods without adding salt?	Never	Seldom	Sometimes	Most of the time	Always
9. How often do you use the "Nutrition Facts" on the food label to make food choices?	Never	Seldom	Sometimes	Most of the time	Always
10. How often do your children eat something in the morning within 2 hours of waking up?	Never	Seldom	Sometimes	Most of the time	Always
11. How often do you eat meals or snacks with one or more family members?	Never	Seldom	Sometimes	Most of the time	Always
12. On average how many servings of vegetables do you eat per day? Some examples of one serving of vegetables are 1 cup of raw, leafy vegetables like lettuce or greens (about the size of a baseball), ½ cup of chopped vegetables such as carrots (about the size of a computer mouse) or 10 French fries (about the size of a deck of cards.)	None	1	2	3	4+
13. On average, how many servings of fruit do you eat per day? Some examples of one serving of fruit would be one medium apple, orange, pear, or banana, or ½ cup of chopped or canned fruit (about the size of a computer mouse.)	None	1	2	3	4+
14. On a typical day, how many times do you drink sugar-sweetened beverages? (sugar sweetened beverages are soft drinks (soda or pop), fruit drinks, sports drink, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar, typically high fructose corn syrup or sucrose (table sugar), has been added.)	None	1 times/day	2 times/day	3 times/day	4+ times/day
15. How often do you use MyPlate to make food choices?	Never	Seldom	Sometimes	Most of the time	Always
16. How many days per week do you get at least 30 minutes of moderate exercise? Moderate exercise is where your heart beats faster than normal and you can talk, but you can't sing. Examples include fast walking, aerobic class, strength training, and swimming gently.	0	1	2-3	4-5	6-7



1. How often do you use any of the following:

- | | | | | |
|-----------|--------------------------------|--|---|---|
| Facebook | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |
| Twitter | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |
| YouTube | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |
| Pinterest | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |
| Instagram | <input type="checkbox"/> Never | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> 1-2 times per week | <input type="checkbox"/> Almost every day |

2. If you use any of the above, which is your favorite? _____

3. If you use the above, how do you access your favorite social media (Facebook, Twitter, YouTube, etc.)?

- smart phone/tablet
- home computer or laptop
- public computer or laptop

4. If you use the above, how would you like to connect with Faithful Families?

- Facebook
- Twitter
- YouTube
- Pinterest
- Instagram
- I would not like to receive tips and recipes from Faithful Families.

4. How did you find out about the Faithful Families classes?

- Facebook
- Personal invitation
- Announcement in my faith community
- Recruitment flier or bulletin insert
- Other, list:

PHOTO RELEASE (optional)

I, the undersigned, hereby authorize North Carolina State University, North Carolina A&T State University, and the North Carolina Cooperative Extension Service to use photographs, video or audio, which I have voluntarily allowed to be taken by University representatives. I understand that such use may include but shall not be limited to publications, slide shows, newspaper articles, websites, social media (including but not limited to Facebook, YouTube, Twitter, Instagram) or displays.

I fully understand the comprehensive nature of this release and voluntarily consent to sign it.

Print Name _____ Signature _____

Date _____



Participant Exit Form

Faithful Families Participant Exit Form



9/15 Exit

ID #: _____

Faith Community Name: _____

TELL ME ABOUT YOU!

Today's Date: _____

Name: _____

Address: _____

City: _____

North Carolina Zip: _____

Phone Number: (____) _____

Email: _____

Age: _____ Sex: Female Male

Programs in which you and your family participate

- Child Nutrition (Free/Reduced Lunch)
- FDP/IR (Food Distribution Program on Indian Reservations)
- Head Start
- SNAP (EBT Card)
- TANF (Temporary Assistance for Needy Families)
- TEFAP Commodity (Emergency Food Assistance Program)
- WIC
- Medicaid
- Work First

1. Which of the following social media websites did you use while in the Faithful Families program?

- Facebook
- Twitter
- I did not connect with social media

2. How often did you connect with Faithful Families social media over the course of our classes?

- More than once a day
- Once a day
- Less than three times a week
- Once a week
- I did not connect

3. In what ways did you use Faithful Families social media?

- Read tips and recipes
- Received reminders for upcoming classes
- Talked with other class participants
- Watched videos about healthy eating or physical activity
- Other, list: _____

4. If you connected with Faithful Families using social media, please rank how helpful the information was:

- | | | | | | |
|---|---------------------------------------|----------------------------------|---|---|--|
| Reminders of classes | <input type="checkbox"/> Very helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly helpful | <input type="checkbox"/> No help at all | <input type="checkbox"/> I did not use |
| Nutrition and physical activity information | <input type="checkbox"/> Very helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly helpful | <input type="checkbox"/> No help at all | <input type="checkbox"/> I did not use |
| Recipes | <input type="checkbox"/> Very helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly helpful | <input type="checkbox"/> No help at all | <input type="checkbox"/> I did not use |
| Connecting with others in the class | <input type="checkbox"/> Very helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly helpful | <input type="checkbox"/> No help at all | <input type="checkbox"/> I did not use |
| Other, list | <input type="checkbox"/> Very helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly helpful | <input type="checkbox"/> No help at all | <input type="checkbox"/> I did not use |



TELL ME ABOUT WHAT YOU USUALLY DO!

This is a survey about ways you plan and fix foods for your family. As you read each question, think about the recent past. This is not a test. There are not any wrong answers. If you do not have children, just answer the questions for yourself.

1. How often do you plan meals ahead of time?	Never	Seldom	Sometimes	Most of the time	Always
2. How often do you compare prices before you buy food?	Never	Seldom	Sometimes	Most of the time	Always
3. How often do you run out of food before the end of the month?	Never	Seldom	Sometimes	Most of the time	Always
4. How often do you shop with a grocery list?	Never	Seldom	Sometimes	Most of the time	Always
5. This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?	Never	Seldom	Sometimes	Most of the time	Always
6. How often do you thaw frozen foods at room temperature?	Never	Seldom	Sometimes	Most of the time	Always
7. When deciding what to feed your family, how often do you think about healthy food choices?	Never	Seldom	Sometimes	Most of the time	Always
8. How often have you prepared foods without adding salt?	Never	Seldom	Sometimes	Most of the time	Always
9. How often do you use the "Nutrition Facts" on the food label to make food choices?	Never	Seldom	Sometimes	Most of the time	Always
10. How often do your children eat something in the morning within 2 hours of waking up?	Never	Seldom	Sometimes	Most of the time	Always
11. How often do you eat meals or snacks with one or more family members?	Never	Seldom	Sometimes	Most of the time	Always
12. On average how many servings of vegetables do you eat per day? Some examples of one serving of vegetables are 1 cup of raw, leafy vegetables like lettuce or greens (about the size of a baseball), ½ cup of chopped vegetables such as carrots (about the size of a computer mouse) or 10 French fries (about the size of a deck of cards.)	None	1	2	3	4+
13. On average, how many servings of fruit do you eat per day? Some examples of one serving of fruit would be one medium apple, orange, pear, or banana, or ½ cup of chopped or canned fruit (about the size of a computer mouse.)	None	1	2	3	4+
14. On a typical day, how many times do you drink sugar-sweetened beverages? (sugar sweetened beverages are soft drinks (soda or pop), fruit drinks, sports drink, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar, typically high fructose corn syrup or sucrose (table sugar), has been added.)	None	1 times/day	2 times/day	3 times/day	4+ times/day
15. How often do you use MyPlate to make food choices?	Never	Seldom	Sometimes	Most of the time	Always
16. How many days per week do you get at least 30 minutes of moderate exercise? Moderate exercise is where your heart beats faster than normal and you can talk, but you can't sing. Examples include fast walking, aerobic class, strength training, and swimming gently.	0	1	2-3	4-5	6-7



Faith Community Assessment

- Completed at the beginning and end of each year
- Available online



Contact

If you have questions about our program, please contact the Faithful Families Program Director, Dr. Annie Hardison-Moody at:

Annie Hardison-Moody
Department of Youth,
Family, and Community
Sciences
North Carolina State
University
919-515-8478
amhardis@ncsu.edu

Mailing Address:
Faithful Families Eating
Smart and Moving More
Campus Box 7606
North Carolina State
University
Raleigh, NC 27695-7606

If you are a faith
community in North
Carolina interested in
offering this program

Resources and Tools

The first step to implementing Faithful Families in a faith community is to fill out the online Faith Community Assessment. This assessment will help you to better understand the resources, assets, and needs of the faith community where the program will be implemented. You can download the results of the assessment as a PDF after completion. Use the results to develop policy, systems, and environmental changes that can best support healthy eating and physical activity in your unique faith community.

You might learn, for example, that the faith community does not have a policy to support healthy eating. See our section below on healthy eating policies that can be adapted and used with this community. Or, you might learn that the faith community has resources to support physical activity, but they would like to expand those. Check out the tools below that detail how to change environments to support physical activity.

The free [Planning Guide for Faith Communities](#) can assist you in setting up an Eat Smart Move More Committee in the faith community, and work towards changes to the policies, practices, and environments at the faith community to support healthy eating and physical activity.

To measure success in your work, you can repeat the Faith Community Assessment at the end of the year to see what changes have been made! The assessment is also available as a hard-copy PDF [here](#).

Healthy Eating Policies

 [Healthy Eating Policy Template](#)



FAITH COMMUNITY ASSESSMENT

2. What is your role?
- Pastor/Priest/Rabbi/Imam Deacon Member
 Faithful Families Lay Leader Faithful Families Facilitator Other, please specify: _____
3. About what percentage of the faith community is made up of: (Must total 100)
- ___ African Americans ___ American Indians ___ Asian Americans
 ___ Hispanics ___ Whites ___ Other
4. About how many members are in the faith community: _____
5. About what percentage of the faith community is: (Must total 100) ___ Male ___ Female
6. About what percentage of the faith community are ages: (Must total 100)
- ___ 0 – 5 years ___ 6 – 18 years ___ 19 – 64 years ___ 65 +

HEALTH AND WELLNESS INFRASTRUCTURE	YES	NO	NOT SURE
7. Does the faith community have "health" as part of its creed or mission statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the faith community have an active health team or committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the faith community have a person appointed to be responsible for health-related activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the faith community have a lay health advisor program? (Program in which community members receive specialized training that prepares them to promote wellness through outreach and education).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the faith community surveyed members on health issues in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the faith community have a budget for health promotion or health-related activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the faith community ever established health or wellness goals for the organization/membership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Knowledge or screening:			
17. In the past 12 months, has the faith community offered blood sugar/diabetes screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. In the past 12 months, has the faith community offered healthy body weight screening (BMI)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. In the past 12 months, has the faith community participated in a faith community nursing program? (Program in which faith community nurses serve as health advisor, educator on health issues, provider of health screenings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the faith community interested in hosting a diabetes self-management education class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the faith community interested in hosting a diabetes prevention class series?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the faith community interested in training people on how to monitor their blood pressure and to lower their sodium intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the faith community interested in learning more about programs that control hypertension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do any members currently represent the faith community by serving on a community health coalition or committee (e.g., fitness/nutrition council)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5

Other Health Professionals _____
Please indicate what type of professionals: _____

PHYSICAL ACTIVITY – ENVIRONMENT	YES	NO	NOT SURE
26. Does the faith community have a gym and/or exercise room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the gym and/or exercise room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Does the faith community have a walking trail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the walking trail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does the faith community have any outdoor courts or ball fields?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to any outdoor courts or ball fields?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the faith community have a playground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the playground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Does the faith community have a classroom/meeting room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6



FAITH COMMUNITY ASSESSMENT

PHYSICAL ACTIVITY – ENVIRONMENT	YES	NO	NOT SURE
35. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the classroom/meeting room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Does the faith community have an athletic/open field space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the athletic/open field space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Does the faith community have any other facilities used by an outside group or individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to these facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FAITH COMMUNITY ASSESSMENT

PHYSICAL ACTIVITY – GROUP SUPPORT/CLASSES	YES	NO	NOT SURE
43. Has the faith community conducted any aerobics class in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Has the faith community promoted walking clubs in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Has the faith community sponsored or supported sports teams for members in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL ACTIVITY – INDIVIDUAL EDUCATION/INFORMATION	YES	NO	NOT SURE
46. Has the faith community provided any individual fitness counseling in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faithful Families Helps Participants Move More

[1 Reply](#)



By Erin Roberts

Two major contributions to excessive weight gain are consuming too many soft drinks and lack of physical activity. To focus on combating this problem, NC Cooperative Extension collaborated with Timothy Darling Presbyterian Church in Oxford to deliver an EFNEP/*Faithful Families Eating Smart and Moving More* series to parents and grandparents with young children. A married couple (JJ and TJ)

both participated in the class and attended every session. With their busy, on-the-go lifestyles, they emphasized how little time they had to eat healthy and exercise on a regular basis. After completing the nine sessions in early 2011, the husband and wife pair began making changes for the benefit of their health.

As a first step, they decreased the amount of soft drinks they consumed. Eventually, the husband (JJ) totally cut out sugar-sweetened beverages from his diet. He walks two miles every day and utilizes the P90X Workout Program. Before starting his workout regimen 4 months

Evaluation

- Key Components:
 - Process
 - Checklist
 - Entry and Exit Forms (1st and Last Class)
 - EFNEP: Send to EFNEP state office
 - Non-EFNEP: Send to Annie or Vimie Joy
 - Faith Community Assessment
 - ONLINE
 - Complete at beginning and end of the year

Questions?



Thank you!

Annie Hardison-Moody

amhardis@ncsu.edu

919.515.8478

