



EVALUATING EXTENSION FOOD & NUTRITION PROGRAMS

Lesson Evaluations

For a one-time lesson, the *before and after survey* is the best tool to assess changes in knowledge, opinions, skills, and aspirations (KOSA). The survey should be brief, with the *before* section designed to assess knowledge or skills and to prepare the learner for the lesson. For Food & Nutrition Programs, skills might include: cooking abilities, safe food handling techniques, or food selection skills.

The effect of our lessons on attitudes and opinions is an important impact to assess. A 1992 study of dietary behavior found that *the perception* about how difficult it may be to eat a healthy diet was the strongest and most consistent predictor of whether a consumer practiced healthy eating behaviors.

So, a powerful educational strategy includes programs that change consumers' perceptions and opinions about the ease of eating a healthy diet. For lessons where written *before and after surveys* are not appropriate, a show of hands to questions posed before and after the lesson can be used.

If you are teaching a lesson which does not include an evaluation form, consider the following suggestions to develop your own before/after survey or oral questions.

Before Survey

- ❶ Include a question to explore the *primary objective* of the lesson. The primary objective is often to increase awareness of disease risk or prevention. These questions can be posed as true/false or open-ended questions. Keep in mind that open-ended questions, while supplying more information, are more time-consuming to summarize.

For example:

- Half of those with diabetes don't know they have the disease.

True or False

- Can you list the warning signs of diabetes?

Consider a question to assess *knowledge or skills* about a specific point in the lesson. These questions would explore things like how much calcium women need or how to safely handle foods. A true/false or multiple choice format may be used.

For example:

- The danger zone for food temperatures is between 40 and 140 degrees F.

True or False

- The most important part of a diet for diabetes is to avoid sugar.

True or False

- After age ??, bones begin to lose calcium.

25 years	35 years	45 years
55 years	65 years	

Include a question to assess *attitudes* about the ease or difficulty of eating a diet which is safe, nutritious, etc. Remember, that if you can change the perception about the ease of eating a healthy diet, you may influence a behavior change.

For example:

- Eating a healthy diet is expensive.

True or False

- Getting enough calcium every day is difficult.

Strongly	No	Strongly
Disagree	Agree Opinion Disagree	Disagree

Notice that these questions are designed to collect some information about the knowledge or skills a learner brings to the lesson. However, their more important function may be to arouse curiosity and interest in the lesson to come. *Preparing people to learn is an important part of the education process.*

After Survey

Include a question to evaluate whether the *primary objective* of the lesson has been achieved.

For example:

- ▣ I learned about new screening guidelines for diabetes.
Yes No

Ask questions to assess changes in *knowledge or skills*.

For example:

- ▣ I learned about the amount of calcium in foods.
Yes No
- ▣ I know more after this lesson about osteoporosis prevention.
Yes No

Ask questions to assess changes in *attitudes or aspirations*.

For example:

- ▣ Eating a diet with enough calcium is easier than I thought.
Yes No
- ▣ I plan to eat more high-calcium foods now.
Yes No

Follow-Up Evaluations

Evaluation of practice changes requires a follow-up evaluation, ideally 3 to 6 months after completion of the lesson or program. **If everyone did just one follow-up evaluation during the**

next year and reported this information to the Food & Nutrition Specialists, we would have a database of over 100 accounts to use in predicting the practice change behaviors of Kentuckians as result of CES Food & Nutrition Programs.

For groups which meet regularly, follow-up evaluations can be conducted at later meetings. Arrange to take a few minutes at a meeting 3 to 6 months after a lesson to do a follow-up evaluation for earlier lessons.

For a series of lessons, we can evaluate practice changes adopted over time. Consider including a follow-up evaluation of the series toward the end.

For groups which meet just one time, follow-up evaluation must usually be conducted by telephone or mail. Be sure to collect telephone numbers and addresses on registration or sign-in sheets for lessons to be evaluated by telephone or mail.

A novel approach to follow-up evaluations is certainly worth trying. You may want to ask program participants to stop by the CES office to complete a brief evaluation form and receive an incentive (e.g., recipes, bookmarks, an analysis of their diet, etc.).

Follow-up evaluations should be *very* brief, no more than three questions. Try to only assess the most important practice change you had hoped to influence with the lesson. These questions can be asked via telephone, post card, or evaluation form.

For example:

- ▣ What changes have you made in your diet since the lesson?
- ▣ Are you eating more calcium-rich foods since the osteoporosis lesson?
- ▣ Have you been successful in keeping more foods at your house out of the “danger zone” of 40 to 140 degrees F?
- ▣ Have you been able to follow through with your plans to _____?

Evaluating Social, Economic & Environmental Changes (SEEC)

Evaluating our impact on society, the economy and the environment is no small task. This SEEC level evaluation requires that you gather resources to help you assess the value of your program in the context of your county. Here are some suggested steps:

Describe Significance

Bullets reporting SEEC impact should include a statement about the significance of the problem or issue the lesson or program addresses. Establishing the significance of an issue might involve gathering statistics on disease incidence or safe food handling practices. *Health Behavior Trends: Kentucky Lifestyles 1994-1996* from the Kentucky Department for Public Health should be available in all offices and is a good source of health-related statistics. The Kentucky Cancer Registry contains county level cancer statistics (<http://www.kcr.uky.edu>). Local and state statistics tend to be the most compelling, but national statistics are more readily available. Local information can be collected from health care facilities, civic groups, and community leaders. When you see newspaper or Exclusive articles which contain statistics, put them in a "SEEC file" for later use. For locally-driven issues, state the importance to the community (e.g., lack of physical activity programs or access to dietary advice).

Report number of contacts, changes in knowledge, opinions, skills, or aspirations and any follow-up evaluation data.

Estimate Impact and Value

If possible, estimate economic impact of major programs with dollar figures. Put social impact in terms of the importance to the community, families, and individuals.

Programs may have an impact on society

through their impact on health. Impacts on health often have an economic aspect. Try to think globally. For example, programs promoting farmers' markets can have an impact on nutrition and health, the local economy and the environment by encouraging people to buy locally produced, less packaged foods.

Evaluating Extension Food & Nutrition Programs through lesson evaluations, follow-up evaluations, and impact reporting requires a great deal of time and effort. It is an important aspect of our accountability for the local, state, and federal funding which supports our programs.

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