



EVALUATION OF FASD PREVENTION AND FASD SUPPORT PROGRAMS

**Participant Outcomes:
Food Security**

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Food Security

Introduction

Presented below is a chart containing examples of outcomes, indicators, outputs, and data collection methods and tools related to Food Security and Nutrition. Following this chart are examples of tools and/or survey/questionnaire items that have been used in evaluations to assess these participant outcomes. All these tools and questions may be adapted for use in focus groups, semi-structured interview guides, questionnaires or surveys. As well, references are included for the evaluation-related resources used to create this document.

We recognize that every program and every program evaluation is unique - differing as a function of a program's specific goals, setting and resources, as well as the community's context, history, and so forth. Thus, every program evaluation will have its own ideas about the outcomes, indicators, data collection methods and tools that are most appropriate and feasible - and you need to decide what is best for you.

Examples of program activities related to this outcome:

- Providing nutritional education, counselling and support, including breastfeeding education and support for mothers
- Providing hot meal programs, nutritional snacks, and supplements
- Providing emergency food and food vouchers

Food security – Participant Outcomes and Indicators

Participant Outcomes				
Early positive response (participation, increased knowledge)	Intermediate active engagement, attitude change, behaviour change	Long term desired outcome	Outputs/Indicators	Data Collection Methods and tools
<p>Participants learn about healthy nutrition</p> <p>Participants learn how to access nutritional foods for themselves and families</p> <p>Participants (and their children) participate in meal programs</p> <p>Participants take part in nutrition and food security group information sessions</p>	<p>Participants take steps to have:</p> <ul style="list-style-type: none"> • food security e.g., can list available food sources • access to entitlement programs if qualified, e.g. seek food in emergencies • healthy nutritional practices e.g., eat regularly, choose healthy foods, can plan healthy menus <p>Participants actively work with their support networks and staff to ensure they have adequate food and nutrition, e.g, participate in community kitchen programs, traditional food gathering activities</p> <p>Participants demonstrate understanding of the importance of healthy nutrition for their infant/children</p>	<p>Participants engage in positive nutritional practices for themselves and their families/children</p> <p>Participants (and their families) have improved health and well-being</p> <p>Participants are connected to resources in their community to support healthy eating and access to nutritional food</p> <p>Participants have food security</p>	<p># participants receiving hot meal/day</p> <p># of food vouchers provided</p> <p># of meals provided</p> <p># group sessions re: nutrition and food security</p> <p># participants attending per group</p> <p># participants referred to food bank</p> <p># participants who report having enough food to eat daily</p> <p># participants who can identify 4+ ways they maintain healthy nutrition, e.g. eat fruits/vegetables 5+ times/ day</p> <p># participants eating traditional foods</p> <p># participants with nutritional/food security concerns – pre and post</p> <p>For pregnant participants:</p> <ul style="list-style-type: none"> • # of women initiating breastfeeding and duration 	<p>(Pre/post) interviews/ Focus groups with:</p> <ul style="list-style-type: none"> • Participants • Families/caregivers ; • Program staff/managers; • Community partners <p>Participant self ratings</p> <p>Staff ratings of participant outcomes</p> <p>Documentary review</p> <p>Output data</p>

			<ul style="list-style-type: none"> • Average weight gain of mothers during pregnancy 	
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Possible tools and Survey/questionnaire items:

1) Participant Outcomes questions

Source: Ellis, D. (2009) *Report to BC Association of Pregnancy Outreach Programs (BCAPOP): Program Logic Model development for POP/CPNP programs*. <http://www.docstoc.com/docs/41780695/Worksheet---Program-Logic-Model-for-BC-POP-Programs>

1. Things I do to eat well – good nutrition

Because of coming to this program I know or do these things: (Please look at the list and check the items that are true for you)

- I take prenatal or multi vitamin regularly
- I eat regularly through the day
- I eat from each of 4 Canada Food Guide food groups daily
- I choose a wider variety of healthy foods to eat; ISS
- I drink 6-8 glasses of water, milk, 100% juice/day
- One “unhealthy” food I have reduced or stopped eating is: _____
- I know where to find food assistance if I need to ISS
- I know the importance of eating iron-rich food and/or taking an iron supplement if my hemoglobin level becomes low
- If there are other things you learned about eating well/good nutrition from coming to this program – go ahead and tell us!

2. Feeding my baby

As a result of coming to this program I know or do these things: (Please look at the list and check the items that are true for you)

- I know that solids should be introduced to my baby no earlier than 6 months
- I know that iron-rich foods can be introduced to my baby at 6 months

- If I am breastfeeding, I give Baby Vitamin D drops to my baby
- I know how to safely store breast milk, OR I know how to correctly mix baby formula.
- I can tell when my baby wants to be fed

2) Program Participant Survey (developed and used by the Canadian Prenatal Nutrition Program (CPNP) and the Community Action Program for Children (CAPC))

Source: Public Health Agency of Canada. (2005). *Participant Level Questions* [for the evaluation of CAPC and CPNP projects]. Halifax: Atlantic Region Office, Public Health Agency of Canada.

Please rate the following statements based on your overall impressions and experiences in the program:	Strongly agree	Agree	Disagree	Strongly Disagree	Doesn't apply
I have more information about healthy eating/food choices for .					
a.) myself					
b.) my family/child					
I make better choices about food as a result of participating in the project					

3) Staff Ratings of Participant Outcomes

Source: Rutman, D., Hubberstey, C. & Hume, S. (2011). *Youth Outreach Program, Final Evaluation Report*. Prepared for the College of New Caledonia, Burns Lake, BC. Unpublished report.

Please reflect on ways that you believe that the program has made a difference to each youth in the program, and, for each youth, please indicate your view of outcomes relative to how things were before their involvement with the _____ program (Please use separate sheets if needed):

	Strong positive change	Some positive change	No chg/ impact that I see	Some negative change	Strong negative change	Don't know/ can't tell
Participant improved their nutrition (made healthier food choices, accessed healthier food)						
Participant have more knowledge about and/or use other community resources						
Other _____						

References

Best Babies Program Logic Model – April 2010

Community Action Program For Children (CAPC) Program Participant Survey (PPS) – Maritime Region

First Nations Regional Longitudinal Health Survey. *First Nations Regional Health Survey: Our Voice, Our Survey, Our Reality. Adult Questionnaire May 1, 2008.* P. 23-25. www.rhs-ers.ca.

Ellis, D. (2009) *Report to BC Association of Pregnancy Outreach Programs (BCAPOP): Program Logic Model development for POP/CPNP programs.* <http://www.docstoc.com/docs/41780695/Worksheet---Program-Logic-Model-for-BC-POP-Programs>

Provincial Health Services Authority. (2010). *Implementing Food Security Indicators: Phase II: Food Security Indicators Project.* Province of BC. <http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Food-Security/default.htm>

Provincial Health Services Authority. (2011). *Healthy Eating and Food Security for Urban Aboriginal Peoples Living in Vancouver: A Case Study.* Province of BC. <http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Food-Security/default.htm>

Public Health Agency of Canada. (2005). *Participant Level Questions* [for the evaluation of CAPC and CPNP projects]. Halifax: Atlantic Region Office, Public Health Agency of Canada.) (Program Participant Survey)

Rutman, D., Hubberstey, C. & Hume, S. (2011). *Youth Outreach Program, Final Evaluation Report*. Prepared for the College of New Caledonia, Burns Lake, BC. Unpublished report.

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For more tools and resources related to evaluating community-based FASD prevention programs for women including pregnant women and recent mothers, supportive intervention programs for adults and older youth with FASD, and FASD programs in Aboriginal communities, please visit: **www.fasd-evaluation.ca**