

National 4-H Healthy Living Program Environmental Scan and Evaluability Assessment Report

Nutrition, Physical Activity and Alcohol, Drug and Tobacco Intervention Programming

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Table of Contents

ACKNOWLEDGEMENTS.....	2
INTRODUCTION.....	5
Phase One—Environmental Scan	6
Phase Two—Evaluability Assessment.....	6
METHODS.....	7
Environmental Scan.....	7
Survey.....	7
Interviews.....	9
Content Analysis.....	9
Deliverable	9
Evaluability Assessment	10
Telephone Interviews.....	11
Content Analysis.....	12
Deliverable	12
FINDINGS.....	14
Classification of 4-H Healthy Living Programs.....	14
Healthy Eating.....	15
Preliminary Evidence.....	15
Moderate Evidence	15
Strong Evidence.....	16
Physical Activity and Healthy Eating.....	16
Preliminary Evidence.....	16
Moderate Evidence	20
Strong Evidence.....	20

Alcohol, Tobacco, and Other Drug Prevention.....	21
Preliminary Evidence.....	21
Moderate Evidence	21
Strong Evidence.....	21
RECOMMENDATIONS FOR PROGRAM PLANNING AND EVALUATION.....	23
Program Planning.....	23
Evaluation.....	23
Summary of Programs and Program Development and/or Evaluation Recommendations	24
REFERENCES.....	31
APPENDIX A: 4-H HEALTHY LIVING LOGIC MODELS	35
APPENDIX B: ENVIRONMENTAL SCAN SURVEY	39
APPENDIX C: RECRUITING AND FOLLOW-UP EMAIL CORRESPONDENCE	47
Introductory Letter.....	48
Cover Letter.....	49
Thank You/Reminder	50
Final Reminder	51

Introduction

The 4-H Healthy Living Mission Mandate engages youth and families through access and opportunities to achieve optimal physical, social, and emotional well-being (National 4-H Healthy Living Task Force, 2009). 4-H Healthy Living involves a holistic approach that addresses eating a healthy diet, engaging in physical activity, recognizing and directing emotions, and developing and maintaining positive social interactions and relationships to help youth and their families increase their awareness, knowledge, skills, and competencies in physical, social, and emotional well-being. 4-H Healthy Living programs encompass the following domains: healthy eating; physical activity; social-emotional health; alcohol, tobacco, and other drug (ATOD) use prevention; and injury prevention.

One of the goals identified in the 4-H Healthy Living Mission Mandate Strategic Framework is to implement an evaluation and research system to assess the effectiveness of 4-H Healthy Living programs in reaching goals and objectives (National 4-H Healthy Living Task Force, 2009). Three objectives were identified that correspond to this goal (p. 8):

- Objective 1: Increase knowledge and commitment of Extension staff working with researchers at land-grant universities for: (1) designing effective process evaluation strategies that enable newly developed learning experiences and curriculum to be improved; (2) establishing an ongoing monitoring process to ensure quality implementation; and (3) creating processes to eliminate and redirect resources away from ineffective programs.
- Objective 2: Design and implement a national long-term research model to compare 4-H youth with other youth on healthy living outcomes.
- Objective 3: Design effective evaluation strategies that enable 4-H professionals to develop healthy living curriculum to advance to the highest level of evidence possible.

One of the guiding principles of 4-H Healthy Living programs is that programs and their curricula are based on “best practices” in healthy living research (National 4-H Healthy Living Task Force, 2009). In 2013, National 4-H Council funded Mississippi State University for a project to identify 4-H Healthy Living Programs in three domains: healthy eating; physical activity; and ATOD use prevention that adhered to the National 4-H Healthy Living mission and logic models (see Appendix A) and were ready for comprehensive outcome evaluation and/or replication at a national level.

Evaluation Specialists with Mississippi State University Extension Service (MSU Extension Service) conducted a two-phase process consisting of an environmental scan and evaluability assessment of 4-H Healthy Living programs in the three domains to identify promising programs across the nation. Thus, this report will only focus on the three domains of healthy eating; physical activity; and ATOD use prevention (National 4-H Council, 2014a).

- 4-H Healthy Living programs in the Physical Activity domain seek to increase knowledge and skills necessary for improving physical activity practices, as well as improve the

habits and behaviors of children, youth, and families. These initiatives should ultimately increase the rate of individuals who are within a healthy weight range, decreasing the risk for developing illnesses.

- 4-H Healthy Living programs in the Healthy Eating domain seek to improve the dietary habits of children, youth, and families by increasing knowledge and skills necessary to choose foods consistent with national dietary recommendations, as well as knowledge and skills related to handling food safely and making good choices when buying food. Similar to programs in the Physical Activity domain, Healthy Eating initiatives should result in youth who maintain a healthy weight, decreasing the likelihood of developing illnesses.
- 4-H Healthy Living programs in the ATOD use prevention domain seek to increase the number of children and youth who remain drug free. These Healthy Living initiatives should increase knowledge, skills, and aspirations toward ATOD avoidance, including refusal skills. These initiatives should also increase the practice of refusal skills—decreasing the use of ATODs, as well as decreasing binge drinking and impaired driving.

Phase One—Environmental Scan

The first step in this project was to conduct an environmental scan. Choo (2001) stated that environmental scanning includes identification of information needs, information seeking, and information use (Choo, 2001). The five-step process presented by Albright (2004) was followed in completing the environmental scan:

1. Identify the environmental scanning needs of the organization;
2. Gather the information;
3. Analyze the environment;
4. Communicate the results; and
5. Make informed decisions.

Phase Two—Evaluability Assessment

Once the environmental scan was complete, identified programs were assessed in regards to their evaluability. An evaluability assessment determines whether an evaluation should be conducted given the likely benefits, consequences, and costs. But beyond deciding whether a program should or should not be evaluated, an evaluability assessment also clarifies program intent, explores program reality to clarify the soundness of program objectives and likelihood of results, identifies opportunities for change to improve the program, and indicates how results can be used (Wholey, 1987).

The six-step process presented by Wholey (1983) was followed in completing the evaluability assessment. The six essential steps include:

1. Involve intended users of evaluation information;
2. Clarify the intended program from the perspective of policy makers, managers, and staff and other key stakeholders;
3. Explore program reality, including the plausibility and measurability of program goals and objectives;
4. Get agreement on any needed changes in program activities or objectives;
5. Explore alternative evaluation designs; and
6. Get agreement on evaluation priorities and intended users of information on program performance.

This evaluability assessment process is often iterative, and not necessarily linear (Leviton, 2006).

Methods

Environmental Scan

A mixed-methods approach was used to conduct the environmental scan of 4-H programs that adhered to the National 4-H Healthy Living mission and logic models. This scan identified 4-H programs that met the following criteria as identified in the request for proposals:

- Target 4-H youth, ages 9-19;
- Include a youth development program with an organized, purposeful set of activities designed to achieve positive youth development outcomes;
- Include activities congruent with the 4-H Healthy Living mission as presented in the healthy eating; physical activity; and ATOD use prevention logic models; and
- Were developed and implemented by Cooperative Extension faculty and staff.

A survey, structured interviews, and content analysis of 4-H Healthy Living documents were used to collect data for the environmental scan. All research procedures were reviewed and approved by Mississippi State University's Institutional Review Board for the Protection of Human Subjects in Research prior to data collection.

Survey

In an effort to identify programs that meet the aforementioned criteria, an electronic survey was administered to State 4-H Program Leaders (through 4-H National Headquarters) and 4-H Healthy Living liaisons (through 4-H National Headquarters) listservs. The survey was administered using the Qualtrics online survey software.

The electronic survey collected the items described in Table 1.

Table 1. Program Information Collected through Survey

Item	Description
Program Name	Full name of the program
4-H Healthy Living Domain	4-H Healthy Living Domain directly addressed by the program
Program Objectives	Specific changes sought in the priority population as a result of exposure to the program
Curricula Used	Identification of specific educational resources used during implementation of the program
Evidence-Based	Program used practices, programs, or curricula identified as effective in achieving the goals
Theory-Based	Program targets key factors that influence health behaviors and health behavior change
Program Adaptation	Whether the program was modified from a preexisting program
Program Activities	Major activities carried out to achieve desired outcomes
Desired Outcomes	Intended changes as a result of the program
Evaluation Methods	Approach used to assess changes as a result of the program
Evaluation Results	Changes observed as a result of the program
Program Resources	Any resource used during implementation in addition to educational curricula
Professional Development Opportunities	Methods used to ensure the staff and volunteers are trained to implement the program effectively
Target Audience	Priority population/s served by the program
Number of Individuals Served	Number of individuals reached through the program
Delivery Methods	Methods and settings used to implement the program
Initial Implementation	Year the program was initially implemented
Number of Times Implemented	Number of times the program had been implemented at the time of survey completion
Geographic Areas Served	Geographic areas served by the program

The survey also asked participants to identify the program website (if available) and contact information for a primary representative of the program.

Appendix B contains a copy of the survey. Participants could report on up to 15 programs.

Survey procedures were based on Dillman's tailored design method (Dillman, 2007). Two days prior to the actual electronic survey distribution, a representative of the National 4-H Council sent a pre-notice about the forthcoming electronic survey to the listservs to ensure the broadest reach. This e-mail served as the initial recruitment effort by introducing the topic of the survey, providing brief details about the survey format, highlighting the importance of the project, and encouraging state participation. MSU Extension Service project personnel distributed an email containing the electronic survey link through these listservs. Ninety-one 4-H representatives were invited to participate in the environmental scan survey. One week after distribution and again three weeks later, a thank you/reminder e-mail was sent to the listservs. The recruiting and follow-up e-mails are in Appendix C.

The scan survey remained open for 12 weeks between April and July 2013. After the initial survey period, MSU Extension Service project personnel contacted all non-respondent State 4-H Program Leaders via telephone or email to confirm that they did not want to submit the requested information.

At the request of 4-H Healthy Living Regional Liaisons, the scan survey was reopened between October and November 2013. Potential participants had a total of 16 weeks to provide information on 4-H Healthy Living programs.

Interviews

MSU Extension Service project personnel contacted State 4-H Program Leaders (as needed) to verify or clarify information on programs submitted. State 4-H Program Leaders were the initial key contacts to assist with the verification process.

Content Analysis

Grantee reports of 4-H Healthy Living projects funded by Walmart, United Healthcare, and Coca Cola, as well as a 4-H Healthy Living Literature Review (Hill, McGuire, Parker, & Sage, 2009), were reviewed in an effort to capture information about noteworthy programs not identified through the survey.

Deliverable

Through the survey and follow-up interviews, 64 programs from 44 states were reported in the environmental scan survey. An additional three programs included in the environmental scan were from grantee reports and 10 programs previously identified as 4-H Programs of Distinction were also identified in a 4-H Healthy Living Literature Review (Hill et al., 2009). In total, 77 programs were reported in the environmental scan database.

Six programs were identified exclusively in the Physical Activity domain. Twelve programs were identified exclusively in the Healthy Eating domain. Eleven programs were identified exclusively in the ATOD domain. Forty-two programs were identified in both the Physical Activity and Healthy Eating domains. Two programs were identified in the Healthy Eating and ATOD domains. Four programs were identified as being in all three domains.

Evaluability Assessment

The goal of the evaluability assessment was to identify programs in the three domains that are ready for comprehensive outcome evaluations and/or replication at a national level. MSU Extension Service project personnel reviewed the environmental scan database to determine which programs most clearly aligned with the related 4-H Healthy Living Logic Models and met the following criteria:

- Clearly specified goals and objectives that are realistic and measurable;
- Well-defined and measurable activities;
- Clearly specified, measurable and realistic outcomes that are tied to 4-H Healthy Living logic model outcomes;
- Objectives, activities, and outcomes were logically connected;
- At least a pretest/posttest is used to assess outcomes; and
- Evaluation results are available and/or reported.

Multiple data collection and analysis strategies were used to complete the evaluability assessment. Table 2 shows the project procedures associated with each step in the evaluability assessment (Wholey, 1987).

Table 2. 4-H Healthy Living Evaluability Assessment

Evaluability Assessment Step		Related Project Procedure
1	Involve intended users of evaluation information	Review report from environmental scan with National 4-H Council and 4-H National Headquarters, USDA
2	Clarify the intended program from the perspective of policy makers, managers, and staff and other key stakeholders	Telephone interviews
3	Explore program reality, including the plausibility and measurability of program goals and objectives	Content analysis
4	Get agreement on any needed changes in program activities or objectives	Content analysis
5	Explore alternative evaluation designs	Report of recommendations
6	Get agreement on evaluation priorities and intended users of information on program performance	Review evaluability assessment report with National 4-H Council and 4-H National Headquarters, USDA and discuss next steps

Telephone Interviews

A checklist for program evaluability (see Table 3), developed by the United Nations Development Fund for Women (2009) was used to complete the evaluability assessment. Some information for the checklist was provided in the environmental scan survey database. Additional information (as needed) was collected through telephone interviews or email communications with a representative of those programs that met the aforementioned criteria. In the interviews, it was not always possible for participants to address all questions asked in the checklist (e.g., costs of data collection and analysis).

Table 3. Checklist for Program Evaluability

Evaluability Parameters	Key Questions
Program design	Does the program clearly define the problem that it aims to change?
	Are the health needs clearly and explicitly identified? In which categories do the programs fall (Healthy Eating; Physical Activity; and/or Alcohol, Tobacco, and Other Drug Use Prevention)
	Has the beneficiary population of the program been determined? What is the population?
	Does the program have a clear theory/logic model? What is the theory?
	Is the results framework of the program coherently articulated? Do the outputs, outcomes, and goal follow results chain logic?
	Are the objectives clear and realistic? Are they measurable? Do they respond to the needs identified?
Availability of information	Does the program have the capacity to provide data for evaluation?
	Does the program have SMART (specific, measurable, attainable, realistic, and timely) indicators on key areas of interest?
	Does baseline information exist? If so, what information?
	Does the program have a monitoring system to gather and systematize the evaluation data with defined responsibilities, sources, and periodicity?
	What are the likely costs of such data collection and analysis?
	What kind of information do the key stakeholders request?
Conduciveness of the context	Is the context conducive to conduct the evaluation, both external and internal to the program?
	What resources are available to undertake the evaluation such as well-trained staff, financial resources, equipment?
	What evaluation capacities and expertise exist to undertake the evaluation from the 4-H Healthy Living perspective?

Content Analysis

A variety of documents were reviewed to assist with completion of the checklist. During interviews and through email, participants were asked to submit relevant documents on program reality, such as monitoring reports, reports of program accomplishments, program development or evaluation plans, etc. (Wholey, 1987).

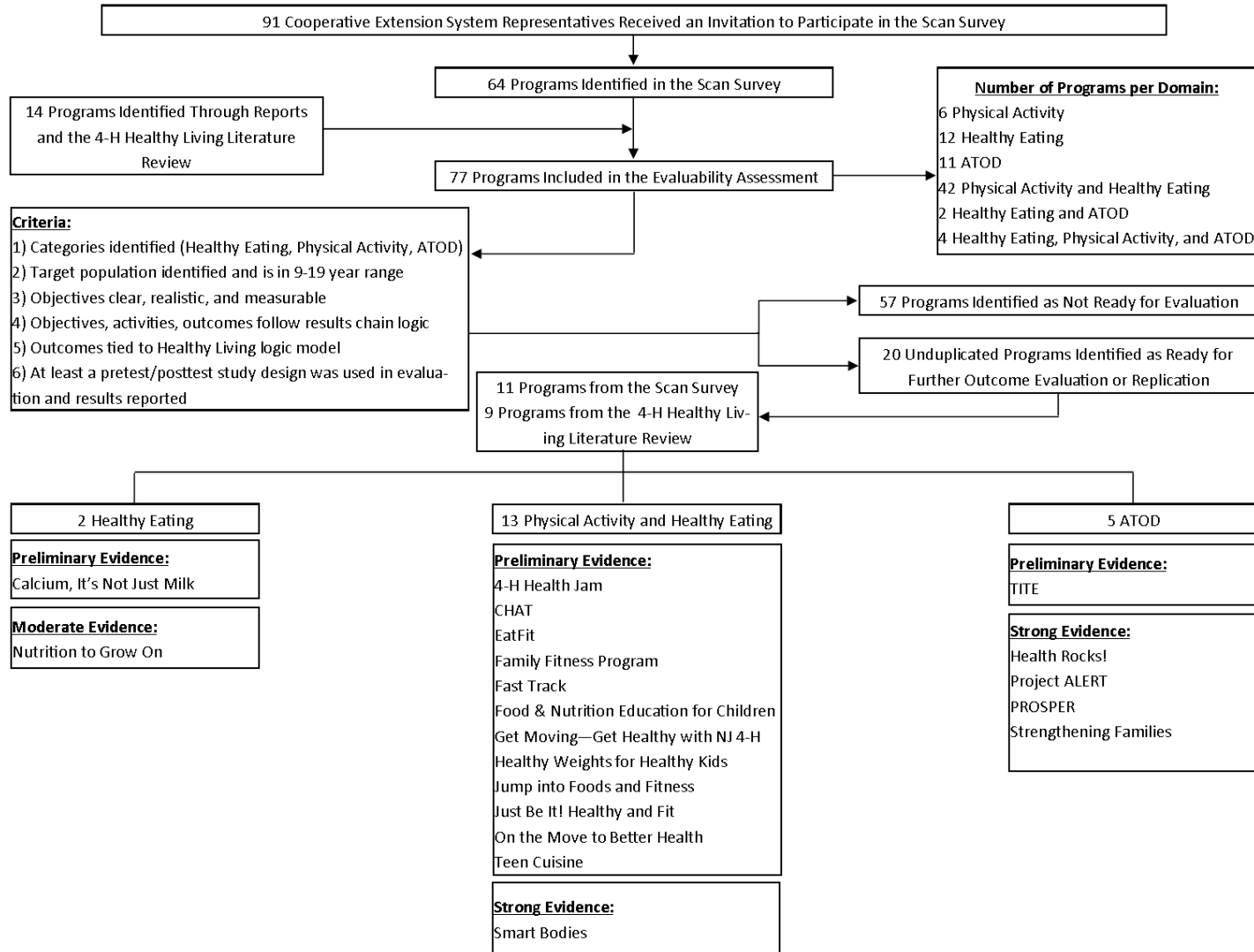
Instead of collecting additional state specific information on programs already classified as a Program of Distinction, information for the evaluability assessment was taken from grantee reports and 4-H Healthy Living Literature Review.

For all programs, websites were also reviewed for additional information as needed.

Deliverable

Results of the evaluability assessment are presented in the remaining sections of the report. Additionally, recommendations regarding each program's development and evaluability as well as future evaluation processes are included. Figure 1 on the next page displays the flow scheme of the environmental scan and evaluability assessment.

Figure 1. Flow Scheme of the Environmental Scan and Evaluability Assessment



Findings

At the conclusion of the evaluability assessment, a total of 20 unduplicated 4-H Healthy Living programs were identified as being ready for further outcome evaluation or replication. Eleven of the programs were identified through the environmental scan survey. An additional 9 programs previously identified as Programs of Distinction in the 4-H Healthy Living Literature Review were also included. Two programs in the evaluability assessment are in the Healthy Eating domain (identified through the environmental scan survey), 13 programs in the Physical Activity and Healthy Eating domain (8 identified through the environmental scan survey), and 5 in the ATOD domain (1 identified through the environmental scan survey).

Classification of 4-H Healthy Living Programs

Programs that met the criteria for inclusion in the evaluability assessment were classified as having preliminary, moderate, and strong evidence of replicability using definitions provided by the Corporation for National and Community Service (CNCS, 2012). Programs were considered to have *preliminary evidence* if promising results were yielded through outcome studies that used a pretest/posttest study design. Programs were categorized as having *moderate evidence* if study designs gave considerable attention to controlling for threats to internal validity, primarily through the use of at least one experimental or quasi-experimental study. Correlational research could have been used to establish moderate evidence if the study controlled for selection bias. Those programs that had *strong evidence* were the result of numerous well-designed and well-implemented experimental or quasi-experimental studies, or from one large, well-designed and well-implemented randomized controlled trial carried out over multiple sites.

Ten of the programs identified through the environmental scan survey were classified as having preliminary evidence of replicability. The additional program identified through the environmental scan survey was identified as having moderate evidence. Five programs identified through the 4-H Healthy Living Literature Review (Hill et al., 2009) were classified as having strong evidence and four programs were identified as having preliminary evidence. No program identified through the Literature Review was identified as having moderate evidence.

An overview of programs within each of the three healthy living domains, categorized by evidence of replicability, is presented below. In the overview, the designation of evidence-based means the survey respondent or literature review reported that the program uses practices, programs, or curricula identified as effective in achieving the goals (i.e., evidence that a practice, program, or curricula works). Similarly, the designation of theory-based means the respondent or literature review reported that the program targets key factors that influence health behaviors.

Healthy Eating

Preliminary Evidence

Calcium, It's Not Just Milk is an evidence- and theory-based program implemented by the University of Nevada that seeks to increase knowledge of good or excellent calcium sources in various foods, the importance of calcium in bone health, and the recommended daily amount of calcium. The curriculum *Calcium, It's Not Just Milk* is used (Wilson, 2001). The target audience is 11-14-year-old middle school students from schools that served at least 50% of the students free or reduced-price meals; the majority of the students reached were from underserved groups (68% Hispanic). The delivery method is a school enrichment program conducted in middle school health classes. Pretest and posttest surveys are used to evaluate this program. Results have shown significant increases from pretest to posttest on core curricular concepts related to (a) knowledge and understanding of calcium and growth, bone health, distribution of calcium in the body, importance of physical activity, and disease prevention; (b) knowledge of the calcium intake recommendation for their age group; (c) ability to identify calcium-rich foods; and (d) ability to interpret food labels to identify calcium-rich foods.

Moderate Evidence

Nutrition to Grow On is an evidence- and theory-based program implemented through the University of California, Davis Campus, aiming 1) to teach upper elementary schoolchildren and their caregivers the importance of making healthful food choices and the way in which to do so and 2) to improve children's preferences for fruits and vegetables by giving children an opportunity to work with the land and grow their own produce. Desired outcomes of the program are for the participants to understand what humans and plants need for survival and MyPlate concepts; to learn about the origins of food, major nutrients in each food group, the techniques used by companies to sell their products, how advertisements influence food choices, parts of plants, and how to plant and grow seeds; and to be able to identify the food groups that make up MyPlate, classify foods, prepare a garden bed, and make plant growth charts. The curriculum used is *Nutrition to Grow On* (Morris & Zidenberg-Cherr, 2013). The target audience is youth, ages 9-12. Program delivery methods included afterschool programs and afterschool clubs. Evaluation utilized a quasi-experimental design involving three experimental groups with data collection methods that included pretests, posttests, and follow-up surveys. The experimental groups consisted of children who were not taught the nutrition or gardening information; children who were taught the nutrition information, but not the hands-on gardening information; and children who were taught both the nutrition and the hands-on gardening information. Results have indicated that the nutrition curriculum alone improved children's knowledge of certain vegetables and that the nutrition curriculum taught with the hands-on gardening curriculum produced more substantial increases in children's knowledge of certain vegetables. Additional information about Nutrition to Grown On is available at <http://cns.ucdavis.edu/resources/ntgo/index.cfm>.

Strong Evidence

None of the programs included in the evaluability assessment in the Healthy Eating domain met the criteria for having strong evidence.

Physical Activity and Healthy Eating

Preliminary Evidence

4-H Health Jam is an evidence- and theory-based Program of Distinction implemented through the University of Illinois and the University of Kentucky that focuses on improving knowledge, attitudes, and beliefs about healthy lifestyles. The desired long-term outcomes of this program are to assist youth in developing a habit of daily physical activity, to aid youth in becoming physically fit, and to reduce the occurrence of chronic disease. The curricula and educational resources used are *Jump Into Foods and Fitness* (Michigan State University 4-H, 2013), *Get Moving Kentucky* (University of Kentucky Cooperative Extension, 2007), *Get up and Move! Series 1, 2, & 3* (University of Illinois Extension, 2014a), *Wellness Ways Resources* (University of Illinois Extension, 2007), *Nutrition and Health* (University of Illinois Extension, 2014b), and *Show Me Nutrition* (University of Missouri Extension, 2013). The target audience is youth in fourth and fifth grades. The program is delivered utilizing a two-day overnight, pre-program camping trip and a nine-week program. Evaluation methods include a pretest/posttest using the School Health Education Evaluation. Results have indicated that participating youth increased knowledge, attitudes, and beliefs pertaining to healthy lifestyles and that 80% of youth were exercising at least 30 minutes per day.

Choose Health Action Teens (CHAT) is an evidence- and theory-based program implemented by Cornell University Cooperative Extension's Nutrition and 4-H departments that integrates youth civic engagement with efforts to encourage healthy lifestyles. CHAT engages teens in teaching healthy eating and active living to younger youth in after-school programs, summer camps and other settings (Crosiar & Wolfe, 2013a). In CHAT, teens are recruited and trained to help teach the *Cornell Choose Health: Food, Fun, and Fitness (CHFFF)* curriculum to younger youth (Crosiar & Wolfe, 2013b). The 6-lesson *CHFFF* curriculum is aimed at the target audience of 8-12 year olds and uses experiential learning to teach healthy eating and active play, targeting those behaviors research shows to be most important for preventing childhood obesity and chronic disease (Crosiar & Wolfe, 2013b). Evaluation methods include a retrospective pre-survey and a post-survey. Initial evaluation suggests that following their CHAT training and teaching experience, the teens not only improve in leadership skills, but also change their own eating habits. Specifically, teens felt more capable of teaching others, had greater leadership skills and knew better how to use those skills, and agreed more strongly that they were role models for younger youth. In terms of eating and activity, the biggest changes reported were drinking more water and less sweetened drinks, eating more vegetables and fruits, being more physically active, reading nutrition labels more often, and eating breakfast more often.

Additional information about CHAT is available at https://fnec.cornell.edu/Our_Initiatives/Youth.cfm

EatFit is an evidence- and theory-based program implemented through the University of California, Davis Campus, that aims to increase physical activity, improve eating habits and energy balance, increase consumption of healthful foods, decrease consumption of unhealthy foods, and teach youth how to set and achieve goals. The desired outcomes of this program are that youth would develop better physical fitness habits; set fitness and eating goals; learn the importance of eating a healthy breakfast; identify ways in which the media influences purchasing choices; comprehend and explain the relationship between their eating and fitness goals; increase knowledge of nutrition concepts; understand and utilize food label components; and identify healthy fast food choices. The curriculum used is *EatFit* (Horowitz, Shilts, & Townsend, 2009). The target audience is middle school adolescents, grades 6-9, in low-income population schools. Delivery methods include afterschool and school enrichment programs. Evaluation methods include pretest-posttest and retrospective pre-survey. Results have shown increases in dietary behavior and physical activity self-efficacy. However, no changes in dietary self-efficacy and physical activity behavior have been documented. Additional information about EatFit is available at <http://www.eatfit.net/>.

Family Fitness Program is an evidence- and theory-based Program of Distinction implemented through Pennsylvania State University. The objectives and outcomes of this program are to increase fruit, vegetable, whole grain, and low-fat dairy consumption; foster positive communication and collaboration on planning and preparing healthy meals and snacks; increase minutes of physical activity; increase goal setting and tracking of healthy diet and physical activity; and help students maintain body mass index (BMI) six months post-program for overweight youth and youth at risk for overweight. Curricula used are *Family Fitness* (Pennsylvania State University, 2010) and *MyPlate* (U.S. Department of Agriculture, 2010). The target audience is 8-12-year-olds and their families. The program is implemented using 9 sessions with youth and 5 sessions with parents, of which 3 included the youth. The sessions include education about food choices, physical activity, and healthy family development, as well as at least thirty minutes of physical activity, hands-on learning, taste-testing, food preparation, and goal setting. Evaluation methods include pretests, posttests, and five 6-month follow-ups; parent-reported eating and exercise habits and attitudes are also measured. Results have indicated an increase in healthy eating habits and family physical activity, maintained BMI for 68% after the first 6 months post-program, and stable BMI for half in the first year post-program. Additional information about the Family Fitness Program is available at <http://extension.psu.edu/health/family-fitness>.

Fast Track is a program implemented through West Virginia State University that aims to improve awareness of nutrition and of healthy options when eating away from home, increase knowledge and performance of physical fitness activities that are accessible and affordable on a consistent basis, and improve self-esteem by developing relationships with professional role models. The desired outcomes are increased reporting of making healthier snack choices, increased reporting of choosing healthier food options when eating away from home, increased

daily physical activity, decreased BMI, and increased self-esteem. The following curricula is used: *Fantastic Foods* (Purdue University, 2002), *Jump Start Your Bones* (Klotzbach-Shimomura & Keenan, 2000), *Physical Activity and Nutrition for Health* (Hopper, Fisher, & Munoz, 2008), and *Media-Smart: Eat, Think, and Be Active* (Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2005). The target audience is low-income, middle school-aged youth. Delivery methods included special interest/short-term programs and day camping programs. The effectiveness of the program was assessed using pretest and posttest surveys. Results have shown an increase in making healthier snack choices, making healthier food choices when eating away from home, and self-esteem. However, neither an increase in daily physical activity nor a decrease in BMI were observed.

Food and Nutrition Education for Children is an evidence- and theory-based Program of Distinction that is implemented through the University of Georgia. The desired outcomes of the program are increased knowledge pertaining to the food pyramid, portion size, the importance of breakfast and daily physical activity, the role of calcium in the body, and sugar in soft drinks. The curriculum used is *Healthy Lifestyles* (Gilmer County Cooperative Extension, 2005). The target audience is 5th and 6th grade 4-H club members. The program is delivered by teaching five different healthy lifestyle classes to fifteen different classes of youth. The program has been evaluated using a pretest and posttest to assess the knowledge gained by the youth. Results have indicated increased knowledge of a healthy lifestyle and likelihood to engage in healthier eating, drinking, and physical activity habits.

Get Moving – Get Healthy with New Jersey 4-H is a theory-based program implemented through Rutgers University that aims to increase knowledge of the importance of nutrition and physical activity, teach those involved how to make healthy living a part of their daily lives, and develop healthy eating habits. The desired outcomes of the program are that participants would identify portion sizes, food groups, and amount of daily exercise needed; identify things they can do to live healthier; and change behaviors. The curriculum used is *Get Moving – Get Healthy with NJ 4-H* (Devitt, Gore, Mansue, Krzyzanowski, & Makres, 2005). The target audience is elementary age youth and their families. Delivery methods include special interest/short-term programs, afterschool programs, school enrichment programs, and day-camping programs. Evaluation methods include pretests and posttests, as well as post-surveys. Results have demonstrated increases in the ability of participants to identify portion size and the appropriate amount of exercise needed daily; increased number of families in food shopping, cooking, and eating more meals together; reports of family members losing weight and having higher energy levels; and approximately 25% of participants reaching the goal of walking 214 miles. Additional information about Get Moving – Get Healthy with New Jersey 4-H is available at <http://nj4h.rutgers.edu/getmoving/>.

Healthy Weights for Healthy Kids is an evidence- and theory-based program implemented through Virginia Polytechnic Institute and State University that aims to improve dietary and physical activity habits to prevent childhood obesity. The desired outcomes are accomplished using learner-centered activities to improve knowledge and behaviors toward nutrition (MyPlate), portion size, healthy beverages, physical activity, and body size and acceptance. The

curriculum used is *Healthy Weights for Healthy Kids* (Serrano & Jamison, 2011). The target audience is children, ages 7-14, regardless of gender, ethnicity, or income level. Program delivery methods include school enrichment programs, day camps, afterschool and in-school clubs. Evaluation methods include pretests, posttests, focus group discussions, and anthropometric data collection. Results have shown improved dietary knowledge, actions, and conditions; improved physical activity knowledge, actions, and conditions; and improved knowledge, actions, and conditions toward body image. Additional information about Healthy Weights for Healthy Kids is available at <http://www.ext.vt.edu/news/solutions/solutions2007/articles/HealthyWeightsForHealthyKids.html>.

Jump into Foods and Fitness is an evidence- and theory-based program implemented through Michigan State University that seeks to increase healthy eating, daily exercise, and food safety. The desired outcomes of this program are related to healthy lifestyle choices surrounding food, nutritional understanding, nutritional knowledge application, daily physical activity, muscle knowledge, injury prevention, disease prevention, enjoyment and appreciation for nature and surroundings, personal safety, and decision-making. The curriculum used is *Jump into Foods and Fitness* (Baird, Branta, Mark, & Seremba, 2003). The target audience is 3rd-8th graders, ages 9-15. Delivery methods include special interest/short-term, afterschool, day-camping, and overnight camping programs, as well as clubs in military, afterschool, and in-school settings. The program has been evaluated using pretests, posttests, and interviews. Results have shown increases in frequency of eating breakfast daily, vegetable intake, moderate physical activity, and enjoyment of being physically active. Additional information about Jump into Foods and Fitness is available at http://4h.msue.msu.edu/programs/healthy_youth/jump_into_foods_and_fitness_jiff

Just Be It! Healthy and Fit is an evidence- and theory-based Program of Distinction implemented through New Mexico State University that aims to reduce childhood obesity risk factors by increasing nutrition knowledge, fruit and vegetable intake, and activity level. The desired outcomes of the program are increased nutrition knowledge for students and their parents and teachers, increased student fruit and vegetable intake, and increased student physical activity levels. The curriculum used is *Just Be It! Healthy and Fit* (New Mexico State University, 2006). The target audience is 5th graders and their families. The program is delivered as a school enrichment program. Evaluation methods include a pretest and posttest for students, a retrospective pretest for parents, a 3-day food recall survey, and a 3-day physical activity recall survey. Evaluation results have shown that nutrition knowledge of both students and their parents increased, and physical activity of students increased, but fruit and vegetable intake among students did not increase. Additional information about Just Be It! Healthy and Fit is available at <http://babysfirstwish.aces.nmsu.edu/resources.html>.

On the Move to Better Health is an evidence- and theory-based Program of Distinction implemented through North Dakota State University that aims to increase fruit and vegetable and dairy consumption and to increase physical exercise. The desired long-term outcome of this program is for youth to adopt healthier lifestyles which included regular physical activity and a varied diet. The curriculum used is *On the Move to Better Health* (Garden-Robinson, 2007). The

target audience is 4th and 5th grade students. The program is delivered through the implementation of a 5-session program that includes hands-on and supplemental activities, visual promotion materials, and parent newsletters that were adapted for Native American families. The program's effectiveness has been evaluated using youth pretests and posttests, parent posttests, and a 1-year follow-up at one location. Overall, results have indicated an increase in youth consumption of fruits and vegetables and dairy products and an increase in physical activity; results from the Native American program have also indicated a decrease in youth consumption of soda.

Teen Cuisine is an evidence- and theory-based program developed and delivered by the Virginia Family Nutrition Program at Virginia Polytechnic Institute and State University (Carrington & Margheim, 2013). The program teaches pre-teens and teens, 6th – 12th grade youth, how to prepare food safely, nutritiously, and independently on a limited budget. Embedded within the program are other key concepts to address childhood obesity. Through participation in the program, youth will choose healthy foods and reduce foods high in sugar, fat, and salt; use information provided to assist them in making healthy choices; balance their food choices each day by using the MyPlate principles of eat more fruits and vegetables, add more whole grains, eat less fat, and include more servings of milk and dairy products; be able to prepare food from healthy ingredients at home and for their families; lower their caloric intake by controlling the serving sizes and understand the nutritional value of the proper portion of foods; demonstrate safe food handling practices in the cooking experiences in class and at home; and spend 60 minutes a day in moderately aerobic activities. The desired outcomes are that students then implement these changes at home on a personal level and also with their families. The curriculum used is *Teen Cuisine* (Carrington & Margheim, 2013). The target audience is youth in 8th-12th grades, specifically low income youth. Delivery methods include special interest/short-term, afterschool, and school enrichment programs, as well as clubs in afterschool and in-school settings, and the Family Nutrition Program working with low income youth. Evaluation methods include pre- and post-surveys. Results have demonstrated increases in consumption of three or more servings each of fruits and vegetables and 3 or more serving of whole grains, the selection of low-fat foods, confidence related to measuring and reading recipes, hand washing, and food refrigeration practices. However, no change has been reported in physical activity.

Moderate Evidence

None of the programs reported in the evaluability assessment in the Physical Activity and Healthy Eating domain met the criteria for having moderate evidence.

Strong Evidence

Smart Bodies is an evidence-based Program of Distinction implemented through Louisiana State University. The objectives and desired outcomes of this program are to increase knowledge of basic nutrition, physical activity, and the digestive system and human body; time spent

engaging in physical activity; and intake of fruits and vegetables. The curriculum implemented through this program is *The Body Walk* (Blue Cross and Blue Shield of Louisiana & LSU AgCenter, 2014), *The OrganWise Guys* (The OrganWise Guys, Inc., 2014), and *Take 10!* (International Life Sciences Institute Research Foundation, 2012). The target audience is elementary-aged children, with emphasis on limited-income youth. The program is delivered through the provision of a 12-week, school-wide, interactive curriculum, a monthly parent newsletter, and a student health assessment that is mailed to the parents. Evaluation methods include youth pretests and posttests, youth BMI measures, youth activity monitors, and randomly surveyed parents. Results have indicated that youth were more willing to try fruits and vegetables, that youth increased knowledge of physical activity benefits and their weight status, and that youth were more active. Additional information about Smart Bodies is available at <http://www.smartbodies.org/>.

Alcohol, Tobacco, and Other Drug Prevention

Preliminary Evidence

Teen Interactive Theater Education (TITE) is an evidence- and theory-based program implemented by the University of Arizona. TITE's desired outcomes for youth are learning teamwork, developing trust as a group, increasing knowledge regarding risk behaviors, increasing life skills (e.g., decision making and planning for the future), clarifying values, building positive relationships, improving communication skills, and decreasing drug use and related risk behaviors. The curricula used are *Teen Outreach Program* (Wyman Center, n.d.) and *TITE Curriculum* (University of Arizona Maricopa Cooperative Extension, n.d.). The target audience is primarily high school students; although, it has been used with middle school youth. Delivery methods include special interest/short-term and afterschool programs, as well as school enrichment settings. Evaluation is conducted through observation of teamwork and changes in group trust, as well as pretest and posttest surveys. Results have shown increases in participants' ability to resist negative peer pressure and to choose not to use drugs, level of comfort in talking about sensitive subjects such as sex and other risky behaviors, knowledge about the best resources of good information, and ability to be a good role model.

Moderate Evidence

None of the programs reported in the evaluability assessment in the ATOD use prevention domain met the criteria for having moderate evidence.

Strong Evidence

Health Rocks! is an evidence- and theory-based Program of Distinction that focuses on providing healthy living knowledge and skills. The desired outcomes are to decrease substance abuse, to increase ability to resist peer pressure, and to increase good decision-making and life skills. The curriculum used is *Health Rocks!* (National 4-H Council, 2014b) curriculum. The target audience is youth ages 8-12. This program is delivered through an out-of-school-based program which included interactive experiences. Evaluation has been conducted using a longitudinal

study design with a matched control group. Results have indicated that youth were able to resist higher levels of peer pressure; were less likely to use any substances; and had lower rates of delinquency, bullying, and peers engaging in risky behaviors.

Project ALERT is an evidence- and theory-based Program of Distinction implemented through Pennsylvania State University that focuses on providing youth with knowledge of the consequences of drug use, the benefits of healthy living, and the existence of resistance skills. The target audience is sixth through eighth grade students. The program is delivered through a series of lessons over the course of two years which include interactive experiences aimed at developing and rehearsing new skills. The program was evaluated by RAND Corp using a randomized-control study with pretests and posttests. The results indicated that youth were less likely to have used alcohol, initially lessened pro-drug attitudes, and increased beliefs about the risks of dependency. The lessened pro-drug attitudes seemed to fade by high school, but the belief about dependency risks persisted until tenth grade. Additional information about Project ALERT is available at <http://www.militaryfamilies.psu.edu/programs/project-alert>.

PROSPER is an evidence- and theory-based Program of Distinction implemented through Pennsylvania State University. The objectives and desired outcomes of this program are to promote positive youth development and strong families and to prevent youth substance abuse and problem behaviors. The curricula used include *Strengthening Families Program 10-14* (Hockaday, 2008), *Life Skills Training* (National Health Promotion Associates, n.d.), *Project ALERT* (BEST Foundation, 2013), *All Stars* (Tanglewood Research, Inc., 2013), *Lions Quest* (Lions Clubs International Foundation, 2014), *Life Skills Training Elementary* (National Health Promotion Associates, n.d.), and *Promoting Alternative Thinking Strategies (P.A.T.H.S.)* (Channing Bete Company, Inc., 2014). The target audience is pre- to early adolescents and their families and communities. This program is delivered by the implementation of evidence-based programs by small strategic teams of community volunteers that are led by Extension Educators and public school representatives. The program has been evaluated using numerous randomized, controlled trials of the program's effectiveness. Results have indicated that the program improves family interactions; reduces adolescent substance use; and enhances the relationship between Extension, schools, and communities. Additional information about PROSPER is available at <http://extension.psu.edu/youth/prosper>.

Strengthening Families is an evidence- and theory-based Program of Distinction developed by Iowa State University that focuses on improving parenting skills and family communication skills in youth and their parents. The desired outcome is to reduce youth substance use and improve family interactions. The program is delivered by implementing separate youth and parent sessions, as well as family sessions that use interactive experiences, discussion, and homework. The curriculum used is the *Strengthening Families Program* (Hockaday, 2008) curriculum. The target audience is youth, ages 10 to 14, and their parents. The program was evaluated using numerous studies on randomized controlled, longitudinal trials. Results indicated that youth substance use and problem behaviors decreased and effective parenting strategies increased. Additional information about Strengthening Families is available at <http://www.extension.iastate.edu/sfp10-14/>.

Recommendations for Program Planning and Evaluation

Program Planning

Analysis of program information submitted in the environmental scan survey revealed several recurring program planning weaknesses. Disconnections between objectives, planned learning activities, and target outcomes were observed for several of these programs. In other situations, objectives and outcomes did not logically relate to one another. To be better positioned for outcome evaluation and national replication, many programs with preliminary evidence need to give additional attention to basic program planning principles.

Developing a theory of change can help in this process. A theory of change identifies all of the pieces required to achieve a long-term goal; it is like a roadmap (The Center for Theory of Change, Inc., 2013). Creating a theory of change involves 6 steps:

1. Identifying long-term goals,
2. “Backwards mapping” or connecting the requirements necessary to achieve the goals,
3. Identifying assumptions about the context,
4. Identifying activities and/or interventions to create the desired change,
5. Developing indicators to measure outcomes, and
6. Documenting the logic of the program.

Developing a theory of change can occur through delineating a series of if-then relationships. In working out the if-then sequences, gaps in logic can be identified, assumptions can be clarified, and an understanding of how investments are likely to lead to results is enhanced. Ultimately, this information can be used to develop a logic model.

Evaluation

As previously described, the definitions of evidence of replicability presented by CNCS (2012) delineate the type of study designs and research procedures that can be used to identify the most replicable programs. The definitions, however, do not identify or describe specific evaluation dimensions that could be captured to make comparable comparisons across sites and programs.

The RE-AIM evaluation framework identifies five evaluation dimensions (*Reach, Effectiveness, Adoption, Implementation, and Maintenance*) that could be used to standardize evaluation of 4-H Healthy Living programs. RE-AIM has been successfully used to inform the selection of evidence-based health promotion programs or when making choices among alternative programs (Glasgow, Vogt, & Boles, 1999). This framework was identified by the National 4-H Healthy Living Taskforce (2009) as a possible approach to evaluating effectiveness.

In this framework, programs are evaluated at the individual or participant level (*Reach*, *Effectiveness*, and *Maintenance*) and organizational level (*Adoption*, *Implementation*, and *Maintenance*). RE-AIM was originally designed for consistent reporting of research results (National Council on Aging & Center for Healthy Aging, n.d.).

Reach is the number, proportion, and representativeness of intervention participants; *Efficacy or Effectiveness* is the impact of intervention on important outcomes. *Adoption* is the number, proportion, and representativeness of settings, organizations, and people who participate; *Implementation*, at the organizational level, is the fidelity to various elements of an intervention's protocol. *Maintenance*, at the organizational level, is the extent to which intervention becomes institutionalized as part of routine practices and policies, and at the individual level, is the long-term effects of a program on outcomes (RE-AIM, 2013).

Each of these dimensions can be assessed in a variety of ways. For example, *Reach* could be measured by the percent of individuals who participate in a program, based on a valid denominator of total target population. Additionally, *Reach* could be assessed by comparing characteristics of participants to those of nonparticipants. *Effectiveness* could be assessed by measuring the primary outcome with comparison to a public health goal (e.g., Healthy People 2020, dietary guidelines, exercise guidelines). *Adoption* could be evaluated by the percent of settings approached to participate that did participate, using a valid denominator of settings eligible to participate. *Implementation* could be assessed by documenting adherence to the program protocol, identifying the cost of the program, or noting adaptations that were made to the program. *Maintenance* at the individual level could be assessed by measuring primary outcomes 6 months after the program ends. *Maintenance* at the organizational level could be assessed by whether the program is still ongoing after 6 months, or whether the program has been adopted long-term (National Cancer Institute, 2012).

Adoption of a framework such as RE-AIM could serve several evaluative purposes. It could be used to 1) assess an intervention's overall public health impact; 2) compare the public health impact of an intervention across organizational units—such as multiple states or sites—or over time; and 3) make decisions about redistributing resources toward more effective programs.

Summary of Programs and Program Development and/or Evaluation Recommendations

The following tables present a summary of Healthy Living programs included in the evaluability assessment as identified through the environmental scan database. The tables are organized by 4-H Healthy Living domains, with each respective table reporting an overview of each program (based on information presented above), the study design implemented, and the 4-H Healthy Living outcomes addressed by each respective program. 4-H Healthy Living program outcomes include changes in participant *learning*—an increase in knowledge, attitudes, skills, and aspirations related to a healthy lifestyle, *actions*—adoption and mastery of health behaviors, and *conditions*—maintenance of healthy behaviors that results in a decreased risk

for series illness, improved quality of life, and reductions in health care costs. Within each table, programs are further categorized using the 3-tier evaluation evidence standards (preliminary, moderate, or strong) previously discussed.

Table 4. 4-H Healthy Living Programs – Healthy Eating Domain

Program Description			
Name	Overview/Summary	Evaluation Design	Healthy Living Outcomes
Preliminary Evidence			
Calcium, It's Not Just Milk	Increase knowledge of excellent or good calcium sources, the importance of calcium in bone health, and of the recommended daily amount of calcium needed	Pretest/posttest	Learning
Moderate Evidence			
Nutrition to Grow On	Increase knowledge of the importance of making healthful food choices and ways to do so, improve children's preferences for fruits and vegetables by giving children an opportunity to work with the land and grow their own produce	Quasi-experimental design involving three experimental groups using pretest/posttest and follow-up survey	Learning
Strong Evidence			
None of the programs met the criteria for having strong evidence of replicability.			

Table 5. 4-H Healthy Living Programs – Physical Activity and Healthy Eating Domain

Program Description			
Name	Overview/Summary	Evaluation Design	Healthy Living Outcomes
Preliminary Evidence			
4-H Health Jam	Improve knowledge, attitudes, and beliefs about healthy lifestyles by assisting youth in developing a habit of daily physical activity, in becoming physically fit, and in reducing the occurrence of chronic disease	Pretest/posttest	Learning Actions
Choose Health Action Teens (CHAT)	Introduce alternative drinks and drinking habits that substitute for consuming sugary drinks, encourage improved dietary habits and dietary consumption, promote healthy behaviors that encourage healthy eating and active living, and provide leadership opportunities	Retrospective pre-survey; Post-survey	Learning Actions
EatFit	Increase physical activity, improve eating habits, improve energy balance, increase consumption of healthful foods and decrease consumption of unhealthful foods, and teach youth how to set and achieve goals	Pretest/posttest; Retrospective pre-survey	Learning Actions
Family Fitness Program	Increase fruit, vegetable, whole grain, and low-fat dairy consumption; foster positive communication and collaboration on planning and preparing healthy meals and snacks; increase minutes of physical activity; increase goal setting and tracking of healthy diet and physical activity; and help students maintain a healthy body mass index (BMI) 6 months post-program for overweight youth and youth at risk for overweight	Pretest/posttest; Five 6-month follow-ups; Parent-reported eating and exercise habits and attitudes	Learning Actions Conditions
Fast Track	Improve awareness of nutrition when eating away from home, increase physical fitness knowledge and performance, and improve self-esteem by developing relationships with professional role models	Pretest/posttest	Learning Actions

Food and Nutrition Education for Children	Increase knowledge pertaining to the food pyramid, portions, the importance of breakfast and daily physical activity, the role of calcium in the body, and sugary soft drinks	Pretest/posttest	Learning
Get Moving – Get Healthy with New Jersey 4-H	Increase knowledge of the importance of nutrition and physical activity, teach those involved how to make healthy living a part of their daily lives, and cause healthy eating habits to emerge	Pretest/posttest; Post-survey	Learning Actions
Healthy Weights for Healthy Kids	Increase knowledge of the importance of nutrition and MyPlate, help children explore ways to enjoy food in moderation, teach students about healthy drink choices, increase awareness of healthy snack options, expose children to different types of physical activity, emphasize the importance of physical activity for physical and emotional health, improve attitudes and respect towards diversity, and reduce prevalence of childhood obesity	Pretest/posttest; Focus group discussions; Anthropometric data	Learning Actions
Jump into Foods and Fitness	Increase healthy eating, daily exercise, and food safety	Pretest/posttest; Qualitative methods	Actions
Just Be it! Healthy and Fit	Increase nutrition knowledge, fruit and vegetable intake, and activity level to reduce childhood obesity risk factors	Pretest/posttest; Retrospective pretest; 3-day food recall survey; 3-day physical activity recall survey	Learning Actions
On the Move to Better Health	Increase fruit and vegetable and dairy consumption and physical exercise	Youth pretest/posttest; Parent posttest; One-year follow-up at one location	Learning Actions
Teen Cuisine	Increase knowledge of choosing nutrient dense foods and snacks, reading food labels to choose healthier foods and snacks, using MyPlate to choose foods and plan meals, reading and following recipes using correct cooking and measuring	Pretest/posttest	Learning Actions

	techniques, identifying proper portion sizes, using safe food handling practices, and identifying ways to be more active every day		
Moderate Evidence			
None of the programs met the criteria for having moderate evidence of replicability.			
Strong Evidence			
Smart Bodies	Increase knowledge of basic nutrition, physical activity, and the digestive system and human body; time spent engaging in physical activity; and intake of fruits and vegetables	Youth pretest/posttest; Youth BMI measures; Youth activity monitors; Randomly surveyed parents	Learning Actions

Table 6. 4-H Healthy Living Programs –Alcohol, Tobacco, and Other Drug Prevention Domain

Program Description			
Name	Overview/Summary	Evaluation Design	Healthy Living Outcomes
Preliminary Evidence			
Teen Interactive Theater Education (TITE)	Teach youth teamwork and trust in groups; increase knowledge of risk behaviors; increase decision-making, future-planning, communication, and other skills; help youth clarify values and build positive relationships; and decrease drug use and related risk behaviors	Observation of teamwork and trust change; Pretest/posttest	Learning
Moderate Evidence			
None of the programs met the criteria for having moderate evidence of replicability.			
Strong Evidence			
Health Rocks!	Increase healthy living knowledge and skills to decrease substance abuse, increase ability to resist peer pressure, and increase good decision-making and life skills	Longitudinal design using a matched control group	Learning Actions
Project ALERT	Increase knowledge of consequences of drug use, benefits of healthy living, and resistance skills	Randomized-control using pretest/posttest	Learning Actions
PROSPER	Prevent adolescent substance use by implementing evidence-based programs with young adolescents, their families, and their communities	Numerous randomized, controlled trials of the program's effectiveness	Learning Behavior
Strengthening Families	Reduce youth substance use by improving parenting skills and family communication skills	Numerous randomized controlled, longitudinal trials	Learning Behavior

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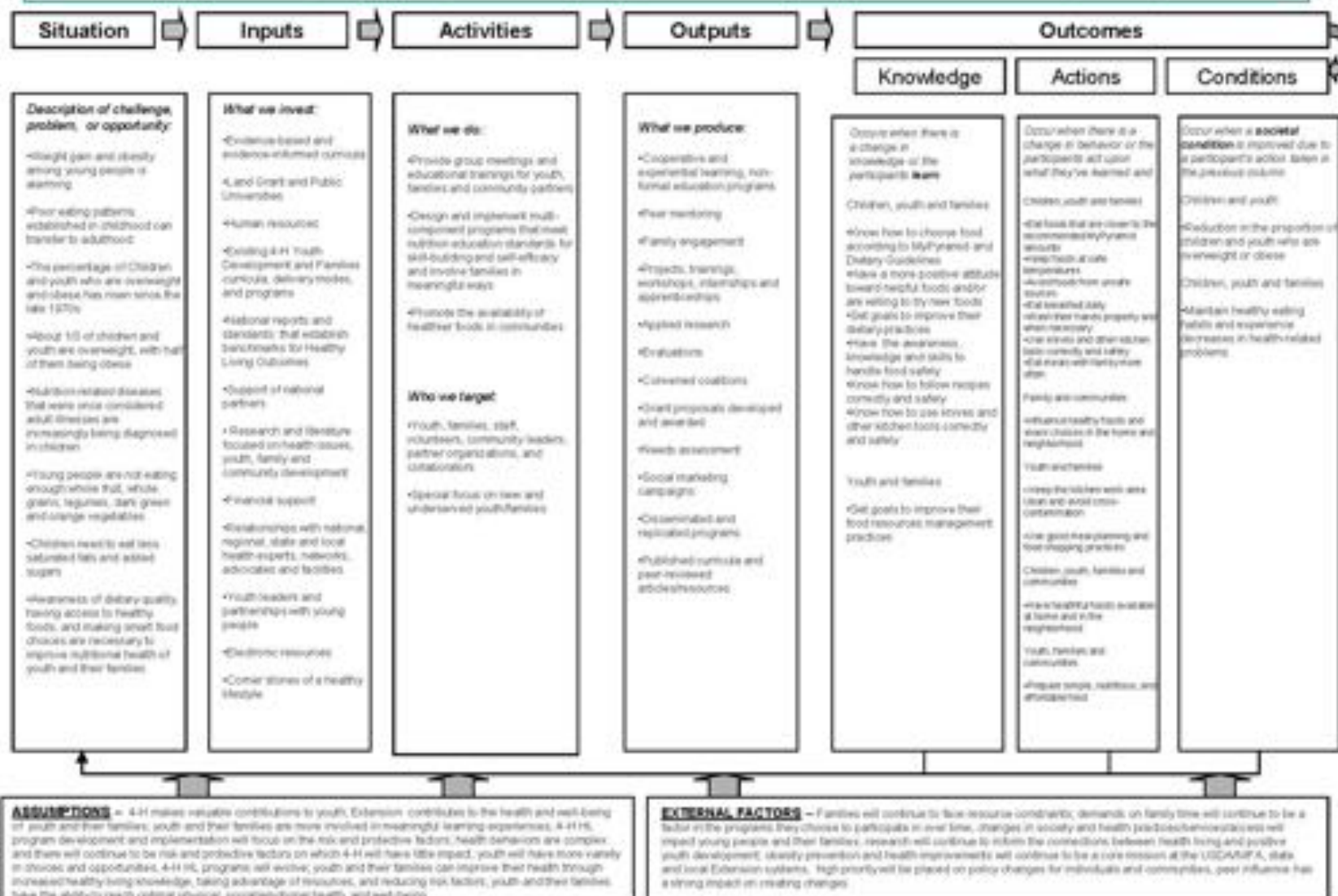
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Appendix A

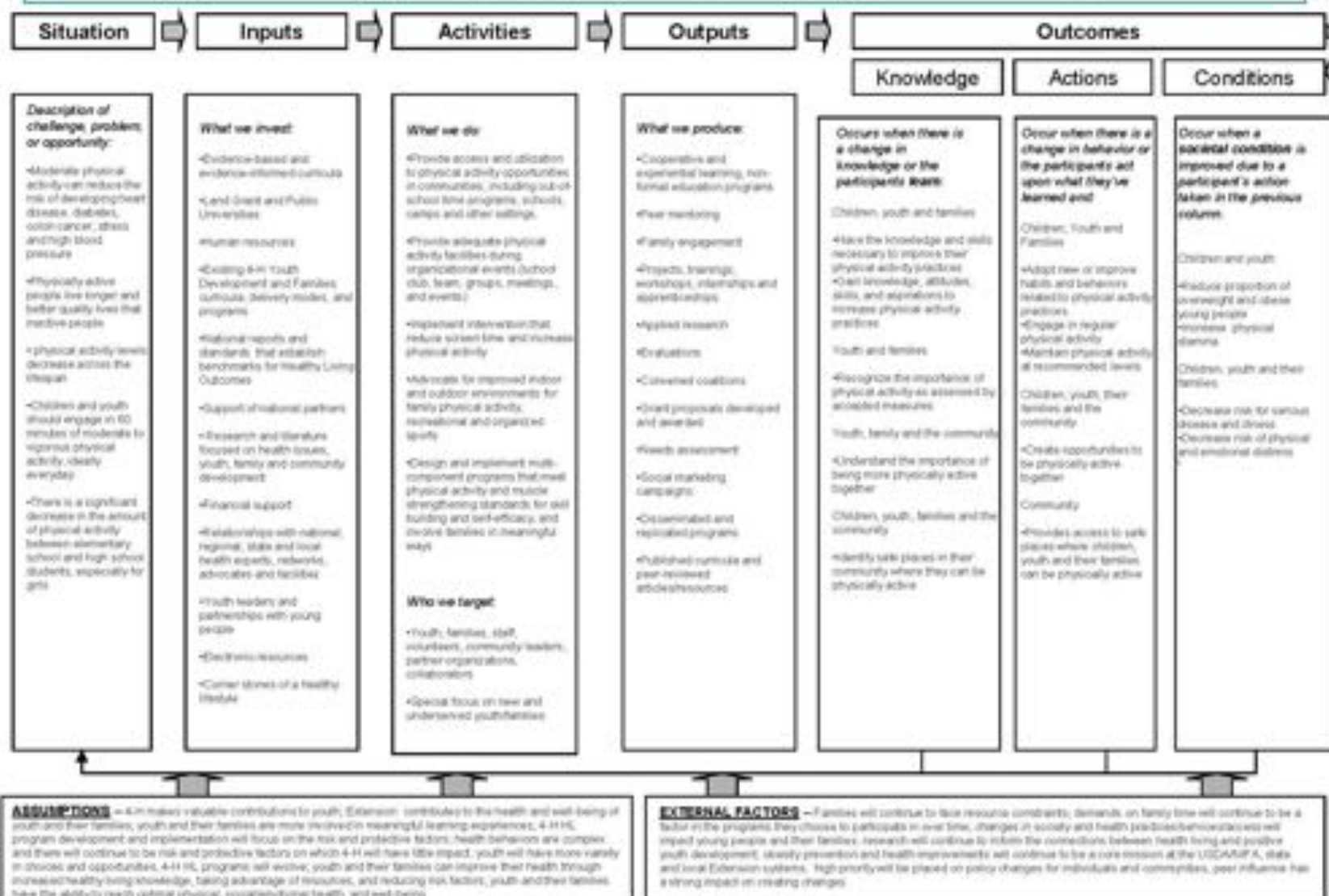
4-H Healthy Living Logic Models

4-H Healthy Living Logic Model – Improved Nutrition Intake and Healthy Eating



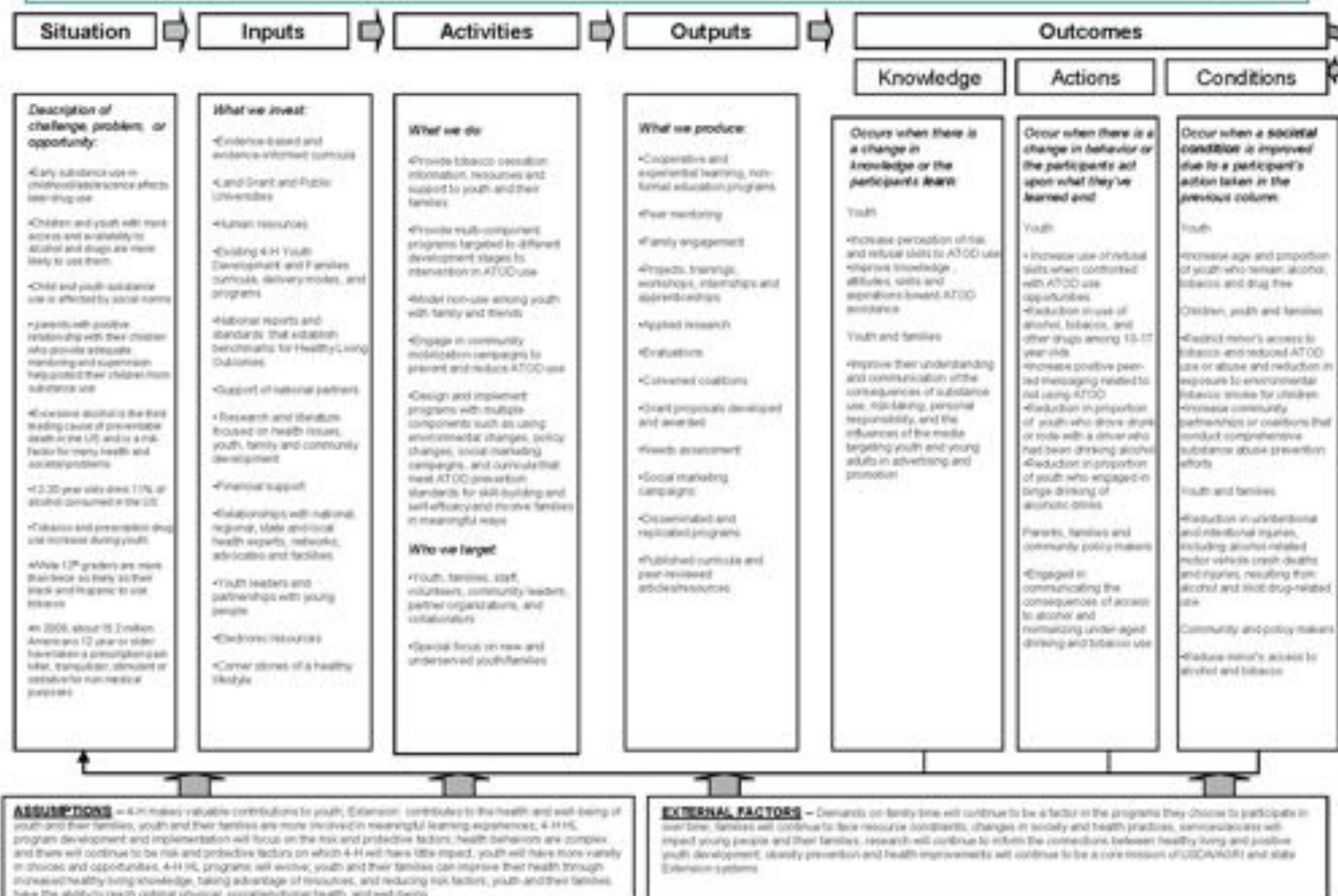
JUNE, 2010

4-H Healthy Living Logic Model – Physical Activity and Well-Being



JUNE, 2010

4-H Healthy Living Logic Model – Prevention of ATOD (Alcohol, Tobacco and Other Drugs)



Appendix B

Environmental Scan Survey

Mississippi State University Extension Service and National 4-H Headquarters/USDA are working together on a project to identify 4-H Healthy Living Programs that adhere to the national 4-H Healthy Living mission and logic models. Please report only on programs that meet the following criteria: Target 4-H youth, ages 9-19; Include a youth development program with an organized, purposeful set of activities designed to achieve positive youth development outcomes; Include activities congruent with the 4-H Healthy Living mission as presented in the healthy eating; physical activity; and alcohol, tobacco, and other drug use prevention logic models; and Have been developed and implemented by Cooperative Extension faculty and staff. At this time we are only collecting information on healthy eating; physical activity; and alcohol, tobacco, and other drug use prevention. Please do not enter information on programs exclusively related to Social-Emotional Health and Injury Prevention focus areas. It should take you approximately 15-20 minutes per 4-H Healthy Living program you describe. If you cannot complete the survey at one time, you can exit and re-enter where you left off by clicking the survey link again.

Clicking on the "Agree" button below indicates that you voluntarily agree to participate in this survey and are willing to be contacted for further information if needed. If you do not wish to participate, please decline participation by clicking on the "Disagree" button.

Agree (1)

Disagree (2)

If Disagree Is Selected, Then Skip To End of Survey

4-H Healthy Living programming encompasses the following focus areas: healthy eating; physical activity; alcohol, tobacco, and other drug use prevention. How many programs do you implement in each of the following focus areas? [*Note: The following question will only be completed once by participants*]

Healthy Eating (1) _____

Physical Activity (2) _____

Alcohol, Tobacco, and Other Drug Use Prevention (3) _____

In the remainder of the survey, you will be asked to describe up to five 4-H Healthy Living programs in each of the following focus areas: healthy eating; physical activity; alcohol, tobacco, and other drug use prevention. To select the programs to describe, please consider those that are most promising for engaging youth and families with opportunities to achieve optimal physical, social and emotional well-being. We realize that many programs could be categorized in more than one focus area. Please describe each 4-H Healthy Living program only once. This survey will only accommodate descriptions of 15 programs at a time. If you have more than 15 programs to describe, you will need to finish and submit this survey. Then, close your browser and enter the survey again via the link to report on those additional programs.

Questions about the Overall Program [*NOTE: The following series of questions can be repeated up to 15 times*]

What is the name of the first 4-H Healthy Living Program you will describe?

Which domain does this program address? Select all that apply.

- Healthy Eating (1)
- Physical Activity (2)
- Alcohol, Tobacco, and Other Drug Use Prevention (3)

Please list up to seven major objectives of the program. Keep these in mind as you will be asked about them in the other sections of the survey.

- Objective 1 (1)
- Objective 2 (2)
- Objective 3 (3)
- Objective 4 (4)
- Objective 5 (5)
- Objective 6 (6)
- Objective 7 (7)

If this program has a website, please enter the URL.

- No website (1)
- Website URL (2) _____

Does this program use evidence-based practices, programs, or curricula?

- Yes (1)
- No (2)
- Not Sure (3)

Does this program use theory-based program planning and evaluation processes?

- Yes (1)
- No (2)
- Not Sure (3)

Has this program been adapted from its original version for implementation in your state?

- Yes (1)
- No (2)
- Not Sure (3)

Questions about Curricula Used in the Overall Program

Please provide the title, author(s), and publication year for all curricula used as part of this program.

- Curriculum 1 (1)
- Curriculum 2 (2)

- Curriculum 3 (3)
- Curriculum 4 (4)
- Curriculum 5 (5)

Questions Related to Program Activities and Resources

Approximately how many people have been served by this program?

- less than 25
- 25-49
- 50-99
- 100-149
- 150-200
- more than 200 (please approximate) _____
- more than 300 (please approximate) _____
- Not sure

In what year was this program first implemented in your state?

Approximately, how many times have you implemented this program?

How is the program delivered? Please select all that apply.

- 4-H Special Interest/Short-Term Program (1)
- After-School Program Using 4-H Curricula/Staff Training (2)
- Individual Study/Mentoring/Family Learning Program (3)
- Instructional TV/Video/Web Program (4)
- School Enrichment Program (5)
- 4-H Day-Camping Program (6)
- 4-H Overnight Camping Program (7)
- 4-H Military Club (8)
- 4-H After School Club (9)
- 4-H Community Club (10)
- 4-H In-School Club (11)
- Other (please describe) (12) _____

What type of geographic area/s does this program serve?

- City
- County
- Multiple Counties
- State
- Not sure

What are the major activities associated with each objective of this program? Examples of major activities could include implementation of curriculum, sponsorship of a food drive, demonstration of healthy cooking techniques, or dissemination of Public Service Announcements.

- Activities related to Objective 1, (1)
- Activities related to Objective 2, (2)
- Activities related to Objective 3, (3)
- Activities related to Objective 4, (4)
- Activities related to Objective 5, (5)
- Activities related to Objective 6, (6)
- Activities related to Objective 7, (7)

What resources are associated with each objective of this program? Examples of resources could include an evidence-based curriculum, human resources, existing programs, or partners.

- Resources related to Objective 1, (1)
- Resources related to Objective 2, (2)
- Resources related to Objective 3, (3)
- Resources related to Objective 4, (4)
- Resources related to Objective 5, (5)
- Resources related to Objective 6, (6)
- Resources related to Objective 7, (7)

What professional development opportunities are offered to ensure that staff and volunteers are trained to implement the program effectively? Please select all that apply.

- Conference workshops (1)
- State in-service trainings (2)
- Training provided by developer of an evidence-based program (3)
- Webinars (4)
- One-on-one technical assistance (5)
- Shadowing other Extension faculty or staff who implement the program (6)
- University-level coursework (7)
- Other (please describe) (8) _____

Questions Related to Program Evaluation and Outcomes

What are the desired outcomes of each objective of this program? Outcomes include changes in knowledge, actions, or conditions that result from the program.

- Outcomes related to Objective 1, (1)
- Outcomes related to Objective 2, (2)
- Outcomes related to Objective 3, (3)
- Outcomes related to Objective 4, (4)
- Outcomes related to Objective 5, (5)
- Outcomes related to Objective 6, (6)
- Outcomes related to Objective 7, (7)

How have you assessed whether or not you have achieved each of the desired outcomes for each objective? For example, did you use a pre-post survey, conduct interviews or focus groups, observe behaviors, etc? If an assessment is not currently used, please simply state "no assessment is used."

Assessment related to Objective 1 outcomes, (1)

Assessment related to Objective 2 outcomes, (2)

Assessment related to Objective 3 outcomes, (3)

Assessment related to Objective 4 outcomes, (4)

Assessment related to Objective 5 outcomes, (5)

Assessment related to Objective 6 outcomes, (6)

Assessment related to Objective 7 outcomes, (7)

What are the results of your assessment for each of the desired outcomes? If results have not been assessed at this time, please simply state "no results to report."

Results related to Objective 1 outcomes, (1)

Results related to Objective 2 outcomes, (2)

Results related to Objective 3 outcomes, (3)

Results related to Objective 4 outcomes, (4)

Results related to Objective 5 outcomes, (5)

Results related to Objective 6 outcomes, (6)

Results related to Objective 7 outcomes, (7)

Please enter the name, phone number, and email address of the primary contact person for this program in your state.

Name (1) _____

Phone Number (2) _____

Email Address (3) _____

Would you like to provide information about another 4-H Healthy Living program in your state?

Yes (1)

No (2)

If No Is Selected, Then Skip To End of Survey

Questions about You [*NOTE: The remaining questions will only be completed once by participants*]

Now, we would like to ask a series of questions about you. Although responding to these questions is optional, your contact information is important in the case that we should have follow-up questions.

Please enter your name, phone number, and email address if you are willing to be contacted to answer additional questions we may have as we complete this environmental scan.

Name (1) _____

Phone Number (2) _____

Email Address (3) _____

What is your role?

State 4-H Program Leader (1)

4-H Healthy Living Liaison (2)

Extension Agent (3)

Extension Specialist (4)

Other (please describe) (5) _____

In which state or territory do you work?

Alabama (1)

Alaska (2)

American Samoa (3)

Arizona (4)

Arkansas (5)

California (6)

Colorado (7)

Connecticut (8)

Delaware (9)

District of Columbia (10)

Federated States of Micronesia (11)

Florida (12)

Georgia (13)

Guam (14)

Hawaii (15)

Idaho (16)

Illinois (17)

Indiana (18)

Iowa (19)

Kansas (20)

Kentucky (21)

Louisiana (22)

Maine (23)

Marshall Islands (24)

Maryland (25)

Massachusetts (26)

Michigan (27)

Minnesota (28)

Mississippi (29)

Missouri (30)

Montana (31)

Nebraska (32)

Nevada (33)

- New Hampshire (34)
- New Jersey (35)
- New Mexico (36)
- New York (37)
- North Carolina (38)
- North Dakota (39)
- Northern Mariana Islands (40)
- Ohio (41)
- Oklahoma (42)
- Oregon (43)
- Palau (44)
- Pennsylvania (45)
- Puerto Rico (46)
- Rhode Island (47)
- South Carolina (48)
- South Dakota (49)
- Tennessee (50)
- Texas (51)
- Utah (52)
- Vermont (53)
- Virginia (54)
- Virgin Islands (55)
- Washington (56)
- West Virginia (57)
- Wisconsin (58)
- Wyoming (59)

Thank you for your interest in this survey. When you click the Next button, your survey will be submitted.

Appendix C

Recruiting and Follow-Up Email Correspondence

Introductory Letter

Through the 4-H Healthy Living Mission Mandate, 4-H engages youth and families with opportunities to achieve optimal physical, social and emotional well-being. Mississippi State University Extension Service, 4-H National Headquarters/USDA and National 4-H Council are working together on a project to identify 4-H Healthy Living Programs that adhere to the national 4-H Healthy Living mission and logic models. This environmental scan will identify programs that meet the following criteria:

- Target 4-H youth, ages 9-19;
- Include a youth development program with an organized, purposeful set of activities designed to achieve positive youth development outcomes;
- Include activities congruent with the 4-H Healthy Living mission; and
- Have been developed and implemented by Cooperative Extension faculty and staff.

Because of your knowledge of 4-H Healthy Living programs, we need your input in making this project successful. In two days, you will receive an email invitation to participate in the 4-H Healthy Living Environmental Scan. We ask that you complete the online survey as soon as possible. It should take you approximately 15-20 minutes per 4-H Healthy Living program you describe. If you cannot complete the survey at one time, you can exit and re-enter where you left off by clicking the survey link again.

After survey completion, you may be contacted by Dr. Laura Downey or Dr. Donna Peterson from Mississippi State University to answer follow-up questions regarding the program(s) you have described.

Results of this survey will be disseminated to State 4-H Program Leaders, 4-H Healthy Living liaisons and other 4-H Healthy Living stakeholders.

We know your time is valuable and thank you in advance for taking time to help us with this important project. We look forward to hearing from you. Remember, this project cannot succeed without you!

Sincerely,

Suzanne LeMenestrel
National Program Leader, Youth Development Research
Institute of Youth, Family & Community, NIFA, USDA

JoAnne Leatherman
Program Director, Healthy Living
4-H National Headquarters, Division of Youth & 4-H National 4-H Council

Cover Letter

Mississippi State University Extension Service is working with 4-H National Headquarters/USDA and National 4-H Council to conduct an environmental scan of 4-H Healthy Living programs across the nation. This is where you come in. You are being asked to participate in this research project because of your knowledge of 4-H Healthy Living programs in your state.

Your participation in this research will include completing the environmental scan that asks questions about program characteristics and processes, logic models, and evaluation results. We have attached a list of the core survey questions as you may want to gather the information you need for answering questions prior to beginning the survey. You may also be asked to participate in a follow-up interview based your responses to survey questions.

Although **participation is voluntary**, we encourage you to take the time to complete the survey as soon as possible to share information about your relevant programs. After survey completion, you may be contacted by to answer some follow-up questions regarding the program(s) you have described.

If you have questions or concerns, please contact Dr. Laura Downey (laurad@ext.msstate.edu) or Dr. Donna Peterson (donna@ext.msstate.edu) or via phone at 662.325.3462.

The survey is available at:

[insert link to survey here]

Thank you in advance for your cooperation in making this effort a success.

Sincerely,

Laura Downey and Donna Peterson
Extension Evaluation Specialists
Mississippi State University

Thank You/Reminder

Last week you received an email invitation to participate in the 4-H Healthy Living Environmental Scan. This survey is seeking information about your 4-H programs that adhere to the national 4-H Healthy Living mission and logic models. You were invited to participate in this survey because of your knowledge of 4-H Healthy Living programs.

Although **participation is voluntary**, it is critical that your responses be included so that we can identify exemplary 4-H Healthy Living Programs.

If you have already completed the survey, please accept our sincerest thanks. If not, please do so today.

The survey is available at:

[insert link to survey here]

Thank you again for your cooperation.

Sincerely,

Laura Downey and Donna Peterson

Final Reminder

Mississippi State University Extension Service is working with 4-H National Headquarters/USDA and National 4-H Council to conduct an environmental scan of 4-H Healthy Living programs across the nation. You are being asked to participate because of your knowledge of 4-H Healthy Living programs in your state. At this time, no information about 4-H Health Living programs implemented by [Institution] has been reported. Although participation is voluntary, we encourage you to take the time to complete the survey as soon as possible to share information about your relevant programs. Information provided through this survey could result in an inventory of 4-H Healthy Living Signature Programs. Agencies outside of 4-H are also excited about the information that will come out of this scan so this is an opportunity to highlight the work you are doing.

The survey can be accessed at the following link and will remain open until June [insert date]:

[insert survey link]

If you have questions or concerns, please contact Dr. Laura Downey (laurad@ext.msstate.edu) or Dr. Donna Peterson (donna@ext.msstate.edu) or via phone at 662.325.3462.

We hope you will take this opportunity to tell us about 4-H Healthy Living programs in [state].

Thank you,

Laura Downey and Donna Peterson