University of New Mexico

UNM Digital Repository

Reports & Documents

Publications & Reports

2024

Snap-Ed New Mexico Impact Evaluation Report 2024

Belinda E. Vicuña

Robert McCreary

Mahtab Soleimani

Lucinda V. DeNatale

Camile R. Velarde

See next page for additional authors

Follow this and additional works at: https://digitalrepository.unm.edu/prc-reports-documents

Authors

Belinda E. Vicuña, Robert McCreary, Mahtab Soleimani, Lucinda V. DeNatale, Camile R. Velarde, Yvonne C. Vitanzos, and Theresa H. Cruz

SNAP-ED NEW MEXICO IMPACT EVALUATION REPORT

2024

Prepared by:

Belinda E. Vicuña, MPH, PhD
Robert McCreary, MA, MS
Mahtab Soleimani, MA
Lucinda V. DeNatale, BA
Camille R. Velarde, MA
Yvonnie C. Vitanzos, MA
Theresa H. Cruz, PhD

Table of Contents

🌶 Non-Discrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

See the USDA's current non-discrimination statement:

https://www.usda.gov/non-discrimination-statement

🌶 Acknowledgments

🍎 Executive Summary: Impact Evaluation

Purpose

The goal of the Supplemental Nutrition Assistance Program-Education in New Mexico (SNAP-Ed NM) is to improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and the US Department of Agriculture (USDA) food guidance. SNAP-Ed NM does this by providing nutrition education and physical activity programming, social marketing-based promotion and programming, and by facilitating the implementation of policy, systems and environmental strategies that support these healthy behaviors. The University of New Mexico Prevention Research Center (UNM PRC) evaluated efforts by SNAP-Ed NM during the 2023-2024 academic year. This evaluation focuses on assessing health behavior changes among students in elementary schools that implemented the Eat Smart to Play Hard (ESPH) social marketing campaign.

Methods

The impact evaluation used a quasi-experimental design with intervention and delayed intervention groups and three repeated measures. Additionally, a pre-post outcome evaluation was conducted using data from all participating schools. During the 2023-2024 academic year, three surveys were administered across 17 elementary schools participating in ESPH programming. The three time points were: baseline (Fall 2023), midpoint (Winter 2024), and follow-up (Spring 2024). Surveys were administered both online and via hard copy. Surveys were completed by parents of kindergarten, 3rd, 4th and 5th grade students in participating schools. In total, 1,124 surveys were included in data analyses, 416 at baseline, 341 at midpoint, and 367 at follow-up. This research was approved by the UNM Human Research Protections Office and the Albuquerque Public Schools Research Review Board.

Key Findings

- On average, fruit servings among all children increased significantly from 1.91 at midpoint to 2.08 at follow-up.
- Parents reported a significant increase in joint active play with their children, from 3.04 days per week at midpoint to 3.37 days per week at follow-up.
- The percentage of parents reporting having rules or limits on their child's screen time increased significantly for American Indian participants, from 72.0% at baseline to 94.4% at follow-up.
- The most common barrier to eating fruits and vegetables was "They go bad too quickly," increasing from 24.6% at baseline to 29.4% at post follow-up.
- Meaningful differences between the intervention and delayed intervention groups in healthy eating, physical activity, and sedentary behavior outcomes were not found, likely due to high variability in the data.
- The "Eat Smart to Play Hard" call to action was the healthy message most frequently recalled by children.

Conclusion

The 2023-2024 pre-post evaluation of ESPH demonstrated significant increases in fruit consumption, eating fruits and vegetables as snacks, and parents and children engaging in active play together. ESPH also engaged children and families, and messaging was recalled by participants. However, results comparing the intervention group to the delayed intervention group did not show significant differences. Unbalanced groups, misclassification, or lower than anticipated response rates may have contributed to the lack of findings. Future evaluation should focus on increasing school and participant response rates over the multiple time periods, ensuring that baseline data collection from all schools is completed early in the academic year, and working with schools to achieve more balanced intervention and delayed intervention groups. These findings highlight the strengths of ESPH and provide opportunities to improve future ESPH programming and evaluation.

Impact Evaluation Report

Introduction

The goal of the Supplemental Nutrition Assistance Program-Education in New Mexico (SNAP-Ed NM) is to improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and the US Department of Agriculture (USDA) food guidance. To reach this goal, SNAP-Ed NM implements a variety of programming throughout the state. This report summarizes the impact evaluation conducted by the University of New Mexico Prevention Research Center (UNM PRC) to measure the impact of the Eat Smart to Play Hard (ESPH) social marketing campaign on health behaviors among children and their families at schools receiving this programming during the 2023–2024 academic year.

Eat Smart to Play Hard

The NM Health Care Authority (NM HCA; previously the NM Human Services Department) administers and coordinates SNAP-Ed in New Mexico. As part of SNAP-Ed NM, the NM HCA funds the Social Marketing Program at UNM PRC to conduct Eat Smart to Play Hard (ESPH), a social marketing campaign (https://hsc.unm.edu/medicine/departments/pediatrics/divisions/pps/initiatives/esph/). ESPH was developed and piloted in 2015 as an obesity-prevention social marketing campaign. It was developed with formative research, had a previous outcome evaluation, and has been included as an evidence-based, national SNAP-Ed intervention (USDA SNAP-Ed Toolkit). ESPH focuses on increasing consumption of fruits and vegetables among elementary school students, in under-resourced communities of NM. The UNM PRC collaborates with other implementing agencies and local schools throughout NM to offer students and their families the opportunity to participate in activities together, cook together, play together, improve health, and have fun together. ESPH is implemented as a 4-week social marketing program that engages students, families, the school, and the community. It is presented as a fun game for students to play and earn prizes for making simple healthy recipes and engaging in fun physical activities at home with their families. The program has also recently been culturally adapted with two Tribal communities in NM.

Theoretical Framework

SNAP-Ed NM programming applies the social-ecological model (SEM) to obesity prevention and recognizes that multiple factors at various levels of the model influence health behaviors. The SNAP-Ed NM evaluation team uses the SNAP-Ed Evaluation Framework to guide evaluation planning (https://snaped.fns.usda.gov/administration/evaluation-framework). The Evaluation Framework provides indicators for different levels of SEM influence over time (e.g., short-term, medium-term, long-term). This impact evaluation is focused on evaluating individual behavior change in the medium – term due to social marketing, as the main aim of social marketing is to motivate individual behavior change.

Individual Level
- **Healthy Eating Behaviors (MT1):** This core indicator tracks changes in eating habits, aiming to align with Dietary Guidelines for Americans recommendations.
- **Physical Activity & Reduced Sedentary Behaviors (MT3):** This core indicator focuses on both increasing physical activity and reducing sedentary behavior.

Key Evaluation Outcomes

The key evaluation outcomes examined by this study were changes in fruit and vegetable consumption, screen time (not for school), and days and time spent being physically active.

Methods

Evaluation Design

The impact evaluation used a quasi-experimental design with intervention and delayed intervention groups. Group allocation was self-selected by the 18 participating schools based on scheduling concerns and school convenience, with 5 schools choosing to implement the intervention in the fall (intervention schools) and 13 schools deciding to implement in the spring semester (delayed intervention schools). Additionally, a pre-post outcome evaluation was conducted using data from all participating schools. Evaluation surveys were administered during three periods: baseline (Fall 2023), midpoint (Winter 2024), and follow-up (Spring 2024). The Child Healthy Habits survey was used as the primary evaluation tool. Parents of students in kindergarten, 3rd, 4th and 5th grades in participating elementary schools were asked to complete the survey either online or via hard copy. The survey was available in both English and Spanish to accommodate the linguistic preferences of the participants. For physical surveys, teachers were responsible for distributing, collecting, and returning the completed forms.

Survey Instrument

The Child Healthy Habits survey was designed to be completed by a parent or other primary caregiver. Questions assess children's health behaviors, including healthy eating patterns, physical activity levels, sedentary behavior, and at follow-up, exposure to health-related messaging. Additionally, there were items about food security and assistance programs (see Appendix A).

Healthy Eating: Fruits and Vegetables
The primary outcome variable measured for healthy eating was fruit and vegetable consumption. Parents were asked to report the number of fruit and vegetable servings their child ate, whether more than one type of fruit or vegetable was consumed, and consumption of fruits or vegetables as snacks. All fruit and vegetable consumption questions asked about consumption "yesterday". The survey also inquired about the frequency of children's participation in meal preparation. While not directly measuring intake, this question aimed to explore potential correlations between cooking involvement and overall fruit and vegetable consumption. Additionally, parents were asked to report on barriers to incorporating fruits and vegetables into their family's diet.

Physical Activity: Active Play
The Child Healthy Habits survey assessed children's physical activity levels through a series of questions focusing on active play. Parents were asked to report the number of hours their child engaged in active play on the previous day, with "active play" defined as activities that cause the child to breathe a little harder or experience an increased heart rate. Parents were also asked how often they were physically active together with their child in a usual week. Examples such as walking or playing together were provided to illustrate the types of activities considered. Additionally, parents were asked to indicate how often their child usually engaged in at least 60 minutes of active play per day.

Sedentary Behavior: Screen Time
Sedentary behavior was measured indirectly using screen time as a proxy measure, given the significant role electronic devices play in children's daily lives and their potential impact on overall physical activity levels. First, parents were asked about the existence of rules or limits on their child's screen time, including television, tablets, movies, videos, and computer games. To capture a snapshot of daily screen time exposure, parents were asked to report the number of hours their child spent watching TV, playing video games, or using a computer or tablet for non-school purposes the previous day. Lastly, parents were asked to indicate the frequency with which television or other electronic devices were typically present during mealtimes throughout the week.

Healthy Messaging and Program Impact
At follow-up, a series of open-ended questions were introduced to assess the effectiveness of healthy eating messaging and evaluate the overall impact of ESPH from the participants' perspectives. For healthy messaging, parents were asked to recall and describe any healthy messages their child had encountered, as well as those they themselves had been exposed to. For program impact, parents were asked to reflect on any changes their family had implemented due to program participation, and to identify their child's favorite aspect of the program. Lastly, parents and children were asked to offer suggestions on how the program could be improved.

Data Analysis

Descriptive statistics were calculated for all quantitative variables at baseline, midpoint, and follow-up data collection periods. Then we examined the data for significant changes from baseline to midpoint, midpoint to follow-up, and baseline to follow-up, among all students. For categorical variables, Fisher's exact test was used to compare proportions between independent groups. For continuous variables, non-parametric tests were employed instead of the traditional t-test due to concerns about the normality assumption in our data. The Kruskal-Wallis rank sum test was used to compare distributions across three or more independent groups, functioning as a non-parametric counterpart to the ANOVA.

A difference-in-differences (DiD) analysis was used to estimate the causal effects of the ESPH intervention by comparing the average change over time (e.g., baseline, midpoint, follow-up) in the intervention group (ESPH implemented in the fall) compared to the delayed intervention group (ESPH implemented in the spring). The DiD approach was used because of the staggered implementation. We examined four key outcome measures: (1) the average number of fruits consumed daily, (2) the average number of vegetables consumed daily, (3) the average number of days per week when a TV or other electronic device is usually on during meal times, and (4) the average number of days in a typical week that parents are physically active with their child (e.g., walking or playing together). All statistical analyses were conducted using R version 4.3.2 (R Core Team, 2023), with a significance level set at $\alpha = 0.05$.

Qualitative responses from open-ended questions were analyzed to identify the most common responses. The evaluation team developed categories, and two team members assigned responses to those categories. Non-responses (e.g., N/A, none, no comment) were systematically identified and excluded from the analysis. The categorization process included cross-checking for consistency and accuracy.

Results

Survey Responses

The evaluation team received 1,223 survey responses with signed parent/guardian consent. Of these, 458 were completed at baseline, 364 at midpoint, and 401 at follow-up. The team removed blank surveys and eliminated duplicate entries (e.g., if a family submitted both an online and hard-copy survey, or a survey in both English and Spanish). A total of 99 surveys were removed, representing 8.1% of the original dataset. The final data set contained 1,128 survey responses, at all three time points which formed the basis for the analyses (see Figure 1). The overall response rate was 17.7%. It differed by reporting period with the response rate higher at baseline (18.9%) and follow-up (20.4%) compared with midpoint (14.5%). Of the 1,128 surveys, 1,013 (89.2%) were submitted in hard copy format and 115 (10.2%) were submitted electronically.

Figure 1. Flow diagram of surveys, Healthy Habits Survey, 2023–2024

Baseline   **Midpoint**   **Follow-up**

2,206 — Number of surveys sent out to ESPH implementing schools	2,356 — Number of surveys sent out to ESPH implementing schools	1,815
493 — Number of surveys received from ESPH implementing schools	389 — Number of surveys received from ESPH implementing schools	438

No consent: 35 (Baseline), 25 (Midpoint), 37 (Follow-up)

No data: 10 (Baseline), 7 (Midpoint), 12 (Follow-up)

Invalid: 32 (Baseline), 16 (Midpoint), 18 (Follow-up)

= 416 Used for analysis (Baseline)

= 341 Used for analysis (Midpoint)

= 371 Used for analysis (Follow-up)

Demographic Characteristics

The majority of participating students were female (56.1%), and three-quarters identified as Hispanic (75.8%), followed by white, non-Hispanic (9.2%), and American Indian (8.9%; see Table 1). The majority of surveys were completed in English (78.4%), with the remainder in Spanish. Most students were in 3rd (33.7%), 4th (28.3%), and 5th (29.3%) grades. Most surveys were completed by the child's mother (79.9%) followed by the child's father (10.0%).

Table 1. Demographic characteristics of children participating in the SNAP-Ed NM Child Healthy Habits survey, 2023–2024

	Baseline N=416 (%)	Midpoint N=341 (%)	Follow-up N=371 (%)	Total N=1,128 (%)
Grade				
K	25 (6.2)	15 (4.6)	54 (15.0)	94 (8.6)
3rd	133 (33.2)	102 (31.0)	132 (36.8)	367 (33.7)
4th	117 (29.2)	106 (32.2)	85 (23.7)	308 (28.3)
5th	125 (31.2)	106 (32.2)	88 (24.5)	319 (29.3)
Child Gender				
Female	227 (57.2)	183 (55.5)	199 (55.4)	609 (56.1)
Male	170 (42.8)	147 (44.5)	160 (44.6)	477 (43.9)
Survey Language				
English	324 (77.9)	269 (78.9)	291 (78.4)	884 (78.4)
Spanish	92 (22.1)	72 (21.1)	80 (21.6)	244 (21.6)
Race/Ethnicity				
Hispanic	310 (75.6)	254 (75.4)	283 (76.3)	847 (75.8)
American Indian	25 (6.1)	38 (11.3)	36 (9.7)	99 (8.9)
Black (non-Hispanic)	6 (1.5)	6 (1.8)	2 (0.5)	14 (1.3)
White (non-Hispanic)	47 (11.5)	21 (6.2)	35 (9.4)	103 (9.2)
Other/Mixed	14 (3.4)	14 (4.2)	9 (2.4)	37 (3.3)
Unspecified	8 (2.0)	4 (1.2)	6 (1.6)	18 (1.6)
Relationship to Child				
Mom	321 (80.9)	267 (80.2)	288 (78.7)	876 (79.9)
Dad	32 (8.1)	42 (12.6)	36 (9.8)	110 (10.0)
Grandma/pa	35 (8.8)	7 (2.1)	25 (6.8)	67 (6.1)
Aunt/Uncle	3 (0.8)	4 (1.2)	3 (0.8)	10 (0.9)
Other (please explain)	6 (1.5)	13 (3.9)	14 (3.8)	33 (3.0)

Healthy Eating: Fruits and Vegetables

Mean fruit servings significantly increased from midpoint to follow-up (p= 0.031; see Table 2). Although several other changes were observed, none were statistically significant.

Table 2. Changes in healthy eating, Child Healthy Habits survey, 2023–2024

	Baseline N=416 (%)	Midpoint N=341 (%)	Follow-up N=371 (%)	p-value	Total N=1,128 (%)
Fruit Servings				0.031*[1]	
Mean (SD)	1.93 (1.17)	1.91 (1.10)	2.08 (1.12)		1.97 (1.13)
>1 Fruit Type Eaten				0.299 [2]	
No	153 (37.9)	130 (38.7)	122 (33.6)		405 (36.7)
Yes	251 (62.1)	206 (61.3)	241 (66.4)		698 (63.3)
Vegetable Servings				0.138 [2]	
Mean (SD)	1.66 (1.17)	1.55 (1.10)	1.73 (1.17)		1.65 (1.15)
Vegetable Servings (recoded)				0.427 [2]	
1 or less	196 (48.4)	174 (51.9)	172 (47.1)		542 (49.0)
2 or more	209 (51.6)	161 (48.1)	193 (52.9)		563 (51.0)
>1 Vegetable Type Eaten				0.296[2]	
No	176 (43.2)	163 (48.4)	174 (47.8)		513 (46.3)
Yes	231 (56.8)	174 (51.6)	190 (52.2)		595 (53.7)
Fruits/Veggies as Snack				0.063[2]	
No	110 (27.1)	95 (28.3)	77 (21.1)		282 (25.5)
Yes	296 (72.9)	241 (71.7)	288 (78.9)		825 (74.5)
Child Helps with Meal Prep				0.593[2]	
Almost never	63 (15.6)	47 (13.9)	52 (14.2)		162 (14.6)
At least 1 time per month	108 (26.7)	89 (26.4)	98 (26.8)		295 (26.7)
At least 1 time per week	169 (41.8)	140 (41.5)	168 (46.0)		477 (43.1)
At least 1 time per day	64 (15.8)	61 (18.1)	47 (12.9)		172 (15.6)

*Statistically significant result at p ≤ .05   [1]Kruskal-Wallis rank sum test   [2]Fisher's exact test

Healthy Eating by Race/Ethnicity

Among Hispanic children, the proportion consuming fruits or vegetables as snacks significantly increased from 69.3% at midpoint to 78.3% at follow-up (p= 0.039; see Table 3). There were no significant changes among American Indian or non-Hispanic white students. There was insufficient data to conduct sub-analyses for other racial/ethnic groups.

Table 3. Changes in healthy eating by race/ethnicity, Child Healthy Habits survey, 2023–2024

	American Indian, N = 99					Hispanic, N = 847				
	Baseline N=25 (%)	Midpoint N=38 (%)	Follow-up N=36 (%)	p-value	Total N=99 (%)	Baseline N=310 (%)	Midpoint N=254 (%)	Follow-up N=283 (%)	p-value	Total N=847 (%)
Fruit Servings				0.230 [1]					0.212 [1]	
Mean (SD)	2.16 (1.21)	2.13 (1.12)	2.44 (1.08)		2.25 (1.13)	1.86 (1.12)	1.83 (1.05)	1.97 (1.10)		1.89 (1.10)
>1 Fruit Type Eaten				0.872 [2]					0.553 [2]	
No	10 (40.0)	14 (36.8)	12 (33.3)		36 (36.4)	116 (38.4)	101 (40.4)	100 (35.8)		317 (38.1)
Yes	15 (60.0)	24 (63.2)	24 (66.7)		63 (63.6)	186 (61.6)	149 (59.6)	179 (64.2)		514 (61.9)
Vegetable Servings				0.822 [2]					0.166 [2]	
Mean (SD)	1.92 (1.19)	1.71 (0.90)	1.89 (1.09)		1.83 (1.04)	1.56 (1.13)	1.45 (1.10)	1.64 (1.14)		1.55 (1.13)
Vegetable Servings				0.757 [2]					0.258 [2]	
1 or less	12 (48.0)	15 (39.5)	14 (38.9)		41 (41.4)	155 (51.0)	142 (57.0)	144 (51.1)		441 (52.8)
2 or more	13 (52.0)	23 (60.5)	22 (61.1)		58 (58.6)	149 (49.0)	107 (43.0)	138 (48.9)		394 (47.2)
>1 Vegetable Type Eaten				0.222 [2]					0.217 [2]	
No	14 (56.0)	13 (34.2)	17 (47.2)		44 (44.4)	141 (46.1)	134 (53.2)	143 (50.9)		418 (49.8)
Yes	11 (44.0)	25 (65.8)	19 (52.8)		55 (55.6)	165 (53.9)	118 (46.8)	138 (49.1)		421 (50.2)
Fruits/Veggies as Snack				0.389 [2]					0.039*[2]	
No	7 (28.0)	7 (18.4)	5 (13.9)		19 (19.2)	88 (28.9)	77 (30.7)	61 (21.7)		226 (27.0)
Yes	18 (72.0)	31 (81.6)	31 (86.1)		80 (80.8)	217 (71.1)	174 (69.3)	220 (78.3)		611 (73.0)
Child Helps with Meals				0.226 [2]					0.847 [2]	
Almost never	5 (20.0)	6 (15.8)	6 (16.7)		17 (17.2)	48 (15.8)	34 (13.5)	42 (14.9)		124 (14.8)
At least 1 time per month	10 (40.0)	12 (31.6)	14 (38.9)		36 (36.4)	82 (27.1)	66 (26.2)	68 (24.2)		216 (25.8)
At least 1 time per week	7 (28.0)	9 (23.7)	14 (38.9)		30 (30.3)	129 (42.6)	110 (43.7)	133 (47.3)		372 (44.5)
At least 1 time per day	3 (12.0)	11 (28.9)	2 (5.6)		16 (16.2)	44 (14.5)	42 (16.7)	38 (13.5)		124 (14.8)

*Statistically significant result at p ≤ .05   [1] Kruskal-Wallis rank sum test   [2] Fisher's exact test

Healthy Eating by Gender

Among male children, there was a marginally significant increase in fruit servings across the three evaluation periods (baseline, midpoint, and follow-up), with the largest mean increase observed from 1.83 at baseline to 2.11 at follow-up (p= 0.054; see Table 4). No other significant changes were observed by gender.

Table 4. Changes in healthy eating by gender, Child Healthy Habits survey, 2023–2024

	Female, N = 609					Male, N = 477				
	Baseline N=227 (%)	Midpoint N=183 (%)	Follow-up N=199 (%)	p-value	Total N=609 (%)	Baseline N=170 (%)	Midpoint N=147 (%)	Follow-up N=160 (%)	p-value	Total N=477 (%)
Fruit Servings				0.386[1]					0.054[1]	
Mean (SD)	1.97 (1.18)	1.95 (1.14)	2.02 (1.12)		1.98 (1.15)	1.83 (1.15)	1.85 (1.06)	2.11 (1.12)		1.93 (1.12)
>1 Fruit Type Eaten				0.605[2]					0.415[2]	
No	83 (37.2)	69 (38.1)	66 (33.5)		218 (36.3)	67 (40.9)	58 (40.0)	54 (34.2)		179 (38.3)
Yes	140 (62.8)	112 (61.9)	131 (66.5)		383 (63.7)	97 (59.1)	87 (60.0)	104 (65.8)		288 (61.7)
Vegetable Servings				0.276[1]					0.531[1]	
Mean (SD)	1.63 (1.18)	1.53 (1.15)	1.67 (1.08)		1.61 (1.14)	1.63 (1.12)	1.54 (1.06)	1.75 (1.20)		1.64 (1.13)
Vegetable Servings (recoded)				0.296[2]					0.965[2]	
1 or less	111 (49.6)	100 (55.6)	95 (48.0)		306 (50.8)	81 (49.4)	71 (49.0)	76 (47.8)		228 (48.7)
2 or more	113 (50.4)	80 (44.4)	103 (52.0)		296 (49.2)	83 (50.6)	74 (51.0)	83 (52.2)		240 (51.3)
>1 Vegetable Type Eaten				0.664[2]					0.212[2]	
No	105 (47.1)	91 (50.3)	90 (45.7)		286 (47.6)	69 (41.3)	68 (46.6)	81 (50.9)		218 (46.2)
Yes	118 (52.9)	90 (49.7)	107 (54.3)		315 (52.4)	98 (58.7)	78 (53.4)	78 (49.1)		254 (53.8)
Fruits/Veggies as Snack				0.162[2]					0.199[2]	
No	60 (27.0)	52 (28.7)	41 (20.8)		153 (25.5)	48 (28.7)	40 (27.6)	33 (20.6)		121 (25.6)
Yes	162 (73.0)	129 (71.3)	156 (79.2)		447 (74.5)	119 (71.3)	105 (72.4)	127 (79.4)		351 (74.4)
Child Helps with Meal Prep				0.195[2]					0.923[2]	
Almost never	32 (14.3)	23 (12.7)	27 (13.7)		82 (13.6)	29 (17.7)	22 (15.1)	23 (14.4)		74 (15.7)
At least 1 time per month	55 (24.7)	39 (21.5)	51 (25.9)		145 (24.1)	48 (29.3)	46 (31.5)	47 (29.4)		141 (30.0)
At least 1 time per week	93 (41.7)	80 (44.2)	96 (48.7)		269 (44.8)	68 (41.5)	56 (38.4)	69 (43.1)		193 (41.1)
At least 1 time per day	43 (19.3)	39 (21.5)	23 (11.7)		105 (17.5)	19 (11.6)	22 (15.1)	21 (13.1)		62 (13.2)

*Statistically significant result at p≤.05   [1]Kruskal–Wallis rank sum test   [2]Fisher's exact test

Barriers to Healthy Eating

Survey participants were asked about challenges to eating fruits and vegetables. The most commonly reported barrier was "They go bad too quickly," with one-quarter of respondents citing this at baseline and nearly 30% at follow-up. Cost was the second most significant barrier followed by children's dislike of fruits and vegetables and lack of time. Half of respondents reported no barriers to eating fruits and vegetables.

Figure 2. Barriers to healthy eating, Child Healthy Habits survey, 2023–2024
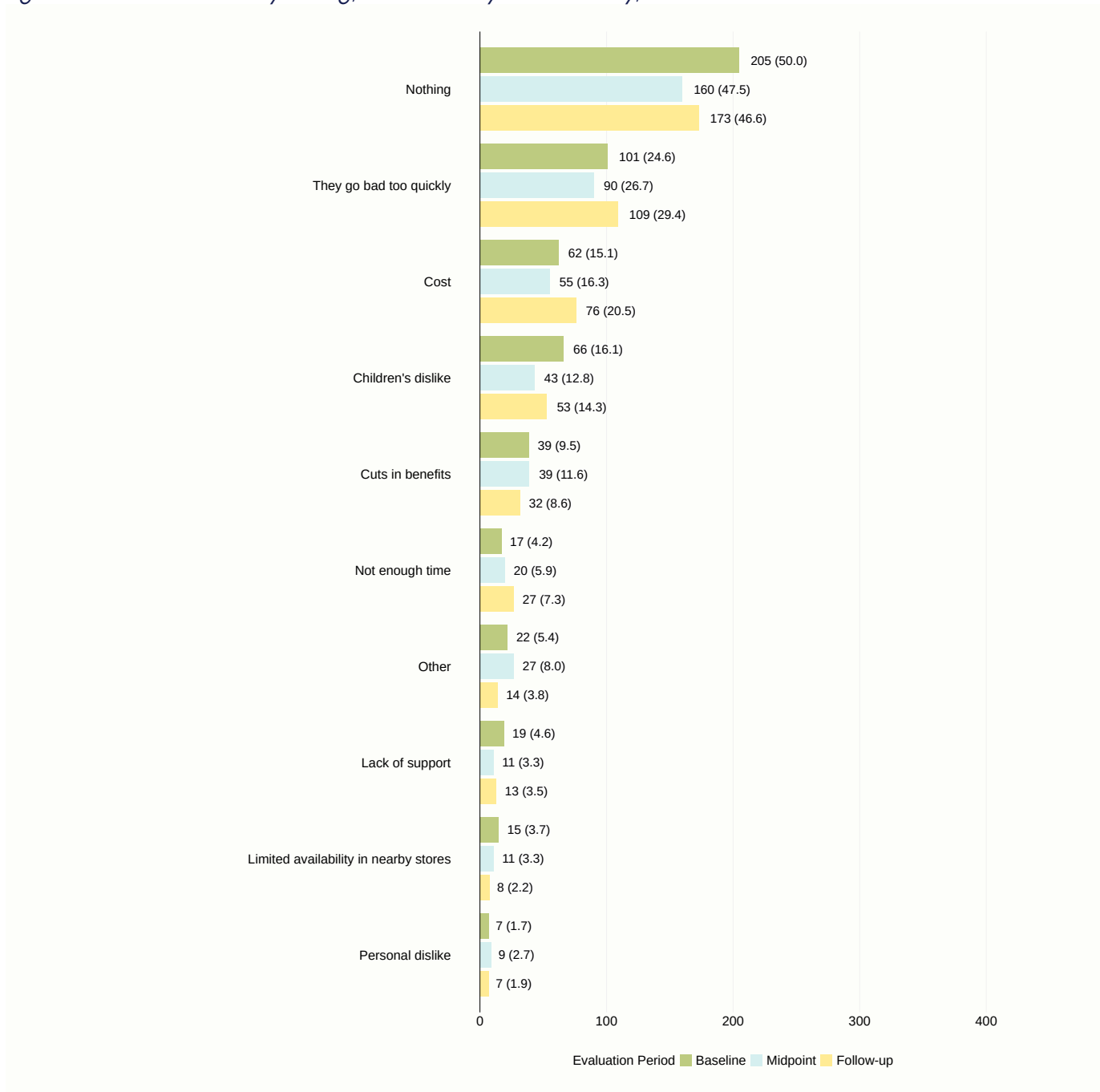
Physical Activity: Active Play

The duration of active play among children showed significant changes across the evaluation periods (p < 0.001; see Table 5). Most notably, the percentage of children engaging in one hour or less of active play decreased from 41.9% at baseline to 31.8% at follow-up while, conversely, the percentage of children engaging in three hours of active play increased from 16.4% at baseline to 22.9% at follow-up. Furthermore, parents reported a significant increase in their own physical activity with their children, averaging 3.37 days per week at follow-up compared to 3.14 at baseline and 3.04 at midpoint (p= 0.024).

Table 5. Changes in active play, Child Healthy Habits survey, 2023–2024

	Baseline N=416 (%)	Midpoint N=341 (%)	Follow-up N=371 (%)	p-value	Total N=1,128 (%)
Active Play Duration				<0.001*[2]	
1 hour or less	169 (41.9)	151 (45.3)	118 (31.8)		438 (39.6)
2 hours	114 (28.3)	100 (30.0)	98 (26.4)		312 (28.2)
3 hours	66 (16.4)	57 (17.1)	85 (22.9)		208 (18.8)
4 hours	28 (6.9)	11 (3.3)	43 (11.6)		82 (7.4)
5+ hours	26 (6.5)	14 (4.2)	27 (7.3)		67 (6.1)
Joint Active Play				0.024*[1]	
Mean (SD)	3.14 (2.05)	3.04 (2.14)	3.37 (1.99)		3.19 (2.06)
Active Play 60 min				0.110 [2]	
Once in a while	34 (8.5)	33 (9.9)	24 (6.5)		91 (8.3)
1 – 2 days each week	90 (22.5)	62 (18.7)	65 (17.7)		217 (19.7)
3 – 4 days each week	102 (25.5)	97 (29.2)	96 (26.1)		295 (26.8)
5 – 6 days each week	50 (12.5)	54 (16.3)	69 (18.8)		173 (15.7)
Every day	124 (31.0)	86 (25.9)	114 (31.0)		324 (29.5)

*Statistically significant result at p ≤ .05   [1]Kruskal–Wallis rank sum test   [2]Fisher's exact test

Physical Activity by Race/Ethnicity

Among Hispanic children, the duration of active play showed significant changes across the evaluation periods (p < 0.001; see Table 6). Most notably, the percentage of children engaging in one hour or less of active play decreased from 48.6% at midpoint to 32.9% at follow-up while conversely, the percentage of children engaging in three hours of active play increased from 15.1% at midpoint to 23.0% at follow-up. Both American Indian and Hispanic children demonstrated borderline significant increases in active play with their parents. There were no significant changes among non-Hispanic white students. There was insufficient data to conduct sub-analyses for other racial/ethnic groups.

Table 6. Changes in physical activity by race/ethnicity, Child Healthy Habits survey, 2023–2024

	American Indian, N = 99					Hispanic, N = 847				
	Baseline N=25 (%)	Mid point N=38 (%)	Follow-up N=36 (%)	p-value	Total N=99 (%)	Baseline N=310 (%)	Midpoint N=254 (%)	Follow-up N=283 (%)	p-value	Total N=847 (%)
Active Play Duration				0.234[2]					<0.001*[2]	
1 hour or less	12 (48.0)	12 (31.6)	9 (25.0)		33 (33.3)	134 (43.4)	122 (48.6)	93 (32.9)		349 (41.4)
2 hours	5 (20.0)	14 (36.8)	10 (27.8)		29 (29.3)	87 (28.2)	74 (29.5)	73 (25.8)		234 (27.8)
3 hours	5 (20.0)	10 (26.3)	8 (22.2)		23 (23.2)	48 (15.5)	38 (15.1)	65 (23.0)		151 (17.9)
4 hours	1 (4.0)	0 (0.0)	5 (13.9)		6 (6.1)	23 (7.4)	7 (2.8)	35 (12.4)		65 (7.7)
5+ hours	2 (8.0)	2 (5.3)	4 (11.1)		8 (8.1)	17 (5.5)	10 (4.0)	17 (6.0)		44 (5.2)
Joint Active Play				0.057[1]					0.064[1]	
Mean (SD)	2.68 (2.30)	2.92 (2.15)	3.83 (2.06)		3.19 (2.19)	3.14 (2.06)	2.98 (2.10)	3.31 (1.94)		3.15 (2.03)
Active Play 60 min				0.354[2]					0.234[2]	
Once in a while	3 (12.0)	4 (10.5)	2 (5.6)		9 (9.1)	27 (8.9)	27 (10.7)	19 (6.8)		73 (8.7)
1 – 2 days each week	8 (32.0)	7 (18.4)	6 (16.7)		21 (21.2)	68 (22.3)	48 (19.0)	52 (18.6)		168 (20.1)
3 – 4 days each week	2 (8.0)	13 (34.2)	9 (25.0)		24 (24.2)	84 (27.5)	68 (27.0)	70 (25.0)		222 (26.5)
5 – 6 days each week	5 (20.0)	7 (18.4)	7 (19.4)		19 (19.2)	35 (11.5)	39 (15.5)	55 (19.6)		129 (15.4)
Every day	7 (28.0)	7 (18.4)	12 (33.3)		26 (26.3)	91 (29.8)	70 (27.8)	84 (30.0)		245 (29.3)

*Statistically significant result at p ≤ .05   [1]Kruskal-Wallis rank sum test   [2]Fisher's exact test

Physical Activity by Gender

Among female children, the duration of active play showed significant changes across the evaluation periods (p= 0.016; see Table 7). The percentage of children engaging in one hour or less of active play decreased from 48.9% at midpoint to 36.7% at follow-up while, conversely, the percentage of children engaging in three hours of active play increased from 16.7% at midpoint to 25.6% at follow-up. Among male children, the duration of active play also showed significant changes across the evaluation periods (p < 0.011). Most notably, the percentage of children engaging in one hour or less of active play decreased from 40.8% at midpoint to 25.0% at follow-up while, conversely, the percentage of children engaging in four hours of active play increased from 7.6% at baseline to 16.2% at follow-up. Furthermore, parents reported a significant increase in active play with their male children, averaging 3.69 days per week at follow-up compared to 3.25 at baseline and 3.19 at midpoint (p= 0.029).

Table 7. Changes in physical activity by gender, Child Healthy Habits survey, 2023–2024

	Female, N = 609					Male, N = 477				
	Baseline N=227 (%)	Midpoint N=183 (%)	Follow-up N=199 (%)	p-value	Total N=609 (%)	Baseline N=170 (%)	Midpoint N=147 (%)	Follow-up N=160 (%)	p-value	Total N=477 (%)
Active Play Duration				0.016*[2]					0.011*[2]	
1 hour or less	105 (46.9)	88 (48.9)	73 (36.7)		266 (44.1)	61 (35.9)	60 (40.8)	40 (25.0)		161 (33.8)
2 hours	58 (25.9)	51 (28.3)	46 (23.1)		155 (25.7)	51 (30.0)	48 (32.7)	51 (31.9)		150 (31.4)
3 hours	35 (15.6)	30 (16.7)	51 (25.6)		116 (19.2)	31 (18.2)	25 (17.0)	30 (18.8)		86 (18.0)
4 hours	15 (6.7)	5 (2.8)	17 (8.5)		37 (6.1)	13 (7.6)	6 (4.1)	26 (16.2)		45 (9.4)
5+ hours	11 (4.9)	6 (3.3)	12 (6.0)		29 (4.8)	14 (8.2)	8 (5.4)	13 (8.1)		35 (7.3)
Joint Active Play				0.357[1]					0.029*[1]	
Mean (SD)	3.03 (2.12)	2.90 (2.05)	3.15 (2.01)		3.03 (2.06)	3.25 (1.98)	3.19 (2.25)	3.69 (1.92)		3.38 (2.06)
Active Play 60 min				0.360[2]					0.187[2]	
Once in a while	21 (9.3)	23 (12.7)	18 (9.1)		62 (10.3)	13 (7.8)	10 (6.9)	4 (2.5)		27 (5.7)
1 – 2 days each week	64 (28.4)	41 (22.7)	38 (19.3)		143 (23.7)	26 (15.6)	19 (13.1)	24 (15.1)		69 (14.6)
3 – 4 days each week	56 (24.9)	51 (28.2)	51 (25.9)		158 (26.2)	42 (25.1)	44 (30.3)	43 (27.0)		129 (27.4)
5 – 6 days each week	26 (11.6)	24 (13.3)	32 (16.2)		82 (13.6)	23 (13.8)	30 (20.7)	35 (22.0)		88 (18.7)
Every day	58 (25.8)	42 (23.2)	58 (29.4)		158 (26.2)	63 (37.7)	42 (29.0)	53 (33.3)		158 (33.5)

*Statistically significant result at p ≤.05   [1]Kruskal-Wallis rank sum test   [2]Fisher's exact test

Sedentary Behavior: Screen Time

No significant changes were observed in screen time rules, hours of screen time, or screen time during meals (see Table 8).

Table 8. Changes in sedentary behavior, Child Healthy Habits survey, 2023–2024

	Baseline N=416 (%)	Midpoint N=341 (%)	Follow-up N=371 (%)	p-value	Total N=1,128 (%)
Screen Time Rules				0.273	
No	74 (18.4)	54 (16.1)	52 (14.1)		180 (16.2)
Yes	329 (81.6)	281 (83.9)	318 (85.9)		928 (83.8)
Screen Time				0.100 [2]	
Less than 1 hour	56 (13.9)	48 (14.4)	63 (17.0)		167 (15.1)
1 – 2 hours	208 (51.7)	176 (52.9)	200 (54.1)		584 (52.9)
3 – 4 hours	101 (25.1)	88 (26.4)	91 (24.6)		280 (25.3)
5 – 6 hours	25 (6.2)	10 (3.0)	13 (3.5)		48 (4.3)
7 or more hours	12 (3.0)	11 (3.3)	3 (0.8)		26 (2.4)
Screen Time during Meals				0.324 [1]	
Mean (SD)	2.60 (2.62)	2.71 (2.61)	2.42 (2.51)		2.58 (2.58)

[1]Kruskal–Wallis rank sum test   [2]Fisher's exact test

Sedentary Behavior by Race/Ethnicity

Among American Indian children, the percentage of parents reporting having rules or limits on their child's screen time significantly increased from 72.0% at baseline to 84.2% at midpoint, and further to 94.4% at follow-up (p= 0.046; see Table 9). Unexpectedly, the mean days per week when a TV or other electronic device was usually on during mealtimes increased from 2.64 days at baseline to 2.87 days at midpoint, and 4.09 days at follow-up (p= 0.025). Among Hispanic children, screen time hours showed significant changes across the evaluation periods (p= 0.046). Most notably, there was an increase in the percentage of children spending <1 hour on screens, from 12.4% at midpoint to 18.1% at follow-up. There were no significant changes among non–Hispanic white students. There was insufficient data to conduct sub-analyses for other racial/ethnic groups.

Table 9. Changes in sedentary behavior by race/ethnicity, Child Healthy Habits survey, 2023–2024

	American Indian, N = 99					Hispanic, N = 847				
	Baseline N=25 (%)	Midpoint N=38 (%)	Follow-up N=36 (%)	p-value	Total N=99 (%)	Baseline N=310 (%)	Midpoint N=254 (%)	Follow-up N=283 (%)	p-value	Total N=847 (%)
Screen Time Rules				0.046*[2]					0.616 [2]	
No	7 (28.0)	6 (15.8)	2 (5.6)		15 (15.2)	57 (18.5)	41 (16.2)	44 (15.6)		142 (16.8)
Yes	18 (72.0)	32 (84.2)	34 (94.4)		84 (84.8)	251 (81.5)	212 (83.8)	238 (84.4)		701 (83.2)
Screen Time				0.167 [2]					0.046*[2]	
Less than 1 hour	5 (20.0)	8 (21.1)	2 (5.6)		15 (15.2)	37 (12.1)	31 (12.4)	51 (18.1)		119 (14.2)
1 – 2 hours	7 (28.0)	17 (44.7)	20 (55.6)		44 (44.4)	171 (55.7)	138 (55.0)	151 (53.5)		460 (54.8)
3 – 4 hours	12 (48.0)	11 (28.9)	13 (36.1)		36 (36.4)	74 (24.1)	64 (25.5)	69 (24.5)		207 (24.6)
5 – 6 hours	0 (0.0)	1 (2.6)	1 (2.8)		2 (2.0)	17 (5.5)	8 (3.2)	10 (3.5)		35 (4.2)
7 or more hours	1 (4.0)	1 (2.6)	0 (0.0)		2 (2.0)	8 (2.6)	10 (4.0)	1 (0.4)		19 (2.3)
Screen Time during Meals				0.025*[1]					0.065 [1]	
Mean (SD)	2.64 (2.51)	2.87 (2.75)	4.09 (2.17)		3.24 (2.55)	2.65 (2.59)	2.81 (2.62)	2.32 (2.49)		2.59 (2.57)

*Statistically significant result at p≤.05   [1]Kruskal–Wallis rank sum test   [2]Fisher's exact test

Sedentary Behavior by Gender

Among male children, the percentage of parents reporting having rules or limits on their child's screen time significantly increased from 82.1% at baseline to 87.0% at midpoint, and further to 91.2% at follow-up (p= 0.049; see Table 10). Moreover, screen time hours showed significant changes across the evaluation periods (p= 0.013). These changes include a steady increase in the percentage of male children spending <1 hour on screens, from 11.8% at baseline to 18.8% at follow-up. There was also a decrease in the percentage spending 1–2 hours on screens, from 57.4% at baseline to 53.8% at follow-up. No significant changes in sedentary behavior were observed among female children.

Table 10. Changes in sedentary behavior by gender, Child Healthy Habits survey, 2023–2024

	Female, N = 609					Male, N = 477				
	Baseline N=227 (%)	Mid point N=183 (%)	Follow-up N=199 (%)	p-value	Total N=609 (%)	Baseline N=170 (%)	Midpoint N=147 (%)	Follow-up N=160 (%)	p-value	Total N=477 (%)
Screen Time Rules				0.928^2					$0.049*^2$	
No	42 (18.7)	35 (19.1)	35 (17.6)		112 (18.5)	30 (17.9)	19 (13.0)	14 (8.8)		63 (13.3)
Yes	183 (81.3)	148 (80.9)	164 (82.4)		495 (81.5)	138 (82.1)	127 (87.0)	145 (91.2)		410 (86.7)
Screen Time				0.140^2					$0.013*^2$	
Less than 1 hour	35 (15.7)	24 (13.3)	31 (15.7)		90 (15.0)	20 (11.8)	24 (16.3)	30 (18.8)		74 (15.5)
1 – 2 hours	104 (46.6)	99 (55.0)	106 (53.5)		309 (51.4)	97 (57.4)	72 (49.0)	86 (53.8)		255 (53.6)
3 – 4 hours	65 (29.1)	41 (22.8)	52 (26.3)		158 (26.3)	35 (20.7)	46 (31.3)	39 (24.4)		120 (25.2)
5 – 6 hours	13 (5.8)	9 (5.0)	9 (4.5)		31 (5.2)	11 (6.5)	1 (0.7)	4 (2.5)		16 (3.4)
7 or more hours	6 (2.7)	7 (3.9)	0 (0.0)		13 (2.2)	6 (3.6)	4 (2.7)	1 (0.6)		11 (2.3)
Screen Time during Meals				0.904^1					0.223^1	
Mean (SD)	2.59 (2.64)	2.62 (2.64)	2.49 (2.53)		2.57 (2.60)	2.64 (2.63)	2.79 (2.58)	2.31 (2.46)		2.58 (2.56)

*Statistically significant result at p≤.05   [1]Kruskal–Wallis rank sum test   [2]Fisher's exact test

Difference-in-Differences for Healthy Eating, Physical Activity, and Sedentary Behavior

The difference-in-differences (DiD) analysis conducted to evaluate the impact of the ESPH intervention on healthy eating, physical activity, and sedentary behavior did not yield statistically significant results for any of the four outcomes examined. Specifically, we analyzed mean daily fruit servings, mean daily vegetable servings, mean days per week of joint active play between parent/guardian and child, and mean days per week of screen time during meals. The lack of significant findings can be attributed to high variability in the data, as evidenced by wide and overlapping 95% confidence intervals (vertical bars at each time point) across time periods (see Figure 3).

Figure 3. Trends across evaluation periods, difference-in-differences, Child Healthy Habits survey, 2023–2024
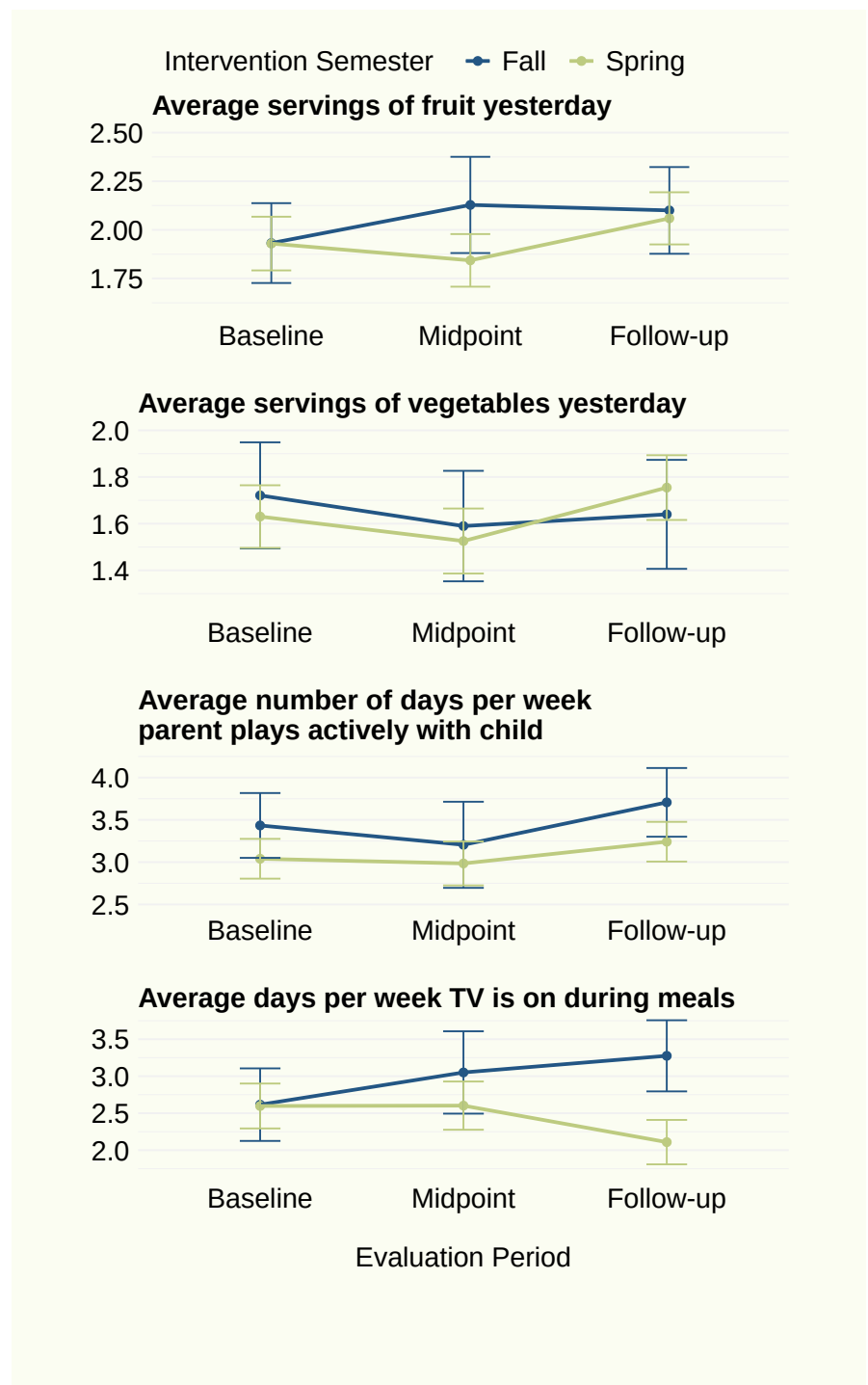
Food Security and Food Assistance

At baseline, most households reported having adequate access to healthy foods "always" (47.4%) or "most of the time" (35.5%), totaling 82.9% of respondents (see Table 11). No significant changes in food security were observed across the evaluation periods.

Table 11. Changes in food security, Child Healthy Habits survey, 2023–2024

|	Baseline N = 416	Midpoint N = 341	Follow-up N = 371	p-value	Total N = 1,128
Food Security				0.515 [1]	
Never	10 (2.5)	8 (2.4)	15 (4.2)		33 (3.0)
Rarely	7 (1.7)	10 (3.0)	10 (2.8)		27 (2.5)
Sometimes	52 (12.9)	45 (13.5)	54 (15.1)		151 (13.8)
Most of the time	143 (35.5)	100 (30.0)	110 (30.7)		353 (32.3)
Always	191 (47.4)	170 (51.1)	169 (47.2)		530 (48.4)

[1] Kruskal–Wallis rank sum test

Survey participants were asked about their household's use of various food assistance programs to help stretch their food budget. SNAP/EBT was the most utilized program, with more than one-third of households surveyed reporting using SNAP/EBT. Free or reduced-price school meals were the second most common form of assistance followed by WIC and Food Bank/Food Pantry usage. Commodity Distribution was the least used program. The percentage of households not using any food assistance programs was approximately one-third across time periods.

Figure 4. Household usage of food assistance programs, Child Healthy Habits survey, 2023–2024
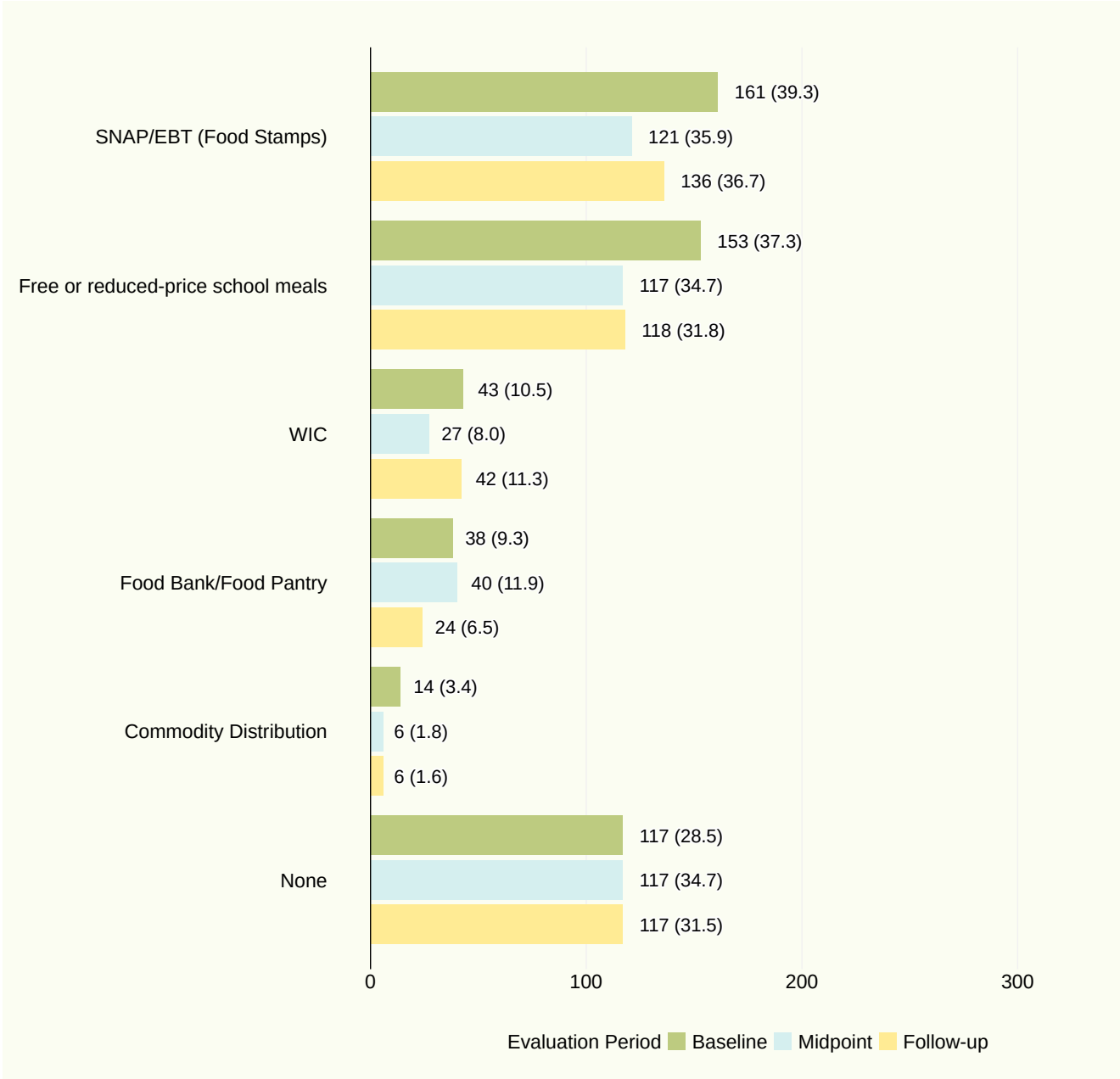
Healthy Messaging

Among the 236 respondents reporting on messages recalled by children, the most common were general messages about eating healthy foods and being physically active. Some students also recalled and reported the specific "Eat Smart to Play Hard" call-to-action (N=15). Parents and guardians (N=212) echoed these themes. They also emphasized staying hydrated with water. Additional, less frequent, messages recalled across both groups included drinking milk and reducing sedentary behavior.

"Eat Smart to Play Hard"

"Eat in moderation. Less sugar. Less salt. Eat healthy and exercise."

Program Impact

The impact of ESPH on families was described at follow-up by 239 participants. The most frequent changes reported were increased fruit and vegetable consumption, a general shift towards healthier eating habits, and increased physical activity. Families also mentioned engaging in more outdoor activities, trying new healthy foods, and preparing meals together more frequently. When asked about their children's favorite aspects of the program, respondents highlighted eating fruits and vegetables, learning about healthy eating, and participating in meal preparation as the top three, with physical activities and trying new foods also being mentioned.

"We have eaten a lot more healthy food."
"We have been going for walks every evening as a family."

Program Feedback

Feedback on ESPH (N=191) was generally positive, with many participants expressing satisfaction with its current format. However, there were some suggestions for improvement, including requests for additional information on healthy eating, increasing the availability of fruits and vegetables, adding more variety to activities, and including more recipes.

"More healthy recipes for picky eaters."

"Include more nutritional facts and benefits."
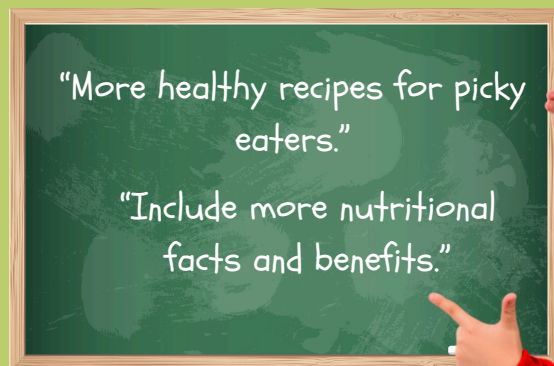
Discussion

This evaluation's main purpose was to determine the effects of the ESPH intervention on key outcomes identified by the SNAP-Ed evaluation framework. The priority indicators were: (1) changes in healthy eating behaviors (MT1) and (2) changes in physical activity/sedentary behavior (MT3). We also examined reach and impact of the social marketing campaign (MT12). The pre-post assessments of all participants (intervention and delayed intervention) showed significant increases in the average daily servings of fruit, eating fruits and vegetables as snacks, and parents and children engaging in active play together. There was also some recall of the specific ESPH call-to-action, and greater recall of the general ESPH messages – to eat healthy foods and be more active. However, when comparing the ESPH intervention and delayed intervention groups, there were no significant differences observed.

Qualitatively, children and families largely engaged with and appreciated the programming. Recommendations for future program development included expanding healthy eating resources, partnering with other organizations to increase fruit and vegetable availability, incorporating more diverse physical activities and games, creating additional recipes, and enhancing family engagement components, particularly around meal preparation.

There are some limitations to note. Although the intention was to collect data at all three timepoints from all participating schools, this was a challenge for some of the schools. Additionally, fewer schools than anticipated chose to participate in the fall ESPH implementation (intervention) group. These factors, together with individual differences among participants and potential variation in implementation across schools, contributed to substantial variability in the responses. As a result, the magnitude and consistency of the effect as measured by testing the difference-in-differences was not strong enough to be distinguished from random fluctuations in the data. This points to a need for further investigation with a larger sample size, greater response rate, and/or more controlled conditions with a more even distribution of schools across intervention and delayed intervention groups.

Findings from this evaluation will be used to build on the identified strengths of ESPH and further improve ESPH programming in the future. Additionally, lessons learned from this evaluation will inform future impact evaluations.

Conclusion

The 2023-2024 pre-post evaluation of ESPH demonstrated significant increases in fruit consumption, eating fruits and vegetables as snacks, and parents and children engaging in active play together. ESPH also engaged children and families, and messaging was recalled by participants. However, results comparing the intervention group to the delayed intervention group did not show significant differences. Unbalanced groups, misclassification, or lower than anticipated response rates may have contributed to the lack of findings. Future evaluation should focus on increasing school and participant response rates over the multiple time periods, ensuring that baseline data collection from all schools is completed early in the academic year, and working with schools to achieve more balanced intervention and delayed intervention groups. These findings highlight the strengths of ESPH and provide opportunities to improve future ESPH programming and evaluation.

Appendix A: Healthy Habits Survey
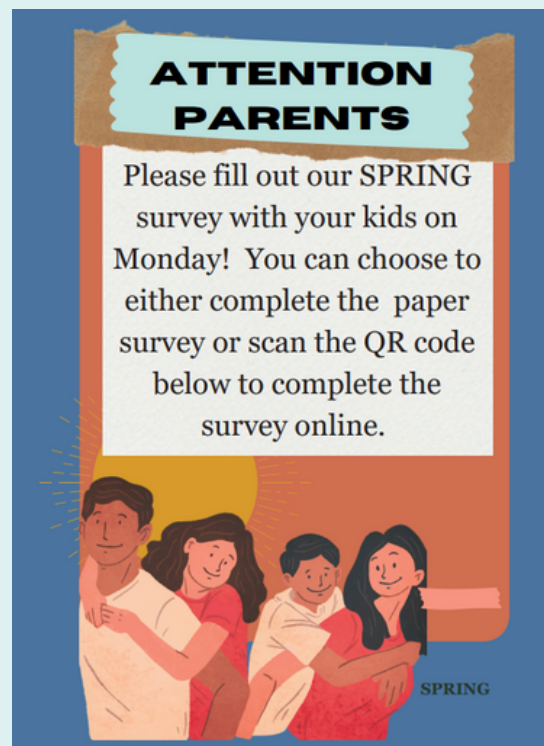
INSTRUCTIONS

Please take this survey with your child's help. Please fill this out on Monday. Tell us what your child **usually** does, and what your child did **yesterday (Sunday).** If today is not Monday, that's OK. Just tell us what your child did **yesterday**.

Please add up the fruits and vegetables your child ate **yesterday**. **Do not count** fried vegetables (like French fries) or any kind of juice.

Count fruits and vegetables on their own, or in foods like smoothies, sandwiches, burritos, stir-fry, salads, soups, and salsas. **Count fruits and vegetables that come in cans, frozen, dried, or fresh.**

Example: Your child ate a **1/2 cup** of salad at lunch + 1 child handful of broccoli at dinner. That's **2 servings for the whole day**.

(Circle the total number of servings):

ATTENTION PARENTS

Please fill out our SPRING survey with your kids on Monday! You can choose to either complete the paper survey or scan the QR code below to complete the survey online.

SPRING

FRUITS AND VEGETABLES

Child's name: _____

Today's date: _____

1/2 cup OR child handful = 1 child serving

1 - Circle the number of servings of fruit your child ate **yesterday**.

   0   1   2   3   4   5

2 - Did your child eat more than one kind of fruit **yesterday**?

   ☐ Yes   ☐ No

3 - Circle the number of servings of vegetables your child ate **yesterday**.

   0   1   2   3   4   5

4 - Did your child eat more than one kind of vegetable **yesterday**?

   ☐ Yes   ☐ No

 5 - Did your child eat any fruits or vegetables as a snack **yesterday**?

   ☐ Yes   ☐ No

6 - How often does your child help make meals? (**check one**)

   ☐ Almost never

   ☐ At least 1 time per day

   ☐ At least 1 time per week

   ☐ At least 1 time per month

FRUITS AND VEGETABLES

7 - What are some of the things that make it hard for your family to eat fruits and vegetables? **(check all that apply)**

- [ ] Nothing
- [ ] They go bad too quickly
- [ ] No one really supports or encourages me to eat them
- [ ] Not enough time to shop for or prepare them
- [ ] Not enough stores close to me carry them
- [ ] Cuts in benefits (SNAP, WIC, etc.)
- [ ] My child/children don't like them
- [ ] I don't like to eat them
- [ ] Buying more costs too much
- [ ] Other (**please explain**): _____

SCREEN TIME

8 - Do you have rules or limits on screen time (TV, tablet, movies, videos, computer games) for your child?

- [ ] Yes
- [ ] No

9 - Check the number of hours your child spent watching TV, playing video games, or using a computer or tablet (not for school) **yesterday**.

- [ ] Less than 1 hour
- [ ]

10 - Check the number of days each week the TV or other electronic device is **usually** on during meal times.

- [ ] 0 days
- [ ] 1 day
- [ ] 2 days
- [ ] 3 days
- [ ] 4 days
- [ ] 5 days

PHYSICAL ACTIVITY

11 - Check how many hours your child played actively **yesterday**. Actively means that they breathe a little harder or their heart beats faster.

- [ ] Less than 1 hour
- [ ] 1 hour
- [ ] 2 hours
- [ ] 3 hours
- [ ] 4 hours
- [ ] 5+ hours

12 - Check the number of days in a **usual** week that you are physically active together with your child (like walking together or playing together).

- [ ] 0 days
- [ ] 1 day
- [ ] 2 days
- [ ] 3 days
- [ ] 4 days
- [ ] 5 days

13 - Check how often your child **usually** plays actively for at least 60 minutes a day.

- [ ] Once in a while
- [ ] 1 –2 days each week
- [ ] 3 – 4 days each week
- [ ] 5 – 6 days each week
- [ ] Every day

HEALTHY EATING MESSAGES

Ask the Kids!

14 - Please tell us about healthy messages **your child** has seen or heard. What did the messages say?

15 - Please tell us about healthy messages **you** have seen or heard. What did the messages say?

16 - Please tell us about any changes you or your family have made because of the program.

17 - What was your child's favorite part of the program?

18 - Please tell us how you or your child think the program could be better.

ABOUT YOUR FAMILY

19 - What is your child's gender? _____

20 - How old is your child? _____

21 - Are you the child's:
- ☐ Mom
- ☐ Dad
- ☐ Grandma/pa
- ☐ Aunt/Uncle

Other (**explain**): _____

22 - How many **years** has your child been in this school? (**circle one**)

    1   2   3   4   5   6

23 - Is your child in... (**check one**):

- ☐ Preschool/Head Start
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade

24 - What is your child's race/ethnicity? (**check all that apply**)

- ☐ American Indian/Alaska Native
- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ White
- ☐ Other (**explain**): _____

ABOUT YOUR FAMILY

25 - Does anyone in your home use any of these to help stretch your food dollars?
(**check all that apply**)

- ☐ Free or reduced-price school meals
- ☐ SNAP/EBT (Food Stamps)
- ☐ WIC
- ☐ Commodity Distribution
- ☐ Food Bank/Food Pantry
- ☐ We do not use any of these

26 - In the last 3 months, did your family have adequate access to healthy food?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always