**Evaluation Plan Template – NKH/SBHA Learning Network**

The purpose of this template is to guide your evaluation plan and ensure you are capturing the data that will be requested in reports of your grant activities. Because each SBHC intervention and audience is different, a single evaluation tool or plan is not feasible and we want to provide flexibility to capture data in a way that is least burdensome to your program. In the table below, we have provided recommended tools and methods that you can consider when designing your evaluation. We also encourage you to think through the source of the data (i.e. is it youth or parents providing responses to surveys?) and method for capturing (i.e. create/administer a survey or pull a data report from the EHR).

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| **Data Needed** | **Possible Tools**  | **How will the data be collected?** | **Data source?** | **What is the method for collection (where and when)?**  |
| **Changes in Food Security\*** |  Hunger Vital Sign RAAPS PRAPARE Nutrition Incentive Hub survey Other \_\_\_\_\_\_\_\_\_\_\_\_ |  Pre/post survey  EHR  Other \_\_\_\_\_\_\_\_\_\_ |  Parent/Caregiver Youth 12-17 EHR Report | Ex. Food Security questions will be included in a survey that parents/caregiver of all youth receiving food services will receive when entering the program and at program end. CHW will administer surveys. Ex. Social needs screening occurs at each appointment at the Center and data will be pulled from the EHR for participating patients  |
| \***NOTE**: For youth under age 12, household food security data should be collected from a parent or caregiver.   |
| **Data Needed** | **Possible Tools**  | **How will the data be collected?** | **Data source?** | **What is the method for collection (where and when)?**  |
| **Changes in dietary health\*\*****(**Fruit and Vegetable Intake **and/or** knowledge and skill to prepare healthy foods.) |  CHIS Fruit and Vegetable screener  ABES Dietary intake module  Nutrition Incentive Hub survey CalFresh Plan, Shop, Save, Cook Checklist Other: \_\_\_\_\_\_\_\_\_\_\_ |  Pre/Post survey Other \_\_\_\_\_\_\_\_\_\_  |  Parent/Caregiver Youth 12-17 Youth under 12 | Ex. Fruit and vegetable screener questions will be included in a survey that parents/caregiver of all youth receiving food services will receive when entering the program and at program end. CHW will administer surveys. Ex. All youth participating in nutrition education as a part of this program will complete a pre/post survey that includes measures of fruit and vegetable intake.  |
| **\*\*NOTE: It is not required to assess both intake AND knowledge/skills.** If you are using an evidence-based nutrition education program or curriculum as part of your project, please use any associated survey tool to capture changes in dietary intake or knowledge and skills in preparing healthy foods. Consider partnering with a local SNAP-Ed or Cooking Matters partner to implement nutrition education programming.  |
| **Engagement in Preventative Care**  |  Enrollment/New Consents for SBHC Well Child visit in the last year Other: \_\_\_\_\_\_\_\_\_\_\_ |  Pre/Post Survey EHR Other: \_\_\_\_\_\_\_\_\_\_ |  Parent/Caregiver EHR Report | Ex. The following questions are included in a pre/post survey of program participants. Are you/Is your child(ren) enrolled in the SBHC?* If not, would you like to enroll and complete a consent now?

Have you or your child(ren) had a Well-Child Visit in the last 12 month(s)?* Was this at the SBHC or at a Community-located Provider?

Ex. EHR Report of well child visits for grant period compared with prior year  |
| **Demographics**(Minimum: Age, Race, Ethnicity, Gender) |  Nutrition Incentive Hub Survey EHR  Other \_\_\_\_\_\_\_\_\_ |  Pre/post survey EHR  Other \_\_\_\_\_\_\_\_ | Parent/CaregiverYouth 12-17EHR Report | Ex. Demographic questions will be included in a survey that parents/caregiver of all youth receiving food services will receive when entering the program and at program end. CHW will administer surveys. Ex. Demographic data for all participating patients will be pulled from the EHR  |
| **Program Outputs:*** Number of participants/households engaged in project components **(required)**

I.e. # of households referred to onsite pantry, # of households receiving vouchers, # of unique households visiting pantry, # of participants in nutrition education programs etc. * Number of referrals to Federal nutrition programs **(strongly encouraged)**
* Number of households enrolled in federal nutrition program(s) after referral **(encouraged if possible)**
* Number and type of partner organizations **(required)**
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If you are collecting other health related outcome measures (i.e. changes in self-reported health status, measures of mental health, BMI, A1c) for this project for your own internal evaluation please let us know if you would be willing to share aggregated data at the conclusion of the grant.