

PEER NUTRITION PROGRAM:
**Developing a Model for Peer-based Programs Aimed at Diverse
Communities**

Group Evaluation Proposal

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SECTION 1: PROGRAM DESCRIPTION

Program Background

The Peer Nutrition Program (PNP) is a peer-based nutrition learning program for caregivers of children aged six months to six years. The program delivers culturally and linguistically appropriate nutrition information to parents, grandparents and caregivers of children in underserved communities in Toronto in danger of food insecurity. PNP has an emphasis on culturally and linguistically appropriate learning tools, delivered in 32 languages.

Goal and Objectives of the Program

The goal of PNP is to enhance the nutritional status of children in our target audience within the diverse ethno-cultural communities in Toronto. To attain this goal, we have focused on one objective from the formative evaluation report in order to develop measures that will be collected for the purposes of a summative evaluation. The objective of the Peer Nutrition Program is to develop more effective strategies to deal with household and community food insecurity issues.

Organizational context

It is useful to describe the Peer Nutrition Program along the lines of supporting functions and delivery functions. The supporting functions include the raising of funds, development of partnerships (identifying partners, completing partnership agreements), hiring staff, promoting the program and developing the curriculum. The delivery functions include the dissemination of the curriculum through its three main components. These are: food skills workshops given by Community Nutrition Assistants (peers who learn from dietitians) lasting from 6 to 10 weekly sessions; ongoing drop-in sites where participants can pick up an allowance of fresh food and get counseling from staff on hand; and community gardens where participants learn how to grow their own food.

The program uses a partnership model which involves collaboration between more than 70 community organizations which provide space, childcare, and promotion of the program. These include the City of Toronto, the Child Youth and Action Committee, and Toronto Public Health, and the Ontario Ministry of Health. Each of these provides the PNP with either financial or administrative resources. It is also important to note that community consultations and an advisory Community Reference Group, which is made up of diverse ethno-cultural and ethno-racial community agencies, provide stakeholder input. Other organizations involved include agencies such as the Childrens Aid Society, school boards, and community health centres.

The decision to organize the Peer Nutrition Program around the mixed-method delivery system required that it adopt a relatively flat organizational structure. There is an administrative hierarchy in that the program has two managers, its program functions; however, are organized around a flat structure. The peer facilitators work in concert with, and on an equal footing with the mentor dietitians and nutritionists. While the PNP does not have a board of directors or a governance structure as such, it can be assumed that managers are held accountable for the resources in their trust by virtue that the program is primarily funded through institutions with well developed granting experience and capacity and ought to have accountability mechanisms built into their funding agreements.

Reasons for selecting the program

The Peer Nutrition Program brings together individuals with expertise in the area of nutrition with those who poses the language skills and cultural awareness to effectively communicate that knowledge to members of Toronto's many ethno-cultural groups. The program is comprehensive in that its design and logic already bear in mind the many components and players involved including nutritionists, community support workers, outreach initiatives and various resources. Nevertheless, food insecurity remains an issue within the target population. Overarching metaphors addressed in the formative evaluation report touched on the idea of "nourishment" being a key concept. This goes beyond the actual act of disseminating nutritional information and also includes societal involvement, community embrace, education, health, professional qualifications, and sense of belonging.

This mixed-method delivery system breaks with the traditional connotations of what a program in the policy field of food insecurity looks like. Given the resilience that food insecurity and undernourishment have shown to traditional policy solutions a new approach ought to be welcomed by government, the non-profit sector as a whole and any community suffering from the effects of poverty. Should this evaluation proposal be accepted the authors believe that it will add to the existing literature in this area and aid in the development of other programs seeking to utilize the mixed-method, peer-lead approach.

SECTION 2: PROGRAM THEORY

Program Theory

Generally speaking, the Peer Nutrition Program is based on the notion that information has the power to change the way individuals act. Specifically, the Peer Nutrition Program is based on three causal links that deal with the dissemination and acquisition of information. The first of these links is the presentation of the curriculum prepared and developed by dietitians to program participants. This link assumes that the presentation of this information by peer facilitators to the participants in the program will lead to that information being acquired by the participants.

It is worth noting that it is believed that the mixed-method delivery method, that in the case of this program takes the form of peer-lead workshops, will strengthen this link as it is believed that this approach will increase the acquisition of knowledge. The second link in this program theory is that once information is acquired, it will then result in behavior changes in those who have acquired that information thus altering their practices. The third and final link in the program theory for the Peer Nutrition Program is that these altered practices in the areas of food selection, purchasing and preparation will then lead to improved outcomes thereby reducing the instances of food insecurity within the target population/program participants.

Literature Review

There exists a significant body of literature concerning both food insecurity and peer-based, mixed-delivery programs. Generally speaking, the existing literature on food insecurity and community-based and peer-lead programs support the causal links of the program theory of the PNP. The literature review conducted in the process of developing the PNP stated that:

Initial planning stages began with a literature review, which also included an examination of different peer-led programs. The review focused on nutrition-related issues in young children as well as cultural influences on health and nutrition. One conclusion reached was that multicultural nutrition programs had had limited success. Reasons advanced for this outcome included the predominant emphasis on the scientific aspects of nutrition practice, an undervaluing of the art of service delivery and little attempt to adapt interventions to specific ethnic groups.¹

In addition, Valerie Tarasuk of the University of Toronto presents her research into food insecurity issues and community-based programming in this field in her article entitled *A Critical Examination of Community-Based Responses to Household Food Insecurity in Canada*. Tarasuk contends that traditional ad hoc community responses to food insecurity, such as food banks have left communities searching for more effective ways to battle food insecurity. Her research specifically examines community kitchens in southwestern Ontario. Community Kitchens are an appropriate comparison for the PNP as they also seek to present information to program participants with the aim of altering their practices and thereby improving outcomes related to food security. Tarasuk's conclusions support the program theory underlying the Peer Nutrition Program when she states:

Our analysis suggested that community kitchen participation could potentially enhance households' self-reliance in one of two ways: (1) directly, by augmenting food resources; and, (2) indirectly, by helping individuals to develop greater skill in food selection, purchasing, and preparation so that they could manage their limited resources more effectively to meet their families' food needs. Participants' food security may also have been enhanced through the acquisition of food-related skills. Indeed, skills development was sometimes presented as the *raison d'être* for community kitchens.²

¹ Moscovitch, A. (2006) Peer Nutrition Program : Developing a model for peer-based aimed at diverse communities, p.18

² Tarasuk, V. (2001). "A Critical Examination of Community-Based Responses to Household Food Insecurity in Canada". Health Education & Behavior. August 2001, vol. 28 no. 4, pp.492-493.

SECTION 3: EVALUATION OF PREVIOUS EVALUATIONS

Previous evaluations

Arlene Moscovitch conducted a formative evaluation of the Peer Nutrition Program for Toronto Public Health and Health Canada in 2006. Her evaluation sought to answer the question: “Which critical factors have been responsible for the Peer Nutrition Program’s success?”³ The evaluation employed a qualitative design and used a qualitative action research methodology. The evaluation took the form of a case study, and drew most of its data from key informant interviews and focus groups. In-depth interviews were held with key program staff and included; program managers, community stakeholders or partners and the community health officer. Focus groups were held with a cross section of the program participants as well as program staff.

Moscovitch presented the data gathered through the course of the evaluation as a narrative that gives the reader of the evaluation a sense of how the program works. It specifically describes how the program operates, as well as the experiences that participants have had in the program. While this data is useful from the perspective that it helps to prove the link in the program theory that concerns the acquisition of information, it does not, however, examine or prove the other causal links in the program theory. That is, the data presented in the evaluation report suggests that information is best acquired when presented in the participant’s language of choice and reflects particular cultural sensitivities. However, further research must be conducted to prove the other causal links within the program theory.

Challenges

In addition, it is worthwhile noting that the previous evaluation of the Peer Nutrition Program identified challenges with respect to recognition and respect from peer workers within Toronto Public Health, as well as a generally negative perception of ethno-cultural based programming. As Toronto Public Health is a key stakeholder it is hoped that inclusion of

³ Moscovitch, A. (2006) “Peer Nutrition Program : Developing a model for peer-based aimed at diverse communities”, p.10

officials from Toronto Public Health in the needs assessment process will help to overcome these challenges and allow for a greater degree of “buy-in” on the part of colleagues and the organization as a whole.

SECTION 4: PROGRAM EVALUATION DESIGN

Design of the evaluation

The formative evaluation did an extensive case study, which painted a broad picture of the overall program, and demonstrated the ongoing need for increased support to caregivers in a nutritional context that will promote healthy child development and parenting. For our summative evaluation, we propose using a Before and After evaluation design that will help strengthen the existing PNP. This will allow evaluators to measure whether increased support for participants through our program theory will lead to greater food security after the intervention. We will also use longitudinal components to measure the effects of the study population throughout the program, and these designs combined will determine whether the program should continue and whether it can garner sufficient political and financial support to be expanded to other regions throughout Canada.

Pre-needs assessment process

The needs assessment is being undertaken to better understand the problem of household food insecurity in Toronto. All assessment models are located at Appendix B. In order for a needs assessment to be undertaken in an effective and efficient manner a Needs Assessment Committee (NAC) needs to be established. The mandate of the Peer Nutrition Program’s NAC is to; (a) set the policy parameters of the needs assessment; (b) design the procedures to be undertaken in the needs assessment process; and (c) provide overall guidance and direction for, and ownership of the needs assessment; including issues concerning resources, both financial and human. The Peer Nutrition Program’s NAC will include members of its Community Reference Group, which includes both experts in this field and other key stakeholders, as well as two current participants in the program.

There is a strong focus on stakeholders within the composition of the NAC. Given the reliance that the program has on the facilities offered by stakeholder organizations in the community, these stakeholder relationships are seen as a key component of the program's success. Therefore, it is hoped that the inclusion of stakeholders in the NAC will help to maintain and strengthen these working relationships. In addition, the decision to include program participants in the NAC was taken with the view that their perspective was as valuable as that of policy experts and practitioners considering the nature and objective of the program. It is worthwhile noting that the previous evaluation of the Peer Nutrition Program identified challenges with respect to recognition and respect from peer workers within Toronto Public Health, as well as a generally negative perception of ethno-cultural based programming. As Toronto Public Health is a key stakeholder it is hoped that inclusion of officials from Toronto Public Health in the needs assessment process will help to overcome these challenges and allow for a greater degree of "buy-in" on the part of colleagues and the organization as a whole.

The results of the Peer Nutrition Program's NAC will be used by program staff (managers, peer facilitators and mentor dietitians and nutritionists), Toronto Public Health, Ontario Ministry of Health, as well as other non-profit or social service agencies that are concerned with food insecurity issues. The information collected during the needs assessment will guide and inform decisions with respect to the nature of strategies, priority setting and a refinement of who the program targets. Presently, the program targets food insecure households within Toronto's ethno-cultural communities.

As the purpose of the needs assessment is to better understand the problem of food insecurity in ethno-cultural communities it is first necessary to understand who are food insecure and then understand why they are food insecure. In order to gain this understanding two types of data must be collected. Firstly, quantitative data must be gathered on the program participants themselves. This quantitative data will be gathered through a survey of program participants. It will ask descriptive questions about their ethnic and linguistic background, their educational background and their current household situation as it pertains to employment, income and numbers of persons living in the household. Secondary data sources such census data published

by Statistics Canada will also form part of the quantitative data gathered by the NAC. Secondly, qualitative data will also be sought by the NAC. This data will be gathered through a series of focus groups with program participants, program staff, Toronto Public Health and Ontario of Ministry of Health officials and other policy experts. This data will be generated through posing relational and causal questions that are designed to identify both the structural barriers that cause household food insecurity as well as possible solutions to overcoming these barriers and becoming food secure. Existing literature on the subject of food insecurity in Canada will also form part of the overall data compiled to answer these questions.

Assessment phase

During the assessment phase of the needs assessment process evaluators will collect the data, analyze it from the perspective of a causal analysis and provide an interpretation of their findings. In order to accomplish this, the evaluators will collaborate with the NAC to generate a list of goals, and develop a data resource list.

With respect to data collection, the data will be gathered using a mixed-method approach, which will allow for triangulation. As previously noted, this approach will include surveys, focus groups, and a literature review. The data gathered through the course of the assessment phase will be synthesized and interpreted through the use of written explanations, charts and summary tables. This will allow the NAC and evaluators to both prioritize needs and understand the causal relationship between key indicators and food insecurity.

Post-assessment

Once the data has been gathered, synthesized and analyzed the NAC and evaluators will be well placed to finalize the priorities, develop a criteria for solutions to the problem of food insecurity in ethno-cultural households in Toronto, weigh alternative solutions and lastly formulate plans for the Peer Nutrition Program on a go forward basis. It is worth reiterating that it is believed that the composition of the NAC will ensure the best possible outcomes or solutions

are recommended by the NAC as they will provide valuable perspectives of the barriers to household food security and how they can best be overcome.

Logic Model

Using the theory of change referred to above, the program logic model forms the thesis of how the program is anticipated to perform and using this as a guide for the measurement and evaluation of its performance. In order to do this, we first collected information from other programs and the existing reports on the Peer Nutrition Program. We then were able to develop our program rationale, which is that without adequate nutrition knowledge and social support, food insecurity will result in negative effects on health, development, participation in society, and self-sufficiency in the community.

Collection of relevant information from the Canada's Food Guide, FoodShare Toronto, Healthy Babies Healthy Children, etc, assisted with the development of the logic model, as it provided some important context to our evaluation. Further, the partners listed in our inputs such as housing agencies, food policy councils, etc., will help us deliver our program effectively. We must work together in dealing with external factors such as competing community food programs, inexpensive and non-nutritious sources of food, and funding limitations.

The scope and timelines used in the logic model is characterized by the overall goal and objective of the program. This is also based on the existing platform of the PNP where its participants take part in a cycle of 6 to 10 weekly sessions, have access to drop-in centres, and community gardens. The limits of our program reach the borders of the city of Toronto, although participants are given transit tokens in order to access the program if they live outside the city proper, but within the limits of the GTA where public transit is accessible.

The logic of our theory dictates that our inputs will act to advocate change to legislation opening the door to more funding and program elements, thus increasing partners, number of participants, and program satisfaction. Further, a set of outreach and promotional campaigns and community engagement initiatives will reach out to communities that will increase awareness of

the need to address food insecurity, translating to a transfer of knowledge about safe food handling and better practices. Also, an expansion of knowledge of other community programs, social services, job training, and other skills management courses, as well as nutrition education seminars to provide tools that will affect a positive change in self-esteem and qualifications that will increase societal participation and lead to sustainability and self-sufficiency among participants. Other elements of our logic model can be seen in Appendix C.

Components of the measurement matrix

The purpose of the measurement matrix is to schematically represent the main pre-assessment questions, indicators, or measurements, data collection methods, and provides comments on these elements. The components of the pre-assessment measurement matrix include pre-assessment questions; indicators or measurements; data collection methods; and comments. Second, the matrix in the assessment phase schematically represents the main questions, indicators, or measurements, data collection methods, and provides comments on these elements. The components of the assessment measurement matrix include assessment questions; indicators or measurements; data collection methods; and comments. Finally, the post-assessment measurement matrix is designed to schematically represent the main questions, indicators, or measurements, data collection methods, and provides comments on these elements. The components of the post-assessment measurement matrix include post-assessment questions; indicators or measurements; data collection methods; and comments. See appendix D for all the matrices mentioned here.

Data collection manual

A data collection manual is an organizational tool for planning the collection of evaluation data, and serves as a guide to the data collection process in order to answer evaluation questions accurately. The manual includes samples of the data collection tools that will be used, such as questionnaires and surveys. These tools will be used to triangulate the data that is essential to the summative evaluation of the PNP. The data collection manual also includes sample items from the measurement matrix, including the main evaluation questions,

measurement indicators, and design and data sources. Also, this manual includes sample collection tools such as questionnaires, grids, diagrams and consent forms. These tools are essential to have for the manual to be complete and will give insight into how the process and outcome objectives are to be met throughout the evaluation. Finally, the data collection manual will contain information that relates to the frequency of data collection.

Data collection and analysis processes

The Peer Nutrition Program is cyclical, where participants are involved in workshops for 6 to 10 weekly sessions. The drop-in centres are open to participants continuously, and the community gardens involve the appropriate seasonal considerations and time allotted for produce tending and harvesting. Therefore, our collection tools are designed to fit those separate parameters. The first step will be to collect data at the entry stage of the program, where participants will complete a questionnaire gathering basic demographic information about the participant and their families for statistical purposes. This survey will also measure their level of knowledge about the program and with respect to food handling and nutrition. This information will be analyzed by a nutritionist who will assess whether the participant should be referred to other programs by the Toronto Public Health or City of Toronto. This initial questionnaire marks the “before” stage of the evaluation, and provides a benchmark for measurement of whether the intervention will be effective.

Second, attendance logs will be handed out monthly at workshops and be available at drop-in sites to get a better sense of how participants are feeling about the program, what they have learned, and whether they are sharing this information with members of their family and community. This is a voluntary questionnaire that will represent the quasi-experimental component of the data collection process. It will be an indicator of whether the workshops are effective and gauge program satisfaction, as well as what alterations can be made to the program.

The third of the four collection processes in our evaluation consists of the exit interview, which participants can complete when during their last workshop of the cycle. The questions asked will be specific to whether they have enjoyed the program, if they will recommend the

program to others, whether they intend to continue to use the information learned in their homes, and assess their cumulative knowledge of the program components. This will help evaluators analyze the utility of the three program components and whether they can be expanded. Finally, the post-intervention surveys will occur several weeks after the intervention has ceased. The questions asked of participants will mark the “after” component of the intervention design and will provide indicators to measure whether the curriculum disseminated in the program has stayed with participants, and whether that translates to better nutritional practices and decreased food insecurity. Whether participants have altered their long term behavior will be an indicator of the program’s overall success. All of these surveys are available at Appendix E

Work Plan activities

The projected work plan for this evaluation has a two-year duration. In our evaluation process, we have completed the development of the plan, including the establishment of our evaluation committee, the determination of the budget, and the identification of target dates and timelines. We are nearing completion of the activities in the second task, consisting of the needs assessment, the preparation of written report of findings, the outline of our priorities for evaluation, and a construction of a data collection design matrix. Next we will update our information to narrow the focus on our priorities in order to better reflect our priorities, as we believe there may currently be too strong a focus on recruiting newcomers to the program rather than focusing on the problems within our current client base. This period will also entail setting up survey and interview dates with our participants to ensure that each and every member have an appropriate and suitable allocated time.

Our next main step will be to collect data, which will take place in an eight month period for several groups each attending 6 to 10 weekly sessions per cycle. This gives us the opportunity to observe approximately five cycles, and the data sources will include enrollment data, attendance logs, interviews, initial questionnaires, exit interviews, and post-intervention surveys. These will provide indicators to measure whether awareness has increased and if that translates to better practices and decreased food insecurity. We will then appropriately analyze the data using both qualitative and quantitative methods, focusing on what participants learned

and how many participants have altered behavior. This is will be measured through descriptions of what, when, and how much the participants are learning from the intervention. The last step will then be to complete a final report with all key findings to present the effectiveness of the Peer Nutrition Program.

It is crucial to make an appropriate work plan to ensure that all activities are organized within a timely manner. Without a work plan the effectiveness of certain activities may not be weighed out and there will be opportunity for loss. A work plan can affectively list an objective of what needs to be done, the activity in greater detail and at what time and how long this objective needs to be completed. The projected work plan is referenced at Appendix G.

SECTION 5: DESIGN MATRIX

Matrix Description

The design matrix is an important feature of the data collection process and can be found at Appendix F. It acts as an organizing tool for evaluation and allows for a unique plan of action for each evaluation question. The design matrix consists of eight evaluation questions identical to the measurement matrix although the design matrix focuses on the target audiences, why the questions are important to these audiences; what and how data is to be collected and analyzed; how the findings will be reported and anything which may impact the evaluation.

The quasi-experimental, before and after, and longitudinal designs were used for the evaluation questions for the PNP. This approach allows us to analyze group characteristics and evaluate the changes that occurred after being involved in the program. The before and after design is most appropriate among others because it will really show the difference and changes in participants responses and attitudes within the data collection process. Unlike the one shot design and the cross sectional it does not only focus at one time after program involvement but also at what the situation was like before the program took into effect. The time series design is similar to the before and after design by meaning that it looks for change over a period of time although its main focus can be to look for trends rather than complete changes or differences.

The case study approach would not be appropriate here as well since we have already previously got an in depth understanding of the participants' status quo.

When developing appropriate sample sizes for each evaluation questions the previous program was taken into account. The program has traditionally attracted 1600 participants per year who attend on average 6 to 10 weekly sessions per cycle. The current data collection timeframe is approximately 8 months long which means the total sample is approximately 800 participants. In the past the existing programs have benefited from a high retention rate; 21% of programs had the same number of participants or more than at the start, 23% had perfect attendance, and 44% had an attrition rate of less than 20%. Given these statistics we anticipate that for the initial or 'before' questionnaire and the post-intervention or 'after' survey will be completed by approximately 80% of participants and we are allowing for a 50% return rate on activity logs that are collected twice per cycle.

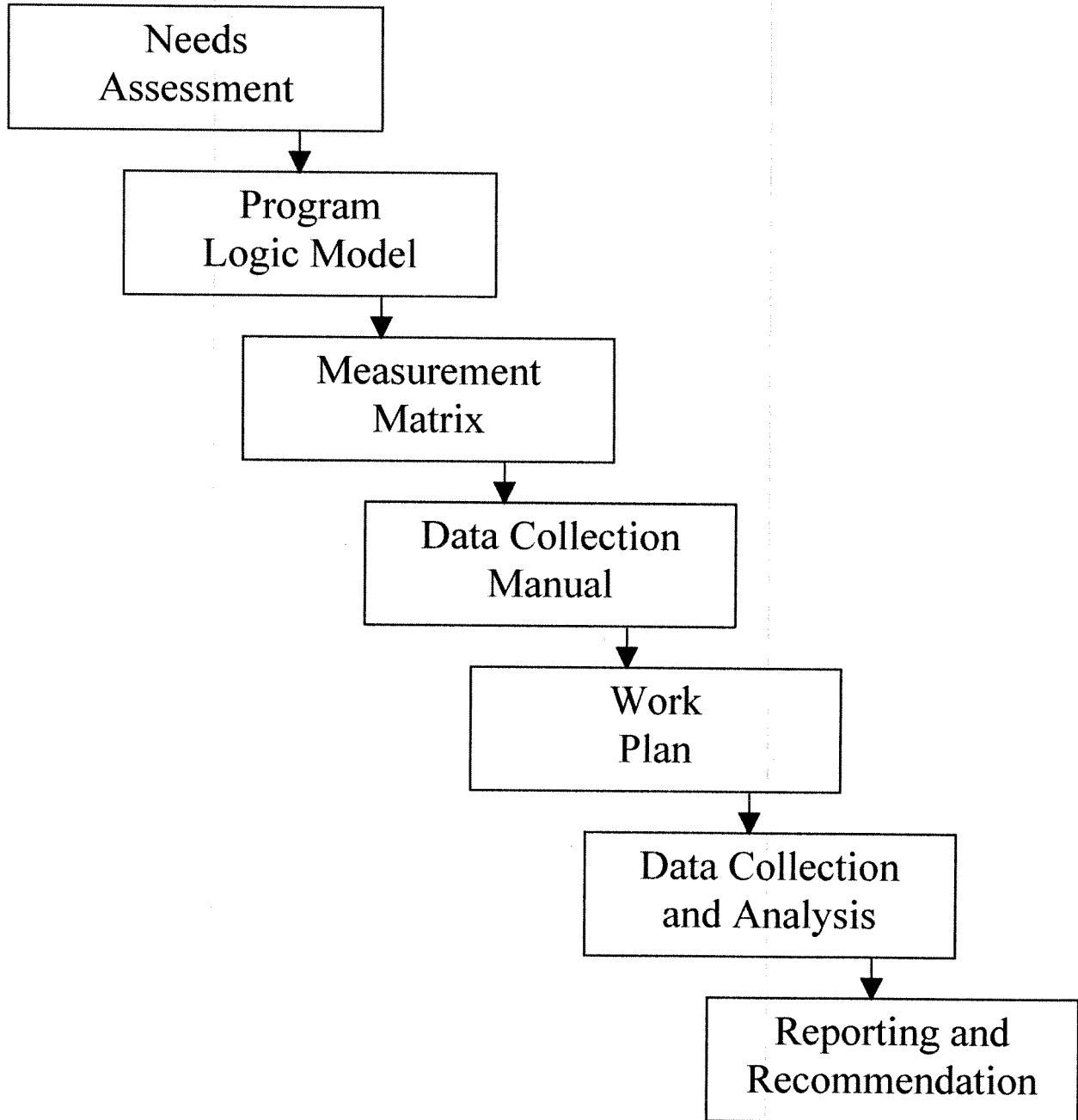
SECTION 6: REPORTING

Final Report

A final report containing the following information will be provided by October 2011:

- **Section I: Summary of Study Results**
(including questions addressed, description of program, etc)
- **Section II: Background**
(including sponsorship, setting, etc)
- **Section III: Description of the Evaluation**
(central questions, study design, methods of data collection/ analysis, etc)
- **Section IV: Results**
(including findings and limitations, and interpretation)
- **Section V: Discussion**
(including a comparison with other evaluations of similar programs)
- **Section VI: Conclusions and Recommendations**

APPENDIX A: EVALUATION FRAMEWORK SCHEMATIC



APPENDIX B: NEEDS ASSESSMENT

Table 1. Pre-needs Assessment Matrix

Objective	Pre-Needs Assessment Questions	Information Needed	Data Sources	Comments
1. To determine the purpose and scope of the Needs Assessment for the Peer Nutrition Program (PNP).	1.1. Why is the Needs Assessment being done? 1.2. Who will use the results? 1.3. What decisions will be made on the basis of the information?	1.1. Identify previous needs. 1.2. Identify gaps and barriers.	1.1. Scientific and fugitive or grey literature. 1.2. Interviews with board and staff members. 1.3. Review of social indicators.	1.1. Will provide benchmarking information. 1.2. Rationale for the Needs Assessment.
2. To identify the primary target groups for the Needs Assessment for the PNP.	2.1. Who are the target groups for the Needs Assessment – community members, policy makers, staff of Toronto Public Health, and community nutrition assistants?	2.1. Identify potential stakeholders both within the organization and outside including government, community members, Toronto Public Health, and academia.	2.1. Scientific and fugitive or grey literature. 2.2. Interviews with board and staff members.	2.1. Will identify potential additional members of the NAC.
3. To determine the data collection methods for the PNP.	3.1. What types of data are you considering collecting and from whom?	3.1. Previous needs. 3.2. Gaps and barriers. 3.3. Target groups for the needs assessment.	3.1. Scientific and fugitive or grey literature. 3.2. Interviews with staff and board members. 3.3. Survey of NAC members.	3.1. Collect both qualitative and quantitative data. 3.2. Collect using a mixed method approach to triangulate the data.

<p>4. To identify target dates and time lines for completing the needs assessment for the PNP</p>	<p>4. What are the target dates and time lines for completing the needs assessment process?</p>	<p>4. Previous timelines used in formative evaluation</p>	<p>4. Previous evaluation report</p>	<p>4. Create time line using a Gantt Chart.</p>
<p>5. To determine the resources that are needed and the budget for the PNP.</p>	<p>5.1. What resources are needed to complete the needs assessment process? 5.2. What is the budget?</p>	<p>5.1 Previous resource information</p>	<p>5.1 Previous report information</p>	<p>5.1. See budget for details.</p>
<p>6. To identify communication methods for the PNP.</p>	<p>6. What communication strategies will be used?</p>	<p>6.1. Previous communication strategies. 6.2. Specific strategies for target groups.</p>	<p>6.1. Scientific and fugitive or grey literature. 6.2. Interviews with staff and board members. 6.3. Survey of NAC members.</p>	<p>6.1. Collect both qualitative and quantitative data.</p>
<p>7. Finalize Needs Assessment Committee (NAC) for the PNP</p>	<p>7. Who should be members of the NAC?</p>	<p>7.1. Representative distribution – regional, ethnic, gender, expertise.</p>	<p>7.1. Board members and staff. 7.2. Literature review</p>	<p>7.1. Insure that the NAC is representative of the priority population including experts and community members.</p>
<p>8. To conduct a preliminary investigation of what is known about the need(s) for the PNP.</p>	<p>8. What do we know about how peer-based nutrition learning can improve food insecurity?</p>	<p>8. Current information on community based learning initiatives and food insecurity in culturally diverse groups.</p>	<p>8. Scientific and fugitive or grey literature review. 8.1 Previous report.</p>	<p>8. Benchmark what we know.</p>

Table 2. Needs Assessment Matrix

Objective	Needs Assessment Questions	Information Needed	Data Sources	Comments
1. To hold a focus group with the NAC for the Peer Nutrition Program (PNP).	1.1. What are the goals and concerns? 1.2. What additional needs can be identified?	1.1. NAC concerns and issues.	1.1. Focus group with NAC members. 1.2. Survey questionnaire from NAC members.	1.1. Validate literature review. 1.2. Identify potential missed gaps, barriers, and issues.
2. To gather data on need areas for the PNP.	2. Which are the most important needs?	2. Data on identified NAC priorities.	2. Priorities identified from survey data, focus group, key informant interviews, literature review.	2. Use both qualitative and quantitative analyses.
3. To synthesize and interpret findings for the PNP.	3. What are the priorities?	3. Priority list.	3. Rank ordering of priorities.	3. Will help modify the project plan.

Table 3. Post-needs Assessment Matrix

Objective	Post-Needs Assessment Questions	Information Needed	Data Sources	Comments
1. To finalize the project plan for the Peer Nutrition Program (PNP).	1. What changes need to be made?	1. Priority list.	1.1. Priorities identified from survey data, focus group, key informant interviews, literature review.	1. Provide information to modify the project plan if needed.
2. Prepare a final report for the NAC for the PNP.	2. What needs to be included in the report?	2.1. Features of the Needs Assessment Plan. 2.2. Major findings. 2.3. Priorities and their criteria. 2.4. Modified project plan. 2.5. Recommendations.	2. All collected and synthesized information.	2. Provide direction for project.

Table 4. Work Plan for Needs Assessment

Objective	Activities	Time Line
1. Pre-assessment Phase	1.1. Determine the purpose and scope of the Needs Assessment. 1.2. Identify the primary target groups for the Needs Assessment. 1.3. Determine the data collection methods. 1.4. Identify target dates and time lines for completing the Needs Assessment. 1.5. Determine the resources that are needed and the budget. 1.6. Identify communication needs. 1.7. Confirm Needs Assessment Committee membership (NAC) 1.8. Conduct preliminary investigation of what is known about the problem.	1. September-October 2010
2. Assessment Phase	2.1. Hold a focus group with the NAC. 2.2. Gather data on need areas. 2.3. Prioritize needs. 2.4. Synthesize and interpret findings.	2. November 2010
3. Post-assessment Phase	3.1. Finalize the project plan 3.2. Prepare a final report for the NAC	3. December 2010

APPENDIX C: LOGIC MODEL

Table 1. Logic Model

Goal: Enhance the nutritional status of children ages 6 months to 6 years within the diverse ethno-cultural communities in Toronto.
Objective: Develop more effective strategies to deal with household and community food insecurity issues

Inputs	Activities	Outputs	Outcomes		
			<i>Short</i>	<i>Medium</i>	<i>Long</i>
<ul style="list-style-type: none"> - Financial resources (Toronto Public Health, the province, and community partners) - Partners (Toronto Housing, Parks & Rec, food policy councils, settlement agencies, and other community groups) - Human resources (community health officers, dietitians and nutritional assistants, staff from local food banks, libraries, etc., staff from Toronto Public Health, peer nutrition facilitators, garden coordinators) - Facilities and equipment (community centres, health centres, schools, social housing buildings, shelters and churches, gardens, and childcare facilities) 	<ul style="list-style-type: none"> - Partnerships and community engagement - Advocacy through lobbying of decision-makers - Outreach and promotional campaigns - Nutrition education and skill building program - Financial and time management courses - Culinary/ food handling classes - Guest speaker forums and workshops - Assessment of participant needs/ interest in city-run programs 	<ul style="list-style-type: none"> - Community events and cultural celebrations - Food vouchers and transit tokens - Budget measures in provincial policies for community access programs - Number of pamphlets and mail-outs for advertising - Number of newsletters calling for donations - Number of radio and television ads, billboards and posters on public transit - Tools to address food insecurity at the household/ community level - Number of referrals to social services and job programs 	<ul style="list-style-type: none"> - Increased transfer of knowledge within communities - Improved qualifications among participants - Increased employability among participants - Increased awareness of nutrition programs - Boosted confidence and self-esteem among participants - Increased funding for food and nutrition assistance programs - Increase in understanding of frugal purchasing practices - Increase of safe food handling skills and food nutrition knowledge 	<ul style="list-style-type: none"> - Increased participation in society - Enhanced nutritional practices based on the Canada Food Guide to Healthy Eating - Increased program satisfaction - Increased number of community partners - Increased number of program participants - Increase in exploration of work force 	<ul style="list-style-type: none"> - Decreased health expenditures dealing with malnutrition issues - Improved academic performance of participants' children - Increased self-sufficiency for program participants and their families

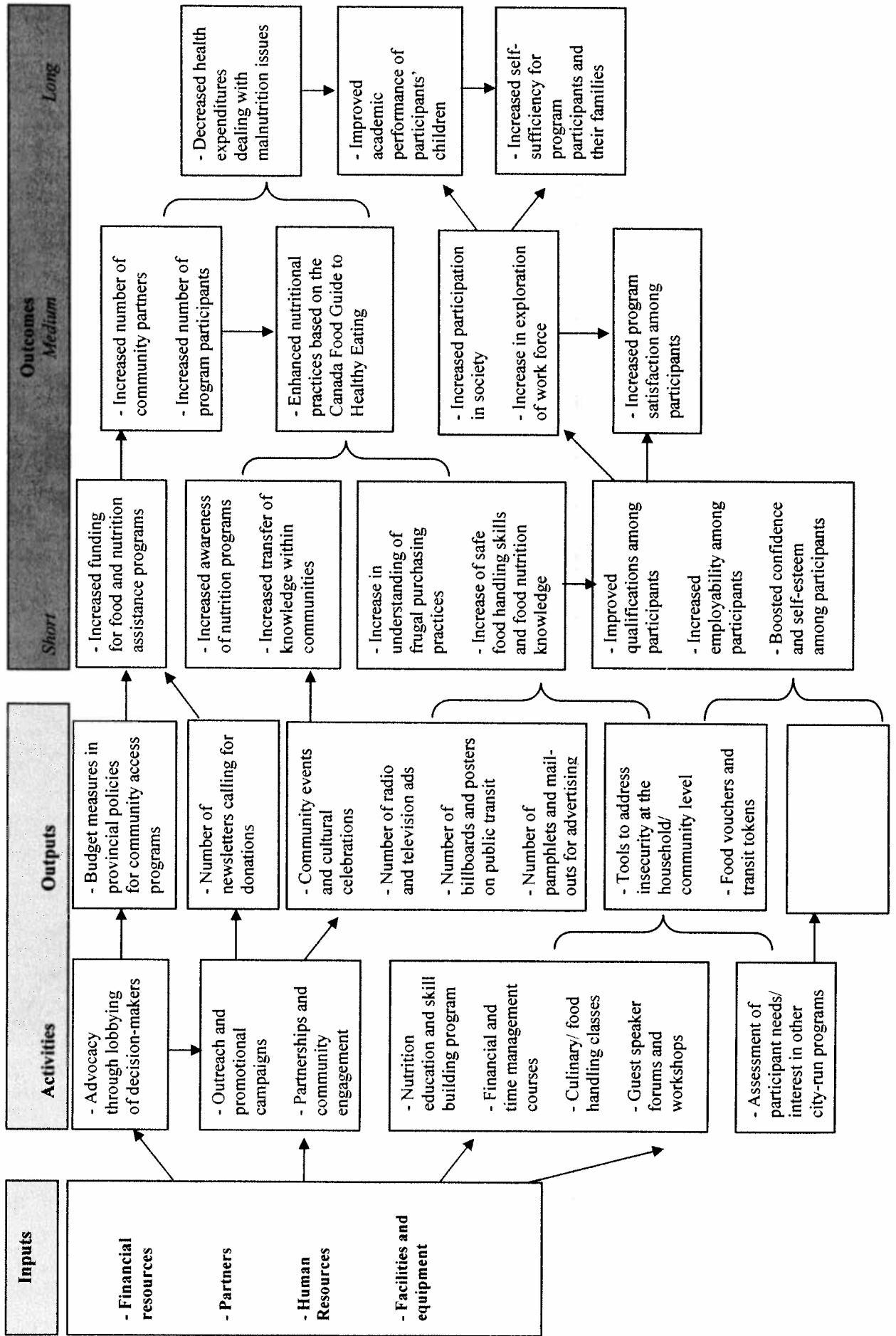
Assumptions

- Some people may be aware of but are not using existing programs
- Responses may depend on satisfaction or interest in programs
- Knowledge can lead to better practices
- Partners will gladly provide in-kind sponsorship for specific items

External Factors

- Inexpensive and non-nutritious food chains
- Competing community-based food programs
- Availability of resources and assistance levels of partners
- Government subsidy amounts and changes in social policy

Table 2. Implementation Model



APPENDIX D: MEASUREMENT MATRIX

Objective	Questions	Information Needed	Data Sources	Comments
<p>To develop more effective strategies to deal with household and community food insecurity issues.</p>	<p>1. How many referrals did the program receive?</p>	<p>1. Referral numbers from program.</p>	<p>1. Participant activity log, Initial visit questionnaire data given at first visit</p>	<p>Questionnaire should indicate “How did you hear about the Peer Nutrition Program?”; Activity logs should be collected monthly from drop-in sites and workshops</p>
	<p>2. How effective were the advertising campaigns?</p>	<p>2. Survey responses regarding effectiveness of advertising campaigns.</p>	<p>2. Initial visit questionnaire and Follow-up survey information;</p>	<p>Questionnaire should indicate “How did you hear about the Peer Nutrition Program?”, “Do you know about the Canada Food Guide for Healthy Eating?” and Survey should indicate knowledge questions about food handling and nutrition practices used in campaigns.</p>
	<p>3. How effectively was knowledge about better food practices disseminated in communities?</p>	<p>3. Number of resources distributed to participants, food practices after going through program</p>	<p>3. Participant activity log and Follow-up survey information.</p>	<p>Questionnaire should indicate “Will you use practices learned at the Peer Nutrition Program at home?”, and “Will you share the information learned at PNP with others?”; should be collected monthly to monitor what practices may or may not be being used. Follow-up survey should ask if questions above proved true.</p>
	<p>4. How have food handling/ purchasing habits changed?</p>	<p>4. Types of food purchased for the home.</p>	<p>4. Initial visit questionnaire data; grocery receipts provided by participants; and follow-up survey information.</p>	<p>Questionnaire to indicate questions related to the typical meals/special diets of children, knowledge of CFGHE; voluntary option for participants to provide grocery receipts and discuss with PNP staff when collecting activity logs to view changes in purchasing habits; and post-intervention survey to indicate “What types of new foods have you introduced since attending the PNP?” and “How has your food preparation changed?”</p>

Objective	Questions	Information Needed	Data Sources	Comments
<p>To develop more effective strategies to deal with household and community food insecurity issues.</p>	<p>5. Have new qualifications been obtained/ used?</p>	<p>5. Resumes and participant skills</p>	<p>5. Initial visit questionnaire data; and follow-up survey information.</p>	<p>Questionnaire should ask whether job training is of interest to participant and follow-up survey to include "What type of skills or qualifications do you possess after attending the PNP?"</p>
	<p>6. Have program participants actively sought employment as a result of the program?</p>	<p>6. Before and After employment status of participants.</p>	<p>6. Initial visit questionnaire data; and follow-up survey information.</p>	<p>Questionnaire must include, "Are you employed?" and matched to the follow-up survey post-intervention.</p>
	<p>7. How effective is the duration of the program?</p>	<p>7. Program length and participant feedback</p>	<p>7. Follow-up survey information.</p>	<p>Survey must include, "Was the length of the program beneficial? If yes, why? if no, why not?"</p>
	<p>8. Has program increased food security among participants?</p>	<p>8. Food insecurity statistics among participants</p>	<p>8. Initial visit questionnaire data; and follow-up survey information.</p>	<p>Questionnaire and follow-up survey must include "Do you sometimes go without food?" and "Do you sometimes worry about the food that you family eats?" as well as typical meal questions.</p>

APPENDIX E: DESIGN MATRIX

Questions	Design	Measurement or Indicator	Data Source	Sample	Collection Instrument	Data Analysis	Comments
1. How many referrals did the program receive?	Quasi experimental, before and after, longitudinal	Number of referrals to the Peer Nutrition Program	Participant activity log, initial visit questionnaire data given at first visit, exit interview.	400 PNP participants	Activity log collected monthly and initial visit questionnaire, exit interview.	Statistical Analysis to determine frequency.	Questionnaire should indicate "How did you hear about the Peer Nutrition Program?"; Activity logs should be collected monthly from drop-in sites and workshops
2. How effective were the advertising campaigns?	Quasi experimental, before and after	Message retention from advertisements regarding nutritional information.	Initial visit questionnaire, Participant activity log, and Follow-up survey information, interviews with PNP staff	640 PNP participants	Initial visit questionnaire, logs, and post-program survey	Statistical analysis to determine awareness of Peer Nutrition Program and better food practices.	Questionnaire should indicate, "how did you hear about the Peer Nutrition Program?"; "Do you know about the Canada Food Guide for Healthy Eating?" and Survey should indicate knowledge questions about food handling and nutrition practices used in campaigns.
3. How effectively was knowledge about better food practices disseminated in communities?	Quasi experimental, before and after, longitudinal	Participant Food practices after program involvement	Participant activity log, exit interview, and follow-up survey information.	640 PNP Participants	Activity log and survey, exit interview.	Measurement and comparison of difference from beginning of program to after program	Questionnaire should indicate whether practices learned at the PNP will be used at home and shared with others; Should be collected monthly to monitor what practices may or may not be being used. Follow-up survey should ask if questions above are proved true.

Questions	Design	Measurement or Indicator	Data Source	Sample	Collection Instrument	Data Analysis	Comments
4. How have food handling/purchasing habits changed?	Quasi experimental, before and after, longitudinal	Changes among food purchased for the household.	Initial visit questionnaire data; grocery receipts provided by participants; and follow up survey information	500 PNP participants	Initial visit questionnaire, grocery receipts, survey	Comparison of food habits from before program involvement to after program involvement	Questionnaire to indicate questions related to the typical meals/special diets of children, knowledge of CFGHE; and food preparation changes since attending the PNP. Option of discussing grocery receipts with PNP staff when collecting monthly activity logs must be voluntary.
5. Have new qualifications been obtained/ used?	Quasi experimental, before and after, longitudinal	Changes in participants overall skills and qualifications due to the PNP or referrals to other city programs	Initial visit questionnaire data; activity log; and follow-up survey information; interviews with city program staff	640 PNP participants	Initial visit questionnaire, activity log, exit interview, and post-program survey	Addition of new skills added to Resumes	Questionnaire should ask whether job training is of interest to participant and follow-up survey should include "what type of skills or qualifications do you have now that you didn't before?" Activity log can include "What did you learn this visit?"
6. Have program participants actively sought employment as a result of the program?	Quasi experimental, before and after, longitudinal	Change in employment status.	Initial visit questionnaire data; and follow-up survey; interviews with PNP and City staff	500 PNP participants	Initial visit questionnaire, exit interview, post-program follow-up survey	Statistical analyses to determine the change in employment among PNP participants	Questionnaire must include, "Are you employed?" and matched to the follow-up survey post-intervention. Results may not be a direct result of the intervention.

Questions	Design	Measurement or Indicator	Data Source	Sample	Collection Instrument	Data Analysis	Comments
7. How effective is the duration of the program?	Quasi experimental, longitudinal, before and after	Feedback from PNP participants	Exit interview, Follow-up survey information.	640 PNP participants	Exit interview, post-program Survey	Statistical analysis to determine whether or not PNP participants think the length of the program is effective.	Survey must include, "Was the length of the program beneficial? If yes, why? if no, why not?"; should be gathered after program participation.
8. Has program increased food security among participants?	Quasi experimental, before and after	Food insecurity statistics among PNP participants	Initial visit questionnaire data; and follow-up survey information.	640 PNP participants	Initial visit questionnaire, post-program survey	Statistical analysis determining food security among PNP participants.	Questionnaires and follow-up survey must include "Do you sometimes go without food?" and "Do you sometimes worry about the food that your family eats?" as well as typical meal questions.

APPENDIX F: DATA COLLECTION QUESTIONNAIRES

Table 1. Initial Visit Questionnaire

PEER NUTRITION PROGRAM				
Initial Visit Questionnaire				
<i>Please note that all information will be kept confidential. Contact information is collected for follow-up purposes and statistical tracking only and will not be shared outside Toronto Public Health.</i>				
Name: _____	Date (DD-MM-YY): _____			
Contact Info: _____ _____				
Site location: _____				
Age group of parent/caregiver: <input type="checkbox"/> 13-18 years <input type="checkbox"/> 19-35 years <input type="checkbox"/> 36+ years	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Common-law		
Country of birth: _____	Years in Canada: _____			
Cultural group: <input type="checkbox"/> European <input type="checkbox"/> South Asian <input type="checkbox"/> Aboriginal	<input type="checkbox"/> East and Southeast Asian <input type="checkbox"/> Arab or West Asian <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> African or Caribbean <input type="checkbox"/> Latin American		
What is your relationship to the child: <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent			<input type="checkbox"/> Father <input type="checkbox"/> Caregiver	<input type="checkbox"/> Other relative _____ <input type="checkbox"/> Other (please specify) _____
How did you hear about the PEER NUTRITION PROGRAM? _____ _____				

What grade/education level did you last complete?

- | | |
|--|---|
| <input type="checkbox"/> Some elementary school | <input type="checkbox"/> Completed elementary |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Completed high school |
| <input type="checkbox"/> Some college/university | <input type="checkbox"/> Completed college/university |

What is your main source of income?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Self | <input type="checkbox"/> Other family |
| <input type="checkbox"/> Social Assistance | <input type="checkbox"/> Other (please specify) _____ | |

Are you interested in job training or social services offered through the City of Toronto?

- Yes No

What languages do you speak?

Can you read this language?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What language would you like for a Peer Nutrition workshop?

What are your major expenses?

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Groceries | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Clothing | <input type="checkbox"/> Diapers |
| <input type="checkbox"/> Other (please specify) _____ | | |

Would you be willing to discuss your food purchasing habits with a Dietician and/or Food Bank professional? (Bringing receipts is helpful)

- Yes No

Who usually prepares family meals at home?

How many people is food prepared for?

Do you have any worries about the way you and your family eat?

- Yes (please specify) _____ No

Do you know about the Canada Food Guide for Healthy Eating?

- Yes No

Are you or your child on a special diet?

- Yes No If yes, please specify:

Do you go without food sometimes?

- Yes No

Do you use a Food Bank or other food service?

- Yes No

Do you currently attend any other Toronto Health Program or community program?

- Yes No If yes, please specify:

Are you interested in attending any such program?

- Yes No

Please list all children below (6 years or under only):

Name	Age	Sex	Weight	Height	Allergies

Please list a typical meal for your child (if applicable):

Breakfast _____

Morning snack _____

Lunch _____

Afternoon snack _____

Dinner _____

Evening snack _____

Table 2. Participant Activity Log

PEER NUTRITION PROGRAM Participant Activity Log	
<i>Please note that all information will be kept confidential. Contact information is collected for follow-up purposes and statistical tracking only and will not be shared outside Toronto Public Health.</i>	
Name: _____	Date of visit (DD-MM-YY): _____
Site location: _____	
1) Did someone refer you today? If so, who?	

2) What did you learn today?	

3) Will you share this information with members of your family/ community?	
Yes _____ No _____ Not sure _____	
4) Will you use practices learned at the Peer Nutrition Program at home?	
Yes _____ No _____ Not sure _____	
5) Comments:	

Table 3. Exit Interview questionnaire

PEER NUTRITION PROGRAM Exit Interview		
<i>Please note that all information will be kept confidential. Contact information is collected for follow-up purposes and statistical tracking only and will not be shared outside Toronto Public Health.</i>		
Name: _____	Site location: _____	
1) Did you enjoy the Peer Nutrition Program?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
If no, please explain		

2) Would you recommend Peer Nutrition Program to others?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3) What part of the Peer Nutrition Program did you use?		
<input type="checkbox"/> Workshops	<input type="checkbox"/> Drop-in Centres	<input type="checkbox"/> Community Gardens
4) Will you continue to use the skills you have learned here at home and/or share your learned knowledge with members of your family/ community?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
5) Describe what you have learned at the Peer Nutrition Program:		

Table 4. Post-intervention survey

PEER NUTRITION PROGRAM Follow-up survey		
<i>Please note that all information will be kept confidential. Contact information is collected for follow-up purposes and statistical tracking only and will not be shared outside Toronto Public Health.</i>		
Name: _____	Date (DD-MM-YY): _____	
Contact Info: _____ _____		
What part of the Peer Nutrition Program did you use?		
<input type="checkbox"/> Workshops	<input type="checkbox"/> Drop-in Centres	<input type="checkbox"/> Community Gardens
Are you still using skills learned during the Peer Nutrition Program sessions?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Somewhat
If no, please explain _____ _____		
Has your employment status changed since you started with the PNP?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What is your main source of income?		
<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Self	<input type="checkbox"/> Other family
<input type="checkbox"/> Social Assistance	<input type="checkbox"/> Other (please specify) _____	
Have you saved money on food since your experience with the PNP?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Who usually prepares family meals at home? _____ _____		
How many people is food prepared for? _____		
Do you have any worries about the way you and your family eat?		
<input type="checkbox"/> Yes (please specify) _____	<input type="checkbox"/> No	

Have you continued to use the skills you have learned here at home and/or share your learned knowledge with members of your family/ community?

Yes

No

If no, please explain:

Would you recommend Peer Nutrition Program to others?

Yes

No

Please list a typical meal for your child (if applicable):

Breakfast

Morning snack

Lunch

Afternoon snack

Dinner

Evening snack

Please provide any feedback about the Peer Nutrition Program:

Table 5. Consent Form

PEER NUTRITION PROGRAM Consent Form

Purpose: The purpose of this study is to enhance the nutritional status of children ages 6 months to 6 years in the diverse ethno-cultural communities in Toronto and to eventually develop more effective strategies to deal with household and community food insecurity issues.

Potential Benefits: This research will help participants have more independence when it comes to food security, and help promote healthy eating and safe food handling. The study will also allow for an increase in qualifications, skills, and confidence.

Potential Risks: The surveys, interviews and/or focus groups will not take very long, or as much time as you are willing to provide. You are free to answer any or all of the questions you wish.

Confidentiality and Anonymity: Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study. The Peer Nutrition Program will use the information you provide to solely study the effects the Peer Nutrition Program has had on you. Your name will not be associated with any information provided during the data collection process and is for follow-up purposes only.

Participation and Withdrawal: You can choose whether to be in this study or not, and have the right to withdraw at any time without consequence. You may exercise the option of removing your data from the study. You may also refuse to answer any questions you aren't comfortable with and still remain in the study. If you feel uncomfortable talking about any issues you have the right not to participate.

Conservation of Data: Data provided during surveys, interviews and focus groups will be kept securely at PNP locations and in the Toronto Public Health office within locked cabinets. Keys for cabinets will be kept with Peer Nutrition facilitators.

Signature of Research Participant

I, _____ have been informed of and fully understand the purpose of the study conducted and I accept to participate freely in the study. There are two copies of this consent form, one of which is mine to keep.

Signature

Date (DD-MM-YY)

APPENDIX G: WORK PLAN

Task / Activity	Details	Timeline
1. Develop plan	1.1. Establish evaluation committee 1.2. Determine budget 1.3. Identify target dates and timelines	September – December 2010
2. Activities	2.1. Conduct needs assessment 2.2. Prepare written report of findings; outline priorities for evaluation 2.3. Construct a data collection design matrix	December 2010 – January 2011
3. Update evaluations	3.1. Modify and update evaluations to reflect priorities 3.2. Set up survey and interview dates	February – March 2011
4. Pilot test	4.1. Administer questionnaires and conduct interviews 4.2. Modify evaluations to better reflect priorities	April – July 2011
5. Collect data	5.1. Administer questionnaires 5.2. Conduct interviews	August 2011 – May 2012
6. Analyze data	6.1. Assess reliability, validity, and responsiveness of collected data 6.2. Triangulate data sources and compile data 6.3. Code data 6.4. Determine emerging themes and draw conclusions	June – July 2012
7. Final report	7.1. Prepare written reports and briefings 7.2. Publish results	August 2012