Assessing progress in implementation of healthy eating and physical activity standards in afterschool programs offers challenges for large multisite organizations.

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Concerns in measurement of healthy eating and physical activity standards implementation

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RECOGNIZING THE POTENTIAL of the afterschool setting for engaging children in physical activity, healthy eating, and education about healthy lifestyles, many stakeholder groups at the state and national levels have worked to develop and adopt standards for obesity prevention in afterschool environments. These collective efforts represent an unprecedented attempt to spread healthy eating and physical activity (HEPA) standards throughout large networks and organizations.

The Y, which serves approximately 700,000 children in its early learning and afterschool programs, is committed to spreading these standards throughout the 10,000 communities across the county in which it works. In late 2011, the YMCA of the USA (Y-USA), the national resource office for Ys across the country, pledged its commitment to the Partnership for a Healthier America (PHA), a nonpartisan nonprofit organization founded to work alongside the First Lady's Let's Move! campaign to provide

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healthy environments for children. This commitment builds upon previous organizational change and research efforts in which the Y has engaged to promote HEPA in afterschool settings.[1]

The Y-USA commitment states that, by 2015, 85 percent of Y associations with early childhood or afterschool programs will have at least one program site that meets 100 percent of the Y's HEPA standards. The Y's standards for HEPA were informed by and adapted from the National AfterSchool Association's Standards for Healthy Eating and Physical Activity in Out-of-School Time Programs, the Institute of Medicine's Early Childhood Obesity Prevention Policies, and the Let's Move! Child Care standards.[2] The Y's standards encompass the following areas: education programs for parents and childcare providers, physical activity, screen time, food, beverages, and infant feeding practices. (The Y's specific HEPA standards can be found at http://tinyurl.com/m2772fb.)

Altarum Institute, a nonprofit health systems research and consulting organization, is serving as the third-party evaluator for this work; it is assessing the extent to which Y-USA fulfills its commitment to PHA. Since making the commitment, the Y has focused on disseminating its HEPA standards throughout its national network, which comprises approximately 900 independent and autonomous nonprofit organizations. Alongside this dissemination effort has been the equally challenging effort of measuring the extent to which the standards are implemented. Based on our understanding of measurement practices and the Y's federated structure, we anticipated some challenges including (a) the range in number of afterschool program sites run by each association, (b) the fact that untrained staff would collect and report on detailed information, (c) the imposition of a single reporting time for standards that need to be in place all the time, (d) and the identification of appropriate tools for measurement.

Organizations must have an accurate understanding of what is working and not working as their networks implement healthy environments for children. However, the afterschool field has no feasible and accurate method of measuring and monitoring

implementation of program standards in networks of providers. State licensing and program monitoring efforts can provide assessment opportunities, but these requirements vary by state and typically do not cover afterschool. Unlike early childcare, the afterschool field does not have many tools to assess the extent to which a program site has implemented physical activity and nutritional standards.[3]

In the absence of external monitoring, self-assessments can help program sites identify areas of strength and weakness in the adoption of HEPA standards. To date, two afterschool self-assessment measures have been validated: the Healthy Afterschool Activity and Nutrition Documentation (HAAND) Instrument and the Out-of-School Nutrition and Physical Activity Observational Practice Assessment Tool (OSNAP-OPAT).[4] The HAAND Instrument, an environmental audit instrument for researchers and practitioners, has shown interrater reliability ranging from 85 to 100 percent. Construct validity was established by comparing HAAND scores to objective measures.[5] The OSNAP-OPAT, a five-day observation tool for site directors, assesses such HEPA indicators as fruit and vegetable servings, water servings and consumption, consumption of sugary drinks, physical activity, and television and computer time. This tool has shown strong criterion validity with correlations in the range of 0.48–0.84.[6]

Site self-assessments, because they focus on one site at a time, are not easily aggregated to report on multiple sites that are part of a larger system. Another difficulty is variation between what the tool measures and the standards adopted by an organization. A promising development in licensed childcare is a self-administered survey Henderson and colleagues tested to assess HEPA in childcare centers. In the validation process, they found that center directors' self-reported survey data varied widely in agreement with menu ratings, interviews, and direct observation by 39–97 percent.[7] The applicability of this type of survey in the afterschool environment is currently unknown, but such a survey may offer a practical option for data collection. This chapter aims to inform the

measurement and monitoring of HEPA standards implementation in larger afterschool networks by reporting on learnings from the Y's early efforts in its network.

Methods

In 2012, Altarum and Y-USA worked together to create a plan for evaluating compliance with the PHA commitment using the Framework for Program Evaluation developed by the Centers for Disease Control and Prevention Evaluation Working Group.[8] The primary aims of the evaluation were to (a) assess the extent to which Y-USA was fulfilling its commitment to PHA, (b) describe the ways Y-USA and its partners supported efforts to improve HEPA in afterschool programs, (c) describe challenges and facilitators to implementing the standards and identify innovative best-practice solutions to common barriers, and (d) identify ways that Y-USA can better support local Ys in sustaining changes made to improve HEPA in afterschool programs.

Data collection

We used multiple data collection instruments for this study. We collected data for measuring progress on the PHA commitment using a survey instrument we designed. Our HEPA survey was a cost-effective and feasible way to collect data across the expansive network of hundreds of Ys with thousands of afterschool program sites. In addition, we included more resource- and time-intensive approaches, including direct observation, key informant interviews, and document review, to assess the validity of survey responses.

Pledge survey. In order to survey Y afterschool program sites, we first needed to obtain contact information for an individual at each Y with knowledge of how that Y's afterschool program sites operate. To do so, we created the CEO Declaration of Intent, a brief online survey instrument designed to allow Y CEOs to pledge to Y-USA to meet the HEPA standards and PHA commitment. After CEOs signed the pledge, we asked them for contact

information for an afterschool program administrator who could be contacted for data collection.

HEPA survey. We designed the online HEPA survey to assess which HEPA standards were being met in afterschool program sites each year so that we could track progress over time. The thirty-three-item survey used a two-stage question approach: First respondents reported whether any of their program sites met all of the HEPA standards, and then they answered a series of questions about how many program sites met each individual standard. Specific questions for each standard included whether the standard was being met and by how many program sites. Where relevant, we also asked questions about duration, such as number of minutes of screen time per day, and frequency, such as number of days of outdoor physical activity. We pilot tested the survey with three childcare contacts and then revised questions based on their feedback.

The survey was offered January 10–25, 2012, to 345 coordinators who oversaw one or more afterschool programs and whose independent Y association had signed the CEO Declaration of Intent. No incentive was offered to complete the survey. Survey responses were received from 213 Ys with afterschool programs of varying sizes. The number of program sites run by Ys in our sample ranged from 1 to 206, with an average of 12 and a median of 5. Most sites in our sample—97 percent—served food as part of their afterschool programming. The sample represented forty-four of the fifty states.

Site visits. We sought to visit afterschool program sites to determine the validity of self-reported survey responses. In order to select high-performing program sites to visit, we first used survey responses to eliminate the seventy program sites that were not meeting five or more of the HEPA standards. Using the online mapping tool ZeeMaps, we then mapped each remaining Y location and eliminated any that were more than two hours from a major airport. From the forty remaining sites, we selected ten Ys that were spread across Y-USA's four US regions: Northeast, Midwest, Southeast, and West. All ten program sites agreed to participate in the site visit.

Y-USA notified the selected sites. Then Altarum staff set up a conference call with each site's program director to:

1. discuss the purpose of the visit,
2. select a program site that was meeting all or most of the HEPA standards,
3. schedule a visit date that would be a typical day at the site,
4. develop an agenda of times to observe the program site and interview key staff, and
5. gather program site documents for review.

The requested set of documents included monthly meal and snack menus, daily classroom schedules, and parent and staff handbooks. Menus were collected to assess adherence to food and beverage standards. Daily schedules were used to assess whether program sites met the physical activity standards as reported. Handbooks, which commonly outline site policies and practices, were used to determine whether documented policies shed light on HEPA standard implementation. Altarum conducted the site visits between May and November 2012. Each Y site was visited for one full program day.

Site visit instruments. During site visits, an Altarum staff member used an observational assessment instrument designed by the Harvard School of Public Health Prevention Research Center for Harvard's Out of School Nutrition and Physical Activity Initiative to assess sites' HEPA implementation.[9] Using a series of separate tools, this instrument assesses physical activity, screen time, food and beverages consumed, and the physical environment. A master observation daily log tool was used to record the start and end times, location, and number of youth and staff participating in all activities during the day. A snack log was used to record all foods and beverages served, including the brand, serving size, serving style (individually packaged or family style), child involvement, staff participation, and quality. Another snack log was used to record whether children and staff consumed outside snacks; it included a tally of snacks bought off-site or from on-site vending

machines. This form was also used to document additional foods or beverages given to youth or staff by, for example, parents providing treats for a birthday celebration or a school host offering leftover snacks from lunch.

A staff checklist was used to document staff behaviors, including positive and negative actions and communications to youth about physical activity and nutrition. For example, a negative action might be restricting active play as a punishment, while a positive action could be communicating to parents about healthy beverages. A physical environment mapping tool was used to document the amenities at each program: (a) physical activity amenities, including fixed play equipment such as basketball hoops, tennis courts, and slides; (b) nutrition amenities, including access to on-site vending machines; and (c) other amenities, including displays of, for example, health promotion information or site health policies as well as access to food and beverage facilities (such as refrigerators and counter space), water (such as drinking fountains and water pitchers), and screens (such as DVD players and computers).

A second Altarum staff member conducted on-site interviews with program directors and other site staff who were directly involved in planning menus and physical activity programming and in administering the program (for example, classroom teachers). Interviews, which were typically 30–45 minutes long, covered such topics as general knowledge about the HEPA standards, outreach efforts to parents on nutrition and physical activity, how menus and meals were typically prepared, whether HEPA training was available for staff, program site guidelines or policies related to nutrition and physical activity, how physical activity programming and activities were selected, and facilitators and barriers to meeting HEPA standards. The interviewer also asked what types of training, technical assistance, and resources the respondent thought would help the program site meet the standards.

Analysis

Descriptive statistics of survey results were calculated using Stata statistical software version 11. Data collected from the site visits

were analyzed to generate compliance ratings. For each standard, trained raters reviewed data collected from direct observation, interviews, and documents, assigning a rating of meeting the standard, not meeting the standard, or unclear for each method. They then combined all data sources to arrive at an overall compliance rating for each standard. In cases where data were inconsistent or unclear, the rater marked the program site as not meeting the standard if any single data source showed definitively that the standard was not being met. For example, if an interviewee stated that a program site served a fruit or vegetable at every meal or snack, but the menu showed that a fruit or vegetable was not served for at least one meal or snack, the site was determined not to be in compliance with that standard.

In order to determine the accuracy of each data collection method (observation, interview, document review), we calculated the percent agreement for each method by dividing the proportion of responses in exact agreement with the compliance rating by the total number of ratings. This analysis was conducted to determine which methodologies were consistent with the overall, "true" compliance rating and thus most appropriate to validate survey responses. We then compared the compliance ratings from the site visits to the afterschool program coordinators' self-reported HEPA survey responses to determine the validity of the survey for assessing each HEPA standard. To accomplish this, we calculated the percent agreement for each HEPA standard survey measure by calculating the proportion of HEPA survey responses and site visit compliance ratings that were in exact agreement.

Findings

Our evaluation generated a substantial amount of quantitative and qualitative data that we correlated to understand the extent to which program sites were implementing the HEPA standards.

Table 2.1. HEPA survey results for afterschool program sites

HEPA standard	*Number of respondents reporting at least one program site meeting the standard (n = 213[a])*
Parent engagement	131 (62%)
Physical activity time	181 (85%)
Outdoor play	207 (97%)
Limit screen time	161 (76%)
Fruits and vegetables	96 (46%)
Family-style meals	64 (31%)
Fried foods	169 (82%)
Drinking water	196 (92%)
Sugar-sweetened beverages	132 (62%)
Milk	159 (75%)
Juice	160 (75%)

[a]Fruits and vegetables, family-style meals, and fried foods are a subset of the whole and represent only those program sites that serve food, $n = 207$.

Survey results

The HEPA survey yielded a sample of 213 Y respondents representing 2,596 afterschool program sites. More than half of respondents ($N = 120$, 56 percent) reported that at least one site was meeting all the HEPA standards according to the standalone question of the survey's two-stage question approach (What is the total number of afterschool programs meeting *all* of the standards?). The remaining ninety-three sites reported that none of their program sites met all of the HEPA standards. For those 120 Ys that reported having at least one site meeting all of the HEPA standards according to the single question, when the data were analyzed by the second part of the two-stage question approach which asked about each of the HEPA standards individually (for example, Do any of your afterschool program sites serve fruits or vegetables at every meal and snack?), only nineteen (9 percent) of the program sites reported having at least one site meeting all of the HEPA standards. Results by individual standard are provided in Table 2.1.

The HEPA standards that respondents most frequently reported meeting were offering outdoor play, making drinking water accessible to children at all times including meal and snack times,

Table 2.2. Comparison between program sites' self-reported implementation versus site-visit-determined implementation of the HEPA standards

HEPA standard	*Number of program sites meeting standard based on survey (n = 10)*	*Number of program sites meeting standard based on site visit (n = 10)*	*Difference between survey and site visit results*
Parent engagement	9 (90%)	7 (70%)	−2
Physical activity time	8 (80%)	8 (80%)	0
Outdoor play	9 (90%)	7 (70%)	−2
Limit screen time	9 (90%)	3 (30%)	−6
Fruits and vegetables	9 (90%)	1 (10%)	−8
Family-style meals	6 (60%)	0 (0%)	−6
Fried foods	10 (100%)	7 (70%)	−3
Drinking water	9 (90%)	5 (50%)	−4
Sugar-sweetened beverages	8 (80%)	9 (90%)	+1
Milk	9 (90%)	8 (80%)	−1
Juice	9 (90%)	10 (100%)	+1

and providing daily physical activity time. The most commonly missed standards were serving meals and snacks family style, serving a fruit or vegetable at every meal or snack, and engaging parents at least three times per year with HEPA information or activities.

Site visit results

Site visits were completed at all ten selected afterschool program sites, including direct observation and review of all available documents. A total of twenty-two staff members were interviewed during the visits. The numbers of programs meeting the standards based on site visit findings are presented in Table 2.2. According to site visit findings, 80 percent or more of program sites were meeting four of the standards: limiting juice, not serving sugar-sweetened beverages, providing physical activity time, and promoting healthful milk options. Fifty to seventy-nine percent of program sites were meeting standards for parent engagement, outdoor play, not serving fried foods, and drinking water accessibility. Fewer than half of the sites were meeting standards for limiting screen time, serving fruits and vegetables, and serving meals family style.

Staff members at nine sites stated that they faced barriers in serving meals or snacks family style, indicating that this standard was more difficult to meet than many of the others. The most common barrier reported was that sites provided only a small prepackaged snack that could be eaten quickly so youth could engage in other program activities. Difficulty in limiting screen time was mentioned by staff from six program sites. They reported challenges in eliminating television and movies altogether for school-age children, indicating that they liked to show movies occasionally, such as on snow and early release days, and to use screen time as a reward for good behavior. Others felt that screen time was useful for educational purposes and was impossible to eliminate because students are constantly using digital devices. Staff members from five program sites mentioned experiencing difficulty serving a fruit or a vegetable at every meal or snack. Reasons cited included extra cost to purchase these foods, limited storage for fresh foods, children's lack of interest in these foods, and the fact that individuals from outside the program were supplying the food, which did not include fruits and vegetables. No staff mentioned barriers to meeting the drinking water standard.

Comparison between survey results and site visit findings

Percent agreement was calculated in order to assess the accuracy of each data collection method as compared to the compliance rating from the site visit. Results are provided in Table 2.3. We found a strong level of agreement, 80 percent or greater, between the HEPA survey and the compliance rating for three of the HEPA standards: limiting juice, physical activity time, and outdoor play. There was moderate (50–79 percent) agreement for engaging parents, not serving fried foods and sugar-sweetened beverages, and promoting healthful milk options. There was poor agreement (0–49 percent) for limiting screen time, serving fruits and vegetables, serving meals family style, and making drinking water accessible.

Table 2.3. Validity of HEPA survey items used to assess implementation of HEPA standards

HEPA standard	*Validation method*	*Percent agreement*
Parent engagement	Interview	60
Physical activity time	Observation, interview, daily schedule	80
Outdoor play	Observation, handbook, daily schedule	80
Limit screen time	Interview	20
Fruits and vegetables	Menu	20
Family-style meals	Observation	40
Fried foods	Menu	70
Drinking water	Observation	40
Sugar-sweetened beverages	Observation	70
Milk	Observation	70
Juice	Observation	90

Accuracy of data collection methods

For the parent engagement standard, we found that parent and staff handbooks rarely contained sufficient information to determine the frequency or nature of outreach to parents and caregivers. This information could be obtained only from staff.

When assessing physical activity time, we found daily schedules to be largely accurate when they were available and sufficiently detailed (that is, they listed specific activity times); however, these documents were less accurate for assessing provision of outdoor play. Some daily schedules ($N = 4$) did not provide the location of physical activity. Parent and staff handbooks similarly lacked written policies or practices about when youth would have outdoor time ($N = 5$).

The most accurate way to assess screen time was in interviews. We found that screen time rarely appeared on program documents such as the daily schedule, and few program sites used screen time on the day of observation. Thus, staff needed to provide information about whether and how screen time was used. When program sites were not meeting this standard, it was commonly because they showed movies and used other noneducational screen

time as a reward or during celebrations, teacher in-service days, or holidays.

The menu was the most accurate method of assessing whether fruits and vegetables or fried foods were served. We found that, though some program sites met these standards on the day of observation, menus showed that some sites were not consistently adhering to these standards.

The only accurate method of assessing whether meals were served family style was observation. Only in this way could raters be certain that "family style" was interpreted correctly. In previous data collection efforts with Ys, we found considerable confusion around what "family style" means. Many staff believed that a family-style meal means that all children sit at the table together, even though the food is offered in individual servings.

Drinking water accessibility and availability were similarly most accurately assessed by direct observation. Program site documents rarely commented about the availability of water, and none of the menus we collected mentioned water at all, regardless of whether the site was serving water at meals or snacks.

Direct observation was also the most accurate method of assessing whether program sites prohibited sugar-sweetened beverages. Although menus were sometimes useful in assessing whether these drinks were served, we found that menus did not tell the entire story. If the standard were interpreted to mean only that the site did not serve sugar-sweetened beverages, 90 percent of program sites were meeting the standard. However, if prohibition means that these beverages are not allowed at the program site, only 30 percent of sites met this standard. In seven of the ten program sites visited, we saw youth bring sugar-sweetened beverages to the site and consume them during program time.

Direct observation was also the most accurate method of assessing compliance with the milk standard. Menus generally did not specify the type of milk being served. For the juice standard, direct observation and menu review, when menus were available and included detail on whether the juice was 100 percent juice

and on serving sizes, were both accurate methods of assessing compliance.

Discussion

The survey used to assess the Ys' implementation of HEPA standards had variable accuracy when compared to the validation methods. Clearly, a survey alone is not sufficient; additional methods are needed to assess how well program sites are meeting HEPA standards. The survey items assessing juice, physical activity time, and outdoor play time had strong agreement. Conversely, the survey items assessing limits to screen time, serving fruits and vegetables, serving meals family style, and drinking water accessibility had poor agreement. The remaining survey items—fried foods, sugar-sweetened beverages, promoting healthful milk options, and parent engagement—had moderate agreement.

Several factors may have contributed to the poor agreement between the HEPA survey and validation methods. The point of contact completing the HEPA survey was likely to have been removed from the day-to-day operations of the sites. When Ys run multiple afterschool program sites, they often centralize oversight and operations to gain efficiencies and standardization. This practice is beneficial to evaluators because it provides us with one central point of contact, like an afterschool director, but it limits our ability to capture what is happening at the site level because program directors cannot be at every site every day. It is hard for one person to know the specifics of HEPA implementation at hundreds of program sites.

Another possibility is that the standards were not clearly articulated in the survey. Standards that have multiple components or that promote newer concepts in obesity prevention, such as family-style meals, proved difficult for our survey respondents, resulting in poor agreement. Overly complicated standards or rules have been found to impede knowledge and understanding in similar prevention efforts in childcare settings.[10] It is also possible that staff

interpreted the standards as practices that they should strive to meet most of the time. They therefore reported on the survey that they were working toward these standards, but, on the day of observation, the standard was not in place.

Our findings differ from those of the Henderson study.[11] In validating their study, Henderson and colleagues found high agreement for nutrition domains and low agreement for physical activity domains, the reverse of the results of our HEPA survey. Perhaps the Y's long history as an organization that provides physical activity, while its dedication to healthy nutrition is more recent, contributed to these differences. Furthermore, these differences could be driven by differences between childcare and afterschool; childcare programs typically cover more hours each day and therefore have more robust food service operations.

Though direct observation is the gold standard in assessing implementation of standards, visits to each site in large afterschool networks are impractical and costly. In the absence of direct observation, evaluators must use less accurate methods—but with a full understanding of the weaknesses, so that they can use supporting methods to bolster accuracy.

Limitations

Site visits to afterschool programs were conducted on a single day. That day may have been an atypical one for program sites, or program sites may have changed their operations on the day of observation in anticipation of the visit. We attempted to reduce these biases by combining the one-day direct observation with interviews with a variety of staff members and with a review of program site documents such as menus, schedules, and handbooks to assess a program site's typical operations over a longer period of time.

In addition, sites were selected to participate in the site visits because they appeared to be higher performing than their counterparts, according to self-reported survey results. These sites may

have characteristics that make our findings less than fully generalizable to other Y afterschool program sites.

Next steps

These findings have implications not only for the Y but also for other multisite youth development organizations making similar commitments to create healthy environments for children. The initial effort to assess the extent to which Y-USA is fulfilling its commitment to PHA has generated important findings about the accuracy of using survey methods to gather data in a large afterschool network. These findings have helped us to identify next steps that will get us closer to achieving a more accurate, but still feasible, assessment of standards implementation in Y afterschool program sites. The Y's next steps can provide a road map for comparable organizations with similar structures, such as the Boys & Girls Clubs of America and the National Recreation and Park Association, which recently committed to adopting healthy guidelines in 5,400 clubs and sites serving an estimated five million young people.[12]

Moving forward, the Y will encourage afterschool program directors to ask their program site staff to use a self-assessment that is specific to the Y's HEPA standards and that incorporates document review. Including a document review ensures that standards that are hard to assess in one day will get a closer look. For example, delivering educational programs for caregivers is not a daily occurrence, but program site documents might establish that caregivers can expect such help from the program site. Similarly, if digital devices happen not to be used on the day of observation, evaluators need another way of knowing if their use is limited to homework and engaging children in physical activity or if they are also used in less healthy ways. When the program site self-assessments are then shared back with the directors, this push has the potential to inform more accurate survey reporting by the respondents.

More importantly, self-assessments help program sites to be more self-aware and act on the assessment findings to improve shortcomings. We are cautiously optimistic that, over time, self-assessments will help inform more accurate survey reporting. Still, directors who oversee many sites may find it difficult to manage numerous self-assessments. A modified approach that places sites into smaller groups, potentially tapping other staff to assist with the reporting of smaller clusters of sites up to the director, is likely needed to coordinate Ys that have numerous sites.

At the same time, we will supplement the survey with our own document review of compliance with the standards that were not accurately captured by the survey. The document review will give us the opportunity to identify recurring gaps in documentation. We could suggest, for example, that menus list water if it is indeed offered with meals and snacks and that they specify the percentage of fat in the milk served.

In addition to modifying monitoring efforts to improve accuracy, Y-USA continues to disseminate training, resources, and curricula focused on best practices for obesity prevention in afterschool environments. These efforts are aimed at improving understanding of the standards and of ways to implement them, all in service to the goal of creating healthy environments for children.

Our hope is that our findings will provide relevant information for others in the field who are undertaking similar efforts to monitor the implementation of HEPA standards in large multisite out-of-school time networks.

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