

Evaluating Reach and Uptake of Food Resources in an Extension-Supported Rural Health-Promotion Initiative

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Introduction

As Extension increases its reach across communities and contexts, health promotion is one way to practice multidisciplinary and collaborative approaches to community-based work which shape how people live, learn, work, and play (Braun et al., 2014; Linnell et al., 2021). Extension programs focused on increasing food access and healthy eating can reduce diet-related chronic disease (Plasek et al., 2020). However, Extension professionals cannot fully understand the effectiveness of their programs without assessing broader impact. The southeastern United States has a high prevalence of obesity and diet-related chronic disease (Lundeen et al., 2018), indicating a need for increased Extension health and wellness programming. The current study, evaluating an Extension-supported community health promotion project, addresses National Research Priority 6: Vibrant Resilient Communities, which focuses on community health and fostering human capital development (Graham et al., 2016).

Conceptual Framework

Patton's (2008) utilization-focused evaluation (UFE) informed the current study. Extension professionals often struggle to demonstrate the impact of their work (Lamm et al., 2020) and effective evaluation practices can obtain data that helps communicate the value of Extension programming to stakeholders (Stup, 2003). Much evaluation, however, uses forms of accountability rather than holistic assessments of impact, which do not provide "enough information to inform decisions or solve problems" (Patton, 2008, p. 121). Using UFE, evaluators work with intended users to determine the needs and priorities of the evaluation to increase the use of evaluation results. The evaluation in this study implemented process use, where stakeholders learn from the evaluation process itself and engage in decision-making throughout the evaluation. The current study evaluated the implementation and use of project resources during a rural health promotion Extension initiative using UFE with Extension professionals to measure change while informing future work.

Methodology

The purpose of the study was to assess the use, reach, and uptake of Extension project resources and self-reported and family eating behavior change resulting from a health-promotion initiative. Two objectives guided the study:

1. Describe the use, reach and uptake of project resources (Grab-and-Go Coolers and community gardens).
2. Describe self-reported personal and family eating habit changes.

The population of interest were rural residents in Georgia. The sample was obtained from residents of one county in rural Georgia receiving Extension project resources as part of Healthier Together, a CDC-funded initiative. The county was selected due to having an obesity rate over 40%. A community-based paper survey, with an online option, was distributed physically in the county by Extension project staff and via listservs and links on the project's social media pages between February and April 2021. Four online surveys and 106 paper surveys were completed. Respondents indicated their use of project resources to obtain food as part of a

check-all-that-apply list of Grab-and-Go Coolers (GGCs) at local retailers and community gardens in the county. Use was coded as 1 and non-use as 0. Reach of project resources was calculated as the total number of respondents reporting they used the project food resources. Uptake was assessed as the percentage of respondents reporting using resources out of total respondents. Respondents were asked to report their personal and family eating habits in the current year to the past year based on the following scale: I/My family eat(s) healthier food than last year, I/My family eat(s) the same kind of food as last year, or I/My family eat(s) less healthy food than last year. Descriptive statistics were calculated using frequencies, percentages, means, and standard deviations.

Results

Respondents reported an overall mean use of 1.65 project food resources ($SD = 1.54$) out of 10 total. There were five GGCs in the county as well as five community gardens. Respondents reported an average mean use of community gardens ($M = .42$; $SD = .73$) and an average mean use of GGCs ($M = 1.23$; $SD = 1.11$). Looking at reach and uptake, 91 respondents (82.7%) reported using at least one food resource from the project. A total of 83 respondents (75.5%) used at least one GGC and 33 (30.0%) used at least one garden.

Out of 110 respondents, 48 (43.6%) indicated they ate healthier food than they did last year, while 56 respondents (50.9%) said they ate the same kind of food as last year. Five respondents (4.5%) said they ate less healthy food than they did last year. Respondents were asked the same question about their family's eating habits. A total of 42 respondents (38.2%) said their family ate healthier food than they did last year and 58 respondents (52.7%) said their family ate the same kind of food as last year. Six respondents (5.5%) said their family ate less healthy food than they did last year.

Conclusions and Implications

Overall, a majority of respondents reported using at least one Extension project food resource, with a large portion being the GGCs. Community garden use was much lower than GGC use, indicating GGCs have a higher reach and uptake in the broader community. Extension and project staff should focus on advertising and engaging the community around the community gardens as a resource. Most respondents reported they and their families ate either healthier or about the same types of food in the current year as they did in the previous year. Future research should examine whether reported use of project resources relates to self-reported and family eating behavior change to assess further programmatic impact.

Extension professionals working on the project were iteratively involved in the revisions of the formative evaluation surveys through learning from the limitations of the 2021 survey, engaging in what Patton (2008) describes as evaluative thinking. UFE, through process use, can become a tool for making programmatic decisions and refining intended outcomes of a program through stakeholder engagement in the evaluation itself. Increasing evaluative thinking may help maintain Extension's reputation as a valuable and trusted resource within communities, a critical component of expanding health promotion efforts (Settle et al., 2017; Tidwell et al., 2019). Expanding resources to increase health and wellness among communities will continue to be a priority for Extension (Braun et al., 2014), indicating a need to develop holistic measures of impact assessment to communicate the value of Extension to all stakeholders.

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