

The Patriot Breakfast Program



“I like that the class gets to sit down and eat and talk to each other”



Strategic Alliance for Health
Implementation Guide
Broome County, New York



**The Patriot Breakfast Program:
A Strategic Alliance for Health
Implementation Guide
Broome County, New York**

Yvonne Johnston, MS, MPH, RN, FNP
Clinical Assistant Professor, Decker School of Nursing, Binghamton University

Mary McFadden, BS
Senior Public Health Educator, Broome County Health Department

Julie Tucker, RD
Registered Dietician, Broome-Tioga BOCES

Ray Denniston, FSM DM
Special Projects Coordinator for Food Services, Broome-Tioga BOCES

Mark Bordeau, CFD
Senior Director of Food Services, Broome-Tioga BOCES

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Section 1: Abstract

The purpose of this implementation guide is to provide a case exemplar for the Strategic Alliance for Health initiative funded by the Centers for Disease Control and Prevention's Healthy Communities Program. The guide offers communities a "how to" handbook for implementing a policy, systems and environmental change strategy for chronic disease prevention.

Under this program grant, the Broome County Strategic Alliance for Health established the Patriot Breakfast Program, an evidence-based strategy for serving universal breakfast in the classroom. The setting for this project was the Woodrow Wilson Elementary School in the Binghamton City School District located in upstate New York. In this school district, almost 60% of students are eligible for free or reduced-price lunch. In some schools in the district, such as Woodrow Wilson Elementary School, 72% of students qualify for this program. In this high-need area, many students do not have the opportunity to eat breakfast at home, and baseline data indicated that less than half of the eligible students were participating in the school breakfast program.

Research suggests that skipping breakfast has a negative impact on health as well as academic performance. Universal school breakfast programs provide all students with a healthy meal to start their day and breakfast in the classroom programs have demonstrated success in increasing participation rates in the School Breakfast Program for low-income students. Such food service delivery changes could provide a mechanism for addressing health disparities present in this at-risk population.

The Patriot Breakfast Program was piloted in four second grade classrooms beginning in October, 2008 and was expanded to include all grade levels by the end of February 2009 reaching a total of 428 elementary school children. Since the start of the Patriot Breakfast Program, participation in the School Breakfast Program for the Woodrow Wilson School increased from 43% in October 2008 to 88% in October 2010. Further, teachers, parents, and students felt the Patriot Breakfast Program had positive behavioral, social, cognitive, and health benefits. Evaluation results also indicated that the program did not interfere with the school day and more than 80% of stakeholders hope that the program continues to be offered.

This guide provides details on the organizational structure of the Broome County Strategic Alliance for Health and the change processes that were undertaken which permitted the successful implementation of the Patriot Breakfast Program in Broome County. Other communities may be able to use this information for instituting a similar change in their community. The guide also offers a comprehensive description of the evaluation methods and initial results. The findings are consistent with other types of school breakfast demonstration projects and support the planned expansion of the program to all elementary schools in the Binghamton City School District. Finally, the guide presents a discussion of how this policy, systems, and environmental change can be sustained beyond the funding period.



Boxes marked with this light bulb icon present tips, ideas, and additional information on implementing an action step or helpful Web links to resources.

Boxes marked with this hurdler icon describe obstacles that occurred during implementation and offer suggestions for overcoming those obstacles.

Section 2: Background

The Strategic Alliance for Health (SAH), funded by the Centers for Disease Control and Prevention's (CDC) Healthy Communities Program since 2008, creates healthier communities through the implementation of sustainable, innovative, and evidence-based community health promotion and chronic disease prevention strategies that promote policy, systems, and environmental changes across multiple sectors (community-at-large, community-based institutions, health care, schools, and work sites). SAH funds 14 communities within three categories:

1. State-Coordinated Small Cities or Rural Areas: Dallas, Perry, and Sumter Counties, supported by the Alabama State Department of Health; and Albany, Broome, Orange, and Schenectady Counties, supported by the New York State Department of Health
2. Large Cities or Urban Areas: Boston, Massachusetts; DeKalb County, Georgia; Hamilton County, Ohio; Hillsborough County, Florida; and New York City, New York
3. Tribes or Tribal Entities: Sault Ste. Marie Tribe of Chippewa Indians in Michigan, and Cherokee Nation in Oklahoma

SAH communities work collaboratively with key partners (e.g., community and state leaders, including representation from education agencies, the health care sector, businesses, community and faith-based organizations), to build local capacity to institute policy, systems, and environmental changes. These changes are related to promoting physical activity and nutrition and reducing tobacco use and exposure; improving and increasing access to quality care; helping eliminate racial/ethnic and socioeconomic health disparities; and reducing complications from and the incidence of heart disease, diabetes, and obesity. Additional information on SAH can be found on the CDC's Healthy Communities Program web site at: <http://www.cdc.gov/healthycommunitiesprogram>.

Broome County, one of the funded communities, is located in the Southern Tier of New York State (NYS), an area that encompasses counties along the Pennsylvania border (Figure 1). Although the county is a small metropolitan area, its upper and eastern edges are regarded as rural. The county covers a land area of just over 700 square miles and has a population density of 275 persons per square mile. The county is comprised of 16 towns, 7 villages, and 1 city.



Figure 1. Location of Broome County in New York State

Broome County has an older population, is more racially homogenous, and has a higher proportion of persons below the federal poverty level than the state as a whole (Table 1). The leading cause of death is cardiovascular disease accounting for more than twice the number of deaths as for all cancers combined (Johnston, 2009). The estimated prevalence of diabetes among adults age 18 or older is 7.3% and the prevalence of overweight and obesity 61.9%. Among high school students, almost 25% were overweight or at risk for overweight and 7.8% reported being told they had

diabetes. While prevalence rates for diabetes were similar to the state as a whole, the mortality rate was among the highest in the state. Moreover, the NYS Prevention Quality Indicators revealed significant racial disparities. For African Americans, the hospitalization rates for hypertension, heart failure, short-term diabetes complications, and lower extremity amputation were nearly 200% or more above the expected rate.

The City of Binghamton (population 45,000) is located in the south central part of the county encompassing an area of just over 10 square miles. Compared to the county, the City of Binghamton has a slightly older population, considerably lower median household income, and is more racially diverse (Table 1). The poverty rate is considerably higher than the county with almost 24% of individuals below the federal poverty level. The Binghamton City School District consists of one high school, two middle schools, and seven elementary schools with a student population of 5,815 for 2008-2009. The proportion of students who are eligible for free or reduced-price lunch is 59%, the highest in Broome County.

Table 1. Demographic characteristics for New York State, Broome County, and City of Binghamton

Characteristic ¹	New York State	Broome County	City of Binghamton
Population	19,541,453	194,630	45,217
Persons under 5 years old	6.3%	5.3%	6.1%
Persons 65 years or older	13.4%	16.7%	17.6%
White	73.4%	90.1%	83.2%
Black	17.2%	4.7%	8.4%
Asian	7.1%	3.3%	3.3%
Other	2.3%	1.9%	5.1%
Hispanic or Latino	16.8%	2.7%	3.9%
Language other than English spoken at home ²	28.0%	8.9%	13.6%
Median household income	\$54,659	\$43,309	\$28,707
Persons below poverty level ³	13.7%	14.2%	23.7%
Land area	47,213	707	10
Persons per square mile	414	275	4,522

¹ US Census Bureau, Population Estimates, 2009

² US Census, US Census 2000

³ US Census Bureau, Population estimates, 2008

Section 3: Planning and Development

Develop and Utilize Coalitions and Partnership



Use the Prevention Institute's coalition building resources to assist with creating the most effective partnerships.

These tips can help you capitalize on existing resources!

<http://www.preventioninstitute.org/component/jlibrary/article/id-104/127.html>

By engaging new members and networking with established groups interested in reducing the burden of chronic disease, a strategic partnership was formed in Broome County to implement cross-cutting broad-sweeping policy, systems, and environmental (PSE) changes in a variety of sectors. Schools are a prime setting in which to advance health promotion and disease prevention activities for children. This collaborative partnership, supported by the CDC SAH grant, provided representatives from the school sector with essential resources for piloting the Patriot Breakfast Program—a PSE change initiative designed to achieve long-term health benefits for students.



Policy, system, and environmental changes help make healthy choices easier by intervening at the highest levels of social organization. By changing laws, institutions, and the physical surroundings, communities can more effectively address complex health issues such as heart disease, diabetes, and obesity.

The Patriot Breakfast Program is a collaborative effort of the Broome County Strategic Alliance for Health (BC-SAH). The BC-SAH Leadership Team is the primary partnership that oversees the planning and implementation of program interventions and was formed from the Broome County Chronic Disease Risk Reduction Council, an existing workgroup with an extensive history of collaboration on a variety of integrated chronic disease initiatives.



A key action step in creating the necessary structure for successful implementation of PSE strategies is taking the time to conduct an inventory of existing work groups, partnerships, and coalitions in the community.

The BC-SAH Leadership Team consists of 14 members who were recruited based on: previous service on the Broome County Chronic Disease Risk Reduction Council, prior experience with promoting PSE changes through other collaborative partnerships, and institutional capacity to effect such changes in specific sectors within the community. The BC-SAH Leadership Team includes representatives from community-based institutions, academia, government, business, advocacy groups, public relations, and the private sector with traditional partners such as health care organizations and non-traditional partners such as city planning. This broad group of individuals provides the forum through which the assessment, planning, implementation,

evaluation, and dissemination of BC-SAH interventions occur. It functions as a goal-oriented, action-driven team invested in the health of the community.

The *Collaboration Multiplier* was utilized to provide a conceptual framework to guide the format for introductions during the first BC-SAH Leadership Team meeting. Each partner was asked to describe their organization, the populations served by their organization, the strengths or expertise they felt they brought to the table, how they might contribute to reducing the burden of chronic disease in the community, and any related current partnerships or collaborative projects with which they were involved. Similarly, the *Spectrum of Prevention* along with the *Socio-Ecologic Model* was applied conceptually to ensure that intervention strategies were designed to change organizational practices and influence policy and legislation, thereby exerting broader transformative effects on normative and individual behaviors.



“Collaboration Multiplier” is a tool to help organizations from diverse disciplines better understand each other and to use their resources more effectively.

Follow this link to find out how this tool adds up!

<http://www.preventioninstitute.org/component/jlibrary/article/id-44/127.html>



The “Spectrum of Prevention” provides a framework for partnerships to develop comprehensive prevention strategies. Linkages between activities at each level can result in greater synergy of effort. To move beyond “prevention as education” visit:

<http://www.preventioninstitute.org/component/jlibrary/article/id-105/127.html>



The “Socio-Ecological Model” recognizes the interwoven relationship that exists between the individual and their environment. While individuals are responsible for instituting and maintaining the lifestyle changes necessary to reduce risk and improve health, individual behavior is determined to a large extent by social environment, e.g. community norms and values, regulations, and policies. Barriers to healthy behaviors are shared among the community as a whole. As these barriers are lowered or removed, behavior change becomes more achievable and sustainable. The most effective approach leading to healthy behaviors is a combination of the efforts at all levels--individual, interpersonal, organizational, community, and public policy. To learn more visit:

http://en.wikipedia.org/wiki/Social_ecological_model

In addition to the BC-SAH Leadership Team, a larger Strategic Alliance for Health Consortium was created to ensure a broader representation of the community-at-large with special attention directed to recruiting non-traditional partners such as consumers, elected officials, and other business leaders. The BC-SAH Consortium meets twice a year to highlight progress and showcase interventions. This structure also provides a forum for critical feedback from the wider community and builds institutional support for sustainable PSE level changes through community engagement.

Furthermore, workgroups were developed by sector (schools, worksites, community institutions and organizations, health care, community-at-large) to provide the organizational infrastructure for conducting assessments and implementing interventions (see Figure 2). As required by the SAH program grant, a community health assessment tool, the CHANGE tool, was completed to collect data, assess resources, identify community health needs, and examine areas for strategic PSE changes that support healthy living. Subsequently, this information provided guidance for development of a Community Action Plan.

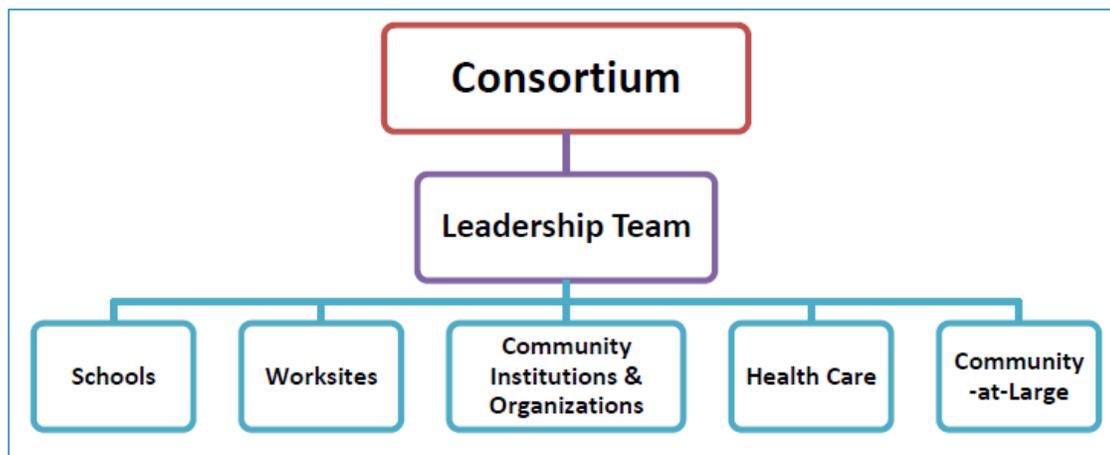


Figure 2. Organizational structure of the Broome County Strategic Alliance for Health showing consortium, leadership, and sector levels

Functional responsibilities of the BC-SAH Leadership Team includes: conducting structured community assessments, building and maintaining organizational teams, developing institutional infrastructures to support interventions, fostering the durability and sustainability of changes, mentoring unfunded communities and disseminating program results (see Figure 3).



Figure 3. Functional responsibilities of the Broome County Strategic Alliance for Health Leadership Team

Monthly BC-SAH Leadership Team meetings provide an active forum for guiding the assessment, planning, implementation, and evaluation of PSE interventions. The Leadership Team uses a consensus decision-making model. Differences are resolved and agreement is reached through open discussion and use of problem-solving methods..

Within each sector, specific workgroups were developed to provide direct oversight to and guidance for PSE interventions. For example, the Patriot Breakfast Program was spearheaded by three key BC-SAH Leadership Team members from the Broome-Tioga Board of Cooperative Educational Services (BOCES): the Senior Food Service Director, the Special Projects Coordinator for Food Services, and the Registered Dietician on staff.



For the Patriot Breakfast Program, the BC-SAH Leadership Team drew upon on the experience of relationships established during implementation of the Rock on Cafe—an innovative project to improve the nutritional quality of the School Lunch Program through a sustainable PSE change with funding from the former CDC Steps to a HealthierUS program grant (Johnston, Denniston, Morgan, & Bordeau, 2009). Prior to the Patriot Breakfast Program, Broome-Tioga BOCES coordinated consolidation of school lunch menu planning and procurement for 15 school districts resulting in the ability to purchase higher quality food items at lower cost and improve the overall nutrition quality of school lunches. The Rock on Cafe intervention also used branding and social marketing strategies to make healthy eating an easy choice for children to make. The partnership forged among local school districts together with the leadership provided by Broome-Tioga BOCES and support from the community resulted in one of the most successful system changes for school food services in Broome-Tioga BOCES' history.

To ensure that the BC-SAH school sector workgroup had the best “recipe” for success, Broome-Tioga BOCES sought the support of influential leaders and key stakeholders such as the City of Binghamton Schools Superintendent and the Director of Physical Education and Health. The workgroup also included individuals who would be directly involved in the day-to-day operations of the program. Thus, the workgroup membership consisted of the school principal, teachers from each grade, the school kitchen manager and staff, and the head custodian as well as the Broome-Tioga BOCES staff, an AmeriCorps member, the BC-SAH Coordinator, and the BC-SAH Program Evaluator. Although the BC-SAH Leadership Team acted as a catalyst for initial discussions, ongoing detailed planning and decision-making occurred at the workgroup level with Broome-Tioga BOCES as the lead agency.

The BC-SAH grant provided resources for the program, including funding for a local program evaluator and an AmeriCorps member. The local program evaluator, under contracted services, is responsible for and oversees all aspects of the BC-SAH program evaluation. In the first year of the grant, the AmeriCorp member provided logistical support for expanding the program from serving only 80 second-grade children to serving the entire student body (428 children) by the end of the second grant year. Additional support came from the American Dairy Association & Dairy Council and the Silent Hero Grant Program through the *got breakfast?* Foundation.



What is a silent hero?

To learn about the Silent Hero Grant program, follow the link below:

<http://www.gotbreakfast.org/grants.php>

Conduct a Needs Assessment

The BC-SAH Leadership Team members participated in the CHANGE process, a structured method for gathering data about community assets and needs, identifying potential areas for improvement, and guiding development of action plans directed toward PSE changes that support healthy living.

Concurrent with the BC-SAH assessment, several BC-SAH Leadership Team members participated in the Broome County Health Department's Community Health Assessment (CHA), which is required by all counties in NYS (<http://www.gobroomecounty.com/hd/cha>). The Steering Committee for the CHA used the Mobilizing for Action through Planning and Partnerships (MAPP) community-driven strategic planning process (<http://www.naccho.org/topics/infrastructure/mapp/>). Based on this comprehensive assessment, chronic disease and chronic disease prevention were identified as top priorities for the county. Results of the CHA were presented at a BC-SAH Leadership Team meeting by the CHA Coordinator who also serves as the BC-SAH Program Evaluator.

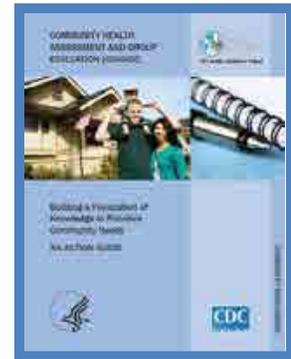


Figure 4. The CHANGE Action Guide



The “CHANGE” tool can be used to determine evidence-based PSE approach strategies that can help communities create healthy social and built environments.

With this tool, you can chart a course for improving health in your community!

<http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>

Data analysis for the CHANGE tool was conducted using worksheets and guidance documents available on the CDC website (the CHANGE worksheets, templates, and resources can be downloaded from <http://www.cdc.gov/healthycommunitiesprogram/tools/change/downloads.htm>). Results were aggregated and similarly presented at a BC-SAH Leadership Team meeting. Sector-specific strengths and areas for improvement were identified in relation to the five modules in the CHANGE Tool—physical activity, nutrition, tobacco, chronic disease management, and leadership.

Together, these two assessments provided the primary basis for BC-SAH Leadership Team discussions. Several county-level data sources were reviewed including: vital statistics; community health indicator profiles; expanded Behavior Risk Factor Surveillance Survey (e-BRFSS); Youth Risk Behavior Survey (YRBS); hospital discharge data; Prevention Quality Indicators; census, housing, and demographic data; and Medicaid reports.

The BC-SAH Coordinator met with Leadership Team members individually to present the sector-specific CHANGE Tool findings. The purpose of the meeting was to discuss issues and concerns identified by the assessment and to obtain additional insights into the results. The goals of the meetings were to generate ideas and explore strategies for improving health, and to examine the feasibility of or identify potential barriers to possible solutions.

A total of 23 CHANGE Tools were completed as part of the assessment process: one in the community-at-large, five in worksites, five in community-based institutions, eight in schools, and four in health care organizations. For each assessment, demographic information about the site as well as specific information about policies and environments within the site was collected. A variety of data collection techniques were used including observation, Photovoice, audits, focus groups, and surveys. For each site, the extent to which specific policy or environmental strategies (scoring criteria) promoted healthy behaviors was staged using a 5-point rating scale.



*The CHANGE sector data grid can be downloaded from the CDC website at <http://www.cdc.gov/healthycommunitiesprogram/tools/change/pdf/sectordatagrid.pdf>
The PSE change strategies—asset and needs analysis worksheet can be downloaded from <http://www.cdc.gov/healthycommunitiesprogram/tools/change/pdf/assetsneedswkshts.pdf>*

Low ratings were noted for schools that had a higher percentage of students who received free or reduced-price lunches. Additional documentation collected at the time of the assessment indicated low participation rates in school food programs for eligible students. Since diet influences not only health but also the potential for learning, these students represent an at-risk population and were therefore deemed the target population for our program (Centers for Disease Control and Prevention [CDC], 1996).

Identify and Engage Stakeholders

Stakeholders for the BC-SAH Consortium were identified using methods similar to selection of the Leadership Team. Though not all are measurable, factors considered for stakeholder inclusion were:

- passion for health of the community;
- the fit between the needs of the SAH program and the contributing member's skills and interests;
- a working knowledge of the SAH goals and objectives;
- the ability to create wide-reaching sustainable PSE changes in one or more of the five sectors;
- the capacity to commit time and other resources to the program;
- the ability to reach priority populations; access to sector-specific data;
- expertise in identified change strategies; affiliation with other partnerships and community groups with synergistic or complimentary missions;
- familiarity with community assessment, planning, implementation, and evaluation; or
- experience in developing community action plans.

A detailed list of key stakeholders, their organizational roles, and the type of organization they represent can be found in Appendix A. In this table, BC-SAH Leadership Team members are indicated by a single asterisk and Patriot Breakfast Program partners by a double asterisk.

The BC-SAH Consortium serves as a forum for stakeholders and community members to be engaged on a level that is comfortable for them. This structure also provides the Leadership Team with the organizational influence and institutional support needed to implement specific PSE change strategies. Presentations by BC-SAH Leadership Team to the Broome County Legislative Health Committee served as a recruitment strategy for engaging several local legislators who are recognized as champions for community health. Joint media events that highlight these local leaders keep them engaged with and informed about the successes of PSE changes. For example, a US Congressman was invited to visit the Patriot Breakfast Program. The event provided him with an opportunity to see implementation of an actual PSE strategy while simultaneously garnering media attention for his support of the program. Several TV news stations and the local newspaper covered the story.



Need tools to engage your community?

The US Department of Agriculture website offers slide sets, letters, information sheets, talking points and ideas about how to get different stakeholders involved:

<http://www.fns.usda.gov/cnd/breakfast/expansion/stakeholders.htm>

Create an Action Plan

With support from their institutions and in collaboration with the BC-SAH Coordinator, Leadership Team members determined which interventions were feasible, had institutional support, could be initiated or implemented within the time and budgetary constraints of the program grant, and supported achievement of grant objectives. These strategies built upon the use of existing assets through expansion of previously established interventions or by translation of evidence-based approaches into new local community PSE changes. Thus, a viable Community Action Plan was developed.

Creation of an action plan was the result of highly interactive discussions among members of the BC-SAH Leadership Team. The decision was made by the Leadership Team to work in all five sectors (community-at-large, schools, community organizations/institutions, worksites, and health care) within the City of Binghamton thereby creating an opportunity to conduct a multilevel intervention. At the same time, the limited scope (within the city versus county-wide) initially reflected a desire to start focused, create success, and then expand capacity. Over a number of years, the success of this incremental approach has become as a guiding principle for collaborative initiatives.

The Community Action Plan identified: a 5-year goal written in the *SMART* objective format, one or more *SMART* objectives to achieve the 5-year goal, resultant PSE changes that could be anticipated, the plan(s) for sustainability of the change, the evidence-base for the strategy, and the sector(s) involved in the change.

For each strategy, a template was completed that identified the major activities to accomplish each objective, what specific actions needed to be taken for each activity, a target date for each activity, and the responsible person(s) for taking action or assuring that actions were taken (a sample template can be downloaded from the CDC website at <http://www.cdc.gov/healthycommunitiesprogram/tools/change/pdf/planningtemplate.pdf>).



SMART objectives are: *Specific*
 Measurable
 Attainable/Achievable
 Relevant
 Time bound

To learn more about writing **SMART** objectives, download this useful guide:
http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf

Background for the Patriot Breakfast Program

As might be expected, children who eat breakfast regularly tend to have a more nutritionally adequate diet than those who skip breakfast (Timlin, Pereira, Story, & Neumark-Sztainer, 2008). They consume less sugar, eat more servings of fruit, drink more milk, have higher intakes of micronutrients, and tend to make healthier food choices throughout the day (BreakfastFirst, n.d.; Food Research Action Center [FRAC], 2009). Children who eat breakfast are also less likely to be overweight, while skipping breakfast is associated with an increased risk for obesity (FRAC, 2009; Timlin et al, 2008). What accounts for this apparent paradox? Those who eat a high-protein breakfast consume fewer calories at lunch because protein intake in the morning seems to regulate appetite throughout the day (BreakfastFirst, n.d.). Thus, children who do not eat breakfast tend to overeat later in the day and consume more calories over the course of the day. Eating breakfast regularly also helps to build lifelong healthy eating habits (FRAC, 2010).

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

“Children who eat breakfast tend to have more adequate nutrient intakes than those who don’t. Some studies have also indicated that eating breakfast on a regular basis reduces the risk of being over weight.”

(Timlin et al., 2008)

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Figure 5. Woodrow Elementary School student eating breakfast in the classroom

Overweight and obesity are clearly linked to chronic medical conditions such as joint problems, diabetes, high blood, pressure, and high cholesterol (Must et al., 1999). The adverse cardiovascular risk profile developed as children place them at higher risk cardiovascular morbidity and mortality as adults. Rising rates of obesity have made it the single most modifiable risk factor contributing to the leading causes of death (Mokdad, 2004). Prevalence rates for these risk factors and chronic diseases also reveal significant racial and socioeconomic disparities.

Education and health are intimately intertwined (Dilley, 2009). The more health risks students have, the less likely they are to succeed in school or graduate on time. Reciprocally, the lack of equal chances for success affects a person's health. Improvement in a single health risk factor can help improve academic achievement. Across racial and socioeconomic strata, similar patterns of disparities are often present in academic achievement as for chronic diseases.

Typically for low-income students, participation in school breakfast programs is less than half the rate for school lunch programs (FRAC, 2009). Increasing participation in the school breakfast programs is one way to assure that all students are able to start their day with a healthy breakfast, and mitigate academic and health disparities.

Several options are available to increase access to school breakfast for low-income students (Figure 6). Universal breakfast provides free breakfast to all students regardless of their ability to pay. Such programs may reduce stigma and have been shown to improve attendance and tardiness. This type of program is usually cost-effective for schools with high percentages of low-income students. Breakfast in the classroom changes the location and nature of breakfast. Instead of food being served in a cafeteria style setting food is delivered to the classroom and children eat in the small group setting of the classroom. While there may be small increases in labor hours for these programs, the increased costs are offset by the higher reimbursements generated by the larger number of participating students.

Several pilot programs have demonstrated the benefits of universal free breakfast and have also shown that students are more likely to participate when breakfast is served in the classroom (Bartfield, Kim, Ryu, & Ahn, 2009; Center for Applied Research and Educational Improvement, 1998; Maryland Meals for Achievement, 2001; Nutrition Consortium of NYS, 2005; Salomon, 2009). Teachers report improvements in children's readiness to learn and attention span with fewer disciplinary referrals. Parents report that morning routines are easier and that they are less worried about their child missing breakfast. As a result of participation in these pilot programs, children were less hungry in the middle of the morning and were better able to concentrate.

Traditional Breakfast	Universal Free Breakfast	Breakfast in the Classroom
<ul style="list-style-type: none"> • Free or reduced price for low income students • Served in cafeteria • One location for meal preparation & service • Buffet style – food choices made immediately before eating • Large social environment 	<ul style="list-style-type: none"> • Free to all students • Served in cafeteria • Reduces stigma • Improved attendance • Increases participation for low income students • Cost-effective if high number of low income students 	<ul style="list-style-type: none"> • If combined with UFB, free to all students • Delivered to classroom • Food choices selected the day before • Meal incorporated into the school day • Minimal additional labor – costs offset by higher reimbursement • Packaged meal components • Small group setting

Figure 6. Comparison of school breakfast program options

Other cognitive and health benefits included: improved memory and problem-solving, higher standardized test scores, and fewer morning visits to the nurse for stomach aches and headaches. In addition, the social milieu of the classroom allows teachers to interact with students, tend to administrative tasks before the school day starts, and incorporate nutrition education into the curriculum. In the classroom setting, children interact with their peers, learn table manners, and take responsibility for clean-up.

Provision 2 of the National School Lunch Act is an option in the federal School Breakfast Program and National School Lunch Program for schools to reduce paperwork and simplify accounting operations. With Provision 2 status, efficiencies are achieved through reducing the requirements for: collecting applications, recording and tracking meals, and conducting verifications. There is no need for cashiers, meal cards, lunch tickets, or identification cards and only total meal counts are recorded. With these economies achieved, schools with greater than 75% free or reduced-price meals are able to cost-effectively offer universal breakfast and lunch, whereas schools with rates of 65-75% can feasibly offer only universal breakfast. With higher stability rates, program costs are also not likely to vary dramatically.



To learn more about Provision 2 regulations, visit the USDA website at:

<http://www.fns.usda.gov/cnd/governance/prov-1-2-3/prov2guidance.pdf>

In 2008-2009, only 40.3% of children who participated in the school lunch program also participated in the school breakfast program in NYS (FRAC, 2009). Because schools are provided federal reimbursement for participating children, when low-income students are not served, states lose money. In fact in 2009, New York State ranked second in this category with estimated losses of nearly \$52 million. If New York State achieved a 60% target, then almost 226,000 children could be reached by the School Breakfast Program.

The review of school breakfast programs provided strong evidence for the academic and health benefits of breakfast in the classroom and led the BC-SAH Leadership Team to make the decision to pilot a universal free breakfast program in the classroom as one of its PSE strategies. The timeline for planning and implementation was brief (Figure 7) with only the four months to identify a pilot school and gain their support as well as to develop the program. This endeavor involved organizing personnel and processes, purchasing materials and equipment, creating a plan for evaluation, and conducting orientation and baseline assessments. For these reasons, the program was piloted in one grade of one school for the first half of the school year and then expanded to all grades in the second half of the school year.

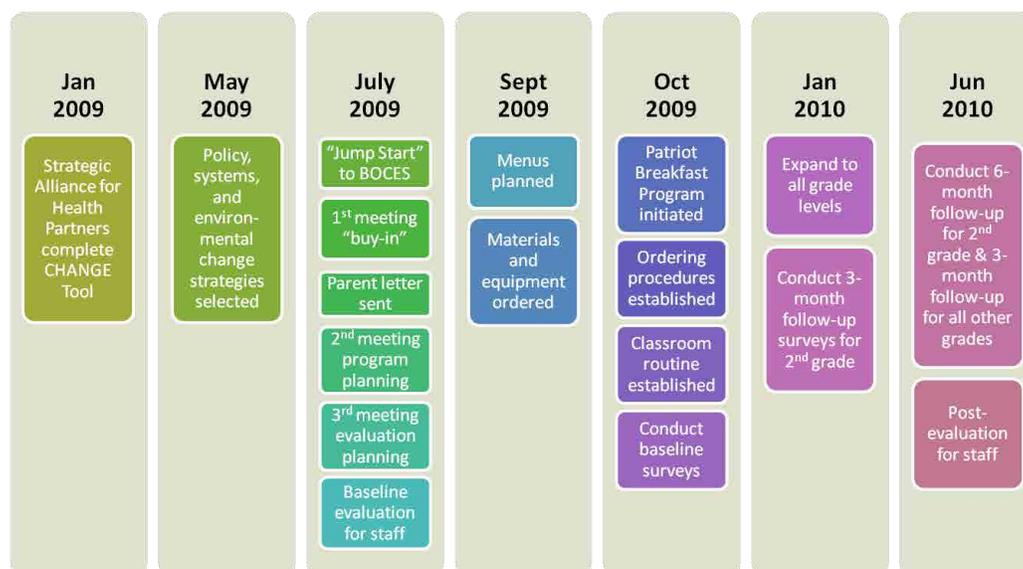


Figure 7. Timeline of major activities for the Patriot Breakfast Program

The Woodrow Wilson School was selected as the pilot school for three key reasons: (a) the high rate of students who receive free or reduced-price lunch and the relatively high stability of the rate, (b) the low participation rates in the breakfast program for eligible students, and (c) the level of support from the school district, school administrators, and school staff.

For 2008-2009, the proportion of students eligible for free lunch in the Woodrow Wilson School was 63% and reduced-price lunch was 9% for a total of 72% (New York State Education Department [NYSED], 2009). The total enrollment for the school was 447 students with approximately 75 students per grade. The second grade enrollment was 77 students. The school has 62 classes with an average class size of 19 students. There is considerable diversity in this inner city elementary school relative to the rather homogenous rural schools, which are typically 90% white. The student population is 53% white, 32% black or African American, 8% Asian or other Pacific Islander, and 7% Hispanic or Latino.

Although a high percentage of students were eligible for free or reduced-school lunch at Woodrow Wilson Elementary School, only 43% of these students participated in the School Breakfast Program. Because the majority students who participate in the School Breakfast Program are low-income, there is greater visibility and risk of stigma. Further, observations of staff indicate that children often rush through breakfast because of waiting times in line. Students may opt to skip breakfast rather than be late for class, especially if the bus arrives late to school. Moreover, because limited economic resources can impact food budgets at home, low-income children may be more likely to miss out on breakfast at home. Although, the School Breakfast Program is considered an important component of the nutritional safety net, its impact is undermined by low participation rates.

The lead partners from Broome-Tioga BOCES proposed the idea of the Patriot Breakfast Program to the school district superintendant, principal, custodial staff, food service staff, and teachers, all of whom responded with enthusiastic support for the pilot program. Nearly all school personnel have been and continue to be champions of the Patriot Breakfast Program. The

choice to implement the program in the second grade initially was due in part to their eagerness to participate in this pilot program. Logistically, the second grade classes are located on the first floor in proximity to each other as well as the cafeteria, which would also make the delivery process simpler for the first phase of implementation.

Begin Planning for Evaluation and Sustainability



Begin with the End in Mind

“Great projects begin with planning for the end result. It is important to have an idea of what it is you are aspiring to achieve as you plan the intervention. Engaging all key stakeholders and leadership team members in this process will assist in producing the desired end results.”

– BC-SAH Program Evaluator

This quote, by our local program evaluator, was shared with the Leadership Team at our first meeting. Because the BC-SAH Program Evaluator was involved in the planning process from the beginning, the development of the Community Action Plan and its overall evaluation was an iterative process. As the Community Action Plan was developed, the measures that would indicate completion or success were considered simultaneously. This approach contributed to not only creating a realistic Community Action Plan but also developing a sound evaluation plan.

Process measures were based on the activities to be undertaken in order to achieve the objectives and outcome measures were designed to indicate achievement of the goals and objectives. These measures were included in the Community Action Plan. In addition, the BC-SAH Program Evaluator and the BC-SAH Coordinator in collaboration with partners from lead agencies developed an intervention-specific evaluation plan for selected PSE strategies. The Evaluation Matrix for the Patriot Breakfast Program appears in Appendix B.



Process evaluation: *focuses on implementation of the interventions and activities*
Outcome evaluation: *concentrates on achievement of the goals and objectives*

To learn more about evaluation planning, download this useful guide:

http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/evaluation_plan.pdf

As part of the evaluation planning process, logic models were developed for the overall Community Action Plan as well as for each PSE strategy. The logic models provided a graphic overview of the resources (inputs), activities, process measures (outputs), and outcomes (short-term, intermediate, and long-term). The logic models were developed by one of the AmeriCorps members and were shared with the Leadership Team so that everyone could “see the big picture” and “be on the same page.” The logic model for the Patriot Breakfast Program can be found in Appendix D.



A logic model is a tool for planning, managing, and evaluating a program or intervention. It provides a map—it shows where you are headed, what you need, and how to get there.

To learn more about creating logic models, download this useful guide:

http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/logic_model.pdf

Building and maintaining the SAH Leadership Team and Consortium is one of the PSE strategies in the Community Action Plan. Because the structure of the alliance and its member roles and responsibilities are formalized in the Community Action Plan, there is a built-in mechanism to nurture the relationships that are vital to achievement of the BC-SAH goals and objectives. Some examples of evaluation measures for the BC-SAH partnership include: the number of partners, their representativeness of the sectors and populations served by the SAH grant, meeting participation rates, and number of activities for which each partner is responsible.



Evaluation of partnerships can improve productivity and build capacity for more effective teamwork.

To learn more about evaluating partnerships, download this useful guide:

http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/partnership_guide.pdf

Sustainability

At its most basic level, sustainability refers to the maintenance or continuation of program components and activities after the initial funding is removed (Scheirer, 2005). At the organizational level, it refers to the institutionalization of program activities within an organization and reflects the extent to which the program components such as budget, personnel, supply and maintenance, and training are embedded in the organization and its governance.

Sustainability was considered at the outset of program development and a sustainability plan for each PSE strategy was incorporated into the Community Action Plan. Although changes in policies or environments by their nature are more readily maintained, we chose to incorporate a sustainability clause into each contract with the lead agency responsible for implementing the PSE strategy. This statement included language that formalized the agency's commitment to continue the intervention beyond the grant period.

In relation to the Patriot Breakfast Program, sustainability is partially assured through the program's Provision 2 status and this approval was obtained from the NYS Education Department prior to initiation of the Patriot Breakfast Program. Under the provisions of the

National School Lunch Act, this option operates on a 4-year cycle. To retain Provision 2 status, application must be made for an extension and an unlimited number of 4-year extensions may be approved if the income level of the school's population remains stable compared to the base year.

There are additional considerations for sustainability. Start-up costs were funded with “seed money” from a BC-SAH sub-award, American Dairy Association and Dairy Council, and the *got breakfast?* Foundation. This money was used to purchase equipment and cover the additional labor costs until the school began receiving federal reimbursements. When funding periods expire, the increased labor costs will be solely supported by the school operating budget. Similarly, purchase of any additional equipment or supplies will be an operating expense. To sustain the Patriot Breakfast Program, the school district will assume these costs or secure other funding sources to assure continuation of the program.

Development of plans for overall program evaluation and strategy-specific evaluation provided methods for obtaining objective information about program performance, improving program effectiveness, demonstrating program impact, and disseminating this information as a social marketing strategy or for replication in other communities. The evaluation matrix provided the framework for evaluation of the Patriot Breakfast Program (Appendix B).



Several resources were used for evaluation planning and to identify tools that could be used to measure the outcomes of interest. For example:

- *The Minnesota Department of Children, Families & Learning (Center for Applied Research and Educational Improvement, 1998)*
- *Nutrition Consortium of NYS (2005)*
- *The University of Wisconsin-Extension, Cooperative Extension (Salomon, 2009; Bartfeld, Kim, Ryu, & Ahn, 2009)*

Process evaluation for the Patriot Breakfast Program was conducted prior to implementation to assess concerns about program implementation for food service staff, custodial staff, and teachers. For food service staff, open-ended questions were asked about preparation time, duration of the breakfast period, and procedures for ordering. For custodial staff, open-ended questions were asked about trash disposal and clean-up. For teachers, open-ended questions were asked such as how satisfied they were with their preparation for program implementation. At the end of the school year, these stakeholder groups were asked about how well their concerns were addressed and if there were any suggestions for improvement using similar brief open-ended surveys. All of these assessments were conducted anonymously with surveys handed out at the end of a monthly planning meeting. Surveys were collected by a representative of the group and submitted to a Broome-Tioga BOCES staff member. In addition, informal questioning by Broome-Tioga BOCES staff occurred on an ongoing basis to identify issues and concerns early so that they could be immediately addressed.

Outcome evaluation for the Patriot Breakfast Program involved analysis of: participation rates, school reimbursements and program costs, and nutrient content of breakfast menus. These data

are recorded and maintained in files and databases by Broome-Tioga BOCES. The Senior Food Service Director is responsible for the data analysis. Nutrient analysis was conducted by the Registered Dietician on staff using *NUTRIKIDS*® Menu Planning and Nutritional Analysis software. Attitudes and behaviors as well as impact on teaching/learning were assessed using surveys developed by the BC-SAH Program Evaluator based on modification of tools used by similar breakfast in the classroom programs (teacher, child, and parent surveys are located in Appendix C). Teachers were surveyed at baseline, 3-months post-implementation, and at the end of the school year. Children and parents were surveyed at 3-months post-implementation and at the end of the school year. Principals are surveyed at the end of the school year about their perceptions of program effects on student behavior and performance. For all stakeholders, the end of school year surveys asks respondents to rate their level of support for the continuing program.

Section 4: Action

Promote PSE Change Strategy and Provide Outreach in the Community

The majority of outreach and promotion of the PSE strategies was conducted through earned media such as press releases, press conferences, TV and radio news interviews, editorials and guest viewpoints and also through communication venues such as newsletters and websites of partners, stakeholders, and BC-SAH partner agencies.



Figure 8. Rex & Roxy cartoon characters designed to promote healthy eating

For the Patriot Breakfast Program, a limited media campaign was conducted within the elementary school where the program was being piloted.

Information about the program was placed on monthly menus sent home with children, on the school website, and in school newsletters. Informational materials were distributed during the school's open house and at PTA meetings. Aprons bearing the images of Rex and Roxy¹ (Figure 8) were placed on aprons and given to food service staff and 5th grade "Breakfast Champions." These characters, designed to promote healthy eating, were used for social marketing of the *Rock on Cafe*

creating a link between the new breakfast program and its successful lunch predecessor. Rex and Roxy also appear on food service menu boards, monthly menus, posters, and other promotional materials. (See Rex and Roxy on the nutrition page of the Binghamton City School District [http://www.btboecesfs.org/nutrition.cfm](http://www.btboocesfs.org/nutrition.cfm)).

Need some Social Marketing "Know How"?

To learn more about how to use social marketing strategies effectively, access these resources from the CDC and the USDA:



CDC Resources:

<http://www.cdc.gov/nccdphp/DNPAO/socialmarketing/>

USDA Resources:

<http://www.fns.usda.gov/cnd/breakfast/expansion/marketing.htm>

...or take this web course from the CDC

<http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/index.htm>

¹ B.C. comic strip head writer and cartoonist, Mason Mastroianni, created the characters Rex and Roxy for a health promotion campaign that supports the school lunch program: *Rock on Cafe*. Mason is the grandson of Johnny Hart, creator of the legendary B.C. and Wizard of Id comic strips.



Think Breakfast! Materials were used to educate children on the importance of eating breakfast every morning. Resources are available at: <http://www.thinkbreakfast.com/>

Implement PSE Change Strategy

The Broome-Tioga BOCES received a “Jump Start” sub-award from BC-SAH to begin preliminary work on the Patriot Breakfast Program. Implementation of the Patriot Breakfast

Table 2. Equipment and supplies purchased for initial start-up of the Patriot Breakfast Program

Equipment & Supplies
<ul style="list-style-type: none"> • Menu boards for hallway • Rolling carts • Hot and cold food totes • Trash receptacles • Food service gloves • Hand sanitizers • Breakfast grabbers (self-contained food items)

Program required a significant change in the systems and processes for providing breakfast services in the school. As previously described, the planning and requisite program modifications for this PSE strategy occurred in a series of meetings among key stakeholders. A list of the additional supplies and equipment needed to run the program appears in Table 2. Purchase of carts, totes, trays, coolers, trash receptacles (waste and recycle), and other items contributed to the largest proportion of the start-up cost (\$12,000 or 86% of the total start up costs). Approximately, \$600 was spent on promotional materials including large menu boards for the hallways so students could be informed about menu choices.

Because the Patriot Breakfast Program derives its name from the Binghamton City School District’s mascot, the insulated totes for transporting food were purchased in the district’s colors, red and blue, and were suitably used to identify hot and cold meals respectively.

The breakfast service can be broken into three distinct stages: planning, food preparation, food delivery, and clean-up. Activities associated with planning, preparation, and delivery are detailed in Table 3. The planning phase actually starts the day before, with children selecting their menu choices. As much of the preparation as possible is completed the day before. Food service staff count and sort the cold food items that will be needed for each classroom and place them in a cold food (blue) tote. Milk and fruit items are also counted and sorted by classroom. These items are placed on trays which are then stored overnight in a cooler.

In the morning, food service staff arrives earlier than in the traditional breakfast program because of the increased preparation time for hot menu items that is needed for feeding a much larger number of students. Hot food items are prepared in the cafeteria kitchen and then similarly counted, sorted by classroom, and placed in hot food (red) totes. One food service staff member is assigned to each floor and is responsible for delivery and retrieval of carts to classrooms on their assigned floor.



Procedures for how meals are distributed within the class vary. In some classrooms, a student, who assigned the role of “Breakfast Champion,” assists with this task as one of the morning duties. While meals are distributed and eaten, teachers may use the time to perform administrative duties, take attendance, and collect homework. Morning announcements and the pledge of allegiance also occur during this period.

Although waste, debris, and sanitation were initially a concern, the Patriot Breakfast Program has experienced relatively few issues in this area. Children are responsible for clearing away their trash and placing it in the appropriate receptacle, separating recyclable from trash items. The custodial staff picks up trash from receptacles for waste disposal. For minor spills, classrooms are stocked with spray cleaner, sponges, and paper towels. Paper products and sanitizer are ordered by teachers on an as-needed basis for the classrooms. If there is a major spill, then a custodian is called for clean-up. There was no increase in labor hours for custodial staff. Clean-up activities following breakfast in the classroom replaces the time that would otherwise have been spent cleaning up the cafeteria. With this delivery model, over 400 children are served breakfast within 15 minutes.

During the pilot phase, an AmeriCorps member assisted with delivery of trays, retrieved missing breakfast items from the cafeteria, and helped with any special needs such as classroom set-up. This assistance was critical until permanent staffing changes could be made and processes were running smoothly. When the program was expanded to the entire school, an additional food service staff member was needed resulting in a weekly increase of 5.5 labor hours at a cost of approximately \$2100 for the first year. This outlay was included in the initial start-up expenses charged to the SAH “Jump Start” grant and other external funding sources until it could be covered by federal reimbursements.



Figure 9. Meal carts with hot and cold totes are lined up and ready for loading

Table 3. Time sequence of events for planning , preparing , and delivering breakfast service in the Patriot Breakfast Program

Time	Activity
9:30 - 11:00 am (previous day)	Extra food service staff member arrives to assist Milk and fresh fruit or juice are placed on trays organized by classroom Cold breakfast grabbers are counted & put on trays Trays are placed in blue totes & totes are placed on carts for delivery the next day
6:00 am	One food service staff member arrives early Hot breakfast foods are taken out of the cooler to cook
6:30 am	Two additional food service staff arrive to assist Hot breakfast is prepared
6:45 am	Blue totes “cold meals” & trays with milk and fresh fruit or juice are loaded on carts
7:00 am	Red totes “hot meals” are placed on the carts
7:15 am	An additional food service staff member arrives to assist with delivery Meal counts are double-checked
7:30 am	Three food service staff members deliver breakfast carts to classroom Carts are left in the hallway outside
7:45 am	Teachers bring carts into the classroom & breakfast is served to students In-class procedures for how meals are distributed to students vary
7:45 – 8:15 am	Students eat breakfast and complete menu selection for the next day’s breakfast Teachers check off what students ate & children make menu selections for the next day Orders placed in the pocket of the tote & totes are placed on carts
8:15 am	The three food service staff pick up totes & carts Carts are brought back to the kitchen , any remaining items in totes are removed
9:00 am	Number of children who ate hot versus cold breakfast are tallied Counts are entered into the point of sale system for claims tracking Orders for the next day are tallied to begin breakfast preparation for the next day

Table 4. Sample breakfast menus and meal items for the Patriot Breakfast Program

Sample Breakfast Menus	
Cold Breakfast	Hot Breakfast
Breakfast cereal Fresh fruit or fruit cup Milk	Hot breakfast item Fresh fruit or fruit cup Milk
Breakfast cereals: • Honey Nut Cheerios • Trix (low-sugar) • Kix • Cinnamon Toast Crunch • Honey Graham Squares	Hot breakfast items: • Ham egg & cheese on an English muffin • Pancakes • Breakfast quesadilla • Waffles • Pizza hot pockets

The traditional breakfast menu was modified for ease of service delivery while maintaining nutrient value. In the classroom, breakfast sandwiches are particularly convenient and create minimal mess. Sample menu items can be found in Table 3. Pre-packaged or bagged reimbursable breakfasts, “breakfast grabbers,” make distribution easier. Although these items are slightly more expensive, efficiency is gained through reduced labor costs. Higher labor costs would be generated if food service staff prepared these items in bulk and then packaged them individually.



★★★★★★★★★★

The Woodrow Wilson Elementary School kitchen manager and the health educator for the Broome County Strategic Alliance for Health make the historical “first delivery” to the classrooms with the breakfast carts.

★★★★★★★★★★

Review Evaluation and Sustainability Activities and Strategies

Surveys were distributed to teachers, students, and parents. These surveys were distributed to the teachers with the breakfast totes. Children completed the surveys in class as did the teacher. For younger children, teachers read the surveys in front of the class line by line as students completed them. Older children completed them independently. For parents, the students were each given one survey to take home with the instructions that they were to have a parent or guardian complete it and return it to school. Teachers were responsible for collecting the parent surveys and sending them to the main office.

The response rates for the surveys were high for students (87%) and teachers (85%) at baseline and 95% at the 3-month follow-up. However, parent response rates were low (32%). The low response rate from parents is not surprising since surveys are carried home and back to school by the children. Only one survey per child was sent home, and one parent or a legal guardian was asked to complete the survey. It is possible that more than one parent completed a survey or that more than one survey was completed by any one parent.



Since parents may have more than one student enrolled in the school, they will have received a single survey from each of their children. Therefore, the number of parent surveys may not represent an unduplicated parent count.

The parent survey was modified to include a question about the number of children enrolled in the school in order to quantify the number of unduplicated parents. In addition, check boxes were added to the survey to identify the relationship of the respondent to the child (Mother, Father, Guardian, or Other).

Section 5: Evaluating & Sharing

Review Data

Outlined below are the initial outcomes of the Patriot Breakfast Program as well as examples of data analysis and reporting. Data collection and analysis for the program is ongoing.

The first phase of the program began with implementation of the Patriot Breakfast Program in four second grade classrooms of one area elementary school. Baseline, 3-month, and 6-month follow-up data have been collected at the second grade level. After the initial pilot, the program was expanded to include all grade levels within the school. To date, baseline and 3-month follow-up data have been collected across all grade levels. A descriptive analysis of the baseline and 3-month follow-up data for all grade levels is provided below. Survey data collected from teachers (n=19), students (n=371), and parents (n=137) are included in this analysis.

Teacher responses before and after implementation of the Patriot Breakfast Program: All grade levels (Baseline & 3-Month)

At the 3-month follow-up, teachers reported higher levels of student readiness to learn, ability to focus on learning, and alertness and attentiveness as compared to baseline. In all three areas, the 3-month ratings were approximately twice that of the initial baseline rating. In addition, teachers reported less hyperactivity and impulsiveness, and fewer student complaints of hunger (Figure 10). These findings are similar to those reported by other schools that have implemented free breakfast programs, indicating that when children have breakfast, they are more attentive and better able to focus on learning (Bartfield, Kim, Ryu, & Ahn, 2009; Center for Applied Research and Educational Improvement, 1998; Maryland Meals for Achievement, 2001; Nutrition Consortium of NYS, 2005; Salomon, 2009). Figure 11 offers a sample of the types of qualitative responses from teachers regarding the perceived benefits of the Patriot Breakfast Program.

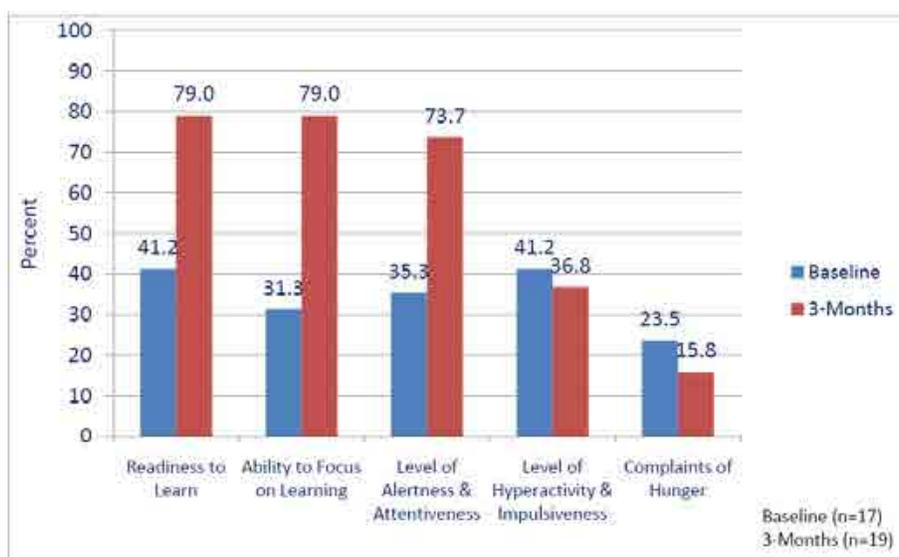


Figure 10. Teacher ratings of student behaviors at baseline and 3-month follow-up for all grade levels

Eighty-four percent of teachers reported a strong sense of community among students in the classroom at the 3-month follow-up compared to 82% at baseline. While these proportions do not indicate a large change, the percentage of teachers who somewhat or strongly disagreed was almost 18% at baseline compared to none at the 3-month follow-up. All teachers (100%) at baseline and at the 3-month follow-up somewhat or strongly agreed that role modeling healthy dietary behaviors is important.



Figure 11. Sample teacher survey response regarding the perceived benefits of the Patriot Breakfast Program

At the 3-month follow-up, 73.7% of teachers felt that the Patriot Breakfast Program was helping students to make healthier food choices and 79.0% of teachers felt that the program was contributing to student learning (Figure 12). Similarly, 68.5% of teachers felt that the program was having a positive impact on students’ academic performance and 78.9% of teachers felt that school breakfast had become an important part of the educational process (Figure 12). Thus, a majority of teachers felt that the Patriot Breakfast Program had a positive impact on student learning.

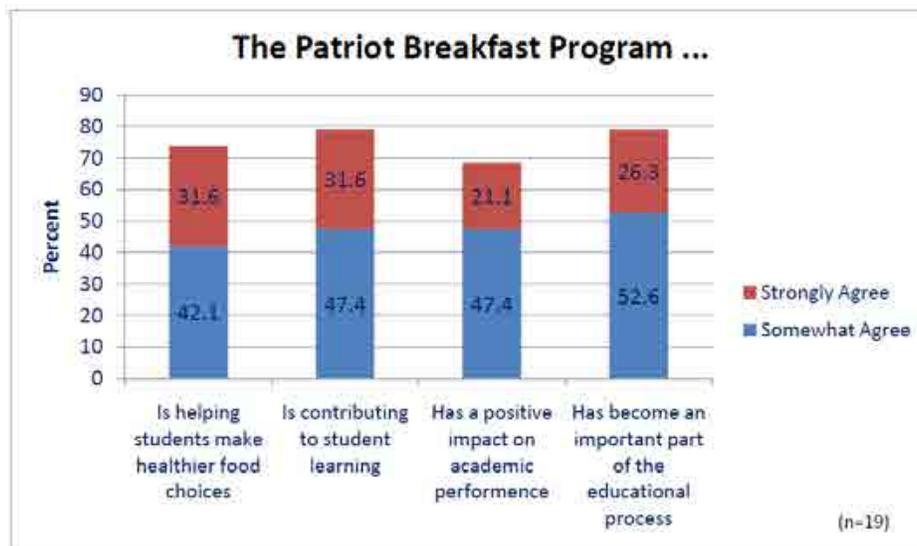


Figure 10. Reported effects of the Patriot Breakfast Program by teachers at 3-month follow-up

Most teachers felt that students were better able to pay attention to lessons throughout the morning (73.7%) and were in class on time for the start of lessons (68.4%), and that they had observed improvements in students classroom behavior (63.1%). These results are presented in Figure 13.

More than three-fourths of the teachers hoped that the program would continue (78.9%) and were satisfied with the program (84.2%). Thus, the Patriot Breakfast Program has strong support

among teachers across all grade levels for its perceived positive impact on student academic performance and classroom behavior.

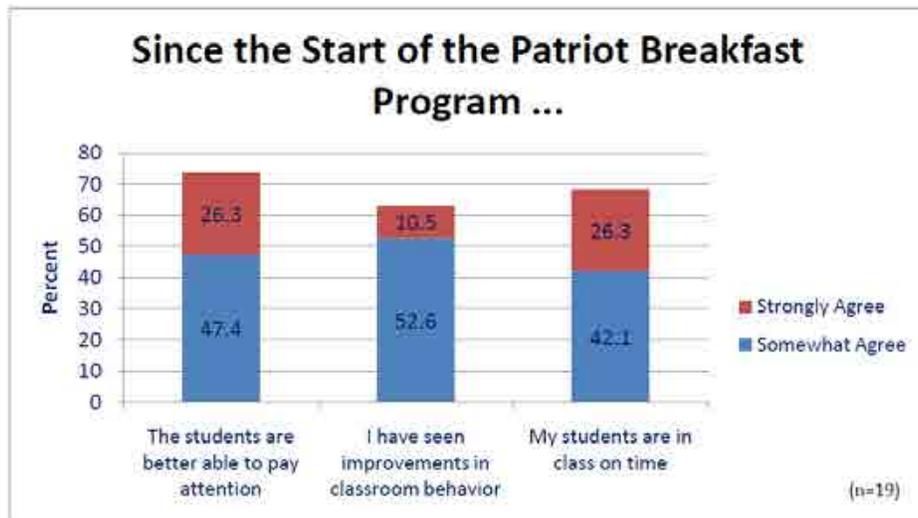


Figure 11. Reported effects since the start of the Patriot Breakfast Program by teachers at 3-month follow-up

The most successful aspects of the program cited by teachers included:

- All children being able to eat breakfast (n=7)
Sample comments: “They aren’t hungry anymore and I know everyone ate” and “I am able to make sure every student has had a healthy breakfast”
- Building/fostering a sense of community (n=4)
Sample comment: “Students enjoy having breakfast with their peers and teachers”
- Enabling children to quiet down and focus (n=3)
Sample comment: “My students are more focused on learning and less focused on their stomachs”
- Creating an opportunity for teaching manners and healthy eating habits (n=3)
Sample comment: “It promotes positive, healthy food choices—it teaches table manners”

Other comments addressed adequacy of portions and less waste, and not having to worry about being late or not having money.

Student responses after implementation of the Patriot Breakfast Program: All grade levels (3-Month)

Students were asked to rate their level of agreement with eight statements on a 5-point scale that were anchored on each end by either a smiling face (☺) or a frowning face (☹) with a neutral face at the midpoint (☺).



Figure 12. Sample student survey response regarding the perceived benefits of the Patriot Breakfast Program

The anchors were also worded such that a 1 corresponded to “Strongly Disagree,” a 5 “Strongly Agree,” and a 3 “Neither Agree nor Disagree.” Student responses (n = 371; response rate=87%) to these questions are graphically summarized in Figures 15 and 16. Most students (64.6%) reported feeling full after eating breakfast. In general, students liked the foods that were served for breakfast (79.6%) and liked eating breakfast in the classroom (84.8%). A majority of students felt that eating breakfast helped them to listen better in class (74.0%) and that skipping breakfast made it harder for them to do well in school (61.2%). Notably, 82.8% of students reported trying to eat healthier when at home and 81.4% hoped to be able to eat breakfast in the classroom next year.

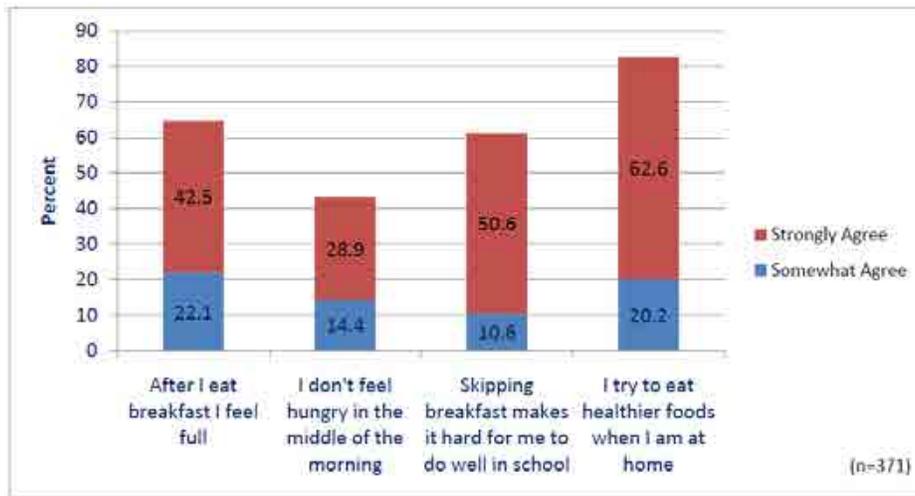


Figure 13. Patriot Breakfast Program student survey: 3-month follow-up for all grade levels

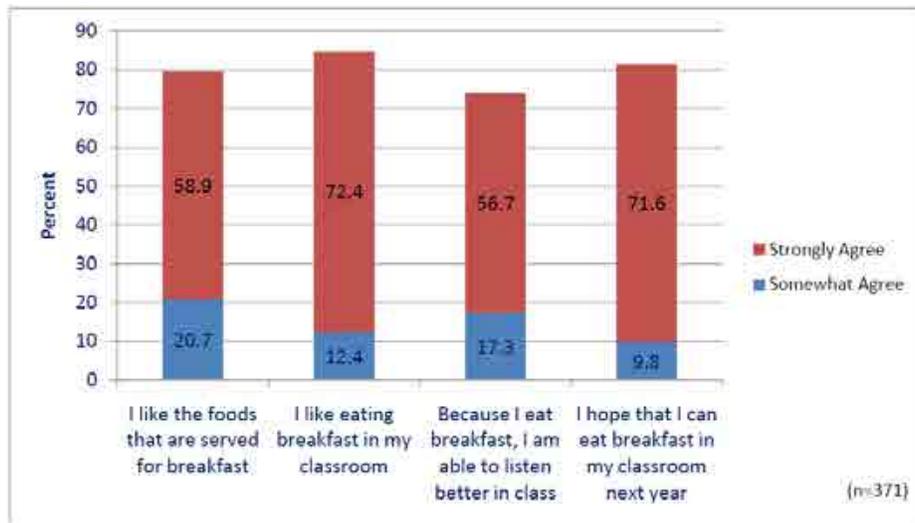


Figure 14. Patriot Breakfast Program student survey: 3-month follow-up for all grade levels

One-hundred ninety-two students (51.8%) provided narrative comments on the survey.

Students wrote that they:

- liked eating in the classroom;
- liked the food or choice of foods including the cereal, mini pancakes, pizza pockets, muffins, waffles, egg and cheese sandwich, French toast sticks, and quesadillas;
- liked eating with their friends and classmates; and
- stated it was better and less noisy than eating in the cafeteria.

In addition, students also cited as benefits:

- not needing to pay;
- the food is healthy;
- eating with the teachers;
- not being late to class from eating in the cafeteria;
- getting breakfast if there's not enough time to eat at home;
- feeling that it helped them to get better grades;
- that it helped them to concentrate and not fool around; and
- that they had more time on the playground.

In general, students from across all grade levels rated the Patriot Breakfast Program very favorably and expressed hope that this program continues to be offered next year. The anecdotal reports indicated that students particularly liked eating breakfast, specific food items as well as menu choices, "It's the best breakfast ever" with "yummy" "awesome" food; and liked the social aspects of eating in the classroom, "I like that the class gets to sit down and eat and talk to each other."

Parent responses after implementation of the Patriot Breakfast Program: All grade levels (3-Month)

Three-months after implementation of the Patriot Breakfast Program, parents were asked to respond to 12 statements about eating breakfast and the effects of the breakfast program. Parents rated their level of agreement with the statements based on a 7-point anchored rating scale with a 1 corresponding to "Strongly Disagree," a 7 "Strongly Agree," and a 3 "Neither Agree nor Disagree."

One-hundred thirty-seven parents from across all grade levels responded to the survey for a response rate of 32%. The data from this survey are summarized in Figures 17 through 20 below. A large proportion of parents felt that the Patriot Breakfast Program has made getting ready for school easier (78.1%), has made it easier for their child to eat breakfast every day (87.3%), and serves foods that are healthy for their child (93.4%). In addition, most parents believe that role modeling healthy dietary behaviors is important (96.3%), that the Patriot Breakfast Program is helping their child to make healthier food choices at home (82.3%), and that breakfast is an important part of the educational process.

Parents were asked ... Since the start of the Patriot Breakfast Program, if they saw improvements in their child's behavior at home (44.1%), if the child was eating fewer snacks after school (40.4%), and if the child was complaining of feeling hungry at school less often (55.5%). Finally, parents were asked, if most of the time, their child ate breakfast on Saturday and Sunday (87.3%

somewhat or strongly agreed). Parent were also asked if they hoped the school would continue to offer the Patriot Breakfast Program next year (97.1% somewhat agreed or strongly agreed) and about their overall satisfaction with the program (97.8% somewhat agreed or agreed that they were satisfied).

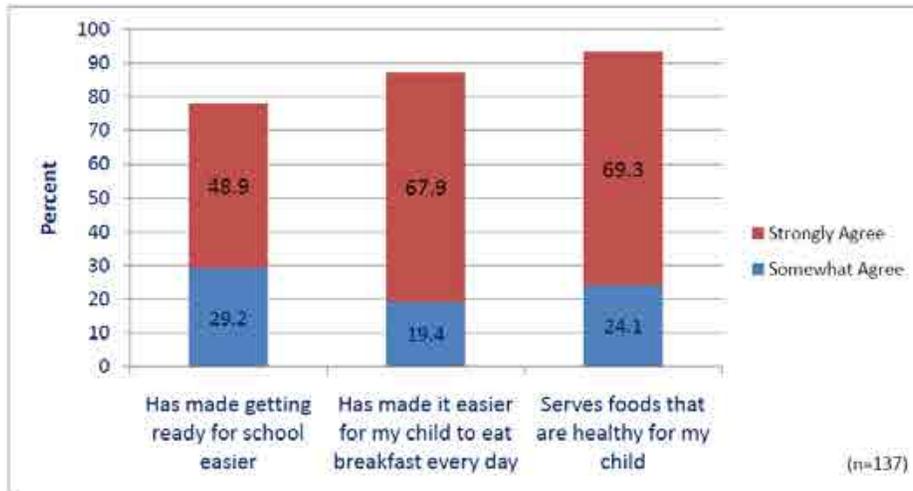


Figure 15. Parent responses to statements about the patriot breakfast program at the 3-month follow-up

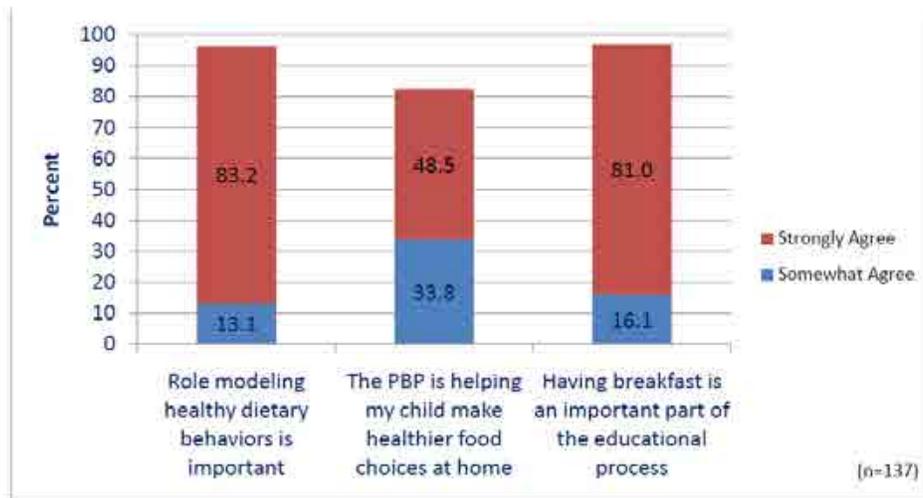


Figure 16. Parent responses to statements about the patriot breakfast program at the 3-month follow-up

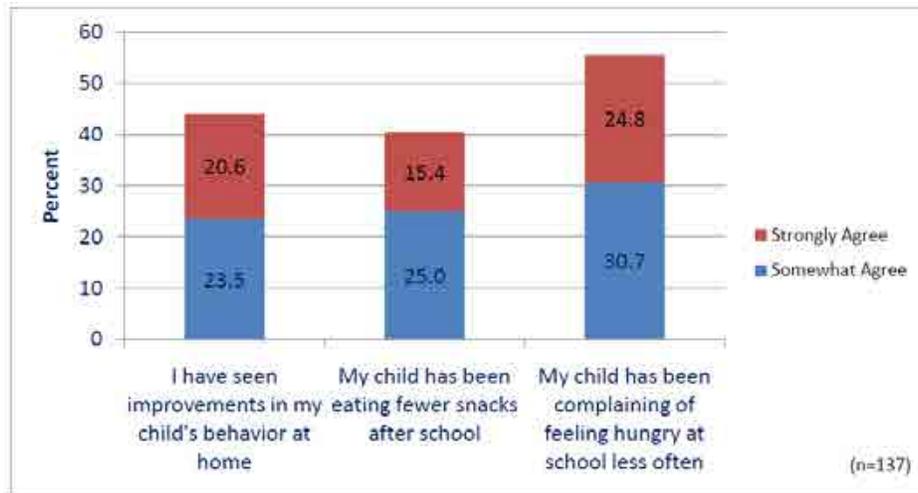


Figure 17. Parent responses to statements about the patriot breakfast program at the 3-month follow-up

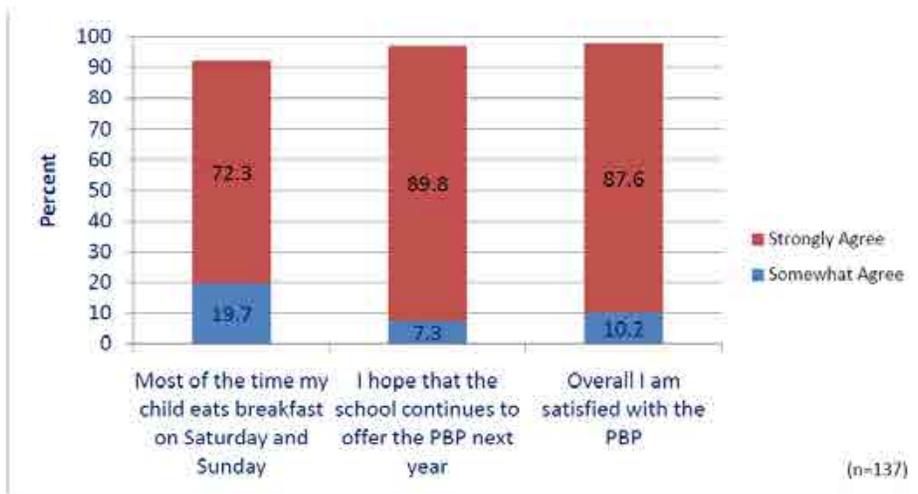


Figure 18. Parent responses to statements about the patriot breakfast program at the 3-month follow-up

Overall, since the start of the Patriot Breakfast Program, participation in the School Breakfast Program for the Woodrow Wilson School increased from 43% in October 2008 to 88% in October 2010. Nutrient analysis revealed that the new menu was lower in cholesterol and sodium, higher in vitamin C, and lower in saturated and total fat. Teachers, parents, and students felt the Patriot Breakfast Program had positive behavioral, social, cognitive, and health benefits. Evaluation results also indicated that the program did not interfere with the school day and more than 90% of stakeholders hope that the program continues to be offered.

Feedback from food service workers, custodial staff, and school teachers was obtained prior to, during, and after program implementation. The food service staff continues to strongly support the Patriot Breakfast Program. They feel that they are contributing to the well-being of the students and are helping them to learn better. Moreover, they have no reservations about continuing to offer the program next year. The principal continues to be a staunch supporter of the Patriot Breakfast Program as well. She recognizes the academic, social, behavioral, and health benefits of this program for all children, especially those from low-income families. She

plans to continue this program for the next academic year and is willing to encourage other elementary school principals to consider adoption of this meal program.

Identify Challenges and Barriers

Though the PSE change took some time to run smoothly and behavior change is not always easy, there have only been a few challenges encountered during implementation. For example, considerable attention is given to ensure that meal counts are correct and carts are double-checked against orders before they leave the kitchen. Despite this attention to detail, meal counts are occasionally an issue. If a cold meal is missing, a staff member can retrieve it from the kitchen. If a hot meal is missing, then regrettably, a cold meal is substituted as there is not enough time to prepare another hot meal item.



A request was made for an automatic hand sanitizer in the classroom. This important infection control item was installed in every classroom.

In addition, several teachers recommended deleting unpopular food items (waffles and “green” animal crackers), adding healthier foods/cereals, and offering fresh fruit every day. In most cases, modifications to the menu were made. One teacher’s suggestion was to start breakfast earlier, however because of union contracts and expense, an earlier start time was not feasible.



While most of the feedback required only minor corrective actions and did not impede progress, one obstacle delayed expansion of the program to other schools. The appropriateness of using teachers to distribute meals was questioned and there has been ongoing discussion of the teachers’ role in assisting with breakfast in the classroom. Because of the concerns that were raised and a strong desire to ensure the success of the program, further expansion was delayed. Instead, a universal breakfast program held in the cafeteria was implemented in all city elementary schools for the current (2010-2011) academic year. Testimony from stakeholders such as other teachers, parents, and students (Figure 21) has been effective in helping the program gain momentum and media events to share the program successes have been planned.

Obtaining some of the evaluation data has been challenging—specifically attendance, absenteeism, tardiness, visits to the school nurse, and disciplinary referrals. The value of these outcome measures must be weighed against the amount of staff time and effort needed to extract the information and any resistance that might result. Since these data are part of the permanent records maintained by schools, there is no urgency to pursue it at the present time. Because sustainability of the Patriot Breakfast Program is a top priority, the most effective strategy and beneficial use of time and energy to ensure institutionalization is highlighting the Patriot Breakfast Program’s successes and building support for its expansion.

Obstacles encountered exemplify the value of starting with small changes and expanding in an incremental manner. By piloting the program in one grade in one elementary school, any issues or concerns about preparation, delivery, ordering, or clean-up could be readily addressed with minor adaptations. By the end of three months the program ran smoothly in the second grade and was expanded to all grades in the same elementary school. This change created new challenges such as increased workload and more complex logistics. Most of these issues have also been resolved. An additional food service worker was hired and work schedules adapted to assure adequate staff for meal delivery. Although breakfast counts aren't always perfect, the program is running smoothly in this school.



When starting a new program, there is value in starting small, making modifications until processes run smoothly, and then expanding gradually.

Lessons Learned

The key elements that made implementation of the Patriot Breakfast program possible include:

- The power of administrative support, project leadership, and grass roots efforts in making a PSE change.
- The advantage of using a collaborative team approach to anticipate needs and manage issues related to changes in the food service delivery.
- The importance of communication among all stakeholders vested in the change.
- The value of recognizing the contributions of team members as often as possible.
- The usefulness of building support for expansion by creating success on a small scale.
- The significance of receiving “seed money,” sometimes from multiple funding sources, to launch pilot programs.

Communicate Results

Communicating with partners and stakeholders throughout the development and implementation of the Patriot Breakfast Program is important. Monthly meetings with the school team members and food service workers as well as the BC-SAH Coordinator and Program Evaluator helped to smooth initial program implementation.



Figure 19. Sample student testimony about the Patriot Breakfast Program that can be used in as a marketing strategy

The BC-SAH Program Evaluator collects data on PSE strategies and generates reports for special events such as the CDC site visit and for bi-annual reporting. BC-SAH Leadership Team members report highlights and showcase PSE strategies at BC-SAH Consortium meetings. The program highlights are conducted by lead by partners and this approach provides an opportunity for feedback from those who attend

including elected officials, community leaders, key stakeholders, and members of the community.

At a consortium meeting, Broome-Tioga BOCES gave an impressive audiovisual presentation on the progress and successes of the Patriot Breakfast Program. A success story has been written and was presented on a CDC SAH conference call to share with other SAH communities. The initial evaluation of the program has just been completed and plans are underway to present these results to the Binghamton City School Board, Broome County School Superintendents, and the BC-SAH Leadership Team and Consortium.

A fact sheet and a press release are in development. Fact sheets will be distributed at these presentations and made available on the Broome County Health Department website. Additional opportunities for wider dissemination are being explored including presentations at state and national meetings of professional organizations and publication in relevant peer-reviewed journals and lay press.

Much work remains in order to expand the program to all elementary schools in the district. Media attention and publicity of the Patriot Breakfast Program success should assist in garnering crucial support for program expansion. Another important factor in building support is the level of recognition and gratitude expressed both privately and publicly. Plans are also in progress to formally thank and recognize all those involved in making the program a success.

Identify Next Steps

The evaluation results for the Patriot Breakfast Program were highly favorable and feedback was positive. Therefore, BC-SAH plans to continue the Patriot Breakfast Program in the Woodrow Wilson Elementary school and expand it to all elementary schools in the Binghamton City School District over the next three years. The appropriateness of using teachers to distribute meals has been questioned and there has been ongoing discussion of the teachers' role in assisting with breakfast in the classroom. Because of the concerns that were raised and a strong desire to ensure the success of the program, further expansion of breakfast in the classroom has been delayed while this is figured out. Instead, a universal breakfast program held in the cafeteria was implemented in all city elementary schools for the current (2010-2011) academic year. Testimony from stakeholders such as other teachers, parents, and students (Figure 20) has been effective in helping the program gain momentum and media events to share the program successes have been planned.

Continue and Complete Sustainability Strategies and Evaluation Measures

Ongoing data collection and analysis is occurring to monitor the Patriot Breakfast program at Woodrow Wilson Elementary school. In addition, participation in universal breakfast is being tracked in the other Binghamton City School Districts. In addition, a cost-benefit analysis is also planned, especially in light of the increased expenditure for additional labor costs. Program efficiency, which is of particular interest to administrators, will also provide an important piece of evidence to support continuation and expansion of the Patriot Breakfast Program.



Cost-benefit analysis tools are available at:

http://dpi.state.wi.us/fns/pdf/sbp_cost_benefit_analysis.pdf

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Appendix A

Broome County Strategic Alliance for Health Consortium Key Stakeholders

* Leadership Team Members

** Patriot Breakfast Program Partners

Organization Name	Organization Role	Organization Type
*Broome-Tioga BOCES**	Implement the Breakfast in the Classroom Program and train classroom teachers in the Learning in Motion Curriculum	Community Based Organization
*City of Binghamton School District Staff and Faculty/ School Health Advisory Council Members**	Implement Breakfast in the Classroom and Learning in Motion	Academia/Education
*City of Binghamton School Board**	Governance of School Activities	Academia/Education
*City of Binghamton School Parent Teacher Association **	Link school to parents, families and school community	Academia/Education
Binghamton Metropolitan Transportation Study	Promote complete streets policy development and smart growth initiatives; educate policy makers and the public; promote active and public transportation	Professional Association/Government Organization
Alan Wilmarth- Former CDC Hero	Educate elected officials and the public about creating policy change that supports physical activity and nutrition	An individual
Greater Binghamton Chamber	Liaison to Broome County worksites, events, leadership institute and resources related to media	Business/Worksite Network
*City of Binghamton Planning Department	Provide expertise and technical advisement for complete streets policy development and smart growth initiatives	Government Organization
New York State Department of Transportation	Provide expertise and technical advisement for complete streets policy development and smart growth initiatives	Government Organization
*Binghamton University **	Create and carry out an evaluation plan for all objectives	Academia/Education
*Broome County Office for Aging	Enhance meals at senior centers and Meals on Wheel to include healthier foods	Government Organization
*Broome County Health Department **	Lead agency for Strategic Alliance Grant provided infrastructure, technical advisement, resources, guidance for all community interventions	Government Organization
*Broome County YMCA	Collaborate with worksites to implement worksite wellness programs/policies	Community Based Organization
Local Media	Inform community about importance of health related interventions, showcases successes of Patriot Breakfast in the Classroom	Private Sector
*Cornell Cooperative Extension of Broome County	Facilitate "Farm to Institution" initiatives and policies	Community Based Organization
*Rural Health Network	Community Gardens Inventory and policy	Community Based Organization
WSKG of Binghamton	Assist with media wellness promotion	Public Relations/Media
*United Health Services- Binghamton Pediatrics	Establish systems change to improve assessment, identification, and treatment of childhood obesity	Health Care Organization
*Lourdes Pediatrics	Establish systems change to improve assessment, identification, and treatment of childhood obesity	Health Care Organization
American Cancer Society	Collaborate with the YMCA on worksite wellness initiatives	Advocacy Group
American Heart Association	Collaborate on Healthy Heart Events	Advocacy Group
*Broome County Urban League	Liaison to African American community leaders, will provide education resources and expertise on issues for Broome County's African American community	Organization representing priority population
Broome County Government	Provide education regarding policy for menu labeling, trans fat bans, etc.	Government Organization
Broome County Legislator	Mobilize efforts from education to policy	Elected/Appointed Official
New York State Assembly	Mobilize efforts from education to policy	Elected/Appointed Official
Broome Tobacco Free Coalition	Collaborate to enact smoke free parks legislation	Government Organization

Appendix B Patriot Breakfast Program Evaluation Planning Matrix

EVALUATION PLANNING MATRIX

STAKEHOLDER	EVALUATION	PROCESS / OUTCOME MEASURES	DATA SOURCE	DATA COLLECTION
BOCES	Participation Rates (pre-post)	# and % enrolled in breakfast program by income # and % participating in breakfast program by income # and % enrolled in lunch program by income # and % participating in lunch program by income (income = free-reduced qualification status)	BOCES records	PRE: 2 years (by month & for year) POST: end of 3 months & end of school year (by month & for year)
	School Reimbursement (pre-post)	\$ reimbursed to school	BOCES records	PRE: 2 years POST: end of school year
	Program costs (pre-post)	\$ spent on breakfast program (pre) \$ spent to implement program (post) - cost of equipment - additional personnel costs - other	BOCES records	PRE: 2 years POST: end of school year
	Menu analysis (pre-post)	Menu items # calories % calories from fat Other macro & micronutrients Compliance with federal nutrition standards	BOCES records	PRE: 2 years POST: end of school year
	Student behavior (pre-post)	Attendance / Absenteeism Tardiness Discipline referrals # of morning visits to school nurse (other than scheduled medications)	School records	PRE: 2 years POST: end of school year
	Attitudes & Behaviors (post)	Feelings of hunger Ability to concentrate in class Frequency of eating breakfast (before & after) Frequency of skipped breakfast (before & after) Satiety after breakfast	Survey	POST: 3 months & end of school year
	Program effectiveness (post)	Satisfaction with program - Palatability of foods served - What is liked about program	Survey	POST: 3 months & end of school year

Appendix B Evaluation Planning Matrix (cont.)

EVALUATION PLANNING MATRIX

STAKEHOLDER	EVALUATION	PROCESS / OUTCOME MEASURES	DATA SOURCE	DATA COLLECTION	
Teachers & Teacher's Aides	Student performance & behavior (post)	Classroom behavior - complaints of hunger - readiness to learn - alertness & attention - hyperactivity & impulsivity - academic performance	Survey	POST: 3 months & end of school year	
	Impact on Teaching (post)	Sense of classroom community Ability to start class on time Inference with ability to teach Importance to the educational process	Survey	POST: 3 months & end of school year	
	Dietary behavior (post)	Frequency of eating breakfast (before & after) Frequency of skipped breakfast (before & after) Importance of role modeling healthy dietary behaviors	Survey	POST: 3 months & end of school year	
	Program planning (pre)	Concerns about program Satisfaction with preparation for program	Survey	PRE: prior to program implementation	
	Program implementation (post)	How well pre-implementation concerns were addressed Satisfaction with program Suggestions for improvement	Survey	POST: 3 months & end of school year	
	Level of support (post)	Support for continuation of program	Survey	POST: end of school year	
	Staff support (post)	Ability to generate support from custodial staff, teachers, and food service staff	Survey	POST: end of school year	
	Program effectiveness (post)	Impact on students Importance to the educational process Contribution to academic performance Effect on disciplinary referrals	Survey	POST: end of school year	
	Principal				

Appendix B Evaluation Planning Matrix (cont.)

EVALUATION PLANNING MATRIX

STAKEHOLDER	EVALUATION	PROCESS / OUTCOME MEASURES	DATA SOURCE	DATA COLLECTION
Food Service Staff	Program planning (pre)	Concerns about program implementation Preparation time for breakfast Duration of service for breakfast period Procedure for ordering Length of time for ordering	Survey	PRE: prior to program implementation
	Program implementation (post)	How well pre-implementation concerns were addressed Preparation time for breakfast Duration of service for breakfast period Procedure for ordering Length of time for ordering Suggestions for improvement	Survey	POST: end of school year
	Level of support (post)	Support for continuation of program	Survey	POST: end of school year
	Program planning (pre)	Trash disposal in cafeteria Concerns about program implementation	Survey	PRE: prior to program implementation
	Program implementation (post)	Trash disposal in classroom How well pre-implementation concerns were addressed Suggestions for improvement	Survey	POST: end of school year
	Level of support (post)	Support for continuation of program	Survey	POST: end of school year
Parents	Dietary & other behaviors at home (post)	Change in child's behavior at home Change in child's dietary choices at home (snacking behaviors & diet quality) Change in morning routine at home (getting ready for school) Frequency of eating breakfast (before & after) Frequency of skipped breakfast (before & after)	Survey Anecdotes	POST: 3 months & end of school year

Appendix B Evaluation Planning Matrix (cont.)

EVALUATION PLANNING MATRIX

STAKEHOLDER	EVALUATION	PROCESS / OUTCOME MEASURES	DATA SOURCE	DATA COLLECTION
Parents	Program effectiveness (post)	Ease of program participation Perception of nutritional quality Satisfaction with program	Survey Anecdotes	POST: 3 months & end of school year
	Level of support (post)	Desire to continue program	Survey Anecdotes	POST: end of school year

Appendix C Measurement Tools

PATRIOT BREAKFAST PROGRAM Provision 2 – Breakfast in the Classroom Teacher Survey (pre-implementation)

On an average week, about how many times per week do you ...	Number of times per week						
Eat breakfast?	1	2	3	4	5	6	7
Skip breakfast?	1	2	3	4	5	6	7

When you start your lesson in the morning, how would you rate ...	Not ready at all						Very ready
The students' readiness to learn?	1	2	3	4	5	6	7

When you start your lesson in the morning, how would you rate the students' ...	Not focused at all						Very focused
Ability to focus on learning?	1	2	3	4	5	6	7

During a typical school day, how would you rate the students' ...	Very distracted						Very attentive
Level of alertness and attentiveness?	1	2	3	4	5	6	7

During a typical school day, how would you rate the students' ...	Very calm						Very active
Level of hyperactivity and impulsiveness?	1	2	3	4	5	6	7

During a typical school day, how frequently do students complain of being hungry?	Not very often at all						Very often
	1	2	3	4	5	6	7

With the start of this new breakfast program, to what extent are you worried about ...	Not worried at all						Very Worried
Your ability to start class on time?	1	2	3	4	5	6	7
That the program will interfere with your teaching?	1	2	3	4	5	6	7

Please rate the extent to which you agree or disagree with each statement.	Strongly disagree				Neither agree nor disagree				Strongly agree
There is a strong sense of community among the students in my classroom.	1	2	3	4	5	6	7		
I believe that role modeling healthy dietary behaviors is important.	1	2	3	4	5	6	7		
I believe this breakfast program will contribute to student learning.	1	2	3	4	5	6	7		
When I heard that our school would be implementing a classroom breakfast program, I was hesitant about the program and concerned about the effect it would have on my teaching day.	1	2	3	4	5	6	7		

Appendix C Measurement Tools (cont.)

1. What concerns, if any, do you have about the Provision 2 Breakfast in the Classroom program?

2. Are you satisfied with the information/preparation that you have been given regarding implementation of the Provision 2 Breakfast in the Classroom program?

Yes No

If not, what information would be helpful?

Appendix C Measurement Tools (cont.)

PATRIOT BREAKFAST PROGRAM
Provision 2 – Breakfast in the Classroom
Teacher Survey (3-month)

On an average week, about how many times per week do you ...	Number of times per week						
Eat breakfast?	1	2	3	4	5	6	7
Skip breakfast?	1	2	3	4	5	6	7

When you start your lesson in the morning, how would you rate ...	Not ready at all						Very ready
The students' readiness to learn?	1	2	3	4	5	6	7

When you start your lesson in the morning, how would you rate ...	Not focused at all						Very focused
The students' ability to focus on learning?	1	2	3	4	5	6	7

During a typical school day, how would you rate ...	Very distracted						Very attentive
The students' level of alertness and attentiveness?	1	2	3	4	5	6	7

During a typical school day, how would you rate ...	Very calm						Very active
The students' level of hyperactivity and impulsiveness?	1	2	3	4	5	6	7

During a typical school day, how frequently do students complain of being hungry?	Not very often at all						Very often
	1	2	3	4	5	6	7

Please rate the extent to which you agree or disagree with each statement.	Strongly disagree	Neither agree nor disagree			Strongly agree		
There is a strong sense of community among the students in my classroom.	1	2	3	4	5	6	7
I believe that role modeling healthy dietary behaviors is important.	1	2	3	4	5	6	7
I believe the Patriot Breakfast Program is helping students make healthier food choices.	1	2	3	4	5	6	7
Since the start of the Patriot Breakfast Program, the students are better able to pay attention to lessons throughout the morning.	1	2	3	4	5	6	7

Appendix C Measurement Tools (cont.)

Please rate the extent to which you agree or disagree with each statement.	Strongly disagree			Neither agree nor disagree			Strongly agree
	1	2	3	4	5	6	7
Since the start of the Patriot Breakfast Program, I have seen improvements in student classroom behavior.	1	2	3	4	5	6	7
Since the start of the Patriot Breakfast Program, my students are in class on time for the start of lessons.	1	2	3	4	5	6	7
I believe that the Patriot Breakfast Program is contributing to student learning.	1	2	3	4	5	6	7
The Patriot Breakfast Program has cut into valuable class time.	1	2	3	4	5	6	7
The Patriot Breakfast Program interferes with my ability to teach.	1	2	3	4	5	6	7
The Patriot Breakfast Program has a positive impact on my students' academic performance.	1	2	3	4	5	6	7
School breakfast has become an important part of the educational process.	1	2	3	4	5	6	7
Before implementing the Patriot Breakfast Program, I was concerned about the effect it would have on my teaching day.	1	2	3	4	5	6	7
My concerns about implementation of the Patriot Breakfast Program were addressed.	1	2	3	4	5	6	7
I hope that the school continues to offer the Patriot Breakfast Program next year.	1	2	3	4	5	6	7
Overall, I am satisfied with the Patriot Breakfast Program.	1	2	3	4	5	6	7

What **concerns** do you **currently have** about the Patriot Breakfast Program?

What **suggestions** do you have for improving the Patriot Breakfast Program?

What do you think are the **most successful aspects** of the Patriot Breakfast Program?

Appendix C Measurement Tools (cont.)

PATRIOT BREAKFAST PROGRAM Provision 2 – Breakfast in the Classroom Student Survey (3-month)

On an average week, about how many times per week do you ...	Number of times per week						
Eat breakfast?	1	2	3	4	5	6	7
Skip breakfast?	1	2	3	4	5	6	7

Please rate the extent to which you agree or disagree with each statement.	Strongly disagree		Neither agree nor disagree		Strongly agree
					
After I eat breakfast, I feel full.	1	2	3	4	5
I like the foods that are served for breakfast.	1	2	3	4	5
I like eating breakfast in my classroom.	1	2	3	4	5
I don't feel hungry in the middle of the morning.	1	2	3	4	5
Because I eat breakfast, I am able to listen better in class.	1	2	3	4	5
Skipping breakfast makes it hard for me to do well in school.	1	2	3	4	5
I try to eat healthier foods when I am at home.	1	2	3	4	5
I hope that I can eat breakfast in my classroom next year.	1	2	3	4	5

What do you **like the most** about the Patriot Breakfast Program?

Appendix C Measurement Tools (cont.)

PATRIOT BREAKFAST PROGRAM
Provision 2 – Breakfast in the Classroom
Parent Survey (3-month)

Person completing survey: Mother Father Guardian Other

<u>Before</u> the start of the Patriot Breakfast Program, about how many times per week did you ...	Number of times per week						
Eat breakfast?	1	2	3	4	5	6	7
Skip breakfast?	1	2	3	4	5	6	7

<u>Since</u> the start of the Patriot Breakfast Program, about how many times per week do you ...	Number of times per week						
Eat breakfast?	1	2	3	4	5	6	7
Skip breakfast?	1	2	3	4	5	6	7

Please rate the extent to which you agree or disagree with each statement.	Strongly disagree	Neither agree nor disagree					Strongly agree
I believe that role modeling healthy dietary behaviors is important.	1	2	3	4	5	6	7
I believe the Patriot Breakfast Program is helping my child make healthier food choices at home.	1	2	3	4	5	6	7
Since the start of the Patriot Breakfast Program, I have seen improvements in my child's behavior at home.	1	2	3	4	5	6	7
The Patriot Breakfast Program has made getting ready for school easier.	1	2	3	4	5	6	7
Since the start of the Patriot Breakfast Program, my child has been eating fewer snacks after school.	1	2	3	4	5	6	7
Since the start of the Patriot Breakfast Program, my child has been complaining of feeling hungry at school less often.	1	2	3	4	5	6	7
Most of the time, my child eats breakfast on Saturday and Sunday.	1	2	3	4	5	6	7
I believe that having breakfast is an important part of the educational process.	1	2	3	4	5	6	7
The Patriot Breakfast Program has made it easier for my child to eat breakfast every day.	1	2	3	4	5	6	7
The Patriot Breakfast Program serves foods that are healthy for my child.	1	2	3	4	5	6	7
I hope that the school continues to offer the Patriot Breakfast Program next year.	1	2	3	4	5	6	7
Overall, I am satisfied with the Patriot Breakfast Program.	1	2	3	4	5	6	7

Appendix D Patriot Breakfast Program Logic Model

