EQUIMAP - EQUITY-FOCUSED IMPLEMENTATION MEASUREMENT AND ASSESSMENT OF POLICIES

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EQUIMAP - EQUity-focused Implementation Measurement and Assessment of Policies

Adaptation Guide

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INTRODUCTION TO TOOLKIT

Welcome to EQUIMAP - EQUity-focused Implementation Measurement and Assessment of Policies

Why was this toolkit created?

This adaptation guide was developed because there are very limited tools and resources available for understanding policy implementation beyond traditional measures of fidelity and compliance (i.e., how well was this policy adhered to?). Further, with the onset of the COVID-19 pandemic, a heavy emphasis was placed on issues of health equity and social justice by the public and those working in public health. Although this was well-intentioned, the accelerated focus on health equity and publications on this topic unintentionally overshadowed and potentially diluted the work of health equity scholars and experts (1, 2). As such, we conducted a 2-year policy implementation measurement development study, grounded in frameworks developed by health equity and implementation science scholars, to better understand how policies in schools may be implemented to address inequities in health behavior (3). As a result, survey tools were created for policy practitioners (i.e., teachers, staff, administrators) and policy recipients (i.e., students, parents/caregivers) to better answer questions related to how and whether policies are implemented well. This guide was created to enhance dissemination of these tools and minimize the need to "reinvent the wheel" so that those wishing to evaluate policies can focus on adaptation and refinement of existing tools, carefully developed and tested with policy practitioners and recipients.

Who funded this toolkit?

This adaptation guide was funded by the US National Institutes of Health National Cancer Institute (NCI) Consortium for Cancer Implementation Science (CCIS) public goods initiative. The Public Goods initiative was built to improve translation of evidence around the cancer care continuum and enhance adoption of evidence-based policies and programs.

How can I use it?

This toolkit can be used by research teams, state and local government officials, community health organizations, and other non-profit organizations to understand how public health policies are implemented through a health equity lens. This guide will provide an overview of the measurement development study conducted to build these evaluation tools and the steps for how they can be adapted to different policy contexts.

How can I cite this toolkit?

Please use the following citation when using this toolkit: McLoughlin, G. M. (2024). Understanding implementation of public health policies through a health equity lens: Adaptation guide for researchers and practitioners. *National Cancer Institute Public Goods Initiative*. **Link**

Where is the measurement development study published?

McLoughlin GM, Walsh-Bailey C, Singleton CR, Turner L. (2022). Investigating implementation of school health policies through a health equity lens: A measures development study protocol. *Frontiers in Public Health. 10*.10.3389/fpubh.2022.984130.

frontiers | Frontiers in Public Health

Study Protocol
30 November 2022
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Check for updates

OPEN ACCESS

Investigating implementation of school health policies through a health equity lens: A measures development study protocol

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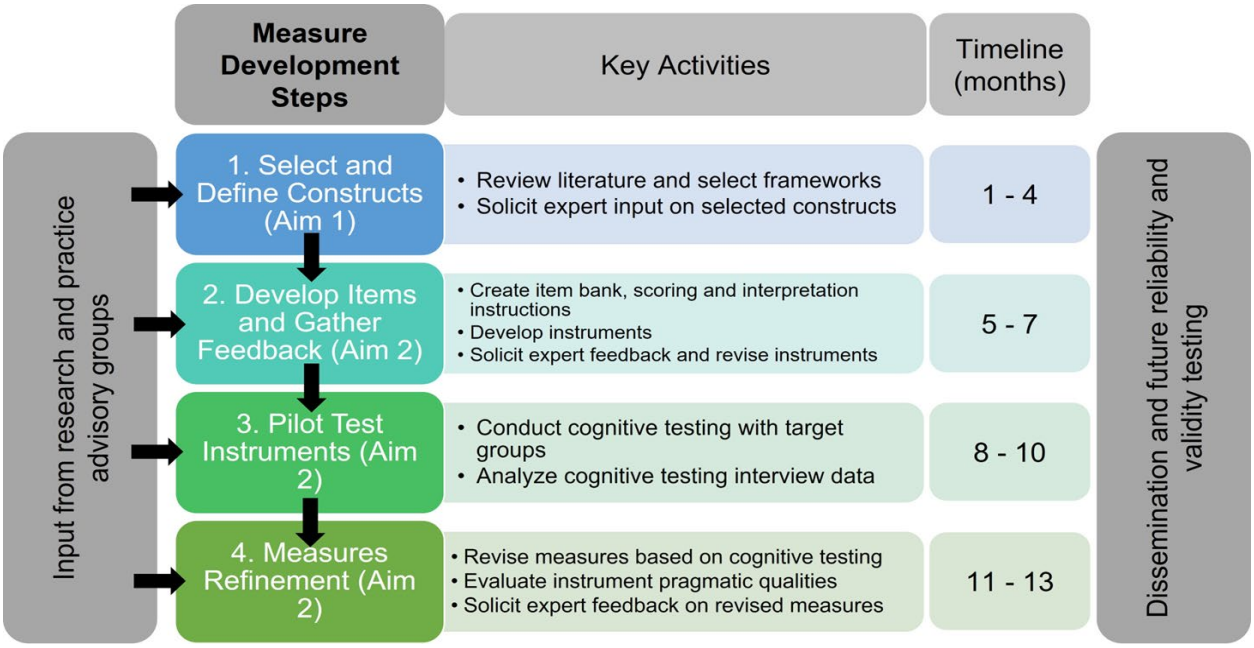
Overview of Policy Implementation Measurement Development Study

In 2022-2023, Dr. McLoughlin led a measurement development study to iteratively develop a series of surveys and interview guides for school health policy implementation (4), grounded in health equity and implementation science frameworks. This was in response to findings from an international systematic review which highlighted a lack of consideration for health equity in school health policy implementation measurement (5). The two primary aims of this study were to:

1) Identify key constructs related to equitable implementation of school health policies through a collaborative approach.
2) Create measurement tools for key implementation determinants, processes, and outcomes and establish face and content validity through review of the health equity literature and rigorous community engagement techniques.

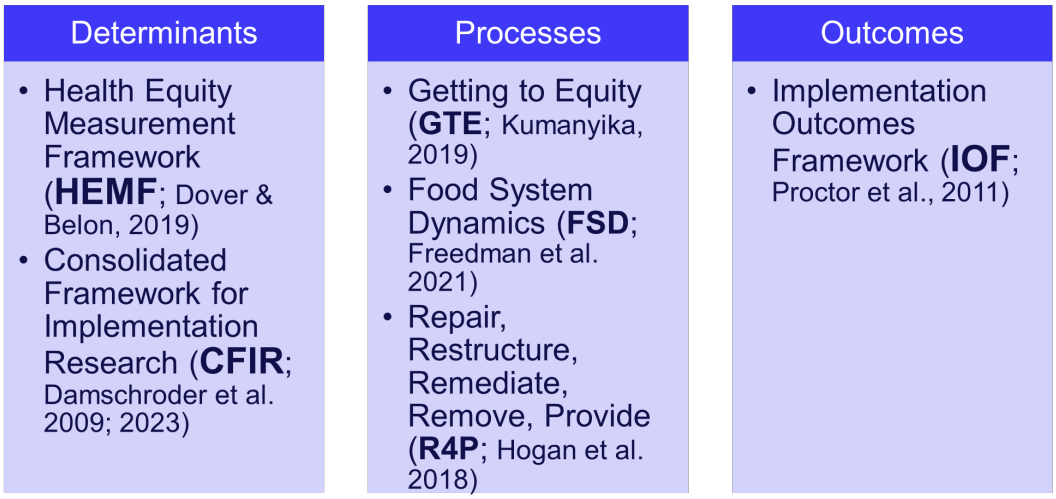
Figure 1 below outlines each stage of this study:



Aim 1 Methods

For the first aim, we recruited a nationwide sample of teachers, administrators, food service personnel, other staff, researchers/higher education, and representatives from anti-hunger organizations/other non-profits to complete a survey. This survey contained a bank of constructs derived from the health equity/disparities and implementation science fields, which the research team had chosen from many frameworks over several weeks of research and discussion. **Figure 2** below highlights the chosen frameworks and the different aspects of policy implementation they best correspond to.

Figure 2: Overview of theoretical frameworks guiding measurement development



Participants were asked to rate the level of importance of each domain and construct within these frameworks, ranging from "not important at all" to "very important" and including a NA option if the participant was unsure. Questions at the end provided participants with a space to suggest constructs/questions that the research team did not consider, discuss other issues in the school policy space, and provide any other insights as applicable.

Aim 1 Results

Table 1A shows the highest ranked constructs from the survey which signaled these were the most important factors to include in evaluation.

Table 1A: Highest ranked constructs from the survey.

Theoretical Framework	Construct	Mean Score
CFIR	Large-scale unanticipated events	4.6
HEMF	Socioeconomic, Cultural and Political Context	4.5
GTE	Provide Access to Healthy Options that Avoid Stigmatization	4.5
IOF	Fidelity/compliance	4.5
CFIR	Resources of Students/Families served by School/District	4.5
GTE	Reduce deterrents to implementing school policy and student access	4.4
HEMF	Individual or Collective Need for the Policy/Provision	4.4
IOF	Appropriateness	4.4
IOF	Adoption	4.4
HEMF	Cohesion and Trust among Teachers, Staff, and Students	4.4
HEMF	Existing Utilization of Health-Promoting Resources	4.4

Despite the relatively homogeneous rankings of constructs, the data did yield a small number that were consistently lower ranked (see Table 1B). As a result, the research team decided to remove these from consideration for measurement items (in Aim 2).

Table 1B: Lowest ranked constructs from the survey

Theoretical Framework	Construct	Mean Score
CFIR	Trust in Policy Source	3.965
CFIR	Relative Priority of Policy	3.939
GTE	Build School/District Capacity for Policy Implementation	3.841
CFIR	Psychological Stressors of Teachers, Staff, Students and Families	3.827
CFIR	Workplace Dynamics and Hierarchy within Schools	3.825

Aim 2 Methods

This aim sought to develop and test surveys for policy implementation through a method called cognitive interviewing, which relies on feedback from end-users and implementers on the measurement tools to ensure content and face validity. Based on findings from Aim 1, the research team spent 4-6 weeks going back to the literature, including articles which cited these frameworks, to find any previously developed and tested measurement tools. This process yielded a foundation for survey item development which allowed the team to deduce which constructs would be most appropriate for each participant group. The team worked to develop items where no prior questions had been developed/published before to create an initial survey for students, caregivers (i.e., parents), teachers, food service managers, administrators, and other staff (e.g., counselors, nurses).

Participants were recruited through a) contacting individuals who previously stated interest from the survey in Aim 1, b) all previously described channels in Aim 1 plus outreach within the School District of Philadelphia. From these recruitment efforts and screening for eligibility, we completed 23 interviews with the following participants:

- 5 students
- 3 caregivers/parents
- 5 teachers
- 7 foods service (2 school cafeteria managers and 5 district food service managers)
- 1 administrator
- 2 other staff (1 counselor and 1 nurse)

For cognitive testing, the main goal was to allow participants time to review the surveys (either before or during the interview) and give feedback on several aspects including wording of items, complexity, relevance to their role/identity, and look/feel of the survey. Data were analyzed with descriptive methods to generate mean scores of each item, followed by deductive methods by coding feedback received into two categories: easy or moderate/difficult. Feedback coded as easy included examples such as question wording or removing items, whereas moderate/difficult required a lengthier discussion among the research team to decide the best changes (if any) to make, given an unclear solution.

After 2 rounds of cognitive interviewing, a third and final version of the surveys for all participant groups was created and reviewed by the research team, consultants, and other experts in implementation science between June-August 2023. Feedback was integrated to enhance content and face validity.

Once the final measures were developed, pragmatic properties of each survey tool were calculated using previously established and peer-reviewed criteria from the Psychometric and Pragmatic Evidence Rating Scale (PAPERS)(6).

Aim 2 Results

Main findings from the cognitive testing phase are summarized in **Table 2**, showing the distribution of feedback categorized as "easy" (e.g., word change/removal, adjustment in meaning) or moderate/difficult (e.g., question is confusing and doesn't make sense to participant group), and the average change made by the study team in response to feedback.

Table 2: Overview of feedback provided by participants

Revision Type	**Student (N= # items)**	**Caregiver (N= #items)**	**Food service (N= #items)**	**Teacher (N= #items)**	**Staff (N= #items)**	**Admin (N= #items)**
Easy	18	15	90	64	29	3
Mod/difficult	16	15	22	28	15	0
Total	34	30	112	92	44	3
Average per participant	6.8	10	16	18.4	22	3

The primary themes of feedback encountered were:

1. Comprehension hinders completion – need to keep wording pragmatic and simple
    a. Much of the "easy" coded feedback pertained to words that were too long or "sophisticated" for people to understand. This meant that often the researchers had to explain the whole question to respondents
2. Control over policy implementation
    a. Overarching sense that participants did not feel in control over implementation of school meals
    b. Resulted in splitting out food service surveys into school-level and district level
    c. School teachers, students, and caregivers reported overall lack of input in school meals thus many questions felt irrelevant – introduced the "N/A" option instead of a "neutral" option
3. Grounded in theory but weren't conveyed well – more translation needed
    a. Important constructs from health equity frameworks did not land well with participants. Had to think carefully about translating the constructs to meaningful examples

Finalization of Surveys

Upon finalizing the surveys among the internal study team, we also consulted with implementation science experts in the following ways:

1) Dr. McLoughlin is a faculty scholar within the Institute for Implementation Science Scholars (IS2) based at Washington University in St. Louis and received feedback from faculty experts at the annual retreat, summer 2023.
2) The Policy Action Group as part of the Consortium for Cancer Implementation Science (CCIS) provided feedback on the surveys and guidance for the adaptation guide.

Once surveys were finalized, the language in the items was neutralized to be policy agnostic, (see **Appendix 1**). **Table 3** shows the calculated pragmatic scores for each of the measures, according to the PAPERS rating system (6).

Table 3: Pragmatic scores for each measurement tool

			PAPERS ratings					
	N of items	**Grade level**	**Brevity**	**Cost**	**Training**	**Interpretation**	**Readability**	**Overall PAPERS score**
Student	**31**	6.8	3	4	3	3	4	17
Caregiver	**35**	8.7	3	4	3	3	3	16
District Food service	**80**	5.8	2	4	3	3	4	16
School Food service	**59**	5.3	2	4	3	3	4	16
Teacher/Staff	**72**	6.8	2	4	3	3	4	16
Admin	**66**	7.4	2	4	3	3	4	16

The next section provides two options for how to adapt these survey tools. A brief or in-depth guide can be utilized, depending on the purpose of measurement and how much adaptation is needed.

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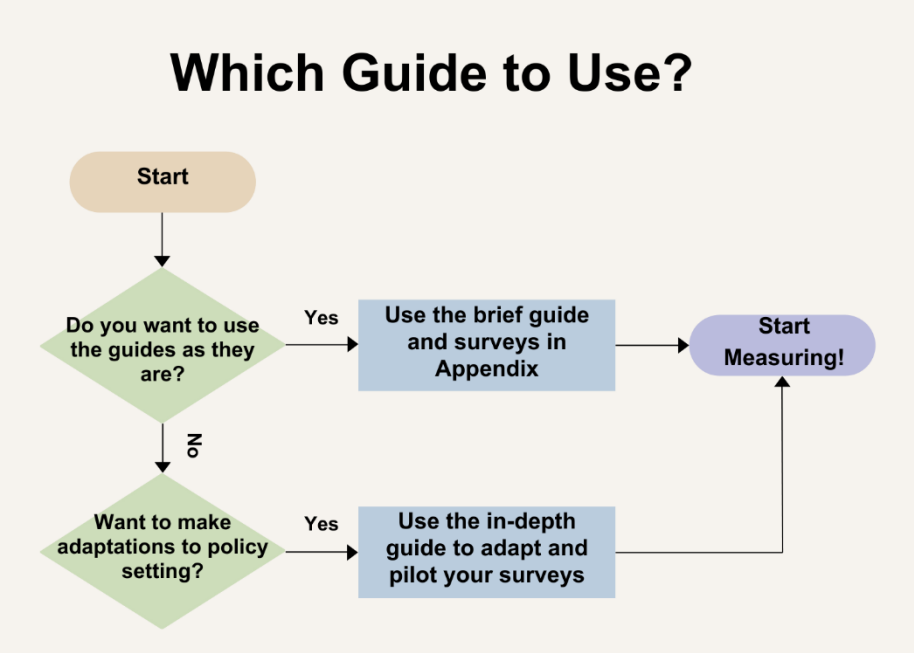
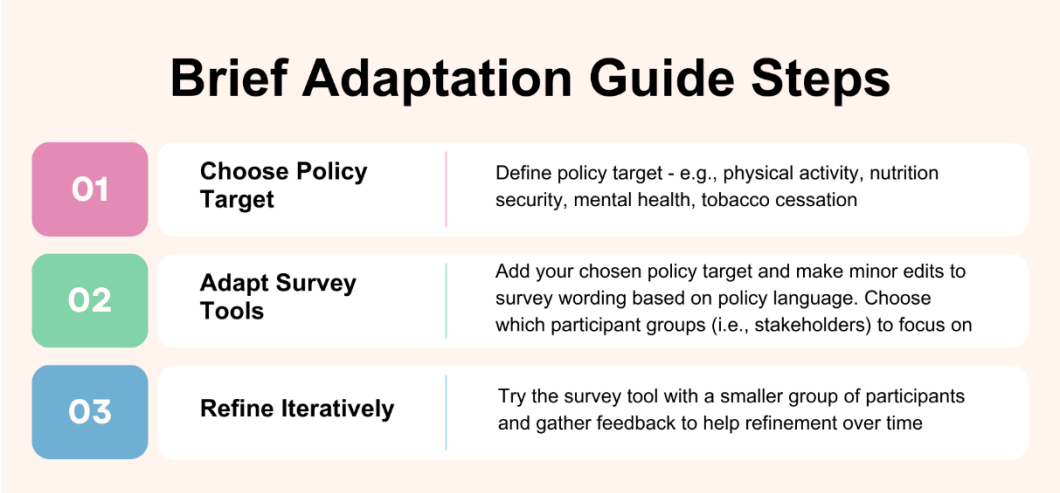
ADAPTATION GUIDE

For those wishing to review the guide and utilize the survey tools as they are/make minor edits, using the brief adaptation guide and appendix will be sufficient. For those wishing to pilot test their instruments, perhaps using them in a new setting (e.g., city department of public health, federally qualified health center), using the more in-depth guide is suggested. Below is a brief flowchart to illustrate this decision-making process.



Brief Adaptation Guide

The brief version of the adaptation guide has 3 primary steps, illustrated and explained below.



Step 1: Choose Policy Target

As these survey tools are developed to be policy-neutral, the first step is to decide as a research/evaluation team how best to define and operationalize the policy you wish to measure. This should then set the tone for editing the survey tools.

Step 2: Adapt Survey Tools

First, make edits to the survey tools based on policy target language. In the Appendix, the language regarding policies has been set to focus on the “program” for most participant groups, especially children/students and parents/caregivers, based on feedback from our measurement development study. This can be changed to “policy” if your team feels appropriate.

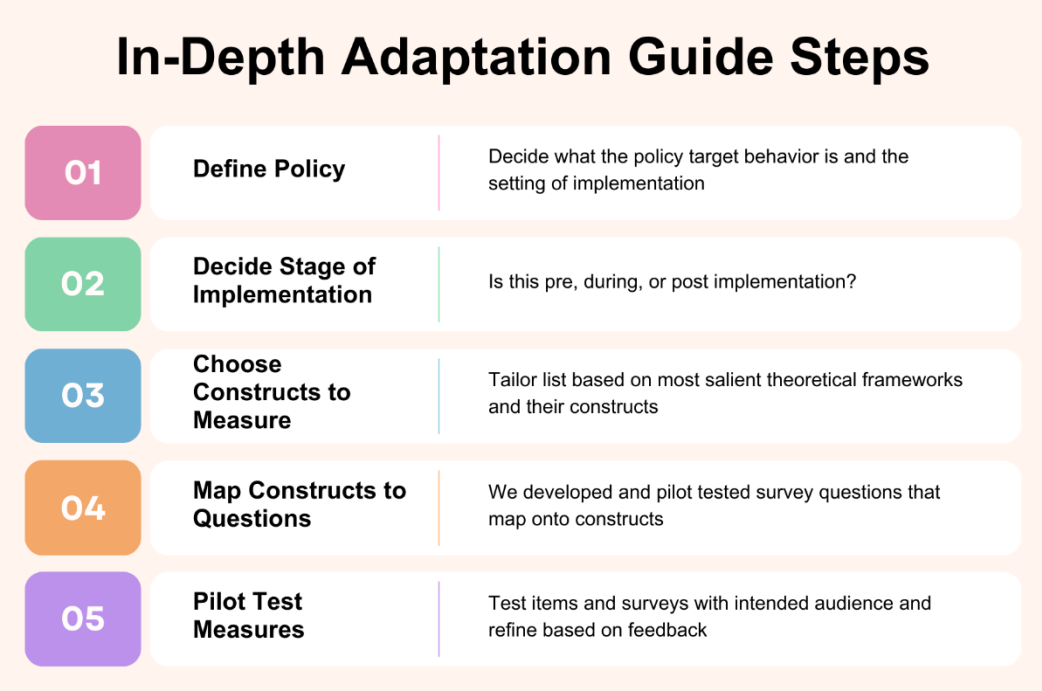
Second, decide which participant groups should receive the survey and tailor language for that participant group. As mentioned in the detailed adaptation guide (below) we developed these tools to use in school systems and therefore have separate surveys for students, caregivers/parents, teachers/school staff, and administrators/school leadership. This might not apply entirely to your evaluation, and depending on whether these surveys are recipient (i.e., student/parent) facing or practitioner/implementer facing (i.e., teacher, staff, administration), edits and refinements will need to be made to the language. Not all questions need to be used; you can refer to the Appendix materials to show how questions/survey items map onto specific theoretical frameworks.

Step 3: Refine Iteratively

Although we suggest doing some pilot testing with your chosen participant groups before using, this might not be necessary if only small adaptations are made to these survey tools or due to time/funding constraints. However, we do recommend obtaining feedback from initial respondents, whether it’s from open-ended questions at the end of the survey itself, or through informal conversations with participants at an appropriate time in the research process. This will support measurement refinement over time and ensure you’re asking the right questions around policy implementation.

In-Depth Adaptation Guide and Resources

This guide is divided into 5 steps for adaptation with full explanations and examples in each step.



Adaptation Step 1: Define the policy you are seeking to measure and the context of implementation

Policies can be enacted at the local (i.e., city, county), state, or national/federal level and this distinction has implications for how we measure its implementation. Further, the policy topic and setting are important factors to consider because this determines what would be best to measure and who to ask.

Example: A city-wide policy to adopt “Play Streets” to promote safe physical activity opportunity in built-up areas of the city, reducing road traffic and maximizing outdoor space (7)

Approach to measurement: As this is a city-level policy, it will be important to understand implementation from the perspective of city-level officials, neighborhood/local-level implementers, and end users. In addition, some initial understanding of disparities in the target behavior (i.e., physical activity) within the city/area of implementation is essential to guide the measurement approach.

Adaptation Step 2: Decide what stage of implementation (pre, during, post, or ongoing)

Given that measurement tools have been designed to understand a) the determinants (or potential determinants) to policy implementation, b) the processes and practices of

implementation as it's happening, and c) the outcomes of policy implementation. These aspects of implementation, while not temporally dependent, are distinctive and it may not be necessary (or appropriate) to measure each of these aspects of implementation. Therefore, if this is a new policy or a change in policy, it may be best to assess determinants of implementation prior to the processes and outcomes. If a particular policy or program has been in existence for a long time but there are implementation gaps, the determinants still need to be addressed along with the processes since implementation is happening in real time. Alternatively, if a pilot of this policy is launched, with the potential for wider adoption, specific outcomes such as acceptability and feasibility of the policy would be assessed along with determinants.

Adaptation Step 3: Choose constructs to measure which best fit the policy context

Decisions made in Step 2 to determine whether you wish to measure determinants, processes, and/or outcomes of policy implementation will help you with Step 3 which is choosing the constructs for measurement.

Each framework comprises multiple constructs, and **Table 4** breaks down the frameworks, their constructs (those selected for measurement development), and definitions. This will allow you to explore the different frameworks and their utility for measuring aspects of policy implementation within a chosen setting.

Try to start with a small number of constructs to measure (i.e., 4-5) especially if you plan to measure all 3 stages of implementation at the same time/data collection point.

Table 4: Guiding frameworks, constructs, and definitions.

Framework	Construct	Definition
Health Equity Measurement (Dover & Belon, 2019) **Determinant Framework**	Socioeconomic, Cultural and Political Context	The structure of the society and the socioeconomic, political, cultural, and functional mechanisms through which it operates. Includes government apparatus, political traditions, financial institutions, transnational corporations, labour markets, citizens' legal rights and obligations, and sociocultural values and norms, etc.
	Health Policy Context	The health system is a SDOH mitigating differences in exposure and vulnerability to health conditions through the provision of physically accessible, affordable, timely, and effective healthcare. The nexus of policies and decisions influencing Availability of health-promoting resources and a number of dimensions of health system quality, including Acceptability, Appropriateness, Safety, Effectiveness, and Continuity.
	Availability of Health-Promoting Resources	Represents the infrastructure and its corresponding organization for healthcare provision. It captures 1) the presence of health professionals, services, and supplies; 2) the existence and spatial location of physical infrastructure (e.g., facilities and ambulances); and 3) the health system's organizational characteristics, including waiting times and hours of operation.

	Social Stratification Process	The ways a society is hierarchically stratified, based on systematically unequal distribution of power, prestige, and resources, as well as discrimination. As Social Stratification is a process, it has only indirect effects on health there is no direct indicator to measure its impact on health.
	Social Location	The product of Social Stratification - the rank or position an individual is attributed to hold in a sociocultural and economic hierarchy within a society at a given time. This relational position is shaped by the interacting, intertwined influences of power relationships, access to resources, prestige, and discrimination.
	Material Circumstances	The financial means (income and material or intangible assets) allowing purchase and consumption for ensuring healthy, dignifying living conditions.
	Social Circumstances	Includes the concepts of social cohesion at the population level and social capital at the individual level. Social cohesion refers to the patterns of social interactions and values emerging from these relationships, such as trust and norms or reciprocity.
	Environment	Involves area-based measures and physical and social features of the space. Area-based measures can be at the aggregate or integral level. Aggregate measures refer to the composition of characteristics of people living in the same area (e.g., percentage of residents living below poverty line). Integral or global measures refer to contextual or group level constructs i.e., characteristics that cannot be reduced to the group of individuals (e.g., population density).
	Health Beliefs	Individual or collective perceptions of what influences health in a positive or negative way.
	Psychosocial Stressors	Any social, environmental, or external challenge that requires an individual to adapt to it. These stressors can be acute (e.g., a recent life event such as job loss) or chronic (e.g., continuous daily discrimination based on sexual identity).
	Need	Refers to either self-perceived or professionally evaluated Need to utilize Health-promoting Resources
	Utilization of health-promoting resources	Use (or lack thereof) of health-promoting resources from the public, private, and non-for-profit sectors.
CFIR (Damschroder, 2009; 2023) **Determinant Framework**		This domain captures perceptions of constructs specific to [the policy] being implemented. It is important for users to define the boundaries between [the policy] versus the strategies/process used to implement [the policy].
Innovation (policy) characteristics	Innovation Source	The group that developed and/or visibly sponsored use of [the policy] is reputable, credible, and/or trustable
	Innovation Evidence-Base	The policy has robust evidence supporting its effectiveness

	Innovation Relative Advantage	The policy is better or worse than other innovations or current practice
	Adaptability	The policy can be tailored, refined, or changed to fit local context or needs
	Innovation Complexity	The policy is complicated, which may be reflected by its scope and/or the nature and number of connections and steps
	Innovation Cos	The policy operating costs are affordable/ expensive
Domain: outer setting	Critical Incidents	Large-scale unanticipated events (e.g., pandemic, flood, largess in funding)
	Local Conditions	Socioeconomic (e.g., community affluence), sociocultural (e.g., racism, ableism), sociopolitical (e.g., governance), and socio-geographic (rurality, infrastructure) characteristics
	Partnerships & Connections	Networks and relationships between n[the Inner Setting] and entities in [the Outer Setting]
	Market Forces	Supply-demand, competition, and media factors
Domain: inner setting		Factors within the implementing system that may affect implementation, such as structure, culture, and the individuals involved in delivery.
	Structural Characteristics	Physical and social architecture, age, maturity, and size of an organization.
	Relational Communications	Nature and quality of formal and informal relationships within and across structural, professional, or other [Inner Setting] boundaries; nature and quality of formal and informal information sharing
	Culture	The culture related to the policy in question, and the collective attitude toward that policy
	Deliverer-Centeredness	Values, beliefs, and norms around caring, supporting, and addressing the needs and welfare of deliverer and/or recipient
	High-level leaders	leaders and managers are involved and provide visible support for implementing [the innovation]
	Relative Priority	[the innovation] is important to implement compared to other initiatives
	Available Resources	Perceptions of the degree there are sufficient resources dedicated to implementing and delivering [the innovation], including [insert text below], and how it may influence implementation success or failure.
Characteristics of Individuals		Quality and nature of [individuals]involved in implementing or delivering [the innovation] (knowledge, skills, intentions, etc.)
	A. Implementation Leader(s)	[the individual(s)] who lead(s) or champion(s) efforts to implement [the innovation]
	B. Implementation Team Members	[the individuals] who actively participate in or support the implementation team, including [deliverers] and [recipients] representing their broader peer group

	C. Opinion Leaders	[the individuals] who influence the attitudes and beliefs of their colleagues
	D. Implementation Facilitators	may include subject matter expert groups, [recipient]advisory boards
Getting to Equity (Kumanyika, 2019) **Process Framework**	Increase Healthy Options	Approaches that, if appropriately designed and implemented, can improve access to options for healthy eating and physical activity in socially disadvantaged communities; interventions that are core to many obesity prevention recommendations for environmental and policy change generally, and are particularly important from an equity perspective
	Reduce Deterrents to Healthy Behaviors	Focus on improving the balance of health-promoting and health-damaging exposures by decreasing messages promoting unhealthy foods or behaviors, making unhealthy options less afford-able, and otherwise reducing physical and social conditions that discourage healthy behaviors; identify opportunities to improve the balance of health-promoting and health-damaging exposures.
	Improve Social and Economic Resources	Specific attention to solutions that, although not directly focused on health, have well-documented effects on health, such as mitigating poverty and improving employment options, as well as improving social and housing conditions; involves identifying and using government and charitable programs that address hunger and food insecurity as well as social and economic programs such as those designed to alleviate poverty and address disparities in education, employment, housing, and legal protections.
	Build Community Capacity	Emphasizes the importance of community engagement, meaning directly involving community members in a process of reflecting on, selecting or designing, implementing, and evaluating outcomes of interventions with a health or resources focus. Includes the concept of in-creasing awareness of and receptivity to improved options for healthy eating and physical activity and other aspects of health and well-being (mobilizing demand) through increased health knowledge, food and nutrition literacy, exposure to campaigns that market healthy foods and active living options, and direct experiences with healthy products and activities.
Food system dynamics (Freedman, 2019) **Process Framework**	Meet basic food needs with dignity	Understanding that individuals have side hustles, and often 4need more money to meet basic food needs. Domain also includes emergency food assistance and the reinforcing loops stigma and stereotypes.

	Supply and Demand for Fresh and Healthy Foods	Includes feedback loops such as healthy food retail, job security, and food culture and norms. Store owners need to be motivated to sell fresh foods at market value. This is influenced by motivation of food store owners to supply fresh and healthy foods through market-based models, which is influenced by local food distribution infrastructure as well as consumer demand. This feedback mechanism is moderated by neighborhood investment for racial equity, such as lending strategies that offset operational costs for stores. Two reinforcing loops related to job security (R3) and food culture and norms (R4) reveal interdependencies between growth in supply of fresh and healthy foods with demand-side factors such as household financial capacity and food preferences.
	Community Empowerment & Food Sovereignty	Aimed at unpacking the meaning of food sovereignty defined as "the right of peoples to healthy and culturally appropriate food…and their right to define their own food and agriculture systems." Community power feedback loops represent collective power mobilized through social capital and policy engagement to transform the forces shaping community capacity to nurture dignified and flourishing lives through community-driven change.
R4P (Hogan, 2018) **Process Framework**	Repair	Assess experiences, attitudes, behaviors, and beliefs of disparity populations about the institution that have roots in the past, and may have bearing on willingness of or ability to engage with institution
	Restructure	Assess structures in the organization that maintain systematic exclusion of disparity populations; or provide advantage/ privilege to others at the exclusion of disparity populations (Sources of "insults"; structures that continue to create risk for some populations)
	Remediate	Assess needs for protection of individuals in disparity populations against existing insults, protections that need to be in place until the insult can be structurally removed
	Remove	Identify Structures, attitudes, beliefs, practices or experiences specific to "Race/ethnicity", low SES or gender that confer disadvantage to these populations
	Provide	Focus on HOW services of the organization are implemented from a qualitative standpoint. Culturally, and economically feasible delivery of services, that accommodates all gender roles and responsibilities, along with providing the required resources and environmental supports, so that it is the easiest option for people to choose and take advantage of to achieve equity
Implementation Outcomes Framework (Proctor et al., 2011) **Outcomes Framework**	Acceptability	Perception among implementation stakeholders that a given treatment, service, practice, or innovation is agreeable, palatable, or satisfactory

	Adoption	The intention, initial decision, or action to try or employ an innovation or evidence-based practice
	Appropriateness	Perceived fit, relevance, or compatibility of the innovation or evidence-based practice for a given practice setting, provider, or consumer; and/or perceived fit of the innovation to address a particular issue or problem
	Feasibility	The extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting
	Fidelity/Compliance	Degree to which an intervention was implemented as it was prescribed in the original protocol or as it was intended by the program developers
	Reach/Penetration	Integration of a practice within a service setting and its subsystems
	Sustainability	the extent to which a newly implemented treatment is maintained or institutionalized within a service setting's ongoing, stable operations
	Cost	the cost impact of an implementation effort; cost of implementing an intervention depends upon the costs of the intervention, the implementation strategy used, and the location of service delivery.

Adaptation Step 4: Map constructs to questions and tailor to policy context

Based on the constructs chosen in Step 3, refer to **Appendix 2** which shows how the constructs are linked to questions and items that can be included in survey measures. In the column: "Participant Facing Item and Description (Survey)" a more "lay" description of the construct is provided along with an example question that could be asked in evaluating implementation. The columns "Implementer-Facing Survey Question (tested)" and "Recipient-facing Survey Question (tested)" refer to questions that were tested during qualitative interviews with implementers and recipients (see Aim 2 methods and results for more information).

An example of how to use this step is below:

Framework: Health Equity Measurement Framework

Construct: Social Stratification Process

Item tested for implementers: "The (policy provision) takes the beliefs of teachers into account".

Possible adaptation: My company's tobacco/smoking policy takes the beliefs of employees into account".

Please note that some constructs have multiple items, and while it's important to obtain internal validity of measures, we have taken a more equity-informed approach to these tools and thus placing more emphasis on items that are appropriate for end users and implementers. Feel free to add additional items which may ask about similar aspects of the construct and test them out in your own sample to obtain psychometric data.

Adaptation Step 5: Pilot test measures with 1) experts in the policy context and 2) implementers and end-users

This last step is for when you're ready to test your evaluation items with experts in your specific policy area (i.e., nutrition, physical activity, tobacco cessation, mental health, or other areas of primary prevention of cancer. For the first pilot step, we recommend the following actions:

1. Gather a small group of experts who are working in the same or similar policy areas to provide feedback on the questions in your surveys/instruments. For this purpose, we recommend at least 8-10 individuals with a variety of experiences. They can review the questions/items and provide content-based feedback based on their work in primary prevention/community health promotion.
2. Gain input from implementers and end users. Although feedback from experts such as researchers working in the policy field is helpful, we strongly recommend pilot testing these instruments with your specific community/participant base. In our protocol paper (CITE), we followed guidance from experts in measurement development (CITE) to "test" these measurement items with implementing individuals (i.e., teachers, food service providers, other staff, and administrators) and end users/recipients (i.e., parents, students). In appendix 3 we provide our interview guide which outlines procedures we took to test these items, using a combination of pre-interview survey completion and commenting and during-interview feedback.
3. Choose what specific feedback you'd like to receive and how you want to ask these questions. Below we provide an abbreviated list of prompts in several categories that could be used when gaining feedback from participants. These could be a good starting point for planning out your interview guides and feedback approaches.

Table 5: Probes for pilot testing instruments

Type of Probe	Example
Paraphrasing	Can you please tell me in your own words what this question is asking? (alternative wording: what do you think this question is getting at?)
General	How hard was this question to answer? How well do you think the response options fit this question?
Specific	I see you answered (response). What was your process for coming up with your answer to this question?
Comprehension /Interpretation	What does the word "stigma" mean to you? Is there a better word we should be using here?
Spontaneous	Interesting point, could you elaborate? What would this look like for a teacher, administrator, parent, etc.?

Conclusion

This guide is and should be considered as merely a starting point for researchers, policy implementers, and other interested groups to use to guide their evaluation. We hope that this will avoid unnecessary work in finding frameworks to guide implementation, finding appropriate

survey items, and testing these with policy practitioners (those tasked with implementation) and recipients (those who are receiving the policy/provision). As theoretical frameworks are developed and new ideas emerge, it is a goal to update this guide to maintain utility and relevance over time. We welcome new ideas, suggestions, and application case examples of how this guide has been utilized in evaluation of policies targeted at primary prevention of cancer.

Positionality Disclosure

Given the nature of this work, we believe it important to reflect on and pose our positionality and how it shapes the perspectives we bring to this project. Reflexivity informs positionality, thus we take a reflexive approach to self-assess our views and positions and how these may direct the design, execution, and interpretation of this study and its results (8). As researchers, we must recognize the positions of power and privilege we hold and their impact on each aspect of this study. Such reflexive process takes time and patience, and the understanding that a positionality statement is fluid and may change over time as researchers become more embedded in their work. Below is the positionality for Dr. McLoughlin and how their positionality influences their work.

Dr. Gabriella M. McLoughlin (she/her/hers) is a licensed K-12 teacher and a first-generation college graduate. She has lived experience of food insecurity, overweight/obesity, and fluctuating household income; these experiences fueled passion and motivation toward addressing issues of hunger and food insecurity in youth. She is also passionate about supporting school-level initiatives to build and sustain health promoting programs, and constantly approaches issues from a practitioner standpoint. She identifies as white and cis gender with no physical or intellectual disabilities, which also represent positions of power within society. These positions provide a privileged viewpoint and may influence the design, execution, and interpretation of this study. Accordingly, it is imperative to constantly reflect on each decision regarding study design and development of partnerships, ensuring that a true collaborative approach is adopted with local school districts and organizations, and that their voices are equitably reflected in each part of the research process.

Appendix

Appendix 1: Survey tools for students, caregivers/parents, teachers/school staff, and administrators

Student Survey

The purpose of this survey is to gather student input on factors that might influence how a program is put in place at their school. There are no right or wrong answers, we are interested in your opinions.

(insert policy – specific language here)

Section 1

This first section asks about factors that might influence how a program is implemented or carried out at your school including asking for student input, considering different needs and backgrounds of students, and how you learn about the program.

1. For each of the following items, select the option that best fits your response.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = not applicable or don't know

	1	2	3	4	N/A
The (insert policy) takes the views of students into account					
The (insert policy) takes the culture of the local area into account					
The (insert policy) takes the racial and ethnic make-up of the district into account					
The (insert policy) takes multiple languages of students and families into account					
All students have an equal opportunity to receive the benefits of the (insert policy)					
Student voices are included in this program					
Family voices are included in this program					
(insert policy) implementation is adjusted to the specific needs of students and their families					

2. Are there any opportunities for you to learn about the (insert policy) and be involved? Yes / No

If so, how does this look? (select all that apply)

- Surveys
- Open question submissions
- After school information sessions
- Being part of a committee
- Other (please describe)

Section 2

This section asks about *how* the program is being carried out and your experiences of participation in (insert policy).

3. **For each of the following items, select the option that best fits your response**

Options 1= not at all, 2= not very 3= somewhat, 4 = very/a lot, N/A= not applicable or don't know

	1	2	3	4	N/A
Does feeling embarrassed about receiving (insert policy) impact your access to (insert policy)?					
Does feeling embarrassed about receiving (insert policy) impact your decision to participate in (insert policy)?					
Do you think that (insert policy) is healthy?					
Do you think that (insert policy) fits your culture?					
Do you think that the (insert policy) makes students from different cultures feel included?					
Do you think you have a say in what (insert policy-related items) are included in this program?					
Do you think this program helps you be ready for learning?					
Do you think the school prioritizes (insert policy-related activities) that are healthy?					
Do you think as though the community is brought to the table to have a voice in the (insert policy)?					

These next questions ask about the impact of the school meals program from your perspective.
When we say "low-income", this means students who cannot afford (insert policy) themselves.

4. **Our (insert policy)...**

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = not applicable or don't know

	1	2	3	4	N/A
Helps the low-income students in my school access (insert policy target provision or outcome)					
Helps students at my school who are struggling with (insert issues related to not receiving the policy)					

Gives (insert policy provision) that are enough to reduce (above issues) of low-income students					
Ensures that (insert policy provision) is culturally appropriate					
Ensures that (insert policy provision) meet various religious customs					
Reduces students' feelings of being singled out for receiving (insert policy provision)					
Empowers the students to provide input on (policy)					
Supports other community programs such as (insert related policies)					

Short Answer questions:

5. What are some ways in which systems or programs in your school disadvantage students who are from less fortunate backgrounds (such as low income or from a racial/ethnic minority)?
6. How might your school need to adapt the program to better fit the needs of students?
7. How can students in non-white racial or ethnic groups be better considered in (policy provision) offered by the school?
8. What barriers or challenges make it harder to access the (policy)?
9. How would you want to see these challenges fixed or addressed?

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Caregiver Survey

The purpose of this survey is to gather parent/guardian/caregiver input on factors that might influence how wellness programming is put in place at your child's school. There are no right or wrong answers, we are interested in your opinions.

(insert policy – specific language here)

Section 1

This first section asks about factors that might influence how a program is implemented or carried out at your child's school including asking for student input, considering different needs and backgrounds of students, and how you learn about the program.

1. For each of the following items, select the option that best fits your response.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = not applicable or don't know

	1	2	3	4	N/A
The (insert policy) takes the views of students into account					
The (insert policy) takes the culture of the local area into account					
The (insert policy) takes the racial and ethnic make-up of the district into account					
The (insert policy) takes multiple languages of students and families into account					
All students have an equal opportunity to receive the benefits of the (insert policy)					
Student voices are included in this program					
Family voices are included in this program					
(insert policy) implementation is adjusted to the specific needs of students and their families					

2. Are there any opportunities for you to learn about the (insert policy) and be involved? Yes / No

If so, how does this look? (select all that apply)

- Surveys
- Open question submissions
- After school information sessions
- Being part of a committee
- Other (please describe)

Section 2

This section asks about *how* the program is being carried out and your experiences of participation in (insert policy).

3. **For each of the following items, select the option that best fits your response**

Options 1= not at all, 2= not very 3= somewhat, 4 = very/a lot, N/A= not applicable or don't know

	1	2	3	4	N/A
Does feeling embarrassed about receiving (insert policy) impact your child's access to (insert policy)?					
Does feeling embarrassed about receiving (insert policy) impact your child's decision to participate in (insert policy)?					
Do you think that (insert policy) is healthy?					
Do you think that (insert policy) fits your culture?					
Do you think that the (insert policy) makes students from different cultures feel included?					
Do you think you have a say in what (insert policy-related items) are included in this program?					
Do you think this program helps your child be ready for learning?					
Do you think the school prioritizes (insert policy-related activities) that are healthy?					
Do you think as though the community is brought to the table to have a voice in the (insert policy)?					

These next questions ask about the impact of the school meals program from your perspective.
When we say "low-income", this means students who cannot afford (insert policy) themselves.

1. **My child's (insert policy) program...**

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = Not applicable or don't know

	1	2	3	4	N/A
Helps the most socioeconomically disadvantaged students in your child's school access (provision)					
Ensures greater access to (insert health outcomes for those most vulnerable (e.g., low income, food insecure)					
Ensures that (items in provision) meet various needs (e.g., culturally appropriate)					
Reduces student stigma associated with receiving (provision associated with policy)					
Empowers students and families to provide input on (policy provision)					

Includes communication practices that reflect community needs (e.g., language, communication methods are appropriate)					
Adapts its (policy provision) or how they are implemented depending on the need of individual students within this school					
Is related to/promotes other wellness initiatives at my child's school (I.e., physical activity, mental health)					
Is related to assistance programs within the school-community context (I.e., counseling, transportation, safety)					

Short Answer questions:

4. What are some ways in which systems or programs in your child's school disadvantage students who are from less fortunate backgrounds (such as low income or from a racial/ethnic minority)?
5. How might your child's school need to adapt the program to better fit the needs of students?
6. How can students in non-white racial or ethnic groups be better considered in (policy provision) offered by the school?
7. What barriers or challenges make it harder to access the (policy)?
8. How would you want to see these challenges fixed or addressed?

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Teacher/School Staff Survey

The purpose of this survey is to gather your input on factors that might influence how a program is implemented or carried out in your school/district. There are no right or wrong answers, we are interested in your opinions.

(insert policy-related language here)

We adopt the following definition of health equity by Braveman and colleagues (2017)
"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Please take this into consideration when answering the questions in this survey.

Section 1

This first section asks about factors that might influence how the (insert policy) is implemented or carried out at your school.
Has your school adopted the (policy) Select one response below:

Y / N / Unsure

If N/Unsure - skip to next section

About the Program:
For each of the following items, select the option that best fits your response.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
This program creates more equitable (policy provision) access in my school					
This program increases the quality of (policy provision) our school provides to students					
This program improves the (insert target health outcome) status of students who lack consistent access to (policy provision)					
This program improves health outcomes among students at greatest risk for (insert adverse health outcome addressed by policy)					
It is/was difficult for me to learn the requirements of the program					
It is/was difficult to provide culturally appropriate (policy provision) that meet the program requirements					
Providing foods that comply with the program requires substantial changes to (policy provision systems)					

Overall, it is/was complicated for me to implement this program in a way that equitably benefits all students					
Complying with this program requires more work than can be accomplished with current resources available to our school					

Implementation Leadership:
For each of the following items, select the option that best fits your response. "Implementation team" refers to school and district employees who are involved in efforts to (insert policy). This could be individuals not directly involved such as teachers, administration, other staff, and students.

Does your school have an implementation team?

Y / N / Unsure (if no, skip to next section)

For each of the following items, select the option that best fits your response.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
Staff across schools discuss best practices to improve equitable implementation of the (policy)					
The implementation team depends on members with varying roles (e.g., teacher, mental health professional, nutrition staff, parents, etc.) to implement specific activities related to the program					
The implementation team consults with members who have a variety of perspectives about how to address the needs of students					
Working with implementation team members who have different perspectives results in new ways to implement this program					
The implementation team welcomes new ideas about how to promote healthy behaviors among students					
Implementation team members focus on understanding the perspectives of others rather than promoting their own specific opinions					
The Implementation team works together to resolve problems among members					
The Implementation team incorporates feedback about the program implementation process					
The Implementation team informally and/or formally evaluates how they work together					

School Leadership:

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
School leadership (I.e., principal, assistant principal) advocates for a focus on equity in (policy provision)					
My principal involves/involved school staff throughout the program implementation process					
My principal has taken an active role in the implementation of this program					
Information about this (policy provision) is easily accessible					
My school is prepared to provide for the diverse (policy health target) needs (I.e., religion, cultural, allergies/intolerances) of students					
Staff and leadership at our school have the necessary capacity/bandwidth to implement this program					

Community Context
For each of the following items, select the option that best fits your response.
Options: 1= not often at all, 2= not very often, 3= neutral, 4= somewhat often, 5= very often

	1	2	3	4	5
How often is student input incorporated throughout the process of implementing this program?					
How often is the program implementation adapted to the specific needs of students and their families (e.g., preferences based on culture, [policy provision] adhering to religious customs)?					
How often are implementation plans reviewed and updated?					
How often does the implementation process incorporate existing resources of students and families?					

22. Whose opinion influences your peers the most when considering whether to implement a new program or practice in your school?

- ❑ another teacher
- ❑ food staff person
- ❑ Principal/assistant principal
- ❑ other administrator
- ❑ Students
- ❑ caregivers/parents

- ❑ other (specify)

Political and Societal Context of this program

23. For each of the following items, select the option that best fits your response.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
There are procedures in place that promote, enforce, and monitor the equitable delivery of (policy provision)					
There are funding conditions in place regarding (policy provision) allocation to underrepresented student populations (I.e., racial/ethnic minority, low-income, other demographic factors)					
My school has an evaluation and/or data monitoring plan to assess inequities in student health (e.g.., [insert target policy health outcomes])					
My school engages community members in obtaining feedback regarding (policy provision)					
Community partners are engaged in the implementation of this program					
The (policy provision) takes the views of students into account					
The (policy provision) takes the beliefs of parents into account					
The (policy provision) takes the beliefs of teachers into account					
The (policy provision) takes the beliefs of administration into account					
The (policy provision) takes the culture of the local area into account					
The (policy provision) takes the racial and ethnic make-up of the district as a whole into account					
The (policy provision) takes linguistic preferences of students and families (e.g., English Language Learners) into account in all communications about school meals					
The program is aligned with the mission and goals of my school/district					

Section 2

This section asks about *how* the program or program is being implemented

When we say "Stigma or "stigmatized" this can also mean feeling embarrassed or isolated because of taking part in a particular program

24. For each of the following items, select the option that best fits your response. Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

To what extent do you agree with the following statements?

	1	2	3	4	N/A
Dignity plays a role in the implementation of this program					
The school/district has adequately planned for (policy provision) in the event of a pandemic, weather disaster, or other large-scale event					
The school is invested in racial equity in (policy provision)					
The school considers the affordability of (policy provision) that promotes wellbeing when implementing school wellness policies					

25. Implementation of this (policy provision).....

When we say "Stigma or "stigmatized" this can also mean feeling embarrassed or isolated because of taking part in a particular program
Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
Helps the most socioeconomically disadvantaged students in our school access (policy provision)					
Ensures greater access to (policy provision) for marginalized students					
Ensures provision of (policy items) which are compatible with various needs (I.e., religion, culture)					
Reduces stigma associated with receiving (policy provision)					
Empowers the school community (e.g., teachers, staff, students) to provide input on (policy provision)					
Includes communication that caters to different cultures/languages spoken in my school/district					
Promotes other (policy-related) programs such as (insert programs)					
Promotes other aspects of health such as (insert examples here)					

Section 3

This last section asks about *goals and outcomes* of program implementation

26. Which, if any, of the following changes have been made to (policy provision) implementation at your school?

Options: 1- did before the program/program was enacted, 2 - changed because of the program, 3 - have not done, N/A = unsure/not applicable

	1	2	3	N/A
Conducted a needs assessment that emphasized the needs of the most vulnerable or marginalized students in our school.				
Set measurable goals and objectives focused on health equity				
Chose our goals and objectives based upon needs assessment data.				
Adopted new strategies because they were research-based.				
Dropped programs that did not have research evidence of their effectiveness.				
Conducted an evaluation that focused on the health equity impact of our school nutrition program.				

27. Do you perceive differences in which students participate in (policy provision)?
    a. Yes/no

    [if yes]: What characteristic(s) make students less likely to participate in (policy provision) (select all that apply)

- ❑ Minoritized racial or ethnic group
- ❑ Low socio-economic status
- ❑ Primary language other than English
- ❑ LGBTQ+ or minoritized gender
- ❑ Minoritized religious affiliation
- ❑ Minoritized cultural identity
- ❑ Children from single-parent households
- ❑ Immigrant population
- ❑ Other (please describe)

28. Consider the following statements and indicate the extent to which you agree or disagree with each.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
My school system has enough staff to implement this program.					
My school system conducts periodic needs assessments of the community to make sure that the program continues to meet their needs.					
My school system planned for evaluation of the program prior to implementation.					
My school system uses evaluation data to monitor and improve the program					
My school system shares the evaluation findings from the program to members of the community.					
Leadership within my school encourages the use of evidence-based interventions to guide school meal implementation efforts.					

My direct supervisor expects me to include research evidence in decision making related to planning the implementation of program.					
Evidence-based interventions are readily adopted within my school					

Administrator Survey

The purpose of this survey is to gather your input on factors that might influence how a program is implemented or carried out in your school/district. There are no right or wrong answers, we are interested in your opinions.

(insert policy-related language here)

We adopt the following definition of health equity by Braveman and colleagues (2017)
"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Please take this into consideration when answering the questions in this survey.

Section 1

This first section asks about factors that might influence how the (insert policy) is implemented or carried out at your school.
Has your school adopted the (policy) Select one response below:

Y / N / Unsure

If N/Unsure - skip to next section

About the Program:
For each of the following items, select the option that best fits your response.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
This program creates more equitable (policy provision) access in my school					
This program increases the quality of (policy provision) our school provides to students					
This program improves the (insert target health outcome) status of students who lack consistent access to (policy provision)					
This program improves health outcomes among students at greatest risk for (insert adverse health outcome addressed by policy)					
It is/was difficult for me to learn the requirements of the program					

It is/was difficult to provide culturally appropriate (policy provision) that meet the program requirements					
Providing foods that comply with the program requires substantial changes to (policy provision systems)					
Overall, it is/was complicated for me to implement this program in a way that equitably benefits all students					
Complying with this program requires more work than can be accomplished with current resources available to our school					

Implementation Leadership:
For each of the following items, select the option that best fits your response. "Implementation team" refers to school and district employees who are involved in efforts to (insert policy). This could be individuals not directly involved such as teachers, administration, other staff, and students.

Does your school have an implementation team?

Y / N / Unsure (if no, skip to next section)

For each of the following items, select the option that best fits your response.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
Staff across schools discuss best practices to improve equitable implementation of the (policy)					
The implementation team depends on members with varying roles (e.g., teacher, mental health professional, nutrition staff, parents, etc.) to implement specific activities related to the program					
The implementation team consults with members who have a variety of perspectives about how to address the needs of students					
Working with implementation team members who have different perspectives results in new ways to implement this program					
The implementation team welcomes new ideas about how to promote healthy behaviors among students					
Implementation team members focus on understanding the perspectives of others rather than promoting their own specific opinions					
The Implementation team works together to resolve problems among members					
The Implementation team incorporates feedback about the program implementation process					
The Implementation team informally and/or formally evaluates how they work together					

Community Context
For each of the following items, select the option that best fits your response.
Options: 1= not often at all, 2= not very often, 3= neutral, 4= somewhat often, 5= very often

	1	2	3	4	5
How often is student input incorporated throughout the process of implementing this program?					
How often is the program implementation adapted to the specific needs of students and their families (e.g., preferences based on culture, [policy provision] adhering to religious customs)?					
How often are implementation plans reviewed and updated?					
How often does the implementation process incorporate existing resources of students and families?					

29. Whose opinion influences your peers the most when considering whether to implement a new program or practice in your school?

- ❑ another teacher
- ❑ food staff person
- ❑ Principal/assistant principal
- ❑ other administrator
- ❑ Students
- ❑ caregivers/parents
- ❑ other (specify)

Political and Societal Context of this program

30. For each of the following items, select the option that best fits your response.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
There are procedures in place that promote, enforce, and monitor the equitable delivery of (policy provision)					
There are funding conditions in place regarding (policy provision) allocation to underrepresented student populations (I.e., racial/ethnic minority, low-income, other demographic factors)					
My school has an evaluation and/or data monitoring plan to assess inequities in student					

health (e.g.., [insert target policy health outcomes])					
My school engages community members in obtaining feedback regarding (policy provision)					
Community partners are engaged in the implementation of this program					
The (policy provision) takes the views of students into account					
The (policy provision) takes the beliefs of parents into account					
The (policy provision) takes the beliefs of teachers into account					
The (policy provision) takes the beliefs of administration into account					
The (policy provision) takes the culture of the local area into account					
The (policy provision) takes the racial and ethnic make-up of the district as a whole into account					
The (policy provision) takes linguistic preferences of students and families (e.g., English Language Learners) into account in all communications about school meals					
The program is aligned with the mission and goals of my school/district					

Section 2

This section asks about *how* the program or program is being implemented

When we say "Stigma or "stigmatized" this can also mean feeling embarrassed or isolated because of taking part in a particular program

31. For each of the following items, select the option that best fits your response. Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

To what extent do you agree with the following statements?

	1	2	3	4	N/A
Dignity plays a role in the implementation of this program					
The school/district has adequately planned for (policy provision) in the event of a pandemic, weather disaster, or other large-scale event					
The school is invested in racial equity in (policy provision)					
The school considers the affordability of (policy provision) that promotes wellbeing when implementing school wellness policies					

32. Implementation of this (policy provision).....

When we say "Stigma or "stigmatized" this can also mean feeling embarrassed or isolated because of taking part in a particular program
Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
Helps the most socioeconomically disadvantaged students in our school access (policy provision)					
Ensures greater access to (policy provision) for marginalized students					
Ensures provision of (policy items) which are compatible with various needs (I.e., religion, culture)					
Reduces stigma associated with receiving (policy provision)					
Empowers the school community (e.g., teachers, staff, students) to provide input on (policy provision)					
Includes communication that caters to different cultures/languages spoken in my school/district					
Promotes other (policy-related) programs such as (insert programs)					
Promotes other aspects of health such as (insert examples here)					

Section 3

This last section asks about *goals and outcomes* of program implementation

33. Which, if any, of the following changes have been made to (policy provision) implementation at your school?

Options: 1- did before the program/program was enacted, 2 - changed because of the program, 3 - have not done, N/A = unsure/not applicable

	1	2	3	N/A
Conducted a needs assessment that emphasized the needs of the most vulnerable or marginalized students in our school.				
Set measurable goals and objectives focused on health equity				
Chose our goals and objectives based upon needs assessment data.				
Adopted new strategies because they were research-based.				
Dropped programs that did not have research evidence of their effectiveness.				
Conducted an evaluation that focused on the health equity impact of our school nutrition program.				

34. Do you perceive differences in which students participate in (policy provision)?
    b. Yes/no

    [if yes]: What characteristic(s) make students less likely to participate in (policy provision) (select all that apply)

- ❑ Minoritized racial or ethnic group
- ❑ Low socio-economic status
- ❑ Primary language other than English
- ❑ LGBTQ+ or minoritized gender
- ❑ Minoritized religious affiliation
- ❑ Minoritized cultural identity
- ❑ Children from single-parent households
- ❑ Immigrant population
- ❑ Other (please describe)

35. Consider the following statements and indicate the extent to which you agree or disagree with each.

Options: 1= strongly disagree, 2= disagree, 3= agree, 4= strongly agree, N/A = unsure/not applicable

	1	2	3	4	N/A
My school system has enough staff to implement this program.					
My school system conducts periodic needs assessments of the community to make sure that the program continues to meet their needs.					
My school system planned for evaluation of the program prior to implementation.					
My school system uses evaluation data to monitor and improve the program					
My school system shares the evaluation findings from the program to members of the community.					
Leadership within my school encourages the use of evidence-based interventions to guide school meal implementation efforts.					
My direct supervisor expects me to include research evidence in decision making related to planning the implementation of program.					
Evidence-based interventions are readily adopted within my school					

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