ACT!ON FOR HEALTHY KIDS

SOCIAL RETURN ON INVESTMENT

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EXECUTIVE SUMMARY

Action for Healthy Kids (AFHK) is a national leader in promoting child health and well-being through evidence-based programs that address nutrition, physical activity, mental health, risk behavior prevention, and skills-based health education. This Social Return on Investment (SROI) analysis provides a forecasted estimate of the social value generated by AFHK's initiatives, offering insights into program impact, stakeholder engagement, and strategic opportunities for growth.

Scope and Purpose

AFHK's SROI focuses on district-level outcomes, as districts are the organization's primary stakeholders. The analysis aims to demonstrate the comprehensive value of AFHK's programs, inform decision-making, engage stakeholders, and enhance accountability. By building the capacity of adults who work with children – through professional learning, resource development, policy support, and district impact grants – AFHK creates sustainable improvements in school health environments.

Theory of Change and Investments

AFHK's Theory of Chance (ToC) posits that collaboration with school districts leads to scalable improvements in student health. Short-term outcomes include increased knowledge and skills among educators; intermediate outcomes involve strengthened health infrastructure; and long-term outcomes target sustainable wellness practices and improved child health. In FY25, AFHK invested nearly $21.3 million in direct programming, including programs such as the Healthy Meals Incentives Initiative, which accounted for the largest share of funding.

Outcomes and Impact

AFHK's programs deliver measurable benefits across pillars and program areas:

- Nutrition: Improved meal quality, increased participation in school meal programs
- Physical Activity: Greater opportunities for in-school and out-of-school physical activity
- Mental Health: Improved attendance, stronger student-adult relationships, expanded Tier 1 supports
- Risk Behavior Prevention: Reduced tobacco use, fewer suspensions and expulsions
- Skills-Based Health Education: Broader access to comprehensive health education and reduced risky behaviors
- School Health Operations: Stronger wellness policies, increased experiential learning, and improved student health outcomes

Valuation and Methodology

The SROI calculation applied recognized principles, including stakeholder involvement, and adjustments for deadweight, attribution, and displacement. Outcomes were forecasted over six years, with stakeholder input informing valuation. Despite challenges in monetizing certain benefits, AFHK's programs demonstrate significant social value.

Key Finding: Social Return Ratio

For every dollar invested, AFHK generates $4.79 in social value, impacting more than 40 million students nationwide. This ratio reflects both direct benefits (e.g., improved nutrition and mental health) and indirect benefits (e.g., reduced healthcare costs, improved academic performance).

Limitations

The analysis is based on input from eight stakeholders, five of whom are from Colorado, limiting geographic reach. Additionally, the forecast nature of the SROI introduces uncertainty regarding outcome duration and valuation. Future analyses should incorporate broader stakeholder representation and longitudinal data.

Recommendations

AFHK should celebrate its strong social return on investment and nationwide reach while addressing areas for growth. Expanding stakeholder engagement, developing standardized valuation frameworks for hard-to-monetize outcomes, and integrating longitudinal data will enhance accuracy. Increasing survey and focus group participation and considering external verification will further strengthen future SROI analyses.

Conclusion

AFHK's programs deliver exceptional social value, reinforcing the organization's role as a catalyst for systemic change in school health. This SROI provides a compelling case for continued investment and collaboration, ensuring every student has access to the resources and environments needed for lifelong health and success.

SECTION 1. SCOPE AND STAKEHOLDERS

Section 1.1 About Action for Healthy Kids

Action for Healthy Kids (AFHK) is dedicated to improving the health and well-being of children through a comprehensive, evidence-based approach. AFHK's program framework, logic model, and theory of change outline the strategic plan to address the needs of children by focusing on activities in alignment with key programmatic pillars: nutrition, physical activity and education, mental health and wellness, risk behavior prevention, and skills-based health education. See *Table 1* for a description of each pillar.

Through the pillars, AFHK programs include four primary activities:

- **Professional Learning Services**: Training development and delivery, technical assistance, and communities of practice (CoP) to enhance knowledge and skills of adults working with children
- **Evidence-Based Resource Development**: Creation and dissemination of high-quality resources
- **Policy Development and Review**: Supporting districts in reviewing and enhancing district and school health policies to align with best practices
- **District Impact Grants**: Providing funding opportunities to support health and wellness initiatives within districts

Table 1. Program Pillar Descriptions

Program Pillar	Description
Nutrition	Promotes nutrition security, access, and education, encouraging healthy eating habits and improving nutrition services and environments in schools
Physical Activity and Education	Supports programs that foster active school cultures and increases opportunities for physical activity for children
Mental Health and Wellness	Provides resources to build children's skills, foster supportive relationships, and promote positive environments for mental health
Risk Behavior Prevention	Focuses on tobacco and substance abuse education and prevention, promoting healthy habits and alternative disciplinary approaches
Skills-Based Health Education	Equips educators with training, strategies, and tools to deliver comprehensive health education, ensuring students develop essential health skills for lifelong well-being

Section 1.2 The Purpose and Scope of AFHK's SROI

AFHK's SROI is forecasted, meaning it is an estimation of the future value that will be generated by programmatic activities across the five pillars. This forecast is based on focus groups conducted with key stakeholders (refer to Appendix A), as outlined in section 1.3, the logic model, theory of change (ToC), the program framework, and the return on investment of AFHK's programs. The purpose of this SROI is to:

- **Demonstrate Value**: Show the comprehensive impact of AFHK's programs on student health and well-being, beyond and inclusive of financial returns.
- **Inform Decision-Making**: Provide insights to guide strategic planning, resource allocation, and policy development.
- **Engage Stakeholders**: Communicate the benefits of AFHK's initiatives to funders, partners, and community members, fostering support and collaboration.
- **Enhance Accountability**: Ensure transparency and accountability by measuring and reporting the social outcomes of AFHK's activities.

Section 1.3 AFHK Stakeholders and Their Involvement in the SROI

1.3.1 Stakeholder Analysis

AFHK services mostly focus on districts, and while districts are one of AFHK's stakeholders, there are several others, including:

- **School District Leaders**: Superintendents, principals, and district administrators who need evidence-based support for health and well-being policies and practices
- **Educators and Child Health Champions**: School staff, including food service professionals and health professionals, who require access to resources, training, and strategies to promote student health.
- **Community Members**: Parents, caregivers, and local organizations who need information, support, and engagement opportunities to advocate for healthier school environments.

1. **Policy Makers**: Local, state, and federal officials who require data and evidence to make informed decisions and support health initiatives.

- **Students**: Indirect beneficiaries who benefit from improved health and wellness environments, leading to better academic and social outcomes.

AFHK activities are mostly directed towards educators and child health champions, as AFHK supports building capacity of adults who work with children.

1.3.2 Deciding which Stakeholders to Include in SROI

When deciding which stakeholders to include in a SROI analysis, it is crucial to identify those who are directly impacted by the program and those who have valuable insights into its outcomes. Therefore, AFHK's SROI analysis focuses on districts, as they are our core customers. District stakeholders are directly involved in day-to-day operations and experiences within the school district. Their input ensures that the SROI analysis reflects the actual needs,

challenges, and priorities of the communities AFHK serves. Additionally, district stakeholders can provide firsthand insights into the social and environmental outcomes of the programs provided by AFHK. Their perspectives help capture the real-world changes and benefits experienced by the community, such as improved student health, enhanced educational outcomes, and stronger community engagement. This authentic measurement of impact is vital for a credible SROI analysis. Furthermore, involving district stakeholders in the SROI process allows for more tailored and responsive program design. Their feedback can guide adjustments and improvements to the programs, ensuring they are relevant and effectively address the needs of each individual district. This collaborative approach enhances the overall effectiveness and sustainability of the initiatives. Funders, unless also a district or directly funding district-level work, are not included in this analysis, as they are not direct beneficiaries of the services provided. See *Table 2* for a list of the stakeholders included in this SROI. See *Table 3* for expected outcomes across the different pillars and programs.

Table 2. Stakeholders

Stakeholder	**Pillar/Program**	**State(s)**
Buena Park School District	Nutrition, School Health Operations	CO
Brush School District	Physical Activity, School Health Operations, Nutrition	CO
Colorado Department of Public Health and Environment	Risk Behavior Prevention	CO
El Paso Independent School District	Physical Activity	TX
Gadsden Independent School District	Mental Health and Wellness, Risk Behavior Prevention, Skills-based Health Education	NM
Manitou Springs 14	Risk Behavior Prevention	CO
Morgan County School District	Skills-based Health Education, School Health Operations	CO
Newark Unified Schol District	Nutrition, School Health Operations	CA

Table 3. Expected Outcomes Across Pillars and Programs

Pillar/Program	**Expected Outcomes**
Nutrition	1) Improved nutritional quality of school meals (sodium reduction, added sugar reduction) 2) Increased student engagement in school meal programs (increased access to nutrition education) 3) Increased daily participation in school meal programs (more students eating school breakfast and school lunch)
Physical Activity and Education	1) Increased physical activity for students during school 2) Increased physical activity for students in out of school time

Mental Health and Wellness	1) Improved attendance outcomes 2) Improved relationships between students and adults in schools 3) Increased Tier 1 mental health supports (MTSS) to support students' mental health and wellness
Risk Behavior Prevention	1) Improved attendance outcomes 2) Decrease in tobacco use when program completed (less than 1% enrolled 2 or more times in Second Chance – 0.644% and 90% of students said they probably or definitely will not smoke cigarettes again within the next 5 years) 3) Decrease in suspension and expulsion (88% students referred to Second Chance as an alternative to suspension, expulsion, referral to law enforcement)
Skills-based Health Education	1) Increased access to comprehensive skills-based health education 2) Decrease in risky behaviors
School Health Operations	1) More comprehensive school district wellness policies (including guidelines for nutrition, physical activity, mental health and wellness) 2) Increased implementation of wellness policies 3) Increased experiential learning opportunities for students 4) Fewer sick days for students 5) Increased physical activity in classrooms 6) Increased wellness activities for out of school time for students

SECTION 2. THEORY OF CHANGE

2.1 AFHK's Programmatic Theory of Change (ToC)

The ToC at AFHK posits that by collaborating with school districts and building their capacity, sustainable and scalable improvements in student health and wellness are achievable. AFHK's programs focus on enhancing nutrition, physical activity, mental health support, risk reduction strategies, and skills-based health education. Short-term outcomes include increased knowledge and skills among stakeholders, while intermediate outcomes aim to strengthen health and wellness infrastructure. Long-term outcomes target sustainable and scalable improvements in school health environments and improved child health outcomes. *Table 4 provides* an overview of the indicators and data sources that contribute to the ToC. Refer to Appendix A for AFHK's ToC.

Table 4. Overview of Indicators and Data Sources					
	Outcome	**Indicators**	**Data Sources**	**Activities**	**Expected Duration**
Short-Term	Increased knowledge, skills, and capacity Improved access to high-quality resources	# of trainings conducted # of trainees Training Participant feedback Distribution and utilization of resources Feedback from users of resources	Training attendance records Training surveys Post-Training Surveys Resource distribution logs Satisfaction Surveys	Providing professional learning services Developing evidence-based resources	Immediate –1 year
Intermediate	Strengthened school health and wellness infrastructure Improved implementation of health and wellness practices	Changes in policies and practices Implementation of school health programs Adoption of best school health-related practices	WellSAT School Health Index (SHI) School Wellness Policies Stakeholder interviews and/or focus groups Site observations	Policy development and review Providing ongoing training and support	1-5 years
Long-term	Sustainable and scalable improvements in school health environments Improved child health outcomes	Comprehensive school health and wellness policies Decreased incidence of chronic diseases among students Reduction in childhood obesity rates	WellSAT National Survey of Children's Health	Replicating school health programs in additional districts Continuous monitoring and evaluation Securing ongoing funding	> 5 years

2.2 Investments for AFHK's ToC Activities

In FY25, AFHK spent a total of $21,287,485.14 in direct programming, including direct staffing costs associated with programs across the pillars and School Health Operations. Refer to *Table 5* for a breakdown of funds across the pillars and programs.

Table 5. Investments for AFHK's ToC Activities by Pillar/Program in FY25	
Pillar/Program	**Amount Invested ($)**
Nutrition	$1,099,037
Physical Activity and Education	$18,848
Mental Health and Wellness	$326,327
Risk Behavior Prevention	$754,691
Skills-based Health Education	$98,538
School Health Operations	$702,101
Healthy Meals Incentives Initiative	$18,287,943.14
Total	**$21,287,485.14**

SECTION 3. OUTCOMES AND IMPACT

3.1 Methodology – Overview of methods used for SROI analysis

3.1.1 Data Collection Processes

For this SROI, AFHK hosted a focus group (see Appendix B for the Focus Group Guide) and a survey (see Appendix C). In total, there were five participants in the focus group and three survey participants, each representing a different district or state entity (refer to *Table 2* for the list of stakeholders who engaged in this process).
The questions asked during the focus group are the same questions survey respondents were asked. Questions focused on key components of the SROI calculation, including the following:

- Amount of change per stakeholder
    - "Which Action for Healthy Kids programs do you find most effective?"
    - "What positive outcomes, changes, or improvements have you observed from Action for Healthy Kids' programs"
- Valuation approach
    - "How would you value the outcomes of Action of Healthy Kids' programs in monetary terms?"
    - "Are there any outcomes that you believe are undervalued or overvalued?"
- Deadweight %
    - "Do you think the changes you observed would have occurred with Action for Healthy Kids' interventions?"
- Displacement
    - "Have there been any unexpected or negative outcomes from Action for Healthy Kids' programs? If yes, please describe."
- Attribution
    - "Are there other organizations or factors that contributed to these changes?"

3.1.2 Principles of SROI

There are seven SROI principles[1]:

1. Involve stakeholders: Stakeholders should have a say in what is measured and valued. It is important to involve stakeholders at the start of an SROI evaluation.
2. Understand what changes: Identify what changes occur as a result of the intervention(s) and provide evidence that shows positive and negative changes.
3. Value the things that matter: Identify the value(s) of the outcome(s).
4. Only include what is material: Identify the essential information and evidence that must be included to present an accurate and balanced account, enabling stakeholders to make well-informed and reasonable judgements about the impact.
5. Do not overclaim: Report only the value that the organization can take responsibility for creating.
6. Be transparent: Clearly explain the basis for the analysis to ensure it is accurate and credible and demonstrate that findings will be openly shared and discussed with stakeholders.
7. Verify the result: Independent verification

Table 6 provides an overview of how AFHK's SROI applied the 7 principles and what methods were used to collect the information.

Table 6. Application of SROI Principles and Methods Used

SROI Principle	Description of Application	Method Used to Collect Information
Involve stakeholders	AFHK team members identified key stakeholders to participate in the focus group. A total of 18 districts and state entities received interventions. 5 opted to participate in the focus group. 3 opted to participate in the survey.	Email invitations, focus group, survey
Understand what changes	The R&E team reviewed focus group transcripts, survey responses, and programmatic surveys and progress reports to develop *Table 3* that outlines the expected outcomes/changes.	Focus group, survey, survey date from HMI progress reports, program surveys

[1] *The seven principles of SROI*. (n.d.). https://www.lsr-online.org/uploads/sroi-principles.pdf

Value the things that matter	Programs that directly have an impact on districts were included in this SROI. Contracts that do not have a direct impact on districts were not included, as districts are AFHK's primary stakeholders.	CFO provided FY25 financials across every contract. Programs identified which contracts included districts and which did not.
Only include what is material	This SROI focuses on district outcomes only; outcomes that extend beyond districts (i.e., parent and community engagement) are excluded from the analysis.	Programs identified which contracts included districts and which did not.
Do not overclaim	Stakeholders identified outcomes.	Focus group, survey, progress reports
Be transparent	Share SROI with stakeholders, including limitations.	Dissemination plan
Verify the result	Conducted an internal review with opportunities for feedback	Internal review of SROI

SECTION 4. VALUATION OF OUTCOMES

4.1 Overview of Valuation

To determine fiscal outcomes for the SROI, AFHK used the FY25 budget across contracts and grants that supported work across pillars and programs.

4.1.1 Outcome Duration

Per practices for SROI, outcomes are limited to 6 years because other factors can contribute to the outcomes over longer periods of time. AFHK posits that the identified outcomes will be continuous, as AFHK provides a network for districts to receive ongoing support, resources, and collaboration opportunities to drive further change.

Future iterations of the SROI will include stakeholders' input on how long they believe the outcomes they experience from working with AFHK will last.

4.1.2 Deadweight

Stakeholders provided input on deadweight by participating in the focus group or survey. Stakeholders were asked: "Do you think the changes you observed would have occurred with Action for Healthy Kids' interventions?"

Responses to this question varied across pillars and programs. Refer to *Table 7* for a breakdown of deadweight percentages across pillars and programs and justification for the allocated percentages.

Table 7. Deadweight Percentages and Justifications by Pillar/Program		
Pillar/Program	Deadweight %	Explanation
Nutrition	30%	Stakeholders shared that outcomes wouldn't have occurred to the same extent without AFHK's interventions, and partner organizations complemented the work of AFHK by focusing on outreach to raise awareness of AFHK's programming.
Physical Activity and Education	50%	Stakeholders shared that the work would still have occurred, but AFHK made it stronger and outcomes may not have been to the same extent without AFHK's programming.
Mental Health and Wellness	0%	Stakeholders shared that they would not have done reviews of internal policies and practices without AFHK's support.
Risk Behavior Prevention	0%	Stakeholders shared that they would not have the same outcomes without AFHK's programming.
Skills-based Health Education	50%	Stakeholders shared that they would not have conducted internal reviews of policies and practices without AFHK. However, health education was still part of the curriculum. As a result, AFHK enhanced outcomes.
School Health Operations	30%	Stakeholders shared that the outcomes would not be the same and that other organizations supported the

		work that AFHK did by expanding reach through raising awareness.
Healthy Meals Incentives Initiative	10%	Outcomes were directly related to funding provided through subgrants by AFHK. For non-grantees that received a Recognition Award, outcomes were occurring. Most of the funding for HMI was dedicated to grantees.

4.1.3 Displacement

Displacement was consistent throughout all pillars and programs, with stakeholders noting that there were no negative outcomes or unintended negative consequences from AFHK programming.

4.1.4 Attribution

Stakeholders provided input on attribution by participating in the focus group or survey. Stakeholders were asked: "Are there other organizations or factors that contributed to these changes?"

Responses to this question varied across pillars and programs. Refer to *Table 8* for a breakdown of attribution percentages across pillars and programs and justification for the allocated percentages.

Table 8. Attribution Percentages and Justifications by Pillar/Program

Pillar/Program	Deadweight %	Explanation
Nutrition	10%	Stakeholders varied in their responses. Some stakeholders noted they do not have any other community partners, while one shared they work with a local business.
Physical Activity and Education	10%	Stakeholders varied in their responses. One participant noted they need to increase their community partners, and another noted they work with a local business.

Mental Health and Wellness	0%	Stakeholders do not work with other community partners.
Risk Behavior Prevention	0%	Stakeholders do not work with other community partners on this program.
Skills-based Health Education	0%	Stakeholders did not note working with any other community partners.
School Health Operations	10%	Stakeholders varied in their responses. One noted they work with a local business; others did not work with other community partners.
Healthy Meals Incentives Initiative	20%	AFHK conducted 87% of technical assistance. Chef Ann Foundation provided the other TA. Additionally, equipment providers and local farmers were necessary for the success of this program.

SECTION 5. SOCIAL RETURN CALCULATIONS

SROI calculations included the investment of $21,287,485.14 in FY25 programming costs; adjustments for deadweight, attribution, and displacement were applied to avoid overclaiming; duration of 6 years for expected outcomes; and a reach of more than 40,000,000 students enrolled across nearly 3,500 school districts.

The analysis estimates a social return ratio of ***$4.79 for every $1 invested***, reflecting both direct and indirect benefits such as improved academic performance, reduced healthcare costs, and enhanced community well-being.

SECTION 6. VERIFICATION

6.1 Limitations

For this SROI, AFHK received input from 8 stakeholders; five of these stakeholders are from the state of Colorado. In future iterations, AFHK should increase the number of

stakeholders across different locations to ensure more experiences are included in the calculations of the SROI.

Additionally, there are valuation challenges. For example, for mental health and wellness, one of the outcomes is to improve relationships between students and adults in schools. This is difficult to monetize accurately, and therefore, could be over or undervaluing its true impact. Furthermore, attribution percentages are complex, and while attribution adjustments were applied, isolating AFHK's contribution from other factors remains challenging.

Lastly, there are some data gaps. Limited stakeholder input on outcome longevity and indirect benefits (e.g., community engagement) constrains comprehensiveness.

6.2 Recommendations

AFHK's SROI analysis highlights several positive findings and opportunities for growth. The organization should celebrate its strong return on investment and nationwide reach, which validates its strategic approach and demonstrates a large impact, particularly where the deadweight is minimal.

Moving forward, AFHK can strengthen its analysis by expanding stakeholder engagement to include more states and district profiles, as well as incorporating parent and community perspectives for a more holistic view of impact. Developing standardized valuation frameworks for outcomes that are difficult to monetize and integrating longitudinal data will enhance predictive accuracy.

To improve future SROI analyses, AFHK should increase survey and focus group participation through targeted outreach and incentives, collect stakeholder input on outcome duration and perceived value, and consider external verification to bolster credibility. These steps will ensure that future analyses are more comprehensive, representative, and actionable.

SECTION 8. APPENDICES

Appendix A. Theory of Change

ACTION FOR HEALTHY KIDS

Theory of Change

Kids need *health.*

We rally the resources, people, tools, funding, and partnerships to support healthier school environments for youth. Because when we take action, opportunity isn't lost, it's unlocked.

WHAT OUR PARTNERS NEED

District Leaders

Evidence-based strategies to guide policies and programs

Educators & Health Champions

Practical tools, training, and solutions to foster student well-being

Community Members

Informational and engagement opportunities to advocate for change

Policy Makers

Real-world insights and data to inform policy and investment

Funders

Opportunities to create measurable, mission-aligned impact

AFHK activates an evidence-based, five-pillar framework that connects health, well-being, and learning in support of building district infrastructure.

Health needs *action.*

WHAT WE DO TO DRIVE CHANGE

- **Execute** successful and measurable programs across the five pillars
- **Produce** and share evidence-based resources and case studies
- **Deliver** professional learning, training, and technical support
- **Offer** tailored district coaching and capacity building
- **Provide** District Impact Grants
- **Guide** local wellness policy development
- **Build** bridges across districts to spark collaboration

Action needs *you!*

Change happens when the right people, tools and partnerships come together.

WHAT MAKES IT POSSIBLE

- Expert AFHK dedicated team with proven success deep school health expertise
- Research and evidence-based strategies
- Technology tools
- Dedicated funding to scale and sustain efforts
- Trusted partnerships with districts and agencies
- Elevating stories and experiences of district leaders to replicate and learn from

WHAT CHANGES WHEN WE WORK TOGETHER

IMMEDIATE OUTCOMES

School leaders, educators, and partners gain knowledge and confidence
Access to high-quality resources increases
Wellness policies and systems are strengthened

MID-TERM RESULTS

Health and wellness efforts are implemented more consistently
Infrastructure and support systems grow stronger

LONG-TERM IMPACT

Healthier school environments nationwide
Measurable improvements in student well-being

actionforhealthykids.org

ACTION FOR HEALTHY KIDS

Appendix B. Focus Group Guide

Focus Group Protocols
INTRODUCTION AND GUIDELINES (5 minutes)
Thank you for your time & willingness to participate today. Your opinions, perspectives, and ideas are so valuable, and we are excited to hear and learn from you today.
Moderator introduction
Explanation of group discussion

- We are going to talk about the impact and effectiveness of Action for Healthy Kids (AFHK) programs. Our goal is to get input from you on how you value the outcomes of AFHK programs and how much change you attribute to the programs you/your organization/your team received from AFHK. Your feedback will provide important information that will help our team understand the social impact of AFHK's programs.

Group expectations: Our discussion will last approximately one and a half hours. Your participation is completely voluntary. You can stop participating or leave this conversation at any time. We want to hear from everyone. Not everyone will have a chance to answer every question; the moderator may call on individuals who are quieter than others.
Recording & confidentiality: We will record this conversation, and someone will be taking notes, so we don't miss any important insights.

- Any feedback or comments you share will not be linked to you/your name.
- **Las Vegas Rule of focus groups:** What is said here, stays here. We ask that you not share other people's experiences or comments to others outside this group.

Incentives: Your time here today is important to us. All folks who participate today will receive a $50 Amazon gift card.

- **Any questions?**
- **Consent to participate & record:** Given everything I've just discussed, would you still like to participate in our discussion? Is everyone ready for me to press record?

[BEGIN RECORDING]

DISCUSSION QUESTIONS [80 minutes]

Warm-up Questions (1-2)

1. How long have you partnered with AFHK?
2. What service or services have you received from AFHK?

Main Questions

- **Program Effectiveness**

3. Which AFHK programs or activities do you find most effective?
4. Are there any programs or activities that you feel need improvement?

- **Outcomes and Changes**

5. What positive outcomes, changes or improvements have you observed from AFHK's programs?
6. Have there been any unexpected or negative outcomes from AFHK's programs?

- **Valuation of Outcomes**

7. How would you value the outcomes of AFHK's programs in monetary terms?
8. Are there any outcomes that you believe are undervalued or overvalued?

- **Deadweight and Attribution:**

9. Do you think the changes you've observed would have occurred without AFHK's intervention?
10. Are there other organizations or factors that contributed to these changes?

- **Future Recommendations**

11. What recommendations do you have for improving AFHK's programs?
12. How can AFHK better address the needs of its stakeholders?

Conclusion

13. Of all the things we discussed, what is the most important to you?
14. [Summarize discussion themes] - does this sound accurate?
15. Is there anything else you would like to share about your experience with AFHK?

Thank you and wrap-up comments

Appendix C. Evaluating the Impact of Programs at Action for Healthy Kids

Thank you for taking the time to share your insights. This survey is designed to gather feedback on the effectiveness and impact of Action for Healthy Kids (AFHK) programs. Your responses will help us understand how these programs have influenced your organization, team, or community, and how we can continue to improve.

All responses are anonymous and confidential. Your feedback will be included in our Social Return on Investment (SROI) analysis, which helps us measure the broader value and impact of AFHK's work. Additionally, quotes or insights from this survey may be shared publicly—on our website, social media, or other platforms—to highlight the voices and experiences of our partners. No names or identifying information will be shared.

By continuing with this survey, you acknowledge and agree to these terms.

Please complete this survey by Friday, September 26.

1. How long have you partnered with Action for Healthy Kids?

2. What services have you received from Action for Healthy Kids (e.g., trainings, communities of practice, resource development, grant funding, etc.)?

3. Which Action for Healthy Kids programs do you find most effective?

4. Are there any programs or activities that you feel need improvement?

5. What positive outcomes, changes, or improvements have you observed from Action for Healthy Kids' programs?

6. Have there been any unexpected or negative outcomes from Action for Healthy Kids' programs? If yes, please describe.

7. How would you value the outcomes of Action for Healthy Kids' programs in monetary terms?

8. Are there any outcomes that you believe are undervalued or overvalued?

9. Do you think the changes you've observed would have occurred without Action for Healthy Kids' intervention?

10. Are there other organizations or factors that contributed to these changes?

11. What recommendations do you have for improving Action for Healthy Kids' programs?

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