



# Sodium Reduction in Communities Program (SRCP): 2016–2021 Comprehensive Evaluation

**U.S. adults consume on average 3,500mg of sodium each day, significantly more than the 2,300 mg per day maximum recommended by the Dietary Guidelines for Americans.**

Recognizing the importance of population-based approaches to reduce sodium intake, CDC’s Division for Heart Disease and Stroke Prevention launched the third funding cycle of the Sodium Reduction in Communities Program (SRCP). The aim of the SRCP is to increase consumers’ options of lower-sodium foods and help create healthier food environments. In 2016, CDC funded and provided technical assistance to eight recipients to increase the availability and purchase of lower-sodium food options by implementing (1) food service guidelines and nutrition standards;

(2) procurement practices; (3) meal and/or menu modifications; and (4) environmental strategies and behavioral economics approaches. CDC-funded recipients are engaging with food-sector collaborators to build practice-based evidence around the extent to which sodium reduction is possible at the community level. CDC and RTI International collaborated to develop a comprehensive evaluation approach of the 2016–2021 SRCP recipients. This document provides a brief overview of the purpose and primary components of the evaluation approach.

## Evaluation Purpose and Questions

Purpose	Questions
Demonstrate program reach	<ul style="list-style-type: none"> <li>How many people were reached by SRCP?</li> </ul>
Demonstrate program effectiveness	<ul style="list-style-type: none"> <li>To what extent has SRCP led to increased implementation of sodium-reduction strategies?</li> <li>To what extent has SRCP increased the availability of lower-sodium food products?</li> <li>To what extent has SRCP increased the purchase or selection of lower-sodium food products by consumers?</li> <li>What is the cost effectiveness of SRCP?</li> </ul>
Understand strategies for program adoption	<ul style="list-style-type: none"> <li>How are SRCP recipients working with food-sector organizations or groups to adopt SRCP?</li> <li>What are facilitators and barriers to engaging with food-sector organizations or groups?</li> </ul>
Identify strategies for successful program implementation	<ul style="list-style-type: none"> <li>How are recipients implementing SRCP as part of a comprehensive sodium-reduction strategy?</li> <li>What organizational, technical, human, and financial resources were required to implement SRCP?</li> <li>What are the costs related to program implementation?</li> </ul>
Understand strategies for program maintenance	<ul style="list-style-type: none"> <li>How have SRCP recipients planned for sustainability beyond the project period?</li> </ul>







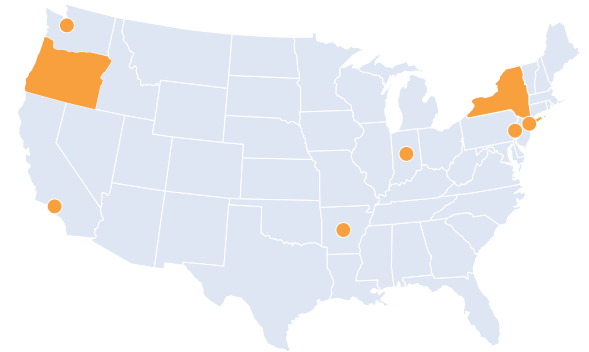
## Evaluation Data Sources

<b>Data Source</b>	SRCP recipient-reported performance measures	SRCP recipient and partner program implementation cost data	Semi-structured telephone interviews with SRCP recipient staff and other key stakeholders
<b>Data Elements</b>	Metrics of the implementation of strategies and availability and purchase of lower-sodium food options in partnering entities	Costs to implement the program and key program activities	Information from recipient staff and other key stakeholders on adoption, implementation, and sustainability
<b>Evaluation Purpose</b>	Demonstrate program reach and effectiveness in food service organizations	Identify strategies for successful program implementation	Understand strategies for program adoption; identify strategies for successful program implementation; understand strategies for program maintenance

## Evaluation Methods

We will use a mixed-methods approach to evaluate the reach, effectiveness, adoption, implementation, and maintenance of the 2016–2021 SRCP activities across eight recipients.

-  We will use performance measure data from recipients' local evaluations to conduct a pre-/post-analysis of the impact of the program on the number of people and entities reached and the availability, accessibility, and purchase of lower-sodium foods.
-  We will analyze data on program implementation costs collected from recipients and partner organizations to assess the costs to implement sodium-reduction strategies and activities that drive costs.
-  We will combine estimates of the impact of SRCP on reach, availability, and purchase of lower-sodium foods and estimates of the cost to implement the program to assess the cost-effectiveness of the program (e.g., the health benefit per dollar spent).
-  We will analyze interview data to identify key strategies for program implementation and sustainability.

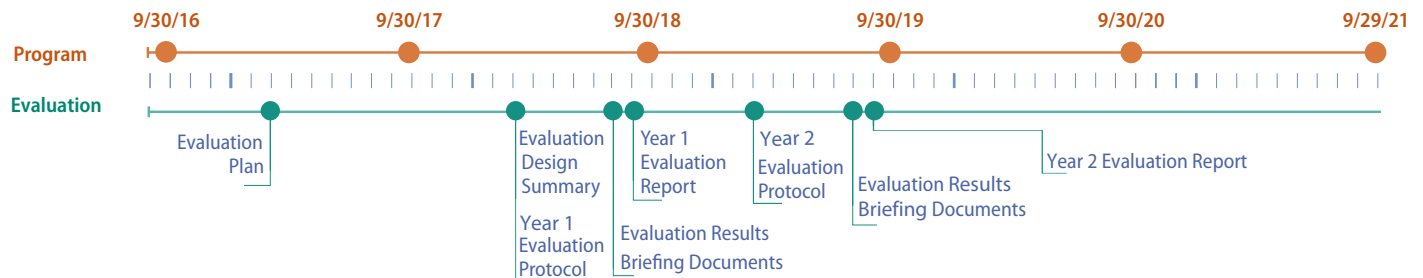


### SRCP-Funded Recipients 2016–2021

Los Angeles County, CA; Marion County, IN; New York City, NY; New York State; Philadelphia, PA; Oregon State; Seattle and King County, WA; University of Arkansas for Medical Sciences

## Timeline

### Relationship Between SRCP Program Years and the Comprehensive Evaluation



## Significance of the Evaluation

Since 2010, CDC has worked with CDC-funded recipients and used the SRCP Comprehensive Evaluation in the first two rounds of SRCP to build the evidence base for community-level sodium reduction strategies. Evaluation of Round 1 (2010-2013) identified successful implementation strategies. Evaluation of Round 2 (2013-2016) demonstrated the impact of SRCP sodium-reduction strategies on availability, accessibility, and purchase of lower-sodium options.

Results from this evaluation will continue to expand the evidence base by assessing the impact of sodium-reduction strategies, identifying effective implementation practices, and assessing program implementation costs and the cost effectiveness of the program. This can inform and inspire other communities to implement similar sodium-reduction efforts and provide the foundation for other funders to support similar activities.

