

FY 2018 PA SNAP-Ed Annual Report

Prepared by the Penn State Management Entity

January 2019

TABLE OF CONTENTS

SNAP-Ed Program Overview	1
SNAP-Ed Administrative Expenditures	4
SNAP-Ed Evaluation Projects Completed for This Reporting Year	4
SNAP-Ed Planned Improvements	7
APPENDICES	
1 Partner Trainings	8
2 Conference Presentations & Journal Publications	9
3 Summary of Policy, Systems, and Environmental Approaches	10
4 Partnership Activities	14
5 Report: FY 2018 PA SNAP-Ed Statewide Evaluation	15
6 Report: SDP Eat Right Philly 2017-2018 Outcomes	29
7 Report: SDP School Health Index 2017-2018 Progress and Results	41
8 Report: CCOR Parent Engagement in Preschool Programming	49
9 Report: NEN Eat Together PA Social Marketing Campaign	52
10 Report: HPC Breastfeeding in Family Shelters	60
11 Report: HPC PA Healthy Food Pantry Assessment	64
12 Report: HPC FY 2018 Partnership Evaluation Tool	80
13 Report: TFT FY 2018 PA SNAP-Ed Evaluation Report	89
14 FY 2018 Pennsylvania SNAP-Ed Plan Abbreviations List	117

1. SNAP-Ed Program Overview

■ Progress in Achieving Overarching Goals:

Pennsylvania Supplemental Nutrition Assistance Program Education (PA SNAP-Ed) FY 2018 Plan included five statewide goals that address federal directives, state priorities and community needs. In PA, the State Agency is the Department of Human Services (DHS) and the Implementing Agency is the Pennsylvania State University (PSU) Management Entity (ME).

Goal 1: Implement evidence-based nutrition education according to goals, objectives, strategies, materials and evaluation plans delineated in the Preschool, School-Age, and Adult/Senior Tracks.

100% of Local Partners (LPs) implemented nutrition education projects according to goals, objectives, strategies, materials and evaluation plans delineated in one or more “Tracks”, i.e. preschool, school-age or adult/senior. In FY 2018, 233,271 individuals received SNAP-Ed programming via direct education. In total, 1,796,317 individuals received direct education, social marketing, or policy, systems, and environmental changes. Programming (including indirect education) was delivered in 65 PA counties by 18 LPs.

Technical support was provided to LPs who proposed evaluation activities to further the evidence base for practice-tested or emerging interventions.

Goal 2: Align Statewide Evaluation efforts with the SNAP-Ed Evaluation Framework Priority Indicators.

Current approved, evidence-based curricula continued to be reviewed according to the SNAP-Ed Evaluation Framework Indicators by identifying and documenting Indicators for each planned lesson. The Indicators were then mapped to appropriate statewide evaluation tools for the School-age and Adult/Senior Projects. This process will continue as LPs request additional curricula to be added to the approved curricula list. As a continuous quality assurance process, ME staff will continue to update curriculum maps to reflect revisions to education content and ensure alignment with the evaluation outcome indicators outlined on the SNAP-Ed Toolkit curriculum description (Read more in *Section 4, SNAP-Ed Planned Improvements*).

Goal 3: Assess program effectiveness through formative, process, outcome, and impact evaluation activities and develop strategic approaches to determine overall plan’s impact using appropriate measures and indicators.

A modified version of the School Physical Activity and Nutrition Survey (also known as the School-Based Nutrition Monitoring Questionnaire), which has established validity and reproducibility reported in the literature,^{1,2} was administered according to a pre/post protocol as a statewide outcome assessment for 4th – 6th grade students.

¹ Thiagarajah K, Fly AD, Hoelscher DM, et al. Validating the Food Behavior Questions from the Elementary School SPAN Questionnaire. *J Nutr Educ Behav.* 2008;40(5):305–310.

² Penkilo M, George GC, Hoelscher DM. Reproducibility of the School-based Nutrition Monitoring Questionnaire among Fourth-grade Students in Texas. *J Nutr Educ Behav.* 2008;40(1):20–27.

An abbreviated version of the Youth Risk Behavior Surveillance (YRBS), named The Nutrition and Physical Activity Survey, was administered to 8th -12th grade students according to a pre/post protocol as monitor nutrition related behavior of middle and high school students. Data from this assessment was compared to Pennsylvania and national data sets, most recently conducted in 2017, to assess possible differences in dietary and physical activity behaviors.

Use of the University of California (UC) Davis Food Behavior Checklist³, to assess nutrition-related behavior changes associated with statewide programming to adults and seniors, continued in FY 2018.

A small-scale feasibility test of the UC Davis EFNEP Checklist to assess Food Resource Management behaviors in adults and seniors was conducted in FY 2018 with the goal of adopting the tool for statewide evaluation data collection in FY 2019.

Summarized results of FY 2018 Statewide Evaluation projects are presented in Appendix 5.

Goal 4: Expand reach to under-served geographic regions and audiences, and the priority target audience: women, then children in households participating in SNAP, by a) identifying eligible audiences and sites in under-served PA counties, b) examining and applying needs assessment data to expand reach to under-served audiences, and c) preparing, testing, and implementing interventions to expand direct education to under-served audiences.

PA SNAP-Ed maintains a Master List of Program Delivery Sites. This list is compiled from program delivery site information submitted by LPs with the Plan and through Plan Amendments and includes location information (Location Name, County, Street Address, Setting Type, etc.) and information about one or more audiences at that location (Location Type and Track-Adult/Senior, School-Age, and Preschool). The list is posted on the [Partner Portal](#) in Excel format; the spreadsheet includes three worksheets that display the data using different sorting methods. This information can help identify under- and un-served audiences and geographic regions.

STARtracks and DHS data continue to be analyzed to provide county level SNAP-Ed coverage information in relationship to percentage of population eligible for SNAP. LP Directors expressed commitment to reaching these audiences by proposing expanded direct education reach in under-served counties.

Goal 5: Employ technology to maximize efficiency and effectiveness of PA SNAP-Ed evaluation and programming activities.

Collection of program delivery and process evaluation data via the web-based STARtracks reporting system informs program management, evaluation efforts, and targeting considerations for both the ME and LPs. User interface updates continued in FY 2018 to improve the user experience and decrease reporting burden. Tracking of program delivery locations and site-specific education programming continues to facilitate audience targeting and identification of under- and un-served areas.

PA SNAP-ED maintains partner resources information on a SharePoint site, known as the *Partner Portal* (<https://portal.nutritiontracks.org/SitePages/Home.aspx>). This is a secure website; users login when prompted to access the previously described (see Goal 4) Master List of Program Delivery Sites, policies and memos, forms, and evaluation and training resources available on the secure area of the website

³ Townsend, M. S. Improving Readability of an Evaluation Tool for Low-Income Clients Using Visual Information Processing Theories. at <http://www.sciencedirect.com/science/article/pii/S1499404607008263>

PA SNAP-ED maintains a website (<https://sites.psu.edu/pasnaped/>) for publicly accessible information about PA SNAP-Ed, evaluation reports, and the annual Request for Partners (RFP.)

Goal 6: Develop new, and strengthen existing, partnerships with agencies providing related public health services to support coordination of efforts, prevent duplication of services, and build community/public health approaches recommended in Federal SNAP-Ed Guidance.

Federal SNAP-Ed Guidance expects implementation of a variety of approaches including multi-level interventions and community and public health approaches in addition to individual or group-based nutrition education. To assess PA SNAP-ED efforts with these approaches to date, and to assist partners with these efforts, a number of activities were conducted in FY 2018.

PA SNAP-ED partners were asked to complete a section of FY 2018 Statement of Work on Coordination of Efforts to identify and describe existing efforts to coordinate and complement nutrition education and obesity prevention with other USDA nutrition assistance programs as well as partnerships with national, State and local initiatives to implement multi-level interventions and public health approaches. In FY 2018, the ME adopted the Programming Evaluation and Reporting System (PEARS) to report on PSE initiatives (*read more in Major Achievements section.*)

▪ **Number of Ongoing Projects Operational during the Reporting Year:**

Three ongoing nutrition education projects (also called “Tracks”) operated throughout the year for key target audiences: preschool children, school-age children, and adults/seniors. Projects consist of statewide behaviorally-focused objectives, age-specific teaching strategies, evidence-based curricula and evaluation tools, with direct education and policy, systems and environmental approaches.

The *Eat Together PA* family meals social marketing campaign pilot conducted by the Pennsylvania Nutrition Education Network (PA NEN) continued in four counties: Allegheny, Lancaster, Philadelphia, and Tioga. FY 2018 campaign consisted of print materials, posters, and other signage along with additional website resources (<https://eattogetherpa.org/>).

▪ **Major Achievements:**

STARtracks Reporting System. Most major achievements for FY 2018 were in direct response to significant changes in EARS reporting requirements, most notably: collecting partnership data; integrating intervention settings and domains; aligning sessions with the series classes; mapping outcome measures and intervention topics to lessons delivered; and adjusting to new methods for counting participants and collecting gender, race and ethnicity data. New methods for collecting data on multimedia content and caregiver reach were implemented.

In addition, tasks for establishing site eligibility and preparing sites for data entry were consolidated onto a single webpage, streamlining the processes for LP users and reducing website management costs. To improve reporting oversight, validation was added to prevent users from reporting programming at a site, if the Memorandum of Understanding for that site was not yet signed.

Finally, user interface tools were upgraded to current industry standards in end-user-facing pages, offering an enhanced online experience.

Policy, Systems, and Environmental Change Intervention Reporting. In FY 2018, the ME began the onboarding process to allow LP users to utilize the Program Evaluation and Reporting System (PEARS) to track, document, and report results of approved PSE activities. The PEARS system is aligned with SNAP-Ed Guidance and EARS, with the goal of providing standardized data collection among SNAP-Ed programs nationwide. PEARS provides LPs a more comprehensive means to report on the breadth and depth of PSE activities implemented within the scope of their SNAP-Ed work. In FY 2018, the first year of using the PEARS system, LPs implemented and documented PSE activities at 806 program delivery sites across Pennsylvania.

Other Evaluation Projects. The PA SNAP-Ed ME and LPs conducted a variety of evaluation activities that yielded useful, relevant data to inform program delivery and provide tested initiatives to expand program reach. These activities are documented in Appendices 5-13.

▪ **Unanticipated Challenges:**

The late release of EARS form for FY 2018 presented challenges because content had significantly changed and the timing of the release was after the start of the program year. While anticipated, this delayed develop of Documentation forms and the STARtracks interface, and required additional interpretation of EARS data that was reported to FNS at the end of the program year.

2. SNAP-Ed Administrative Expenditures:

Type of Administrative Expense:	Penn State University Management Entity	
	% Values	\$ Values
Administrative Salary	69.4	5,977,352
Administrative Training Functions	1.7	147,636
Reporting Costs	4.6	395,205
Equipment/Office Supplies	2.6	221,804
Operating Costs	2.7	235,944
Indirect Costs	14.4	1,244,305
Overhead Charges (Space, HR services, etc.)	4.6	395,779

3a. SNAP-Ed Evaluation Reports for this Reporting Year:

Project Name	Key Objectives	Target Audience	Evaluation Types for which Reports are Included*			
Statewide Evaluation Projects						
Modified SPAN (Appendix 5)	Assess healthy eating and physical activity behavior changes related to SNAP-Ed direct education programming	4 th -6 th grade students			OE	

Project Name	Key Objectives	Target Audience	Evaluation Types for which Reports are Included*			
Modified YRBS (Appendix 5)	Assess healthy eating and physical activity behavior changes related to SNAP-Ed direct education programming	8 th -12 th grade students			OE	IE
UC Davis Food Behavior Checklist (Appendix 5)	Assess healthy eating behavior changes related to SNAP-Ed direct education programming	Adults/Seniors			OE	
EFNEP Food Resource Management Checklist (Appendix 5)	Assess food resource management behavior change related to SNAP-Ed programming	Adults/Seniors		PE	OE	
Other Evaluation Projects						
SDP Eat Right Philly 2017-2018 Outcomes Report (Appendix 6)	Describe SDP school environments by completing School Health Index assessments and collaboration among other PA SNAP-Ed partners providing programming in the District	School Age, Parents/Caregivers, School Staff	FE	PE	OE	
SDP School Health Index 2017-2018 Progress and Results (Appendix 7)	Presents findings from three longer reports that addressed different aspects of the School Health Index process and results in the 2017-18 school year	School Age, Parents/Caregivers, School Staff	FE	PE		
CCOR Parent Engagement in Preschool Programming (Appendix 8)	Enhance evidence-based SNAP-Ed preschool programming with parent interventions	Parents/Caregivers	FE	PE		
NEN Eat Together PA Campaign (Appendix 9)	Assess campaign viewership and recognition in FY 2018	SNAP-Eligible Pennsylvania Residents	FE	PE		
HPC Breastfeeding in Family Shelters Report (Appendix 10)	Explore individual-level attitudes and PSE factors influencing breastfeeding in family shelters	Mothers, Shelter Staff	FE			

Project Name	Key Objectives	Target Audience	Evaluation Types for which Reports are Included*			
HPC PA Healthy Food Pantry Assessment (Appendix 11)	Assessment of food procurement, healthy food promotion, technical assistance	Food Pantry Staff	FE			
HPC FY 2018 Partnership Evaluation Tool (Appendix 12)	Evaluate the depth, accomplishments and lessons learned from SNAP-Ed organizational partnerships	SNAP-Ed Partner Agencies	FE	PE		
TFT Programming in Supermarkets (Appendix 13)	Nutrition knowledge gain and behavioral change through shopper engagement at retail settings	Adults/Seniors			OE	
TFT Heart Smarts: Healthy Corner Store Initiative (Appendix 13)	Assess curriculum impact on shopping behaviors and shopper health measures	Adults/Seniors		PE	OE	
TFT Programming in Farmers Markets (Appendix 13)	Nutrition knowledge gain and behavioral change through shopper engagement at farmers markets	Adults/Seniors		PE	OE	
TFT Programming in Food Pantries (Appendix 13)	Engage food pantry patrons through direct education, food demonstrations, PSE efforts to increase nutrition knowledge and encourage behavior change	Adults/Seniors		PE	OE	
TFT Healthy Kindergarten Initiative (Appendix 13)	Nutrition knowledge gain and behavioral change through direct education and parent engagement	Kindergarten Students, Parents/Caregivers		PE	OE	
TFT Corner Store Youth Initiative (Appendix 13)	Nutrition knowledge gain and behavioral change through direct education and PSE initiatives	4 th -8 th Grade Students			OE	IE
TFT Healthy You Positive Energy (Appendix 13)	Engage youth leadership to make healthy changes in the school environment	Middle and High School Students		PE	OE	

Project Name	Key Objectives	Target Audience	Evaluation Types for which Reports are Included*			
TFT Healthy Bodies, Healthy Minds Teacher Training Series (Appendix 13)	Increase classroom teachers knowledge and confidence to deliver nutrition education lessons	Teachers		PE	OE	IE

* FE = Formative Evaluation, PE = Process Evaluation, OE = Outcomes Evaluation, IE = Impact Evaluation

3b. Impact Evaluation:

See Appendices 5 and 13.

4. SNAP-Ed Planned Improvements:

SNAP-Ed Evaluation Framework Linked to Direct Education Curricula. In FY 2019, the ME will continue efforts to refine Statewide Evaluation protocols in the context of aligning with the SNAP-Ed Evaluation Framework. Direct education curricula were mapped to applicable Framework indicators in previous fiscal years, however this process will continue as the approved curricula list is refined, and curricula revised or added with the re-opening of the SNAP-Ed Toolkit submission period. Additional evaluation tools will be identified, pilot tested, and added to the Statewide Evaluation assessment tool list to more thoroughly evaluate the SNAP-Ed Framework Priority Indicators.

STARtracks Improvements. Improvements planned for FY 2019 include: retooling the MOU management function to present partnership data in a hierarchical and historical format and to streamline the MOU creation process; updating the program delivery site management function to focus on domain and intervention setting; updating existing reports to render them compatible with new data structures; developing new reports to enhance program oversight, planning, and decision making; expanding access to ad hoc reporting tools; and upgrading user interface tools for ME-facing pages.

PEARS Data Fidelity. The ME will develop and implement standard procedures for monitoring and improving the quality of PSE data entered into the PEARS system. This process will ensure high-quality data is available for PA SNAP-Ed project reporting by providing technical assistance as needed to LPs. ME staff including nutritionists, evaluation staff, and informatics will collaborate on this initiative.

Appendix 1. Partner Trainings

Training	Date(s)	Format
FY 2018 RFP Training	1/26/2017	Training video posted on FY 2018 RFP Website
FY 2018 Fall Partner Meeting	10/19/2017	In-person; Slides and Handouts are posted on the Partner Portal, Meetings Archive
FY 2018 STARtracks - Introduction	10/30/2017	Recording posted on the Partner Portal, Trainings ; Replaced 10/26/18 with FY19 Trainings
FY 2018 STARtracks - Entering Data	10/30/2017	Recording posted on the Partner Portal, Trainings ; Replaced 10/26/18 with FY19 Trainings
FY 2018 STARtracks - Editing Data	10/30/2017	Recording posted on the Partner Portal, Trainings ; Replaced 10/26/18 with FY19 Trainings
FY 2018 STARtracks - Compile Reports	10/30/2017	Recording posted on the Partner Portal, Trainings ; Replaced 10/26/18 with FY19 Trainings
FY 2018 STARtracks - Performing Administrative Tasks	10/30/2017	Recording posted on the Partner Portal, Trainings ; Replaced 10/26/18 with FY19 Trainings
FY 2018 PEARS PSE Training	11/30/2017	Recording posted on the Partner Portal, Trainings
FY 2018 STARtracks - Using PDD Reports for Data Correction	6/20/2018	Recording posted on the Partner Portal, Trainings
FY 2019 RFP Training	1/26/2018	Training video posted on FY 2019 RFP Website

Appendix 2. Conference Presentations & Journal Publications

Conference Presentations

Abuyounis H, Gross M, Zepka B, Karamanian V. SNAP-Ed Programming Improves Nutrition and Physical Activity Environments in Out-of-School Time Sites in Philadelphia, PA. Poster presentation at the Annual Conference for the Society for Nutrition Education and Behavior. Minneapolis, MN: July 21-24, 2018.

Brenneman K, Cassar E, Taylor N. Collaborating on Food Access: Share Produce Stands at Philadelphia Schools. Presentation at PA Nutrition Education Network Annual Conference. Pocono Manor, PA: May 1, 2018.

Ensslin J, Cullison J, Schofield K, Volpe S. PA SNAP-Ed Promotes Healthy Eating Behaviors in High School Students. Poster presentation at the Annual Conference for the Society for Nutrition Education and Behavior. Minneapolis, MN: July 21-24, 2018.

Moore K, Gordon M. Adolescent Self-Assessment of Cooking and Kitchen Skills. Poster presentation at the Annual Conference for the Society for Nutrition Education and Behavior. Minneapolis, MN: July 21-24, 2018.

Ndao F, Belue R, Hillemeier MM. Addressing the Social Determinants of Health in Corner Store Initiatives. Poster presentation at the Annual Meeting of the American Public Health Association. Atlanta, GA: November 4-8, 2017.

Panagodimos S. School Health Index - A Needs Assessment to Inform Whole-Child Initiatives. Presentation at SDP Research, Policy and Practice Conference. Philadelphia, PA: May 5, 2018.

Schofield K, Cullison J, Ensslin J, Volpe S. Drexel University EAT.RIGHT.NOW. Nutrition Education Program: Evaluation and Impact of Pennsylvania SNAP-Ed in Middle School Populations. Poster presentation at the Annual Meeting of the American Public Health Association. Atlanta, GA: November 4-8, 2017.

Schofield K, Cullison J, Ensslin J, Volpe S. Building the Framework for Cross-Collaborative Approaches to Create Policy, System and Environmental Changes. Poster presentation at the Annual Meeting of the American Public Health Association. San Diego, CA: November 10-14, 2018.

Tkatch C. Expanding Breakfast Participation. Poster presentation at SDP Research, Policy and Practice Conference. Philadelphia, PA: May 5, 2018.

Appendix 3. Summary of Policy, Systems, and Environmental Approaches

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
AHI	Healthy Choice, Easy Choice	Environment	Eat, Learn	School Age, Caregivers/ Adults	ST5, ST7, MT5, MT6
AHI	Get Growing!	Environment	Play, Shop	Food Pantry clients, Eligible community members	ST5, ST7
CCOR	Nutrition and Physical Activity Self-Assessment for Child Care (GO NAP SACC)	Environment	Learn	Head Start Staff, Preschool Students, Caregivers	ST5, MT5, MT6
CCOR	Community Health Needs Assessment (CHNA)	Environment	Live	Staff, Preschool Students, Caregivers	ST5
CCOR	Identification of and participation in local area nutrition education, food alliances, and hunger coalitions	Environment, Systems	Eat	Families with young children	ST5, ST7
CEO	Food Bank CHOP, Food Pantry Nudges	Environment	Shop	Food Pantry Clients	MT5, LT12
CEO	Farmers Markets	Environment	Shop	SNAP and WIC participants	LT12
DRX	Physical Activity Promotion	Environment, Systems	Learn, Play	School Age	MT3, MT6
DRX	PSE Partnerships	Environment, Systems, Policy	Learn, Live, Play	School Age, Adults	ST5, ST7, MT1, MT5
DRX	School Wellness Action Plans	Environment, Systems	Learn	School Age, Adults	ST5, ST7, MT5, MT6
DRX	Promise Zone Initiative	Environment, Systems	Learn, Live, Play	School Age, Adults	ST7, MT1, MT3, MT5
DRX	Food Access	Environment, Systems	Learn, Live, Play	School Age, Adults	ST5, ST7, MT1, MT5
DRX	Community Schools Initiative	Environment, Systems	Learn	School Age, Adults	ST7, MT1, MT3, MT5

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
DRX	Gardening Initiative	Environment	Learn, Play	School Age, Adults	ST5, ST7, MT1, MT5
FUL	Healthy Pantry Initiative	Environment	Shop	Food pantry staff and volunteers	ST5, ST7, MT5
FUN	Southeastern Pennsylvania Preschool Initiative	Environment	Learn	Preschool Staff, Preschool Students, Caregivers	ST7, MT1
FUN	Collaborative Capacity Building Efforts for Early Childhood Education	Policy, Systems		Preschool Staff, Preschool Students, Caregivers	ST8
FUN	School Wellness Action Plans	Environment	Learn	School Age, Caregivers	ST5, ST7, MT5, MT6
FUN	Healthy Food Pantry Initiative	Systems, Environment	Shop	Food pantry staff and volunteers	ST5, ST7, MT5
FUN	Faith Based Initiative	Systems, Environment	Live	Adults	ST5, MT5, MT6
FUN	Albert Einstein Medical Center (AEMC) Healthy Community Collaboration	Systems, Environment	Live	AEMC area residents; Eligible Patients	ST8, MT11
HPC	Statewide Community-Clinical Integration for PA SNAP-Ed	Systems, Environment	Live	Healthcare Providers, Staff	ST7, ST8, MT11
HPC	Healthy Food Pantry Initiative	Systems, Environment	Shop	Pantry Staff and Volunteers	ST5, ST7, MT5, ST1, ST2
HPC	Lactation Support in Family Shelters	Environment, Systems, Policy	Live	Shelter Staff	ST5, MT5
HPC	Health Center Nutrition and Physical Activity Support	Environment	Live	Health Center Staff	ST5, MT5, MT6, ST1, ST2, ST3, MT1, MT3

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
HPC	Supermarket Health Services and Nutrition Education	Environment	Shop	Uplift and Shoprite Staff	ST7, ST1, ST2, ST8
HPC	School Wellness Action Plans	Environment	Learn	School Age, Caregivers	St5, ST7, MT5, MT6
HPC	Out of School Time (OST) Wellness Initiative	Systems, Environment	Learn	School and Out of School Time Staff	ST5, ST6, MT5, MT6
LAF	Modifying the Preschool Classroom Food Environment	Environment	Learn	Preschool Staff, Preschool Students, Caregivers	MT1
LAF	Point of Sale Signage at Grocery Stores	Environment	Shop	Children, Caregivers	ST1, MT1
NLA	Healthy Pantry Initiative	Environment	Shop	Food pantry Staff, Clients	ST5, ST7
SDP	Development and Implementation of School Wellness Action Plans	Environment, Systems, Policy	Learn	Staff, School Age, Caregivers	ST5, ST7, MT5, MT6, LT5, LT6, MT1, MT3
SDP	Improving Food Resources in the Community	Environment	Shop	SNAP-Ed Adults	MT1, MT2, ST7, MT5
SDP	Farm to School	Environment	Learn, Play	School Age, Caregivers	
SDP	Supporting Green Futures	Environment, Systems	Learn	School Age	ST7, MT5, MT6, MT3
TFT	Youth Leadership (within SDP-Healthy You, Positive Energy)	Environment, Systems	Learn	6-12 th grade School Age and Advisors (school staff)	ST6, ST7, MT1, MT3, MT5
TFT	Gardening	Environment	Play, Learn, Shop, and Live	Preschool/School Age, Caregivers, Seniors	ST7, MT1, MT5, MT6

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
TFT	Food Access and Nutrition Education Collaboration	Environment	Learn, Shop	Youth, Caregivers, Adults, Seniors	MT1, MT5, ST7
TFT	Whole School, Whole Community, Whole Child (all districts except SDP)	Systems, Environment, Policy	Learn	School Age, Caregivers	ST5, ST6, ST7, MT5, MT6
TFT	GO NAP SACC	Environment, Systems, Policy	Learn, Play	School Age, Caregivers	ST5, ST6, ST7
TFT	School Food Services	Environment, Systems	Learn	School Age	ST7, MT5
TFT	Heart Smarts	Environment	Shop, learn	Adults/Seniors	ST1, St7, ST8, MT11
TFT	FINI	Environment	Shop, Learn	Adults/Seniors	ST1, ST7, ST8, MT1, MT5, MT8
TFT	Healthy Food Pantry Initiative	Environment, Systems, Policy	Shop	Food pantry Staff and Volunteers	ST5, ST7, MT5
TFT	Community Mapping – My Healthy Neighborhood	Environment, Systems, Policy	Shop	Food pantry Staff and Volunteers	ST5, ST7, MT5
UNI	Good Food Bags	Environment	Live, Eat	Adults/Seniors	ST7, MT5, MT11
UNI	School Wellness Action Plans	Environment	Learn	School Age, Caregivers	ST5, ST7, MT5, MT6
UNI	Backpack Program	Environment	Learn, Live	School Age, Caregivers	ST6, MT2
UNI	Fruit Stands	Environment	Learn	School Age	MT5, ST6
UNI	Ponics	Environment, Systems	Learn	School Age, Adults/Seniors	ST7, MT5
UNI	Be a Champion of Change	Environment, Systems	Learn, Work	School Age, Teachers	ST7
UNI	PSE Corp	Environment	Learn, Live	School Age, Adults/Seniors	ST5, ST6, MT5, MT6
VCP	Eatiquette 360 in Lunchroom	Environment, Systems	Learn	School Age	ST5, LT5, MT5

Appendix 4. Partnership Activities

SNAP-Ed involvement in the Governor’s Food Security Partnership continued in FY 2018. *Setting the Table: A Blueprint for a Hunger-free PA* includes several goals in which SNAP-Ed can play a role, as described below:

Blueprint for a Hunger-free PA Goals	PA SNAP-Ed Opportunities
Every county and/or region in Pennsylvania will have a local food alliance to combat hunger in their local communities.	Representation in local food alliance groups.
The SNAP participation rate will increase from 90 percent to 98 percent or higher.	Communicate with relevant SNAP outreach partners.
The number of children benefiting from free and reduced price meals during the school year (linked to nutrition programs in summer) will increase from 20 percent to 30 percent.	Partnering with SNAP-Ed eligible schools (CEP designated schools and schools with >50% free/reduced) and summer meal programs to provide evidence-based nutrition education and school food environment interventions.
Sixty percent of students benefiting from free and reduced priced school meals will participate in school breakfast. This is an increase from 47 percent in 2014-15.	Partnering with SNAP-Ed eligible schools to provide evidence-based nutrition education and breakfast policy interventions.
The Women, Infants, and Children (WIC) Farmers’ Market Nutrition Program redemption rate will increase from 308,000 to 340,000 checks annually.	Marketing SNAP-Ed farmers’ market nutrition education to WIC audiences.
Double SNAP Bucks will be available at all highly accessible, high-need farmers’ markets, and additional SNAP recipients will have access to SNAP employment and training and SNAP education.	Farmers’ market nutrition education and PSE interventions, such as food demonstrations, tastings, and recipes.
Pennsylvanians will have streamlined access to food security information and benefits.	Streamlined access to SNAP benefits for seniors; partnering with Area Agency on Aging to expand SNAP-Ed at senior centers.
Pennsylvania will improve access to healthy, nutritious food.	Partnering with corner stores to provide evidence-based nutrition education and PSE interventions

On October 20, 2017, Christine Brennan, Pennsylvania SNAP-Ed Project Director, as well as DHS SNAP-Ed administrators, attended the Annual Meeting of the Partnership, an event held to both “highlight accomplishments in food security over the last year and to develop next steps toward meeting the goals in the [Blueprint]”.

Appendix 5 - FY 2018 Pennsylvania SNAP-Ed Evaluation Results

This document was developed to report on SNAP-Ed Evaluation Framework Indicators for the Fiscal Year 2018 (FY 2018) PA SNAP-Ed Annual Report. The data sets used for analyses were collected from participant self-reported survey responses. Results presented herein assume that participants provided truthful responses to the best of their knowledge and ability. Participant survey responses that resulted in biologically implausible data or outliers were removed from data sets on a case by case basis.

Statewide Evaluation Projects

In FY 2018, Pennsylvania SNAP-Ed conducted statewide evaluation activities that assessed nutrition and physical activity behavior changes related to direct education programming provided to the School-Age and Adult/Senior projects.

The School-Age project was assessed using two evaluation tools:

Modified SPAN (N=2,165) – a modified version of the School Physical Activity & Nutrition survey. This assessment was administered to students in 4th-6th grade in a pre/post format and indicates nutrition and physical activity behavior changes resulting from series direct education programming. Approved curricula delivered to the School-Age audience as part of this evaluation included *Show Me Nutrition*, *Growing Healthy Habits*, *Cooking Matters with Chefs and Kids*, *SDP Eat Right Now*, *DRX Eat Right Now*, *4th Grade Vegetable Core*, *CATCH*, *C3*, *Small Bites*, *Balance My Day*, and *Team Nutrition: Serving Up MyPlate*. Local partners participating in the assessment in FY 2018 included: AHI, CAP, CEO, COM, DRX, FUL, FUN, HPC, NLA, SDP, TFT, UNI, and VCP. Data was analyzed retrospectively using paired-samples t-tests to test for differences at alpha = .05. This analysis method compares group mean data by assessing differences in pre-test and post-test responses at the individual level.

- SNAP-Ed Evaluation Framework Indicators measured: *MT1*, *MT3*

Modified YRBS (N=1,543) – a subset of nutrition and physical activity related survey questions from the nationally-administered Youth Risk Behavior Survey. This assessment was administered to students in 8th-12th grade in a pre/post format and indicates nutrition and physical activity behavior changes resulting from series direct education programming. Approved curricula delivered to the School-Age audience as part of this evaluation included *DRX Eat Right Now*, *Show Me Nutrition*, *Cooking Matters for Chefs and Kids*, *Balance My Day*, and *A Taste of African Heritage*. Local partners participating in the assessment in FY 2018 included: AHI, CEO, DRX, HPC, NLA, SDP, TFT, UNI, and VCP. Data was analyzed retrospectively using paired-samples t-tests to test for differences at alpha = .05. This analysis method compares group mean data by assessing differences in pre-test and post-test responses at the individual level. In addition, data sets compiled from national, Pennsylvania (statewide), and Philadelphia metro area administered in odd-numbered years and are available for comparative analyses to PA SNAP-Ed YRBS data.

- SNAP-Ed Evaluation Framework Indicators measured: *MT1*, *MT3*

The Adult/Senior project was assessed using the following evaluation tools:

UC Davis Food Behavior Checklist (N=1,851) – a photo-based assessment tool that was administered in a pre/post format to assess nutrition-related behavior change after series direct education programming. Pennsylvania SNAP-Ed has included two additional survey items to assess sodium and whole grain intake behaviors as an addendum to this tool. Approved curricula delivered to the Adult/Senior audience as part of this evaluation included *Eating Smart and Moving More*, *Seniors Eating Well*, *MyPlate for My Family*, *A Taste of African Heritage*, *DRX Eat Right Now*, *Nutrition for Life*, *Eating Smart and Being Active*, *Eat Healthy Be Active*, *A New You*, and *Just Say Yes to Fruits and Vegetables*. Local partners participating in the assessment in FY 2018 included: AHI, CAP, CCOR, CEO, DRX, FAY, FUN, NLA, TFT, and UNI. Data was analyzed retrospectively using paired-samples t-tests to test for differences at $\alpha = .05$.

- SNAP-Ed Evaluation Framework Indicators measured: MT1, MT2

EFNEP Food Resource Management Checklist (N=257) – a photo-based assessment tool that was administered in a pre/post format to assess nutrition-related and food resource management behavior change(s) after series direct education programming that includes outcome objectives related to food resource management behaviors. In FY 2018, this tool was distributed on a small-scale to assess tool administration feasibility, survey procedures, and data management. Approved curricula delivered to the Adult/Senior audience as part of this evaluation *Seniors Eating Well*, *Nutrition for Life*, and *Just Say Yes to Fruits and Vegetables*. Local partners participating in the assessment in FY 2018 included: HCP, and TFT.

- SNAP-Ed Evaluation Framework Indicators measured: MT1, MT2

Challenges in Statewide Evaluation in FY 2018

In FY 2018, several challenges were encountered in statewide evaluation. These challenges included:

YRBS Pre/Post Test Matching – FY 2018 was the first fiscal year for using a pre/post-test format which provided some useful learning opportunities. Student movement among class rosters and absenteeism between the pre-test and post-test period limited the matched sample size LPs were able to attain. This occurrence was previously not a factor as the assessment was only conducted in a post-test format. Of the 1,543 students who participated in the assessment, only 35.6% of students completed both the pre- and post-tests. The ME will work to address and improve YRBS survey response rate in FY 2019 through LP technical assistance.

EFNEP Checklist – The EFNEP Checklist was piloted for measuring food resource management behavior change associated with direct education series programming. Between the pilot testing period when the ME decided to proceed with the small-scale administration of the assessment, the survey question items and response scales of the Checklist were revised into an updated version of the document. As a result, the fidelity of the pre/post-test matched participant response data collection method was invalidated. Data collected from participant pre- and post-test can be used to compare group means, however matched data to support behavior change at the individual level could not be used for FY 2018 analyses. The ME does not anticipate this problem occurring in future fiscal years.

Evaluation Improvement for FY 2019 and Future Years

Statewide evaluation activities in FY 2019 will be continue to be refined to more closely align with evaluation goals related to the priority SNAP-Ed Evaluation Framework indicators: ST7 – Partnerships; ST8 – Multi-sector Partnerships and Planning; MT1 – Healthy Eating Behaviors; MT2 – Food Resource Management; MT3 – Physical Activity and Reduced Sedentary Behaviors; MT5 – Nutrition Supports Adopted in Environmental Settings; and R2 – Fruits and Vegetables.

In FY 2018, the evaluation tool developed for assessment of food resource management by the Expanded Food and Nutrition Program (EFNEP) was tested for feasibility and acceptability. The EFNEP Checklist was tested by Local Partners (LPs) who provide direct education programming in the Adult/Senior project to more thoroughly assess MT2 – Food Resource Management. Based on lessons learned from small-scale testing, the ME had decided to make the tool available for use to all PA SNAP-Ed LPs. FY 2019 will be the first fiscal year that this tool will be available for all LPs to use to evaluate MT2 statewide.

Expanded reporting of partnership activities conducted by LPs will be a focus for future fiscal years as the ME explores options to incorporate electronic or online systems to manage the tracking and documentation PA SNAP-Ed partnerships.

Additional tools may be identified and pilot tested with selected LPs for assessment of Adult/Senior programming related to MT3 – Physical Activity and Reduced Sedentary Activity and MT4 – Food Safety.

Highlighted Results for PA SNAP-Ed in FY 2018

- After direct education series programming, adults and seniors reported they were more likely to eat more than one kind of fruit each day, more likely to eat more than one kind of vegetable each day, and were more likely to include 2 or more vegetables during the main meal of the day.
- After direct education series programming, school-age students in grades 4-6th reported consuming red and orange vegetables (tomatoes, red peppers, carrots, squash, sweet potatoes) more frequently.
- After direct education series programming, adults and seniors reported consuming more total cups of fruit per day and more total cups of vegetables per day.
- High school students who participated in SNAP-Ed programming are more likely to eat vegetables 2 or 3 times per day more frequently than the average student (based on YRBS 2017 Results).
- After direct education series programming, adults and seniors reported reading food labels more often than prior to receiving direct education.

Summary of Statewide Evaluation Results

SNAP-Ed Evaluation Framework Medium-Term Indicators – Changes; Behavioral Changes

MT1: Healthy Eating – Changes in individual and family healthy eating behaviors on the pathway to achieving the current <i>Dietary Guidelines for Americans</i> recommendations.	
During main meals:	
MT1a. Protein foods prepared without solid fats (e.g. saturated and/or trans fats) or fresh poultry, seafood, pork, and lean meat, rather than processed meat and poultry.	Following direct education series programming, adults and seniors reported they were more likely to prepare lean protein foods. (n=533, p=.001).
Throughout the days of week:	
MT1c. Ate more than one kind of fruit.	Following direct education series programming, adults and seniors reported they were more likely to eat more than one kind of fruit each day. (n=552, p=.001).
MT1d. Ate more than one kind of vegetable.	<p>Following direct education series programming, adults and seniors reported they were more likely to eat more than one kind of vegetable each day. (n=557, p=.001); and were more likely to include 2 or more vegetables during the main meal of the day (n=547, p=.001).</p> <p>Following direct education series programming, school-age students in grades 4-6th reported consuming red and orange vegetables (tomatoes, red peppers, carrots, squash, sweet potatoes) more frequently (n=1,506, p=.029).</p>
Frequency:	
MT1h. Drinking fewer sugar-sweetened beverages (e.g., regular soda or sports drinks).	Following direct education series programming, adults and seniors did not report consuming fewer sugar-sweetened beverages such as fruit drinks, sports drinks, and punch (n=551, p=.240), or regular soda (n=560, p=.096).
MT1i. Consuming low-fat or fat-free milk (including with cereal), milk products (e.g., yogurt or cheese), or fortified soy beverages.	Following direct education series programming, more adults and seniors reported drinking milk (n=558, p=.001).

MT1j. Eating fewer refined grains (e.g., spaghetti, white rice, white tortilla).	Following direct education series programming, the proportion of adults and seniors who reported consuming whole grain foods during the past week did not increase (n=534 p=.143)
Servings:	
MT1l. Cups of fruit consumed per day.	<p>Following direct education series programming, adults and seniors reported consuming more total cups of fruit per day (n=543, p=.000).</p> <p>Following direct education series programming, adults and seniors did not report eating more fruits and vegetables as snacks between meals (n=562, p=.318).</p> <p>Following direct education series programming, school-age students in grades 4-6th did not report consuming more total cups of fruit per day (n=1,481, p=.893).</p> <p>Following direct education series programming, school-age students in grades 4-6th did not report consuming more 100% fruit juice more frequently (n=1,495, p=.775).</p>
MT1m. Cups of vegetables consumed per day.	<p>Following direct education series programming, adults and seniors reported consuming more total cups of vegetables per day (n=543, p=.015).</p> <p>Following direct education series programming, school-age students in grades 4-6th did not report consuming significantly more total cups of vegetables per day (n=1,435 p=.842).</p>
MT2: Food Resource Management – Changes in individual and family behaviors that reflect smarter shopping and food resource management strategies, enabling participants to stretch their food resource dollars to support a healthier diet.	
MT2a. Choose healthy foods for my family on a budget.	Following direct education series programming, adults reported increased frequency of choosing healthy foods for family meals and meal planning (n=162; Group mean response data was compared versus individual participant matched responses).

MT2b. Read nutrition facts labels or nutrition ingredient lists.	Following direct education series programming, adults reported reading food labels more often than prior to receiving direct education (n=545, p=.000).
MT2g. Not run of food before month's end.	Following direct education series programming, adults and seniors reported no change in the frequency of running out of food before the end of the month (n=546, p=.807).
MT2h. Compare prices before buying foods.	Following direct education series programming, the proportion of adults who report they compare prices when shopping did increase compared to before participating in SNAP-Ed programming (n=162); Group mean response data was compared versus individual participant matched responses). The baseline response for this survey item (before education) was "very often."
MT2j. Shop with a list.	Following direct education series programming, the proportion of adults who report they use a list when shopping increased compared to before participating in SNAP-Ed programming (n=161; Group mean response data was compared versus individual participant matched responses).

MT3: Physical Activity and Reduced Sedentary Behavior – Two-part indicator measuring behavioral changes to increase physical activity and/or reduce sedentary behavior. Physical activity is defined as any body movement that works muscles and requires more energy than resting. Sedentary behavior is defined as too much sitting or lying down at work, at home, in social settings, and during leisure time. Both increasing physical activity and decreasing sedentary behaviors is important for overall health.

Increased Physical Activity, Fitness, and Leisure Sport. Increases in duration, intensity, and frequency of exercise, physical activity, or leisure sport appropriate for the population of interest, and types of activities.

MT3a. Physical activity and leisure sport (general physical activity or leisure sport).	Following direct education series programming, school-age students in grades 4-6 th did not report engaging in physical activity on more days of the week (n=1,550, p=.891) or reducing the weeks for which no days of at least 60 minutes of physical activity were reported (n=1,553, p=.702).
---	---

Reduced Sedentary Behavior. Decreases in time spent in sedentary behavior (computers, desk sitting, television watching) during the period assessed.

MT3g. Television viewing.	Following direct education series programming, students in grades 8-12 th did not report viewing less TV per day (n=935, p=.293). Mean viewing time per day was 1.78 hours.
MT3h. Computer and video games.	Following direct education series programming, students in grades 8-12 th did not report viewing less other screen time per day (n=936, p=.587). Mean other screen time per day was 2.63 hours.

SNAP-Ed Evaluation Framework Population Results – Trends and Reduction in Disparities

Data used to describe trends in nutrition and physical activity behaviors were gathered from the Youth Risk Behavior Surveillance assessment tool. This assessment tool is administered in odd-numbered calendar years, with 2017 data being the most recent available. PA SNAP-Ed uses a modified version of this assessment tool to measure behavior changes in healthy eating habits and physical activity in students in grades 8-12. Administration of this assessment allows for direct comparison of students who had just participated in PA SNAP-Ed direct education programs to students in Pennsylvania and nationwide.

PA SNAP-Ed participant responses to the post-test (following direct education) most often provide a more favorable response than the state and national averages for nutrition and physical activity survey items. This finding indicates that SNAP-Ed programming is associated with positive nutrition and physical activity related behavior changes in 8th-12th grade students.

R2: Fruits and Vegetables – This indicator represents changes in fruit and vegetable consumption, including subgroups of under-consumed vegetables, over time, from year to year, among the low-income population of the state.

	FY 2018 PA SNAP-Ed* n=958	National 2017* n=14,344	Pennsylvania 2017* n=3,566
Did not eat fruit or drink 100% fruit juices in the past 7 days	5.9%	5.6%	7.9%
Reported eating fruit or drank 100% fruit juices 2 or more times/day in the past 7 days	32.0%	31.3%	28.5%
Did not eat vegetables in the past 7 days	8.0%	7.2%	7.4%
Reported eating vegetables 2 or more times/day in the past 7 days	29.5%	26.6%	23.9%
Reported eating vegetables 3 or more times/day in the past 7 days	16.8%	13.9%	11.9%

*Question-specific sample sizes vary due to missing responses.

R7: Physical Activity and Reduced Sedentary Behaviors - Achievement of the Physical Activity Guidelines for Americans, 2008 for adults and children.

	FY 2018 PA SNAP-Ed* n=931	National 2017* n=14,238	Pennsylvania 2017* n=3,530
Did not participate in at least 60 minutes of physical activity on any day in the past 7 days	9.8%	15.4%	15.6%
Reported 60 minutes of physical activity on five or more days in the past 7 days.	42.2%	46.5%	42.4%

*Question-specific sample sizes vary due to missing responses.

Evaluation PA SNAP-Ed Policy, Systems, and Environmental Approaches and Partnerships

Medium-Term Indicators – Changes; Organizational Adoption and Promotion

MT5: Nutrition Supports - Sites and organizations that adopt PSE changes and complementary promotion often including favorable procurement, meal preparation activities, or other interventions that expand access and promote healthy eating.

PA SNAP-Ed LPs reported PSE activities in the Program Evaluation and Reporting System (PEARS) PSE module. Data compiled from those reports, statewide, is presented in the table below:

Nutrition Supports Adopted - Description	Change Level	Times Implemented
At least one fruit and/or vegetable is served at every meal and snack	Policy	67
Established or improved a nutrition policy	Policy	63
Established or improved standards for healthier eating across the organization	Policy	25
Food is not used as reward or punishment	Policy	3
Improvements in hours of operation/time allotted for meals or food service	Policy	5
Meals are served family style	Policy	8
Nutrition education opportunities are offered to parents at least 2 times a year	Policy	188
Only whole-grain foods are served	Policy	1
Rules for foods served in meetings or in classrooms	Policy	3
School wellness or child care wellness policy	Policy	79
Special occasions, including birthdays, are celebrated with healthy food or non-food activities	Policy	10
Staff never eat less healthy food in front of the children	Policy	3
Took steps (policies, promotion, collaboration) to encourage new food distribution at sites	Policy	13
Improved hours of operation to improve access/convenience	Policy	4
A wellness committee is established with parent participation	Systems	6
Began acceptance of SNAP/EBT/WIC	Systems	25
Change in food donation specifications toward healthier food	Systems	7
Change in food purchasing specification towards healthier food(s)	Systems	30
Change in menus (variety, quality, offering lighter fares)	Systems	16
Change in vendor agreement towards healthier food(s)	Systems	1
Children decide when they are full during meals and snacks	Systems	8
Collecting excess wholesome food to donate to charitable organizations	Systems	2
Enhanced training on menu design and healthy cooking techniques	Systems	14
Implemented a system for youth, parent and/or client leadership or involvement in decision-making	Systems	9
Implemented a system to involve youth in food service decision-making	Systems	3

Nutrition Supports Adopted - Description	Change Level	Times Implemented
Implemented guidelines for healthier competitive foods options	Systems	1
Implemented guidelines for healthier snack options	Systems	2
Implemented novel distribution systems to reach high-risk populations, such as home delivery for the elderly, farmers markets, etc.	Systems	24
Implemented nutrition standards for foods accepted and distributed (at food pantries)	Systems	3
Implemented price manipulations/coupons/discounts to encourage healthy choices	Systems	12
Implemented, improved or expanded healthy fundraisers	Systems	13
Improved child feeding practices, such as foods served family style, adults modeling healthy behaviors, etc.	Systems	10
Improved or increased healthy beverage options	Systems	12
Improvements in free water access, taste, quality, smell or temperature	Systems	115
Include fresh produce in food pantry offerings	Systems	19
Nutrition lessons reflect children's culture	Systems	61
Prioritizing farm-to-table/increase in fresh or local produce	Systems	114
Removing sugar-sweetened beverages from children's menus	Systems	5
Restrictions on use of food as rewards or during celebrations	Systems	1
Use of standardized, healthy recipes	Systems	25
Child care professionals teach children about the taste, smell and texture of foods, the benefits of eating healthy foods, as well as vocabulary and language skills about food and eating	Environmental	160
Childcare professionals use a nutrition education curriculum that incorporates other subjects, such as sensory development, language, science, math and dramatic play	Environmental	163
Children participate in food preparation activities	Environmental	34
Created or enhanced healthy check out area	Environmental	11
Decreased shelf space, amount or variety of unhealthy options	Environmental	3
Edible gardens (establish, reinvigorate or maintain food gardens)	Environmental	53
Eliminated or reduced the amount of competitive foods	Environmental	1
Establish a new food bank, pantry or distribution site	Environmental	6
Established a new healthy retail outlet	Environmental	25
Healthier vending machine initiatives (e.g., access to healthier foods and beverages)	Environmental	1
Improved appeal, layout or display of foods to encourage healthy and discourage unhealthy selections	Environmental	45
Improved appeal, layout or display of healthy competitive foods	Environmental	5
Improved appeal, layout or display of healthy snack foods	Environmental	19
Improved or expanded cafeteria, dining or serving areas or facilities	Environmental	1
Improved quality of healthy options	Environmental	21
Improvements in layout or display of food (Smarter Lunchrooms)	Environmental	16

Nutrition Supports Adopted - Description	Change Level	Times Implemented
Increased shelf space, amount or variety of healthy options	Environmental	24
Installed interactive, educational display with nutritional/physical activity messages that will stay at the site	Environmental	2
New kitchen equipment used to improve food service program or serve healthier foods/beverages	Environmental	3
Nutrition education and cooking activities are included in lesson plans at least once per month	Environmental	259
Staff create social interaction and conversation about food at snack and meal times	Environmental	9
Staff eat the same food and use informal modeling to encourage children to try foods	Environmental	21
Staff sit with children during meal times	Environmental	25
Implemented or enhanced limits on marketing or promotion of less healthy options	Promotion	2
Increased awareness of the changes by target audience	Promotion	7
Increased awareness of the PSE change by the target audience	Promotion	228
Increased marketing/promotion of school nutrition program inside or outside of school building	Promotion	136
Meal service staff encourages healthy selections	Promotion	9
Point-of-purchase and distribution prompts	Promotion	58
Took promotional steps to encourage new food distribution sites	Promotion	1
Took promotional steps to encourage new healthy retail outlets	Promotion	2
Used posters, visual displays, taste testing, live demonstrations, audiovisuals, celebrities, etc.	Promotion	394
Total Number of Nutrition Supports Adopted		2,754

MT6: Physical Activity and Reduced Sedentary Behavior Supports – Sites and organizations that adopt PSE changes and complementary promotion that expand access and promote physical activity and reduced time spend being sedentary.

PA SNAP-Ed LPs reported PSE activities in the PEARS PSE module. Data compiled from those reports, statewide, is presented in the table below:

Physical Activity and Reduced Sedentary Behavior Supports Adopted - Description	Change Level	Times implemented
Improvements in hours of operation of recreation facilities	Policy	3
Improvements in time spent in daily recess	Policy	1
Increase in school days/time spent in physical education	Policy	2
New or increased use of school facilities during non-school hours for recreation, or shared use policies	Policy	6
Outdoor playtime is not withheld for poor behavior	Policy	1
Physical activity education opportunities are provided to parents at least two times a year	Policy	1

Physical Activity and Reduced Sedentary Behavior Supports Adopted - Description	Change Level	Times implemented
Physical Activity is not to be used as a punishment	Policy	7
Physical Activity is used as a reward opportunity for students	Policy	1
Physical activity training opportunities are provided (not including playground safety) for staff 2X year or more	Policy	4
Children are not sedentary for more than 60 minutes at a time, except when napping	Policy	1
School wellness or child care wellness policy	Policy	79
Screen time is limited to no more than 30 minutes per week & designated for educational or physical activity purposes only	Policy	1
Screen time is not used as a reward	Policy	1
A wellness committee is established with parent participation	Systems	6
Incorporating physical activity into the school day or during classroom-based instruction	Systems	24
New or improved access to structured physical activity programs	Systems	6
A variety of portable play equipment is freely available to students at all times	Environmental	6
Improvements in access to exercise or recreation facilities	Environmental	2
Installed interactive, educational display with nutritional/physical activity messages that will stay at the site	Environmental	2
Increased awareness of the changes by target audience	Promotion	7
Increased awareness of the PSE change by the target audiences	Promotion	228
Total Number of Physical Activity and Reduced Sedentary Behavior Supports Adopted		389

Short Term Indicators - Readiness and Capacity; Organizational Motivators

ST7: Organizational Partnerships – Partnerships with service providers, organizational leaders, and SNAP-Ed representatives in setting where people eat, learn, live, play, shop, and work.

PA SNAP-Ed LPs engage in partnerships with many different public and private organizations to provide SNAP-Ed direct education programming, PSE approaches, and social marketing projects. The ME continues to explore best practices to document the scope and depth of partnership activities that contribute to the strengths and successes of PA SNAP-Ed. PA SNAP-Ed partnerships in FY 2018, compiled from STARtracks data, are presented in the table below:

Entity Type	Number of Community Partnerships	Number of PA SNAP-Ed Local Partners
Agricultural Organizations (includes farmers markets)	7	4
Early Care and Education Facilities (includes child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs)	46	8
Faith Based Groups	63	10

Entity Type	Number of Community Partnerships	Number of PA SNAP-Ed Local Partners
Food banks/food pantries	58	8
Food Stores (convenience stores, grocery stores, supermarkets, etc.)	95	8
Foundations/philanthropy organizations/nonprofits	14	5
Government program/agency (Federal, State, local, etc.)	75	12
Hospitals/healthcare organizations (includes health insurance companies)	13	8
Human Services Organizations	126	13
Labor/workforce development groups	1	1
Parks and Recreation Centers	34	9
Public Health Organizations	5	4
Schools (preschools, K-12, elementary, middle, and high)	115	14
Schools (Colleges and Universities)	3	3
Other	5	2
Total	660	

PA SNAP-Ed Contact:

Ryan Rosendale, PhD, RD
Project Evaluator
rpr135@psu.edu

Kelsey Cantor, MS, RDN
Evaluation Associate/Nutritionist
kic5340@psu.edu

Pennsylvania SNAP-Ed
135 East Nittany Ave., Suite 405
State College, PA 16801



EATRIGHT PHILLY

Inspiring health, wellness, and
better learning.

2017/18 OUTCOMES REPORT

Overview & New Directions



From the Director

LEFT TO RIGHT: Lingelbach Elementary cooking lesson. EINSTEIN MEDICAL CENTER • A. Hamilton Produce Stand, educator Jacquie Smith. THE FOOD TRUST • Dobbins Fit Saturday. DREXEL UNIVERSITY

The 2017–18 school year brought new programming, exciting results—and a new name for Eat.Right.Now. We’ve dropped the word “now,” because our program isn’t just focused on the here and now. It’s designed to empower students with the tools they need for a lifetime.

We believe that we can make our schools a place where the healthy choice is the easy choice. And we know that education and environmental change are the keys to healthy students and families. That’s why we’ve expanded our focus to include Policies, Systems, and Environmental (PSE) changes to cultivate healthy learners and healthy learning environments. Students still benefit from the same engaging nutrition lessons, healthy food tastings, and tailored programming that we’ve brought to the classroom since 1999.

The goal of SNAP-Ed is “to improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current [US Dietary Guidelines](#) and the [USDA Food Guidance System](#).” But that’s only half of the story. We can’t afford to ignore the connection between learning and health. Read on to learn more about how Eat Right Philly is promoting overall wellness and setting students up for success.



In health and wellness,

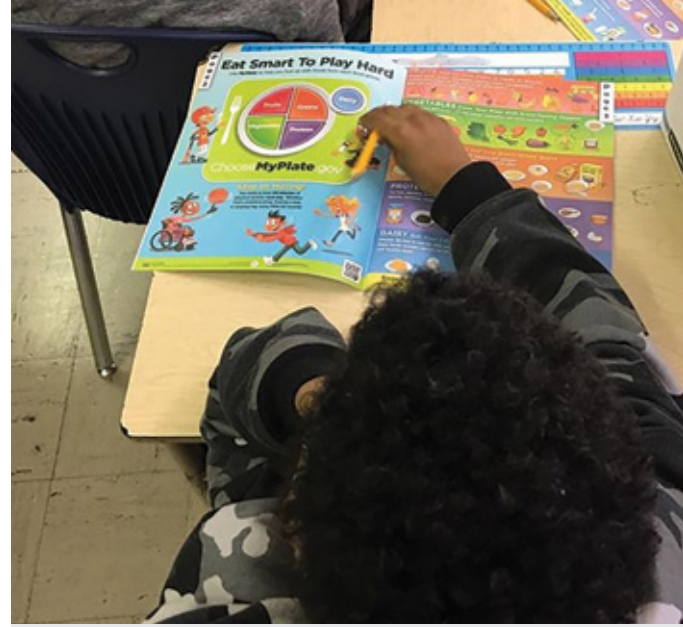
Lauren Nocito

Lauren Nocito, MS, RD, LDN

Director, Nutrition Education and Eat Right Philly



Middle Years Alternative Lunch Club. AGATSTON URBAN NUTRITION INITIATIVE (AUNI)



M. McMichael School lesson. DREXEL UNIVERSITY

EAT RIGHT PHILLY

When students face poverty and food insecurity, are not physically active, and don't eat a healthy breakfast, they are more likely to have higher rates of absenteeism, more behavioral problems, more developmental delays, and lower grades and test scores. In Philadelphia, where a 25% poverty rate ranks highest of all big cities in the United States, Eat Right Philly is working against these challenges, supporting students and their families on the pathway to wellness.

[ON THE COVER:]

Produce Stand at Paul L. Dunbar School. SDP

FY 2018 PA SNAP-Ed Annual Report

CONTENTS

Introduction:
Why Nutrition Education
is Needed

Who We Are

Provider Highlights

How It Works

2017-18 Impact

Program Spotlight:
Our Produce Stands

Looking to the Future

Why Nutrition Education is Needed

“

Food insufficiency is a serious problem affecting children's ability to learn.¹

”

“

Health, poverty, and education are 'causally related in reciprocal ways'.²

”

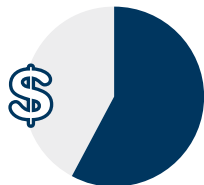
FACTORS THAT INFLUENCE THE HEALTH AND LEARNING OF OUR STUDENTS:



Over a quarter of students reported they did not eat any vegetables (28%) or fruits (26%) yesterday³



A third of high school students reported they are overweight or obese⁴



58% of parents/caregivers agreed that healthy food is too expensive⁵

“

Children who are hungry are more likely to be exhausted, aggressive, hyperactive and anxious. But to an adult unfamiliar with hunger's effects, these signs may just seem like bad behavior. A head down during class signals laziness and aggressive behavior deserves punishment. Instead of being identified as hungry, **many food-insecure students are labeled as 'undisciplined' or 'unmotivated'.**⁶”

1 Taras, H. (2005). Nutrition and performance at school. *Journal of School Health* 75(6), 199-213.

2 Basch, C. (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Journal of School Health* 81(10), 593-598.

3 2016-17 District Wide Survey

4 2017 Youth Risk Behavior Survey

5 2016-17 District Wide Survey

6 Weiss, E. and Melville, K. (2014, 12 April). No excuse for hungry students. Bill Moyers Website.



Who We Are

MISSION:

To educate, support, and inspire improved school wellness and culture so School District of Philadelphia students and their families can live a healthy lifestyle and achieve their fullest potential.



LEFT TO RIGHT: Lauren Nocito and Dr. Hite at community event. SDP • Eat Healthy, Be Happy workshop. SDP • SquashSmarts at Lenfest Center. DREXEL UNIVERSITY



The Eat Right Philly team is made up of District staff who support a subset of schools across the city, while also coordinating the work of several SNAP-Ed funded community partners working in District schools.



SNAP-Ed
Pennsylvania

Healthy Food.
Healthy Moves.
Healthy YOU.

Eat Right Philly is made possible through SNAP-Ed federal funding. SNAP-Ed (Supplemental Nutrition Assistance Program, Education) is the educational component of SNAP benefits.



Like the Providers below, the School District of Philadelphia receives SNAP-Ed funding. Our team serves as the convener and hub of the Eat Right Philly work across the District.

SNAP-Ed Provider Highlights



SERVES
60 District schools and
10 charter schools

- Provides programming to seven of the 12 Mayor's Office of Education Community Schools, linking goals with action items
- Serves six schools in the West Philadelphia Promise Zone (federal government-designated zone with deep and persistent poverty)
- Serves 60 percent of the high schools in the District, and developed an evidence-based curriculum for high school students



SERVES
29 District schools and
1 charter school

- Created an evidence-based curriculum called *Fun from A to Z* that merges nutrition and healthy eating with early literacy
- Provides SNAP-Ed funded programming to 95 pre-K sites in 2017-18:
 - Reached 526 pre-K parents
 - Reached 4,975 students
 - Provided professional development to pre-K staff



SERVES
25 District schools

- Supports 11 schools with produce stands run by youth, parents/caregivers, and community members
- Developed Heart Smarts, an evidence-based curriculum that can be utilized at school produce stands, farmers markets, and food pantries
- Uses additional funding to run the Healthy You, Positive Energy (HYPE) program, which works directly with students to build leaders for healthy change

We work toward equitable distribution of [SNAP-Ed](#) programming, facilitate discussions around best practices, and strategize movement toward a model of collective impact for our schools. As an internal office, our Eat Right Philly team is able to easily collaborate with other offices and departments to drive larger level system and policy changes with the goal of increasing health and wellness of our students. While doing this work, we also provide direct programming to a subset of **65 schools**. We offer education focused on linking nutrition and literacy, provide hands-on cooking lessons, and support healthy food access in our school communities (see our [Program Spotlight](#) on page 8). We believe we have strength in numbers and value the work of our partners. **Check out our partners' highlights below!**



SERVES
18 District schools and
3 charter schools

- Implements SNAP-Ed programming across the city in health centers, shelters, food pantries, and grocery stores; families see educators in the health centers, reinforcing the messages that their children hear in school
- Works with [Out-of-School-Time](#) providers and offers training and technical assistance to support healthy behaviors

(UNIVERSITY OF PENNSYLVANIA'S NETTER
CENTER FOR COMMUNITY PARTNERSHIPS)

SERVES
14 District schools and
1 charter school

- Builds student engagement and leadership; in 2017-18, students successfully advocated for breakfast delivery to meet student needs, the availability of healthier items in school stores, and connecting school gardens with community members in need
- Built and maintained a production garden, indoor aquaponics unit, and aeroponic unit at Robeson HS to supplement the Sayre HS garden; this allowed for the expansion of garden-based nutrition education and production of produce for the [Good Food Bag](#), a low-cost CSA serving families in West Philadelphia

SERVES
3 District schools and
6 charter schools

- New SNAP-Ed District partner for the 2017-18 school year; will expand to six district schools and seven charters moving forward
- Programming focuses on using hands-on culinary education to improve participants' confidence in preparing nutritious foods and to help participants become well-informed food consumers
- Uses additional funding to run [Vetri Cooking Lab](#), an after-school cooking program focusing on nutrition education through STEAM learning objectives, and Mobile Teaching Kitchen, which brings culinary education to farmers markets, grocery stores and food distribution sites

How It Works

The link between health and learning is clear: Healthy, active, and well-nourished children are more likely to attend school, be ready to learn, and stay engaged in class. Eat Right Philly gives schools the support they need with a three-step process.

STEP 01

Create a wellness team and/or identify a wellness champion

Eat Right Philly connects with the school and seeks out a “wellness champion” or an already organized and existing group such as a School Advisory Council (SAC). This person or group can serve as the wellness team. The group often includes the Health/PE teachers, School Nurse, Principal or anyone with a vested interest in improving student health outcomes.

STEP 02

Look critically at the current situation using the School Health Index

According to the School Health Index 2017–18 assessment,* schools need support to:

- Fully implement the District Wellness Policy
- Create healthy fundraising projects
- Improve recess so students can increase their physical activity
- Increase or start movement breaks to restore students’ focus
- Address meals at school, such as increasing breakfast participation
- Increase physical education time and enhance Health/PE curricula
- Promote staff health and wellness
- Increase parent engagement

**79 schools have completed or started to complete the self-assessment process; 18 schools have wellness action plans*

STEP 03

Decide on a plan of action

Eat Right Philly provides tailored support to schools in response to their wellness action plan through education, resources, promotions, training, and technical assistance.

HOW EAT RIGHT PHILLY HELPS ...

STUDENTS

We help increase knowledge and inspire healthy choices

THROUGH

- ▶ Interactive lessons, Eat the Alphabet, Balance My Day, among other evidence-based curricula
- ▶ Fun food tastings
- ▶ Gardening activities
- ▶ Afterschool activities to extend learning
- ▶ Cooking clubs creating future healthy chefs

SCHOOLS

We support schools with resources, training, and technical assistance so the healthy choice is the easy choice

THROUGH

- ▶ Support to create and plan a Wellness team
- ▶ Support to complete the School Health Index
- ▶ Implementation of the District Wellness Policy
- ▶ Professional development on nutrition and wellness

FAMILIES AND THE COMMUNITY

We support families so children can live their healthiest life

THROUGH

- ▶ Parent/Caregiver workshops focused on how to prepare healthy, kid-friendly meals
- ▶ Healthy food access through produce stands

2017–18 Collaborative Impact

With the help of all our SNAP-Ed partners, we have collaboratively reached many students and provided a variety of programs supporting healthy behaviors across the District.

EDUCATION

Combined reach of all SNAP-Ed Providers:



197 District schools
(plus 18 charters)



93,013 students
(includes charters)



2,034 caregivers/parents

ENVIRONMENTAL CHANGE

Programming and support:



Gardening



Movement breaks



Breakfast promotion



Hydration promotion



Food access through produce stands



Backpack programs



Walk/bike to school events



Harvest of the Month promotion



School-wide healthy food tastings and healthy celebrations



Program Spotlight



Produce Stand at Paul L. Dunbar. SDP

HEALTHY FOOD ACCESS: OUR PRODUCE STANDS MULTIPLY

Families are busy and access to healthy food is sometimes a challenge. That's why Eat Right Philly is proud to work with the [Share Food Program](#) to bring fruits and vegetables directly to our families with produce stands outside select schools. The stands are conveniently open before and after the school day so caregivers can easily purchase healthy food at cost, allowing them to make the most of limited resources.

THIS INITIATIVE HAS GROWN FROM ONE STAND IN 2014-15 TO 25 STANDS IN 2017-18.



HOW OUR PRODUCE STANDS ENHANCE EDUCATION OUTCOMES AND QUALITY OF LIFE

- Build healthy food resource management skills in families who utilize SNAP benefits
- Provide a recipe, taste test, and tips for using produce
- Support use of EBT/SNAP/Access card for purchases
- Bring fresh, affordable produce to neighborhoods without a nearby grocery store
- Make it easy for caregivers to get the produce they need to keep their family healthy
- Help families stretch their food dollars

IN 2017-18:

There were
5,432
customers/
patrons, some
coming back
every month

Consumers saw
50%
savings over
produce costs at
retail stores

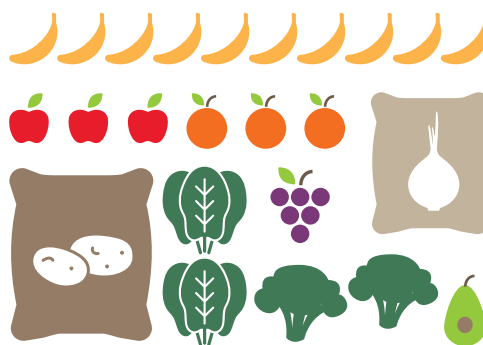
40,653
pounds of produce
purchased

35
people accessed the
stands each time on
average

704 or 13%
of transactions utilized EBT/Access

The average sale was **\$13.75** worth of produce, equating to
38 servings of fruits and vegetables

SAMPLE \$13.75 ORDER



10 BANANAS	\$2.00
3 APPLES	\$1.00
3 ORANGES	\$1.00
1 BAG ONIONS	\$1.00
1 BAG POTATOES	\$2.00
2 BUNCHES COLLARDS	\$2.00
1 BAG GRAPES	\$3.00
2 HEADS BROCCOLI	\$1.00
1 AVOCADO	\$0.75

Looking to the Future

IN 2018-19, EAT RIGHT PHILLY IS PLANNING:

+ **More exploration** of new healthy food through tasting activities

+ **Increased support** for full implementation of the District Wellness Policy

+ **Even greater collaboration** and partnerships with different District Offices and external partners for shared outcomes around student nutrition and activity behaviors

+ **More support** for schools to create the healthiest environment for students

AREAS OF FOCUS:

- Continue our commitment to support schools with wellness teams that have a continuous cycle of assess, plan, implement, and evaluate through the School Health Index (SHI).
- Support schools with implementation of consistent movement breaks during the school day.
- Look for new ways to connect, expand, and create sustainable food access models through our produce stands in schools.
- Expand our outreach to families and the school community.
- Improve breakfast participation rates, in turn supporting school attendance.
- Work to attain a learning environment where healthy behaviors are the default for students and schools, which links to positive school climate.
- Expand our partnership with the Philabundance KidsBites program, which provides free, nutritious, supplemental meals for kids. Backpack kits are distributed with three to five pounds of food, featuring kid-friendly items that require little to no preparation.



THIS MATERIAL WAS FUNDED BY USDA'S SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) THROUGH THE PA DEPARTMENT OF HUMAN SERVICES (DHS). THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.



THE SCHOOL DISTRICT OF
PHILADELPHIA

215-400-9940

www.philasd.org/nutrition

The School Health Index 2017-18 Progress & Results: An Overview of Three Related Reports

Soula Servello, Program Manager; Erin Cassar, Senior Research Associate

This brief summarizes findings from three longer reports that addressed different aspects of the School Health Index process and results in the 2017-18 school year.

(Click the report title to be redirected to the report link):

1. [A Review of School Health Index Progress 2017-18](#)
2. [The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools](#)
3. [Are SDP Schools Meeting Wellness Policy Guidelines? Results from the School Health Index 2017-18](#)

Introduction

Eat.Right.Now (ERN) is a federally funded program through USDA SNAP-Ed, which is the educational component of the Supplemental Nutrition Assistance Program (SNAP). The goal of ERN is to provide education and programs that increase the likelihood that SNAP recipients make healthy choices. ERN programming is delivered to 214 schools in the School District of Philadelphia (SDP) by seven community partners (see the box on page 2 for a full list).

In the 2017-18 school year, the focus of ERN programming shifted from providing only direct education to also changing the Policies, Systems, and Environments (PSE) within schools to encourage students to make healthier choices. As a first step in understanding what schools need to make PSE changes, the seven ERN partners assisted their partner schools in completing a modified version of the School Health Index (SHI) using the Alliance for a Healthier Generation's [Healthy Schools Program online tool](#).

The SHI is a self-assessment and planning tool developed by the Centers for Disease Control (CDC) to help schools meet CDC recommendations for various health and wellness-related topics. The modified version of the SHI used by ERN partners included 50 questions related to nutrition and physical activity across six modules. After schools completed the School Health Index, ERN worked with key school staff using results of the SHI to identify three to five action items to include in their School Wellness Action Plan.

Data Sources

The three sources of data used to inform the three reports were:

1. results from completed School Health Index assessments
2. qualitative data from introductory meetings, Alliance for a Healthier Generation website notes for information on who completed the SHI, and ERN Nutrition Educator Tracking Tools for notes about SHI progress
3. District administrative data including the SDP District-wide Student Survey which asks several questions about nutrition and physical activity.

What We Can Learn from the School Health Index

The SHI is not meant to be an evaluative tool at the school level and has some analysis limitations. For example, the assessment includes only self-reported information. There may be some bias in responses based on who has completed the assessment. In addition, the sample of schools that completed the SHI was not random, and may not reflect the District as a whole.

Despite these limitations, the results from the sample of 58 schools can help us draw some conclusions about what all SDP schools might be facing when trying to implement health and wellness initiatives. When trying to assess school health policies and programs, the SHI offers the best available data for many indicators and can help us see patterns both in our sample and across the District.

[Report #1: A Review of School Health Index Progress 2017-18](#)

The first report provides a summary of SHI completion during the 2017-18 school year. Of the 214 schools that received ERN programming, 50 completed the SHI and 29 were in progress as of June 2018 (Table 1).

Who are the Eat.Right.Now (ERN) Partners?

In 2017-18, 214 SDP schools were served by seven ERN Partners:

School District of Philadelphia (SDP)
65 Schools

Drexel University (DRX)
60 Schools

Einstein Medical Center (FUN)
29 Schools

The Food Trust (TFT)
25 Schools

Health Promotion Council (HPC)
18 Schools

Agatston Urban Nutrition Initiative (UNI)
14 Schools

Vetri Community Partnership (VCP)
3 Schools

Table 1: 2017-18 School Health Index Progress in 214 Schools Served by ERN as of June 2018

	Number of Schools	Percent of SDP Schools
SHI COMPLETED	50	23%
School Wellness Action Plan Completed	18	
School Wellness Action Plan Not Yet Started	31	
Declined to Complete School Wellness Action Plan	1	
COMMITTED TO COMPLETE SHI	49	23%
Assessment In Progress	29	
Assessment Not Yet Started	20	
NOT YET COMMITTED TO COMPLETE SHI	115	54%
ORE/ERN Contacted, No Activity or Response	94	
School Has Not Been Contacted	16	
Schools that Declined to Participate in 2017-18	5	

In most of the 58 schools in our analysis (71%), one or two school-based staff members took the lead in completing the assessment, while 29% of schools completed the assessment using a team of three or more staff or community members.

As of June 2018, 18 schools completed School Wellness Action Plans which identified 3-5 action items based on the needs of the school and results of the assessment. Common focus areas in Action Plans included:

- Healthy Fundraisers (9 Action Plans)
- Improving Recess (9 Action Plans)
- Increasing Movement Breaks (7 Action Plans)
- Increasing Parent Engagement (6 Action Plans)

Report #2: The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools

The second report highlights findings from six focus areas that were identified through the School Health Index process:

1. Increasing breakfast participation through alternative breakfast models
2. Decreasing unhealthy food from fundraisers and celebration
3. Decreasing unhealthy food brought to schools from corner stores
4. Prohibiting using food as reward
5. Promoting water consumption
6. Increasing physical activity through recess and Physical Education

For each of the six focus areas, the full report includes supporting data from school responses on the SHI, specific challenges mentioned by schools during introductory meetings, and any strategies schools and/or ERN partners were using in 2017-18 to address the challenge they identified.

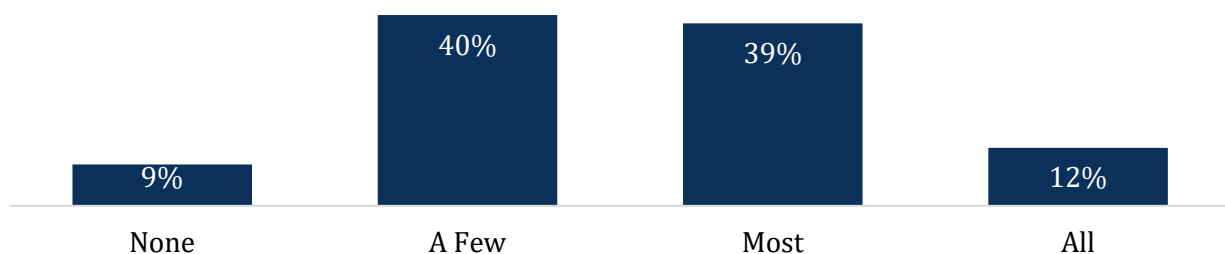
Across all six focus areas, parent and staff buy-in were identified as major barriers to making changes that support healthy choices. Schools reported they faced pushback from parents when introducing policies about foods allowed in the schools, and staff mentioned the need for parent engagement and education so parents understand the reason for these policies and can help support and encourage their children to make healthy choices. Similarly, while some schools have written policies in place, implementation of the policies often was the decision of individual teachers and staff members.

Report #3: Are SDP Schools Meeting Wellness Policy Guidelines? **Results from the School Health Index 2017-18**

The third report describes how the modified School Health Index was used as a tool to examine how schools are meeting CDC's recommendations for nutrition and physical activity that are also reflected in [SDP's Student and Staff Wellness Policy](#).

One of the first questions in the School Health Index asks whether the school has implemented all of the required components in the District's wellness policy. Of the 58 schools that responded to this question, 12% indicated that they are meeting all of the components of the Wellness Policy (Figure 1). Most schools (79%) reported that they are meeting most or a few of the components, while 9% reported not meeting any of the components. School responses to this question led us to investigate implementation of the Wellness Policy more in depth.

Figure 1. SHI Question #102: Has your school implemented all of the following components* of the District's local wellness policy? (n=58)



*Components include nutrition education and promotion, physical activity, nutrition standards, marketing, parent participation, and compliance measurement.

Based on SHI results, there are five areas where the 58 schools had lower scores on the SHI, indicating they may need additional support to meet Wellness Policy guidelines:

1. Ensuring all fundraisers meet USDA Smart Snacks in School Nutrition Standards
2. Prohibiting using food as reward or punishment
3. Prohibiting withholding recess or Physical Education as punishment
4. Implementing movement breaks throughout the day in all classrooms
5. Increasing staff wellness opportunities and ensuring staff model healthy eating and physical activity behaviors

Recommendations

Recommendations for district leaders, the ERN-SDP program office, and ERN partners are included in each report and summarized here.

Recommendations for District Leaders

Recommendation #1: Clearly communicate health and wellness as a priority for schools.

One of the key challenges raised by principals and key school staff during introductory meetings was that math and literacy initiatives were prioritized by district leaders and that schools do not have the time, capacity, or support to focus on health and wellness activities. While many school staff acknowledged a connection between health and academics and wanted to do the work to support students in making healthy choices, they expressed concern about receiving support from higher levels within the District.

To communicate the importance of health and wellness and encourage schools to prioritize activities that improve healthy choices, district leaders could:

1. Communicate that health and wellness activities are a priority by encouraging and supporting these activities from the highest levels of district leadership.
2. Include a health and wellness component in accountability systems.
3. Train school-based designees to lead wellness initiatives in collaboration with school leaders.

For more information, see recommendations in the report titled *Are SDP Schools Meeting Wellness Policy Guidelines? Results from the School Health Index 2017-18*.

Recommendation #2: Create and maintain a Central Wellness Council that meets the criteria in the Wellness Policy and is comprised of appropriate internal and external district partners.

The [SDP's Student and Staff Wellness Policy](#) mandates the creation of a Central Level School Wellness Council, which shall be comprised of but not limited to internal and external health and wellness partners and shall serve as an advisory committee regarding student health issues. The Council is required to meet four times per year and open meetings to the public.

The Council met once in the 2017-18 school year on May 4, 2018. The Central Level School Wellness Council should meet the required four times per year with representatives from all district departments that relate to health.

Recommendation #3: Coordinate SDP divisions related to the ten components of the Whole School, Whole Community, Whole Child (WSCC) model to support health and wellness across the district.

Currently, SDP offices that relate to health are in separate departments, and groups sometimes work in silos and duplicate work. A unified Department or Office for Health and Wellness could improve collaboration between divisions such as: Food Services, School Climate & Safety, Student Health Services, Health/PE, Athletics, GreenFutures, and health-related programs like ERN. A coordinator for the Central Level Wellness Council could also reside in this unified department. The [Whole School, Whole Community, Whole Child Model \(WSCC\)](#)¹ is a useful guide for how incorporate relevant offices and departments in the district's overall health strategy.

Recommendations for the ERN-SDP Program Office

SDP's Eat.Right.Now program office is uniquely situated to be able to connect ERN's work with other SDP offices. The findings from the SHI reports suggest that ERN-SDP continue to coordinate various district departments to ensure schools have the supports they need to meet Wellness Policy guidelines regarding health and physical activity. Specific offices for continued and/or expanded work include:

- Climate & Safety – Positive Behavioral Interventions and Supports (PBIS) and Prevention & Intervention
- Environmental Management & Services – GreenFutures
- Facilities & Maintenance
- Family and Community Engagement (FACE)
- Food Services
- Health, Safety, and Physical Education
- Office of Schools
- Planning and Evidence-Based Supports Office
- Student Health Services

¹ For more information on the WSCC Model and how it relates to the School Health Index, see report titled *Are SDP Schools Meeting Wellness Policy Guidelines? Results from the School Health Index 2017-18*.

For more information, see recommendations in the report titled *The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools*.

Recommendations for ERN Partners

Recommendation #1: Work with ERN-SDP to align programming based on District needs.

After reviewing the results of the 2017-18 SHI, ERN partners began identifying ways to align programming and services that support district needs. For example, ERN partners were each considering how to support movement breaks in classrooms, how to increase breakfast participation, and how to encourage healthy fundraisers across their schools. ORE recommends that ERN partners continue to align their programming and coordinate with SDP to ensure their services meet the needs of the District.

Recommendation #2: Provide resources to show best practices and strategies schools can easily implement.

While school staff often agreed that some activities at the school might be harmful to student health, they expressed a need for support in figuring out alternatives. For example, when ORE mentioned to a K-8 principal that the CDC does not recommend taking recess away as punishment, she responded that changing that practice would be “a hard pill to swallow.” A nurse agreed food should not be given as reward, but stated that teachers did not know what else to use as incentives.

ORE recommends ERN develop resources for schools that include best practices and strategies for a range of potential action items. Topics can include how to implement healthy fundraisers or movement breaks, ideas for nonfood rewards to use as incentives, and processes for engaging parents and families in health-related initiatives.

Recommendation #3: Continue to complete the SHI in schools and create a cycle for schools to update SHI results every three years.

ORE recommends that ERN work with schools to complete the SHI every three years in order to track progress and realign programming based on school needs. All seven ERN partners agreed to continue to help schools complete the School Health Index in the 2018-19 school year. ERN will also continue to work with schools that completed the SHI to develop School Wellness Action Plans. As ERN focuses on PSE strategies, these Action Plans will be key to ensuring they deliver the services needed and prioritized by each individual school.

Recommendation #4: Align the process for creating School Wellness Action Plans to allow for progress tracking.

While ORE originally expected that each Action Item would be directly related to a question on the School Health Index, we found that ERN and schools sometimes identified Action Items that related to multiple SHI questions. For example, ERN Nutrition Educators at several schools provided a list of final Action Items that included an item entitled “Parent Engagement.” Notes from the Nutrition

Educators and/or school staff might have included further detail (e.g. the school wants more adult programming), but often this was left unclear.

If ERN partners align their process for creating School Wellness Action Plans to identify Action Items that are Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART), progress can be monitored more easily by partners and stakeholders. ERN partners should continue working with schools to define success, identify indicators to measure success, and clarify steps to complete the Action Item.

For more information, see recommendations in the report titled *The School Health Index 2017-18: Challenges to Promoting Health and Wellness in SDP Schools*.

*This work was supported by funding from the Pennsylvania (PA) Department of Human Services through PA Nutrition Education Tracks, a part of USDA's Supplemental Nutrition Assistance Program (SNAP).

FY18 Reporting Evaluation of Emerging Curriculum/Approach

Name of Project

Enhancing Evidence-based SNAP Ed with parent interventions as part of CCOR's Healthy Kids Club Head Start preschool program

Project Goals (specifically those evaluated)

Describe the goal of the evaluation and identify each impact being assessed by this evaluation.

Preliminary project (Needs Assessment): Conduct a baseline survey to assess Head Start parent/caregiver feeding practices, food insecurity, food resources management behaviors, readiness/intent to change behaviors, perceived self-efficacy/level of executive functioning.

Project 1 (Facebook private group): Evaluate the use of technology-assisted parent engagement strategies (Facebook) to improve parent feeding practices and food resource management behaviors.

Projects 2 & 3 (Classroom Activities): Develop two classroom activities- "Savor the Flavor" and "New Foods Take Time" to target knowledge, attitudes, and behaviors on dietary intake of vegetables/high fat and sugar foods among preschool children. Both classroom activities have been adapted for a Head Start classroom but have not yet been evaluated.

Evaluation Design

Describe the population being evaluated and its size.

Preliminary project (Needs Assessment): Surveys were distributed to over 1,000 caregivers of children enrolled in Head Start preschools.

Project 1 (Facebook private group): 30 Head Start parents completed the project's baseline surveys, and of those 30, 27 participated in the Facebook group.

Projects 2 & 3 (Classroom Activities): N/A

Describe the unit of assignment to intervention and control/comparison groups.

Preliminary project (Needs Assessment): No assignment to groups.

Project 1 (Facebook private group): No assignment to groups.

Projects 2 & 3 (Classroom Activities): N/A

Describe how assignment to these groups was carried out. Be explicit about whether or not this assignment was random.

Preliminary project (Needs Assessment): No groups; not random.

Project 1 (Facebook private group): No groups; not random.

Projects 2 & 3 (Classroom Activities): N/A

Describe how many units and individuals were in the intervention and control/comparison groups at the start and end of the study.

Preliminary project (Needs Assessment): N/A

Project 1 (Facebook private group): N/A

Projects 2 & 3 (Classroom Activities): N/A

Impact Measures

For each goal, describe the associated measure(s). Descriptions should indicate if the focus is on knowledge, skills, attitudes, intention to act, behavior or something else.

Preliminary project (Needs Assessment): The surveys included questions from over 30 questionnaires, including the Perceived Stress Scale, Child Eating Behavior Questionnaire, Household Food Security Scale, CHAOS scale, Family Assessment Device, etc. Demographics were also collected. Focus of the questions were on knowledge, skills, attitudes, intention to act, and behavior.

Project 1 (Facebook private group): Surveys included questions that covered food resource management, food shopping, healthy eating knowledge & behaviors, the Comprehensive Feeding Practices Questionnaire, and Facebook use. Questions sought to assess knowledge, attitudes, and behaviors.

Projects 2 & 3 (Classroom Activities): N/A

Describe the points at which data were collected and how.

Preliminary project (Needs Assessment): Survey #1 was given to Head Start centers for distribution, and Survey #2 was mailed to interested participants.

Project 1 (Facebook private group): Participants completed the pre- and post-surveys through an online link that was provided to them. Data was also collected through their participation in the Facebook group.

Projects 2 & 3 (Classroom Activities): N/A

If there were any differences in measures for intervention and control/comparison groups, describe them.

Preliminary project (Needs Assessment): N/A

Project 1 (Facebook private group): N/A

Projects 2 & 3 (Classroom Activities): N/A

Findings

Describe the measurement results for intervention and control/comparison groups at each point data were collected.

Preliminary project (Needs Assessment): Of 362 parents included in the study, the prevalence of food insecurity at household, adult and child level was 37.3%, 31.8% and 17.7%, respectively. Food insecurity at household, adult and child level was associated with more family members in the household (all p-values <0.05), higher household chaos scores (all p-values<0.005), and lower family functioning scores (all p-values <0.02). Supplemental Nutrition Assistance Program (SNAP) participation was greater when participants reported household (food secure vs food insecure: 69.1% vs 85.0%, p-value=0.001) or adult (69.6% vs 86.7%, p-value=0.0005), but not child food insecurity (73.6% vs 82.3%, p-value=0.153). Participation in The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was less common among households with food insecurity (73.1% vs 62.7%, p-value=0.045), but did not differ by adult or child food security status. Caregiver perceived stress and depressive symptoms were significantly higher among families reporting food insecurity at all three levels (all p-values≤0.0002), while the parent self-efficacy score was only significantly lower in parents reporting child insecurity (p-value=0.043), but not household or adult food insecurity.

Project 1 (Facebook private group): A majority of participants were highly engaged in the Facebook group, indicating that this platform may be an effective means for providing nutrition education to Head Start parents. Parents provided responses on the post-surveys that indicated intent to change their behavior. Participants indicated gaining knowledge related to food shopping/planning, managing picky eating, new recipes, and receiving tips from other parents. Participants indicated that they intended to try new foods and plan meals as a result of the intervention. A majority (87%) of participants were SNAP participants.

Projects 2 & 3 (Classroom Activities): N/A

Description of how evaluation results will be used:

Preliminary project (Needs Assessment): Evaluation results will be used to inform future projects based on the needs revealed from the data. Manuscripts will be published to disseminate findings and inform national strategies to improve outcomes for low-income populations.

Project 1 (Facebook private group): Feasibility and acceptability data will be used to inform future projects using Facebook as a platform for nutrition education for low-income populations.

Projects 2 & 3 (Classroom Activities): N/A

Point of Contact

N/A

Relevant Journal References

Manuscripts in progress.

Eat Together PA Campaign's Outcome Evaluation Data

NEN's Eat Together PA Social Marketing Campaign uses marketing concepts to highlight Pennsylvanians at mealtimes. In 2018, it served select county assistance offices, WIC offices, food banks and food pantries in Allegheny, Tioga, Lancaster, Philadelphia, Somerset, Dauphin and Crawford. NEN provided an outcome evaluation in August and September 2018 to a convenience sample of SNAP-eligible participants. Evaluation objectives, methods, results, key findings, and discussion are presented below.

Objectives:

The goals of the evaluation were to:

- Measure exposure to the social marketing campaign.
- Assess respondents' readiness for the digital approach to social marketing.
- Assess respondents' readiness to adopt healthy dietary and family eating habits.

Methods:

A. Scope of Activities:

NEN led an outcome evaluation that reviewed campaign awareness, exposure to messages and media venues, and measured readiness for behavior change due to the social marketing campaign. This data will help NEN continue to collect data and improve as the campaign as it expands within current target counties: Allegheny, Tioga, Lancaster, Philadelphia, Somerset, Dauphin and Crawford.

B. Design:

NEN's outcome evaluation was created through the use of mixed methods. Parts of a successful outcome evaluation from the Michigan Fitness Foundation's "[Grow Your Kids They Learn from Watching You](#)" SNAP-Ed Social Marketing Campaign were integrated into this evaluation. NEN's evaluation received expedited IRB approval.

During the in-person evaluation, NEN staff, interns and volunteers provided evaluation participants with the objective of the study, informed consent, and recruitment information. All evaluation participants input was anonymous with identifying information removed.

C. Measures and Coinciding SNAP-Ed Indicators:

Outcome measures of this evaluation reported on the following SNAP-Ed Indicators: ST1, MT2, MT12, and MT13.

Measures within this report include demographic information, willingness to use Eat Together PA's website and willingness to share and use Eat Together PA materials over various media. Also reported were various Eat Together PA social marketing channels and how often they have been viewed by survey participants.

The evaluation utilizes the stages of the [Transtheoretical Model of Health Behavior Change](#) to measure individual level readiness for healthier lifestyle changes

D. Data Collection:

NEN staff and dietetic interns collected the evaluations, and a statistician assessed all questions within the evaluation. A summary of statistical analysis can be found within this report.

Also integrated into the discussion of this report, NEN staff utilized data - including campaign

collaboration, reach statistics, and web statistics - from quarterly reports provided to the Management Entity.

E. Plans for Using the Results:

These results will inform NEN's social marketing committee as they plan to grow the Eat Together PA campaign within the target counties.

In the future, NEN will host an online impact evaluation for this campaign. Statistical analysis of the Eat Together PA evaluations, quarterly reports, and cost effectiveness of the campaign will be collected and reported to the Management Entity.

Results:

Potential Biases:

The following should be noted when reviewing response results:

- In many cases, survey participants responded more than once to question categories or did not respond to all survey questions. This resulted in response numbers different from the original number of participants.
- The opinions were self-reported. Respondent memory may be faulty or the respondent could have misunderstood the question. Inconsistent survey answers provide good evidence that this is likely.
- Due to the large number of comparisons that could be considered, several differences might result simply from random chance.

Demographics:

95 people responded to NEN's survey. Demographic and location information can be found below.

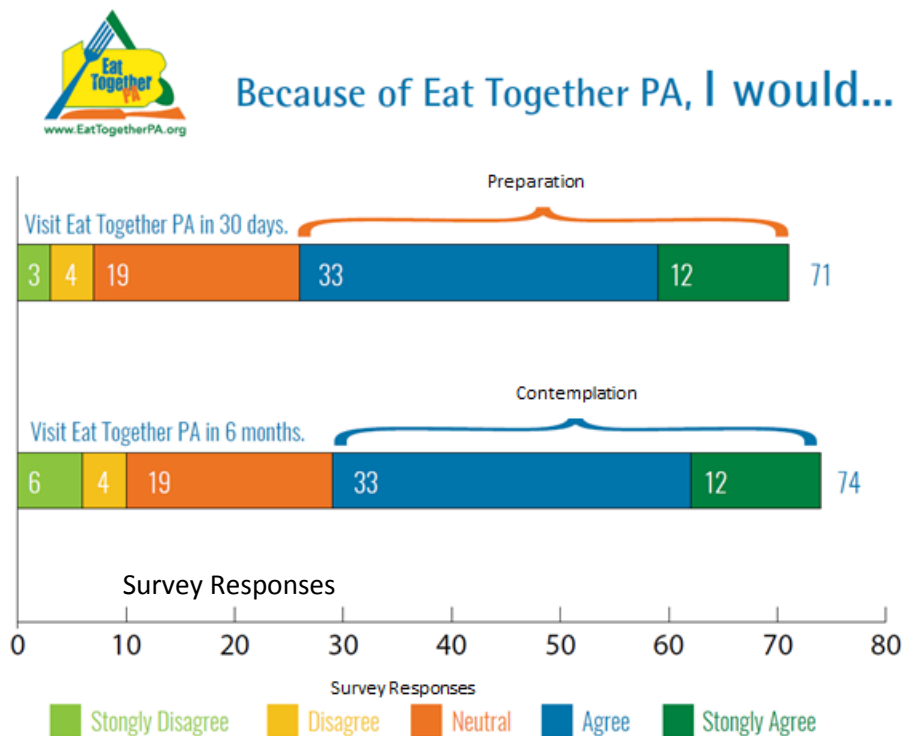
Demographics	
Gender	Male: 22 Female: 72 (Total answers: 92)
Race:	White/Non-Hispanic: 34 White/Hispanic: 27 Black/Non-Hispanic: 19 Black/Hispanic: 6 Asian: 5 (Total answers: 91)
Age:	12-17 years: 2 18-24 years: 18 25-34 years: 38 35-44 years: 19 45-54 years: 10 55-64 years: 4 5-74 years: 2 75 years & above: 2 (Total answers: 95)
Average Family Size:	3.4 people (Total answers: 94)
Average Number of Kids	1.7 kids (Total answers: 94)
WIC/SNAP in the past 12 Months:	Yes: 66 No: 27 (Total answer: 93)

Evaluation Location	
WIC	50
County Assistance Office	42
	(Total Answers: 92)

Objective 1: Measure exposure to the social marketing campaign:

Of the 95 people surveyed, only 12/90 people were exposed to campaign billboards, 13/83 exposed to posters, and 8/85 to leaflets prior to this evaluation.

Only 4 people visited EatTogetherPA.org prior to the evaluation. The data below shares how willing surveyors might be to visit the website after viewing the materials while taking the evaluation.



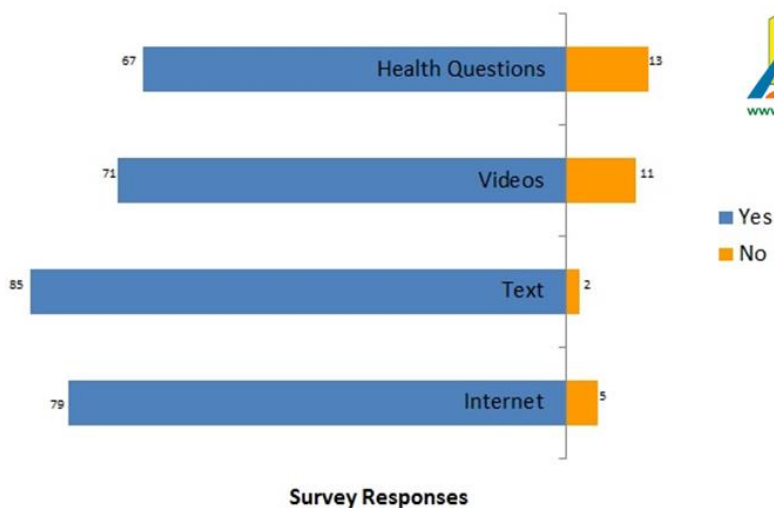
Note: The majority of people who agreed to change their behavior in 6 months were also within a large subset of that agreed to change their behavior in 30 days.

Barriers hindering people from visiting EatTogetherPA.org include: not knowing about the website (42/60), thinking the website didn't apply to them (8/60), not being interested in this resource (5/60), and being too busy for it (4/60).

Objective 2: Assess respondents' readiness for the digital approach to social marketing.:

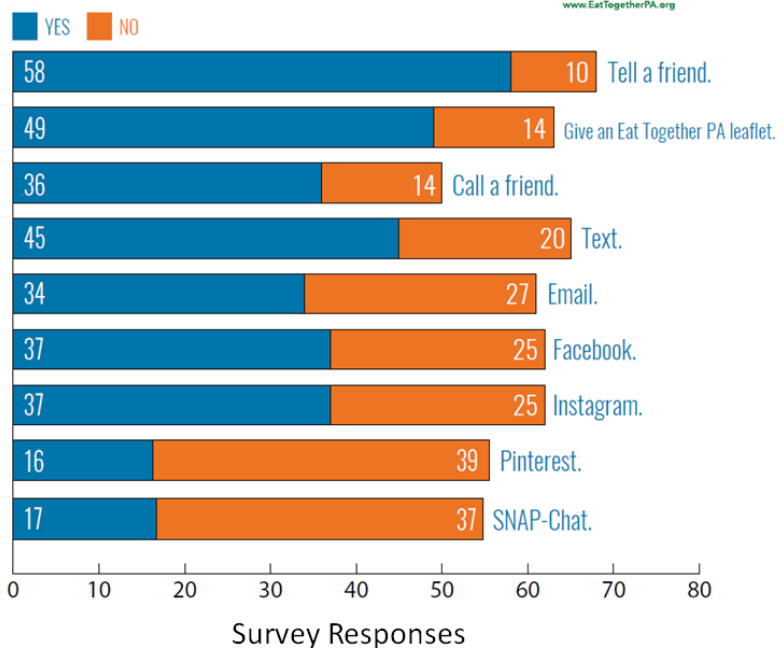
The following chart shares how surveyors use their cell phone on a regular basis.

What Do You Use Your Cell Phone For?



The chart below shares if and how surveyors would share Eat Together PA campaign information.

Would You Share Eat Together PA?



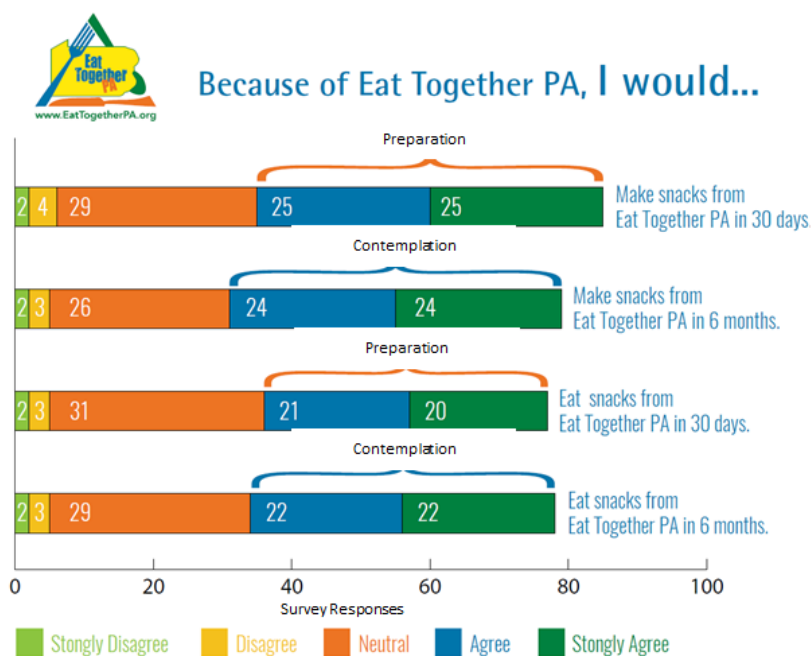
Note: Average age range of evaluation participants was 30-40 years old.

Objective 3: Assess respondents' readiness to adopt healthy dietary and family eating habits.:

Most participants already ate with their family and friends prior to this evaluation (78/86). Most of the

surveyors “like” or “strongly like” eating with others (71/87). 9/74 did not eat family meals, 30/74 ate them 1-3 times a week, 15 ate them 4-6 times a week, 13 ate them 7-9 times a week, 7 ate them 10 or more times a week. The barriers to eating together include: living alone (5/72), not liking it (2/72), not having the time (16/72). Nevertheless, most agreed that they were already eating together (49/72).

In the chart below, you can see the number surveyors within the Contemplation (willing to take action within the next 6 months) or Preparation (considering taking action within the next 30 days) stages of the [Transtheoretical Model of Health Behavior Change](#). Over half the surveyors shared that they would be willing to make Eat Together PA snacks within the next 30 days (50/85) and within the next 6 months (48/79). About half agreed to eat snacks like the ones on Eat Together PA within the next 30 days (41/77) and within the next 6 months (44/78). For both these behaviors, the majority of people who agreed to change their behavior in 6 months were also within a large subset of people who agreed to change their behavior in 30 days.



Note: The majority of people who agreed to change their behavior in 6 months were also within a large subset of people who agreed to change their behavior in 30 days.

Key Findings:

Objective 1: Measure exposure to the social marketing campaign.:

- Many of the survey participants have not seen the Eat Together PA social marketing campaign. This suggests that a new marketing approach might be necessary.

Objective 2: Assess respondents' readiness for the digital approach to social marketing.:

- According to the data above, the majority of surveyors regularly use their cell phones to attain internet, for texting, videos, or to answer health questions. Cell phones could be an access point for various types digital social marketing promotion and cross promotion.

- The average age of the audience being evaluated was 30-40 years old which may alter the type of social media and digital promotion utilized by the Eat together PA campaign.
- Though few people who took the outcome evaluation visited EatTogetherPA.org, quarterly website views during the evaluation time period were higher than any other quarter of the Eat Together PA campaign.

Objective 3: Assess respondents' readiness to adopt healthy dietary and family eating habits.:

- About half survey respondents were willing to make and eat snacks like the ones on Eat Together PA materials in the next 1-6 months. The majority of people who agreed to change their behavior in 6 months were included in a large subset of people who agreed to change their behavior in 30 days. Repetitive data was noted.
- 30/74 survey participants eat together at least 4 x a week. The importance of eating 4 or more dinners a week is described by a [study](#) of the Center on Addiction.

Discussion:

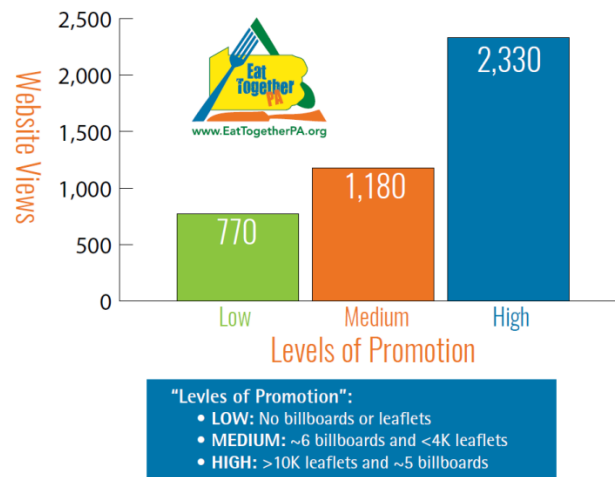
Objective 1: Measure exposure to the social marketing campaign.:

Since so few respondents had seen Eat Together PA materials prior to this survey, addressing ideal campaign promotion will become priority for FY 2019.

Objective 2: Assess respondents' readiness for the digital approach to social marketing.:

Though many of the survey participants did not see the Eat Together PA campaign prior to the outcome evaluation, the campaign still made an impact. During the time of the quarter 4 outcome evaluation, NEN utilized all marketing tactics to reach the SNAP-Ed audience. Quarter 3, 2018 records shared that 17,400 leaflets, 192 posters, and 2,450 jar openers were distributed to community and SNAP-Ed partners. These materials were then provided to the SNAP-eligible during the quarter 4 outcome evaluation. 6 billboards were also posted during the time of the outcome evaluation. Based on Eyes on Impression data, 1,165,700 contacts were reached through billboard signage. Social media marketing also allowed for 3,324 likes and 59 shares within Eat Together PA's social media pages. All of these marketing components increased website viewers by 197% in quarter 4. Eat Together PA had the highest quarterly website viewership ever recorded at 3,329 website views.

The Most Productive Promotional Marketing Mix from 2013–2018
Average Impact of Promotion on Website Views



Note: Quarter 1, 2013 data was not included in this analysis because it was an outlier. EatTogetherPA.org received a lot of views because the Eat Together PA campaign was just released.

The integration of social media marketing tactics had the largest impact the amount of website viewers of the Eat Together PA campaign. In 2018, digital promotion resulted in an 85% increase in website viewership compared to solely using the leaflets, jar openers, and outdoor media to promote the campaign. Digital promotion accounted for 20% of funds spent on the Social Marketing campaign, half of the cost of printed materials (50% of money spent) and below billboard costs (30% of money spent).

Since digital components of the campaign are reaching more people and are more cost effective, NEN will focus on growing this aspect of the campaign within target counties. Printed materials and jar openers will still be important because 49/53 survey participants still would be willing to distribute leaflets.

Researching and implementing the most productive form of digital marketing will allow the most beneficial cross promotion. For example, the right social media resource sharing on YouTube, Facebook, and Instagram will encourage participants to share information over the internet, text message, social media, by word of mouth, or over the phone. Cross-promotion will allow for quicker expansion of this marketing campaign.

Objective 3: Assess respondents' readiness to adopt healthy dietary and family eating habits.: Considering the surveyors' readiness to change, NEN will continue promoting the campaign to community and SNAP-Ed partners within 1-6 months of this evaluation. NEN will look into delivering emails to these partners with educational tips, website resources, and healthy behavior change prompts. Partners can take advantage printable or interactive digital resources for SNAP-Ed individuals.

Encouraging EatTogetherPA.org access for meal planning resources, healthy recipes and budget saving tips will further support and sustain their participation in family meals and EatTogetherPA.org. In the future, NEN hopes to utilize website statistics and various kinds of digital promotion to help bring more meaningful behavior change data for analysis.

Conclusion:

NEN anticipates moving forward with updated social marketing strategies. New promotional venues within target counties, digital outreach, and the ability to speak to participants about an identifiable subject, family meals, will enhance and expand the “Eat Together PA” campaign outreach.

Information collected during this study and a future impact evaluation study will assist in the further development of a statewide, nutrition-based, social marketing campaign for SNAP-eligible Pennsylvanians.

Breastfeeding in Family Shelters

Attitudes and Experiences of Moms and Staff in Philadelphia-Area Family Shelters



Executive Summary

Introduction

Through funding from the United States Department of Agriculture's (USDA) Supplemental Nutrition Assistance Program Education (SNAP-Ed) program, Health Promotion Council (HPC) delivers nutrition education to family shelters throughout Philadelphia. In fiscal year 2017, HPC began efforts to promote policy, systems, and environment (PSE) approaches to its nutrition education work in family shelters, including exploration of breastfeeding practices and policies. Although breastfeeding is known to confer many mental and physical health benefits for mother and child, very little is known about the breastfeeding attitudes, opinions, and experiences of mothers residing in family shelters. Furthermore, very little is known about how the shelter environment – including the *social environment* and the *physical and policy environment* – influences the breastfeeding opinions and practices of mothers residing and staff employed in family shelters. HPC partnered with the Research & Evaluation Group at PHMC (R&E Group) to explore individual-level attitudes and PSE factors influencing breastfeeding in family shelters. This report summarizes the preliminary results of those efforts.

Background

On a given night, approximately 640,000 Americans experience homelessness and over one-third of those are families.¹ Approximately 10% of homeless women are pregnant at a given time, compared to 5% of non-homeless women of child-bearing age.² Families now represent that fastest growing segment of the homeless population and most are headed by young, single mothers.³ Despite this growing phenomenon, very little is known about the experience of pregnant women and mothers with young children who experience homelessness. Available studies indicate that pregnant women experiencing homelessness tend to be disproportionately less educated, younger, unmarried, and African-American, though generalizability is limited by research design, sample size and geographic scope.⁴ Homelessness confronts women with a number of difficult choices. One of these choices includes how to feed their child given unstable housing circumstances and a limited support system. While family shelters provide some relief to young mothers and their infants, they are still at risk for poor health outcomes, including developmental delays and increased risk for developing chronic health conditions such as asthma.

¹ Richards, R., Merrill, R., & Baksh, L. (2011). Health behaviors and infant health outcomes in homeless pregnant women in the United States. *Pediatrics*, 128(3): 438-446.

² Healing Hands (2012). Decreasing unintended pregnancy among women experiencing homelessness. Retrieved from <http://www.nhchc.org/2012/10/new-healing-hands-decreasing-unintended-pregnancy-among-women-experiencing-homelessness>.

³ Richards, et. al.

⁴ Richards, et. al.

Breastfeeding is one way to help mitigate these outcomes, though more needs to be understood about the breastfeeding practices of this population.⁵

One of the most notable policy and system change efforts to support breastfeeding practices broadly is the international Baby-Friendly Hospital Initiative (BFHI). Launched in 1991 by the United Nations Children Fund (UNICEF) and World Health Organization (WHO) to promote and protect maternal and child health, the BFHI designation supports breastfeeding practices in maternity care facilities.⁶ While evidence of successful policy and system change efforts at the hospital level are well understood, little is known about such changes in the shelter setting. Women residing in shelter often lack a private space to breastfeed or pump, have limited storage options for breastmilk, are unable to obtain adequate additional food or snacks, are less likely to access health services, and experience elevated levels of stress and fatigue. These are all factors that result in lower levels of breastfeed and limited ability to breastfeed even when that is the desired method of nursing. One study of young mothers who access maternity shelters indicates the importance of ongoing supports, including early post-partum support, professional support, and peer support, as well as the autonomy of choice and potential mental and physical benefits.⁷ Other studies focused on low-income women, such as those utilizing the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) indicate that targeted educational efforts can increase positive attitudes about breastfeeding among this population.⁸ It is important to explore attitudes and beliefs about breastfeeding that are specific to the shelter environment to protect the health and wellbeing of women and children experiencing homelessness. Children who are breastfed as infants are known to confer many benefits including decreased likelihood of contracting infection during infancy and decreased likelihood of developing chronic diseases. Breastfeeding is known to provide many benefits for mothers, including decreased stress and risk of post-partum depression and improved mother-infant bonding.⁹

⁵ McCoy-Roth, M, Mackintosh, B.B., & Murphy, D. (2012). When the bough breaks: the effects of homelessness on young children. *Child Trends*, 3(1).

⁶ UNICEF. The baby-friendly hospital initiative. Retrieved from: <https://www.unicef.org/programme/breastfeeding/baby.htm>.

⁷ Edwards, R., Peterson, W.E., Noel-Weiss, J., and Fortier, C.S. (2017). Factors influencing the breastfeeding practices of young mothers living in a maternity shelter: a qualitative study. *Journal of Human Lactation*, 33(2): 359-367.

⁸ Panzera, A.D., Castellanos-Brown, K., Paolicelli, C., Morgan, R., Potter, A., & Berman, D. (2017). The impact of federal policy changes and initiatives on breastfeeding initiation rates and attitudes toward breastfeeding among WIC participants. *Journal of Nutrition Education and Behavior*, 49(7S2): S207-S21.

⁹ Schwartz, R. Ellings, A., Baisden, A. Goldhammer, C.J., Lamson, E., Johnson, D. (2015). Washington ‘Steps’ Up: a 10-step quality improvement initiative to optimize breastfeeding support in community health centers. *Journal of Human Lactation*, 31(4): 651-659.

Methods

This study utilized a mixed-methods design integrating themes from a validated infant feeding attitude scale and semi-structured in-person interviews conducted with both moms residing in family shelters and shelter staff. Breastfeeding attitudes among residents and staff were measured using the Iowa Infant Feeding Attitude Scale (IIFAS), a 17-item, validated scale that assesses participants' level of agreement on a 5-point Likert scale. Scores are categorized into three groups: (1) positive = 70-85, (2) neutral = 49-69, and (3) negative = 17-48.

In-person, semi-structured interviews with staff and residents were conducted at three family shelters in Philadelphia, PA (Woodstock Family Center, People's Emergency Center, and St. Barnabas Mission - Episcopal Community Services) between May and September 2018. All interviews were audio recorded, transcribed verbatim using a third-party vendor, and then analyzed by the study team using a combination of broad-based coding and a priori themes from the literature and health behavior models.

Preliminary Results

Resident and staff responses were divided into the following key themes:

- **Exposure to Breastfeeding.**
- **Breastfeeding Influencers.**
- **Opinions and Attitudes about Breastfeeding. Reactions and Responses to Seeing Breastfeeding.**
- **Shelter Environment.**
- **Breastfeeding Support.**
- **Staff Role in Supporting Breastfeeding.**
- **Breastfeeding Policies, Rules, and Practices.**
- **Mental Health and Substance Use Concerns (residents only).**

Suggestions on creating a breastfeeding environment

Residents and staff had a wide variety of suggestions for creating a more breastfeeding friendly environment. However, residents overwhelmingly felt that creating a private, quiet space for breastfeeding mothers was the most important. Several staff people mentioned unintended consequences of a breastfeeding space should be taken into consideration. Both residents and staff also emphasized the importance of training/education and implementing a formal policy. Residents suggested education not just for mothers, but for male staff and teenage boys to ensure that *everyone* is comfortable with breastfeeding. Staff focused more on increasing staff knowledge about breastfeeding through training and technical assistance on how to implement a policy to support this practice.

Background

Health Promotion Council, The Food Trust and Einstein Medical Center work in collaboration with other hunger relief efforts in the state of Pennsylvania, such as the Blueprint for a Hunger-Free PA, to increase the capacity of food pantries to offer and promote healthier food. The partners work together to continue providing training and technical assistance for pantry staff and volunteers on procuring, stocking, and promoting healthy foods. Each year, partners administer the Pennsylvania Healthy Food Pantry Initiative Assessment to food pantries throughout southeastern Pennsylvania. The assessment asks pantry staff about procumbent practices, healthy food promotion, technical assistance needs, and overall barriers to maintaining a healthy pantry. This reports outlines assessment results from pantries within HPC's jurisdiction.

Assessment Findings

Pantry Logistics

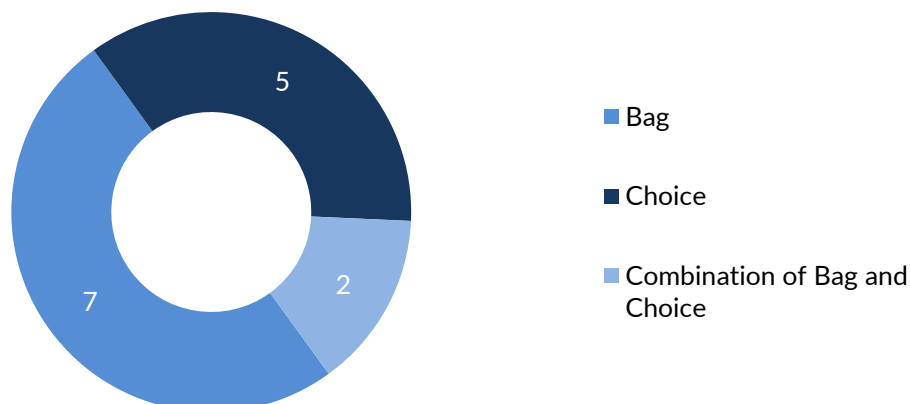
Fourteen HPC food pantries were represented in this evaluation. Each pantry is categorized as the following:

- Bag-style pantry: clients receive a pre-packed, standardized bag of grocery items at their visit;
- Choice-style pantry: clients are able to pick and choose the groceries that they receive from the pantry inventory, or
- A combination of the two.

Of the food pantry locations evaluated, seven were bag-style pantries, five were choice-style, and two were a combination. One combination-style pantry noted that nonperishable items were predetermined for clients, with the exception of fresh produce, which was choice-style.

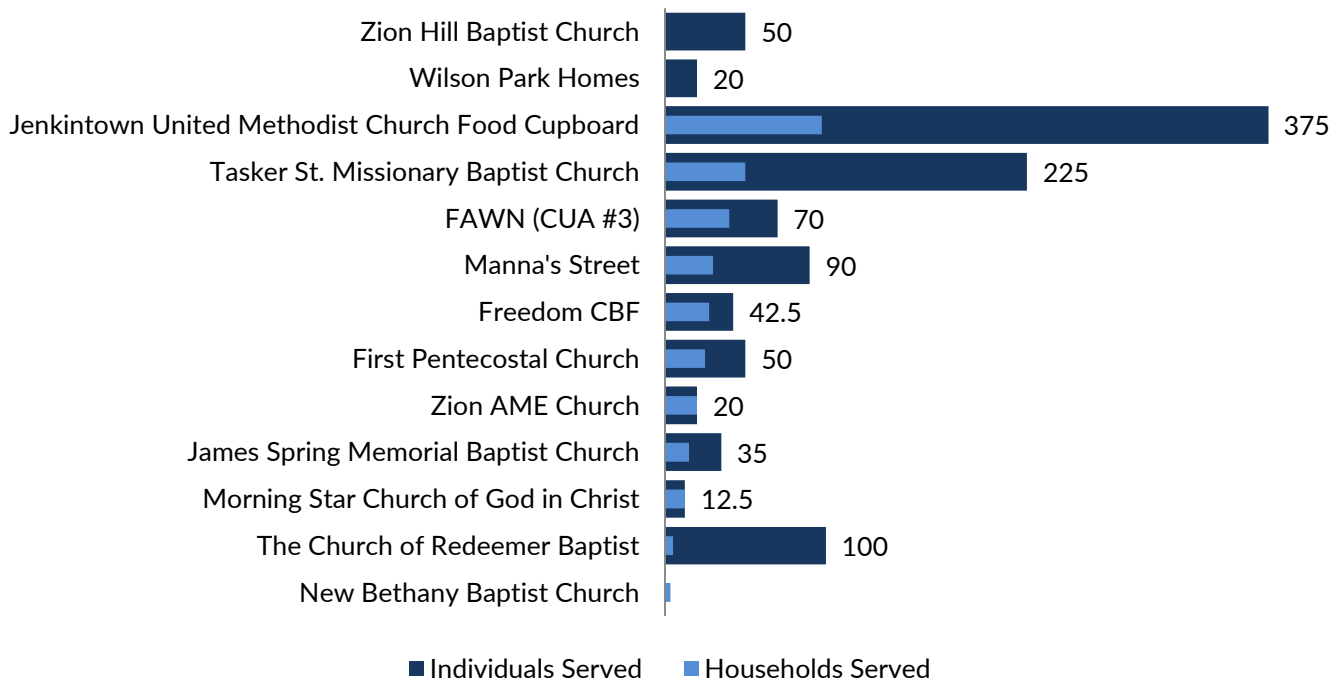
The survey noted that almost half (40%, n=7) of respondents believe that staff and volunteers want to transition from a bag pantry to a choice pantry, as applicable.

Figure 1: Half of all surveyed pantries were choice-style pantries.



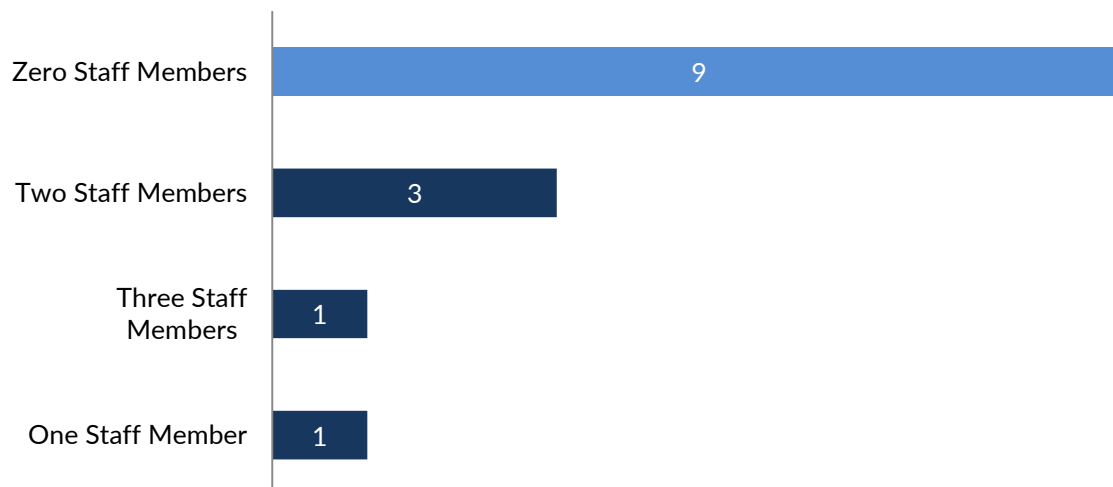
Hours and availability widely ranged between the surveyed pantries: about a third of all pantries were open daily, while others were only open once a month. Number of clients served also varied considerably between pantries, ranging between 10 clients per day to 375.

Figure 2: While the majority of pantries served a small number of clients per day, a few saw large numbers of both individuals and households served.



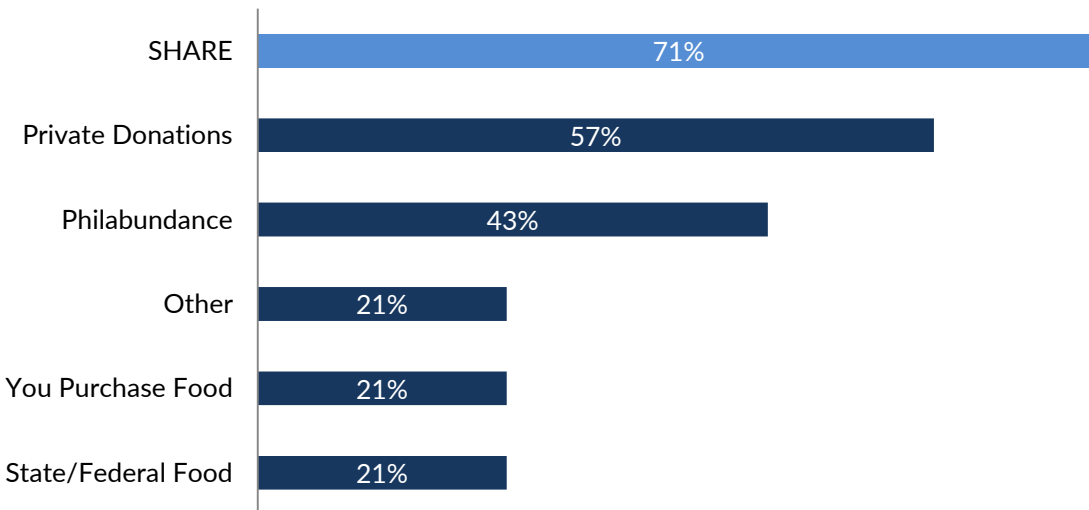
Reported numbers of paid staff members were low across the board: while one (7%) pantry reported as many as three paid staff members, only two (14%) pantries reported having two, one (7%) pantry reported one, and the remaining nine (64%) reported having no paid staff members at all. **More than half (64%, n=9) of all pantries were solely run by volunteers.**

Figure 3: Food pantries tend to rely on volunteers, rather than paid staff members, to provide assistance.



Several sources of food donations were acknowledged in the survey. Almost three quarters (71%, n=10) of all pantries received food from SHARE, and more than half (57%, n=8) reported receiving food via private donation, one (7%) of which relied exclusively on donations. While relatively infrequent, some (21%, n=3) pantries received food from state and/or federal programs, and others (21%, n=3) purchased food on their own.

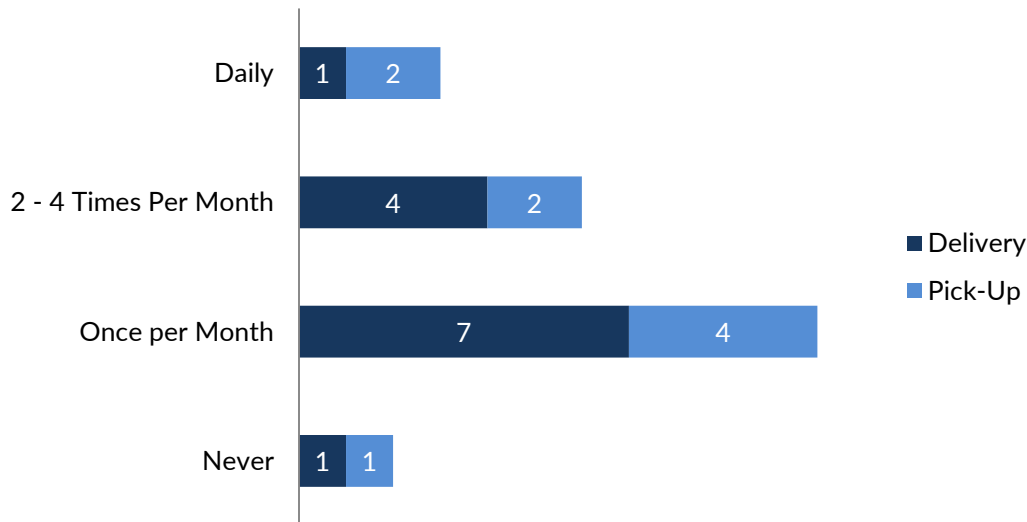
Figure 4: Most pantries received food from local nonprofit organizations such as SHARE and Philabundance.



Pantries also had a marked difference in the frequency in which they receive food deliveries and pick up food donations. Of the fourteen pantries, one pantry never receives deliveries, and instead relies on volunteers to pick up donations. **Half (50%, n=7) of all pantries receive a delivery once per month**, about one-quarter (28%, n=4) of pantries receive deliveries 2 – 3 times per month, and one (7%) reported receiving a delivery every day.

There was a wide range in donation pick up frequency as well. Of the pantries that responded to this question, one pantry (7%) reported never picking up food donations to distribute. Two (14%) pick up donations daily, one (7%) picks up donations once per week, two (14%) pick up donations 3 – 4 times per month, and **more than a quarter (28%, n=4) pick up donations just once per month**.

Figure 5: Most pantries are able to receive food via pick-up or donation just once per month.



Foods Provided

Pantries were asked about the types (such as fresh produce, canned beans, and canned fruits) and frequency of foods offered, along with the reason why others (such as refrigerated or frozen foods) were not able to be offered. For types of food other than produce, please refer to the Appendix.

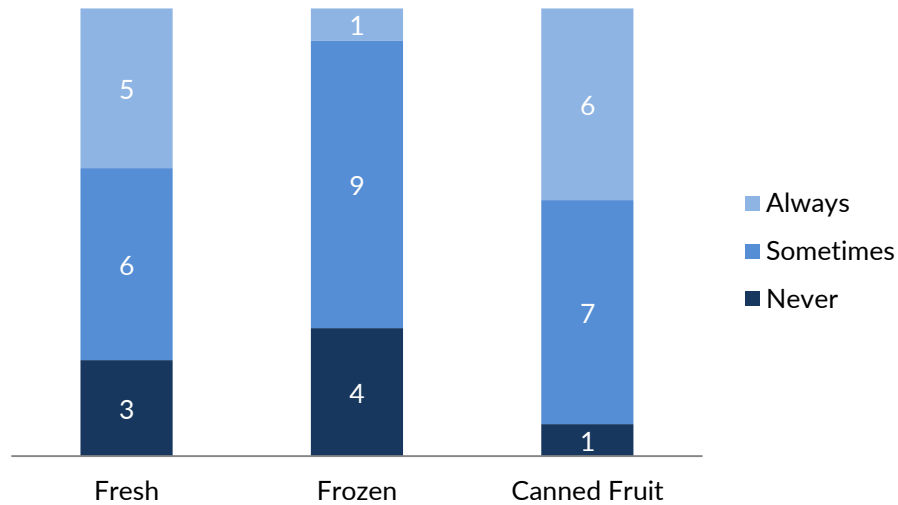
Produce:

About one-third (35%, n=5) of all pantries reported always offering fresh produce, less than half (43%, n=6) of all pantries sometimes offered fresh produce, and about one-fifth (21%, n=3) of all pantries were never able to offer fresh produce. While only one pantry responded that fresh produce is too expensive for the pantry to afford, less than half (43%, n=8) of all respondents noted that **there is no donation source for fresh produce**. Four (28%) **pantries reported not having enough refrigeration or storage**. One (7%) respondent is only able to pick up donations once a month and cited that this logistical concern prevents them from being able to offer fresh produce.

When asked about the distribution of frozen produce only one (7%) pantry reported always offering frozen produce. The majority (64%, n=9) of pantries were sometimes able to offer frozen produce, with some (29%, n=4) citing that frozen produce was never available at their locations. Similar to fresh produce, only one (7%) pantry cited that frozen produce is too expensive to provide. Three pantries noted a lack of freezer space, but again, **the majority of pantries lack a donation source for frozen produce**.

Canned fruits are provided more consistently than fresh or frozen produce are: almost half (43%, n=6) of all pantries always offer canned fruit and half (50%, n=7) sometimes offer canned fruit. Only one (7%) pantry is never able to offer this type of food.

Figure 6: Most pantries are able to consistently offer fruits and vegetables, whether they are fresh, frozen, or canned.



Healthy Food Promotion

Pantries were asked a series of questions to determine how they incentivize and motivate clients to eat healthily. Most pantries (70%, n=9) reported sometimes providing tips to their clients about healthy food preparation. Only a couple (15%, n=2) of pantries never provide these tips, while the remaining pantries (15%, n=2) always provided tips. Additionally, pantries were asked if they provide product-specific recipes to clients to help them learn how to prepare healthy foods. Over half (55%, n=6) of pantries sometimes gave out recipes, while more than one-third (36%, n=4) never provided this to their clients. Just one pantry always provided recipes.

Nutrition education is provided to pantry staff and volunteers, as well as their clients. According to the survey, staff and volunteers were provided with nutritional education at similar rates. About one-fifth (21%, n=3) reported always educating staff and volunteers, 29% (n=4) sometimes educated staff and volunteers, and 36% (n=5) never educated their staff and volunteers.

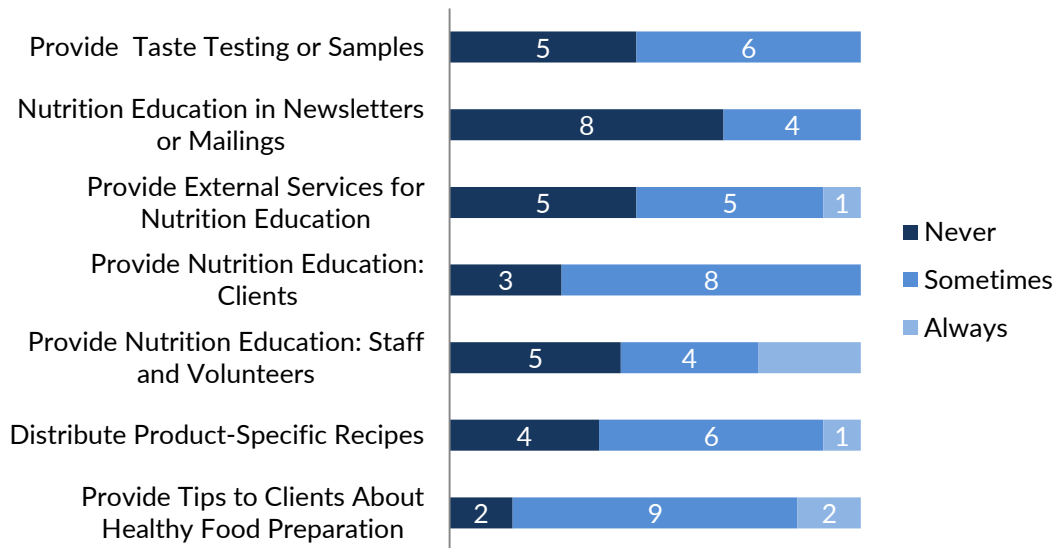
Over half (57%, n=8) of pantries reported sometimes providing nutrition information to clients, while 21% (n=3) of pantries reported sometimes providing this information.. **About one-fifth (21%, n=3) of pantries reported never providing client education programming.** Additionally, clients can also be educated about programs such as SNAP, Senior Farmers Market coupons, and other food assistance resources. While over one-third (36%, n=5) always provide this education, slightly less than half (43%, n=6) never do, and a couple (14%, n=2) only sometimes inform their clients of these resources.

It is recognized that pantries can refer clients to external sources of nutrition education as well. Just a small number (7%, n=1) of pantries reported always doing this, while **most (72%, n=10) of the pantries reported either sometimes or never referring clients to educational resources.**

When asked about providing nutritional information in newsletters and/or mailings, no pantries reported always doing this. Over half (57%, n=8) reported never providing this service, and 29% (n=4) stated that they sometimes provided information in this manner.

Some pantries occasionally provided taste testing and samples of foods. Almost half (43%, n=6) of surveyed pantries sometimes offered these demonstrations, while about one-third (36%, n=5) were never able to offer this service.

Figure 12: Food pantries have several avenues for providing nutrition education.

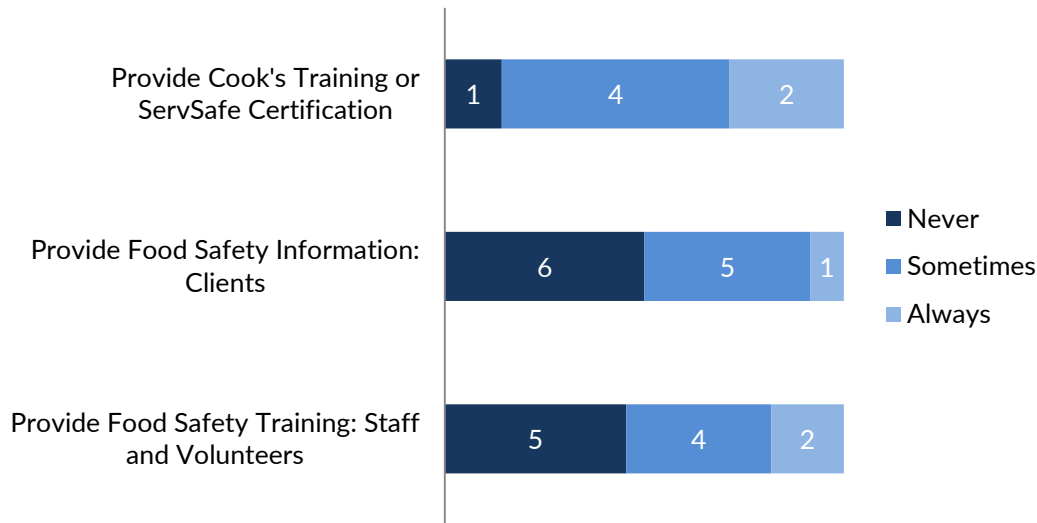


Food safety and handling can also be addressed through pantries. When asked if pantries provide food safety training for staff and volunteers, only a few (14%, n=2) stated they always do this. Just 29% (n=4) and 36% (n=5) sometimes or never offer this instruction, respectively.

Pantries were asked if they provide food safety information to clients, as well. While only one pantry always offered this information, 36% (n=5) of pantries sometimes did, and 43% (n=6) never instructed clients.

Because some pantries serve prepared meals, it was evaluated whether or not pantry cooks were provided with training or ServSafe certification. Just 14% (n=2) of respondents said their pantry always provides this training, 29% (n=4) responded that their pantry sometimes offers this training, and half (50%, n=7) responded that they never offer this training or certification.

Figure 13: Food pantries are able to provide food safety education and training to both clients and staff.

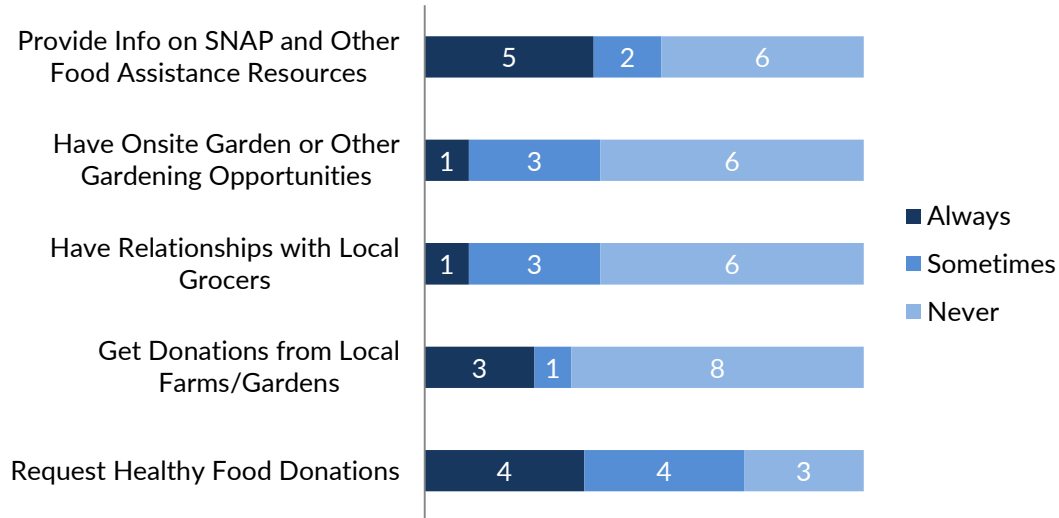


Pantry staff and volunteers can play a role in helping procure healthier food items by requesting them from their donation sources and building relationships with local farms and grocers. **Over one-quarter (29%, n=4) of pantries stated they always request healthy food donations.** Similarly, 29% (n=4) of pantries sometimes put in these requests, while 21% (n=3) never do. Local farms and gardens can also be a source of food donations, and some (21%, n=3) pantries receive food from this source. While only one pantry sometimes receives food this way, more than half (57%, n=8) of the pantries never do.

Another way to obtain healthy food donations is by cultivating relationships with local grocers, however, almost half (43%, n=6) reported never doing this, and 21% (n=3) of pantries sometimes did. **Just one pantry reported always working with local grocers.**

Another method of helping clients have access to healthy food options is by having an onsite garden or giving clients access to other gardening opportunities. When asked, less than half (43%, n=6) of pantries reported never having an onsite garden or gardening access for their clients, with 21% (n=3) sometimes having this available. Just one pantry always providing this option.

Figure 14: Food pantries have opportunities to create more community relationships to help their clients access healthier food options.

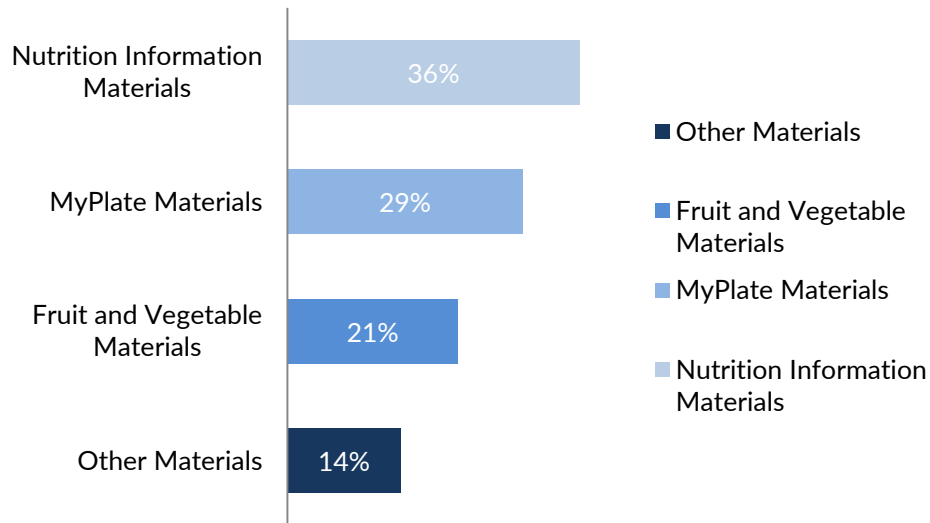


Incentivizing Healthy Food

In order to encourage clients to make healthier food choices, **over half (57%, n=8) of all surveyed pantries reported sometimes incentivizing healthy food options.** Pantries provided examples of how they incentivized healthy food by creating a nutrition traffic light program, allowing clients to select unlimited fresh produce options, increasing the quantity of healthy foods that clients can take while reducing the amount of unhealthy foods that clients can take, and offering classes with taste tests and pricing information.

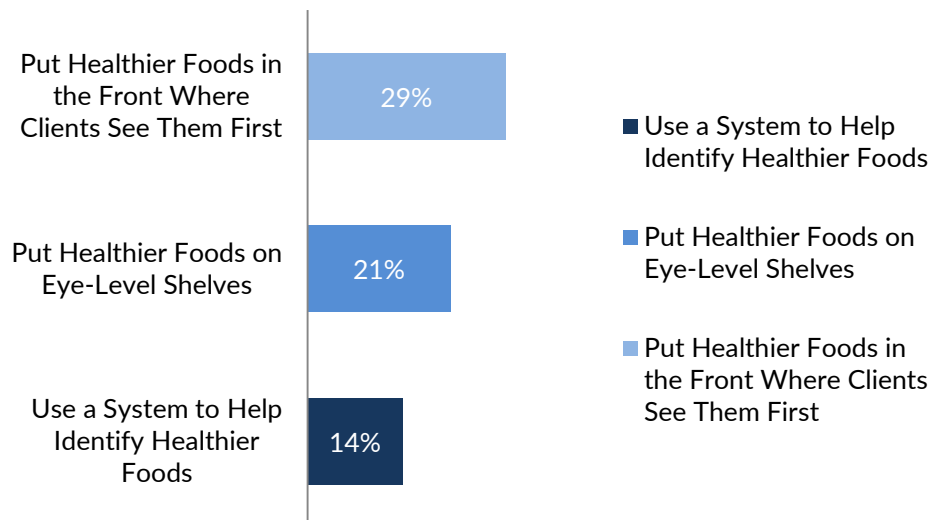
Marketing techniques were also used to incentivize healthy eating amongst pantry clients. **Almost one-third (29%, n=4) of pantries always have healthy food promotional materials visible to clients,** and 43% (n=6) sometimes do. This included MyPlate handouts and posters, which are utilized by 29% (n=4) of pantries, nutrition information materials, which are utilized by 36% (n=5) of pantries, and fruit and vegetable-related materials utilized by 21% (n=3) of pantries. One pantry (14%) also reported using school district-provided pamphlets and magazines.

Figure 15: Pantries passively educate their clients about healthier eating through distributing educational materials.



Pantries can also strategically place healthier foods in more visible locations, which less than half (43%, n=6) reported doing sometimes. Twenty-one percent (n=3) of pantries report putting healthier foods on eye-level shelves, 29% (n=4) put healthier foods in front so clients see them first and 14% (n=2) use a system to help clients identify healthier food options, such as utilizing color codes or numbers.

Figure 16: Pantries utilize other marketing techniques to alter their layouts, making healthier food more accessible and appealing.



Food Pantry Priorities

Pantries were asked to share and rank their top priorities moving forward, with 1 being the top priority, and 5 being their lowest priority.

The rankings and categories are as follows:

1. Procuring and stocking a healthy pantry
2. Food safety in the pantry
3. Nutrition education for pantry clients
3. Nutrition education for pantry staff volunteers (tie)
4. Learn to conduct on site cooking demonstrations

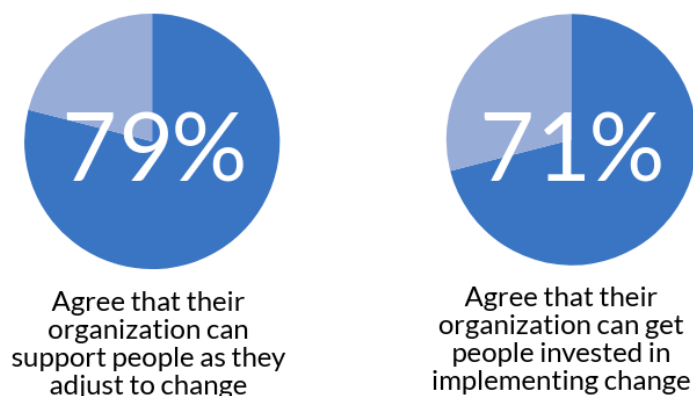
Staff and Volunteer Commitments

Pantry staff and volunteers who completed the survey were asked about their perception of their organization, as well as their fellow volunteers and colleagues. The survey focused on their commitment to implementing change in their communities and their perceived motivation levels.

Organizational Level:

When asked if the staff/volunteers feel confident that the organization can get people invested in implementing healthier changes, the majority (71%, n=10) either somewhat agreed or agreed with that statement. Additionally, most (79%, n=10) respondents at least somewhat agreed that **people who work/volunteer at their respective pantries feel confident that the organization can support people as they adjust to change.**

Figure 17: Pantry staff and volunteers feel confident in the organizations that they work for.

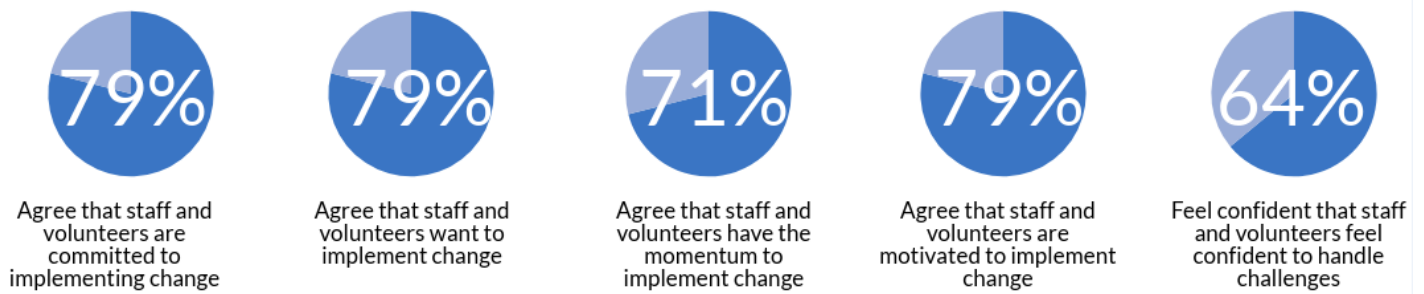


Individual Level:

Respondents were also asked about their perceptions of fellow staff members and volunteers. Most (79%, n=11) at least somewhat agreed that **pantry staff and volunteers are committed to implementing change.** Similarly, the same number of respondents at least somewhat agreed that

pantry staff and volunteers actually want to implement change. At 71% (n=10), most respondents at least somewhat agreed that staff and volunteers have the momentum to see these changes being implemented, and 79% (n=11) at least somewhat agreed that **staff and volunteers are motivated**. Additionally, respondents were asked if staff/volunteers feel confident that they can handle the challenges that might arise in implementing change. The number of respondents who feel at least somewhat confident in this decreased to 64% (n=9).

Figure 17: Staff and volunteers are confident that their colleagues can help manifest change in their communities.



Appendix

Other Surveyed Food/Beverage Categories

Legumes:

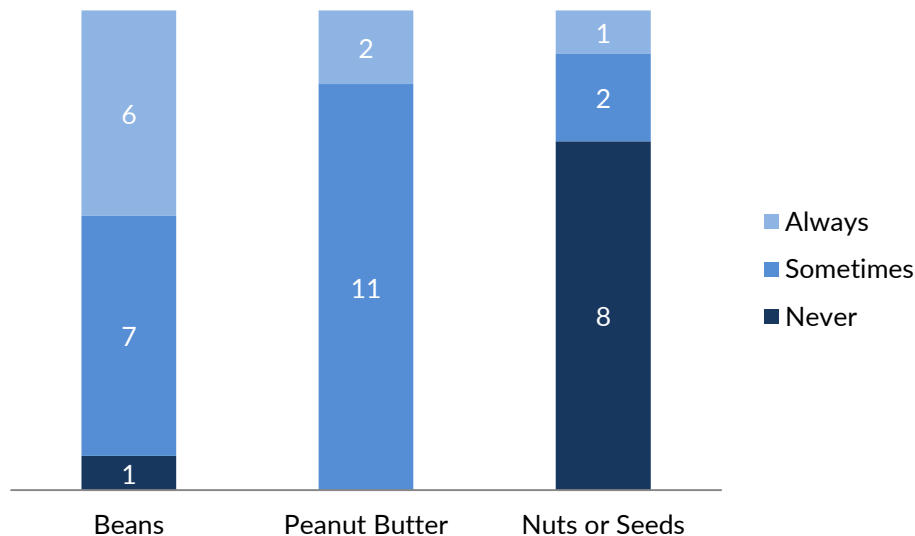
Pantries also offered legumes, such as peanut butter, beans (canned or dried), and nuts or seeds.

Canned or dried beans were a common offering at the surveyed pantries: just one (7%) pantry reported never distributing them. Half (50%, n=7) of surveyed pantries offered beans sometimes, and slightly less than half (43%, n=6) pantries always offered them. The majority (86%, n=7) of pantries noted that they would like to offer beans more frequently, with just a few (14%, n=2) stating that they would like to offer less.

An overwhelming majority (85%, n=11) of surveyed pantries reported sometimes offering peanut butter at their location. A small number (15%, n=2) of pantries always offered peanut butter. No pantry excluded peanut butter from ever being offered. Most pantries (90%, n=12) **wanted more peanut butter offered**.

Nuts or seeds were rarely consistently offered at the pantries: 62% (n=8) of all pantries were never able to offer this item, 18% (n=2) of pantries offered nuts or seeds sometimes, and just 9% (n=1) always offered nuts or seeds. Most (63%, n=6) of pantries would like to receive more nuts or seeds.

Figure 7: Dried or canned beans and peanut butter were a food pantry staple, but nuts and seeds are rarely offered.



Meat and Protein:

Respondents were surveyed about the following meats and proteins: canned tuna, chicken wings, lean meat (less than 85% fat content), non-lean meat (85% fat content or higher), and eggs.

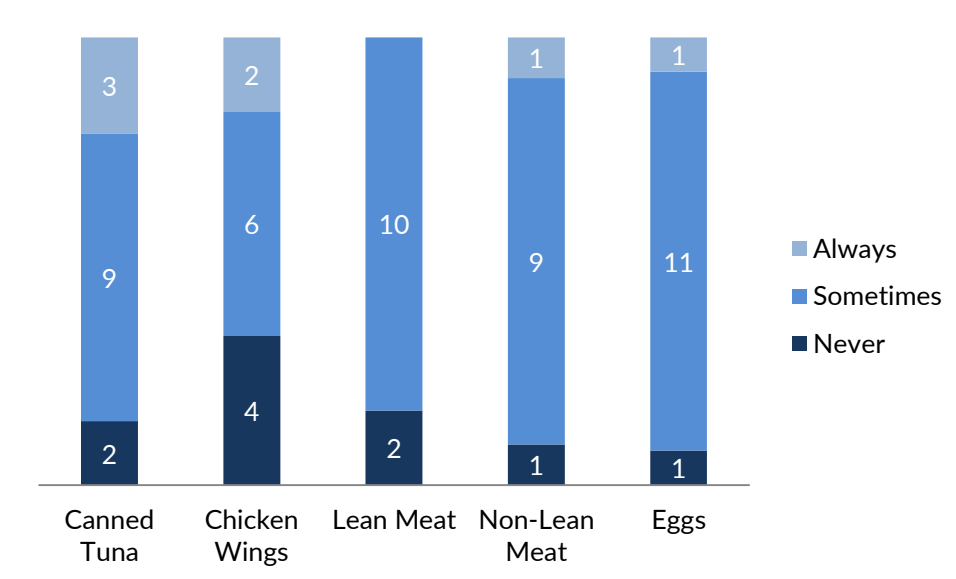
Of those offerings, eggs were at least sometimes offered by the majority (92%, n=12) of pantries, with just one pantry (7%) reporting never being able to supply them. **All (100%, n=11) respondents reported wanting to receive more eggs.**

Non-lean meat was also readily available with most (91%, n=10) surveyed pantries either sometimes or always offering it, and just one never offering non-lean meat. Most (83%, n=10) pantries also sometimes offered lean meat. **Pantries are looking to offer more lean and non-lean meats to their clients:** 71% (n=6) want more lean options, while 78% (n=8) want more non-lean options.

Canned tuna, the only non-perishable meat included in the survey, was at least sometimes offered by most (86%, n=12) of the surveyed pantries and always by about 21% (n=3). Very few (14%, n=2) reported never offering this item. **The majority (93%, n=13) of surveyed pantries want to offer canned tuna more frequently.**

Lastly, chicken wings were the least commonly distributed meat item at the pantries. One-third of all pantries were unable to ever offer chicken wings, while half were sometimes able to offer this selection. Few (17%, n=2) were always able to offer chicken wings. **Most (91%, n=10) pantries are interested in getting more chicken wings to offer their clients.**

Figure 8: Food pantry clients have a wide range of meats and protein sources to choose from.



Grains:

A large number of grain products were offered at the pantries, such as pastas, cereals, and breads. Pantries were asked about their distribution of both whole wheat and white bread, both of which saw similar distribution rates between pantries. About two-thirds (67%, n=14) of all pantries were either sometimes or always able to offer either white or whole wheat bread, while the remaining one-third (33%, n=6) were never able to offer either type.

Pantries report wanting more bread of both types: 89% (n=8) of respondents want to receive more whole wheat bread, and 86% (n=6) want more white bread.

The discrepancies between offering whole grain versus high-sugar cereals were also somewhat minimal. Most pantries (75%, n=9) report offering whole grain cereal either always or sometimes, and only on-quarter (25%, n=3) report never being able to offer whole grain cereal. That said, most pantries (90%, n=9) report wanting to receive more whole grain cereal options.

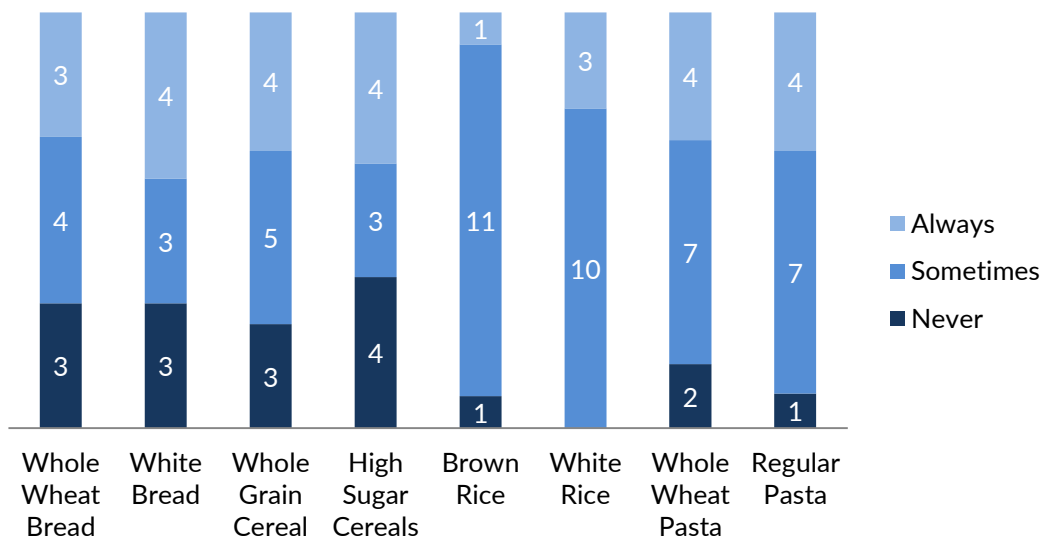
Slightly fewer pantries (63%, n=7) reported offering high sugar cereals, such as Froot Loops or Cocoa Puffs, sometimes or always, with the remaining (37%, n=4) never offering this type of food. **Only half (50%, n=3) of all respondents would like to receive more high sugar cereals.**

Rice, whether brown or white, was commonly offered at the pantries. Just one pantry reported never offering brown rice, while zero pantries reported never offering white rice. Still, brown rice and white rice were offered at similar rates overall: brown rice was offered sometimes most (79%, n=11) of the time, while white rice was also offered sometimes frequently (77%, n=10). Just one (7%) pantry always carried brown rice, and less than a quarter (23%, n=3) of pantries always offered white rice. **All (100%, n=10) of responding pantries would like to receive more brown rice, and most (75%, n=6) would like to receive more white rice.**

Pastas, both whole wheat and regular, are also commonly offered at the pantries. In similarly small numbers, just two pantries (15%) never offered whole wheat pasta, while just one pantry (8%) never offered regular pasta. Over half (54%, n=7) of all pantries sometimes offered whole wheat pasta, and about one third (31%, n=2) were never able to carry it. With similar distribution rates as whole wheat pasta, 58% (n=7) of all pantries sometimes offered regular pasta, and 33% (n=4) always offered it. **The majority (83%, n=10) of pantries report wanting more of both whole wheat and regular pasta.**

While the current rates of gluten-free offerings were not reported in the survey, **almost one-third (29%, n=4) of respondents would like to receive more gluten-free foods at their pantries.**

Figure 9: Clients have a variety of whole-grain options at their food pantries.

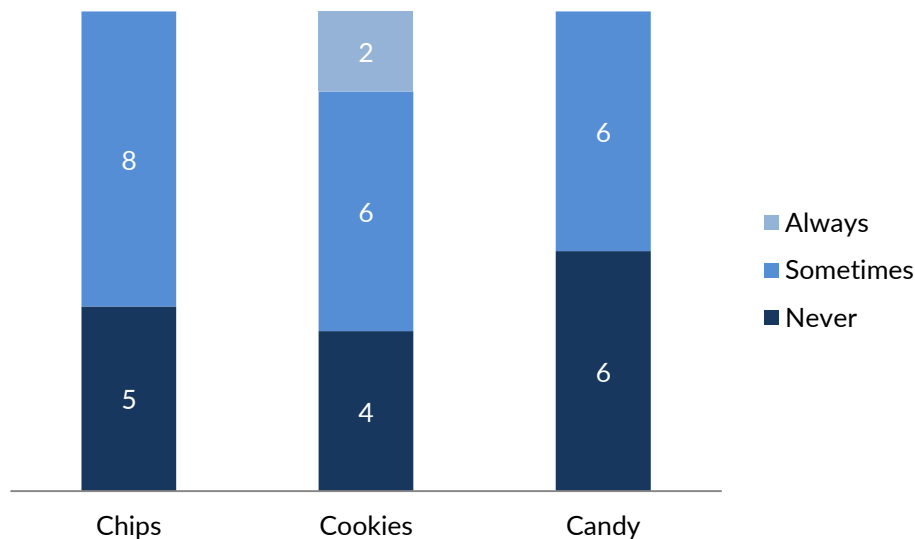


Snacks:

Snack-type foods, such as chips, cookies, and candies, were also documented in the survey. Pantries reported that, for the most part, snack-type foods were not typically readily available to clients: none of the pantries reported always offering chips or candy, and only two pantries (17%) reported always offering cookies.

Over one-third of surveyed pantries (38%, n=5) never offered chips, while the remaining 62% (n=8) of pantries sometimes offered them. Similarly, half (50%, n=6) of surveyed pantries never offered candy, while half (50%, n=6) sometimes offered this food. Of the remaining pantries that did not report always offering cookies, 33% (n=4) never offered them, and half (50%, n=6) sometimes do. Sixty-seven percent (n=4) of pantries would like to receive less chips, and 71% (n=5) want less cookies. All (100%, n=5) respondents to this question wanted less candy.

Figure 10: Snack foods such as chips, cookies, and candies, are rarely offered at the surveyed food pantries.



Beverages:

In addition to food, pantries also sometimes provided beverages, including bottled water, to their recipients. In this survey, pantries were asked about how often they provide 100% fruit juice, bottled water, soda, and other sugary drinks, such as energy drinks or juice drinks with less than 100% fruit juice. Additionally, they were asked to report how often they offer milk alternatives, such as soy milk and nut milks, including almond and cashew milks.

Almost three-quarters of all surveyed pantries (73%, n=8) stated that they never offered soda to their clients. Just 18% (n=2) sometimes offered soda, while 9% (n=1) always offered this type of beverage. **Despite not being offered frequently, most (60%, n=3) of respondents want to receive less soda.**

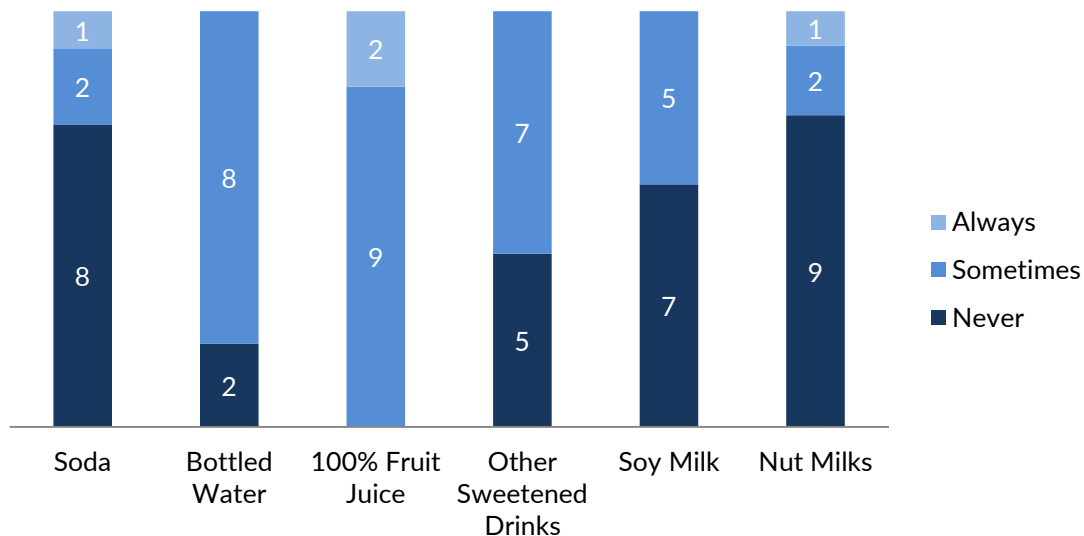
Bottled water was offered more frequently: only 20% (n=2) of surveyed pantries were never able to provide bottled water, while most (80%, n=8) sometimes offered it. No pantry always provided bottle water to their clients; however, **the majority (88%, n=7) would like to receive more water at their pantries.**

Juices made from 100% fruit juice were sometimes offered to clients, with most (82%, n=9) of responding pantries offering these beverages sometimes and the remaining 18% (n=2) always having 100% juice available. **All (100%, n=11) pantries would like to receive more 100% fruit juice.**

Less frequently offered were other sweetened drinks, such as juice that is less than 100% fruit juice, energy drinks, sweet teas, and sports drinks. Over half (58%, n=7) of the pantries sometimes offered these beverages, while the remaining 42% (n=5) never do. **No pantry reported always having these drinks available but 75% (n=4) of respondents reported wanting less.**

Lastly, soy and nut milks were included on the survey. Over half (58%, n=7) of the surveyed pantries never offered soy milk, and three-quarters (75%, n=9) never offered nut milks. Forty-two percent (n=5) and 17% (n=2) sometimes offered soy and nut milks, respectively, while just one (8%) always offered nut milks. **Results indicate a want for soy and nut milks at the pantries: more than half (67%, n=4) of respondents want to receive more soy milk, and the majority (88%, n=7) want to receive more nut milk.**

Figure 11: With the exception of 100% fruit juice, beverages were not commonly offered at the pantries.



Background and Methods

In 2018, Health Promotion Council (HPC) piloted a ‘Partnership Evaluation Tool’ designed to evaluate the depth, accomplishments and lessons learned from SNAP-Ed organizational partnerships. A ‘partner’ was defined as any organization with which a SNAP-Ed provider regularly meets, exchanges information, and identifies and implements activities that will contribute to adoption of one or more organizational changes or policies. The tool was administered at the end of fiscal year 2018 to reflect activities that occurred during the SNAP-Ed fiscal year. The tool was administered in an online survey and in-person format to individuals with whom HPC collaborated with the most at the organization.

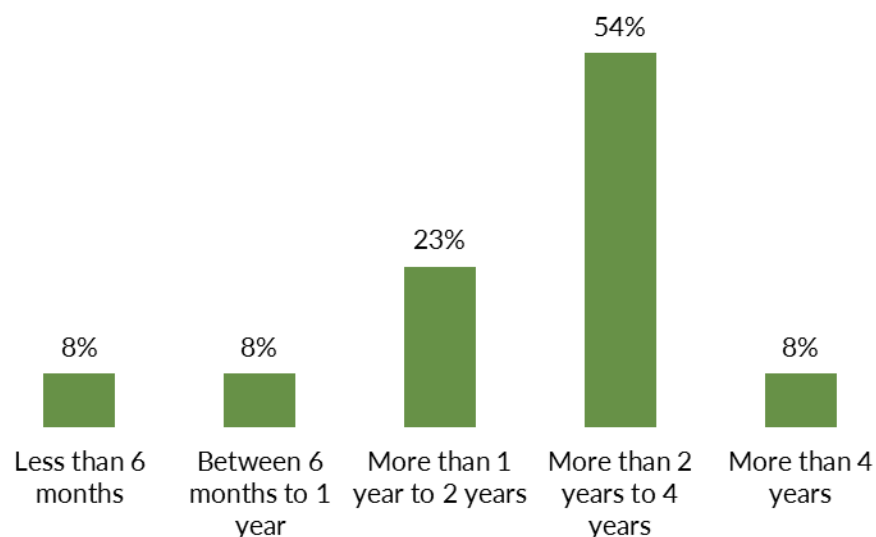
Survey Findings

Between August 21, 2018 and September 13, 2018, a total of 13 partners completed the evaluation tool. Eight partners completed the tool online and five partners completed the tool in-person with a HPC health educator. The following partners participated in the evaluation:

- Farm to Families at St. Christopher’s Hospital for Children
- Our Brother’s Place
- Freedom Development Corporation
- Food and Wellness Network (FAWN)
- Bebashi
- Congreso Health Center
- Mary Howard Health Center
- Philadelphia Department of Public Health
- Sunday Breakfast Rescue Mission
- HELP Philadelphia Transitional Facility
- Jenkintown Food Cupboard
- Uplift Solutions
- Manna on Main

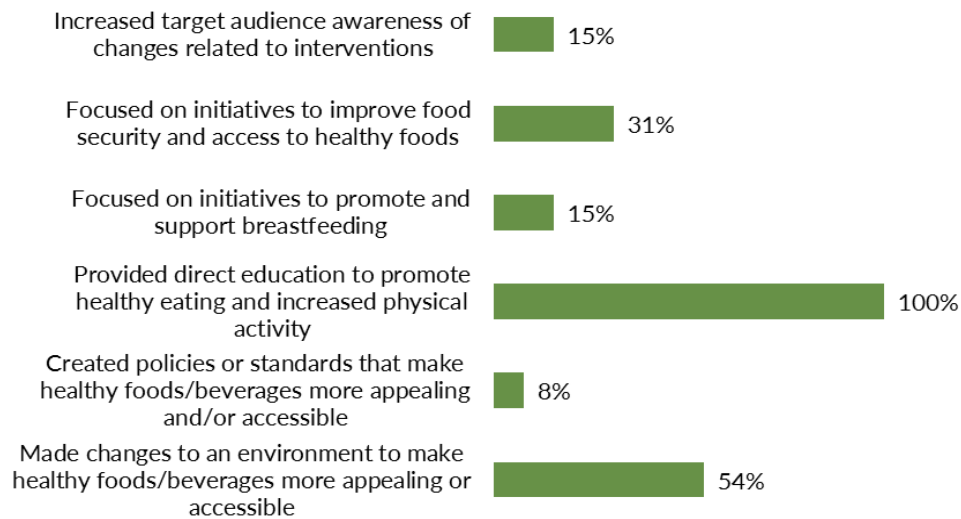
Almost half (46%, n=6) of the partner respondents were pantry sites. Three were shelters or transitional housing sites, three were health centers, and one was a supermarket. About half (54%, n=7) of the partners reported working with HPC for more than four years. Twenty-three percent (n=3) reported working with HPC for more than one year to two years. One partner reported working with HPC for less than six months.

Figure 1: Length of organizational partnership



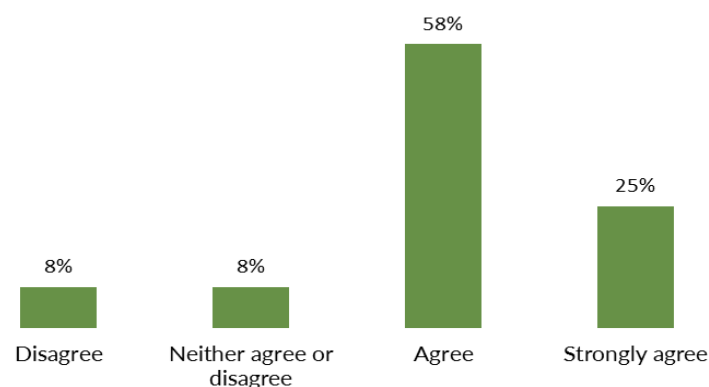
Partners were asked to identify the ways in which they worked with HPC during the past fiscal year. All respondents (100%, n=13) reported that HPC provided direct education to promote healthy eating and increased physical activity. More than half of respondents (54%, n=7) worked with HPC to make changes to an environment to make healthy foods/beverages more appealing or accessible. One partner created *policies or standards* that make healthy foods/beverages more appealing and/or accessible.

Figure 2: Type of organizational work



Respondents were asked to agree or disagree that their partnership with HPC helped them to identify additional resources/programs to meet their organizational goals. Most partners (83%, n=10) agreed that HPC helped reach their organizational goals, with three partners strongly agreeing. One partner disagreed that their partnership with HPC helped them identify additional resources and programs.

Figure 3: Level of agreement on whether HPC partnership helped to identify additional resources/programs to meet your organization's goals



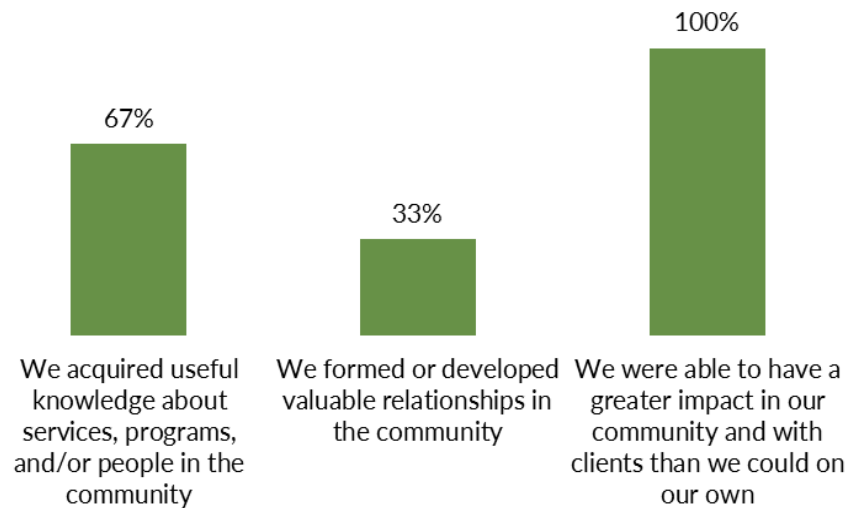
In follow-up, partners were asked to specifically identify how HPC helped support their organization's goals in the past program year. About three quarters (73%, n=8) of partners said HPC fostered community, resident, and/or parent support or engagement. Half of respondents (55%, n=6) said HPC initiated the effort, and brought stakeholders together. Half of respondents (55%, n=6) said HPC initiated the effort, and brought stakeholders together to accomplish specific goals.

Figure 5: Type of HPC support



Respondents were able to identify results of working with HPC. One hundred percent (n=12) reported that they were able to have a greater impact in their community and with clients than they could have on their own, due to their partnership with HPC.

Figure 6: Results of HPC partnership



Respondents provided specific examples of accomplishments from their collaboration with HPC, including:

- Through HPC, North Penn Commons now offers weekly healthy cooking lessons and demonstrations on site, which have been very valuable to all involved. This is value-added and mission-aligned for Manna as well as other North Penn Commons partners.
- HPC store tours and cooking classes have increased community engagement in our hubs and assisted in increasing brand visibility in the communities we serve.
- HPC conducts a weekly cooking class that has been phenomenal! Great attendance and participation - so much so that when HPC was absent the clients carried on in her place. the class has developed the feel of a close knit community - watching out for and helping each other. they even started a monthly celebration of birthdays. Caitlin has worked to develop two way dialogs with patrons and helping them to see ways in which they can make the foods there used to healthier.
- We worked together on a new initiative where both sides had to think a bit outside the box and be creative in making it work. As a result it has been (still in process) a big success.



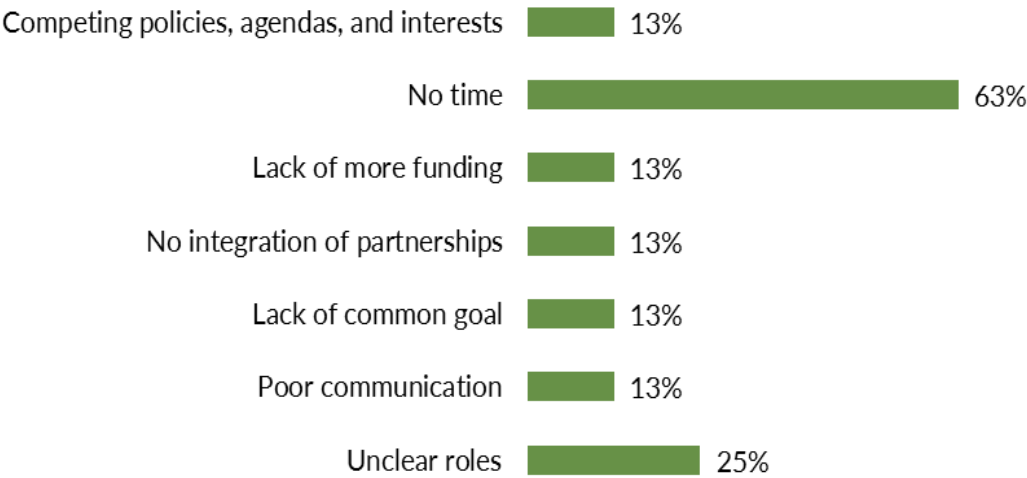
- Connor provided our guests with cooking demonstrations/nutrition work
- Both our clients and our volunteer staff have benefited greatly from the Nutrition lesson offered. One of our volunteers has been suffering with diet related illness and often shares that she tries to eat healthier like she learned in Mr. Connor's class. She is aware of how her diet has a direct effect on her health, which is really all we can ask for.
- Testimonies of better choices for groceries and meal preparations; Our participants take vegetables that would usually go unselected, such as eggplant and squash; Community participation has increased.
- Honoring the skill set of people who have employment history of working in kitchens and allowing them to demonstrate their skills Building a community within the shelter of guys interested in healthy cooking
- Expanded partnerships to include other activities, including referrals to educational grocery store tours

November, 2018

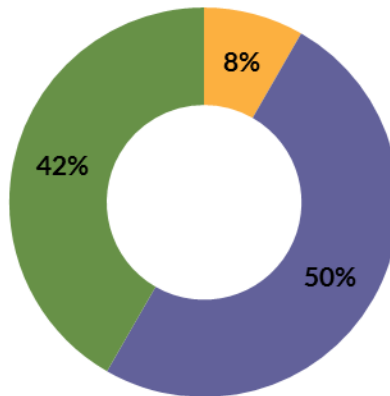


The evaluation tool also asked partners to identify key barriers that negatively impacted their ability to successfully work with HPC. Sixty-three percent (n=5) said they had no time to dedicate to the partnership. Twenty-five percent (n=2) indicated unclear roles between the two organizations as a significant barrier.

Figure 7: Barriers to partnership



Most partners (92%) agreed that they had a clear understanding of what their collaboration with HPC is trying to accomplish.



■ Neither agree or disagree ■ Agree ■ Strongly agree

Lastly, Respondents provided additional feedback and suggestions for how the partnership between their organization and HPC could be improved, including:

- Continued communication of roles, responsibilities and expectations as our organizations evolve.
- More time for brainstorming together, including HPC, pantry volunteers, and patrons. Time that is scheduled and not on the fly!
- It might be helpful to have a sit down with all the stakeholders (i.e. staff) and the HPC staff to inquire as to what the needs are at our location. Often the conversations happen at a higher level, at the corporate office and the staff on the front lines are told what the plan is.
- In the future, given I have more time, I would like to have more hands-on workshops
- HPC could provide other wellness offerings to our clients especially as we engage a new audience, youth



- I don't have an answer to that question, as we have experienced great success with Connor and the program. We are looking forward to other endeavors with you guys!
- It can be strengthened by utilizing the donated produce the shelter has and either use it for the cooking demos/preparing meal plans for the kitchen staff

PA SNAP-Ed Evaluation Report

The Food Trust – FY ‘18



Executive Summary

This report highlights results from The Food Trust's FY'18 PA SNAP-Ed programming and emerging evaluations in the SHOP domain (supermarkets, farmers markets, corner stores and food pantries) and the LEARN domain (schools). Across the SHOP domain, nutrition education improved knowledge and intentions around making healthy food choices, while financial incentives and PSE efforts increased participants' ability to obtain healthy foods. In the LEARN domain, students were exposed to nutrition education lessons and hands-on learning in schools accompanied by PSE initiatives, which led to improved knowledge and increased fruit and vegetable consumption.

- In supermarkets, 87 percent of SNAP-Ed participants correctly answered knowledge questions, and 92 percent of FINI customers planned to buy fruits and vegetables.
- In corner stores, 84 percent of SNAP-Ed participants correctly answered a lesson-specific knowledge question. Among repeat health screening participants, over one-third had improved blood pressure readings at follow up visits.
- At farmers markets, SNAP-Ed participants were more likely to report frequent fruit and vegetable intake and trying new fruits and vegetables since becoming shoppers, compared to customers who did not participate in the nutrition lessons.
- Among food pantry SNAP-Ed participants, 81 percent planned to eat more fruits and vegetables after participating in a nutrition lesson and 73 percent reported that they would prepare the recipe they learned that day at home.
- Caregivers of kindergarten students reported offering vegetables in their homes more often and that their children refused to eat fruits and vegetables at home less often.
- In schools, middle school students participating in the Corner Store Youth Initiative increased their knowledge and reported an increase in fruit and vegetable consumption.
- Youth leaders participating in HYPE councils reported increases in choosing healthy foods, being physically active, working toward healthier communities, improved confidence and improved leadership.
- Teachers who participated in the Healthy Bodies Health Minds teacher training series reported increasing their self-efficacy to teach nutrition education in the classroom, compared to teachers who did not participate in the series.

Contents

Contents	3
Introduction	4
SHOP: The Food Trust Program Areas.....	5
Supermarkets.....	6
Corner Store/Heart Smarts.....	8
Farmers Markets	11
Food Pantries	14
LEARN: The Food Trust Program Areas.....	16
Healthy Kindergarten Initiative.....	17
Corner Store Youth Initiative	20
Healthy You Positive Energy	23
Healthy Bodies, Healthy Minds Teacher Training Series.....	25
Conclusions	28

Introduction

The Food Trust's (TFT) PA SNAP-Ed program employs a comprehensive approach to behavior change combining direct education with Policy Systems Environmental (PSE) work in a variety of settings. Through partnered efforts, TFT works towards shared responsibilities with public and private partners to achieve strong outcomes. This annual report highlights findings from TFT's FY'18 SNAP-Ed programming in the SHOP domain (supermarkets, corner stores, farmers markets, and food pantries) and the LEARN domain in schools, including the Healthy Kindergarten Initiative, two emerging evaluations (Corner Store Youth Initiative and the Healthy Bodies Healthy Minds teacher training series) and the HYPE (Healthy You Positive Energy) youth leadership initiative.

Additionally, in this report we highlight the partnerships formed between our SNAP-Ed programming, the Food Insecurity Nutrition Incentive (FINI) Grant Program and non-federal food incentive programs in retail settings.¹ The Food Trust's FINI grant provides funding to support programs that help SNAP participants increase their purchase of fruits and vegetables. Such partnerships with nutrition education providers and incentive programs can have a synergistic positive effect on individual purchasing power, the food consumption behaviors of SNAP eligible households and on local food economies.

The two emerging evaluations provide evidence on the potential of the Healthy Bodies Healthy Minds teacher training series to be a cost-effective method of providing direct nutrition education as a partnered effort with schools, and the Corner Store Youth Initiative's *Shopping Smart and Health at the Corner Store* to become part of an overall effort to reduce obesity through partnering with schools and local corner stores to improve the knowledge and behavior of youth, with improved marketing and merchandising in corner stores surrounding schools.

The research questions addressed in this report include:

1. How do SNAP-Ed nutrition education and PSE initiatives impact nutrition knowledge, and eating and shopping behaviors, including purchases of fruits and vegetables?
2. What is the combined impact of SNAP-Ed nutrition education plus financial incentives on the availability, affordability and sales of fruits and vegetables?

¹ Non-federal incentives at Farmers Markets are referred to as "Food Bucks", while incentives offered at the corner store are called "Heart Bucks", since they are part of the Heart Smarts program.

SHOP: The Food Trust Program Areas

The Food Trust's PA SNAP-Ed evaluation includes four projects in the SHOP domain:

SHOP

Supermarkets – TFT partnered with eight supermarkets in Philadelphia, Chester, Harrisburg, and Reading to offer an 8-lesson series. An additional five Fresh Grocer supermarkets offered lessons with FINI incentives. For every \$5 of SNAP funds that supermarket shoppers spent on fruits and vegetables, customers received a \$2 digital coupon to purchase fruits and vegetables at the store. Post-tests assessed participants' knowledge and behavior.

Corner Stores – TFT partnered with 43 stores in Philadelphia, Allentown, Bethlehem, Chester, Collingdale, Harrisburg, Reading, and Williamsport to offer an 8-12 lesson series in corner stores. Heart Bucks (\$2 in non-SNAP-Ed funds) were distributed after lessons or screenings. The Heart Smarts program offers nutrition education, health screening (with local health care partners) and increased food access at corner stores. PSE efforts at the stores complemented the nutrition education. Post-tests assessed participants' knowledge and behavior.

Farmers Markets – TFT partnered with 16 farmers markets offering an 8-12 lesson series with food demonstrations in Philadelphia, Reading, Norristown, Chester, and Allentown. A few markets offered FINI while all markets, but Allentown, offered non-FINI financial incentives (\$4-\$10 in non-SNAP-Ed funds) after the lessons. Post-tests assessed participants' knowledge and behavior. A Farmers Market Customer Survey was conducted with a convenience sample at Philadelphia farmers markets.

Food Pantries – TFT partnered with 11 food pantries offering a 6-12 lesson series with food demonstrations. PSE efforts within the pantry setting complemented the nutrition education. Post-tests assessed participants' knowledge and behavior.

Supermarkets

What is the combined impact of SNAP-Ed and FINI/financial incentives in the supermarket setting?

Background

In FY'18, The Food Trust partnered with eight supermarkets in Philadelphia, Chester, Harrisburg and Reading to implement nutrition education programming. A survey asked nutrition education participants about their knowledge of healthy foods and intent to make healthy food choices. Five additional Fresh Grocer supermarkets offered FINI incentives and nutrition education lessons.

Methodology & Sample

To evaluate the effort, nutrition education participants were asked to complete a post-test survey. 558 surveys were collected from five stores in Philadelphia (n=412), and one store each in Chester (n=73), Harrisburg (n=50), and Reading (n=23). A different customer survey was administered in the five FINI stores after a nutrition education lesson. 180 customers completed the FINI post-test survey.

Results

Across all supermarket sites, participants were a majority female (67 percent), 18-59 (74 percent), non-Hispanic (76 percent), and Black or African American (68 percent). 38 percent of participants reported having spoken with a nutrition educator in the store at least one other time prior to that day. After the nutrition lesson:

- 85 percent of participants planned to make meals using healthier foods;
- 84 percent of participants planned to buy healthier items at the store; and
- 77 percent of participants agreed they had access to fresh fruits and vegetables in their neighborhood.

Results also demonstrated the knowledge impact of nutrition education lessons. Across all eight lessons, 87 percent of supermarket customers correctly answered the knowledge questions. Table 1 shows knowledge results broken down by lesson topic. Customers were most knowledgeable on the Calcium topic.

Table 1. Knowledge by lesson topic

Lesson Topic	TFT	
	% correct	Total n
Calcium	93.2	59
Deli	80.9	47
Fruits & Vegetables	86.0	57
Protein	92.1	63
Snacks	90.2	41
Sodium	79.2	77
Whole Grains	89.2	65
Total	87.0	409

**Beverage surveys were collected, but did not include a knowledge question*

Overall, 180 participants completed the FINI post-test survey in the five Fresh Grocer stores. Participants were primarily SNAP participants (66 percent), female (73 percent), and predominantly African American (92 percent). Only 19 customers (11 percent) reported using FINI at the store. At the Fresh Grocers, customers are automatically credited with FINI benefits on their loyalty cards the week following the \$5 purchase, so it is likely that the 11 percent does not reflect the total sample of participants who benefited from FINI. 74 percent of customers had purchased fresh produce in the past week or planned to that day. After the nutrition education lesson:

- 98 percent planned to make meals using fresh fruits and vegetables; and
- 92 percent planned to buy healthier fruits and vegetables.

To assess the impact of SNAP-Ed nutrition education plus FINI on partner redemption at supermarket sites, Fresh Grocer provided a summary of the program's impact on their sales. The five supermarket sites reported that \$14,090 in FINI benefits were redeemed over the program year.

Discussion

Results show the effectiveness of providing nutrition education at supermarkets in influencing knowledge of healthy food items and intended behavior change. Within the Fresh Grocer locations, offering SNAP-Ed nutrition education in conjunction with FINI incentives provides the opportunity to extend SNAP-Ed participants' purchasing power for fresh produce.

Corner Store/Heart Smarts

What is the combined impact of SNAP-Ed nutrition education, health screenings, financial incentives and PSE changes in the corner store setting?

Background

Heart Smarts lessons are offered on a weekly (or monthly in screening stores) basis to store customers. Among TFT corner store lessons, after each of the eight Heart Smarts nutrition education lessons, two dollars' worth of Heart Bucks (non-SNAP-Ed funded) were distributed to nutrition education participants. Three healthcare partners in the Philadelphia area; Jefferson University Hospital's Center for Urban Health, Lankenau Medical Center, and University of the Sciences, across 11 stores provided free health screenings (blood pressure, BMI). TFT nutrition educators worked with store management to implement PSE changes, including increased inventory of healthy food items, improved displays of fresh produce and merchandising and marketing of healthy items. Adagio Health in Pittsburgh and Erie, and Community Action Partnership of Lancaster County (CAP) in Lancaster conducted Heart Smarts programming and administered post-test surveys.

Methodology & Sample

To evaluate the effort, participants were surveyed after participating in SNAP-Ed nutrition education lessons. Within 43 SNAP-Ed corner stores (including TFT and PA SNAP-Ed partner sites) 3,253 customers completed a survey. 2,502 surveys were collected from TFT's direct programming (35 stores), 544 from Erie (three stores), 128 from Lancaster (three stores), and 79 from Pittsburgh (two stores). Both TFT and partner sites are included in the analysis.

Screening data was collected by the three healthcare partners in Philadelphia stores. Between January-June 2018 (the most recent available data) at 11 stores, a total of 596 unique individuals received a health screening during this time period. Including repeat screening participants, 914 health screenings were conducted in all.

Results

Across all sites, Heart Smarts participants were female (61 percent), between the ages of 18-59 (79 percent), non-Hispanic (77 percent) and Black or African American (69 percent). Just over half of the participants (52 percent) had spoken with a nutrition educator at least one other time in the store setting prior to that day, demonstrating that the program reached both new and repeat nutrition education participants. Tables 2 and 3 compare customers' intent to change and perceived access to fresh produce for TFT sites and partner sites.

Table 2. Intent to change by partner

	TFT % often to almost always	Partners % often to almost always	Total % often to almost always
Plan to buy healthy items	78.6 (n=2,105)	70.5 (n=750)	77.5 (n=3,353)
Plan to make meals using healthy items	79.3 (n=1,400)	72.1 (n=437)	78.7 (n=2,174)

Table 3. Perceived access by partner

	TFT % somewhat & strongly agree	Partners % somewhat & strongly agree	Total % somewhat & strongly agree
It is easy to buy fresh fruits & vegetables in my neighborhood	74.9 (n=2,098)	77.3 (n=744)	75.7 (n=3,337)

Results also demonstrate that SNAP-Ed lessons improved the nutrition knowledge of participants: 84 percent of respondents across all partners and all topics correctly answered the knowledge question. Customers at TFT and partner locations performed best on the Protein knowledge question. Table 4 below presents knowledge findings by partner and lesson topic.

Table 4. Knowledge by lesson topic and partner

Lesson Topic	TFT		Partners		Total	
	% correct	Total n	% correct	Total n	% correct	Total n
Calcium	85.9	276	81.6	87	86.0	422
Deli	69.7	165	80.9	115	75.2	327
Fruits & Vegetables	93.2	265	78.6	56	89.9	378
Protein	94.9	257	84.6	91	92.2	411
Snacks	89.1	202	79.5	88	86.7	331
Sodium	79.2	259	57.9	95	74.5	431
Whole Grains	87.7	261	67.7	93	83.5	419
Total	86.5	1,685	75.7	625	84.1	2,719

**Beverage surveys were collected, but did not include a knowledge question*

From January-June 2018, the most recent data available, 914 health screenings were conducted, reaching 596 unique participants. Across all screening participants:

- 69 percent of those screened were overweight or obese;
- 47 percent smoked;
- 16 percent were uninsured and 19 percent lacked a primary care provider; and

- 13 percent had pre-hypertensive² blood pressure and 62 percent had high³ blood pressure.

Improvements in blood pressure were observed for a sample of repeat screening participants. The following information relates to participants who had at least two screenings:

- Of the participants who had a pre-hypertensive baseline blood pressure reading, 38 percent decreased their blood pressure back to a normal reading on a subsequent visit.
- Of the participants who had a high baseline reading, 21 percent decreased their blood pressure back to a normal reading, and 15 percent decreased their blood pressure back to a pre-hypertensive reading on a subsequent visit.

Of the participants who screened for high blood pressure in the store and participated in a follow-up call, 49 percent reported having improved healthy eating habits by consuming more fruits and vegetables, and 87 percent reported having reduced the amount of sodium consumed (when asked as part of the screening protocol).⁴

Discussion

Results show the effectiveness of the Heart Smarts Program in influencing knowledge of healthy food items and intended behavior change. Based on positive blood pressure changes within repeat health screening participants, it is possible that the presence of Heart Smarts lessons and PSE initiatives in the store contribute to improved health outcomes. The combination of nutrition education, financial incentives, health screenings and PSE changes in the corner store setting appears to be an effective method for reaching high-risk individuals leading to intent to choose healthier foods and self-reported behavior change.

² 120-129 mm Hg and <80 mm Hg

³ 130-139 mm Hg or 80-89 mm Hg; ≥140 mm Hg or ≥90 mm Hg

⁴ Follow up health screenings only includes data from Jefferson University Hospital's Center for Urban Health and Lankenau Medical Center, due to small follow-up numbers from University of the Sciences.

Farmers Markets

What is the combined effect of SNAP-Ed and FINI/financial incentives at farmers markets?

Background

The Food Trust’s SNAP-Ed educators engaged farmers market shoppers with interactive nutrition education and cooking demonstrations using the Just Say Yes to Fruits and Vegetables curriculum at farmers markets in low-income areas of Philadelphia, Reading, Norristown, Chester, and Allentown. Most markets at which TFT conducted nutrition education and cooking demonstrations offered at least one form of financial incentive. At some markets, for every \$5 spent on fruits and vegetables at the market, SNAP participants could earn an additional \$2 to spend on fruits and vegetables, available for immediate redemption through the FINI Program (Philadelphia and Chester). In addition, all nutrition education participants received \$4-\$10 through a non-federal incentive program called Food Bucks for use at farmers markets participating in SNAP-Ed lessons in Philadelphia, Chester, Norristown, and Reading. Across all farmers markets in low-income areas, the majority of Food Bucks distributed and redeemed were from non-FINI funding sources; the majority of TFT’s FINI funding was distributed at supermarkets. Distribution and redemption rates varied significantly among the sites.

Methodology & Sample

To evaluate SNAP-Ed programming at farmers markets, all FY’18 nutrition education participants were asked to complete a short survey (Just Say Yes) at the completion of the session. 5,673 nutrition education participants completed the Just Say Yes survey. In addition, during the 2017 market season (May – November 2017; the most recent available data), a convenience sample of 424 customers at Philadelphia farmers markets completed TFT’s Farmers Market Customer Survey⁵. To address the impact of SNAP-Ed nutrition education plus financial incentives on partner redemption sites, financial incentive (non-FINI) distribution was analyzed at select SNAP-Ed markets.

Results

PA SNAP-Ed nutrition education participants were primarily female (73 percent), African American (57 percent), and SNAP participants (53 percent). Results demonstrate several promising outcomes as a result of participating in the SNAP-Ed lessons:

- 82 percent of respondents reported they would eat more fruits and vegetables after participating in the workshop;
- 76 percent of respondents reported they would prepare the demonstration recipe at home;
- 65 percent reported they learned how to prepare fruits and vegetables; and

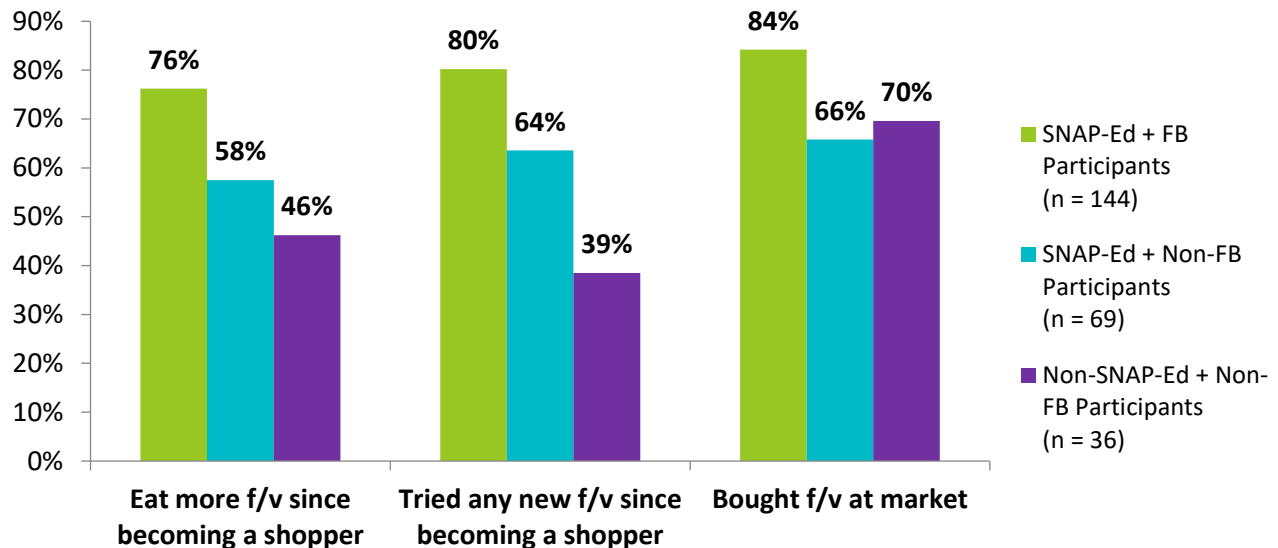
⁵ FY’18 Farmers Market Customer Surveys will not be available for analysis until January 2019

- 50 percent reported that they had learned something new about choosing healthy foods.

Analysis of the Philadelphia Farmers Market Customer Survey included a convenience sample of 424 customers surveyed at 11 Philadelphia farmers markets with SNAP-Ed nutrition education. At markets with SNAP-Ed nutrition education, 73 percent of shoppers reported that they participated in lessons. Participating in SNAP-Ed nutrition education lessons and using Food Bucks at farmers markets was associated with improved outcomes related to trying and consuming healthy foods and purchasing fruits and vegetables (Figure 1). This sample was more likely to report:

- increased fruit and vegetable intake ($p = 0.00$);
- trying new or unfamiliar fruits and vegetables since becoming a customer ($p = 0.00$); and
- increased likelihood of purchasing fruits and vegetables ($p=0.001$), compared to SNAP-Ed nutrition education participants that did not use Food Bucks and shoppers who did not participate in either program.

Figure 1. SNAP-Ed and FB Associated with Improved Behavioral Outcomes



At Philadelphia SNAP-Ed markets in the 2017 season, \$26,954 in Food Bucks (non-FINI) was distributed at SNAP-Ed nutrition education lessons, an increase of 63 percent from 2016 for the same group of markets. At the Chester, Reading, and Norristown Farmers Markets, a total of \$2,220 in incentives (combination of FINI and non-FINI) were distributed to customers.

Discussion

Results demonstrate the effectiveness of SNAP-Ed nutrition education on participants at farmers markets. SNAP-Ed nutrition education led to improved nutrition knowledge and intent to make positive nutrition behavior changes. In addition to nutrition education lesson participation, pairing nutrition education with financial incentives is a promising approach in the farmers market setting. Analysis of customer survey data from Philadelphia markets with nutrition education demonstrates that SNAP-Ed lessons at markets, in conjunction with financial incentives, is associated with the increased likelihood of shoppers reporting increased fruit and vegetable intake, trying new or unfamiliar fruits and vegetables, and purchasing produce. This is likely due to a combination of increased knowledge and familiarity with the benefits of eating fruits and vegetables and how to prepare them, and increased affordability as a result of financial incentives.

Food Pantries

What is the combined impact of SNAP-Ed nutrition education and PSE changes in the food pantry setting?

Background

In FY'18, The Food Trust partnered with 11 SNAP-Ed eligible food pantries to conduct nutrition education for pantry participants and implement PSE work. The Food Trust, in collaboration with other SNAP-Ed providers in Philadelphia (Einstein Healthcare Network, Health Promotion Council, and SHARE Food Program Inc.), worked to implement evidence-based PSE changes, along with direct nutrition education using the Just Say Yes to Fruits and Vegetables curriculum (6-12 lesson series). Food pantries provide an opportunity for reaching participants at the point of food selection to encourage pantry shoppers to select more fruits and vegetables and other healthy foods at the pantry and in future SHOP settings.

Methodology & Sample

To evaluate the effort, all SNAP-Ed nutrition education participants were asked to complete a short survey (Just Say Yes) at the conclusion of the lessons. This survey measures changes in nutrition knowledge and behavioral intention, as well as demographics. A total of 803 surveys were completed by nutrition education participants in the food pantry setting. A modified CX3 tool (Pennsylvania Healthy Food Pantry Initiative Assessment) was administered to 11 food pantry sites in FY'18. The tool was used to evaluate the food environment and identify potential PSE activities.

Results

PA SNAP-Ed nutrition education participants were primarily female (66 percent), African American (62 percent), and SNAP participants (66 percent). Results demonstrate several promising outcomes as a result of attending the lessons:

- 81 percent of respondents reported they would eat more fruits and vegetables after participating in the workshop;
- 73 percent of respondents reported they would prepare the recipe that was demonstrated at home; and
- 57 percent reported that they learned something new about choosing healthy foods.

Other topics in which participants reported learning were preparing fruits and vegetables (47 percent) and saving money while shopping for food (27 percent). In the pantry setting, only one lesson focused on 'stretching food resources', which may explain why only 27 percent of participants reported learning about saving money.

The CX3 assessments showed a lack of access to fresh produce and limited refrigeration and other significant structural barriers to the procurement and storing of fresh produce at the pantries. Initial assessments helped to identify several PSE changes in the food pantry that led to improved access to, and display of, healthy food items. All 11 sites improved their layout and displays and presented new healthy food marketing materials such as posters, visuals, and point of decision prompts. More than half of the sites (65 percent) established on-site gardens to increase access to fresh produce with the support of TFT. Figures 2 and 3 below present the variety of PSE initiatives implemented in the pantry setting.

Figure 2. PSE changes that led to improved access to healthy items

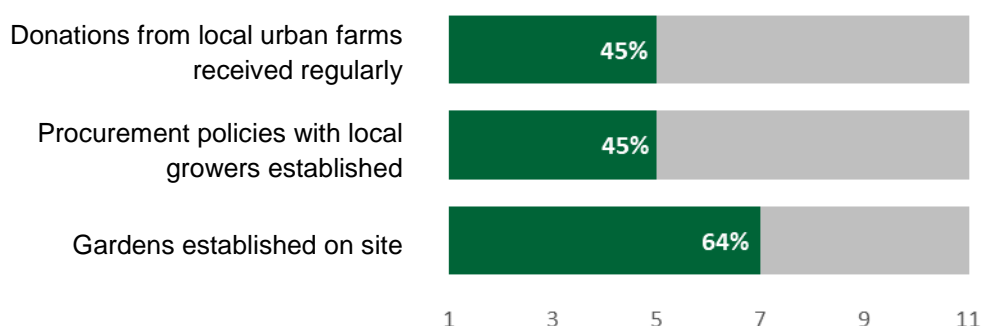
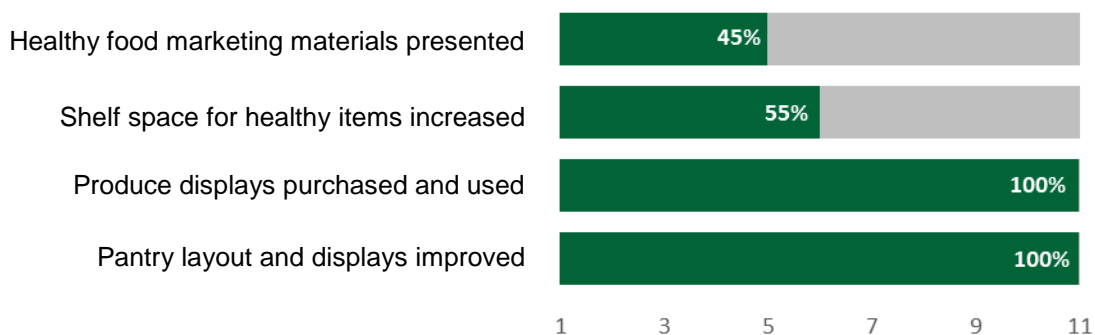


Figure 3. PSE changes that led to improved display of healthy items



Discussion

Food pantry nutrition education participants were primarily SNAP participants who reported learning new information related to key SNAP-Ed objectives. Furthermore, a majority of participants intended to eat more fruits and vegetables and to prepare the recipe demonstrated at the lesson. SNAP-Ed nutrition education in food pantries – along with PSE changes promoted in food pantries – contributes to food pantry shoppers' food resource management skills and ability to make healthier food selection and eating choices.

LEARN: The Food Trust Program Areas

The Food Trust (TFT) evaluation results include four projects in the LEARN domain including:

LEARN

Healthy Kindergarten Initiative (KI) – TFT partnered with 9 schools to implement the Healthy Kindergarten Initiative. The Healthy KI program offers direct education and PSE with kindergarten students and their parents/caregivers. Pre-post caregiver surveys were administered at the beginning and end of the school year; one-on-one interviews with kindergarten teachers were conducted at the mid-year and end-of-year timepoints.

Healthy You Positive Energy, Youth Leadership (HYPE) – TFT partnered with 58 middle and high schools and thousands of students in Philadelphia to improve student's self-efficacy, improve access to healthy foods and increase opportunities for physical activity. Students work through school- and city-based councils to learn together and work towards change. 90 matched pre and post surveys were collected.

Healthy Bodies, Healthy Minds Teacher Trainings (HBHM) - The HBHM program, an emerging evaluation, was a randomized controlled trial in 8 schools (4 treatment, 4 control) offering nutrition education professional development workshops to teachers. Pre-post tests assessing self-efficacy were administered and documentation of nutrition education hours per school were maintained to study the series' cost effectiveness.

Corner Store Youth Initiative (CSYI) - The CSYI program, an emerging evaluation, was a randomized controlled trial in 6 schools (3 treatment and 3 control) offering corner store specific nutrition education lessons (Shopping Smart and Healthy at the Corner Store curriculum) to 4-8th grade students. Pre-post tests of knowledge and behavior were administered.

Healthy Kindergarten Initiative

What is the impact of the Healthy KI on children's eating behavior?

How easy is the program for teachers to implement?

Background

In FY'18, the Healthy Kindergarten Initiative (Healthy KI) was implemented in nine public schools across Philadelphia and Norristown. This program includes classroom-based nutrition education, taste tests, farm field trips, caregiver engagement and PSE initiatives. In FY'18, all nine schools received produce bags of apples and carrots twice during the school year (GoFood! Initiative) as a means of supporting classroom learnings and healthy food access in the home. Three schools also received the Backpack program through a partner organization, Philabundance.

Methodology & Sample

Three methods were used to evaluate the Healthy KI Program: pre-post caregiver surveys, mid and end of year teacher surveys, and mid and end of year teacher interviews. Caregiver surveys measure caregiver beliefs and practices surrounding nutrition and changes in student eating behaviors in the home. A total of 564 caregivers completed a pre survey and 224 caregivers completed a post survey. 144 matched caregiver surveys are included in the analysis. Teacher surveys and interviews measure ease of implementation, strengths and challenges of taste tests and the utility of program components and materials. A total of 20 end of year teacher surveys and 14 end of year teacher interviews are included in the analysis.

Results

Parent/Caregiver Surveys

Caregivers reported a significant difference from the beginning until the end of the school year in how often they offer their child vegetables at meals and snacks as shown in Tables 6 and 7. A paired t-test revealed that on average, parents were offering their children vegetables more often from pretest to posttest, increasing from 'most days each week' to nearly 'every day, once a day' ($p=.001$). Caregivers also reported that their children were refusing to eat fruits and vegetables less often from pretest to posttest. For fruit, children moved from 'my child rarely refuses fruit' closer to 'my child never refuses fruit' ($p=.001$). For vegetables, children moved from 'my child sometimes refuses vegetables' closer to 'my child rarely refuses vegetables' ($p=.05$).

Table 6. Frequency of caregiver’s offering child fruits and vegetables

Caregiver Practice	Pre % once per day or more	Post % once per day or more	p-value
How often do you offer your child vegetables ?	42.4	51.4	0.001
How often do you offer your child fruits ?	51.8	58.6	0.363

Table 7. Frequency of child’s refusal to eat fruits and vegetables

Caregiver Practice	Pre % never or rarely	Post % never or rarely	p-value
How often does your child refuse vegetables ?	37.4	41.7	0.05*
How often does your child refuse fruits ?	71.8	82.8	0.001*

At posttest, 75 percent or more of caregivers reported that their child ate apples, oranges, and bananas in the past week. Consumption also increased for leafy greens, onions, and broccoli. The GoFood! packages sent home with students also had a positive impact on eating behaviors and food access:

- 67 percent of caregivers said their family ate all or most of the produce;
- 49 percent of caregivers said they used the recipe or information that was sent home with the produce; and
- 61 percent of caregivers said the bags of produce were important or very important in helping them serve fresh fruits and vegetables to their family.

When asked to comment on the Healthy KI program, caregivers shared the following comments:

- *“He usually doesn't like to try new things, but he was always excited when his class tried new fruits”*
- *“My child is a very picky eater. Since the school year has begun, she has found interest in many new foods, especially vegetables which is my biggest challenge with her.”*
- *“I noticed that my child's knowledge about food is significantly improved.”*

Teacher Surveys & Interviews

A total of 20 end of year teacher surveys were collected. 75 percent or more of teachers reported that taste tests, caregiver newsletters and using nutrition-related books were very easy to implement in the classroom. Almost all teachers reported that their students were very engaged (60 percent) or somewhat engaged (35 percent) in the Healthy KI, especially with taste tests,

books and physical activity materials. Findings from the teacher surveys demonstrate high satisfaction and ease of implementation of the KI program in the classroom.

Findings from the teacher surveys were supported by 14 end of year teacher interviews. By the end of the year:

- 71 percent of teachers noticed their students bringing in healthier snacks and making healthier choices during meal times; and
- 50 percent of teachers also observed more discussion about healthy choices among students and integration of nutrition information across lessons.

Teacher interviews revealed that taste tests were the most rewarding and enjoyed aspect of the Healthy KI. By the end of the program, 64 percent of teachers reported almost all students were trying the taste tests and were excited about trying new foods. The most popular taste tests were rainbow carrots and bell peppers.

Discussion

The Healthy Kindergarten Initiative was successful at introducing kindergarteners to new fruits and vegetables through taste tests, educational materials and other hands on opportunities. The GoFood! and Backpack Programs contributed to the availability of affordable fresh produce as part of PSE initiatives in the schools. The program was well received by both teachers and students with the excitement of taste tests and ability to integrate materials into other lessons. Based on the results, the Healthy KI contributed to positive behaviors changes in the home and has potential to influence both caregiver and student healthy eating behavior.

Corner Store Youth Initiative

What is the impact of the Corner Store Youth Initiative (CSYI) increase on students' knowledge and behavior?

Background

The CSYI, an emerging evaluation, was a randomized controlled trial in six schools (three treatment, three control) offering a 4-lesson series utilizing the new *Shopping Smart and Healthy at the Corner Store* curriculum with accompanying PSE initiatives in local corner stores. The evaluation examined changes in the knowledge and behavior of 4th-8th grade students:

- To what extent does the CSYI impact 4th-8th grade students' knowledge of healthy food and beverage selection in the corner store setting?
- To what extent does the CSYI affect the self-reported snacking behavior of participants?

Methodology & Sample

Six Philadelphia schools participated in the CSYI study. Three schools were randomly assigned to the intervention group and three to the control group. A pre-post student survey was administered in all schools to 4-8th grade classrooms. 1,480 students completed a survey at pretest and 1,311 students at posttest. 1,083 matched students, including 495 intervention and 588 control, are included in the analysis.

The survey assessed students' knowledge about the “go, slow, whoa” traffic light concept for choosing healthy foods and their ability to interpret nutrition labels, as well as self-reported beverage and snack consumption. A validated beverage and snack questionnaire (BSQ) was administered to assess self-reported behavior change. Younger students often had difficulty understanding how to respond to the BSQ and experienced survey fatigue more quickly than older students. Many students in the older grades also experienced confusion and needed individual support to assist with completion of the surveys.

All students completed the nutrition concept section of the survey on their own. Based on the low reading comprehension level of Philadelphia public school students, reading comprehension of this survey section also likely varied raising questions about the appropriateness of both surveys for this study population.

Results

CSYI students were a majority female (53 percent), Black or African American (37 percent), and Hispanic or Latino (34 percent). Students who participated in the CSYI program showed a greater increase in their knowledge of healthy food and beverage selections than control students. A total of eight knowledge questions were included on the survey; four on the traffic light concept and four on reading nutrition labels. At posttest, the intervention group performed

significantly better than the control group on six out of eight questions ($p < .05$), identified with an asterisk in Table 8.

Table 8: Percentage of students answering correctly for traffic light questions

	Intervention % answered correct		Control % answered correct	
	Pre	Post	Pre	Post
Purpose of traffic light system	52.7%	63.7% *	52.0%	56.6%
Identification of 'go' foods	10.9%	24.2% **	9.7%	12.9%
Identification of 'whoa' foods	16.0%	45.3% **	13.8%	17.7%
Importance of traffic light system	45.3%	46.9%	36.2%	41.3%

* statistically significant chi-square test ($p < .05$)

** statistically significant chi-square test ($p < .001$)

Students were also assessed on their ability to use food labels to identify nutrition information. Intervention and control groups had similar baseline scores at pretest and both groups experienced slight increases in scores at posttest. The difference in scores between intervention and control groups was significant for questions three and four, identified with an asterisk in Table 9.

Table 9: Percentage of students answering correctly for label reading questions

	Intervention % answered correct		Control % answered correct	
	Pre	Post	Pre	Post
Identification of serving size based on food label	62.6%	69.7%	63.3%	67.5%
Identification of useful packaging aspects to determine nutrition information	22.6%	26.5%	22.1%	22.4%
Identification of 'Go' food based on food label	81.0%	92.7% **	75.8%	81.3%
Calculation of sugar content based on food label	45.3%	49.1% *	37.6%	42.3%

* statistically significant chi-square test ($p < .05$)

** statistically significant chi-square test ($p < .001$)

Overall, students reported drinking most types of beverages more often outside of school compared to during school. Students across both intervention and control groups reported drinking 100% juice, 1% or nonfat milk and regular or 2% milk most often at school. This is a positive finding, as all other beverage items on the list were sweetened and are considered less healthy options compared to juice and milk.

Students also reported eating all types of snacks more often outside of school compared to during school. The school environment has structured meal times and meal plans and there are few opportunities for snacking in school. A paired t-test was used to look at the changes in

consumption within intervention and control groups. Intervention students decreased their average intake of low-fat chips, regular chips and candy at school, but this decrease was not statistically significant compared to the control group. Intervention students also slightly increased their consumption of fruits and vegetables at school, although this increase was not significant. Of all snacks asked about on the survey, students reported the highest average consumption for fruits at school, which is likely due to the availability of fruits and vegetables as part of the School Breakfast and Lunch Programs.

Table 10: Average consumption of snacks in school

Items (in school)	Intervention		Control	
	Average consumption (1-7)		Average consumption (1-7)	
	Pre	Post	Pre	Post
Low-fat chips	2.03	1.84	1.96	1.82
Regular chips	2.50	2.26	2.39	2.13
Candy	2.37	2.13	2.12	2.02
Vegetables	2.36	2.40	2.26	2.35
Fruit	2.79	2.94	2.95	2.98

Discussion

The CSYI findings demonstrate that direct education in the classroom significantly influences knowledge but does not significantly change consumption of snacks and beverages. The literature indicates that it is difficult to change student's snack and beverage consumption in corner stores. An earlier randomized, controlled two-year pilot of a healthy corner store intervention on students' food and beverage purchases conducted by TFT and Temple's Center for Obesity Research and Education (CORE) yielded similar results.⁶ The CSYI Emerging Evaluation results indicate that, while some PSE work was conducted in the corner stores, more work is needed to facilitate student behavior changes, especially in the corner store setting.

⁶ Lent, M.R., Vander Veur, S.S., McCoy, T.A., Wojtanowski, A.C. et al, **A randomized controlled study of a healthy corner store initiative on the purchases of urban, low-income youth.** *Obesity*. 2014;22(12). <https://doi.org/10.1002/oby.20878>

Healthy You Positive Energy

What is the impact of the Healthy You Positive Energy (HYPE) youth leadership initiative on increasing students' intent to choose healthy foods and be physically active?

What is the impact of HYPE on students' fruit and vegetable consumption?

Background

In FY'18, The Food Trust worked with 41 middle schools and 17 high schools to organize youth-led HYPE councils that work to make positive, healthy changes in their school environment. HYPE is a youth-focused initiative to empower youth to become leaders for change in their schools and communities through health eating and physical activity. In their councils, youth developed action plans for their schools or communities, based on their assessment of needs to increase healthy food or physical activity or address other health indicators. Youth leaders also attended the annual citywide "Youth for Healthy Change" Summit, bringing together youth leaders to share their action plans and learn from each other. TFT SNAP-Ed educators directly supported HYPE councils in five PA SNAP-Ed schools by delivering education on healthy eating and physical activity, working with HYPE councils in the schools on PSE initiatives and supporting youth at the yearly HYPE Summit.

Methodology & Sample

A pre-post student survey was used to assess students' healthy habits and leadership skills. The pre survey was completed by 300 students while 132 students completed a post survey. 92 matched students from 9 middle schools and 10 high schools are included in the analysis.

Results

Students who participated in HYPE councils reported increases in 5 out of 7 overall proficiencies: choosing healthy foods, being physically active, working toward healthier communities, improved confidence and improved leadership (Table 11).

Table 11. Proficiency scores at pretest and posttest

% Proficient	Pre [n=92]	Post [n=92]
<i>Youth leaders will demonstrate proficiency in...</i>		
Choosing healthy foods	70%	76%
Being physically active	72%	80%
Working toward healthier communities	57%	60%
Improved confidence	98%	99%
Improved leadership	87%	94%
Confidence in being better prepared for the workplace	90%	90%
Confidence in being able to lead healthy lives	80%	78%

Table 12 shows fruit and vegetable consumption among HYPE students from pretest to posttest. Middle schoolers increased their consumption of both fruits and vegetables from pretest to posttest while high schoolers only increased consumption of fruit. Middle school students reported eating fruits and vegetables more often than their high school counterparts, possibly indicating a greater influence of parent decision-making and school meal programs at this age.

Table 12. Fruit & vegetable consumption by middle and high school HYPE students

Produce Consumption	Middle School		High School	
	Pre (n=56)	Post (n=57)	Pre (n=33)	Post (n=29)
Fruit: 1.5 cups, 1x per day or more	71.4	77.2	39.4	48.4
Vegetables: 2 cups, 1x per day or more	56.1	61.8	45.5	41.4

Discussion

The HYPE program has a positive effect on students' self-efficacy in choosing healthy foods and being physically active. The program also contributes to increased fruit and vegetable consumption for middle school students and increased consumption of fruit for high school students. Future studies will look at the effect of SNAP-Ed nutrition education and PSE work occurring in SNAP-Ed schools on student outcomes to better understand the benefits of combining SNAP-Ed and youth leadership.

Healthy Bodies, Healthy Minds Teacher Training Series

What is the impact of the HBHM Teacher Training Series on teachers' ability to teach nutrition concepts?

What is the cost effectiveness of the HBHM series?

Background

The HBHM program, an emerging evaluation, was a randomized controlled trial in eight schools (four treatment, four control). The program offered eight nutrition education professional development workshops to teachers in the four treatment schools. The Healthy Bodies, Healthy Minds teacher training series supported local teachers in becoming more confident and knowledgeable about teaching nutrition education in the classroom by providing them with monthly nutrition education workshops that cover various topics. The goals of the evaluation were to answer the following research questions:

- 1) To what extent does HBHM increase participating teachers' ability to teach nutrition concepts including MyPlate, Fruits & Vegetables, Healthy Snacking, Breakfast, Whole Grains, Calcium, Energy Balance, Solid Fats and Added Sugars?
- 2) To what extent does HBHM impact teachers' motivation and self-efficacy to teach their students about nutrition and improve their classroom environment through PSE changes?
- 3) How many hours did teachers document teaching nutrition education?
- 4) What is the cost effectiveness of the HBHM series?

Methodology & Sample

To evaluate this effort, pre-post surveys were completed by treatment and control teachers before the first professional development workshop and after the last workshop. Both intervention and control teachers completed the surveys. The pre-post surveys utilized the Nutrition-Teaching Self-Efficacy Scale (NTSES), which assesses teachers' confidence and perceived ability to teach nutrition in the classroom. A total of 28 matched intervention teachers and 35 matched control teachers were included in the NTSES analysis.

Results

The HBHM teacher training series increased teachers' ability to teach nutrition concepts in the classroom. An independent t-test was used to assess the overall difference in scores on the NTSES tool between intervention and control groups over time (20 questions). Intervention teachers reported significantly higher confidence on the NTSES tool from pretest to posttest compared to control teachers $t(61) = 2.938, p = 0.005$ as shown in Table 13.

Table 13. Independent t-test statistics for full NTSES

	Group	N	Mean Difference	Std. Deviation
Pre-Post (Questions 1-20)	Treatment	28	+13.82	9.42
	Control	35	+7.20	8.45

When looking at the questions that asked about topic-specific self-efficacy and confidence (15 questions), intervention teachers again reported significantly higher self-efficacy scores from pretest to posttest compared to control teachers $t(61) = 3.040$, $p = 0.003$ as shown in Table 14.

Table 14. Independent t-test for 15 NTSES self-efficacy questions

	Group	N	Mean Difference	Std. Deviation
Self-Efficacy (Questions 1-15)	Treatment	28	+12.14	9.64
	Control	35	+5.57	7.53

The SNAP-Ed cost of the HBHM model was significantly less than the model used in the control schools. Three different nutrition education models were compared to determine the average cost per direct education hour and conclude which program was most cost effective. For each model, the following data points were determined: average SNAP-Ed staff time (hours), average SNAP-Ed cost (dollars) and average hours of direct education taught. The table below presents the average cost per direct education hour for the three models, as they were implemented in FY'18. The HBHM teaching model has the lowest average cost per direct education hour by almost \$14.00. The NTSES findings and cost comparison analysis suggest that the HBHM model is effective both in terms of outcome and costs as shown in Table 15.

Table 15. Cost comparisons for three nutrition education models

	Avg SNAP-Ed Staff Time (hours)	Avg SNAP- Ed Cost (\$)	Avg Hours of Direct Ed Taught	Avg Cost Per Direct Ed Hour
Baseline (Full SNAP-Ed)	127	\$2,899	85	\$34.26
Control Schools (Blend)	79	\$1,814	82	\$20.45
HBHM (Teachers Only)	16	\$566	88	\$6.54

Discussion

The evaluation shows that teacher workshops are an effective way of improving motivation and self-efficacy to teach nutrition topics in the classroom and that the model is cost effective. The Food Trust will use these findings to build the capacity of local teachers and schools to provide effective nutrition education to their students. Using the HBHM model can significantly decrease SNAP-Ed costs related to direct education, while maintaining the same amount of direct education per student and increasing time for SNAP-Ed staff to spend on PSE projects.

Conclusions

The Food Trust's SNAP-Ed approach in the SHOP and LEARN domains utilizes a combination of direction education and PSE initiatives to provide children and adults living in SNAP-Ed eligible communities with the tools and knowledge needed to make healthier eating choices on a limited budget. Partnering with federal and non-federal healthy food incentive programs to enhance nutrition education and PSE work at the point of food selection is a promising strategy for maximizing the impact of programs in the retail setting. Pairing direct nutrition education with PSE efforts both in, and outside of, schools also points to the value of partnering with schools, stores and community groups to bring about desired changes.

TFT set out to examine the impact of SNAP-Ed nutrition education on participants' eating and shopping behaviors, as well as the combined impact of SNAP-Ed nutrition education and financial incentives on the availability, affordability and sales of fruits and vegetables. Findings from evaluations conducted across a range of retail settings demonstrate SNAP-Ed's ability to increase nutrition knowledge, self-efficacy and to improve shopping and eating behaviors, particularly when paired with PSE work and incentives for purchasing nutritious options.

Across the supermarkets, corner stores and farmers markets in which we worked in FY'18, incentive programs increased healthy food affordability for SNAP-Ed participants and incentivized healthy food choices at the point of purchase. FINI and non-federal incentive programs also contributed towards the economic viability of our partner retail sites and provided SNAP-Ed participants with an opportunity to immediately implement their newly gained knowledge and skills. Approaches that combine high quality nutrition education, PSE and financial incentives proved to be effective in establishing healthy eating habits and helping to prevent or reduce diet-related chronic disease and obesity among SNAP recipients. Partnered efforts in food pantries also demonstrate the benefits of working with partners to improve the food environment in combination with direct nutrition education.

School-based programming also yielded important information about how the school setting contributes toward individual and PSE changes. The HBHM series demonstrates the cost effectiveness of engaging teachers through professional development while the CSYI offers another promising piece of the puzzle of partnering with corner stores to improve individual and PSE efforts. The Healthy KI continues to provide a strong base for young children and their parent/caregivers in increasing fruit and vegetable consumption in the home and classroom. HYPE's youth leaders demonstrate the value of a partnered effort to engage youth, schools and partners in working toward individual and community change.

The Food Trust will continue to explore ways to increase the effectiveness of SNAP-Ed programs and improved evaluation methodology in FY'19.

Appendix 14. FY 2018 Pennsylvania SNAP-Ed Plan Abbreviations List

AAA	Area Agency on Aging
AHI	Adagio Health, Inc.
APHA	American Public Health Association
AND	Academy of Nutrition and Dietetics
ASN	American Society for Nutrition
ASNNA	Association of SNAP-Ed Nutrition Networks and Other Implementing Agencies
ATOAH	A Taste of African Heritage
BASICS	Building and Strengthening Iowa Community Support
BLAST	Breakfast Learning Activities for Students and Teachers
BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System
C3	Choice, Control, and Change
CAO	County Assistance Office
CACFP	Child and Adult Care Food Program
CAP	Community Action Partnership of Lancaster County
CATCH	Coordinated Approach to Child Health
CCOR	Penn State Center for Childhood Obesity Research
CDC	Centers for Disease Control and Prevention
CEC	CATCH Early Childhood
CED	County Extension Director
CEO	Commission on Economic Opportunity
CHHD	Penn State University College of Health and Human Development
CHNA	Community Health Needs Assessment
COM	Common Threads
CSFP	Commodity Supplemental Food Program
CX3	Communities of Excellence in Nutrition Physical Activity and Obesity Prevention
DHS	Department of Human Services
DRX	Drexel University
EARS	Education and Administrative Reporting System
ECE	Early Childhood Education
EFNEP	Expanded Food and Nutrition Education Program
ERN	Eat Right Now
FAY	Fayette County Community Action Agency
fdSI	Satter Feeding Dynamics Inventory
FNCE	Food and Nutrition Conference & Exhibition
FNS	Food and Nutrition Service
F/R	Free/Reduced School Lunch Program Enrollment
FMNP	Farmers' Market Nutrition Program
FQHC	Federally Qualified Health Center
FTE	Full Time Equivalent
FUL	Fulton County Food Basket, Inc.
FUN	Albert Einstein Medical Center
F.U.N.	Families Understanding Nutrition
FY	Fiscal Year
GHP	Get Healthy Philly, Philadelphia Department of Health
GIS	Global Information Systems
GO NAPSACC	Nutrition and Physical Activity Self-Assessment for Child Care
HAES	Health At Every Size
HEAT	Healthy Eating, Active Time
HPA	Penn State Department of Health Policy and Administration Project
HPC	Health Promotion Council of Southeastern Pennsylvania, Inc.

Appendix 14. FY 2018 Pennsylvania SNAP-Ed Plan Abbreviations List

JSY	Just Say Yes to Fruits and Vegetables
LAF	Penn State Francis Project
LOA	Letter of Agreement
LP	Local Partner
ME	Management Entity
MOU	Memoranda of Understanding
MT	Medium Term
NEPA	Northeast Pennsylvania
NEA	Nutrition Educator Assistant
ne/Frames	Digital photo frame programs
NEMS	Nutrition Environment Measure Survey
NEN	Pennsylvania Nutrition Education Network
NIFA	National Institute of Food and Agriculture
NIH	National Institutes of Health
NLA	Penn State Extension Nutrition Links
ORE	Office of Research and Evaluation
ORIC	Organizational Readiness for Implementing Change
OST	Out of School Time
PA	Pennsylvania
PDE	Pennsylvania Department of Education
PDS	Program Delivery Sites
PEARS	Program Evaluation And Reporting System
PHMC	Public Health Management Corporation
PPT	Pregnant and Parenting Teens
PreK	Preschool
PS	Purchased Service
PSE	Policy, Systems, and Environmental
PSU	Pennsylvania State University
RD, LDN	Registered Dietitian, Licensed Dietitian Nutritionist
SBPI	School Breakfast Policy Initiative
SDP	School District of Philadelphia
SEM	Socio-Ecological Model
SEPA	Southeast Pennsylvania
SFSP	Summer Food Service Program
SHI	School Health Index
SNAC	State Nutrition Action Coalition
SNAP	Supplemental Nutrition Assistance Program
SNAP-Ed	Supplemental Nutrition Assistance Program Education
SNEB	Society for Nutrition Education and Behavior
SPAN	School Physical Activity and Nutrition Survey
SRC	Survey Research Center
SSI	Supplemental Security Income
ST	Short Term
STARtracks	Statewide Technical & Administrative Reporting system
TANF	Temporary Assistance for Needy Families
TBD	To be determined
TEFAP	The Emergency Food Assistance Program
TFT	The Food Trust
UNI	The Trustees of the University of Pennsylvania - Agatston Urban Nutrition Initiative
USDA	United States Department of Agriculture
VCP	Vetri Community Partnership

Appendix 14. FY 2018 Pennsylvania SNAP-Ed Plan Abbreviations List

WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YRBS	Youth Risk Behavior Surveillance System