

SNAP-Ed
Pennsylvania

Healthy Food.
Healthy Moves.
Healthy YOU.

Pennsylvania SNAP-Ed

Fiscal Year 2019

Annual Report

Christine Brennan, MPA
Project Director

PENNSTATE



COLLEGE OF HEALTH AND HUMAN DEVELOPMENT

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1. SNAP-Ed Program Overview

▪ Progress in Achieving Overarching Goals:

Pennsylvania Supplemental Nutrition Assistance Program Education (PA SNAP-Ed) FY 2019 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: Conduct Statewide Evaluation efforts in the context of assessing SNAP-Ed Evaluation Framework Priority Indicators.

To capture outcome data effectively, and to work to ensure generalizability to other state's SNAP-Ed programming results, 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 Local Partners (LP) 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*).

Statewide evaluation reports that address outcomes related to the SNAP-Ed priority indicators are presented in Appendix 5.

Goal 2: Assess and improve 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.

PA SNAP-Ed continues to utilize the STARtracks online reporting system to collect process evaluation data related to direct education and indirect channels, and the Program Evaluation and Reporting System (PEARS) to collect data about policy, systems and environmental interventions. PA SNAP-Ed uses both systems to meet the requirements of EARS reporting.

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.

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 to 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 2019 (data not yet published), to assess possible differences in dietary and physical activity behaviors.

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.

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 2019.

The UC Davis EFNEP Checklist to assess Food Resource Management behaviors in adults and seniors underwent a small-scale feasibility test in FY 2018 and was adopted for statewide evaluation data collection in FY 2019.

Summarized results of FY 2019 Statewide Evaluation projects are presented in Appendix 5.

The work of the PA SNAP-Ed Evaluation Workgroup, made up of ME and LP staff with responsibility for evaluation, continued in FY 2019.

Goal 3: Identify methods to notify eligible individuals of SNAP-Ed and explore opportunities for webbased SNAP-Ed on COMPASS, the online tool for Pennsylvanians to apply for health and human service programs and manage benefit information, including SNAP.

Work continued to target the unserved and underserved audiences. In FY 2019, the ME developed a report using STARtracks data to determine which approved program delivery sites were not receiving SNAP-Ed programming and worked with LPs working with those locations to determine why, and how programming might be implemented successfully. If a resolution could not be achieved, LPs were encouraged to seek opportunities for programming elsewhere.

Opportunities remain to collaborate with DHS to market PA SNAP-Ed to eligible Pennsylvanians, and the goal of using COMPASS remains to be worked toward in FY 2020.

Goal 4: Employ technology to maximize efficiency and effectiveness of PA SNAP-Ed programming and evaluation activities.

Collection of program delivery and process evaluation data via the web-based STARtracks and PEARS reporting system informs program management, evaluation efforts, and targeting considerations for both the ME and LPs. STARtracks user interface updates continued in FY 2019 to improve the user experience and decrease reporting burden. (Read more in the section labeled '*Major Achievements*').

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 a Master List of Program Delivery Sites, policies and memos, forms, and evaluation and training resources available on the secure area of the website.

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 5: 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.

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>

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 2019.

PA SNAP-Ed partners were asked to complete a section of FY 2019 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. LPs use the Programming Evaluation and Reporting System (PEARS) to report on PSE initiatives.

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

Three ongoing nutrition education projects 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.

PA Nutrition Education Network (NEN) has selected a social marketing firm to analyze the current PA SNAP-Ed social marketing campaign, lead focus groups to understand the needs of the SNAP-Ed population, and develop a FY 2020 marketing and evaluation plan. A focus group evaluation tool was developed and utilized with focus groups in Dauphin, Lancaster, Tioga, and Allegheny counties.

- **Major Achievements:**

STARtracks Reporting System. Major achievements for FY 2019 included updates to data entry and reporting functions, including: adding validation to more closely align data entry to approved statement of work; simplifying data entry for indirect channels and collecting purpose data to better track and justify delivery; collecting data on proposed reach to track progress toward established goals; and developing new reports to improve quarterly monitoring, program oversight, process evaluation planning, decision making, and EARS reporting.

Significant updates were also made to pages used for FY 2020 plan development. First, all remaining data elements required for MOU preparation were integrated into STARtracks, enabling users to export MOU templates that were nearly signature-ready. Also, the webpage for managing program delivery sites for the FY20 RFP was realigned by intervention to enable EARS reporting by: K-12 Schools, Early Childhood, Food Assistance, Food Retail and Community.

Policy, Systems, and Environmental Change Intervention Reporting. In FY 2019, the ME and LPs continued 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 2019, the second year of using the PEARS system, LPs implemented and documented PSE activities at 843 program delivery sites across Pennsylvania, up from 806 program delivery sites in FY 2018.

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, 6 and 8-15.

▪ **Unanticipated Challenges:**

In September 2018, while planning for FY 2019 and working with FNS/DHS to secure final approval of the State Plan, the ME learned that interventions must be at least 20 minutes in length in order to be considered direct education, and that if a session is not at least 20 minutes in length, the session must be part of another intervention approach, such as PSE. This requirement was originally communicated to SAs and IAs via the Frequently Asked Questions (FAQ) document that accompanies the EARS form.

Learning of this requirement late in the approval process required assessment of FY 2018 data already reported, and reconsideration of programming and data reporting for FY 2019. Also, the 20-minute requirement would have effectively eliminated the TFT Heart Smarts curriculum’s use as a direct education intervention, as the lessons are meant to be delivered in a retail setting and have a 10-minute duration.

Implementation of this FNS requirement required that the ME and LPs assess the prevalence of direct intervention sessions in FY 2018 that did not meet the 20-minute requirement. Corrections to the FY 2018 data were managed during EARS report submission.

For FY 2019, LPs were instructed to determine the extent of planned programming that did not meet the 20-minute requirement. If any lessons did not meet the duration requirement, LPs could reduce the planned reach of direct education, expand lesson duration to meet the 20-minute requirement, or add a PSE approach to be included in conjunction with any lesson that was to remain less than 20 minutes in duration. Any resulting revisions to approved FY 2019 Statements of Work were reviewed and approved during the first amendment period of FY 2019.

In November 2018, an update to the EARS FAQ document changed the 20-minute duration requirement to apply only to single class strategy and to allow states to request an exception to the directive from their FNS Regional Coordinator if they have demonstrated successful outcomes for the SNAP-Ed Evaluation Framework indicators. In December 2018, FNS granted permission to allow the duration of the Heart Smarts curriculum to remain at 10 minutes, as TFT was able to present evidence related to the effectiveness of this duration.

The ME understands that FNS directives must be adhered to regardless of when or how they are communicated, however, it seems this very important change to programming requirements might have been presented in a more straightforward way that would enable it to be more methodically integrated into approved and proposed programming.

2. SNAP-Ed Administrative Expenditures:

Type of Administrative Expense:	Penn State University Management Entity	
	% Values	\$ Values
Administrative Salary	67.8	5,340,495
Administrative Training Functions	2.4	196,366

Type of Administrative Expense:	Penn State University Management Entity	
	% Values	\$ Values
Reporting Costs	4.8	375,863
Equipment/Office Supplies	2.3	179,013
Operating Costs	3.0	237,292
Indirect Costs	14.0	1,101,115
Overhead Charges (Space, HR services, etc.)	5.7	446,149

3a. SNAP-Ed Evaluation Reports for Reporting Year 2019:

Project Name	Key Objectives	Target Audience	Evaluation Type(s)
Statewide Evaluation Projects			
Modified SPAN (Appendix 5)	Assesses healthy eating and physical activity behavior changes related to SNAP-Ed direct education programming	4 th -6 th grade students	OE, IE
<i>Framework Indicators Assessed: ST1, MT1, MT3</i>			
Modified YRBS (Appendix 5)	Assesses healthy eating and physical activity behavior changes related to SNAP-Ed direct education programming	8 th -12 th grade students	OE, IE
<i>Framework Indicators Assessed: MT1, MT3</i>			
UC Davis Food Behavior Checklist (Appendix 5)	Assesses healthy eating behavior changes related to SNAP-Ed direct education programming	Adults/Seniors	OE, IE
<i>Framework Indicators Assessed: MT1, MT2</i>			
EFNEP Food Resource Management Checklist (Appendix 5)	Assesses food resource management behavior change related to SNAP-Ed programming	Adults/Seniors	OE
<i>Framework Indicators Assessed: MT1, MT2, MT4</i>			
Other Evaluation Projects			

Project Name	Key Objectives	Target Audience	Evaluation Type(s)
SDP Eat Right Philly 2018-2019 Outcomes Report (Appendix 6)	Describes SDP school nutrition education programs and PSE activities, and collaboration among SDP SNAP-Ed and other PA SNAP-Ed partners providing programming in the District	School Age, Parents/Caregivers, School Staff	PE, OE
	<i>Framework Indicators Assessed: ST6, ST7, MT1, MT5, MT6</i>		
UNI Community Health and Senior Center Needs Assessment (Appendix 8)	Describes the development and testing of a needs assessment tool for senior centers and community sites	Adults/Seniors	FE, PE
	<i>Framework Indicators Assessed: ST5, MT5, MT6</i>		
DRX Eat Right Philly 2019 Annual Report (Appendix 9)	Describes DRX school nutrition education programs, PSE activities, and partnerships	School Age, Parents/Caregivers, School Staff	PE, OE
	<i>Framework Indicators Assessed: ST7, MT1, MT5, MT6</i>		
HPC Effectiveness of a Training and Technical Assistance Model for Food Service Departments (Appendix 10)	Evaluates a technical assistance model for food service departments to improve nutritional quality and/or healthy food procurement practices	Food Service Departments who serve SNAP eligible patrons	FE
	<i>Framework Indicators Assessed: MT5, MT7</i>		
TFT Heart Smarts at Food Pantries, Produce Stands and Farmers Markets (Appendix 11)	Assesses modifications to the Heart Smarts curriculum to tailor nutrition education content to audiences at food pantries and produce stands	Adults/Seniors	PE, OE
	<i>Framework Indicators Assessed: ST1, MT1</i>		
TFT Utilizing Social Network Analysis to Study Multi-Sector Partnerships (Appendix 12)	Evaluates the connections and relationships between sectors working to promote healthy eating and physical activity	TFT SNAP-Ed partners in the Kensington community of Philadelphia	FE
	<i>Framework Indicators Assessed: ST8</i>		

Project Name	Key Objectives	Target Audience	Evaluation Type(s)
CCOR Mobile and Online Technologies for Strengthening Parent Engagement (Appendix 13)	Examines strategies for parent engagement by using online platforms for communication	Parents/Caregivers of Head Start children	FE
	<i>Framework Indicators Assessed: MT1, MT2</i>		
CCOR Evaluating the “New Foods Take Time” Classroom Activity (Appendix 14)	Assesses the acceptability of a lesson designed to increase preference for and intake of vegetables among low-income preschoolers in Head Start classrooms	Preschool students	FE, PE
	<i>Framework Indicators Assessed: MT1, MT2</i>		
CCOR Evaluating the “Savor the Flavor” Classroom Activity (Appendix 15)	Examines the feasibility, acceptability, and effectiveness of using a mindfulness/self-regulation activity within Head Start preschool classrooms	Preschool students	FE, PE
	<i>Framework Indicators Assessed: MT1, MT2</i>		

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

3b. Impact Evaluation:

See Appendix 5.

4. SNAP-Ed Planned Improvements:

SNAP-Ed Evaluation Framework Linked to Direct Education Curricula. Beyond 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 will continue to be mapped to applicable Framework indicators, as the approved curricula list is refined, and curricula revised or added with the re-opening of SNAP-Ed Toolkit submission periods. Mapping outcome measures will be valuable for planning data analysis strategies as well as allowing for explanation of variance in observed versus expected outcomes when interpreting evaluation results. It will also be valuable for understanding and documenting outcome measures as part of the program integrity process will strengthen SNAP-Ed outcome evaluation results.

Additional evaluation tools may be identified, pilot-tested, and added to the Statewide Evaluation assessment tool list to evaluate more thoroughly the SNAP-Ed Framework Priority Indicators.

PEARS Data Fidelity. The ME will continue to 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.

STARtracks Improvements. Improvements planned for FY 2020 include: implementing updates requested by STARtracks user community (e.g., improved keyboard interactions and enhanced readability); incorporating PEARS data and PSE metrics into STARtracks in order to improve oversight and monitoring of PSE reporting; enhancing MOU preparation process by introducing expandable text boxes, requiring users to confirm assistance provided and received at fiscal year end, and adding non-discrimination statement in MOU template; and providing new tools to further assist users in qualifying sites for SNAP-Ed programming.

Appendix 1. Partner Trainings

Training	Date(s)	Format
FY 2019 RFP Orientation	1/26/2018	Training video posted on FY 2019 RFP Website
FY 2019 School-Age Statewide Evaluation	9/27/2018	Recording posted on the Partner Portal, Trainings ; Replaced 9/16/19 with FY20 Trainings
FY 2019 Adult/Senior Statewide Evaluation	9/27/2018	Recording posted on the Partner Portal, Trainings ; Replaced 9/16/19 with FY20 Trainings
FY 2019 Fall Partner Meeting	10/11/2018	In-person; Slides and Handouts are posted on the Partner Portal, Meetings Archive
FY 2019 STARtracks – Improving the Accuracy of Demographic Reporting	5/4/2019	Recording posted on the Partner Portal, Trainings
FY 2018 STARtracks – Adjusting Freeze Panes in STARtracks Reports	5/4/2019	Recording posted on the Partner Portal, Trainings
PA SNAP-Ed PEARS PSE Training	9/23/2019	Recording posted on the Partner Portal, Trainings
FY 2020 RFP Training	1/24/2019	Training video posted on FY 2020 RFP Website

Appendix 2. Conference Presentations & Journal Publications

Conference Presentations

1. Dobson L., Park-Mroch J, Bohem L, Sherman S, Yoa J. Coordinated and Comprehensive Interventions Spanning all SNAP-Ed Approaches. Poster presentation at the Association of SNAP Nutrition Education Administrators Annual Meeting. Arlington, VA. February 4-7, 2019.
2. Eagleton S., Savage J. Food Insecurity and Child Appetitive Traits in Head Start Preschoolers. Poster presentation at The Obesity Society, Obesity Week. Nashville, TN. November 11-15, 2018.
3. Eagleton S. Using an ecological framework to explore feeding practices in SNAP-Ed eligible Head Start families. Presentation at The Obesity Society, Obesity Week. Las Vegas, NV. November 3-7, 2019.
4. Erns A, Zepka B, Karamanian V, Gross Michelle, Johnson M, Lee N, Harris K, Harris D. A System's Approach to Breastfeeding Policy and Practice: Exploring Attitudes and Experiences among Residents and Staff at Urban Family Shelters. Presentation at the Annual Meeting of the American Public Health Association. Philadelphia, PA. November 2-6, 2019.
5. Hamill B., Yoder T., Mastrine S. Power Up Your School: Adagio Health Power Up. Presentation at PA Nutrition Education Network Annual Conference. Farmington, PA. April 29-30, 2019.
6. Kemp M, et al. Collaborating for a Healthy Harrowgate, Kensington and Fairhill. Presentation at Meeting "Collaborating for Healthy Harrowgate, Kensington and Fairhill. Philadelphia, PA. March 6, 2019.
7. Kusuma Schofield. The Drexel University Pennsylvania SNAP-Ed/EAT.RIGHT.NOW. Nutrition Education Program: Building the Framework for Cross-Collaborative Approaches to Creative Policy, System, and Environmental Changes. Poster presentation at the Annual Meeting of the American Public Health Association. San Diego, CA. November 10-14, 2018.
8. McNitt K, Savage Williams J. Heathy Kids Club: Expanding SNAP-Ed Reach to Low-Income, Rural Families. Poster presentation at PA Nutrition Education Network Annual Conference. Farmington, PA. April 29-30, 2019.
9. Sattler Gordon M, Moore K. Communities of Excellence in Nutrition, Physical Activity, & Obesity Prevention: An assessment of the food environment around Philadelphia Schools. Presentation at the Annual Meeting of the American Public Health Association. Philadelphia PA. November 2-6, 2019.
10. Ndoa F, Hillemeier M. Supplemental Nutrition Education Program (SNAP-Ed). Presentation at the Hershey Medical School Patient Navigation Orientation/Workshop. Hershey, PA. September 27, 2019.
11. Rosado N, Smith M. We Did it! We made a kid-friendly garden! You can, too! Presentation at The Early Childhood Education Summit, Shaping the Future: Early Childhood Educators at Work. State College, PA. October 15-16, 2018.
12. Servello S. The School Health Index: Physical Activity and Physical Education. Poster presentation at the Office of Research and Evaluation's Policy and Practice Annual Conference. Philadelphia, PA. May 21, 2019.
13. Tkatch C, Cassar E, Erdem-Akçay E. Expanding Breakfast Participation in the School District of Philadelphia. Roundtable presentation at the American Education Research Association Annual Conference. Toronto, CA. April 4, 2019

14. Tkatch C, Cassar E, Erdem-Akçay E, Office of Research and Evaluation. Expanding Breakfast Participation in the School District of Philadelphia. Presentation at American Education Research Association. Philadelphia, PA. May 20, 2019.
15. Tkatch, C. Food Insecurity in SDP. Poster presentation at the Office of Research and Evaluation's Policy and Practice Annual Conference. Philadelphia, PA. May 21, 2019.
16. Zepka B, Karamanian V, Simone F. An Evaluation of Guided Grocery Store Tours for SNAP-eligible Adults in Philadelphia, Pennsylvania. Poster presentation at the Society of Public Health Education Annual Conference. Salt Lake City, UT. March 26-29, 2019.

Journal Articles

1. Lawton K, Hess L, McCarthy H, Marini M, McNitt K, Savage J. Center for Childhood Obesity Research. Feasibility of Using Facebook to Engage SNAP-Ed Eligible Parents and Provide Education on Eating Well on a Budget. Article submitted for publication (not yet accepted) for the *Journal of Nutrition and Behavior*.
2. Muzi N, Eagleton S, Jomaa L, Lawton K, Savage J. Food insecurity is associated with suboptimal sleep quality but not sleep duration, among low-income Head Start preschool-aged children. Article published in the *Public Health Nutrition Journal* on November 28, 2019.
3. Polonsky H, Bauer K, Fisher J, Davey A, Sherman S, Abel M, Hanlon A, Ruth K, Dale L, Foster G. Effect of a Breakfast in the Classroom Initiative on Obesity in Urban School-aged Children: A Cluster Randomized Clinical Trial. Article published in *JAMA Pediatrics* online on February 25, 2019.

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

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
AHI	Train the Trainer	Environment, Systems	Shop	SNAP-Ed eligible food pantry participants	ST6: Champions; ST7: Partnerships
AHI	Food Cupboard	Environment, Systems	Shop	SNAP-Ed eligible participants	ST5: Need and Readiness; MT5: Nutrition Supports
AHI	Get Growing!	Environment	Learn, Live	SNAP-Ed eligible participants	ST5: Need and Readiness; MT5: Nutrition Supports
AHI	Healthy Choice, Easy Choice	Environment	Learn	SNAP-Ed eligible participants in schools	MT5: Nutrition Supports; ST5: Need and Readiness; St6: Champions; ST7: Partnerships
AHI	Healthy Schools Program Partnerships (HSP)	Environment	Learn	SNAP-Ed eligible participants in schools	MT5: Nutrition Supports; ST5: Need and Readiness; ST6: Champions; ST7: Partnerships
AHI	Growing Up with Power Up	Policy, Systems, and Environment	Learn	SNAP-Ed eligible participants in preschool sites	MT5: Nutrition Supports; ST5: Need and Readiness; ST6: Champions; ST7: Partnerships
AHI	Rise and Shine (With School Breakfast Promotion)	Environment	Learn	SNAP-Ed eligible participants in schools	MT5: Nutrition Supports; ST7: Partnerships
AHI	Student Energizers	System, Environment	Learn	SNAP-Ed eligible participants in preschool and school sites	MT6: Physical Activity and Reduced Sedentary Behavior Supports
CAP	Healthy Food Pantry System in Lancaster County	Environment	Shop	SNAP-Ed eligible participants at food pantries	ST5: Need and readiness; MT5: Nutrition Supports
CCOR	Healthy Start Policy, Systems and Environmental Work	Policy, Systems, and Environment	Learn	Adult/Senior, Preschool eligible participants	ST5: Need and Readiness; ST6: Champions; ST7: Partnerships; MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior Supports

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
CEO	Healthy Pantries	Environment, Systems, Policy	Shop	SNAP-Ed eligible food pantry participants	MT5: Nutrition Supports
CEO	School Wellness	Environment, Systems, Policy	Learn	School-age SNAP-Ed eligible participants	ST5: Need and readiness; ST6: Champions; MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior Supports
CEO	Produce Market Expansion	Environment	Shop	SNAP-Ed eligible participants	ST7: Partnerships; MT5: Nutrition Supports
CEO	Healthy 4 Kids	Policy, System		School-age eligible participants	ST7: Partnerships; MT5: Nutrition Supports
COM	Improving School and Community Wellness Environment through Experiential Nutrition Education	Environment, Systems	Learn	SNAP-Ed eligible participants	ST5: Need and Readiness; ST6: Champions; ST7: Partnerships
DRX	School Health Improvement Plans	Environment, Systems, Policy	Learn	Student, staff, and caregiver eligible participants	ST5: Need and Readiness; MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior; LT5: Nutrition Supports Implementation; LT6: Physical Activity Supports
DRX	Gardening	Environment, System	Learn	School-age and Adult eligible participants	ST7: Partnerships; MT5: Nutrition Supports
DRX	Promise Zone/Promise Neighborhood	Environment	Learn, Live	School-age and Adult eligible participants	ST7: Partnerships; MT5: Nutrition Supports; MT8: Agriculture
DRX	Community Schools	Environment	Learn	School-age and adult eligible participants	ST5: Need Assessment; St7: Partnerships; MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior Supports

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
DRX	Technology in Nutrition Education	System		School-age and staff eligible participants	ST7: Partnerships
FUL	Healthy Food Pantry Initiative	Environment	Shop	SNAP-Ed eligible participants at food pantries	ST5: Need and Readiness; MT5: Nutrition Supports
FUL	Produce Access for Schools	Environment, Systems	Learn	School-age eligible participants	ST7: Partnerships
FUN	Southeastern Pennsylvania (SEPA) Preschool Initiative	Environment, Systems, Policy	Learn	Preschool eligible participants	ST5: Need and Readiness; ST7: Partnerships; MT5: Nutrition Supports
FUN	School Wellness Action Plans	Environment, System	Learn	School-age and adult eligible participants	ST5: Need and Readiness; ST7: Partnerships; MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior Supports
FUN	Healthy Food Pantry Initiative	Environment, System, Policy	Shop	SNAP-Ed eligible participants at food pantries	ST5: Need and Readiness; MT5 Nutrition Supports
FUN	Faith Based Initiative	Environment	Live	SNAP-Ed eligible participants at faith-based organizations	ST5: Need and Readiness
FUN	Albert Einstein Medical Center Healthy Community Collaboration	Environment, Systems	Live	SNAP-Ed eligible communities	ST8: Multi-sector Partnerships and Planning; MT11: Health Care Clinical-Community Linkages
FUN	Oregon Healthy Food Pantry Initiative	Environment	Shop	SNAP-Ed eligible participants at food pantries	MT5: Nutrition Supports
HPA	Oregon Healthy Food Pantry Initiative	Environment	Shop	SNAP-Ed eligible participants at food pantries	MT5: Nutrition Supports
HPC	Community-Clinical Integration for SNAP-Ed	Environment, Systems	Live	SNAP-Ed eligible participants at health centers	ST5: Need and Readiness
HPC	Healthy Food Pantry Initiative	Environment, Systems	Shop	SNAP-Ed eligible participants at food pantries	ST5: Need and Readiness; MT5: Nutrition Supports; LT5: Nutrition Supports Implementation

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
HPC	Supermarket Nutrition Education and Supports	Environment, Systems	Shop	SNAP-Ed eligible participants at Shoprite supermarket, potentially including patients from St. Christopher's Hospital for Children	ST7: Partnerships; MT5: Nutrition Supports
HPC	Lactation Support in Family Shelters	Environment, System, Policy	Live	Breastfeeding mothers at family shelters	MT5: Nutrition Supports; LT5: Nutrition Supports Implementation
HPC	School Wellness Action Plans	Environment, System, Policy	Learn	School-Age and Adult/Senior eligible participants	ST5: Need and Readiness; ST7: Partnerships; MT5: Nutrition Supports MT6: Physical Activity and Reduced Sedentary Behavior Supports
HPC	Healthy Out of School Time (OST) Initiative	System		Out of School Time providers and SNAP-Ed eligible students	ST5: Need and Readiness; MT5: Nutrition Supports
LAF	Grocery Store Produce Marketing	Environment	Shop	SNAP-Ed eligible caregivers and young children	MT5: Nutrition Supports
LAF	Modifying the Preschool Classroom Food Environment	Environment	Learn	Preschool eligible participants	MT5: Nutrition Supports
NEN	Healthy Pantry Initiative	Environment, Systems, Policy	Shop	SNAP-Ed eligible participants at food pantries	ST5: Need and Readiness
NLA	Healthy Pantry Initiative, Oregonfoodbank.org	Environment, Systems	Shop	Staff and SNAP-Ed eligible participants at food pantries	ST5: Need and Readiness; ST7: Partnership; MT5: Nutrition Supports
SDP	Improving Healthy Food Access, Outreach, and Engagement	Environment, System	Learn	SNAP-Ed eligible parents/caregivers and community members	ST7: Partnerships MT5: Nutrition Supports; LT5: Nutrition Supports Implementation
SDP	Technology in Nutrition Education	System		Staff at SNAP-Ed eligible schools	ST7: Partnerships

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
SDP	Improving School Wellness	Environment, System, Policy	Learn	Students, staff and caregivers at SNAP-Ed eligible schools	ST5: Need and Readiness; ST7: Partnerships; MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior Supports; LT5: Nutrition Supports Implementation; LT6: Physical Activity Supports Implementation
TFT	PA Healthy Food Pantry Initiative	Environment, Systems	Shop	Staff, volunteers and SNAP-Ed eligible participants at food pantries	ST5: Need and Readiness; ST7: Organizational Partnerships; MT5: Nutrition Supports
TFT	Backpack Programs	Environment, Systems	Learn	School-age and Adult eligible participants	MT5: Nutrition Supports
TFT	Heart Smarts Program	Environment	Shop	Adult/Senior eligible participants	ST7: Partnerships; ST8: Multi-Sector Partnerships and Planning; MT11: Health Care Clinical-Community Linkages
TFT	FINI/Food Bucks Program	Environment, Systems	Shop	Adult/Senior eligible participants	ST7: Partnerships; ST8: Multi-Sector Partnerships and Planning; MT5: Nutrition Supports; MT8: Agriculture
TFT	Produce Stands	Environment, Systems	Shop	School-age and Adult/Senior Eligible participants	MT5: Nutrition Supports
TFT	School Nutrition Programs	Environment, Systems	Learn	School-age eligible participants	ST7: Partnerships; MT5: Nutrition Supports
TFT	Gardening	Environment, Systems	Learn, Play, Shop	School-age and adult/senior eligible participants	MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior Supports

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
TFT	Ready Set Grow	Environment, System	Learn	Childcare staff, preschool, and caregivers at SNAP-Ed eligible sites	ST5: Need and readiness; ST6: Champions; ST7: Partnerships
UNI	School Wide Wellness-Youth Led Initiatives	Environment, Systems	Learn	School-age eligible participants	ST5: Need and Readiness; MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior Supports
UNI	School Wellness Action Plans	Environment, Systems	Learn	School-age eligible participants	ST5: Need and Readiness; ST7: Partnerships; MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior
UNI	School Based Food Access	Environment	Shop, Learn, Play	School-age and Adult/Senior eligible participants	MT5: Nutrition Supports
UNI	Champions of Change	Environment, Systems	Learn	Students and staff at SNAP-Ed eligible sites	ST7: Partnerships
UNI	Good Food Bag	Environment	Learn Shop, Play	SNAP-Ed eligible participants	MT5: Nutrition Supports; MT8: Agriculture; MT11: Health Care Clinical-Community Linkages
UNI	Community Engagement	Environment	Eat, Learn, Live, Shop, Work	Adult/Senior eligible participants	ST7: Partnerships; MT5: Nutrition Supports
UNI	Community Healthcare Linkages	Systems		SNAP-Ed eligible participants	ST7: Partnerships; MT5: Nutrition Supports; MT11: Health Care Clinical-Community Linkages
UNI	PSE Corp Communities of Excellence CX3	Environment	Eat, Learn, Shop, Play	School-age and Adult/Senior eligible participants	ST5: Need and Readiness; MT5: Nutrition Supports
VCP	EA360	Environment, Systems	Learn	School-age eligible participants	MT5: Nutrition Supports

Partner	Project Title	Type	Environmental Setting	Target Audience	SNAP-Ed Framework Outcome Measures
VCP	School Wellness Promotion	Environment, Systems	Learn	School-age eligible participants	ST5: Need and Readiness; MT5: Nutrition Supports; MT6: Physical Activity and Reduced Sedentary Behavior

Appendix 4. Partnership Activities

The [Governor’s Food Security Partnership](#) is a partnership between the Pennsylvania Departments of Aging, Agriculture, Community & Economic Development, Education, Health, and Human Services. SNAP-Ed involvement in the Partnership continued in FY 2018. The [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 29, 2018, the Partnership hosted an annual meeting. The meeting included a SNAP-Ed Panel discussion, moderated by PA Department of Human Services Secretary Teresa Miller, with PA SNAP-Ed Partner Project Directors from School District of Philadelphia, Commission on Economic Opportunity, and Agatston Urban Nutrition Initiative serving as panelists. Lauren Nocito discussed the School District of Philadelphia’s partnership with the Share Food Program. Gretchen Hunt Greaves talked about Commission on Economic Opportunity’s position as a Food Bank partnering with food pantries to distribute healthy foods and implement the Healthy Pantry Initiative. Katera Moore discussed Agatston Urban Nutrition Initiative’s youth-led policy systems and environmental change work (e.g. peer education, gardening) – addressing the need for youth engagement as a means for sustainable change.

Appendix 5 - FY 2019 Pennsylvania SNAP-Ed Evaluation Results

This document was developed to report on SNAP-Ed Evaluation Framework Indicators for the Fiscal Year 2019 (FY 2019) 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 2019, 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=2,734) – a modified version of the School Physical Activity & Nutrition survey (SPAN). 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, Cooking Matters for Chefs and Kids, SDP Eat Right Now, DRX Eat Right Now, 4th Grade Vegetable Core, Small Bites, Balance My Day, Team Nutrition: Dig In, and Team Nutrition: Serving Up MyPlate*. Local partners participating in the assessment in FY 2019 included: AHI, CAP, CEO, COM, DRX, FUL, FUN, HPC, NLA, SDP, TFT, UNI, and VCP. Data were 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=1,620) – a subset of nutrition and physical activity-related survey questions from the nationally-administered Youth Risk Behavior Survey (YRBS). 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 a series or direct education programming. Approved curricula delivered to the School-Age audience as part of this evaluation included *DRX Eat Right Now, Cooking Matters for Chefs and Kids, Corner Store Youth Initiative, Growing Food, Small Bites, and Team Nutrition: Nutrition Voyage*. Local partners participating in the assessment in FY 2019 included: AHI, CEO, COM, DRX, HPC, NLA, TFT, UNI, and VCP. Data were 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=1,008) – a photo-based assessment tool that was administered in a pre/post format to assess nutrition-related behavior change after a series of direct education programming. In FY 2019, Pennsylvania SNAP-Ed 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*, *A Taste of African Heritage*, *Nutrition for Life*, *Eating Smart and Being Active*, *Eat Smart Live Strong*, and *Just Say Yes to Fruits and Vegetables*. Local partners participating in the assessment in FY 2019 included: AHI, CAP, CCOR, CEO, DRX, FAY, FUL, FUN, HPC, NLA, and UNI. Data were 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=628) – 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 a series of direct education programming that included outcome objectives related to food resource management behaviors. In FY 2019, this tool was adopted statewide for evaluating SNAP-Ed direct education programming. Approved curricula delivered to the Adult/Senior audience as part of this evaluation included *A Taste of African Heritage*, *Eat Smart Live Strong*, *Eating Smart Being Active*, *Eat Healthy Be Active*, *MyPlate My Family*, *Seniors Eating Well*, *Nutrition for Life*, and *Just Say Yes to Fruits and Vegetables*. Local partners participating in the assessment in FY 2019 included: CCOR, FAY, FUN, HCP, TFT and UNI. Data were analyzed retrospectively using paired-samples t-tests to test for differences at alpha = .05.

- SNAP-Ed Evaluation Framework Indicators measured: MT1, MT2, MT4

Challenges in Statewide Evaluation in FY 2019

In FY 2019, several challenges were encountered in statewide evaluation. These challenges included:

YRBS Pre/Post Test Matching – FY 2019 was the second fiscal year for using a pre/post-test format which provided additional learning opportunities. Student movement among class rosters and absenteeism between the pre-test and post-test period limited the matched sample size local partners were able to attain. Staff changes at participating schools, as well as staffing changes within local partners also affected the sample size of evaluations able to be administered. Of the 1,620 students who participated in the assessment, only 24.0% of students completed both the pre- and post-tests (36.5% were matched in FY 2018). The ME will work to address and improve YRBS survey response rate in FY 2020 through local partner technical assistance as well as modifications to the survey tracking and matching process.

EFNEP Checklist – The EFNEP Checklist was adopted for statewide evaluation use in FY 2019. Of the 628 individuals who completed one or more of the assessments, only 33.4% completed both the pre- and post-test assessment. Local partner staff have expressed concerns regarding participant recruitment and retention for adults/senior direct education series programming. The ME will continue to provide technical assistance to local partners as needed, as well as add determination best practices for Checklist administration as an agenda item for the PA SNAP-Ed Evaluation Workgroup.

Evaluation Improvement for FY 2020 and Future Years

Statewide evaluation activities in FY 2020 will 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 FY2020, additional questions have been added as an addendum page to the adult/senior statewide evaluation tools to collect data on MT3 – Physical Activity and Reduced Sedentary Behaviors. This will be the first year that these data are collected for adult participants.

Integration of the two data reporting systems used by PA SNAP-Ed: STARtracks for direct education and program management and PEARS for policy, systems and environmental (PSE) activities is planned for FY 2020. This integration will allow for increased data quality related to PSE evaluation as well as providing additional context for evaluation results related to direct education programming.

Expanded reporting of partnership activities conducted by local partners will be a focus for FY 2020. The ME has explored options to incorporate online systems to manage the tracking and documenting of PA SNAP-Ed partnerships.

Additional tools may be identified and pilot tested with selected local partners 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 2019

Statewide evaluation results that achieved statistical significance indicating positive nutrition and physical activity related behavior changes after participation in PA SNAP-Ed direct education programs:

- After direct education series programming, adults and seniors reported they were 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 (Food Behavior Checklist – MT1).
- After direct education series programming, adults and seniors reported utilizing strategies to decrease dietary fat intake from protein sources and making efforts to reduce sodium intake (Food Behavior Checklist – MT1).
- After direct education series programming, adults and seniors reported reading food labels more often than prior to receiving direct education (Food Behavior Checklist – MT2).
- After direct education series programming, adults and seniors reported an increase in behaviors related to healthy meal planning, use of a shopping list while grocery shopping, and reading food labels to choose healthier foods (Food Resource Management Checklist – MT2).
- After direct education series programming, school-age students in grades 4-6th reported consuming fruit more frequently (SPAN – MT1).

- After direct education series programming, school-age students in grades 4-6th reported an increase in the number of days per week they were physically active for at least 60 minutes (SPAN – MT3). Students reported 3.24 days per week of at least 60 minutes of physical activity per day after participating in SNAP-Ed programs, versus 2.93 days per week prior to participation.
- After direct education series programming, school-age students in grades 8-12th reported consuming 100% fruit juice more frequently during the past week (YRBS – MT1).
- After direct education series programming, students in grades 8-12th who participated in SNAP-Ed programming are more likely to eat potatoes (not French fries, fried potatoes, or potato chips) more frequently (YRBS – MT1).
- After direct education series programming, students in grades 8-12th who participated in SNAP-Ed programming reported engaging in less screen time (social media, video games, computer) on school days (YRBS – MT3).

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=457, p=.000).
Throughout the days of week:	
MT1c. Ate more than one kind of fruit.	Following direct education series programming, school-age students in grades 8-12 th reported consuming 100% fruit juice more frequently during the past week (n=364, p=.043).
MT1d. Ate more than one kind of vegetable.	Following direct education series programming, adults and seniors reported they were more likely to eat more than one kind of vegetable each day. (n=461, p=.010); and were more likely to include 2 or more vegetables during the main meal of the day (n=442, p=.005). Following direct education series programming, school-age students in grades 8-12 th reported consuming potatoes (not French fries, fried potatoes, or potato chips) more frequently during the past week (n=363, p=.035).
Frequency:	
MT1h. Drinking fewer sugar-sweetened beverages (e.g., regular soda or sports drinks).	Following direct education series programming, adults and seniors reported consuming fewer sugar-sweetened beverages such as fruit drinks, sports drinks, and punch (n=460, p=.024).
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=444 p=.129)
Servings:	

<p>MT1l. Cups of fruit consumed per day.</p>	<p>Following direct education series programming, adults and seniors did not report consuming more total cups of fruit per day (n=445, p=.163).</p> <p>Following direct education series programming, adults and seniors did not report eating more fruits and vegetables as snacks between meals (n=465, p=.146).</p> <p>Following direct education series programming, school-age students in grades 4-6th eating fruit more often throughout the day (n=1,650, p=.024).</p>
<p>MT1m. Cups of vegetables consumed per day.</p>	<p>Following direct education series programming, adults and seniors did not report consuming more total cups of vegetables per day (n=441, p=.491).</p> <p>Following direct education series programming, school-age students in grades 4-6th did not report consuming vegetables (all types combined) more frequently (n=1,602 p=.956).</p>
<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.</p>	
<p>MT2a. Choose healthy foods for my family on a budget.</p>	<p>Following direct education series programming, adults reported increased frequency of choosing healthy foods for family meals and meal planning (n=207, p=.003).</p>
<p>MT2b. Read nutrition facts labels or nutrition ingredient lists.</p>	<p>Following direct education series programming, adults reported reading food labels more often than prior to receiving direct education (n=446, p=.000 Food Behavior Checklist respondents; n=197, p=.002 Food Resource Management Checklist respondents).</p>
<p>MT2g. Not run out of food before month's end.</p>	<p>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=441, p=.566 Food Behavior Checklist respondents; n=208, p=.294 Food Resource Management Checklist respondents).</p>

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=207, p=.773). The baseline response for this survey item (before education) was “most of the time.”
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=202, p=.047).

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).	<p>Following direct education series programming, school-age students in grades 4-6th reported engaging in physical activity on more days of the week (n=1,704, p=.000).</p> <p>Following direct education series programming, students in grades 8-12th did not report an increase in physical activity on more days of the week (n=350, p=.303).</p>
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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=352, p=.544). Mean viewing time per day was 1.76 hours after participating in programming.
MT3h. Computer and video games.	Following direct education series programming, students in grades 8-12 th reported viewing less other screen time per day (n=347, p=.007). Mean other screen time per day was 2.28 hours after participating in programming.

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. 2019 data was not available at the time of writing this report. 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 2019 PA SNAP-Ed* n=783	National 2017* n=14,344	Pennsylvania 2017* n=3,566
Did not eat fruit or drink 100% fruit juices in the past 7 days	6.4%	5.6%	7.9%
Reported eating fruit or drank 100% fruit juices 2 or more times/day in the past 7 days	31.9%	31.3%	28.5%
Did not eat vegetables in the past 7 days	9.3%	7.2%	7.4%
Reported eating vegetables 2 or more times/day in the past 7 days	30.9%	26.6%	23.9%
Reported eating vegetables 3 or more times/day in the past 7 days	19.7%	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 2019 PA SNAP-Ed* n=765	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	10.6%	15.4%	15.6%
Reported 60 minutes of physical activity on five or more days in the past 7 days.	43.9%	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 local partners 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
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	140
Children participate in food preparation activities	Environmental	115
Created or enhanced healthy check out area	Environmental	14
Decreased shelf space, amount or variety of unhealthy options	Environmental	6
Edible gardens (establish, reinvigorate or maintain food gardens)	Environmental	34
Established a new food bank, pantry or distribution site	Environmental	36
Established a new healthy retail outlet	Environmental	31
Established or improved salad bar	Environmental	2
Flavor station with healthy seasonings or low-fat dip added to the lunchroom	Environmental	17
Improved appeal, layout or display of healthy competitive foods	Environmental	4
Improved appeal, layout or display of healthy snack foods	Environmental	18
Improved appeal, layout or display of meal food/beverages to encourage healthy and discourage unhealthy selections	Environmental	35
Improved quality of healthy options	Environmental	34

Nutrition Supports Adopted - Description	Change Level	Times Implemented
Improvements in layout or display of food (Smarter Lunchrooms)	Environmental	29
Increased shelf space, amount or variety of healthy options	Environmental	20
Initiated or expanded lactation supports or dedicated lactation space	Environmental	8
Installed interactive, educational display with nutritional/physical activity messages that will stay at the site	Environmental	74
New kitchen equipment used to improve food service program or serve healthier foods/beverages	Environmental	1
Staff create social interaction and conversation about food at snack and meal times	Environmental	1
Staff eat the same food and use informal modeling to encourage children to try foods	Environmental	14
Staff sit with children during meal times	Environmental	1
At least one fruit and/or vegetable is served at every meal and snack	Policy	4
Developed policies that encourage the establishment of new food distribution sites, food banks, food pantries, etc.	Policy	20
Established or improved a nutrition policy	Policy	88
High fat and high sugar foods are served less than once a week or not at all	Policy	1
Improved hours of operation to improve access/convenience	Policy	4
Improvements in hours of operation/time allotted for meals or food service	Policy	3
Meals are served family style	Policy	4
New education opportunities are offered to parents at least 2 times a year	Policy	107
Only whole-grain foods are served	Policy	3
Policy for increasing nutrition education or cooking activities	Policy	162
Rules for foods served in meetings or in classrooms	Policy	68
School wellness or child care wellness policy	Policy	29
Special occasions, including birthdays, are celebrated with healthy food or non-food activities	Policy	74
A wellness committee is established with parent participation	Systems	3
Began acceptance of SNAP/EBT/WIC	Systems	38
Began offering a federal food program	Systems	1
Change in food donation specifications toward healthier food	Systems	11
Change in food purchasing specification towards healthier food(s)	Systems	48
Change in menus (variety, quality, offering lighter fares)	Systems	30
Child care staff include nutrition education as a learning standard	Systems	161
Clients have the opportunity to choose at least some foods they would like to take from food pantries, food banks, or soup kitchens (i.e. a client-choice model)	Systems	25
Collecting excess wholesome food to donate to charitable organizations	Systems	4

Nutrition Supports Adopted - Description	Change Level	Times Implemented
Create opportunities for shared decision-making related to school health policies, services, and programs	Systems	6
Do students have the opportunity to interact with the school garden?	Systems	6
Does the school have an established wellness committee?	Systems	7
Expanded or improved transportation options to the site	Systems	1
Foods for special dietary/cultural needs are available	Systems	3
Foods from each food group are available	Systems	24
Fruits and vegetables from the school garden are available for children to taste	Systems	19
Implement guidelines for foods offered during events, celebrations, education programs, etc. not at schools or daycare	Systems	1
Implemented a system for youth, parent and/or client leadership or involvement in decision-making	Systems	13
Implemented guidelines for healthier snack options	Systems	6
Implemented new or improved standards for healthier eating across the organization	Systems	47
Implemented novel distribution systems to reach high-risk populations, such as home delivery for the elderly, farmers market, etc.	Systems	32
Implemented nutrition standards for foods distributed (at food pantries)	Systems	1
Implemented price manipulations/coupons/discounts to encourage healthy choices	Systems	44
Implemented, improved or expanded healthy fundraisers	Systems	16
Improved child feeding practices, such as foods served family style, adults modeling healthy behaviors, etc.	Systems	5
Improved or increased healthy beverages options	Systems	15
Improvements in free water access, taste, quality, smell or temperature	Systems	69
Improvements in parents/caregivers involvement in the school garden	Systems	4
Improvements in students involvement in school meal program	Systems	1
Include fresh produce in food pantry offerings	Systems	34
Initiated, improved, or expanded opportunities for parents to participate in decision making through a wellness committee	Systems	2
Initiated, improved or expanded opportunities for parents/students/community to access fruits and vegetables from the garden	Systems	1
Initiated, improved or expanded opportunities for parents/students/community to work in the garden	Systems	1
Initiated, improved or expanded professional development opportunities on nutrition and physical activity	Systems	64
Initiated, improved or expanded use of standardized, healthy recipes	Systems	12

Nutrition Supports Adopted - Description	Change Level	Times Implemented
Nutrition lessons reflect children’s culture	Systems	46
Prioritizing farm to table/increase in fresh or local produce	Systems	148
Removing sugar-sweetened beverages from children’s menus	Systems	2
Restriction on use of food as rewards or during celebrations	Systems	69
Students engage and interact with the school garden	Systems	28
Various forms of fruits and vegetables are available (fresh, canned, frozen, dried, 100% juice)	Systems	24
Various types of fruit and vegetables are available (red, yellow/orange, green, etc.)	Systems	32
Display of Nutrition Related Signage that directly supports PSE strategies in highly visible area	Promotion	80
Implemented or enhanced limits on marketing or promotion of less healthy options	Promotion	3
Increased awareness of the PSE change by the target audience	Promotion	254
Meal service staff encourages healthy selections	Promotion	5
Point-of-purchase and distribution prompts	Promotion	56
Site provides information on other nutrition resources (SNAP, WIC, etc.)	Promotion	16
Took promotional steps to encourage new food distribution sites	Promotion	11
Took promotional steps to encourage new healthy retail outlets	Promotion	16
Took steps to improve the appeal of the school meal program in order to increase meal participation	Promotion	172
Used interactive educational display (that will stay at the site), other visual displays, posters, taste testing, live demonstrations, audiovisuals, celebrities, etc. to prompt healthy behavior choices close to the point of decision	Promotion	534
Total Number of Nutrition Supports Adopted		3,452

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 spent being sedentary.

PA SNAP-Ed local partners 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
A variety of portable play equipment is freely available to students at all times	Environmental	1
Improvements in access to exercise or recreation facilities	Environmental	1
Improvements in access to safe walking or bicycling paths, or Safe Routes to School or work	Environmental	1
Indoor play spaces are available for active play, including running	Environmental	1

Physical Activity and Reduced Sedentary Behavior Supports Adopted - Description	Change Level	Times Implemented
Music and Movement activities are implemented daily (either in classroom or during outdoor play)	Environmental	2
New or increased use of school facilities during non-school hours for recreation, or shared use policies	Policy	2
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	1
Families are provided information to limit screen time to less than 2 hours per day	Systems	14
Incorporating physical activity into the school day or during classroom-based instruction	Systems	112
New or improved access to structured physical activity programs	Systems	47
Teachers join children in active play	Systems	68
Display of Physical-Activity Related Signage that directly supports PSE strategies in highly visible area	Promotion	10
Signage and prompts for use of walking and bicycling	Promotion	1
Total Number of Physical Activity and Reduced Sedentary Behavior Supports Adopted		262

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 local partners 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 2019, 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)	6	3
City and regional planning groups	1	1
Early care and education facilities (includes child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs)	63	8
Faith-based groups	68	10
Food banks/food Pantries	54	8
Food stores (convenience stores, grocery stores, supermarkets, etc.)	98	7
Foundations/philanthropy organizations/nonprofits	20	6
Government program/agency (Federal, State, local, etc.)	76	11

Entity Type	Number of Community Partnerships	Number of PA SNAP-Ed Local Partners
Hospitals/healthcare organizations (includes health insurance companies)	14	8
Human services organizations	112	13
Labor/workforce development groups	1	1
Parks and recreation centers	32	10
Public health organizations	3	3
Schools (preschools, K-12, elementary, middle, and high)	127	13
Schools (colleges and universities)	4	4
Other	3	1
Total	682	

PA SNAP-Ed Evaluation Contacts:

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

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

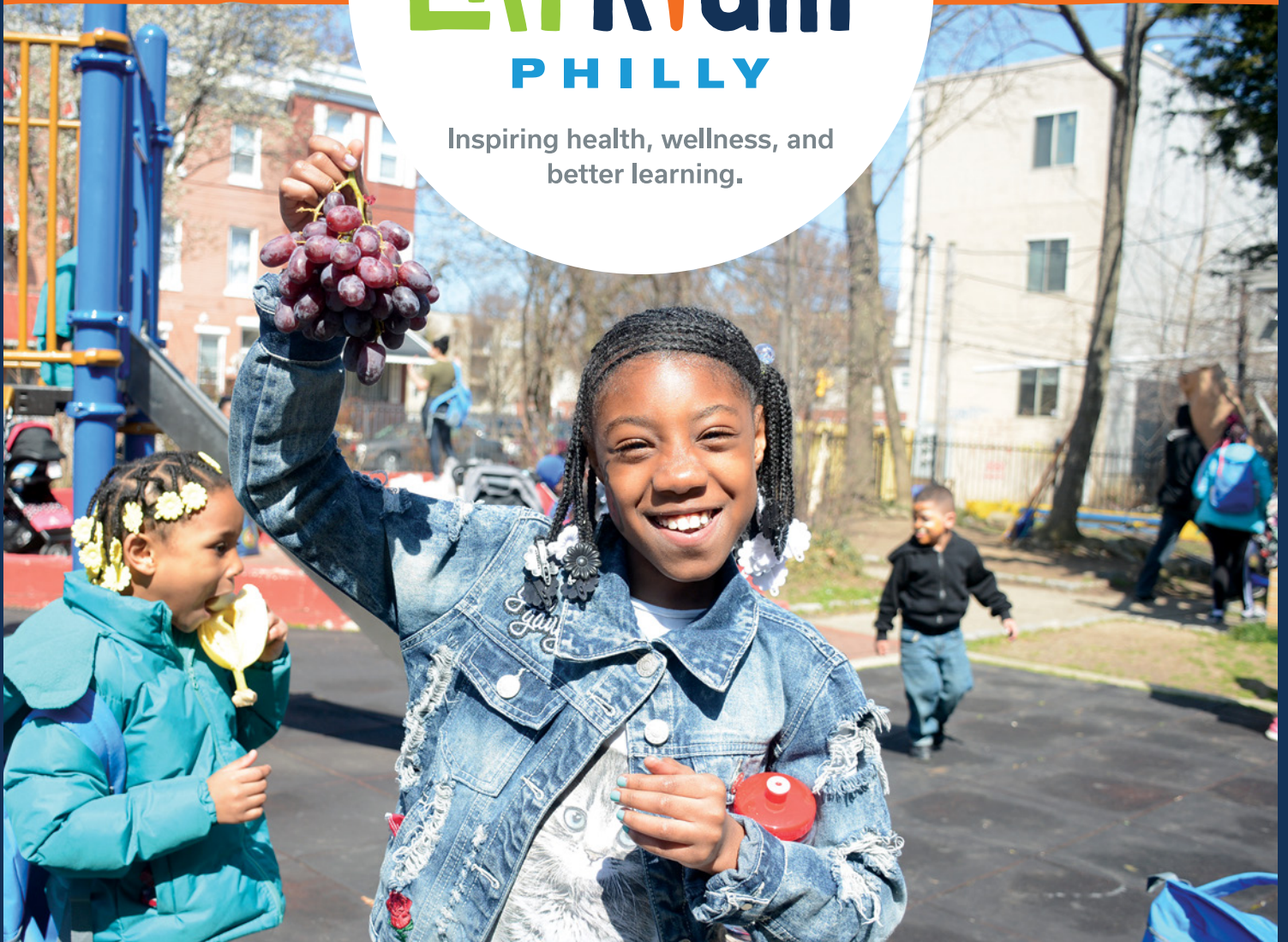
Pennsylvania SNAP-Ed
135 East Nittany Ave., Suite 405
State College, PA 16801



THE SCHOOL DISTRICT OF
PHILADELPHIA

EAT RIGHT PHILLY

Inspiring health, wellness, and
better learning.



2018/19 OUTCOMES REPORT

Nutrition & Wellness: Helping Our Students Succeed!

SNAP-Ed
Pennsylvania

Healthy Food.
Healthy Moves.
Healthy YOU.

Supplemental Nutrition Assistance Program—Education (SNAP-Ed) funding working in the School District of Philadelphia to educate, support and inspire healthy choices and healthy schools.

From the Eat Right Philly Team

During the 2018-19 school year, the Eat Right Philly team continued to hone programming in order to fulfill **our 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.** On page 3 you will see our program framework, which illustrates the comprehensive approach we take to support students, families, schools, and communities in making healthy changes.

Students and families continued to receive hands-on nutrition and cooking lessons, complete with a sample of their tasty, healthy creations! They're also benefiting from the work we're doing in schools and communities to create environments that make the healthy choice the easy choice. Countless school staff have risen to the challenge and are taking steps to prioritize health and wellness—knowing that healthy students are better learners! Our work wouldn't be possible without their collaboration and dedication, and we look forward to building upon their success in the future.

This year we also launched a number of ways for you to stay connected with Eat Right Philly. Follow us on Twitter and Instagram for daily tips and highlights, and check out our updated website for resources and information on programming. On our home page you can sign up for our monthly e-newsletter that provides ideas for healthy eating and physical activity and celebrates the great work our schools are doing. We can't wait to see what healthy changes the next school year brings!



In Health and Wellness,

Lauren Nocito

Lauren Nocito MS, RD, LDN,

Director, Nutrition Education and Eat Right Philly and the entire Eat Right Philly team and Partners



www.philasd.org/nutrition



[eatrightphilly_sdp](https://www.instagram.com/eatrightphilly_sdp)



[eatrightphl_sdp](https://twitter.com/eatrightphl_sdp)

Who We Are

The Eat Right Philly team includes District staff within the Office of Curriculum, Instruction, and Assessment, as well as staff from six community partners. The District serves as the backbone organization for the program and works toward collective impact. We all work collaboratively to serve as many schools and students as possible.

While there are unique aspects to how we each deliver programming, we all work toward the same SNAP-Ed goals by performing similar activities:

- ▶ Educating students and families about eating healthy and being active
- ▶ Supporting schools in creating healthy environments
- ▶ Improving access to healthier choices in communities



TO FIND OUT WHAT PARTNER IS WORKING WITH YOUR SCHOOL, PLEASE VISIT OUR WEBSITE: WWW.PHILASD.ORG/NUTRITION

Why Eat Right Philly Is Needed

Healthy Students Are Better Learners

RESEARCH HAS SHOWN:¹

REPORTED ON THE 2017-18 SDP DISTRICT-WIDE SURVEY:²



Inadequate consumption of fruits and vegetables is associated with lower grades



29% of students did not eat vegetables the day before

27% of students did not eat fruits the day before



Students who are physically active tend to have better grades, attendance, cognitive performance, and classroom behaviors



75% of students were not physically active for at least 60 minutes every day the week before



Hunger due to insufficient food intake is associated with lower grades, higher rates of absenteeism, and an inability to focus



15% of parents and caregivers worried about having enough food the month before

23% of principals said that student food insecurity is a challenge to learning³

18% of teachers said that students reporting being hungry is a challenge to learning⁴

“

Look around a kindergarten classroom. Unless we **take action today**, about half of these kids will be obese adults and counted among the millions of new cases of diabetes, heart disease, stroke, and cancer—chronic diseases which are largely preventable. We need to improve our kids' nutrition and get them moving—not just to **improve their health**, but to **get them ready to learn**.⁵

”

¹ Centers for Disease Control and Prevention. (2014). *Health and Academic Achievement*.

² 2017-18 District-Wide Survey

³ 17% moderate challenge, 6% great challenge

⁴ 12% moderate challenge, 6% great challenge

⁵ Action for Healthy Kids. (2013). *The Learning Connection: What You Need to Know to Ensure Your Kids are Healthy and Ready to Learn*.

EAT RIGHT PHILLY

Framework

A variety of factors influence the decisions our students and families make about nutrition and physical activity. We address those factors by delivering programming at the individual level, school level, and community level.

Healthy Students and Families

Increasing knowledge, building skills, and working toward healthy behaviors



Healthy Schools

Assisting schools with creating environments that support nutrition and physical activity



Healthy Communities

Collaborating with partners to reshape communities and increase access to healthier choices



"School programs that account for the individual, family, school, and community can positively influence both student health behaviors and learning."⁶

How Eat Right Philly Supports Students

Our educators deliver interactive lessons to students across all grade levels to increase their knowledge and skills, as well as their ability to set goals and intentions - with the ultimate goal of improving their behaviors around nutrition and physical activity.

ACROSS ALL EAT RIGHT PHILLY PARTNERS, WE TAUGHT:

55,202 K-12 Students 

178 Schools 



The ABCs of Nutrition

The *Eat the Alphabet* curriculum, developed by the Eat Right Philly team at **Einstein**, encourages K to 2nd grade students to taste fruits, vegetables, and other foods they may have not tried before - from A to Z! Supporting the District's **Anchor Goal of "100% of 8 year-olds will read on or above grade level,"** students read books and do writing activities with each letter. Teachers appreciate how the lessons promote literacy by reinforcing letter recognition skills.

“ I love the ability to make cross-curricular connections through our nutrition lessons. ”

—SDP KINDERGARTEN TEACHER



Chefs in Training

Eat Right Philly uses multiple curricula to teach 3rd to 12th grade students cooking techniques and build their skills and confidence around preparing healthy meals. Educators adapt lessons so that students of all skill levels can learn nutrition, food safety, and culinary concepts. Students participate in every aspect of the lesson, and educators encourage them to apply what they've learned in math and science, such as measuring ingredients and seeing how heat influences ingredients. Their favorite part? Tasting the final product!

“ What I think is most beneficial (besides the yummy recipes) is that 10 and 11 year olds are at the perfect age for learning the importance of a well-balanced diet. ”

—SDP 5TH GRADE TEACHER



Empowering Our Youth

We teach students the importance of eating healthy and being active, then provide opportunities for them to apply what they've learned through real-world projects, youth councils, and internships. This allows them to build skills related to leadership and advocacy, and to be champions for the healthy changes they'd like to see.



Saul Students Launch Water Campaign

The Eat Right Philly team at **Drexel** supported Environmental Science students at **Walter B. Saul High School** and their teacher Greg Smith in launching a school-wide water campaign. They created a video encouraging students to drink tap water, use the school's hydration stations, and reduce plastic waste, then showed it to their peers and handed out reusable water bottles. Because of their inspiring work, they were asked to give a toast celebrating tap water at the Philadelphia Water Department's "Philly Water Bar" at City Hall!



Bethune Students Get HYPE About Physical Activity!

The Healthy You. Positive Energy. (HYPE) program is an initiative led by **The Food Trust** that supports youth councils in approximately 70 middle and high schools. In the 2018-19 school year, students at **Mary McLeod Bethune School** started their first HYPE council with the help of PE teacher Coach Collier and the Eat Right Philly team at **Vetri Community Partnership**. The council identified physical education and movement breaks as priorities, and they created a workout video in which students modeled fun ways to be active.



Community School Students Get Internship Experience

Drexel's Eat Right Philly team worked with Get Healthy Philly and the Mayor's Office of Education to mentor eight "Healthy Community Interns" from Community Schools. In their 30-week paid internships at the Department of Public Health, the interns and their mentors collaborated to develop and implement wellness projects for their schools:

- **South Philadelphia High School:** Water promotion
- **Kensington Health Sciences Academy:** Breakfast promotion
- **Murrell Dobbins CTE High School:** Community dinners and breakfast promotion
- **George Washington High School:** Cultural cookbook and garden clean-up

How Eat Right Philly Supports Families

Similar to students, we educate and engage parents and caregivers to increase knowledge, build skills, and ultimately change behaviors around nutrition and physical activity. Not only do we want them to be healthy individuals, but we also want to positively influence the food and activity decisions they make at home for our students!

ACROSS ALL EAT RIGHT PHILLY PARTNERS, WE TAUGHT:

924 Parents/Caregivers 

56 Schools 



Engaging Parents in Students' Nutrition Education

The *Kindergarten Initiative* (KI) is a holistic intervention used by the Eat Right Philly team at **The Food Trust** in 10 schools, reaching nearly 900 kindergarten students and their families. Students receive nutrition and physical activity lessons, taste test locally grown foods, and attend farm trips. They engage parents and caregivers by sending home newsletters, providing cooking workshops, inviting them to the farm trips, and connecting them to local, healthy foods through school gardens, produce stands, and food distribution programs.

"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." —KINDERGARTEN PARENT

Meade Holds Wellness Event for Families

General George G. Meade School held their first annual "Magnificent Meade Wellness Day" in April 2019 with the help of the Eat Right Philly team at **SDP!** We worked with our partners to fill the schoolyard with resources and fun activities for families, including:

- Eat & Share produce stand selling affordable fruits and veggies
- Smoothie taste tests blended up on our smoothie bike
- Cooking demos from **Vetri Community Partnership's** Mobile Teaching Kitchen
- Taste tests of different "Rebel Crumble" flavors hosted by the student-led organization Rebel Ventures
- Basil seeds in honor of National Garden Month
- Raffles to win a free month subscription to a Hungry Harvest mini produce box

How Eat Right Philly Supports Schools

Schools are a key environment for encouraging and supporting healthy behaviors, which in turn impact academic achievement and classroom behavior. That's why so much of our work focuses on improving school wellness and their ability to provide more opportunities for students and families to eat healthy and be active.

What We Do

STEP 1:

SCHOOL WELLNESS TEAM

Our first step in improving school wellness is working with existing school wellness teams or helping staff form one. Teams should include "wellness champions," staff in various roles, and even parents and students!

STEP 2:

IDENTIFY WELLNESS NEEDS

It's important for schools to target areas that need improvement. We help them do this using the School Health Index, a tool that assesses current nutrition and physical activity policies and practices.

STEP 3:

PROVIDE TRAINING AND SUPPORT

Once needs are identified, we work with schools to create a wellness action plan and provide tailored training and support to staff in reaching their goals.

WHAT WE COVER

Visit our website to learn more about what we do in each area!



Movement Breaks



Fundraisers



Rewards and Celebrations



Breakfast



Gardening



Hydration



Farm to School



Get Movin'!




One of the areas we spend a lot of time on is movement breaks or brain breaks. And for good reason—studies have shown that brief classroom physical activity breaks are associated with improved cognitive performance, classroom behavior, and educational outcomes!⁷ We connect classroom teachers to movement break resources and provide training on how to effectively use them.



↑ Ms. Shour's class at Hamilton Disston School loved using Activity Works and won an Eat Right Philly competition!

Activity Works Helps Schools Increase Movement Breaks

The Eat Right Philly team at **SDP** works with Activity Works, who provides free access to their online movement break program for all SDP teachers! They can choose from a variety of brief, interactive videos that incorporate physical activity and reinforce core curriculum concepts.

	2017-18	2018-19
 # of schools using Activity Works	28	40
 # of teachers/classrooms using Activity Works	77	188
 Total movement break minutes	1,160,850	3,398,799

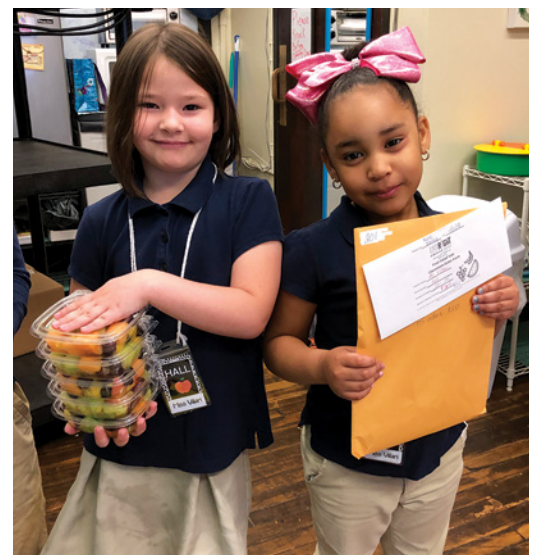
⁷Centers for Disease Control and Prevention. (2014). *Health and Academic Achievement*.



From Doughnuts to Smoothies

Fundraisers, celebrations, and rewards for students are great opportunities for school staff to get creative with nutrition and physical activity! We help schools make the switch to things that send the right message to students.

- The Eat Right Philly team at **Health Promotion Council** helped the wellness council at **George W. Childs School** change the reward for student of the month from doughnuts with the principal to a smoothie celebration.
- **SDP's** team helped schools raise a total of \$2,815 from fruit salad fundraisers!
- **Einstein** worked with the counselor at **James Logan School** to reward students whose attendance increased by helping them cook breakfast for their parents as a thank-you for getting them to school.





Most Important Meal of the Day

Eat Right Philly wants students to eat breakfast every morning. Why? Student participation in the USDA School Breakfast Program is associated with increased academic grades and standardized test scores, reduced absenteeism, and improved cognitive performance.⁸ We work with SDP's Division of Food Services to encourage students to eat breakfast so they start the day ready to learn!



↑ Prince Hall, one of the winning schools in 2017-18, hosted the 2018-19 kick-off with Dr. Hite and Swoop, the Philadelphia Eagles mascot!

Schools Compete in the Mad for Breakfast Challenge

During National School Breakfast Week in March 2019, Eat Right Philly helped the Division of Food Services kick off the Mad for Breakfast Challenge, a friendly competition between schools to increase breakfast participation. The team at **SDP** helped schools reach their goals by educating students on the importance of breakfast, hosting breakfast promotions, and doing student poster contests. The winners were **Clara Barton School, Edward Heston School, and Fox Chase School**—who transitioned their entire school to the “breakfast in the classroom” model and increased participation from **34% in February to 62% in March!**

⁸Centers for Disease Control and Prevention. (2014). *Health and Academic Achievement*.



Growing Green Thumbs

We support school gardening efforts so students can grow their own produce and follow fruits and vegetables from seed to plate! We provide gardening education and engage staff and community members to make gardens more sustainable.

AUNI's Eat Right Philly team has been engaging with many schools around food access and growing spaces. Together with school staff, AUNI identified teacher champions at **Middle Years Alternative, Parkway West High School, and the Workshop School**. These schools did not have outdoor growing space, so each champion received a Tower Garden in their classroom to support nutrition education and healthy food tastings. Students worked to plant the unit, care for the plants, and harvest the produce.

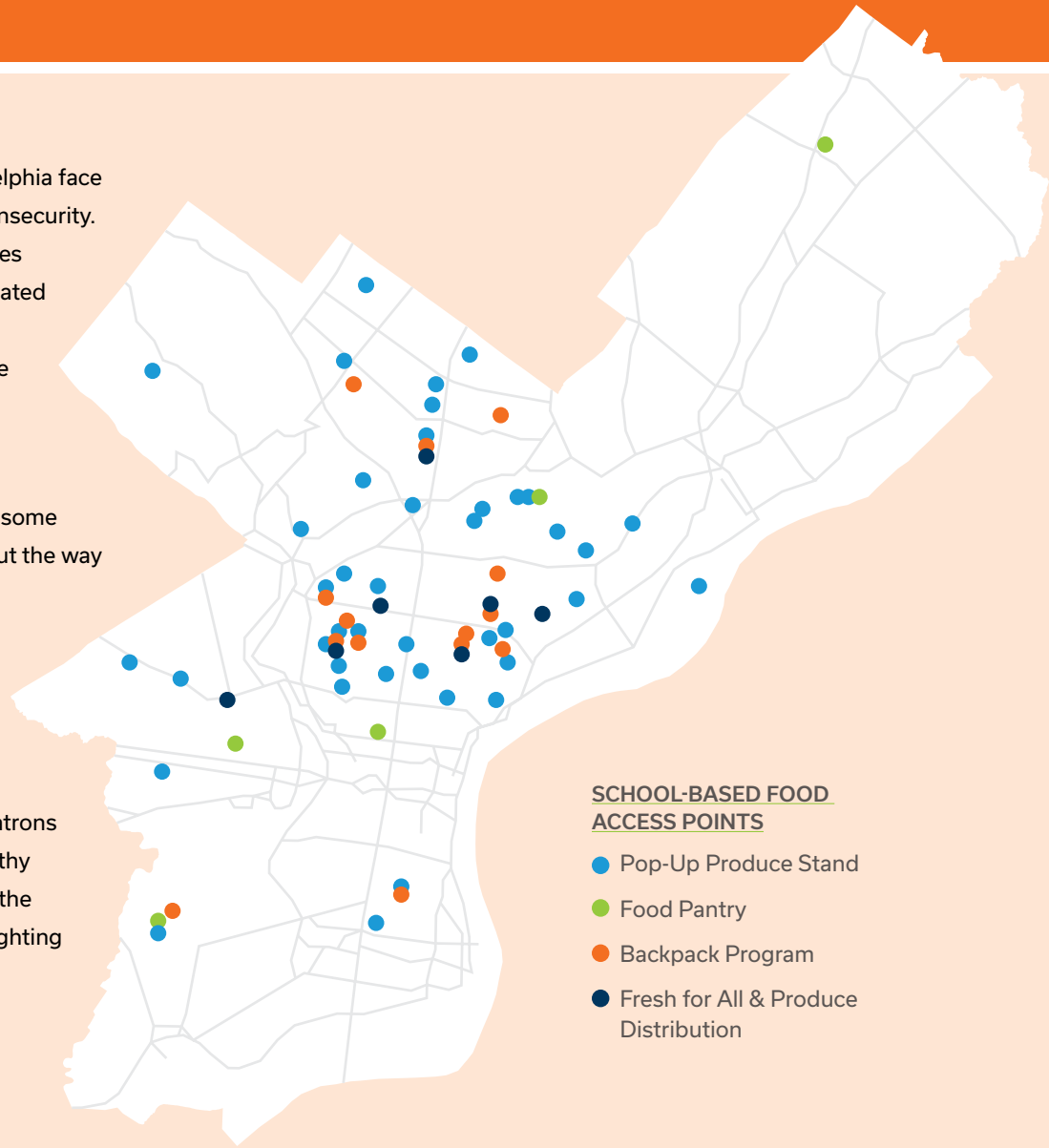


How Eat Right Philly Supports Communities

Eat Right Philly connects schools to community partners that support access to fresh fruits, vegetables, and other healthy foods to make eating healthy a little bit easier for our families.

We know many families in Philadelphia face challenges like poverty and food insecurity. The Eat Right Philly team addresses these challenges with many dedicated community partners. Over 50 schools now have pop-up produce stands, fresh food distributions, and even food pantries.

None of these are new ideas, and some have been happening for years, but the way these initiatives have grown when partners work together amazes us every day. We are thankful for our community partners, Principals and school staff that value this work, student and community volunteers, and the patrons of these programs that know healthy choices are the best choices. See the spotlights on the next page highlighting some of this amazing work.



Check our webpage for the most up-to-date information on school-based healthy food access:
www.philasd.org/nutrition

THANK YOU to our colleagues at the Mayor's Office of Education, Community Schools Team for coordinating healthy food distribution work in their designated schools (Cramp, Dobbins, Gideon, KHSA, Logan, Tildon, Locke, Southwark, George Washington).





SPECIAL THANKS to other local organizations and groups supporting this work in various ways: Common Market, Produce in a SNAP/Hungry Harvest, Turning Points for Children, Zia Food Bank, and PhitPhilly.



Eat & Share Pop-up Produce Stands

Eat Right Philly works closely with Share Food Program to bring monthly produce stands to **34 schools**. Families and the school community are able to purchase fresh produce at cost, utilizing various payments methods, while getting helpful recipes and healthy eating tips. Shopping for fruits and veggies has never been easier!

"We look forward to the produce stand each month, my son tells me we can use our food stamps to buy fruit." —PHILADELPHIA PARENT

	2017-18	2018-19
# of Schools 	25	34
lbs. of Produce 	40,653	72,985
Total Patrons 	5,594	8,842
EBT Utilization (% of sales) 	13%	19%

Supported by SNAP-Ed funding



Philabundance Backpack Program & Produce Distribution

Philabundance is committed to increasing access to healthy food for families throughout the Delaware Valley. The School District of Philadelphia is thankful for their generous work on the backpack program and the fresh produce programs happening at over 20 schools. Each month, Philabundance provides shelf-stable food packages and/or fresh produce and groceries to all participating sites.

"Thank you for everything with this program this year—the kids have really appreciated and enjoyed the monthly deliveries, and we are grateful to have this opportunity to help address food insecurity in our school community and neighborhood!" —WILLIAM CRAMP SCHOOL STAFF

HIGHLIGHT

This work has been happening for two and a half years and during that time **over 337,032 pounds of produce** have been distributed to our families.



Philabundance is able to provide this through generous donations from Feeding America, Giant Family Foundation, Red Nose Day, Joy in Childhood Foundation, Citizens Bank, and Preferred Meals.

Partnerships

Our work wouldn't be possible without continuing to build and maintain partnerships with other SDP offices and external community organizations. Joining forces and aligning efforts to achieve shared goals leads to greater impact for our students, families, schools, and communities!

THANKS TO OUR PARTNERS



Get Healthy Philly

A division of the Philadelphia Department of Public Health



Mayor's Office of Education Community Schools

A huge thank you to staff from the Get Healthy Philly team and Mayor's Office of Education's Community Schools team. Their staff support Eat Right Philly directly in the schools and collaboratively to work toward making healthy changes throughout Philadelphia.



“

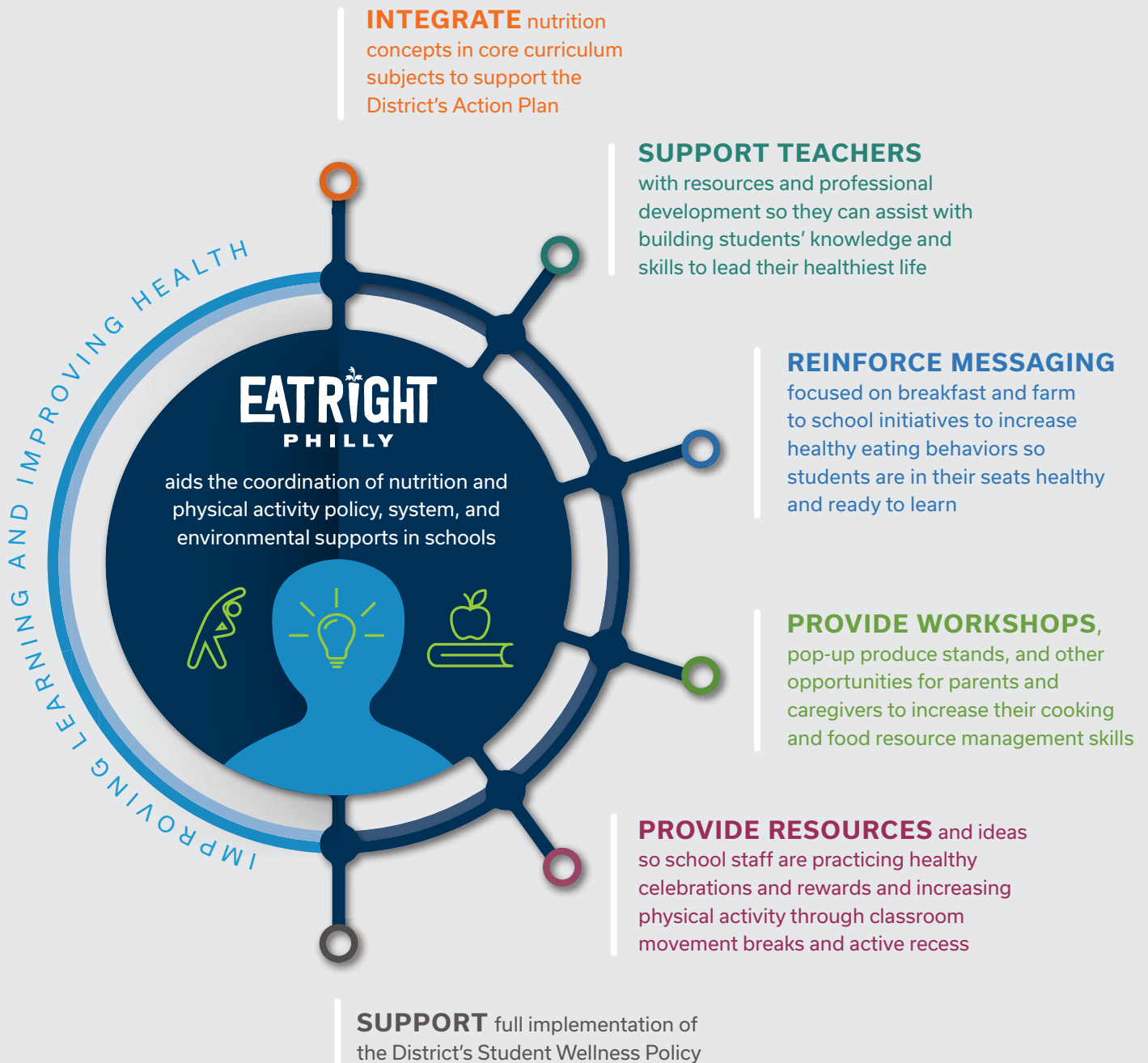
Eat Right Philly focuses on supporting our schools through a unique public health lens that connects wellness with academic success.

”

—DR. MALIKA SAVOY-BROOKS,
SDP CHIEF OF ACADEMIC
SUPPORTS

Looking to the Future

In 2019-20, Eat Right Philly will continue to enhance strategies and outcomes through collaborative efforts with many SDP Offices. This supports the CDC's Whole School, Whole Community, Whole Child model because we know it needs to be a collaborative approach to learning and health.



EAT RIGHT PHILLY

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.



215-400-9940

www.philasd.org/nutrition

 [eatrightphilly_sdp](https://www.instagram.com/eatrightphilly_sdp)

 [eatrightphl_sdp](https://twitter.com/eatrightphl_sdp)

SHOPPING FOR FRUITS AND VEGGIES HAS NEVER BEEN EASIER!



Eat Right Philly has worked closely with Share Food Program since 2015 to bring monthly produce stands to Philadelphia schools for families and communities.



Produce for sale up to 50% off grocery store prices



Access/EBT/Farmers Market vouchers proudly accepted as payment

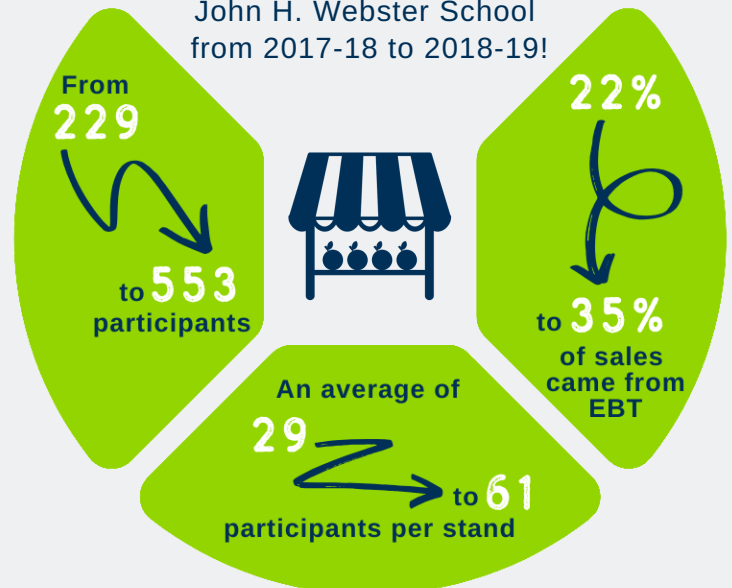


Healthy eating tips and recipes provided at all stands

		2017-18	2018-19
# OF SCHOOLS		25	34
LBS. OF PRODUCE		40,653	72,985
TOTAL CUSTOMERS		5,594	8,842
EBT UTILIZATION (% OF SALES)		13%	19%

SCHOOL SPOTLIGHT

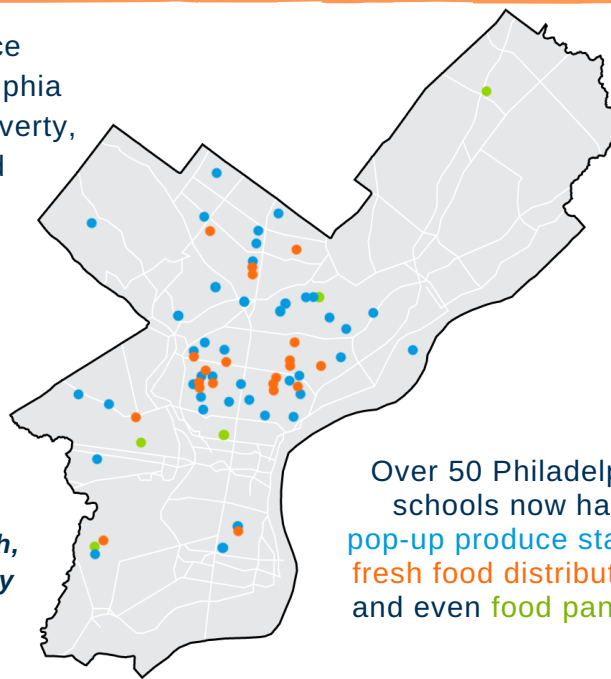
Check out the growth at John H. Webster School from 2017-18 to 2018-19!



We know many families in Philadelphia experience poverty and food insecurity. In the larger Philadelphia area, 30.2% of all families with children live in poverty, and 53% of adults do not consume recommended amounts of fruits or vegetables each day.^{1,2}

The Eat and Share Pop-Up Produce Stands at Philadelphia schools, along with other food retail and assistance efforts like Fresh Food Distributions and Food Pantries, help families address these challenges and purchase healthy foods on a budget.

“We look forward to the produce stand each month, my son tells me we can use our foodstamps to buy fruit.” — PHILADELPHIA PARENT



Over 50 Philadelphia schools now have pop-up produce stands, fresh food distributions, and even food pantries.

THE FORMULA



Delivering education to students and families



Holding the stands at schools for convenience



Raising awareness and promoting to schools and communities

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

EFFORTS TO INCREASE PARTICIPANTS

- Outdoor signs say "Open to the Community" and door hangers are distributed to neighbors.
- Promotional flyers are sent home with students each month and placed in participants' bags at time of purchase.
- Photo of Access Card is placed on all promotional materials such as flyers, magnets, and outdoor signs to encourage EBT usage.



Eat Right Philly is the School District of Philadelphia's PA SNAP-Ed program. It is implemented across the entire district, which is comprised of 215 schools, the largest in Pennsylvania. Six external organizations also use SNAP-Ed funds to support this program.

1. Bureau, U. S. C. American FactFinder - Community Facts.

2. Public Health Management Corporation. Community Health Data Base's (2015) Southeastern Pennsylvania Household Health Survey.

This material was funded by USDA's Supplemental Nutrition Assistance Program (SNAP) through the PA Department of Human Services (DHS).

Community and Senior Center Needs Assessment Emerging Intervention Report FY19

University of Pennsylvania
Agatston Urban Nutrition Initiative, Netter Center for Community Partnerships

Written and prepared by:
Melissa Sattler Gordon, MSPH, RD, LDN
Katera Moore, PhD, MES

Additional support for literature review provided by:
Kira England

This project was funded by USDA's Supplemental Nutrition Assistance Program (SNAP) through the PA Department of Human Services (DHS).

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Introduction of the Project

In FY2019, UNI recognized a lack of resources supporting adult audiences through policy, system, environmental (PSE) change initiatives. While there are some best practices in the SNAP-Ed toolkit for schools, worksites, and pantries, there did not appear to be a needs assessment for senior or community centers. The latest Health of the City Report for the city of Philadelphia noted that 35% of adults are obese, 33% have hypertension, and 12% have diabetes (Department of Public Health City of Philadelphia, 2019). All three of these health factors are directly related to nutrition and have worsened or remained constant in recent time. There are centers throughout the city that serve adults and seniors, many of which partner with SNAP-Ed providers. Philadelphia Corporation for Aging (PCA) supports 22 senior community centers and 37 Adult Day Centers across the city, serving 18,000 seniors (Philadelphia Corporation for Aging, 2018) but there are numerous additional providers serving seniors throughout the city. Many centers provide health screenings, social services, lunch, and a range of activities. Subsequently, these centers are ideal locations impactful PSE work in Philadelphia.

Nationally, by 2035, one in five Americans will be over the age of 65, and will outnumber children under the age of 18 for the first time in US history (United States Census Bureau, 2018). Furthermore, four out of five adults age 65 or older are estimated to have at least one chronic condition, often arthritis, heart disease, hypertension, or diabetes (Beattie, Whitelaw, Mettler, & Turner, 2003). While these chronic conditions cause a reduced quality of life and substantially burden the healthcare system, they are largely preventable and can effectively be addressed through community-based and clinical prevention strategies (Beattie et al., 2003).

Such strategies target root causes of chronic conditions, like social conditions, healthy food availability, and barriers to physical activity.

Within the Social Cognitive Theory framework, personal, environmental and behavioral factors all contribute to health choices. However, among seniors, personal factors are less significant to food choices than the others (Oemichen & Smith, 2016). Seniors utilize congregate meals as an affordable way to both dine and socialize (Oemichen & Smith, 2016). Seniors using home and community-based services, such as centers, are more likely to be older, single, black, lower income, receiving Medicaid and in worse health (Sonnega, Robinson & Levy, 2017). Practices and healthy changes at community and senior centers may often focus on reducing social isolation, providing social services, or preventing falls (Ivery, 2014). Similarly to the support of PSE change in schools, adults and seniors need nutrition and physical activity environments that are supportive of healthy change. Despite the of these issues and the SNAP-Ed toolkit recommendation that needs assessments are “a first step toward implementation and thus a key program output for SNAP-Ed,” there is not a tool in the toolkit designed or approved for community centers.

Based on current partnerships and more generalizable applicability, we focused on senior centers for the development of the tool. However, it could be used in other adult center settings that also serve food, provide activities, or health services. There are other tools that are specific for worksites or for adult day centers for adults with disabilities.

Literature Review of Existing Needs Assessment Tools

With 10,000 centers in the country, Senior centers serve as community focal points for over one million American seniors. (National Council on Aging, 2017). Centers are a logical target for health and wellness programming, and many studies have evaluated and found positive effects of programming targeting such things as diet, physical activity, and weight loss (e.g., Hand, Cavanaugh, Forbes, Govern, & Cress, 2012; Maher, Sliwinski, & Conroy, 2016; West et al., 2011). A national survey of senior centers found that 83% offered blood pressure screening, 90% offered nutrition programming, and 65% offered balance or strength classes; many of these programs were more frequently offered in urban areas (Casteel, Nocera, & Runyan, 2013). However, very little research has been conducted regarding the evaluation of the health environments of senior centers, and limited tools exist for evaluation. Research informing this issue and applications for needs assessments will be discussed in the following review.

The health environment of a senior center is reflected by things such as health-promotion signage, the availability of water fountains, the quality of food offerings, and the opportunities for physical activity. Social ecological theory emphasizes the impact of environment on behavior, and is frequently applied to health promotion endeavors (McLeroy, Bibeau, Steckler, & Glanz, 1988; Stokols, 1996). While intermittent programming has an important role to play, health promotion cannot be considered in isolation of the built and social environments. Many tools/instruments have been developed to evaluate various health environments, from those of child care centers to grocery stores to work sites; an impressively comprehensive list of resources for such policy, system, and environmental change assessments was compiled by the California Department for Public Health (2017). Literature searches were conducted in a variety of databases regarding senior center health environment evaluation, including Abstracts in Social

Gerontology, Academic Search Complete, Education Source, Urban Studies Abstracts, ERIC, JSTOR, and Google Scholar. Additionally, Google was utilized to uncover any local government/organization resources that would not be included in academic databases. Various combinations of “senior,” “senior center,” “health promotion,” “health environment,” “nutrition environment,” “wellness environment,” “policy, systems, and environmental change,” “community center,” “assessment,” “tool,” and “evaluation” were searched using Boolean logic.

Only one user-ready evaluation tool specifically for senior centers was uncovered: the [Senior Center Evaluation Toolkit](#), developed by the Florida Department for Elder in Affairs (2010). This toolkit comprises of templates and spreadsheets to plan and assess broad measures of quality and outcomes. Measures of quality include number of offerings in exercise, nutrition, art, and spiritual supports as well as the satisfaction with staff. Measures of outcomes include life, health, and social improvement surveys. However, this toolkit does not address the quality of the health environment beyond number of program offerings. All other senior center toolkits included directions for conducting program evaluations. Though only one toolkit specifically for senior centers was found, multiple community-centered and worksite-focused tools that would be suitable for senior center adaptation are detailed below.

The Centers for Disease Control and Prevention’s (CDC, 2018) [Community Health Assessment and Group Evaluation \(CHANGE\)](#) tool, which was designed to identify community health needs and develop an improvement plan, has a subsection for community institutions/organizations with an assessment for evaluating wellness environments (CDC, n.d.; CDC, 2017). This tool consists of Excel spreadsheets for collecting and analyzing data; questions on the assessment include things like, “To what extent does the community institution/organization promote stairwell use (e.g., make stairs appealing, post motivational

signs near stairs to encourage physical activity)?" and "To what extent does the community institution/organization avoid marketing (e.g., counter advertisements, posters, other print materials) of less healthy foods and beverages onsite?" The CHANGE tool is referenced in many government publications and academic articles detailing its use in community health improvement (Glotfelty, Schwalm, Argabrite, Brown, 2016; Stewart, Visker, and Cox, 2013), and two master's theses detailed use of the CHANGE tool in senior centers (Gardner, 2012; Rajpal, 2012). The thesis by Rajpal (2012) noted that the tool had the unforeseen benefit of stimulating healthy environment idea-generation amongst senior center administrators. However, it did little to assess the effectiveness of healthy lifestyle programs. The tool's structured data analysis for comparing senior centers led to a ceiling effect. No studies were found assessing the reliability or validity of this tool.

Another useful tool is the [Community Health Inclusion Index \(CHII\) Organizational Assessment](#), which was developed by the National Center on Health, Physical Activity and Disability (2018). This tool is meant to assess an organization's promotion of physical activity and nutrition in the context of accessibility and inclusion. Though it is meant to assess access to healthy environments for people with disabilities, it evaluates the health environment through a lens that is not restricted to this audience. Most of the sections of the tool are relevant to senior centers, e.g., "Promoting Healthy Eating: Policy," "Promoting Health Eating: Programs," "Wellness and Health Promotion," and "Organizational Readiness for Change." Examples of questions include, "Is there at least one policy about offering only healthy foods at meetings, events and/or celebrations?" and "Is at least one physical activity program/class available on-site? (e.g. aerobics, weightlifting, cycling etc.)." Inclusion-focused questions include such things as "Which of the following alternative formats are readily available for the Instructional/

Educational materials? (Braille, large print, etc.).” Eisenberg, Rimmer, Mehta, and Fox (2015) assessed the reliability of the instrument at 164 sites and found the subscales to have a Cronbach’s alpha ranging from 0.700 to 0.965 as well as strong inter-rater agreement. Though the CHII tool addresses important, broad questions, the questions regarding health promotion are few and relatively vague, unlike the greater variety of detailed questions contained in the CHANGE tool.

A final category of related tools is that of worksite wellness evaluations, a comprehensive list of which are reviewed by Hipp et al. (2015). All the tools were reviewed for relevance to senior center evaluation, and those that could be easily modified are included here. These tools are similar to previously discussed community health environment evaluation instruments, as well as to school assessment instruments. School assessment instruments are not included given that too many of the questions are tailored to school- and child-specific characteristics (e.g., “Are students allowed to leave the classroom to get water?” and “How long is recess?”). Useful assessments include the Environmental Assessment Tool (EAT), the CDC Worksite Health Scorecard, the worksite section of the Community Healthy Living Index (CHLI), and the Checklist of Health Promotion Environments at Worksites (CHEW).

The [EAT](#) was developed as part of a National Heart, Lung, and Blood Institute research initiative to assess the obesity prevention efforts of worksite physical and social environments (Dijoy et al., 2008). Some of the questions are inappropriate for evaluating what senior center patrons are experiencing (e.g., “How long are employee breaks and meal periods for typical work shift?”). However, there are only a few employee-specific questions on this instrument. The tool presents a thorough environmental assessment and it is one of the few tools found that includes health-promotion signage. Additionally, it contains templates for counting contents of

vending machines and the relative costs of food and drink items. The instrument items also have a high level of meaningful detail, for example, “Check if: Offers healthy vending machine cold food options (low/reduced fat, low/no sugar, fiber-rich foods; e.g., fresh and canned in own juice fruit, fresh vegetables, salads with low/reduced fat dressing, low fat/low sugar yogurt, reduced-fat cheese, low fat/whole grain bagels).” There are questions assessing everything from the detailed placement of stairs to parking lot characteristics that encourage parking far from the door. Dijoy et al., (2008) found the tool to have high inter-rater reliability, with percentage agreement scores between observers of 83.5% - 97.0%, and provided evidence of concurrent and predictive validity. For example, regression analysis found that scores on the assessment predicted absenteeism expenditures. This is an uncluttered, organized tool with many useful characteristics.

The [CDC Worksite Health ScoreCard](#) was specifically developed to prevent heart disease and stroke, so there are entire sections devoted to items addressing diabetes, cholesterol, emergency response, etc. (CDC, 2016). This tool is less precise than the EAT, i.e., all the items on the tool simply measure the dichotomous presence or absence of some health promotion indicator. The word “employees” is used a few times throughout the tool, and multiple items across sections address health insurance coverage. In addition to the sections already mentioned, there are sections for organizational supports, tobacco control, nutrition, physical activity, weight management, stress management, depression, high blood pressure, and signs and symptoms of heart attack and stroke. Example items include, “In the past 12 months, did your worksite . . .”: “Tailor some health promotion programs and education materials to the language, literacy levels, culture, or readiness to change of various segments of the workforce?”; “Identify healthier food and beverage choices with signs or symbols?”; “Provide a series of educational seminars,

workshops, or classes on preventing and controlling high blood pressure?"; and "Have an adequate number of AED units such that a person can be reached within 3–5 minutes of collapse?" Roemer et al. (2013) assessed the reliability and validity at 93 worksites and conducted cognitive interviews. Though they found it to be a reasonably reliable and valid tool (mean concurrence rate of 77%), the cognitive interviews uncovered issues with things like length and respondents distinguishing between certain questions. Overall, this tool sacrifices depth for breadth, but does specifically cover subjects that the other tools do not. The [CHLI](#) was developed by the Young Men's Christian Association (YMCA) in partnership with Stanford, Harvard, and St. Louis Universities (YMCA, 2018). This tool assesses after-school child care sites, early childhood programs, neighborhoods, schools, worksites, and the community at large. The worksite section is the only section that could translate to use with senior centers, and is strengthened by a [worksite discussion and improvement planning guide](#). The CHLI has a greater number of items that target employees than the other tools discussed here, but many of these items could have the word "employee" replaced with "patron" (e.g., "The work site has organizational and performance objectives pertaining to employee health and well-being"). This tool is not as broad as the other tools, but some depth is gained by many of the items having frequency measures (e.g., "Serving any high-fat sauces, salad dressings, gravies, or condiments on the side or offering reduced-fat versions: almost always [81%–100%], usually [61-80%], etc."). The usefulness of such frequency measures is debatable, though, given the subjective nature of the frequencies (i.e., raw counts may not easily translate to percentages and then to subjective descriptions for respondents). A major advantage of this tool is that it is not lengthy but still reasonably broad; the sections are administrative support, health promotion, physical activity opportunities, physical environment related to physical activity, healthy eating

environments, and physical environment related to food/nutrition. Items address things such as healthy food price incentives, serving sizes, bicycle parking, and more. Kim et al. (2010) evaluated initial implementation of the CHLI and found that 86.6% of the worksite section items had substantial to almost perfect agreement between independent raters, which suggests that this is a reliable instrument.

The final assessment tool is the [CHEW](#), which was developed as part of the Australian National Workplace Health Project in order to provide a description of behavior-specific observable features of worksite environments (Oldenburg, Sallis, Harris, & Owen, 2002). Like the EAT, this tool provides space for detailing health promotion signage with an even greater level of detail, with sections broken down by health area of concern. This tool relies heavily on counting, slightly more so than the EAT, which could be either an advantage or disadvantage. The advantage is the creation of a highly objective measure for comparing worksites; the disadvantage is the burden of counting so many things (e.g., number of each kind of sign in each kind of space, number of bicycles seen outside). However, many items are simple dichotomous measures of presence or absence of indicators (e.g., “Is there an observed area where alcohol is served?”). The sections include: building assessment, signs and bulletin boards, elevator checklist, stair checklist, fitness center assessment, assessment of the nutrition environment at work, assessment of the smoking environment at work, assessment of the alcohol environment at work, parking assessment, grounds assessment, and neighborhood assessment. The environmental breadth of this tool is somewhat greater than that of other tools, including characteristics of the building and surrounding area (e.g., “Are there fresh green salads at food shops visible from the grounds?”). A major advantage of this tool is that there are no items specifically targeting employees. Some meaningful information for senior centers is missing

from the tool, for example, program offerings and policy-related information. Oldenburg et al., (2002) found the tool to be highly reliable in a study of 20 worksites, with intraclass correlations ranging from .80-1.00, with the exception of the section on “physical activity signs”.

In summary, the Senior Center Evaluation Toolkit assesses broad measures of quality and outcomes; the CHANGE tool has a section to assess the health environment of community institutions; the CHII broadly assesses an organization’s promotion of physical activity and nutrition in the context of accessibility and inclusion; the EAT thoroughly assesses the obesity prevention efforts of worksite physical and social environments; the Worksite Health ScoreCard assesses the presence or absence of measures implemented to prevent heart disease and stroke; the CHLI has a section that is a relatively detailed and short tool for evaluating worksite health environments; and the CHEW thoroughly evaluates worksite physical environments relating to health, though excludes such things as policies and programs offered. Many elements of these tools can be used in the assessment of senior center health environments or used to develop a more appropriate needs assessment. Which components are most appropriate depends on the ultimate goals of evaluation, which may range from the comparison of senior centers to planning for improvement within a single center.

Methods

UNI developed the current draft Needs Assessment Tool after the careful literature review of existing tools. We selected the most relevant tools from the review along with existing SNAP-Ed toolkit tools such as the ORIC. We reviewed each tool and noted consistent and relevant questions to include in the new needs assessment. Careful consideration was given to target audience, length of the total survey, and maintaining a balance between community/senior center staff questions and environmental scan questions. We worked to keep the survey brief yet effective to maintain a low burden for partner sites.

Each researched tool had specific questions that could be most appropriately used in the new assessment. We pulled these questions and organized them into themed sections. This included Organizational Thoughts and Administrative Support for the senior center staff to complete and a Physical Activity and Nutrition Section that can be filled out by a SNAP-Ed partner or by the senior center staff. The Organizational Thoughts and Administrative support was designed to function partially as a readiness assessment. Two Adult and Senior Nutrition Program (ASNP) educators reviewed the tool to provide feedback of applicability in the field. The original draft tool can be viewed in Appendix 1.

For the purposes of this tool, UNI is working with six of our partner senior centers. We divided the centers into a feedback group and a trial group. It was important to have community, expert input regarding the appropriateness of the questions, best practices that should be included, and if senior centers would implement this tool. The grouping was done to capture a range of geographic locations, varying relationships with Philadelphia Corporation of Aging, and various organizational structures. We discussed the draft needs assessment with a total of three senior centers in West Philadelphia, Southwest Philadelphia, and Northern Philadelphia. While

all urban centers, we wanted to gather information from places with varying population demographics and with different food environments.

We did not proceed with an IRB to ensure an element of research would not influence honest feedback or hamper any of our relationships. Therefore, we will keep the identities of the centers private. Feedback from the centers is detailed in the next section and trialing the revised tool is detailed in the next steps section.

Senior Center Feedback

Senior Center 1:

The feedback session took place with the Senior Services/Nutrition Director.

Section 2 Organizational Thoughts:

She suggested breaking out leadership and staff. She thought that leadership and staff may have varying roles and impact on new policies or programming occurring. While leadership buy-in will ultimately drive the change, implementation will largely depend on direct service staff.

Section 2 Administrative Support:

She suggested we define “health promotion”, “food services” and “physical activity programming”. While this tool is designed for a needs assessment rather than a comparison of senior centers, different people may have different understandings of these terms which could influence the results.

This particular senior center’s food is run through the Philadelphia Corporation of Aging, so she suggested a N/A category for written policies related to nutrition standards. She noted that the senior center had no control over their food. The term “healthy food” may be problematic. The director thought this referred to food safety whereas the question was asking about techniques such as baking rather than frying.

A question surrounding seniors farmers market checks was suggested such as “Do you distribute SFMP vouchers or have a system of referrals”? She saw this is a strength and connection to food access which was not reflected in the survey.

Section 3 Nutrition:

She had a similar sentiment to food being regulated through PCA and suggested a N/A category. She did want to clarify if some of the questions were asking about their pantry or hot line lunch. This may be a point to expand with the food pantry with regards to healthy offerings. Otherwise, another tool would need to be used to assess pantry options.

Another suggestion she had was to add “promotion of nutrition and physical activity” through an online newsletter or social media. She said their center uses this frequently and the seniors engage frequently with online content. The newsletter includes all the usual happenings and any special events.

Other general notes:

We discussed the lack of scoring and if that was a strength or weakness of the survey. She said it did not matter to her but mainly because they have their own internal measures.

Senior Center 2:

The feedback session took place with the Health and Wellness Coordinator. The Executive Director had to leave due to an HR emergency.

Section 2 Organization Thoughts:

She had feedback on the question “our staff generally cares about community wellness”. She explained that the community should be an integral part of all senior center activities but their center had experienced a lot of difficulty. They have seniors coming from many parts of Philadelphia but the most local seniors were the hardest to engage. This may indicate the question needs to be broken out or explained.

Section 2 Administrative Support:

We had a discussion about a breakout of the question regarding the wellness committee to include a sub question as to if the wellness committee includes patrons of the center. This would be similar to school assessments that ask about student or parent participation. She also remarked that their center is careful to include both “high impact” and “low impact” physical activity for their patrons. She commented that when their center first started offering physical activity it was too challenging for some participants. In order to ensure no one was excluded they expanded their range of activities.

Section 3 Physical Activity:

She explained that their center had an indoor walking path for their patrons because outside was not an option. We included this question knowing it would be more applicable to suburban/rural centers but an indoor path would be a good option for urban landscapes. She said people “sign in” that they are walking the path so a staff member knows for safety, and walks the path for a form of physical activity.

Section 3 Nutrition:

She commented that switching vending machines to all “healthier” products could be discouraging for seniors. She liked the idea of asking the question about availability in such a way that would not encourage centers to fully take out unhealthy items but instead present a choice and promotion for better choices. Similar to the first center, she requested more information about “healthy food preparation techniques” and also talked about food safety concerns. With regards to information on bulletin boards, she said that seniors in her center were not reading much from the bulletin boards. They wanted less information to stand and read. She said they distributed materials at lunch hour and also had an online presence along with a newsletter.

Other:

She spoke to healthy practices their center implements that is important but not included on the tool. She included having a nurse to provide services and disease specific programming, an option for devotional period, and travel. She also talked about community connection within the center and working to overcome social isolation.

Senior Center 3:

The feedback session took place with the Activities Coordinator. The Director was at another site. The site social workers also briefly reviewed the tool but had few additional comments.

Section 2 Administrative Support:

She suggested a column for “No, but interested in having it.” She specifically noted that their center does not have an onsite farmers market but they would certainly run one given the resources. She suggested that when the tool is administered, partners sit down together to review the “nos”. This comment alludes to a need for a more robust toolkit to be built around the actual assessment. Since the first part of the tool is designed to assess readiness, an indication of interest would be a positive addition. She also mentioned that their program participates in a Food Box/Food Share program through Philabundance. She said that as the tool is written, she was unsure how to reflect this, but that it is an important food access/nutrition initiative.

Section 3:

She suggested an N/A column since their center is on one floor and therefore does not have stairs. She said that their center has a coffee hour/ continental breakfast and asked if the food questions would include those offerings or just their hot line. Similar to the first center, she said they do not cook their own food but they do heat it up and present it.

Other:

This particular center also has garden beds which they see of great value. However, she was unsure if this would be applicable to many other centers and suggested a question around education about growing food rather than directly about having a garden. She also said they participate in dispersing the SMNP vouchers and thought that question should be added. Other information she knew would be outside the scope of our (SNAP-Ed) programming but felt greatly affected the health of the participants was an information about how to actually use SNAP and initiatives that encourage community connectedness. They had an individual come in about how to use the ACCESS card, how to sign up for SNAP, and was able to answer general questions. Additionally, the center puts a large emphasis on preventing social isolation.

Next Steps

After revisions based on feedback, UNI developed the new draft needs assessment in Appendix 2. We plan to implement this in three additional senior centers to assess how the tool works in practice. We will make any further and final changes at that point. Based on other example tools and senior center feedback, UNI will develop a comprehensive toolkit that will integrate the educator experiences in completing the needs assessment at sites. It will also include detailed instructions, suggestions for changes based on the results, and provide a more aesthetically pleasing tool. Currently the tool does not provide scoring as this would weight certain changes more than others. With each center being so unique, a scoring system seemed inappropriate. However, it will be difficult to use this as a post assessment of changes to see if changes improve the environment of the center. We will continue to consider this as we complete the process. The finalized toolkit will be shared with the ME before being offered to other partners to test. UNI plans to submit this tool for the SNAP-Ed toolkit to be an approved Needs Assessment.

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Appendix 1: Original Draft Tool

Senior Center Nutrition and Physical Activity Needs Assessment:

Section 1 — Administrative Information

Instructions: Please complete all fields.

Date: _____

Person completing survey: _____

Title of person completing survey:

Senior Center Name :

Building/Address: _____

City/State/Zip: _____

Phone: _____

Community type (check one): Rural ___ Suburban ___ Urban ___

Number of patrons served by senior center: _____

Section 2:

Instructions: This section should be completed by or with the Senior Center Director or person/people that have a strong understanding of the center. For each statement, please circle one response indicating whether you strongly disagree, disagree, are neutral/unsure, agree, or strongly agree. Please note that the use of “we” refers to the senior center staff or senior center as a whole. Nutrition and physical activities initiatives/efforts describe things like promoting healthier options in vending machines, adding signs to encourage the use of stairs, or implementing physical activity classes

Organizational Thoughts:

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
It is important that our center promote the physical activity of the patrons.	SA	A	N	D	SD
It is important that our center promote the nutrition of the patrons.	SA	A	N	D	SD
Nutrition and physical activity efforts/initiatives would help meet the needs of our patrons.	SA	A	N	D	SD
Our patrons would enjoy nutrition and physical activity efforts/initiatives.	SA	A	N	D	SD
Our center would benefit from nutrition and physical activity efforts/initiatives.	SA	A	N	D	SD
Our staff generally cares about community wellness.	SA	A	N	D	SD
Our staff would want to implement nutrition/physical activity efforts/initiatives	SA	A	N	D	SD
Our leadership has a clear understanding of what is important in promoting nutrition/physical activity.	SA	A	N	D	SD
Our leadership has a clear understanding of how to move forward in implementing nutrition/physical activity initiatives.	SA	A	N	D	SD

Administrative Support:

Statement	Yes	No	Unsure/Comments
We have a staff member with job duties related to health promotion.	Y	N	
We have a staff member in charge of food services. (If you do not serve food, please leave this question blank)	Y	N	
We have a staff member in charge of physical activity programming.	Y	N	

Our center has a wellness committee whose efforts focus on enhancing physical activity and nutrition efforts/initiatives.	Y	N	
Our center offers prizes, awards, and/or recognition to people who participate in physical activity and/or nutrition initiatives.	Y	N	
Our center offers an onsite farmers market where fresh fruits and vegetables are sold.	Y	N	
Our center offers an onsite food pantry.	Y	N	
Our center offers physical activity classes or programming.	Y	N	
Our center offers nutrition education classes or programming.	Y	N	
Our center has a written policy related to:			
Nutrition standards for food served and/or offering healthy food options.	Y	N	
Nutrition standards for beverages served and/or offering healthy beverage options	Y	N	
Using healthy food preparation techniques	Y	N	

Section 3:

This section will ask about various initiatives or efforts already taking place. Questions will assess both the availability of nutrition and physical activity as well as the promotion of both topics. This may be filled out by an outside program or partner or could be filled out by Senior Center staff.

Physical Activity:

Statement	Yes	No	Unsure/Comments
Are the stairwells easy to find, attractive safe, clean, and accessible (eg with light, color, decoration and safe surfaces)?	Y	N	
Are the use of stairs as an alternative to elevators promoted for those able to use them (eg signage)?	Y	N	
Is there a dedicated space and equipment for exercise rooms or classes?	Y	N	
Is there a designated walking path on or near the center property?	Y	N	
Are there visible materials advertising physical activity efforts or initiatives happening at the center?	Y	N	
Are there physical activity education materials visible on the bulletin boards or the walls?	Y	N	

Nutrition:

Statement	Yes	No	Unsure/Comments
Are there healthy beverages offered with meals? (eg water, 100% fruit or vegetable juice)	Y	N	
Is there drinkable water available at all times?	Y	N	
Are the following healthy food options available:			
Vegetables and fruit	Y	N	
Whole-grains food	Y	N	
Low-fat dairy food	Y	N	
Lean protein items	Y	N	
Low-sodium items	Y	N	

Items containing little or no sugar	Y	N	
Are high-fat sauces, salad dressings, gravies, or condiments served on the side or was a reduced-fat version available?	Y	N	
Are healthy food preparation techniques used in the cafeteria?	Y	N	
Are there vending machines that have low-fat/low-salt products available?	Y	N	
Are there specific labeling or promotion to identify/advertise healthy foods in the vending machine?	Y	N	
Are there nutrition education materials visible on bulletin boards or the walls?	Y	N	
Are there visible materials advertising nutrition efforts or initiatives happening at the center?	Y	N	

Appendix 2: Revised Draft Tool

Senior Center Nutrition and Physical Activity Needs Assessment:

Section 1 — Administrative Information

Instructions: Please complete all fields.

Date: _____

Person completing survey: _____

Title of person completing survey:

Senior Center Name:

Building/Address: _____

City/State/Zip: _____

Phone: _____

Community type (check one): Rural ___ Suburban ___ Urban ___

Number of patrons served by senior center: _____

Section 2:

Instructions: This section should be completed by or with the Senior Center Director or person/people that have a strong understanding of the center. For each statement, please circle one response indicating whether you strongly disagree, disagree, are neutral/unsure, agree, or strongly agree. Please note that the use of “we” refers to the senior center staff or senior center as a whole. Nutrition and physical activities initiatives/efforts describe things like promoting healthier options in vending machines, adding signs to encourage the use of stairs, or implementing physical activity classes. Health promotion would include activities or interventions designed to assist patrons to make decisions that would benefit their health.

Organizational Thoughts:

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
It is important that our center promote the physical activity of the patrons.	SA	A	N	D	SD
It is important that our center promote the nutrition of the patrons.	SA	A	N	D	SD
Nutrition and physical activity efforts/initiatives would help meet the needs of our patrons.	SA	A	N	D	SD
Our patrons would enjoy nutrition and physical activity efforts/initiatives.	SA	A	N	D	SD
Our center would benefit from nutrition and physical activity efforts/initiatives.	SA	A	N	D	SD
Our center leadership generally cares about community wellness.	SA	A	N	D	SD
Our center staff generally cares about community wellness.	SA	A	N	D	SD
Our leadership would want to implement nutrition/physical activity efforts/initiatives	SA	A	N	D	SD
Our staff would want to implement nutrition/physical activity efforts/initiatives	SA	A	N	D	SD
Our leadership has a clear understanding of what is important in promoting nutrition/physical activity.	SA	A	N	D	SD
Our staff has a clear understanding of what is important in promoting nutrition/physical activity.	SA	A	N	D	SD
Our leadership has a clear understanding of how to move forward in implementing nutrition/physical activity initiatives.	SA	A	N	D	SD
Our staff has a clear understanding of how to move forward in implementing nutrition/physical activity initiatives.	SA	A	N	D	SD

Administrative Support:

Please circle Yes, No, or N/A. N/A would be used if a certain program would not apply to your center. If you are unsure of an answer, please leave it blank or ask another staff member who may know. If you circle No, but would like assistance implementing the activity or initiative, please indicate that in the comments.

Statement	Yes	No	N/A	Comments
We have a staff member with job duties related to health promotion.	Y	N	N/A	
We have a staff member in charge of food services. (If you do not serve food, please leave this question blank)	Y	N	N/A	
We have a staff member in charge of physical activity programming.	Y	N	N/A	
Our center has a wellness committee whose efforts focus on enhancing physical activity and nutrition efforts/initiatives.	Y	N	N/A	
If yes, does the wellness committee include patrons/participants?	Y	N	N/A	
Our center offers prizes, awards, and/or recognition to people who participate in physical activity and/or nutrition initiatives.	Y	N	N/A	
Our center offers an onsite farmers market where fresh fruits and vegetables are sold.	Y	N	N/A	
Our center offers an onsite food pantry.	Y	N	N/A	
Our center offers a Commodity Supplemental Food Program (CSFP) or “senior boxes”.	Y	N	N/A	
Our center distributes Seniors Farmers’ Market Nutrition Program (SFMNP) vouchers.	Y	N	N/A	
Our center offers physical activity classes or programming.	Y	N	N/A	
If yes: does the center offer “high impact” activities such as cardio or dance?	Y	N	N/A	

If yes: does the center offer “low impact” activities such as stretching or yoga?	Y	N	N/A	
Our center promotes nutrition and physical activity programming through a newsletter (online or in print)	Y	N	N/A	
Our center promotes nutrition and physical activity programming through social media.	Y	N	N/A	
Our center has a written policy related to:				
Nutrition standards for food served and/or offering healthy food options.	Y	N	N/A	
Nutrition standards for beverages served and/or offering healthy beverage options	Y	N	N/A	
Using healthy food preparation techniques such as baking or grilling rather than deep frying.	Y	N	N/A	

Section 3:

This section will ask about various initiatives or efforts already taking place. Questions will assess both the availability of nutrition and physical activity as well as the promotion of both topics. This may be filled out by an outside program or partner or could be filled out by Senior Center staff.

Physical Activity:

Statement	Yes	No	N/A	Comments
Are the stairwells easy to find, attractive safe, clean, and accessible (eg with light, color, decoration and safe surfaces)?	Y	N	N/A	
Are the use of stairs as an alternative to elevators promoted for those able to use them (eg signage)?	Y	N	N/A	

Is there a dedicated space and equipment for exercise rooms or classes?	Y	N	N/A	
Is there a designated walking path on, near, or in the center property? This may be a mapped area inside or clear area outside.	Y	N	N/A	
Are there visible materials advertising physical activity efforts or initiatives happening at the center?	Y	N	N/A	
Are there physical activity education materials visible on the bulletin boards or the walls?	Y	N	N/A	

Nutrition:

Statement	Yes	No	N/A	Comments
Are there healthy beverages offered with meals? (eg water, 100% fruit or vegetable juice)	Y	N	N/A	
Is there drinkable water available at all times?	Y	N	N/A	
Are the following healthy food options available during meal times:				
Vegetables and fruit	Y	N	N/A	
Whole-grains food	Y	N	N/A	
Low-fat dairy food	Y	N	N/A	
Lean protein items	Y	N	N/A	
Low-sodium items	Y	N	N/A	
Items containing little or no sugar	Y	N	N/A	
Are high-fat sauces, salad dressings, gravies, or condiments served on the side or was a reduced-fat version available?	Y	N	N/A	
Are healthy food preparation techniques, such as baking or grilling, used in the cafeteria?	Y	N	N/A	
Are there vending machines that have low-fat/low-salt/low-sugar products available?	Y	N	N/A	
Are there specific labeling or promotion to identify/advertise	Y	N	N/A	

healthier foods in the vending machine?				
Are there nutrition education materials visible on bulletin boards or the walls?	Y	N	N/A	
Are there visible materials advertising nutrition efforts or initiatives happening at the center?	Y	N	N/A	



PA SNAP-Ed/ EAT RIGHT PHILLY 2019 Annual Report



Inspiring health, wellness, and
better learning.

From the Desk of the PI....



The Drexel University, Department of Nutrition Sciences' Pennsylvania Supplemental Nutrition Assistance Program-Education (PA SNAP-Ed) / EAT RIGHT PHILLY Team is dedicated to the provision of quality nutrition education and interventions to empower participants to adopt healthy lifestyles. This year, this team of dedicated professionals provided education and interventions to over 40,000 students and adults in 76 schools and community sites in the city of Philadelphia.

Drexel's EAT RIGHT PHILLY team worked with School District of Philadelphia staff to creatively weave nutrition education into classrooms, educating students on the importance of nutrition and a healthy lifestyle. Educators also partnered with school and community organizations utilizing Policy, Systems, and Environment (PSE) approaches to further impact participants to make healthy lifestyle choices.

We have also fostered valuable relationships with the Promise Neighborhood Grant, the Lindy Center for Civic Engagement, the Dornsife Center, and the Stephen and Sandra Sheller 11th Street Family Health Center. Working together, we have developed successful programming and initiatives at several of our sites in the Promise Zone and at the 11th Street Family Health Center.

The Drexel University PA SNAP-Ed /EAT RIGHT PHILLY Team has continued to work diligently toward their goal of improving the health of our participants. Their hard work and dedication has helped to make a difference in the lives of students, parents and staff. Thanks to each of you for your role in making the PA SNAP-Ed/ EAT RIGHT PHILLY Program a success!

Stella L. Volpe, PhD, RDN, ACSM-CEP, FACSM

Principal Investigator, PA SNAP-Ed /EAT RIGHT PHILLY

Professor and Chair, Department of Nutrition Sciences

Goal of Nutrition Education in SNAP-Ed

To provide experiences that will “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 Dietary Guidelines for Americans and the USDA food guidance”. USDA SNAP-Ed Plan Guidance FY2019

Program Overview

Drexel University's EAT RIGHT PHILLY Nutrition Education Program is a Pennsylvania Supplemental Nutrition Assistance Education (PA SNAP-Ed) partner that provides free nutrition outreach programs and services to SNAP-eligible participants. Drexel's team is one of six partners with the School District of Philadelphia's (SDP) EAT RIGHT PHILLY Program. EAT RIGHT PHILLY partners provide interactive nutrition lessons, and interventions that engage and support students, families, staff, and the community in the quest to make the healthy choice the easy choice.

Strategies and interventions utilized to promote healthy behaviors include:

- Nutrition and Cooking Lessons
- Food Tastings
- Cooking Demonstrations
- Gardening
- School Wellness Initiatives
- Hydration Promotion
- Physical Activity Promotion
- Breakfast Promotion
- Food Access Initiatives



The Numbers....

\$1,859,945 Total Grant Award for 2018 to 2019

70 Schools and Charter Schools

6 Community Sites

3,725 Nutrition lessons conducted with students and adults

16,452 Students and adults who participated in direct education

101,909 Adult and student contacts through direct education

31,148 Participants reached through Policy, Systems, and Environmental (PSE) change strategies

Program Highlights

Building Skills: Nutrition and Cooking Education

Drexel's EAT RIGHT PHILLY Team delivers interactive nutrition and cooking lessons to students in kindergarten through 12th grades. Interactive activities are designed to enhance learning. Students receive a food tasting with every lesson.

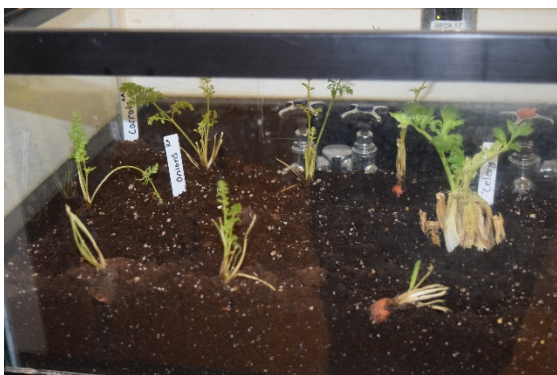
Hands-on cooking is used in many lessons to engage students, develop skills, build knowledge, and promote teamwork in students. This year, Drexel's EAT RIGHT PHILLY nutrition educators cooked with over **3,900** students, in **200** classrooms, in **43** middle and high schools.

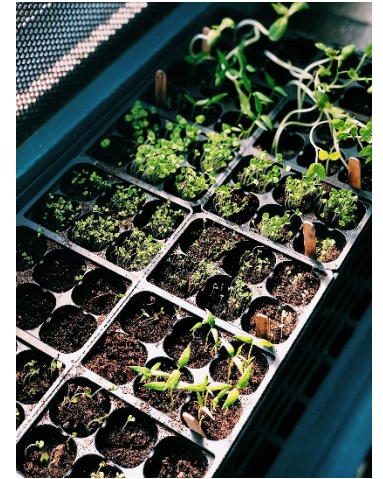
[For success stories featuring nutrition and cooking education, click here!](#)

Gardening: Connecting Plants to Our Food

Introducing children to the process of growing food is a valuable experience that enables students to connect growing food to the foods they eat. Drexel's EAT RIGHT PHILLY nutrition educators collaborated with teachers, volunteers, students, and other organizations to facilitate gardening projects. From planning and conducting lessons, to providing technical support, nutrition educators assisted in a variety of projects. Students enjoy the hands-on experience of working in the gardens, and then learning to use garden herbs and produce when preparing a healthy recipe.

[For success stories surrounding our gardening projects, click here!](#)





School Wellness Initiatives

Promoting student health and school wellness continues to be a priority for the EAT RIGHT PHILLY Team. From being a part of the School Wellness Committee, to joining with a school champion to lead a healthy initiative, nutrition educators worked on many projects to make a healthier school environment. Working with the SDP Office of Research and Evaluation (ORE), EAT RIGHT PHILLY nutrition educators worked with staff in **15** schools to complete the School Health Index (SHI) through the Alliance for a Healthier Generation's Healthy School Program. This tool allows schools to assess their school's level of meeting recommendations on various health related topics, and then, develop an action plan to address priorities.

School wellness interventions encompassed several areas including:

- Healthy Hydration
- Physical Activity
- Healthy Fundraisers
- Increasing Fruit and Vegetable Consumption
- Breakfast Promotions



Hydration Promotion

EAT RIGHT PHILLY has been working with SDP's GreenFutures sustainability plan and Get Healthy Philly to promote healthy hydration to the Philadelphia community. Throughout the year, nutrition educators led hydration promotions in about **40** sites, and distributed over **16,000** reusable water bottles. Students and adults were taught the importance of healthy hydration, and learned to change the flavor of their water by using a variety of fresh fruits, vegetables, and herbs. Students have been engaged in projects to educate their peers, encouraging water consumption and less sugar-sweetened beverages. Nutrition educators have also supported Get Healthy Philly and the Philadelphia Water Department's Campaign to [Drink Philly Tap](#), a program that educates the community on the safety, convenience, and affordability of drinking Philadelphia tap water.

[To learn more about the Saul High School hydration promotion project, click here!](#)



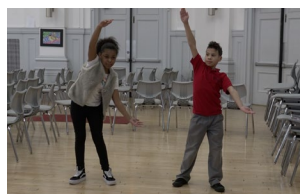


Physical Activity Promotion

Taking time in a busy day to get up, move, and refocus is another lifestyle change that the EAT RIGHT PHILLY Team promotes. Staff and students are encouraged to take short breaks throughout the day to engage in movement or brain breaks. During nutrition programming, nutrition educators will take a few minutes to lead students in a movement break. At the Philadelphia Charter School for the Arts and Sciences at H.R. Edmunds, the EAT RIGHT PHILLY nutrition educator worked with a group of 4th grade students to create fun movement break videos that can be used by any classroom to lead students in an activity break.

Drexel's EAT RIGHT PHILLY nutrition educators conducted training for teachers, providing tools, resources, and methods to incorporate movement breaks into daily programming. Drexel's EAT RIGHT PHILLY Team also conducted a training for partner EAT RIGHT PHILLY teams to help them gain confidence in using these techniques.

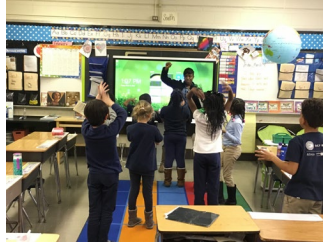
[For more information on movement breaks, or to view the wonderful movement break videos created by our students at the Philadelphia Charter School for the Arts and Sciences at H.R. Edmunds, click here!](#)



1 - The Philadelphia Charter School For Arts And Sciences At H.R. Edmunds practicing for their movement break video debut!



2 - Students and staff at Kensington CAPA participated in a month-long daily step challenge using their EAT RIGHT PHILLY pedometers!



3 - Nutrition educator Vanessa decided to lead her students at Chester A. Arthur School in a mid-lesson movement break.

Breakfast Promotion

It is well known that eating breakfast gives students the energy they need to learn. To encourage more students to eat breakfast, the EAT RIGHT PHILLY Team has continued their partnership with the SDP's Food Service Department to promote increased participation in school breakfast. In addition to providing lessons on the importance of breakfast, nutrition educators held school-wide breakfast promotions throughout the school year, and especially during National School Breakfast Week. Nutrition educators engaged students by holding raffles, challenges, and playing trivia games during school breakfast to increase participation. In some schools, students assisted with the promotion by making posters, reading announcements, and initiating flavoring bars in the cafeteria to encourage fellow students to participate and spice up their meal.



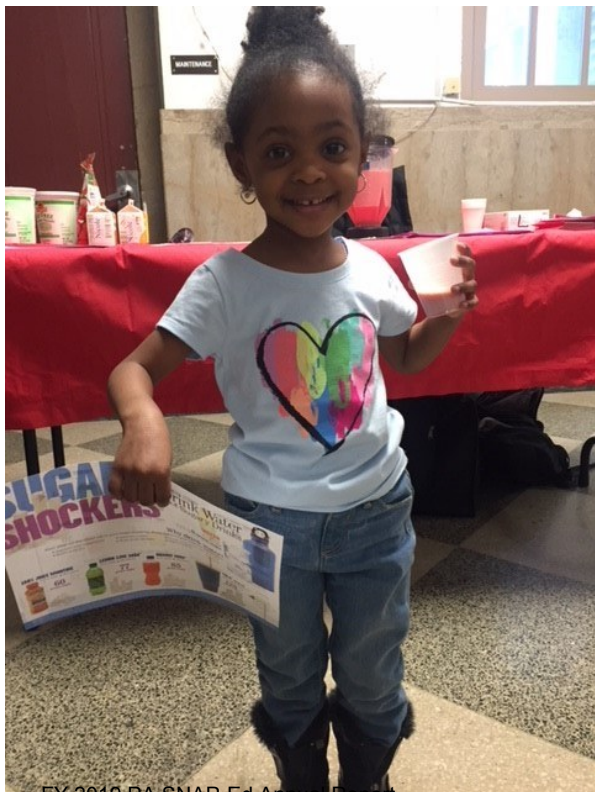
4 - Nutrition Educator Alyssa Kalter worked with students to take on the School District of Philadelphia's Mad for Breakfast Challenge!

Food Access

EAT RIGHT PHILLY has been working with community partners to promote various food access opportunities. EAT RIGHT PHILLY educators provide food demonstrations, food tastings, recipes, nutrition information, and other resources to participants during food distribution.

Drexel's EAT RIGHT PHILLY Team has worked with the following partners this past year:

- Philabundance Fresh For All Program at Dobbins High School
- Philabundance Backpack Program at Tilden Middle School and Kensington Health Sciences Academy
- Food Pantries at Mantua Haverford Community Center, Tilden Middle School, and Locke Elementary School





Community Partnership Highlights

Promise Zone

This year, Drexel's EAT RIGHT PHILLY Team partnered with six schools and four community sites in the West Philadelphia Promise Zone to provide a variety of nutrition education programming. Nutrition educators taught in-class nutrition lessons, provided food tastings, and attended after-school programs. Nutrition educators also participated in and promoted student engagement in numerous school wellness activities.

Drexel's EAT RIGHT PHILLY Team also collaborated with Drexel's West Philadelphia Promise Neighborhood Team, who initiated monthly SHARE produce stands in five Promise Zone schools. These produce stands bring low cost fruits and vegetables to the school and community. The stands began in September 2018, and EAT RIGHT PHILLY nutrition educators provided samples of a healthy recipe that could be prepared using ingredients available at the stand, as well as recipe cards for participants to take home. These stands will continue monthly throughout the 2019 to 2020 school year.



[Dornsife Center for Neighborhood Partnerships](#)

Drexel's EAT RIGHT PHILLY Team has been working with our partners at the Dornsife Center for Neighborhood Partnerships to provide interactive cooking classes for the local community. Every other week, Nutrition Educator Alyssa Kalter has been teaching participants about nutrition and relating it to simple, tasty, healthy recipes. Participants enjoy the hands-on cooking and interactive format of the lessons. Alyssa also connected with staff working in the Dornsife Garden. This partnership enabled her to expand the nutrition lessons to include gardening concepts. Participants visited the garden, discussed the produce, and then returned to the kitchen to demonstrate how to incorporate garden produce into a delicious recipe.

[Stephen and Sandra Sheller 11th Street Family Health Services](#)

For the second year, Drexel's EAT RIGHT PHILLY Team collaborated with the Team at Drexel's Stephen and Sandra Sheller 11th Street Family Health Services. In addition to continuing nutrition education with the Supportive Older Women's Network (SOWN) group, nutrition educators also taught workshops and helped to promote their Farm to Families produce distribution. The Farm to Families program is run by St. Christopher's Foundation for Children, and provides a weekly delivery of fresh produce boxes from the Lancaster Farm Fresh Co-operative. Drexel's EAT RIGHT PHILLY nutrition educators provided nutrition education and cooking demonstrations during the Farm to Families pick-up times. The recipes prepared utilized the produce from that week's box. Participants enjoyed learning new ways to use the fresh fruits and vegetables, and others signed up to receive a box the following week.

Drexel's EAT RIGHT PHILLY Team also produced recipe videos related to our monthly food tastings. Each month, the highlighted food item was incorporated into a healthy, tasty recipe. The EAT RIGHT PHILLY Administrative Assistant, Bethany DePoy used her filming skills to create a video demonstrating how to make the recipe. These videos were featured monthly on the monitors in the waiting room at the Stephen and Sandra Sheller 11th Street Family Health Services.

[Looking for some recipe videos that our staff "whipped up"? Click here!](#)







Community Schools

Through the Mayor's Office of Education (MOE), Drexel's EAT RIGHT PHILLY Team partnered with seven Community Schools to join efforts to promote a healthier school and community environment. The MOE provides each designated Community School with a coordinator who brings partners together to address needs of the school community. Drexel's EAT RIGHT PHILLY Team provides support on related wellness initiatives. This year, EAT RIGHT PHILLY provided classroom education, cooking lessons, food tastings, water promotions, physical activity promotions, breakfast promotions, food access partnerships, and support with various other projects at the following Community Schools:

- Alain Locke School
- George Washington High School
- Kensington Health Sciences Academy
- Murrell Dobbins CTE High School
- Samuel Gompers School
- South Philadelphia High school
- Tilden Middle School



Youth Engagement: Student Internships in Community Schools

Through a partnership between the Mayor's Office of Education and Get Healthy Philly, two students were hired at each Community High School as a Healthy Community Intern, working on wellness-focused projects during the 2018 to 2019 school year. The interns collaborated with their mentors, the Community School Coordinator and one of Drexel's EAT RIGHT PHILLY nutrition educators, to determine the best project for each school. Throughout the year, interns and mentors worked to plan and implement their chosen projects. Interns learned valuable skills such as, communication, teamwork, advocacy, and leadership.

The projects included:

- South Philadelphia High School: Hydration Promotion including peer education on water consumption and infused water tastings
- Kensington Health Sciences Academy: School Breakfast Promotion, including surveying students about school breakfast and the development of a 'flavor station' to encourage Breakfast and Lunch participation
- Murrell Dobbins CTE High School: Community Dinner planning and implementation, as well as, breakfast promotion through encouraging messages and enhancing the appearance of breakfast carts.
- George Washington High School: Created a student-driven, Cultural Cookbook and organized garden clean-up during Martin Luther King Day of Service





Lindy Center For Civic Engagement Interns

Drexel's EAT RIGHT PHILLY Program partnered with the Drexel University Lindy Center for Civic Engagement to serve as a site for a student internship. The selected student volunteered with the EAT RIGHT PHILLY team to learn about this PA SNAP-Ed program and assist with planning, preparing, and implementing programming.

Program Evaluation

PA SNAP-Ed Statewide Evaluation

Drexel University's EAT RIGHT PHILLY Team was excited to add a Post-Doctoral Fellow, Abigail Gilman, PhD, RD, LDN, to the staff this year. Dr. Gilman works directly with Dr. Stella Volpe, the Principal Investigator. She also works with the Program Director, Judy Ensslin, and Assistant Director, Jessica Cullison, where they lead the Drexel Team in PA SNAP-Ed statewide and an EAT RIGHT PHILLY Pilot Study. The Elementary School Nutrition Monitoring Survey was conducted in fourth through sixth grade classrooms at two elementary schools. Select classrooms received baseline and post-intervention surveys utilizing the School Physical Activity and Nutrition Survey. The intervention classrooms received lessons, food tastings, and other nutrition programming that was occurring at the school.

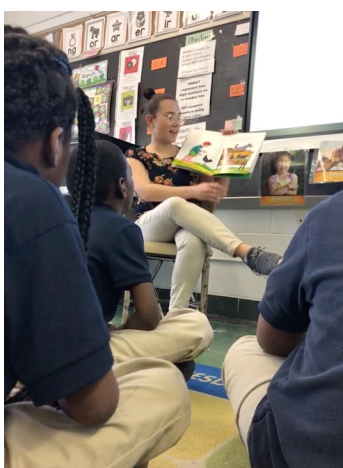
A High School Nutrition and Physical Activity Survey was administered to 300 high school students who received series education. Students received a baseline and post-intervention survey utilizing the modified Youth Risk Behavior Surveillance Survey with calcium questions from a University of Minnesota Food Frequency questionnaire. The goal was to assess student behaviors in regards to food and physical activity choices.

In the adult population, Drexel EAT RIGHT PHILLY Team administered the University of California at Davis Food Behavior Checklist survey to groups of adults who participated in a series of four or more workshops. Baseline and post-intervention surveys were administered.



Drexel EAT RIGHT PHILLY Program Evaluation

In addition to the statewide evaluations, Drexel's EAT RIGHT PHILLY Team completed a pilot study on the "Feasibility of a Teach-the-Teacher Model for the Provision of Supplemental Nutrition Assistance Program-Education Direct Education". The purpose of this pilot study is to look at the effectiveness of training teachers to administer direct education nutrition lessons to students in order to allow PA SNAP-Ed nutrition educators more time to spend on Policy, Systems, and Environment initiatives in the school community. The pilot study proved to be successful and is the basis of a larger study to be conducted in the next fiscal year.



What Are the Teachers Saying...

Drexel's EAT RIGHT PHILLY Program also asked the teachers in the SDP and Charter schools their opinions of the programming through an annual teacher online survey. The feedback was reviewed and analyzed for improvement opportunities. The survey focuses on nutrition education programming, food tastings, hydration, and the use of movement breaks. The data are helpful to help us identify challenges, trends, and successes. When asked, "What is the most successful part of working with EAT RIGHT PHILLY", responses included:

"My students were excited to try nutritious foods that they would otherwise not try at home."

"Students become curious about new foods."

"Students getting the chance to prepare foods for their classmates was empowering for them."

“Students enjoyed the hands on food preparations. It allowed me to see different strengths in my students.”

“Students are carrying water bottles, are eating healthy foods more, and eating more breakfasts.”

“The hydration campaign was great! The kids (especially the athletes) loved the (reusable) water bottles.”

Special Thanks to the EAT RIGHT PHILLY Team

The Team

Principal Investigator: Stella Volpe, PhD, RDN, ACSM-CEP, FACSM

Program Director: Judy Ensslin, MS, RDN, LDN

Assistant Director: Jessica Cullison, MS, RDN, LDN

Administrative Coordinator: Kusuma Schofield, MEd, MPH

Program Managers:

James DiDomenico, MS

Melissa Matsumura, MS, RD, LDN

Administrative Assistant: Bethany DePoy, MBA

Administrative Assistant: Alina Marhefkha

Post-Doctoral Fellow: Abigail Gilman, PhD, RDN

Program Assistant/Nutrition Educator: Kristin Prendergast

Project Coordinator: Alyssa Kalter, MBA

Nutrition Educators:

Alexis Sangalang-Pepper

Victoria Sutton

Danielle Juristch

Aubrey Redd, MS

Allysandra Aponte

Vanessa Altidor

Christina Branton-McMillon

Student Employees:

Sumer Al-Ani

Kathleen Bell

David Cover

Abigail Keller

Leslie MacManus

Rushali Parekh

Emily Hayden Riahi

Julia Rovera

Arghyadeep Sarkar

Ana Veloso

Roselyn Zeyl

Caichen Zhong

ISPP Interns:

Kellsey Shepard

Jacqueline Walther

SLA @ Beeber Middle School Intern:

Alaina Thomlinson

Lindy Center for Civic Engagement Intern

Marie Nrekaj

Looking to reach out? There are several ways to get in touch!

For a general program overview: www.drexel.edu/nutritioneducation

For curriculum and programming materials: <https://sites.google.com/view/nutred4philly/home>

Via Email: nep@drexel.edu

Via Phone: 215-895-2422

Via Snail Mail: Drexel University 1601 Cherry Street, Suite 110 Philadelphia, PA 19102

We would love to hear from you!

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.

FY19 Reporting Evaluation of Emerging Curriculum/Approach

Health Promotion Council

Name of Project

Effectiveness of a Training and Technical Assistance Model for Food Service Departments

Project Goals (specifically those evaluated)

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

1. Baseline Goal Setting and Follow Up Assessment Tool used to measure change over time at the site level including goal setting on implementing strategies to achieve healthier meal service (such as using menu templates, serving a vegetarian meal, and eliminating deep frying as a method of food preparation)
2. Pre/Post Test used to measure knowledge change of Collaborative Training participants. Training content covered includes general nutrition, healthy food preparation practices, menu development, and fundamental culinary skills
3. Satisfaction surveys at Collaborative Trainings used to measure training content and overall training experience among participants
4. Assessment of technical assistance administered to sites and staff during these sessions and subsequent follow up sessions to support and facilitate changes in foodservice practices
5. Meal satisfaction surveys used to measure food quality and choices provided among residents and clients

Evaluation Design

Describe the population being evaluated and its size.

The target audience is Food Service Departments serving meals to SNAP eligible populations across the City of Philadelphia. All constituents of targeted Food Service Departments are SNAP-eligible, including but not limited to families and adults experiencing homelessness, adults housed in a City-funded assisted living facility, early child education facilities, and other community centers. The training and technical assistance program is currently active in seven (7) sites within the city of Philadelphia.

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

N/A

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

N/A

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

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.

1. Collaborative Trainings:
 - a. Individual change in knowledge via pre/post-test administered to all training participants
 - b. Satisfaction of training content and overall training experience via survey administered to all training participants
2. Site Specific Technical Assistance: adoption of strategies selected via baseline and follow up goal setting assessment tools
3. Meal Satisfaction Survey: Satisfaction of meals prepared and provided by site via survey administered to residents and clients

Describe the points at which data were collected and how.

1. Collaborative Trainings:
 - a. Satisfaction surveys were administered at the end of each collaborative training
2. Site Specific Technical Assistance:
 - a. Attendance recorded at site specific technical assistance sessions
 - b. Baseline Goal Setting Assessment Tool completion
 - c. Number and type of strategies selected
 - d. Successful adoption of selected strategies
3. Meal Satisfaction Survey:
 - a. After initial goal setting tool was administered, sites that selected the priority area - *Menu Planning* were offered the opportunity for HPC to conduct a meal satisfaction focus group

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

N/A

Findings

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

Individual & Group Based Education Strategies:

1. Collaborative Trainings: *(materials and supplies were funded by the American Heart Association (AHA))*
 - a. HPC conducted 3 trainings that focused on general nutrition, healthy food preparation practices, menu development, and fundamental culinary skills.
 - b. A total of 9 participants attended the trainings. Participants were food service staff who serve SNAP eligible populations.
 - c. Pre/Post-tests were not conducted in FY19. They will be created and administered to participants during Collaborative Trainings in FY20.
 - d. Satisfaction Surveys were administered at the end of the Collaborative Trainings in FY19. Data from these surveys will be aggregated and disseminated in FY20. Findings from these surveys will be used to improve training experience and content for FY20.

2. Baseline Goal Setting Tool Assessment:
 - a. 7 sites completed the Baseline Goal Setting Assessment Tool.

3. Site Specific Technical Assistance:
 - a. 6 sites received training and technical assistance that addressed site-specific needs and provided support to successfully complete strategies selected.
 - b. A total of 21 participants received training and technical assistance through group or one-on-one trainings.

4. Meal Satisfaction Surveys:
 - a. HPC conducted a meal satisfaction focus group at 1 site.
 - b. 10 participants completed the meal satisfaction survey.

<u>Site</u>	<u>Priority Area Selected</u>	<u>Strategies to be achieved based on selected priority areas</u>	<u>Completed? Y, N, In progress</u>
Our Brothers' Place	Menu Planning	All staff cook from the same recipes	IP
	Increase variety & freshness of fruits and vegetables	Provide a self-serve salad bar	Y
McAuley House	N/A	N/A	Site is undergoing staff transition
St. John's Hospice	Food Safety	Create a cleaning schedule	IP
Women Against Abuse – Ameya's Place	Increase variety & freshness of fruits and vegetables	Provide a self-serve salad bar	IP

Women Against Abuse – Carol’s Place	Participant Meetings	Get feedback from participants/residents about the menu	IP
People’s Emergency Center	Menu Planning	Plan a menu that has variety	Y
Sunday Breakfast	Participant Meetings	Get feedback from participants/residents about the menu	IP

Marketing Strategies: HPC reached out to 15 sites via phone calls, emails, and in-person meetings to gauge interest in receiving services through SNAP-Ed. Of those 15 sites, 7 were interested in training and technical assistance services. Flyers and posters were developed to promote programming and distributed to appropriate Food Service Department providers.

Policy Systems and Environmental Changes:

1. HPC coordinated 3 Collaborative Trainings that were offered to kitchen staff from multiple Food Service Departments.
2. HPC delivered technical assistance at 6 sites for kitchen staff to get hands on training to successfully prepare and serve healthy recipes during meal service.
3. HPC continues to attend Philadelphia Food Policy Advisory Council (FPAC) and the Philadelphia Food Access Collaborative (PFAC) meetings to seek opportunities to inform and influence policy makers.

Description of how evaluation results will be used:

1. Determine the feasibility of adapting a training and technical assistance model to improve the nutrition standards and/or healthy food selection practices at eligible Food Service Departments serving meals to SNAP eligible populations.
2. Assess the effectiveness of a training and technical assistance for Food Service Departments to adopt healthier meals and preparation practices.
3. Inform individual sites of areas of growth to promote the preparation and consumption of healthier meals.
4. Inform City Agencies to improve food selection and distribution practices Food Service Departments at the City level.

Point of Contact

Anita Anim, MPH, RD, LDN
 Health Promotion Council
 Program Manager, Nutrition and Active Living
 aanim@phmc.org
 215-731-6108

FY19 Emerging Evaluation Approach and Findings

Project Title: Heart Smarts at Food Pantries, Produce Stands and Farmers Markets

Background: Heart Smarts is a direct education, PSE change and social marketing intervention that combines healthy food access, nutrition education and health and social services for SNAP-Ed eligible individuals to improve their health and reduce their risk of diet-related disease. The program was originally piloted and approved for the store setting with a focus on corner stores. The updated Heart Smarts curriculum has been adapted for use in all retail settings with nine lessons (the original curriculum was eight) including fruits and vegetables, whole grains, calcium, lean proteins, sodium, prepared foods, sugar-sweetened beverages, snacks and plan, shop and save, with nutrition-focused tip cards and visuals accompanying the lessons.

Each lesson includes key talking points, taste tests, recipes, site tours (when applicable), healthy food incentive coupons¹ and health screenings² (for blood pressure, weight checks, and healthy lifestyle counseling and referrals). Technical assistance and training are provided to site staff to support PSE changes including healthier stores, food pantries, produce stands, supermarkets and farmers markets. After each lesson, a survey is administered, providing the ability to assess program outcomes and track participants over time.

Previous findings demonstrated that Heart Smarts improves both the health efficacy and behavioral intent of participants: 89% of participants surveyed agreed or strongly agreed with the statement “After today’s lesson, I feel like I know how to make healthy food or drink choices”, and 80% planned to make changes to the foods and drinks they buy at the site based on the day’s lesson. The Food Trust also monitors environmental changes in the stores over time demonstrating most sites introduced at least 4 new healthy items including at least one fruit or vegetable.

Objectives: The purpose of this emerging intervention was to revise the Heart Smarts Curriculum and to establish the evidence base in all retail settings:

1. Revise the curriculum to meet the needs of SNAP eligible persons who frequent retail settings in schools and communities.
2. Pilot the revised curriculum to evaluate the extent to which the curriculum meets the needs of the target population in a variety of settings.
3. Evaluate participant outcomes of the revised curriculum to establish an evidence-base to ensure that the revisions are needed and appropriate for the target population.

Based on the SNAP-Ed Evaluation Framework, the following outcome indicators were used to evaluate the Heart Smarts intervention progress and success ST1, ST2, ST7.

Methods: In FY’19, the Heart Smarts Curriculum was piloted in food pantries, produce stands and farmers markets, and continued to be used in corner stores and supermarkets. The curriculum required minor modifications to accommodate the needs of participants at school- and community-based

¹ Non- SNAP-Ed funded, when available

² Provided by Health Care Partners, when available

settings. The original Heart Smarts curriculum did not include a lesson on food resource management, which is especially appropriate for food pantry participants and of value for all participants. Since produce stands and farmers markets only sell fruits and vegetables, recipes needed to be adapted to include additional food demonstrations/tastings that utilized the produce sold at these sites. Additionally, site tours are not needed at a produce stand or farmers markets. Nine lesson specific post-surveys were administered after each lesson evaluating the lesson’s objectives.

The lessons were delivered with fidelity by PA SNAP-Ed educators and well received by participants in all sites. A Food Trust educator administered the surveys to individuals which included SNAP-Ed demographic data. All surveys were scanned, cleaned, analyzed in SPSS and interpreted to determine if participants at the new settings responded as favorably to the curriculum as those from the original store sites.

Sample Size: The Heart Smarts curriculum was delivered throughout FY ’19 to 5,500 SNAP-Ed eligible individuals who participated in the lessons and completed the evaluation in all setting types through The Food Trust educators and PA SNAP-Ed partner CEO People to People in food pantries. The highest participation of surveys included in this analysis was in small retail stores; the lowest was at large retail sites.

Sample Size by Setting Type	
Site Type	N (percent)
Small Retail	2,145 (.39)
Large Retail	401 (.07)
Produce Stand	930 (.17)
Food Pantry	1277 (.23)
Farmers Market	748 (.14)
Total	5501

Findings:

Participants across all program settings responded in a similar fashion, compared to the results seen with the original store sample. No significant differences were found across program site types as shown in the table below for self-reported vegetable consumption. Results for other objectives showed similar trends and no significant differences. There were, however, a few small non-significant differences across settings. Among those attending farmers markets, a slightly larger increase in vegetable consumption (mean = 3.29) was observed; at small retail sites, a slightly lower consumption of vegetables was reported (3.05). Given that people come to farmers markets to purchase fruits and vegetables and most people go to corner stores to buy a variety of food types, these findings were not surprising.

Differences were also observed when asked if they had previously participated in a SNAP-Ed lesson, with most participants at small retail settings responding positively (77.5%); approximately half of those attending lessons at farmers markets (57%), food pantries (53%) and produce stands (51%) reported attending a previous participation. A small number of individuals at large retail settings (6%) indicated previously speaking with a SNAP-Ed educator. At community settings, repeat participation in the lessons appears to be more frequent with those participating at large retail settings often shopping on different days and times with minimal repeat participation. Average repeat participation across all sites was slightly less than three times.

Self-Reported Intent to Change by Setting Type	
Site Type	Vegetable Consumption Mean (Std Deviation)
Small Retail N = 2,145	3.05 (1.15)
Large Retail N = 401	3.21 (1.08)
Produce Stand N = 930	3.19 (1.19)
Food Pantry N = 1277	3.18 (1.26)
Farmers Market N = 748	3.29 (1.22)
Total N = 5501	3.15 (1.18)

These results demonstrate that the updated version of Heart Smarts is as effective as the original version in influencing knowledge of healthy food items and intended behavior change across setting types. The combination of nutrition education, financial incentives, health screenings and PSE changes appears to be an effective method for reaching high-risk individuals across a range of retail settings, leading to intent to choose healthier foods and self-reported behavior change.

FY19 Emerging Evaluation Approach & Findings

Project Title: Utilizing Social Network Analysis to Study Multi-Sector Partnerships

Goals:

Social Network Analysis (SNA) supports the goal of improving access to healthy, nutritious food and utilizes an innovative evaluation approach that contributes to a better understanding of how to develop partnerships to support coordination of SNAP-Ed goals to increase the likelihood that SNAP-Ed eligible persons will choose a healthy diet and physically active lifestyle.

In FY'19 SNA was used to evaluate the connections and relationships between sectors working to promote healthy eating and physical activity. This analysis is leading to additional strategic and collaborative multi-sector partnerships to increase the community's capacity to improve access to healthy foods and nutrition education. Learnings from the SNA will serve as a model to other PA SNAP-Ed partners to build and strengthen multi-sector partnerships.

Through this SNA project, we are providing a platform for those doing food-related work in the Kensington/Fairhill/Harrowgate communities of North Philadelphia (areas with some of the highest rates of obesity and poverty in the City) to come together, identify goals, needs and assets and discuss ways that by working together we can better reach and impact the people we are trying to serve. We expect this work to increase our collective capacity and maximize our existing resources to help everyone meet their own goals, as well as newly identified collective goals.

Our initial goal was to bring together those who focus on food, so we can align and be better poised to support efforts that impact community health. Our larger goal was to also incorporate partners who work on other social determinants of health (e.g., housing, transportation, addiction/recovery, employment, mental health, social inclusion, etc.) in recognition that to have the greatest impact we need to have a comprehensive approach to our work.

Indicators measured through SNA included:

- Types and number of sectors represented in the partnership or coalition (ST8a)
- Number of partner agencies within each sector, and the roles and resources contained within the partnership or coalition (ST8b)
- Stage of coalition or partnership maturity, as measured by the documented level of active engagement (ST8c)
- Network analytics documenting integration and participation within the partnership, including collaboration network density, average degree, and centrality (ST8a-d)

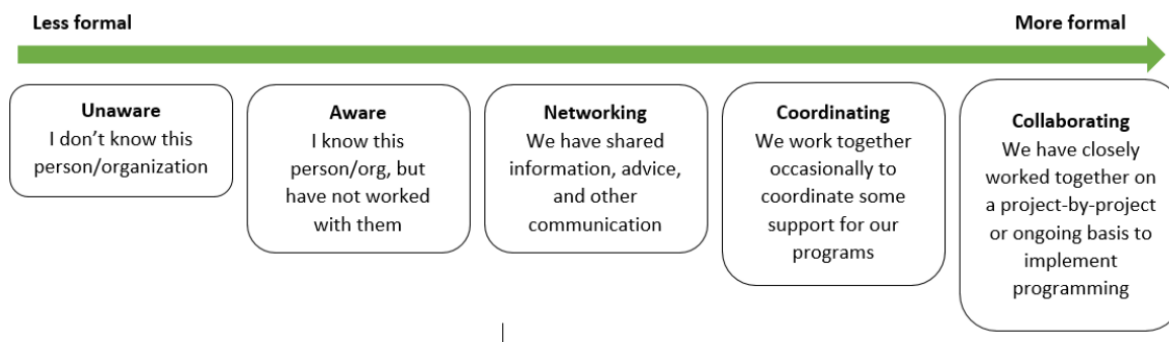
Evaluation Design

Method & Sample Description and Size

SNA was used to explore relationships of SNAP-Ed partners working in the Harrowgate, Kensington, and Fairhill (HKF) neighborhoods of North Philadelphia, PA. The SNA survey was designed using an online survey platform and was distributed via email to individuals who registered for a Healthy HKF community convening event within the first two weeks of the event invitation. The SNA survey was used at the inception of the Healthy HKF network before partners convened in March, 2019, for the first time

to measure a true baseline of partnerships on food access and nutrition education in the HFK neighborhoods. Depth of relationships was measured on a 5-point scale from unaware (0) to collaborate (4). Figure 1 below shows the full relationship scale, including definitions, that was used to determine strength of the Healthy HFK network. Each survey respondent was asked to identify their organization’s level of relationship, in connection to their food-related work in the past year, with all other organizations invited to take the survey.

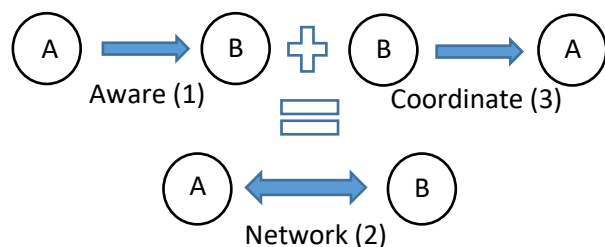
Figure 1. SNA Relationship Scale



A total of 25 organizations were invited to complete the baseline survey. Fifteen organizations/28 individuals ultimately completed the survey for a 60% organizational response rate. Individuals completed the survey from the perspective of their organizations – some organizations had multiple representatives complete the survey, while others only had one. For organizations that had multiple respondents, an average of their responses was used to create one organizational ‘score.’

The network was created using the average level of reported relationships between organizations, meaning that all relationships were mutual (Figure 2).

Figure 2. Example of Average & Mutual Relationships



Findings

Network Representation (ST8a, b): While all survey respondents were connected in some way to food access and nutrition education work in the HFK neighborhoods, they also represented organizations working at various levels within government and community.

In total, respondents represented:

- 8 non-profit organizations

- 2 city agencies
- 1 academic institution
- 2 health agencies
- SNAP-Education (not included in non-profit category above)
- Other - 1

In addition to food access and nutrition education, organizations also worked within community arts, homelessness, healthcare, community development, public health, urban agriculture, and public services.

Stage of Relationships (ST8c): Respondents were asked to report their partnerships on food-related work on a scale from 0 (unaware) to 4 (collaborate). Figure 3 below shows the overall Healthy HKF network. At baseline, the network had 52% of all possible ties with no isolates who were completely unconnected to the network. The thickness of each tie in the network represents the strength of the partnership, with thicker lines being deeper relationships. Organizations located closer to the center of the network had the highest number of reported ties with other organizations.

Figure 3. Overall Healthy HKF Network (Feb 2019, n=28)

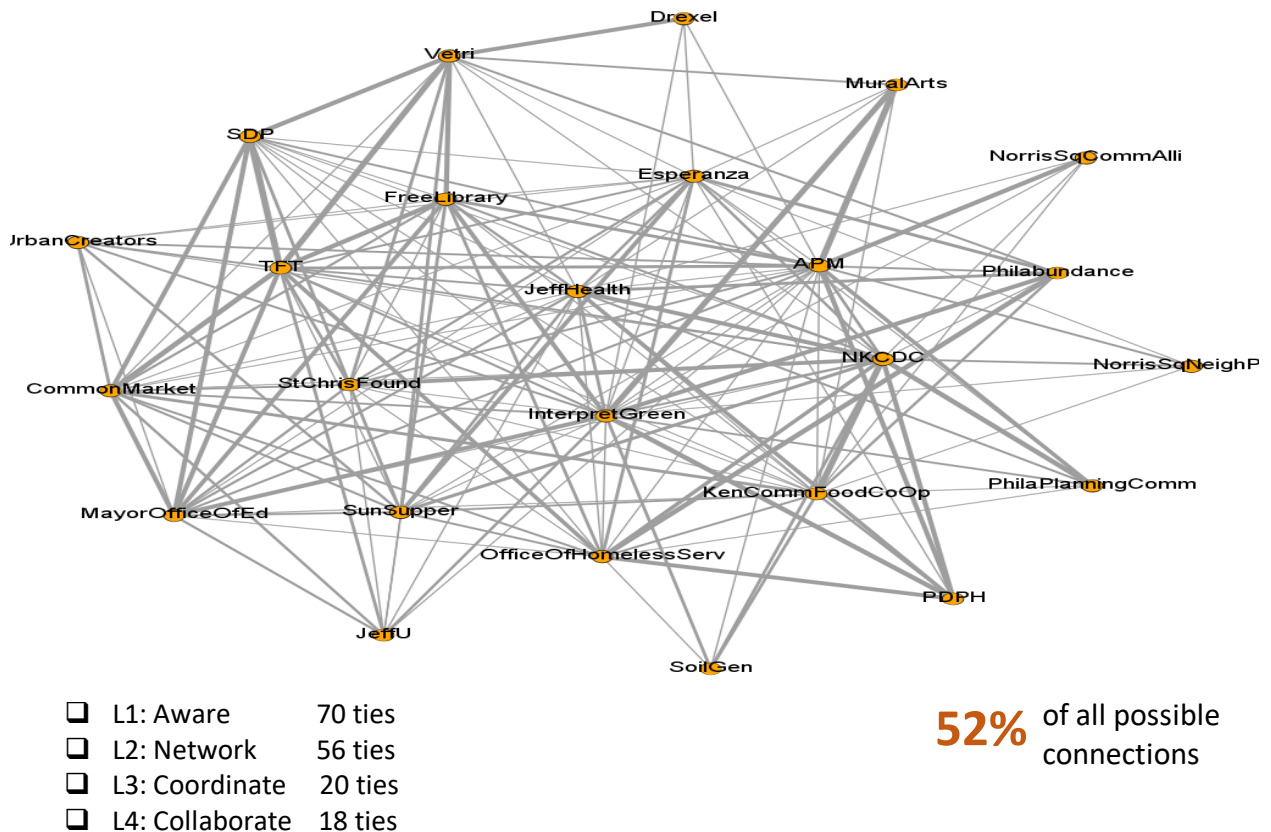
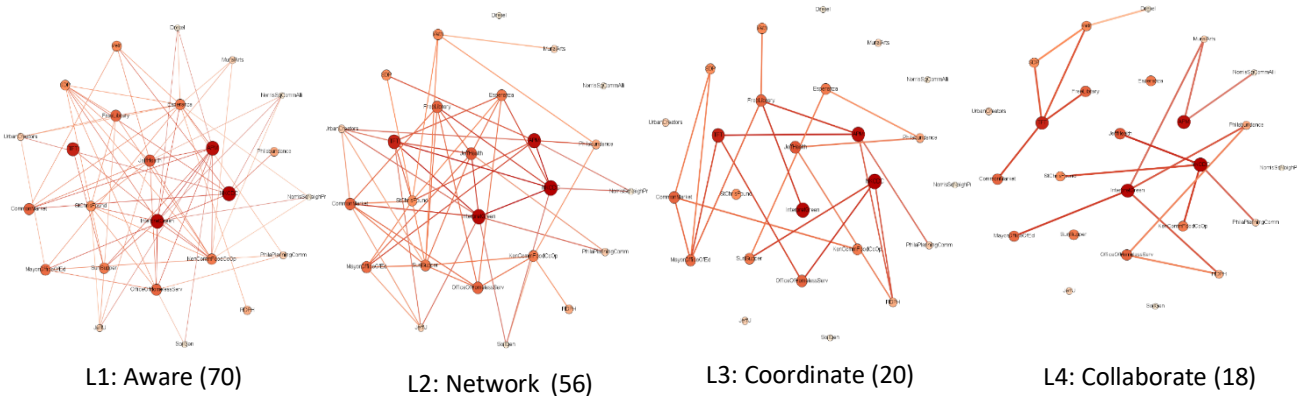


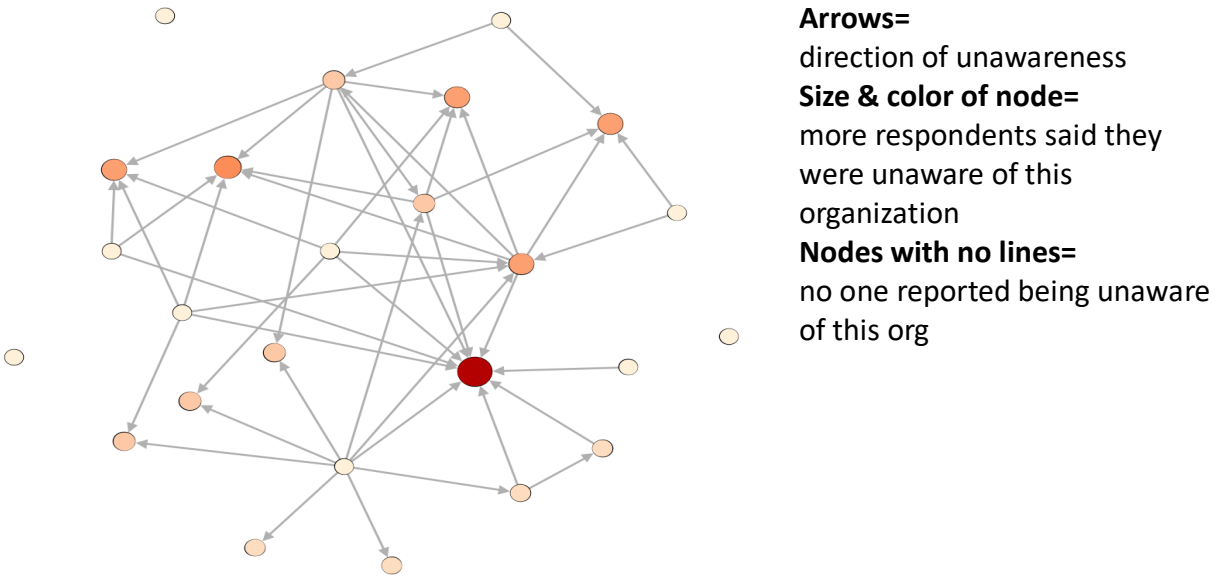
Figure 4 shows the varying stages of baseline partnerships among survey responses. While the network was highly connected (70 ties) at the awareness level, there is room to deepen relationships to networking, coordinating, and collaborating. This finding aligned with The Food Trust’s expectations at baseline. Moving forward, we expect the number of ties to decrease for awareness and increase for network, coordinate, and collaborate. Although we don’t expect all partners to be working at the collaborating level, we do expect the overall number of ties to shift to the right (deepened connections).

Figure 4. Separate Relationship Networks



The method of calculating average reported relationships between partners resulted in no isolates in the overall network. While our network was well connected when looking at shared relationships between organizations, there were still opportunities for partners to get to know one another. Figure 5 represents the ‘unaware’ level of relationship, meaning one organization reported not being aware of another. There were 45 instances of one organization being unaware of another. Through future TFT convenings and actively working to bring organizations together, we expect to see unawareness decrease quickly over time.

Figure 5. Unaware Network



Network Statistics (ST8a-d):

The baseline *network density* of the Healthy HKF network was 0.52 or 52%. Network density measures the number of lines in a network, out of all possible lines. Network size influences a network's density - larger networks will have lower density because the number of possible lines increases as the number of organizations in your network increases. Therefore, overall network density is not a good indicator for comparing different networks. Additionally, density does not account for strength of relationships – a tie is a tie, no matter the strength.

The baseline *average degree* of the Healthy HKF network was 13.12, which represents the structural cohesion of the network. This is the main statistic that will be used to assess change in our overall network over time. At the one-year follow up measure, it is expected that this number will be higher.

The baseline *all degree centralization* of the Healthy HKF network was 0.45, which represents a moderate level of variation. A higher level of variation/centralization represents a more efficient network, or one in which information and communication can travel most efficiently and reach a greater number of organizations.

Implications & Next Steps (add more)

The baseline findings from the Healthy HKF Social Network Analysis allows The Food Trust to understand what types of relationships existed prior to additional convening work. Throughout FY19, The Food Trust used a variety of methods to engage with organizations in the network and help facilitate new connections between others. The same SNA survey will be used in FY20 to assess how relationships have changed over time. It is expected that overall network density, average degree, and all degree centralization will all increase.

List of Groups Participating in the SNA

- Free Library of Philadelphia
- Esperanza Health Center
- The Common Market
- New Kensington CDC
- St. Christopher's Foundation for Children
- Mayor's Office of Education
- Kensington Community Food Coop
- Jefferson
- Interpret Green
- Jefferson - Health Design Lab
- Jefferson Health
- Sunday Suppers
- Common Market Mid-Atlantic
- Vetri Community Partnership

Kensington Community Meals
School District of Philadelphia - Eat Right Philly/SNAP-Ed
Philadelphia Food Access Collaborative
Asociacion Puertorriquenos en Marcha
Urban Creators
TFT
Health Promotion Council

FY19 Reporting Evaluation of Emerging Curriculum/Approach – Center for Childhood Obesity Research

Name of Project

Mobile and online technologies for strengthening parent engagement.

Project Goals

It is well-established that Head Start parents/caregivers experience many barriers to engagement (lack of transportation, financial constraints, etc.). One possible strategy that may be used to mitigate these barriers is the use of online technologies. The purpose of this project was to examine the feasibility and effectiveness of using online technologies to engage Head Start parents.

In previous fiscal years, CCOR conducted a needs assessment with the target audience to determine the best methods to disseminate nutrition information to Head Start parents. Eighty-seven percent reported using Facebook multiple times per week, and also reported that they would be open to using Facebook to receive information from nutrition educators. In FY18, CCOR conducted a pilot study to examine the use of a Facebook group to engage Head Start parents with a Sesame Street curriculum. Results showed that Facebook was an effective way to reach parents, and parents reported that Facebook was an easy way to receive nutrition information and to interact with their peers.

As a result of these findings, CCOR proposed an emerging intervention to further explore the use of Facebook to engage parents of preschoolers receiving the CATCH-EC classroom lessons. The goal of this project was to determine if Facebook could be an effective method to provide updates and information to Head Start parents. CCOR decided to move forward with Facebook (social media) instead of text messaging due to the fact that it was less burdensome to our staff, and also because Facebook is widely available for use and free to everyone, unlike text messaging, which may only reach those with certain phone plans.

Progress

CCOR accomplished the following during FY19:

- Held meetings with nutrition educators to discuss social media use and the best way to implement Facebook pages (i.e. What type of page is best to use (private, public, etc.)? How do we recruit parents to the page?)
- Participated in PA NEP-D meetings to determine best ways to utilize social media
- Piloted a Facebook group in Bradford/Tioga counties with our preschool programming which involved:
 - Meeting to determine the ideal frequency and content of posts
 - Developing a posting schedule

- Implementing the Facebook page and recruiting participants using newsletters and word-of-mouth
- Meeting bi-weekly to discuss progress and troubleshoot any issues
- Compiled experiences from the pilot to inform the use of Facebook for other regions
- Started a Facebook page to disseminate information/education related to preschool programming in Blair County

Findings

The pilot Facebook page provided helpful insight for future use of similar pages. The findings are as follows:

- Recruitment to the Facebook page was more difficult than expected. Initially, we invited parents by providing a link on the monthly newsletters. After recruitment was slow, we discussed this issue with the administration at Bradford-Tioga Head Start, and they suggested that they share our posts using their own Facebook page. This method of recruitment was found to be most effective. More strategies for recruiting parents to the page should be explored. We determined that use of multiple strategies is ideal for gaining followers on the page.
- The posting schedule (about 3x/week) and selection of posts (classroom lesson updates, informative handouts, etc.) worked well and were well-received by parents.
- Facebook pages are easy to implement, in that they require little time and effort from nutrition educators. Although starting the page may be time-intensive initially, management of the page later requires less effort. After the posting schedule is developed, educators just need to make posts public and then manage the page.
- Use of a Facebook page to provide updates and information are cost-effective. As a result of using the Facebook page in Bradford-Tioga, printing costs were cut substantially since all handouts were disseminated electronically.

Description of how evaluation results will be used:

Evaluation results will be used to inform future development of similar Facebook pages. As mentioned previously, a Facebook page has already been implemented in Blair county and it is being informed by the findings with the pilot in Bradford-Tioga. Facebook pages will also be implemented in Huntingdon, Juniata, and Snyder-Union-Mifflin counties to supplement the preschool programming there in FY20.

Results will also be used to inform the ideal frequency and type of posts for future pages. Future pages will utilize a similar posting schedule due to the fact that it was well-received by the target audience.

Results may also be used to inform the use of Facebook with other types of programming. Due to the ease of implementation and reduced staff-burden, Facebook should be explored as a way to provide education and resources to other SNAP-Ed eligible audiences.

FY19 Reporting Evaluation of Emerging Curriculum/Approach Center for Childhood Obesity Research

Name of Project

Evaluating classroom activities to promote healthy eating among Head Start preschool children.
Evaluating a “New Foods Take Time” activity to promote healthy eating among Head Start preschool children.

Project Goals

The goal of this project was to evaluate acceptability of the lessons, as well as to assess the effectiveness of the curriculum for increasing preference for and intake of vegetables by among low-income preschoolers in Head Start classrooms. Lessons intended to increase willingness to try new foods, and provided opportunities for repeated exposure to a number of fruits and vegetables during the lesson and during subsequent classes throughout the week.

Evaluation Design

The project targeted Head Start preschool children (ages 2-5) and their caregivers in Head Start classrooms. The lessons were delivered to two classrooms in Juniata County Head Start, beginning in October 2019. Twenty-nine children received the lessons and subsequent food tastings, and 26 children were consented to participate in the pre- and post-assessments. Twenty-five parents completed the parent surveys, which assessed child food neophobia, previous exposure to a variety of study fruits and vegetables, and included a food insecurity screener. Individual student assessments were conducted before and after intervention delivery. Each lesson of the intervention focused on providing exposure to a novel fruit or vegetable through a food tasting, and also provided opportunities for repeated exposure throughout the week. The classrooms were given small portions of the foods to provide to the children three times throughout the week to increase exposure to the novel foods. During both the pre- and post-assessments, children were given the opportunity to taste novel fruits and vegetables and rate their liking of those foods.

Impact Measures & Findings

Lesson effectiveness:

Child neophobia and familiarity with a variety of novel fruits and vegetables were assessed in the classrooms. Child attitudes and behaviors related to tasting and liking of fruits and vegetables were assessed with participating children before and after the intervention. Measures included the Food Likert Preference Scale for Children and the Trying New Foods

Scale. Parent survey data was used to assess exposure to study foods. The surveys indicated that students had never had chickpeas (84%), edamame (96%), pomegranate (88%), jicama (100%), star fruit (96%), bok choy (96%), and dragon fruit (96%). All study foods were novel to the children. Mango, broccoli, and sweet peppers were also included to provide a more familiar food to the children. At pre- and post-intervention, students participated in the individual assessments, and were able to give the opportunity to taste the foods. Assessments typically lasted between 10-20 minutes. During both assessments, students rated their liking of the foods, and researchers noted how much of the food was tasted (i.e. Did they lick the food? Take a bite? Swallow the entire food?).

Trying New Foods Scale

The Trying New Foods Scale is a 10-item questionnaire that is used to gauge child neophobia. Students were asked to choose between two picture scenarios to gauge their feelings toward new foods. Below is a table summarizing some responses from the pre-assessment using the Trying New Foods Scale:

Trying New Foods Scale	
Response	n (%)
Does not like the taste of new foods	7 (27%)
Likes the taste of new foods	19 (73%)
Does not think that new foods taste good	8 (32%)
Thinks new foods taste food	17 (68%)
Does not know if he/she will like new foods.	17 (68%)
Know he/she will not like new foods.	8 (32%)

Familiarity with Study Foods

Students were shown pictures and small pieces of the study food to assess if they had the food before and if they were willing to taste the food during the assessment. The table below provides results from the pre-assessment. A majority of children reported that they had not tried the foods before, and results were mixed related to how many were willing to taste the foods. A majority of children were not familiar with the study foods, and were not able to properly identify the foods.

Novel Food Familiarity and Willingness to Taste		
Food	Had Before n (%)	Willing to Taste n (%)
Edamame	9 (37.5%)	19 (73.1%)
Mango	9 (34.6%)	17 (65.4%)
Sweet Pepper	6 (23.1%)	12 (46.2%)
Chickpea	5 (19.2%)	14 (53.8%)
Broccoli	18 (69.2%)	20 (76.9%)

Students were also randomized by classroom to receive two additional novel foods. These foods included pomegranate, dragon fruit, jicama, and bok choy. These foods were chosen to serve as a truly novel food, in that children most likely had not seen or heard of these foods before.

Additional analyses are currently in progress to assess the effectiveness of the lessons. Difference scores will be calculated from baseline to post-study assessment (tasting and liking of foods), and one-sample t-tests and ANOVA will be used to determine if there are within-child differences between pre- and post-assessments.

Feasibility and Acceptability

Both teacher and nutrition educators provided feedback on the lessons on surveys. The nutrition educator completed their feedback forms directly after each lesson, and teachers completed the survey after intervention delivery was complete.

Nutrition Educator Feedback

The nutrition educator completed a feedback form to assess lesson fidelity, any issues with the lesson, and suggested changes. These fidelity surveys were used to determine if there were any other factors that may have impacted the quality of the lessons (i.e. behavior issues, logistics, etc.).

Lesson delivery time lasted between 20 – 35 minutes. The delivery time was dependent on the presence of behavior issues. For example, when delivering lesson 1, the educator reported that there were numerous behavior issues that increased the time needed to deliver the lesson. Overall, educator feedback was positive. Suggested changes included making minor changes to lesson supplies (i.e. laminating pictures). Classroom activities, games, and food tastings were all

well-received by the students, and the educator reported that these activities engaged the students and reinforced the key concepts presented in the lessons.

Teacher Feedback

Teachers completed a feasibility/acceptability survey after intervention completion. Both head and assistant teachers completed the feedback survey (n = 4). For the first part of the survey, teachers were asked to rate how much they agreed with a series of statements. Results for the survey are shown below:

How much do you agree with the following statements?	
Question	Percentage answering “Agree” (A) or “Strongly Agree” (SA)
NFTT program and educational materials provided were age-appropriate for the children.	100% (2 SA, 2 A)
The frequency of NFTT visits was the right amount for my classroom.	100% (2 SA, 2 A)
The food tastings provided by the program exposed the children in my classroom were appropriate and matched onto the lessons.	75% (2 SA, 1A, 1 neutral)
My students enjoyed the NFTT program.	50% (1 SA, 1 A, 2 neutral)
My students were interested and engaged in the NFTT program.	75% (3 A, 1 neutral)
My students learned from the NFTT program.	75% (1 SA, 2 A, 1 neutral)
Topics covered in the program were relevant to the needs of my students.	75% (2 SA, 1 A, 1 neutral)
I would recommend NFTT to other classrooms and teachers.	75% (2 SA, 1 A, 1 neutral)

Teachers also provided responses to open-ended questions. Responses from open-ended questions are shown below:

What did you like most about the NFFT program?

- T1: “Exposing children to foods they have never seen and watching them try them”
- T2: “The simple connections between stories, activities, foods, and health”
- T3: “I liked the kids trying new foods”
- T4: “I liked the opportunity for the students to try new foods”

What suggestions do you have for improving the NFFT program?

- T1: “No suggestions”
- T2: “Possibility materials to use in the classroom to prep the students prior to each lesson”
- T3: “More games about food”
- T4: “The lessons did not engage the children. The students didn’t seem excited to try the new foods.”

What, if any, components of NFFT have you or your children used during meals and/or snacks in the classroom?

- T1: “Children continuously use the chant (“Try it, try it, you might like it!”) when hearing someone say they don’t like something.”
- T2: “Try it, try it, you might like it!”
- T3: N/A
- T4: “Try it, try it, you might like it” is the expression we used at other times during meals and snacks, not just when trying the foods presented”

How often have you used information from NFFT during meal and/or snacks in the classrooms?

- T1: Once a week
- T2: Every 2-3 days
- T3: Every 2-3 days
- T4: Every 2-3 days

Any additional comments:

- T1: “I think this is a great program”
- T2: N/A
- T3: N/A

- T4: “Maybe having the new food be present in something the children help to prepare might encourage them to eat the new food.”

Overall, the lessons were well-received by teachers. Juniata Head Start is a new partner for CCOR in FY20, so lesson delivery was a novel concept for the two classrooms. Teachers reported that they provided the students with the food tastings throughout the week, and that students remembered and talked about trying new foods frequently at other times. Most teachers reported that students repeated the main message of the lesson (“Try it, try it, you might like it”) throughout the week, and that they encouraged peers to try new foods.

Description of how evaluation results will be used:

Evaluation results will be used to make minor revisions to the lessons. Overall, lessons were well-received by teachers and the nutrition educator. Only minor revisions will need to be made, and these revisions are currently in progress. Feedback from teachers and nutrition educators from the testing has provided valuable insight into the lessons, and these revisions will improve the quality of the New Foods Take Time Curriculum. The end goal is for the lessons to be used more widely with SNAP-Ed eligible audiences.

Relevant Journal References

Data analysis is still in progress. A journal article is planned to be written and submitted in FY20/21.

FY19 Reporting Evaluation of Emerging Curriculum/Approach Center for Childhood Obesity Research

Name of Project

Evaluating classroom activities to promote healthy eating among Head Start preschool children. Evaluating the “Savor the Flavor” classroom activity to promote healthy eating among Head Start preschool children.

Project Goals

The goal of this project was to examine the feasibility, acceptability, and effectiveness of using a mindfulness/self-regulation activity within Head Start preschool classrooms. The goal of the curriculum is to teach children how to savor foods and slow down while eating by focusing on the sensory experience of eating. The intervention will also teach children attention control strategies so they are better able to delay consumption of high energy, low nutrition foods.

Evaluation Design

Lessons were delivered to three classrooms within Juniata Head Start. Lessons were delivered over a span of 4-5 weeks in October and November 2019. Food tastings were delivered with the lessons and intended to help students slow down and think about the five senses when eating. Forty-nine students participated in the lessons and food tastings, and 42 children were consented to participate in the pre- and post-assessments. Forty-one parents returned a parent survey to assess child eating behaviors. Three teachers completed the teacher feedback survey.

Impact Measures & Findings

The parent survey packet included the following measures: 18-item household food security module, Eating in the Absence of Hunger Questionnaire, Children’s Eating Behavior Questionnaire, Structure and Control in Feeding Questionnaire, External Food Cue Responsiveness Scale. Three head teachers provided feedback on the teacher feedback survey. Child data was collected before and after delivery of the intervention. Child behaviors related to appetite regulation and satiety responsiveness were assessed before and after the intervention by examining consumption of a variety of palatable foods offered shortly after a meal. Child knowledge related to the curriculum was measured through individual assessments with children.

Knowledge, behaviors, and attitudes in children regarding self-regulation and mindful eating:

During lesson delivery, food tastings were provided to children to reinforce lesson main concepts. Foods were chosen to cover a wide range of textures and flavors. During the tastings, the educator went through the steps of Savor the Flavor with the students to help them practice the steps of slowing down and paying attention to their bodies. In addition to the lesson, teachers were instructed to use these steps during other meals and snacks throughout the week to reinforce the main concepts of the lessons.

After intervention delivery, individual assessments were conducted with students to gauge their recollection of the sequence of steps in the intervention's mindful eating practice. The steps of Savor the Flavor included look, touch, smell, taste, and listen. These steps were discussed in each lesson, and each classroom was given a poster to display that reinforced the steps.

When asked to recall the steps of Savor the Flavor, most of the students were unable to do so without prompting. A few students were able to recall a few steps, but a majority were only able to do so after prompting from the poster.

Additional analyses are currently in progress to assess the effectiveness of the lessons. We will calculate difference scores from baseline to post-study for the EAH assessment, and do one-sample t-tests and analysis of variance to determine if there are within-child differences between pre- and post-. We will also evaluate correlations between parent-reported child eating behaviors, feeding practices, and other survey variables to evaluate validity of the observational measures.

Feasibility and Acceptability:

Both teacher and nutrition educators provided feedback on the lessons on surveys. Nutrition educators completed their feedback forms directly after each lesson, and teachers completed the surveys after intervention delivery was complete.

Teacher Feedback Survey

Teachers answered a feasibility/acceptability survey after intervention completion. Only head teachers completed the feedback survey (n = 3). For the first part of the survey, teachers were asked to rate how much they agreed with a series of statements. Results for the survey are shown below:

How much do you agree with the following statements?	
Question	Percentage answering "Agree" (A) or "Strongly Agree" (SA)
STF program and educational materials provided were age-appropriate for the children.	100% (3 A)
The frequency of STF visits was the right amount for my classroom.	100% (3 A)
The food tastings provided by the program exposed the children in my classroom were appropriate and matched onto the lessons.	100% (3 A)
My students enjoyed the STF program.	100% (3 A)
My students were interested and engaged in the STF program.	66% (1 SA, 1 A, 1 neutral)
My students learned from the STF program.	66% (2 A, 1 neutral)
Topics covered in the program were relevant to the needs of my students.	100% (3 A)
I would recommend STF to other classrooms and teachers.	100% (1 SA, 2 A)

Teachers were also asked to respond to a few open-ended questions. Responses from open-ended questions are shown below:

What did you like most about the Savor the Flavor Program?

- T1: "That the person who comes to the classroom is very kind and sweet to the children and speaks to them clearly and according to the age. Also, when she brings the puppets children love them. Also, the examples of foods attract the children. Also, the poster."
- T2: "I like how the five senses were related to food sampling."
- T3: no response

What suggestions do you have for improving the STF program?

- T1: “That the teaching she brings to the children is very extensive, since the children cannot stand to sit for a long time.”
- T2: “Reminders before the children go to the table. Remind them that first we are going to use our senses before we taste.”
- T3: no response

What, if any, components of STF have your or your students used during meals and/or snacks in the classroom?

- T1: “We talk about taste, texture, color, and smell of food.”
- T2: “We discuss the color of our food and how it tastes.”
- T3: no response

How often have you used the STF poster to reinforce the program during meal and/or snacks in the classroom?

- T1: Daily
- T2: Daily
- T3: no response

Nutrition Educator Feedback/Fidelity Form

The nutrition educator completed a feedback/fidelity form after delivery of each lesson. Lesson delivery time was between 30-40 minutes, depending on whether or not there were behavior issues within the classroom.

The main feedback from the educator and teachers included that the lessons were too long to hold the children’s attention. As a result of feedback and testing, lessons are being revised so that they involve less instruction and more activity time. For example, in one lesson, two activities were repetitive, so the activities are being combined into one, more streamlined activity. The educator reported that students were engaged with the activities and games during the lesson, and that these activities were effective in engaging the students.

Description of how evaluation results will be used:

Evaluation results will be used to improve lesson content. Revisions are currently being made as a result of teacher/educator feeding, and revised lesson plans will be submitted to the ME for review and approval. A majority of revisions involve combining activities and reducing text in some sections. Overall, the lessons were well-received, and we are confident that the changes made in response to the feedback and testing will improve the quality of the lessons. The end goal is for the lessons to be more widely used with SNAP-Ed eligible audiences.

Relevant Journal References

More advanced analyses are being conducted, and will be used to write and submit a manuscript in FY20/21.

FY 2019 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

FY 2019 Pennsylvania SNAP-Ed Plan Abbreviations List

HPC	Health Promotion Council of Southeastern Pennsylvania, Inc.
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

FY 2019 Pennsylvania SNAP-Ed Plan Abbreviations List

USDA	United States Department of Agriculture
VCP	Vetri Community Partnership
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YRBS	Youth Risk Behavior Surveillance System