

SNAP-Ed
Pennsylvania

Healthy Food.
Healthy Moves.
Healthy YOU.

Pennsylvania SNAP-Ed

Fiscal Year 2020

Annual Report

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PENNSTATE



COLLEGE OF HEALTH AND HUMAN DEVELOPMENT

TABLE OF CONTENTS

SNAP-Ed Program Overview	1
SNAP-Ed Administrative Expenditures	4
SNAP-Ed Evaluation Projects Completed for This Reporting Year	5
SNAP-Ed Planned Improvements	7
APPENDICES	
1 Partner Trainings	8
2 Conference Presentations & Journal Publications	9
3 Summary of Policy, Systems, and Environmental Approaches	10
4 Partnership Activities	15
5 Report: FY 2020 PA SNAP-Ed Statewide Evaluation Report	17
6 Report: CCOR – Emerging Intervention Report: Online Modules	33
7 Report: DRX – Eat Right Philly 2020 Annual Report	48
8 Report: HPC – Emerging Intervention Report: Effectiveness of a Training and Technical Assistance Model for Food Service Departments	76
9 Report: HPC – Partnership Assessment Results Emerging	85
10 Report: NEN – FY 2020 Year-End Report	89
11 Report: TFT – Emerging Intervention Report: Utilizing Social Network Analysis to Study Multi-Sector Partnerships	102
12 Report: TFT – FY 2020 Annual PA SNAP-Ed Evaluation Report	108
13 Report: UNI – Emerging Intervention Report: Senior Center Needs Assessment	123
14 FY 2020 Pennsylvania SNAP-Ed Plan Abbreviations List	125

1. SNAP-Ed Program Overview

▪ Progress in Achieving Overarching Goals:

Pennsylvania Supplemental Nutrition Assistance Program Education (PA SNAP-Ed) FY 2020 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 school-age and adult/senior SNAP-Ed participants. 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 review and 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, 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 2020.

The UC Davis EFNEP Checklist to assess Food Resource Management behaviors in adults and seniors continued in FY 2020.

Summarized results of FY 2020 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 activities, continued in FY 2020.

Goal 3: Identify methods to notify eligible individuals of SNAP-Ed and explore opportunities for web-based 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 2020, the ME continued to monitor approved program delivery sites that were not receiving SNAP-Ed programming and work with LPs partnering 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 to market PA SNAP-Ed to eligible Pennsylvanians, and the goal of using an online hub to implement web-based SNAP-Ed continues to be a goal in FY 2021.

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 systems informs program management, evaluation efforts, and targeting considerations for both the ME and LPs. STARtracks system updates continued in FY 2020 to enhance the user experience, improve data accuracy, and minimize reporting burden. (Read more in the section labeled '*Major Achievements*').

PA SNAP-Ed maintains partner resources and information on a SharePoint site, known as the *Partner Portal*. The portal provides secure access to LP users with varying access levels. For domain users, the portal serves as a comprehensive repository of PA SNAP-Ed resources, including policies & procedures, memos, forms, training videos and more. For plan development users, the portal also serves as a workspace for uploading, tracking and editing plan documents.

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 2020.

PA SNAP-Ed partners were asked to complete a section of FY 2020 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 statewide projects operated throughout the year for key target audiences: preschool children, school-age children, and adults/seniors. Projects consist of behaviorally-focused objectives, age-specific teaching strategies, evidence-based curricula and outcome evaluation plans, with direct education and policy, systems and environmental approaches

In FY 2020, PA SNAP-Ed began reporting process evaluation data on six statewide interventions: K-12 schools, early childhood, food assistance, food retail, community and social marketing. With the exception of social marketing, these interventions are defined by applicable EARS intervention settings.

In FY 2020, NEN rebranded their Social Marketing campaign to *Be Healthy PA – Healthy Food, Healthy Moves, Healthy You*. The campaign promotes awareness and influences the adoption of behaviors that lead to a healthy lifestyle for low income families in Pennsylvania. Social media posts resumed in March 2020 and NEN launched a new website for the campaign in May 2020. The website includes a recipe finder, resource map, healthy tips, downloadable resources, and more. NEN marketed the campaign through various outlets in FY 2020 including social media, digital advertisements, and print materials. NEN conducted a website survey through Zogby Analytics in June 2020. An online survey of 300 adults in Pennsylvania who are eligible for SNAP benefits was conducted to determine the usefulness of the information on the website.

▪ **Major Achievements:**

STARtracks Reporting System. Major achievements for FY 2020 included: improvements in usability, accessibility, and streamlined data entry operations; the addition of a delivery method field for classifying direct education efforts as in person or virtual; and the development of new reports to improve quarterly monitoring, program oversight, process evaluation planning, decision making, and EARS reporting.

Updates were also made to pages used for plan development purposes, including the addition of quick links to resources intended to guide users in preparing MOU and establishing site eligibility, ensuring consistency across LPs in their plan development efforts. In addition, new functionality was added to help LPs develop robust process evaluation plans and customize documentation workbooks for data collection purposes.

Policy, Systems, and Environmental Change Intervention Reporting. In FY 2020, 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 2020, the second year of using the PEARS system, LPs implemented and documented PSE activities at 1,024 program delivery sites across Pennsylvania, up from 843 program delivery sites in FY 2019.

In FY20, the ME devised a method for importing PSE data from PEARS into STARtracks and developed reports combining direct education, PSE activities, and indirect channel data at enterprise-scale. These reports provide ME staff with powerful tools for ensuring data quality, monitoring program delivery efforts, and approving expenditures.

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

▪ **Unanticipated Challenges:**

Due to the COVID-19 pandemic, in-person PA SNAP-Ed programming was suspended in March 2020, and remained so for the balance of the fiscal year. Programming pivoted to online delivery, with LPs providing access to online recorded lessons, and delivering live lessons via social media platforms. While NEN could not offer an in-person annual conference to membership, speakers previously scheduled to present at the conference offered their content via webinars made available to conference registrants. While working remotely, the ME reviewed applicant proposals and compiled the FY 2021 plan, and monitored programming implementation and compliance via a virtual site review process.

While truly an unprecedented challenge, it is expected that best practices learned while working to meet the needs of the SNAP-Ed audience during this time will improve future efforts to reach the unserved audience via on-line programming.

2. SNAP-Ed Administrative Expenditures:

Type of Administrative Expense:	Penn State University Management Entity	
	% Values	\$ Values
Administrative Salary	73	6,564,186.56
Administrative Training Functions	1.0	54,644.99
Reporting Costs	2.0	147,906.44
Equipment/Office Supplies	1.95	114,483.96
Operating Costs	3.0	214,316.25
Indirect Costs	15.0	1,366,443.17
Building/Space Lease or Rental	4.0	473,434.25
Cost of Publicly-Owned Building Space	0.0	0

Type of Administrative Expense:	Penn State University Management Entity	
	% Values	\$ Values
Institutional Memberships and Subscriptions	0.05	2,819.12

3a. SNAP-Ed Evaluation Reports for Reporting Year 2020:

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
<i>Framework Indicators Assessed: MT1, MT2, MT3</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, MT3, MT4</i>			
Other Evaluation Projects			
CCOR Emerging Intervention Report - Online Modules (Appendix 6)	Gain end-user feedback as well as to determine if the modules were effective in eliciting a change in knowledge, attitudes, and/or beliefs around infant and toddler feeding	Parents/Caregivers	PE, OE
<i>Framework Indicators Assessed: ST1, MT1</i>			

Project Name	Key Objectives	Target Audience	Evaluation Type(s)
DRX Eat Right Philly 2020 Annual Report <i>(Appendix 7)</i>	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 Emerging Intervention Report - Effectiveness of a Training and Technical Assistance Model for Food Service Departments <i>(Appendix 8)</i>	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	PE, OE
<i>Framework Indicators Assessed: MT5, MT7</i>			
HPC Partnership Assessment Results <i>(Appendix 9)</i>	Describe relationship between HPC and SNAP-Ed partner sites	SNAP-Ed partner sites	PE
<i>Framework Indicators Assessed: ST5, ST7</i>			
NEN FY 2020 Year-End Report <i>(Appendix 10)</i>	Describes “Be Healthy PA” social marketing campaign, PA Food Bank Initiative, and professional development projects	SNAP-Ed eligible audience	FE, PE
<i>Framework Indicators Assessed: ST1, ST3, ST5, ST7</i>			
TFT Emerging Intervention Report - Utilizing Social Network Analysis to Study Multi-Sector Partnerships <i>(Appendix 11)</i>	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: ST7, ST8</i>			
TFT FY 2020 Annual PA SNAP-Ed Evaluation Report <i>(Appendix 12)</i>	Describes direct education and PSE programming provided to SNAP-Ed participants with focus on supermarkets, corner store and farmers markets	Adults/Seniors	PE, OE
<i>Framework Indicators Assessed: ST1, ST2, MT1, MT3</i>			

Project Name	Key Objectives	Target Audience	Evaluation Type(s)
UNI Emerging Intervention Report – Senior Center Needs Assessment <i>(Appendix 13)</i>	Describes progress of implementing Senior Center Needs Assessment Toolkit in FY 2020	Seniors	PE
<i>Framework Indicators Assessed: ST5</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 2020, 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.

Other Evaluation Projects. 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. In addition, opportunities to evaluate online/virtual delivery of SNAP-Ed programming will be continue to be explored.

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 2021 include: implementing updates requested by the STARtracks user community (e.g., additional improvements in navigation and user interaction; a new report for summarizing direct education efforts by delivery method); continuing to import PEARS data quarterly into STARtracks and developing additional reports that provide higher levels of program monitoring; developing new reports showing the proportion of SNAP-Ed and non-SNAP-Ed staff in program delivery and reach by staff type; and considering the viability of online survey tools or apps for improving data collection efforts (based on feedback from two pilot programs currently in progress).

Appendix 1. Partner Trainings

Training	Date(s)	Format
FY 2020 RFP Training	1/24/2019	Training video posted on FY 2020 RFP Website
FY 2020 School-Age Statewide Evaluation	9/16/2019	Recording posted on the Partner Portal, Trainings
FY 2020 Adult/Senior Statewide Evaluation	9/16/2019	Recording posted on the Partner Portal, Trainings
FY 2020 PA SNAP-Ed PEARS Training	9/23/2019	Recording posted on the Partner Portal, Trainings
FY 2020 PA SNAP-Ed 101 Training	9/30/2020	Recording and handout slides posted on the Partner Portal, Trainings
FY 2020 Fall Partner Meeting	10/10/2019	In-person; Slides and Handouts are posted on the Partner Portal, Meetings Archive
FY 2020 STARtracks – Using the PDAS Report to Monitor Activity Sites	4/28/2020	Recording posted on the Partner Portal, Trainings
FY 2020 STARtracks – Improving the Accuracy of Demographic Reporting	7/17/2020	Document posted on the Partner Portal, Trainings
FY 2021 RFP Training	1/23/2020	Training video posted on FY 2021 RFP Website

Appendix 2. Conference Presentations & Journal Publications

Conference Presentations

1. Cassar E., Fornaro E., Servello S., Tanz A., Tkatch C. “The Relationship Wasn’t Built Overnight”: Supplemental Nutrition Assistance Program-Education (SNAP-Ed) Community Partners’ Collaboration with Schools to Achieve Collective Impact. Presentation at a virtual roundtable session of the American Educational Research Association Meeting. Virtual Meeting. April 17-21, 2020.
2. Ernst A., Zepka B., Karamanian V., Gross M., 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 American Public Health Association Annual Meeting and Expo. Philadelphia, PA. November 2-6, 2019.
3. Fornaro E., Bresnahan C., Cassar E., Hawes P. Implementing School-Based Food Access Programs through SNAP-Ed Community Partnerships: School Stakeholder’s Satisfaction. Presentation at the American Public Health Association Annual Meeting and Expo. Virtual Meeting. October 19-28, 2020.
4. Fornaro E., Cassar E., Servello S., Fogarty A., Tanz A., Erdem-Ackay E., Jackson T. The Relationship Wasn’t Built Overnight: A Contextualized Look at Tensions Challenging SNAP-Ed Funded School-Community Partnership Effectiveness. Presentation at 41st Ethnography in Education Research Form: Partnerships for Change. Philadelphia, PA. February 21-22, 2020.
5. Fornaro E., Cassar E., Servello S. What Does PSE Mean for Me? Tensions of SNAP-Ed partnerships and sustainability of policy, systems, and environmental changes. Presentation at the American Public Health Association Annual Meeting and Expo. Virtual Meeting. October 19-28, 2020.

Journal Articles

1. Ernst A., Zepka B., Karamanian V., Gross M., Johnson M., Lee N., Harris K., Harris D. Goal-setting Program Improves Nutrition and Physical among SNAP Eligible Adults. Article published in the *Journal of Public Health Nutrition* in October 2019.
2. Jomaa L., Na M., Egelton SG., Diab E., Harake M., Savage JS. Caregiver’s Self-Confidence in Food Resource Management is Associated with Lower Risk of Household Food Insecurity among SNAP-Ed Eligible Head Start Families. Published in the *Nutrients* in August 2020.

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

Partner	Project Title	Type	Domain	Intervention	SNAP-Ed Framework Outcome Measures	COVID-19 Impact
AHI	Healthy Choice, Easy Choice	Policy, Systems, Environment	Learn	K-12 Schools	--	Modified
AHI	Food Assistance in Clinical Settings	Systems, Environment	Shop	Food Assistance	MT5	Modified
AHI	FI Screening	Systems	Live	Community	--	New
AHI	Energizers; Healthy Choice Easy Choice; Rise and Shine (Breakfast)	Systems, Environment	Learn	K-12 Schools	ST3, MT6	Modified
AHI	Growing Up with Power Up	Systems, Environment	Learn	Early Childhood	--	Modified
AHI	Rise and Shine (Breakfast)	Systems	Learn	K-12 School	--	Modified
AHI	GPCFB Healthy Pantries	Systems, Environment	Shop	Food Assistance	MT5	Modified
CAP	Oregon Food Bank Healthy Pantry Initiative	Systems, Environment	Shop	Food Assistance	--	Modified
CCOR	Head Start Policy, Systems and Environmental Work	Systems, Environment	Learn	Early Childhood	--	Postponed
CCOR	Community Partner Policy, Systems and Environmental Work	Systems, Environment	Learn	Early Childhood	--	Cancelled
CEO	Produce Market Expansion	Systems, Environment	Shop	Food Assistance	--	Modified
CEO	Food Policy Councils	Systems, Environment	Shop	Food Assistance	--	Modified
CEO	Healthy Start	Systems, Environment, Policy	Learn	Early Childhood	--	Postponed
CEO	School Wellness	Systems	Learn	K-12 Schools	--	Modified
CEO	Healthy Pantry	Systems, Environment	Shop	Food Assistance	--	Postponed
CEO	Healthy Pantry	Environment	Play	Community	--	Postponed
CEO	Healthy Options @ the Soup Kitchen	Policy, Systems, Environment	Eat	Food Assistance	--	Postponed
CEO	Farmers Market	Systems	Shop	Food Retail	--	Modified
COM	Out of School Needs Assessment and Action Plan	Systems, Environment	Learn	Community	--	Postponed
DRX	Increasing Food Access through Produce/Farm Stand	Systems, Environment	Shop	Food Retail	--	Postponed

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

Partner	Project Title	Type	Domain	Intervention	SNAP-Ed Framework Outcome Measures	COVID-19 Impact
DRX	Collaboration on School Wellness in Charter Schools	Systems, Environment	Learn	K-12 Schools	--	Postponed
DRX	Community Wellness	Environment	Live	Community	--	Modified
DRX	Community Wellness	Systems, Environment	Play	Community	--	Modified
DRX	Community Wellness	Systems, Environment	Learn	Community	--	Cancelled
DRX	Gardening	Systems, Environment	Play	Community	--	Postponed
DRX	Increasing Food Access through Food Pantries or Food Distribution Programs	Environment	Shop	Food Assistance	--	Postponed
DRX	Building SDP School Capacity for Sustained PSE Change	Environment	Learn	K-12 Schools	ST1, ST3, MT1, MT3, LT1	Cancelled
DRX	Improving Health Food Access, Outreach, and Engagement in SDP Schools (DRX)	Systems, Environment	Shop	Food Retail	ST1	Cancelled
DRX	Gardening K-12 Schools	Systems, Environment	Play	K-12 Schools	--	Postponed
DRX	Improving Healthy Food Access, Outreach, and Engagement	Systems, Environment	Shop	Food Assistance	--	Postponed
FAY	Oregon Food Bank Healthy Pantry Initiative	Systems, Environment	Shop	Food Assistance	--	Postponed
FUL	Produce Access for Schools	Policy, Systems	Learn	K-12 Schools	--	Modified
FUL	Oregon Food Bank Healthy Pantry Initiative	Systems, Environment	Shop	Food Assistance	--	Modified
FUN	Faith Based Initiative	Systems, Environment	Live	Community	--	Postponed
FUN	Healthy Food Pantry Initiative	Environment	Shop	Food Assistance	--	Postponed
FUN	SEPA Preschool Initiative	Systems, Environment	Learn	Early Childhood	--	Modified
FUN	AEMC Healthy Community	Environment	Shop	Food Retail	--	Postponed
FUN	AEMC Healthy Community	Environment	Live	Community	--	Postponed

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

Partner	Project Title	Type	Domain	Intervention	SNAP-Ed Framework Outcome Measures	COVID-19 Impact
FUN	Building School Capacity for Sustained PSE Change	Policy, Systems, Environment	Learn	K-12 Schools	--	Modified
HPA	Oregon Healthy Pantry Initiative	Environment	Shop	Food Assistance	--	Postponed
HPC	Effectiveness of a Training and Technical Assistance Model for Food Service Departments	Policy, Systems, Environment	Live	Community	--	Modified
HPC	Building SDP School Capacity for Sustained PSE Change	Policy, Systems, Environment	Learn	K-12 Schools	--	Postponed
HPC	Lactation Support in Family Shelters	Policy	Live	Community	--	None
HPC	Healthy Food Pantry Initiative	Systems	Shop	Food Assistance	--	Postponed
LAF	Modifying the Preschool Food Environment	Systems, Environment	Learn	Early Childhood	--	Postponed
LAF	Smarter Lunchrooms	Environment	Learn	K-12 Schools	--	Postponed
NEN	Pennsylvania Food Banks	Policy, Systems	Shop	Food Assistance	--	Modified
NLA	Oregon Food Bank Healthy Pantry Initiative	Systems	Shop	Food Assistance	ST2	Modified
SAH	Choice Food Pantry	Systems, Environment	Shop	Food Assistance	ST1, ST2, MT1, MT5	Modified
SDP	Collaborative Efforts of Food Assistance Partners and SNAP-Ed in Schools	Systems, Environment	Shop	Food Assistance	--	Postponed
SDP	Building School Capacity for Sustained PSE Change	Systems, Environment	Shop	K-12 Schools	--	Modified
SDP	Building District and SNAP-Ed/ERP Provider Capacity for Sustained PSE Change	Policy, Systems, Environment	Learn	K-12 Schools	--	Modified
SDP	Leveraging Multi-Sector Partnership for Sustained PSE Change	Systems	Learn	K-12 Schools	--	Postponed
TFT	Gardening (Schools)	Environment	Learn	K-12 Schools	--	Postponed
TFT	Whole School, Whole Community, Whole Child	Systems, Environment	Learn	K-12 Schools	--	Modified
TFT	Produce Stands (non-SDP)	Systems, Environment	Shop	Food Retail	MT1, MT5	Postponed

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

Partner	Project Title	Type	Domain	Intervention	SNAP-Ed Framework Outcome Measures	COVID-19 Impact
TFT	Produce Stands	Policy, Systems, Environment	Shop	Food Retail	MT1, MT5	Modified
TFT	Produce Stands	Policy, Systems, Environment	Eat	Community	--	Postponed
TFT	Backpack (Go Food)	Systems, Environment	Shop	Food Assistance	--	Postponed
TFT	Heart Smarts at the Store	Policy, Systems, Environment	Shop	Food Retail	MT1, MT5	Modified
TFT	Ready Set Grow	Policy, Systems, Environment	Learn	Early Childhood	--	Postponed
TFT	Food Distribution	Systems, Environment	Shop	Food Assistance	--	Postponed
TFT	Farmers Markets	Environment	Shop	Food Retail	--	Modified
TFT	Food Incentives Program	Systems, Environment	Shop	Food Retail	--	Modified
TFT	Building SDP School Capacity for PSE Change	Systems, Environment	Learn	K-12 Schools	--	Modified
TFT	Financial Incentives Program	Systems, Environment	Shop	Food Retail	MT1, MT5	Modified
TFT	Improving Healthy Food Access, Outreach and Engagement in SDP Schools	Systems, Environment	Shop	Food Retail	--	Postponed
UNI	Food Pantry Technical Assistance	Policy, Systems, Environment	Shop	Food Assistance	--	Modified
UNI	School Wide Wellness – Youth Led Initiatives	Policy, Systems, Environment	Learn	K-12 Schools	--	Modified
UNI	Community Healthcare Linkages/Good Food Bag	Policy, Systems, Environment	Live	Community	--	Postponed
UNI	Collaborative Efforts of Food Assistance Partners and SNAP-Ed in SDP Schools	Systems, Environment	Shop	Food Assistance	ST, ST2	Postponed
UNI	Champions of Change	Policy, Systems, Environment	Learn	Community	--	Modified

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

Partner	Project Title	Type	Domain	Intervention	SNAP-Ed Framework Outcome Measures	COVID-19 Impact
UNI	School Wide Wellness Youth Led Initiatives/Champions of Change	Systems, Environment	Learn	K-12 Schools	ST1	Postponed
UNI	School Wide Wellness Youth Led Initiatives/Sowing Sustenance	Systems, Environment	Learn	K-12 Schools	ST1	Postponed
UNI	Good Food Bag	Systems, Environment	Learn	Community	MT1	Postponed
VCP	Overall School Wellness, EAT360	Policy, Systems, Environment	Learn	K-12 Schools	ST1	Modified
VCP	Building School Capacity for Sustained PSE Change	Policy, Systems, Environment	Learn	K-12 Schools	--	Modified

Appendix 4. Partnership Activities

PA SNAP-Ed participated in a call with representatives of the Pennsylvania Department of Education (PDE) Division of Food and Nutrition and [Project PA](#), their implementation partner. In addition to school meal programs, current projects (FY 2020) include School Breakfast Program mini-grants, PA Harvest of the Month funded through a farm-to-school grant, and the Fresh Fruit and Vegetable Program (FFVP). A mechanism is in place to obtain a list of mini-grant and FFVP recipients and facilitate PA SNAP-Ed local partner coordination with those recipients that also receive SNAP-Ed services. PA SNAP-Ed will explore opportunities for future collaboration with PDE and Project PA.

PA SNAP-Ed participated in a call with representatives of the Pennsylvania Department of Health (DOH) and the Tuscarora Intermediate Unit (TIU), their implementation partner. PA DOH administers a GO NAPSACC mini-grant project, funded by CDC, and manages Pennsylvania’s access to UNC’s GO NAPSACC online intervention. A few PA SNAP-Ed partners have obtained GO NAPSACC access through DOH and are working with PA SNAP-Ed program delivery sites on completing needs assessments, developing action plans, providing technical assistance, etc. A mechanism is in place to obtain a list of mini-grant recipients and facilitate PA SNAP-Ed local partner coordination with those recipients that also receive SNAP-Ed services. PA SNAP-Ed will explore opportunities for future collaboration with DOH and TIU.

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 2020. On October 8, 2019, Chris Brennan, PA SNAP-Ed Project Director, as well as staff of several LPs, attended the Annual Summit in Harrisburg, PA.

The Partnership is guided by the [Blueprint for a Hunger-free PA](#) that 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.

<p>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.</p>	<p>Farmers' market nutrition education and PSE interventions, such as food demonstrations, tastings, and recipes.</p>
<p>Pennsylvanians will have streamlined access to food security information and benefits.</p>	<p>Streamlined access to SNAP benefits for seniors; partnering with Area Agency on Aging to expand SNAP-Ed at senior centers.</p>
<p>Pennsylvania will improve access to healthy, nutritious food.</p>	<p>Partnering with corner stores to provide evidence based nutrition education and PSE interventions</p>



Healthy Food.
Healthy Moves.
Healthy YOU.

Pennsylvania SNAP-Ed

Fiscal Year 2020

Statewide Evaluation Results

FY 2020 Pennsylvania SNAP-Ed Evaluation Results

This document was developed to report on SNAP-Ed Evaluation Framework Indicators for the Fiscal Year 2020 (FY 2020) 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 2020, Pennsylvania SNAP-Ed conducted statewide evaluation activities that assessed nutrition and physical activity behavior changes related to direct education programming provided to school-age and adult/senior participants.

The school-age participants were assessed using two evaluation tools:

Modified SPAN (n=2,362) – 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, SDP Eat Right Now, DRX Eat Right Now, 4th Grade Vegetable Core, Small Bites, Balance My Day, CATCH K-8, and Team Nutrition: Serving Up MyPlate*. Local partners participating in the assessment in FY 2020 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=1,081) – 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, DRX High School Series Lessons, Corner Store Youth Initiative, Growing Food, and A Taste of African Heritage*. Local partners participating in the assessment in FY 2020 included: AHI, CEO, DRX, NLA, TFT, and UNI. 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 are 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 participants were assessed using the following evaluation tools:

UC Davis Food Behavior Checklist (n=1,046) – 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. Starting in FY 2020, Pennsylvania SNAP-Ed included additional survey items to assess sodium and whole grain intake (MT1), as well as measures of physical activity (MT3) 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*, *Nutrition for Life*, *Eating Smart and Being Active*, *Eat Smart Live Strong*, *Eating Healthy and Being Active*, *DRX Eat Right Now for Caregivers*, and *Just Say Yes to Fruits and Vegetables*. Local partners participating in the assessment in FY 2020 included: AHI, CEO, DRX, FAY, FUL, FUN, HPC, NLA, SAH, SDP, 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, MT3*

EFNEP Food Resource Management Checklist (n=285) – 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. Starting in FY 2020, Pennsylvania SNAP-Ed included additional survey items to assess sodium and whole grain intake (MT1), as well as measures of physical activity (MT3) as an addendum to this tool. Approved curricula delivered to the adult/senior audience as part of this evaluation included *A Taste of African Heritage*, *Eat Smart Live Strong*, *Eat Healthy Be Active*, *MyPlate My Family*, and *Just Say Yes to Fruits and Vegetables*. Local partners participating in the assessment in FY 2020 included: CCOR, FAY, FUN, and HCP. Data were analyzed retrospectively using paired-samples t-tests to test for differences at $\alpha = .05$.

- SNAP-Ed Evaluation Framework Indicators measured: *MT1, MT2, MT3, MT4*

Challenges to Statewide Evaluation in FY 2020

In response to the COVID-19 pandemic, in-person SNAP-Ed activities were paused in March 2020 and continued to be suspended for the remainder of FY 2020.

Sample Size Challenges – The pause in in-person direct education programming due to COVID-19 adversely affected local partner ability to attain proposed FY 2020 statewide evaluation sample sizes. Series education sessions that had already commenced may have been postponed or cancelled, which prevented local partners from administering the proposed assessment tool to the participants as a pre and post-test as planned. Statewide, survey return rates for FY 2020 were approximately 30-50% lower than a typical fiscal year, depending on local partner.

Survey Match Rate Challenges – The pause in in-person direct education programming due to COVID-19 also caused significant challenges related to participant pre and post-test matching. These challenges were applicable to both the adult/senior and school-age evaluation tools, however the adult/senior matched assessments were particularly affected due to the typically year-long nature of the participant survey period. Survey matching is necessary to show individual-level dietary and physical activity-related behavior changes as detailed in the *SNAP-Ed Evaluation Framework and Interpretive Guide*.

Survey match rates in FY 2020 compared to FY 2019 are detailed in the table below:

Evaluation Tool	FY 2019 Match Rate	FY 2020 Match Rate
Modified SPAN (Grades 4-6 th)	62.0%	31.3%
Modified YRBS (Grades 8-12 th)	24.0%	29.4%
Food Behavior Checklist (Adult/Senior)	47.7%	21.3%
Food Resource Management Checklist (Adult/Senior)	33.4%	20.0%

Evaluation Improvement for FY 2021 and Future Years

Priority Indicator Alignment – Statewide evaluation activities in FY 2021 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 FY 2020, additional questions were added as an addendum page to the adult/senior statewide evaluation tools to collect data on MT3 – Physical Activity and Reduced Sedentary Behaviors. These data will continue to be collected in FY 2021 as addendums to the adult/senior assessment tools.

Additional evaluation tools may be identified and pilot tested with selected local partners for assessment of adult/senior programming in FY 2021.

Direct Education and PSE Data Integration – Integrations 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 to continue in FY 2021. 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, especially at locations where PSE activates and direct education may be delivered as complementary approaches.

Evaluation of Virtual SNAP-Ed Programming – In response to the COVID-19 pandemic, many local partners shifted towards providing SNAP-Ed programming in a virtual format. While evaluation of this programming was not feasible from a statewide perspective in FY 2020, local partners were able to conduct limited formative and process evaluations related to their virtual lessons. Opportunities to evaluate outcomes associated with virtual delivery of direct education programming will continue to be explored in FY 2021 including evaluating virtual lessons at the partner-level, and identifying tools and survey platforms that may be used to conduct a statewide-level online assessment.

Highlighted Evaluation Results FY 2020 PA SNAP-Ed

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 fruits and vegetables as snacks (MT1)
 - Eat more than one kind of fruit and vegetable each day (MT1)
 - Eat more fruit servings per day (MT1)
 - Consume more lean protein sources (MT1)
 - Reduce the amount of sodium in foods they consume (MT1)
 - Use food labels while shopping (MT2)
 - Engage in physical activity (where they breathed harder than normal for at least 30 minutes) on more days of the week (MT3)

- **After direct education series programming, adults and seniors reported they were less likely to:**
 - Run out of food before the end of the month (MT2)

- **After direct education series programming, school-age students in grades 4-6th were more likely to:**
 - Eat red-colored vegetables more frequently during the week (MT1)
 - Eat leafy and green vegetables more frequently during the week (MT1)
 - Consume vegetables (all types combined) more frequently during the week (MT1)
 - Eat yogurt and yogurt drinks more frequently during the week (MT1)
 - Consume low-fat milk products (all types combined) more frequently during the week (MT1)

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 (Food Behavior Checklist; n=210, p=.004).
Throughout the days of week:	
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. (Food Behavior Checklist; n=209, p=.014). Following direct education series programming, school-age students in grades 4-6 th reported consuming red vegetables (mSPAN; n=715, p=.024) and green vegetables (mSPAN; n=723, p=.044) more frequently during the past week.
Frequency:	
MT1h. Drinking fewer sugar-sweetened beverages (e.g., regular soda or sports drinks).	Following direct education series programming, there were no significant statistical findings to indicate that adults/seniors or school-age students were consuming fewer sugar-sweetened beverages.
MT1i. Consuming low-fat or fat-free milk, milk products, or fortified soy beverages	Following direct education series programming, school-age students in grades 4-6 th reported consuming low-fat milk products (all types combined) more frequently (mSPAN; n=701, p=.001), as well as yogurt and yogurt drinks more frequently (mSPAN; n=719, p=.021).
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 (Food Behavior Checklist; n=189 p=.779).
Servings:	

<p>MT1l. Cups of fruit consumed per day.</p>	<p>Following direct education series programming, adults and seniors reported consuming more total cups of fruit per day (Food Behavior Checklist; n=203, p=.036).</p> <p>Following direct education series programming, adults and seniors reported eating more fruits and vegetables as snacks between meals (Food Behavior Checklist; n=216, p=.027).</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 (Food Behavior Checklist; n=200, p=.584).</p> <p>Following direct education series programming, school-age students in grades 4-6th reported consuming vegetables (all types combined) more frequently (mSPAN; n=682 p=.028).</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>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 (Food Behavior Checklist; n=208).</p>
<p>MT2g. Not run out of food before month's end.</p>	<p>Following direct education series programming, adults and seniors reported a decrease in the frequency of running out of food before the end of the month (Food Behavior Checklist; n=210, p=.009).</p>
<p>MT2h. Compare prices before buying foods.</p>	<p>Following direct education series programming, the proportion of adults who report they compare prices when shopping did not increase compared to before participating in SNAP-Ed programming (Food Resource Management Checklist; n=56, p=.796). The pre-participation baseline response for this item was "most of the time."</p>

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 (Food Resource Management Checklist; n=55, p=.011).
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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, adults/seniors reported engaging in physical activity on more days of the week (Food Behavior Checklist; n=186, p=.004).</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 (mYRBS; n=285, p=.518).</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 (mYRBS; n=287, p=.570). Mean viewing time per day was 1.92 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 (mYRBS; n=289, p=.774). Mean other screen time per day was 2.58 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 national-level youth behavior assessment tool is administered in odd-numbered calendar years, with 2019 data being the most recent available. PA SNAP-Ed uses a modified version of this assessment tool to measure behavior changes in healthy eating habits and physical activity in students in grades 8-12. The nutrition behavior and physical activity content items are identical between the two tools, preserving the ability to compare data sets. 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.

The most recent national-level data were collected in FY 2019 and made available to the public in Q4 of FY 2020, however the complete data tables made available as part of the 2017 data set are not yet publicly available as of January 2021. In some instances, 2017 national and state-level data are used to maintain question content validity for comparison to the FY 2020 PA SNAP-Ed tool version.

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.

It is notable that the PA-SNAP Ed assessment post-test assessments were usually administered during the late fall and winter season when more time is spent indoors. This may explain the differences observed in physical activity and sedentary activity behavior reporting.

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 2020 PA SNAP-Ed*	National 2019*	Pennsylvania 2019*
Did not eat fruit or drink 100% fruit juices in the past 7 days	3.8% n=393	6.3% n=12,529	6.4% n=2,284
Reported eating fruit or drank 100% fruit juices 2 or more times/day in the past 7 days	28.7% n=393	31.3% (2017 data)	28.5% (2017 data)
Did not eat vegetables in the past 7 days	6.9% n=391	7.9% n=11,757	7.9% n=2,258
Reported eating vegetables 2 or more times/day in the past 7 days	23.8% n=391	26.6% (2017 data)	23.9% (2017 data)
Reported eating vegetables 3 or more times/day in the past 7 days	12.8% n=391	13.9% (2017 data)	11.9% (2017 data)

*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*	National 2019*	Pennsylvania 2019*
Did not participate in at least 60 minutes of physical activity on at least 1 day during the past 7 days	7.6% n=393	17.0% n=13,220	12.6% n=2,257
Did not participate in 60 minutes of physical activity on five or more days in the past 7 days	62.3% n=393	55.9% n=13,220	51.9% n=2,257
Did not participate in 60 minutes of physical activity on all 7 days before the survey	85.0% n=393	76.8% n=13,220	74.6% n=2,257
Watched television 3 or more hours per day on an average school day	22.0% n=393	19.8% n=12,796	19.4% n=2,250
Played video or computer games or used a computer 3 or more hours per day during an average school day	52.7% n=393	46.1% n=13,177	49.4% n=2,254

*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
Created or enhanced healthy check out areas	Environment	17
Decreased space/amount/variety of unhealthy options (includes shelf space, number of booths, options on menus)	Environment	8
Edible gardens (establish, reinvigorate or maintain food gardens)	Environment	28
Eliminated or reduced amount of competitive foods/beverages	Environment	3
Established a new food bank, pantry or distribution site	Environment	19
Established a new healthy retail outlet	Environment	21
Established healthy food/beverage defaults (whole wheat bread, salad, or fruit instead of fries, water instead of soda, etc.)	Environment	7
Established or improved salad bar	Environment	1
Expanded, improved, or implemented storage or fresh produce	Environment	24
Improve appeal, layout or display of snack or competitive foods to encourage healthier selections	Environment	17
Improved appeal, layout or display of meal food/beverages to encourage healthy and discourage unhealthy selections	Environment	12
Improved or expanded cafeteria/dining/serving areas or facilities	Environment	1
Increased space/amount/variety of healthy options (includes shelf space, number of booths, options on menus)	Environment	17
Initiated or expanded price manipulation/coupons/discounts to encourage healthy choices	Environment	47
Initiated or expanded use of onsite garden produce for meals/snacks provided onsite	Environment	9
Initiated or expanded use of the garden for nutrition education	Environment	27
Breastfeeding support policy	Policy	4
Developed policies that encourage the establishment of new food distribution sites, food banks, food pantries, etc.	Policy	7
Developed policies that encourage the establishment of new healthy retail outlets	Policy	6
Established or improved food/beverage or nutrition related policy (childcare wellness, school wellness, workplace wellness, etc.)	Policy	3
Facility shared use agreement	Policy	2
Implemented recess before lunch policy	Policy	1
Policy for increasing nutrition education or cooking activities	Policy	15
Policy increasing healthy foods and beverages	Policy	3

Nutrition Supports Adopted - Description	Change Level	Times Implemented
Policy limiting screen time	Policy	6
Policy limiting unhealthy foods	Policy	3
Policy restrictions on using food as a punishment	Policy	2
Policy to improve hours of operation of food distribution sites, food bank, retail, cafeteria, etc. to improve convenience of/access to healthy food	Policy	4
Ensured meal service staff encourage healthy selections	Promotion	5
Initiated or enhanced limits on marketing/promotion of less healthy options	Promotion	11
Initiated or improved menu labeling (e.g. calories, fat, sodium, added sugar counts)	Promotion	6
Took steps to improve the appeal of the school meal program in order to increase meal participation	Promotion	33
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	555
Began, expanded, or promoted acceptance and use of SNAP/EBT/WIC	Systems	33
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	20
Implemented guidelines for healthier competitive foods options	Systems	1
Implemented new or expanded restrictions on use of physical activity as punishment	Systems	1
Implemented new or improved standards for healthier eating across the organization	Systems	5
Implemented novel distribution systems to reach high-risk populations, such as home delivery for elderly, farmers market, etc.	Systems	39
Implemented price manipulation/coupons/discounts to encourage healthy choices	Systems	56
Implemented, improved or expanded healthy fundraisers	Systems	18
Improved child feeding practices (e.g. served family style, adults role model healthy behaviors, staff sit with children, children decide when they are full, etc.)	Systems	64
Improved food purchasing/donation specifications or vendor agreements towards healthier food(s)/beverages	Systems	4
Improved free water access, taste, quality, smell, or temperature	Systems	51
Improved menus/recipes (variety, quality, etc.)	Systems	22
Improved or increased healthy beverage options	Systems	6
Initiated or expanded a mechanism for distributing onsite garden produce to families or communities	Systems	13
Initiated or expanded farm-to-table/use of fresh or local produce	Systems	80

Nutrition Supports Adopted - Description	Change Level	Times Implemented
Initiated or expanded the collection or gleaning of excess healthy foods for distribution to clients, needy individuals, or charitable organizations	Systems	7
Initiated, improved or expanded a clinical screening tool for food insecurity	Systems	14
Initiated, improved or expanded implementation of guidelines for healthier snack options	Systems	17
Initiated, improved or expanded implementation of guidelines on use of food as rewards or during celebrations	Systems	135
Initiated, improved or expanded opportunities for parents/students/community to access fruits and vegetables from the garden	Systems	36
Initiated, improved or expanded opportunities for parents/students/community to work in the garden	Systems	18
Initiated, improved or expanded professional development opportunities on nutrition	Systems	65
Initiated, improved or expanded use of federal food programs (CACFP, TEFAP, summer meals, NSLBP, etc.) including improvements in enrollment procedures	Systems	66
Initiated, improved or expanded use of standardized, healthy recipes	Systems	21
Initiated, improved, or expanded opportunities for parents to participate in decision making through a wellness committee	Systems	3
Offered on-site enrollment in federal food programs	Systems	1
Partners adopt or improve use of a system to monitor implementation of food/beverage or wellness related policy	Systems	22
Staff include nutrition education as a learning standard for children	Systems	15
Created or enhanced healthy check out areas	Environment	17
Decreased space/amount/variety of unhealthy options (includes shelf space, number of booths, options on menus)	Environment	8
Edible gardens (establish, reinvigorate or maintain food gardens)	Environment	28
Eliminated or reduced amount of competitive foods/beverages	Environment	3
Established a new food bank, pantry or distribution site	Environment	19
Established a new healthy retail outlet	Environment	21
Established healthy food/beverage defaults (whole wheat bread, salad, or fruit instead of fries, water instead of soda, etc.)	Environment	7
Established or improved salad bar	Environment	1
Expanded, improved, or implemented storage or fresh produce	Environment	24
Improve appeal, layout or display of snack or competitive foods to encourage healthier selections	Environment	17
Improved appeal, layout or display of meal food/beverages to encourage healthy and discourage unhealthy selections	Environment	12
Improved or expanded cafeteria/dining/serving areas or facilities	Environment	1
Increased space/amount/variety of healthy options (includes shelf space, number of booths, options on menus)	Environment	17

Nutrition Supports Adopted - Description	Change Level	Times Implemented
Initiated or expanded price manipulation/coupons/discounts to encourage healthy choices	Environment	47
Initiated or expanded use of onsite garden produce for meals/snacks provided onsite	Environment	9
Initiated or expanded use of the garden for nutrition education	Environment	27
Breastfeeding support policy	Policy	4
Developed policies that encourage the establishment of new food distribution sites, food banks, food pantries, etc.	Policy	7
Developed policies that encourage the establishment of new healthy retail outlets	Policy	6
Established or improved food/beverage or nutrition related policy (childcare wellness, school wellness, workplace wellness, etc.)	Policy	3
Facility shared use agreement	Policy	2
Implemented recess before lunch policy	Policy	1
Policy for increasing nutrition education or cooking activities	Policy	15
Policy increasing healthy foods and beverages	Policy	3
Policy limiting screen time	Policy	6
Total Number of Nutrition Supports Adopted		2,062

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

PA SNAP-Ed 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
Improved or expanded physical activity facilities, equipment structures or outdoor space	Environment	55
Improved quality of structured physical activity (non-PE)	Environment	49
Improvements in access to exercise or recreation facilities	Environment	1
Increased or improved opportunities for physical activity during recess	Environment	6
Increased or improved opportunities for structured physical activity	Environment	71
Increased, improved, or incorporated physical activity/reduced sitting during usual, on-going site activities and functions	Environment	256
Initiated or improved playground markings/stencils to encourage physical activity	Environment	2
Policy restrictions on physical activity as a punishment	Policy	1
Policy to increase time spent doing physical activity	Policy	3
Improved quality of physical education	Systems	6
Incorporated physical activity into the school day or during classroom-based instructions (not recess/free play or PE)	Systems	348

Physical Activity and Reduced Sedentary Behavior Supports Adopted - Description	Change Level	Times Implemented
Increased or improved opportunities for unstructured physical activity time/free play	Systems	72
Initiated, improved and/or expanded strategies to decrease screen time	Systems	12
Initiated, improved or expanded professional development opportunities on physical activity	Systems	63
Total Number of Physical Activity and Reduced Sedentary Behavior Supports Adopted		945

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 2020, 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)	8	5
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)	106	8
Faith-based groups	97	9
Food banks/food Pantries	48	10
Food stores (convenience stores, grocery stores, supermarkets, etc.)	100	8
Foundations/philanthropy organizations/nonprofits	36	10
Government program/agency (Federal, State, local, etc.)	96	14
Hospitals/healthcare organizations (includes health insurance companies)	22	10
Human services organizations	131	12
Labor/workforce development groups	2	2
Parks and recreation centers	40	11
Public health organizations	10	3
Schools (preschools, K-12, elementary, middle, and high)	146	13
Schools (colleges and universities)	6	4
Other	7	3
Total	856	

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FY20 Reporting Evaluation of Emerging Curriculum/Approach

Name of Project

Evaluating Parenting Toolbox Online Modules for Low-Income Mothers of Infants and Toddlers

Project Goals

CCOR developed six online responsive feeding modules for caregivers of infants and toddlers. The three infant modules cover bottle feeding, transitioning to solid foods, and moving to finger foods, and the three toddler modules cover snacking, choosing healthy drinks, and mealtime routines. The purpose of this project was to gain end-user feedback as well as to determine if the modules were effective in eliciting a change in knowledge, attitudes, and/or beliefs.

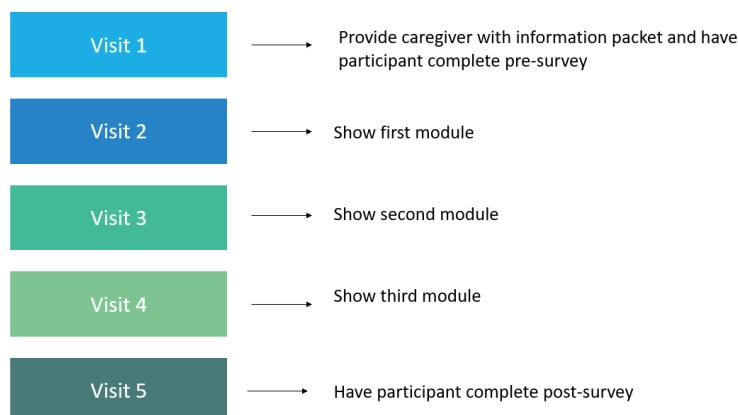
Evaluation Design

Two separate studies were conducted to test the infant and toddler modules. An IRB protocol was submitted and the projects were deemed exempt. Caregivers of infants 0 to 6 months of age completed the infant project (n =88), and caregivers of toddlers 6 months to 3 years of age completed the toddler project (n = 91). Caregivers completed a survey before and after viewing the modules. Participants for both projects were recruited from Early Head Start (EHS) and the Special Supplemental Women, Infants, and Children (WIC) program.

Recruitment

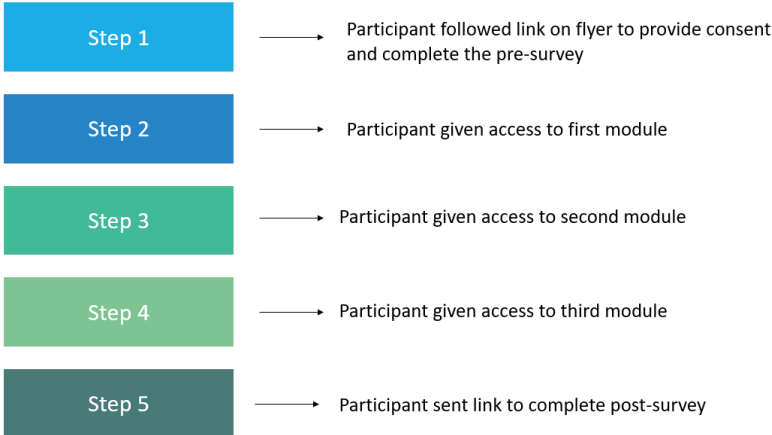
Early Head Start. CCOR trained EHS home visitors from SNAP-Ed approved community partner agencies in Bradford, Tioga, Snyder, Union, Mifflin, and Juniata counties to assist with recruitment and facilitation of the study. Home visitors recruited eligible participants during their regularly scheduled visits by providing them with a recruitment flyer and consent form. If interested, participants completed the pre-survey during the visit. After completion of the pre-survey, home visitors showed the modules to the participants at subsequent home visits. Modules were downloaded onto home visitor’s electronic device (iPad or laptop) so internet connection wouldn’t be an issue. After viewing the last module, participants completed the post-survey during a home visit. See Figure 1 for an outline of the study process with EHS.

Figure 1. Early Head Start Study Design



WIC. Participants were recruited from Lewistown, Camp Hill, Lancaster, and Lebanon WIC agencies. WIC nutritionists handed out flyers to interested clients. Flyers included study information, including a link to the REDCap surveys that included the study overview, implied consent, and pre-survey. Participants recruited from WIC completed the project at their convenience. After completion of the pre-survey, CCOR’s research technologist granted permission for the participant to access each module on the Parenting Toolbox website, and communicated with the participants via email to facilitate the study. Participants accessed the modules from CCOR’s Parenting Toolbox website (www.raisinghealthyfamilies.com). Participants were given a unique username and password to access the site, and the research tech gave permission for participants to view one module at a time. After they viewed a module, access to the next module was granted one week later. After completion of all three modules, an email with the link to the post-survey was sent to participants.

Figure 2. WIC Study Design



Impact Measures & Findings

Each project had two goals: (1) to conduct a process evaluation to determine if modules were implemented as intended, and (2) to conduct an outcome evaluation on the effectiveness of the modules on changing caregiver in knowledge, beliefs, and/or behaviors. For both projects, pre- and post-surveys were collected to determine the impact of the intervention. Pre-surveys were collected prior to the participant viewing the three modules, and post-surveys were collected after completion of the three modules. The measures and findings for each project are outlined below.

EVALUTION OF INFANT MODULES

Measures

At baseline, participants completed a pre-survey which consisted of a demographics questionnaire, Infant Feeding Style Questionnaire (ISFQ), Babies Need Feeding (BNF), Structure and Control, Baby Eating Behavior Questionnaire, Babies Need Soothing, and CCOR developed knowledge questions. After viewing the modules, participants completed a post-survey consisting of Structure and Control, ISFQ, and Babies Need Soothing, and acceptability/feasibility questions. Questionnaires were selected to cover the main topics discussed in the infant modules.

Findings

Participant Characteristics

Demographics

Eighty-eight participants completed the infant project and were recruited from WIC (n = 59, 67.1 %), Head Start home visitors (n = 22, 25%), and through the flyer (n = 7, 8%). Among those who completed the infant modules, the majority were parents (n = 86, 99%), female (n = 82, 95%), White/Caucasian (n = 71, 81%), high school graduates (n = 31, 35%), described their employment as stay-at-home caregivers (n = 31, 35%), and reported participation in SNAP (n = 58, 68%) and WIC (n = 80, 93%). Other demographics are shown in Table 1.

Variable	Frequency (percent)
Relationship to the infant	
Parent	86 (99%)
Grandparent	1 (1%)
Infant's sex	
Male	41 (48%)
Female	44 (52%)
Caregiver sex	
Male	4 (5%)
Female	82 (95%)
Number of children living in household	
One	27 (31%)
Two	29 (33%)
Three	19 (22%)
Four	10 (11 %)
Five	1 (1 %)
Six	2 (2%)
Caregiver's Race	
White or Caucasian	71 (81%)
African-American or Black	10 (11%)

American Indian or Alaskan Native	3 (3%)
Asian	3 (3%)
Hispanic or Latino	10 (11%)
Education Level	
8 th grade or less	1 (1%)
Some high school	8 (9%)
High school graduate	31 (35 %)
Some college or technical school	30 (34%)
Completed college	15 (17%)
Post graduate training/degree	3 (3%)
Employment Status	
Working full-time	16 (18%)
Working part-time	9 (10%)
Stay-at-home caregiver	31 (35%)
Student, attending class	4 (5%)
Unemployed	24 (28%)
SNAP Participation	58 (68%)
WIC Participation	80 (93%)
TANF Participation	8 (10%)

Change in knowledge, behaviors, and beliefs

Change from pre- to post-intervention

After completing the modules, parents reported using significantly less pressure-based feeding from pre- to post-test ([F (1, 69) = 5.20, p = 0.0257] as measured on the Structure and Control questionnaire. In addition, the use of pressure to soothe decreased significantly from pre- to post-test ([F (1, 71) = 20.94, p < 0.0001] as measured on the ISFQ, indicating that caregivers used less situation-based food to soothe. Food to soothe, indulgent-soothing, and responsive-satiety subscales were not significant. All three infant modules focused on teaching caregivers not to pressure their baby to finish a bottle or their meal, and findings suggest that the modules led to a decreased use of pressure during feedings. In addition, the modules provided alternatives to using food to soothe, and use of situation-based food to soothe decreased.

When asked how much they learned from the three modules, 55% said they learned a lot, 43% said they learned some things, and 2% said they didn't learn much. The majority (64%) reported that they were doing something new/different after watching the modules. Of those participants, 35% said they were changing the way that they were bottle feeding their baby; 28% said that they were paying better attention to their baby's hunger and fullness cues; 22% said that they were transitioning from formula/breastmilk to solid foods or from solid foods to finger foods; and 7% said that they were setting schedules around meals and snacks. Table 2 shows some example responses.

Table 2. Are you doing anything new that you were not doing before you watched the modules?	
Theme	Example Responses
Changing the way they bottle feed their baby (n = 16)	<p>“We have tried pace bottle feeding.”</p> <p>“I am now holding the bottle the right way and taking breaks while feeding her.”</p> <p>“Not propping his bottle.”</p> <p>“I’m now mixing formula the proper way. Putting water in the bottle first, then formula.”</p> <p>“I stopped putting cereal in the bottle.”</p>
Paying better attention to their baby’s hunger and fullness cues (n = 13)	<p>“I am not forcing them to eat a certain amount.”</p> <p>“I am more mindful of my child’s hunger cues and when he is full.”</p> <p>“I’m not forcing my baby to finish his bottle.”</p>
Transitioning from formula/breastmilk to solid foods and from solid foods to finger foods (n = 10)	<p>“Yes I am starting to feed my daughter solid food now that she turned 6 months. We’re experimenting with fruits and veggies first.”</p> <p>“I am starting solid foods.”</p>
Scheduling meals and snacks (n = 3)	<p>“I am setting scheduled feeding times.”</p> <p>“I am now feeding my baby on a schedule.”</p>

Participants also reported if they planned to do anything new as a result of what they learned from the modules; 79% indicated that they planned to change their behavior as a result of what they learned. Of those participants, 20% said they were going to help their baby try new foods, 18% said they were going to watch for signs that their baby was ready to start solid foods, 14% said they planned to change how they bottle fed their baby, and 14% said that they planned to choose healthier foods for their baby. Table 3 shows some of the themes from the responses, as well as some select responses.

Table 3. Is there anything you plan to do as a result of what you learned from the modules?	
Theme	Sample Responses
Helping their baby try new foods (n = 13)	<p>“Keep introducing the same food even if baby doesn't initially like it. Try a variety of foods. Try healthy options.”</p>

	<p>“I will try offering foods more than once to my baby if he does not seem to like it the first time or two. If my baby seems to not like a certain food, I will offer it to him a few more times.”</p> <p>“Be more persistent when giving him a new food he seems to not care for. I learned he is going to make some faces when he tries anything new, so don't just assume it's because he doesn't like it. Also, it may take a few times to get him to like a new food. “</p>
Watching for signs that their baby is ready to try more advanced foods (n = 12)	<p>“I’m going to watch for signs of her wanting to try solid foods when she is around 6 months...”</p> <p>“I’m going to introduce finger foods.”</p>
Changing how they bottle feed their baby (n = 9)	<p>“I will try paced bottle feeding.”</p> <p>“I’m not going to prop his bottle.”</p>
Choosing healthier foods for their baby (n = 9)	<p>“I’m going to try more fruits and vegetables.”</p> <p>“I plan to make my own baby foods. I didn’t know it was as simple as say....cooking carrots and pureeing them for one example.”</p>

Process Evaluation of Infant Modules

When asked how they viewed the modules, 60% said they viewed them on a smartphone, 26% viewed on a computer, and 16% viewed on their home visitor’s device. Most participants (75%) reported viewing the modules once, 22% viewed them twice, and 1% viewed them three or four times.

Forty-nine (67%) participants reported that it was “very easy” to access the modules on the Parenting Toolbox website, 21% said it was “easy”, and 9.6% responded that it was a “little difficult”. When asked to rate the interactive activities (quizzes, drag-and-drop activities, etc.), 88% said that the activities helped to keep their attention, 9% said they didn’t keep their attention but also didn’t bother them, and 2% said that they were distracting. Seventy-two participants (85%) reported that the length of the modules were “just right”, 11% said they were too long, and 5% said they were too short. Table 4 includes additional end-user feedback.

Table 4. End-User Feedback	
	Frequency (percent)
The information was easy to understand.	
Strongly Agree	75 (88%)
Agree	8 (9%)
Neither Agree nor Disagree	1 (1%)

Strongly Disagree	1 (1%)
The information was well-organized	
Strongly agree	73 (86%)
Agree	10 (12%)
Neither Agree nor Disagree	1 (1%)
Strongly Agree	1 (1%)
It was easy to move forward and backward through the program.	
Strongly Agree	65 (76%)
Agree	16 (19%)
Neither Agree nor Disagree	1 (1%)
Disagree	3 (4%)
I could relate to the people pictures in the program.	
Strongly Agree	60 (71%)
Agree	21 (25%)
Neither Agree nor Disagree	3 (4%)
Strongly Agree	1 (1%)
The children pictured were the right age for the topic being discussed.	
Strongly Agree	60 (71%)
Agree	21 (25%)
Neither Agree nor Disagree	3 (4%)
Strongly Agree	1 (1%)

Participants were asked to rate how much they liked the modules, with “1” meaning they loved the modules, and “5” meaning they disliked the modules. A majority (63%) answered “1” meaning they loved the modules, 27% answered “2” to say they liked the modules, 8% answered “3” which meant they were indifferent, and 2% rated the modules at a “4” meaning they didn’t like them. When asked if they would recommend these modules for other caregivers of infants, 99% answered “yes”. The one participant who answered “no” said that they would instead recommend the “Feeding Littles” training because they strongly believed in infant led weaning. When asked why they would recommend these modules to other caregivers, every participant answered that they would recommend the modules because they learned a lot. Table 5 shows some sample responses.

Table 5. Would you recommend these modules for other caregivers of infants? Why or why not?

“Yes I would recommend these modules to other caregivers because it provides great information on how to feed your baby.”

“I would recommend these modules because there is a lot of helpful information even for second time moms.”

“Yes. I think these modules are a good tool for new parents and caregivers. It gives them an idea of when to start solid foods and fingers food and if their child is ready or not.”

“I would recommend these modules for new mothers because it helps to understand what to look for when your child is hungry and how to introduce food.”

“Definitely! Tons of great information for any parent/caregiver!”

Participants were also asked what they liked best about the modules. Of the 87 participants who responded, 48% answered that they liked all of the information they learned, 26% said that they liked the interactive pieces (videos, activities, quizzes, etc.), 23% said that they like how easy they were to understand, navigate and follow, and 3% said that they liked everything. Table 6 shows some sample responses.

Table 6. What did you like best about the modules?

“They were fun and straightforward with the information.”

“I like the drag and drop activities. It certainly keeps your attention and verifies that you have understood the material...”

“The information was to the point and provided pictures and interactive activities for better understanding.”

“They were short and to the point. I felt the modules covered a wide range of topics”

“That they kept my attention and I wasn’t distracted by being bored!”

EVALUATION OF TODDLER MODULES

Measures

The pre-survey included the following instruments: demographics survey, Structure and Control, Mealtime Routines, Toddler Snack Food Feeding, Toddler Eating Patterns, and CCOR developed knowledge questions. The post-surveys included the same questionnaires with the addition of acceptability/feasibility questions. Instruments were selected to cover the main topics discussed in the toddler modules.

Findings

Participant Characteristics

Demographics

Ninety-one participants completed the toddler project. A majority were recruited from WIC (n = 36, 40%), Head Start (n = 35, 38%), and 20 (21%) were recruited from a flyer received from Head Start. A majority of participants were the parent of the infant (n = 89, 99%), female (n = 81, 93%), White/Caucasian (n = 86, 95%), high school graduates (n = 36, 40%), and described their employment as stay-at-home caregivers (n = 30, 34%). A majority reported participation in SNAP (n = 56, 63%) and WIC (n = 76, 87%). Other demographics are shown in Table 7.

Variable	Frequency (percent)	
Relationship to the toddler		
Parent	89 (99%)	
Grandparent	1 (1%)	
Toddler's sex		
Male	49 (55%)	
Female	40 (45%)	
Caregiver sex		
Male	6 (7%)	
Female	81 (93%)	
Number of children living in household		
One	19 (21%)	
Two	37 (41%)	
Three	21 (23%)	
Four	10 (11%)	
Five	4 (4%)	
Caregiver's Race		
White or Caucasian	86 (94%)	
African-American or Black	6 (6%)	
Hispanic or Latino		8 (9%)
Education Level		
8 th grade or less	1 (1%)	

Some high school	11 (12%)
High school graduate	36 (40%)
Some college or technical school	18 (34%)
Completed college	17 (19%)
Post graduate training/degree	7 (8%)
Employment Status	
Working full-time	25 (28%)
Working part-time	15 (17%)
Stay-at-home caregiver	30 (34%)
Student, attending class	3 (3%)
Unemployed	14 (16%)
SNAP Participation	56 (64%)
WIC Participation	76 (87%)
TANF Participation	6 (7%)

Change in knowledge, behaviors, and beliefs

Change from pre- to post-intervention

After completing the modules, parents reported giving less sweet and salty snack foods to their toddler from pre- to post-test ($F(1, 90), p = 0.007$) as measured by the Toddler Snack Food Feeding questionnaire. In addition, parents reported setting more consistent mealtime and snack routines from pre- to post-test [$F(1, 90), p = 0.0009$] as measured by the Structure and Control questionnaire. Main messages of the modules included choosing healthier snacks and incorporating mealtime routines, both of which showed improvement from pre to post in the sample.

When asked how much they learned from the three modules, 45% said they learned a lot, 46% said they learned some things, and 7% said they didn't learn much. Eight-four percent of participants reported that they were doing something new as a result of viewing the modules. Of those participants, 26% said that they were limiting sugar-sweetened beverages and offering more water, 23% mentioned that they were providing healthier snacks and food to their toddler, 19% said they had started setting routines around meal and snack times, 11% mentioned that they were offering new foods multiple times, 7% mentioned that they were having more family meals, and 5% said that they were allowing their child to determine when they had eaten enough. All other responses were general (i.e., "I'm doing a lot), so they did not fit into the other themes. Table 8 shows some example responses.

Table 8. Are you doing anything new that you were not doing before you watched the modules? Please explain (n=74)	
Theme	Example Responses
Offering healthier beverages (n = 19)	<p>"I'm not giving my child sports drinks."</p> <p>"I pay closer attention to the ingredients in the drinks I give him and I'm watering down the juices that have a lot of sugar."</p>

	<p>"I'm changing the type of milk my toddler drinks."</p> <p>"I'm not letting my son drink soda."</p>
Providing healthier snacks and meals (n = 17)	<p>"Yes totally changed the way me and my daughter eat. We have a fruit or vegetable with all 3 of are meals now."</p> <p>"I'm making a more conscious effort to include fruits and vegetables with each meal and snack..."</p> <p>"Not giving as many sweet snacks."</p>
Started routines around meal and snack times (n = 14)	<p>"I now have a daily mealtime routines."</p> <p>"Just setting stricter limits for mealtime routines."</p> <p>"I'm giving snacks 2 hours before meals."</p>
Offering new foods multiple times (n = 8)	<p>"Absolutely. I've changed his entire eating habits. I loved the tip about getting them to eat things they don't like at first."</p> <p>"Yes, offering new foods multiple times even when they don't want it at first."</p>
Having more family meals (n = 5)	<p>"We're not watching TV during mealtimes, and we're eating at the table."</p> <p>"Trying to eat with my kids more and eating the same foods as my kids."</p> <p>"Turning off the tv while eating."</p>
Allowing children to determine when they have eaten enough (n = 4)	<p>"I'm not making my child finish his food."</p> <p>"Not forcing them to clean their plate."</p>

Participants were also asked to report if there was anything they planned to do as a result of what they learned for the modules. Ninety-one percent said they planned to do something new. Of those participants, 35% said that they were planning to offer healthier drinks, 29% mentioned that they would give their child healthier snacks, 16% said they were planning to implement snack and mealtime routines, 5% said they planned to have more family meals, and 4% mentioned that they were going to plan meals and snacks ahead of time. The remaining participants provided general responses (i.e. "I'm going to do everything.") that didn't fit into the main themes. Table 9 shows some sample responses.

Table 9. Is there anything you plan to do as a result of what you learned from the modules? (n = 80)

Offering healthier drinks (n = 28)	<p>“I’ve already incorporated a ton, including no more 100% fruit juice other than one 4 oz. cup, if any. Everything was so helpful.”</p> <p>“I plan to give more water.”</p> <p>“I plan to encourage water and cut out most juice.”</p>
Providing healthier snacks (n = 23)	<p>“Trying to add more healthy snacks and not allow so many treats.”</p> <p>“Giving more fruit instead of other sugary snacks.”</p> <p>“Changing to healthier snacks.”</p>
Implementing snack and mealtime routines (n = 13)	<p>“I plan to implement new and different snack ideas and routines.”</p> <p>“Having a more set schedule for meals and snacks.”</p> <p>“Give snacks at least 2 hours before meals.”</p>
Having more family meals (n = 4)	<p>“Eating together more.”</p> <p>“We are going to try to do no TV at dinner time.”</p>
Planning meals and snacks ahead of time (n = 3)	<p>“Make a habit of planning and prepping for meals for the week.”</p> <p>“I plan to be more organized and try to prepare meals ahead of time.”</p>

Process Evaluation of Toddler Modules

Most participants (76%) reported that they viewed the modules once, 21% viewed the twice, and 3% viewed them three times. Thirty-one participants (34%) reported visiting the Parenting Toolbox website once, 12% reported visiting twice, and 29% reported going to the website three times.

Sixty-eight (76%) participants reported that it was very easy to access the modules on the Parenting Toolbox website, 15% said it was easy, and 6% responded that it was a little difficult. When asked to rate the interactive activities (quizzes, drag-and-drop activities, etc.), 91% said that the activities helped to keep their attention, 8% said they didn’t keep their attention but also didn’t bother them, and 1% said that they were distracting. Eighty-four participants (92%) reported that the length of the modules were “just right” and 8% said that they were too long.

Table 10. End-User Feedback	
	Frequency (percent)
The information was easy to understand.	
Strongly Agree	75 (82%)
Agree	15 (17%)
Neither Agree nor Disagree	1 (1%)
The information was well-organized	
Strongly agree	75 (82%)
Agree	15 (16%)
Neither Agree nor Disagree	1 (1%)
It was easy to move forward and backward through the program.	
Strongly Agree	70 (78%)
Agree	16 (18%)
Neither Agree nor Disagree	1 (1%)
Disagree	2 (2%)
I could relate to the people pictures in the program.	
Strongly Agree	57 (62%)
Agree	23 (25%)
Neither Agree nor Disagree	10 (11%)
Strongly Agree	1 (1%)
The children pictured were the right age for the topic being discussed.	
Strongly Agree	53 (58%)
Agree	26 (29%)
Neither Agree nor Disagree	10 (11%)
Strongly Agree	2 (2 %)

Participants were asked to rate how much they liked the modules, with “1” meaning they loved the modules, and “5” meaning they disliked the modules. A majority (54%) answered “1” meaning they loved the modules, 34% answered “2” to say they liked the modules, and 11% answered “3” which meant they were indifferent. Participants were asked if they would recommend these modules for other caregivers of toddlers. Of the 88 participants who responded, 88 (100%) said that they would recommend the modules for other caregivers. When asked why they would recommend the modules, all participants (100%) answered because they were very informative and included lots of tips for healthy eating. Table # shows some example responses.

Table 11. Would you recommend these modules for other caregivers of toddlers? Why or why not?

“Yes, because they were very helpful in learning how to give my child healthy foods and drinks.”

“Yes, there is a lot of useful info in those modules that would be beneficial to parents. Whether or not they choose to follow those recommendations, they would at least be in the back of their minds as they make food/drink decisions for their toddlers.”

“Yes, there is a lot of helpful information. Especially for parents that are having issues with food with their children.”

“Definitely! I have a background with early education so I did know a bit, but I still learned new things. I’m sure other parents also could!”

“Yes, there are a lot of tips and information for feeding toddlers!”

Participants were also asked what they liked best about the modules. Thirty-three percent answered that they liked all of the information they learned, 25% said that they liked the interactive pieces (videos, activities, quizzes, etc.), 21% said that they liked how easy they were to understand, navigate and follow, and 2% said that they liked everything. Table 12 shows some sample responses.

Table 12. What did you like best about the modules?

“How informative they were. The content was fantastic.”

“Learning about the different healthy foods and drinks to provide to my toddler.”

“I liked the activities. Made the information more meaningful.”

“They kept you involved by touching the pictures for more information as well as the activities at the end.”

“They were to the point. The information was right there not buried, basically. It was visually attention keeping”

Description of how evaluation results will be used:

Evaluation results show that the modules are effective in changing behavior and improving knowledge related to the topics presented in the modules. Results also showed that the modules were well-liked by participants, and they were feasible to use with the target audience. Evaluation results will be used to support continued use of the CCOR modules for SNAP-Ed programming.

Point of Contact

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Relevant Journal References

CCOR plans to conduct additional analyses for a potential manuscript. CCOR will keep the ME updated with these plans.



PA SNAP-Ed/ EAT RIGHT PHILLY 2020 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, our Team of dedicated professionals provided education and interventions to over 40,000 students and adults in 78 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 approaches to further empower participants to make healthy lifestyle choices. With the onset of the global pandemic closures, staff transitioned from in-person to virtual programming, taking the opportunity to learn new skills and find creative ways to engage participants.

We are also proud of the continuing opportunities we provide Drexel students. We employ student nutrition educators from the Department of Nutrition Sciences, the School of Public Health, and the College of Arts and Sciences, providing opportunities to gain valuable experiences working in the community. Our staff also serve as preceptors to students from Drexel University, Department of Nutrition Sciences' Master of Science in Nutrition and Dietetics program. 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. I want to thank each of the Team members, led by Judy Ensslin, Program Director, for their role in making the PA SNAP-Ed/ EAT RIGHT PHILLY Program a success!

This marks my final Annual Report letter to you as the Principal Investigator for Drexel University's PA SNAP-Ed / EAT RIGHT PHILLY Program. I have taken the position as Department Head in the Department of Human Nutrition, Foods, and Exercise at Virginia Tech, which happens to be my alma mater for my MS and PhD degrees. It was certainly difficult to leave Drexel University; however, I know that Drexel University's PA SNAP-Ed / EAT RIGHT PHILLY Program under the continued excellent Directorship of Judy Ensslin, the amazing work of the Team, as well as Dr. Jennifer Quinlan, who will be taking over as Principal Investigator, the Team will continue to provide excellent nutrition education to all those they serve in Philadelphia! It was a privilege for me to serve in this role for almost 10 years, and to work with such talented and dedicated individuals!

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

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 Program Education (PA SNAP-Ed) partner that provides free nutrition outreach programs to SNAP-eligible participants in schools and community sites in Philadelphia. Drexel’s team is one of seven partners working with the School District of Philadelphia’s (SDP) EAT RIGHT PHILLY Program. Together, EAT RIGHT PHILLY partners provide interactive nutrition lessons and programs designed to educate students and families, support schools and communities in creating healthier environments, and improve access to healthier choices.

Strategies and interventions utilized to promote healthy behaviors include:

- Nutrition and Cooking Lessons
- Fruit and Vegetable of the Month Tastings
- Cooking Demonstrations
- Food Tastings
- School Wellness Initiatives
- Hydration Promotion
- Physical Activity Promotion
- School Breakfast Promotion
- Food Access Initiatives
- Gardening

The Numbers....

\$1,778,237 Total Grant Award for 2019 to 2020

72 Schools and Charter Schools

6 Community Sites

2,410 Nutrition lessons conducted with students and adults

13,059 Students and adults who participated in direct education

51,313 Adult and student contacts through direct education

38,023 Participants reached through Policy, Systems, and Environmental (PSE) change strategies

136,671 Food tastings

Program Highlights



Building Skills: Nutrition Education



Drexel's EAT RIGHT PHILLY Team delivers interactive nutrition lessons to kindergarten through 12th grade students and adults. Hands-on cooking is used in many lessons to engage students, develop skills, build knowledge, and promote teamwork. Interactive games and activities are designed to enhance learning and promote engagement. Participants also receive a healthful food tasting with each lesson.

This year, Drexel's EAT RIGHT PHILLY nutrition educators cooked with approximately 2,200 students, in 100 classrooms, in 33 middle and high schools.

COVID-19 Adaptations: Virtual Learning

Drexel's EAT RIGHT PHILLY Team adapted to working in a remote environment when stay-at-home orders and closures were put in place due to the COVID-19 pandemic. When face-to-face programming ceased in March, the team worked quickly to adapt the Drexel Nutrition Curriculum for virtual learning by creating interactive activities and filming videos. When the School District of Philadelphia transitioned to digital learning, educators connected with teachers to provide support and resources and teach virtual lessons with students. Our staff also took to social media to showcase their own healthy habits at home with our #MyHealthyChoice promotion.

BALANCED MEALS

DINNER

- ✓ Choose lean protein cuts such as fish or turkey
- ✓ Use low sodium seasoning when cooking
- ✓ Broil, grill, roast or poach meat, poultry or fish instead of frying

SNACKS

- ✓ Have healthy snacks available at home and bring healthy snacks to eat when on-the-go
- ✓ Try a piece of fruit or vegetable such as carrots
- ✓ Choose low fat yogurt or cheese

Breakfast!

#MyHealthyChoice

Protein

Fruit

Grains

EAT RIGHT PHILLY

I choose to include at least 3 out of the 5 food groups!



#MyHealthyChoice

I choose to make healthy snacks for my family.

We want to hear your healthy choices. Tag us!

EAT RIGHT PHILLY

@EatRightPhilly_DRX



“ I was a little nervous when I first started to plan for the virtual lessons at one elementary school. The classroom teacher and I decided to continue a lesson series that was started before the school closures. After planning and making interactive worksheets for the students, it was time to do the lessons. There were 27, second grade students who were all very excited to have their EAT RIGHT PHILLY lessons back and they were engaged and ready to learn! They remembered much of the information they received earlier in the year and were eager to share and tell me about all the new foods they have been trying while at home. This class gave me confidence that I could transition to a virtual format.

- EAT RIGHT PHILLY Educator



“ Despite the new-found difficulties of virtual lessons, students in two elementary school classes have made those difficulties worth it! During lessons in June, three students decided to cook along with me from home. Other students wrote down the recipe so they could make it later with their families and others talked about what they would of change in the recipes. One classroom teacher told me, “Being able to talk about food, watch you cook, and cook alongside you is what gets the students excited for Monday lessons.”

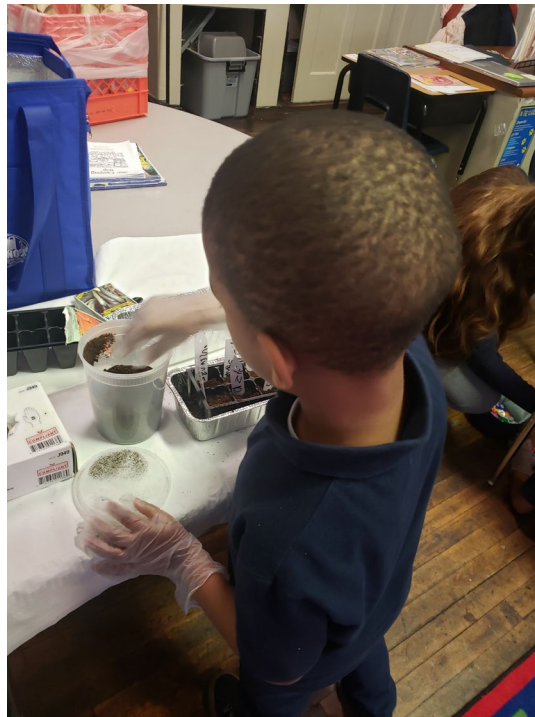
- EAT RIGHT PHILLY Educator



“ The health and physical education teacher at one high school used the Drexel High School Curriculum, adapted for online use, with his health classes. After completing the series, the teacher told us that every one of his students completed the lessons and submitted the worksheets. They especially liked the videos that went with the lessons!

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 and students to facilitate gardening projects. From planning and conducting lessons, to providing technical support, nutrition educators assisted in a variety of projects prior to the COVID-19 shutdowns. Students were able to plant seeds and see the start of the growing process before schools were closed in the spring. During the closures, the EAT RIGHT PHILLY team shared home gardening projects on social media. The team looks forward to getting back into the schools and the gardens once schools reopen.





“
While harvesting some tomatoes from the school garden, a nutrition educator was talking to students about fruits and vegetables that they like to eat that we have grown in our garden. One of the students said she does not eat food that comes from the ground. When asked what that meant she told me she only eats fruits and vegetables that come from the store. It was a great teaching moment to let her know that the fruits and vegetables that are sold in the store come from a farm/garden somewhere before they arrive at the store. She was then willing to try the food from our garden and was surprised to find she enjoyed it.



“
In September, the Eat Right Philly nutrition educator joined with some students at Kearny Elementary School to harvest and clean up the garden for the winter season. Students harvested vegetables, pulled weeds, and made the garden look beautiful! The students were excited to learn about what was growing in the garden and got excited that they would have the chance to plant again in the spring. When spring arrived, each class at the school had the opportunity to plant seeds indoors and begin to watch them grow. Unfortunately, COVID closures came, ending future gardening for the spring season. Some teachers sent seedlings home with students to grow at home.

School Wellness Initiatives

Promoting student health and school wellness continues to be a priority for the EAT RIGHT PHILLY Team. Nutrition educators, in conjunction with school and community partners, worked on a variety of projects meant to improve health and promote healthy behaviors in the school community.



Healthy Hydration

EAT RIGHT PHILLY has partnered with SDP's GreenFutures sustainability plan, the Philadelphia Department of Public Health's Get Healthy Philly team, the Philadelphia Water Department, and the City of Philadelphia Office of Children and Families to promote healthy hydration to the Philadelphia community. Throughout the year, nutrition educators led hydration promotion efforts in 43 sites, and distributed over 9,400 reusable water bottles. Educators conducted individual education and marketing campaigns in their sites, encouraging healthy hydration. Educators worked with students to create and develop projects where students educated their peers on hydration, encouraging the consumption of water instead of sugar-sweetened beverages. Nutrition educators have also supported Get Healthy Philly's campaign to Drink Philly Tap (<https://drinkphillytap.org/>), a marketing campaign to educate the Philadelphia community on the safety, convenience, and affordability of Philadelphia tap water.





“ An EAT RIGHT PHILLY Nutrition Educator partnered with the Media Academy at Roxborough High School and hosted an infused-water tasting during lunch hours. Two media students volunteered to run the table and promote hydration to fellow students. The volunteers took selfies with classmates while trying the flavored water, talked about why hydrating with water is important, and engaged fellow students during the entire event. Students loved the flavor of the infused water. The volunteers enjoyed promoting the event so much that they volunteered to assist with the next water tasting!





“ At Alain Locke Elementary, project coordinator, Alyssa Kalter taught students about the importance of hydration and choosing healthy beverages. She distributed reusable water bottles to all students and provided materials for students to personalize their own bottle, before filling it at the hydration station. Weeks and months later, students were seen still using their bottles during the school day!



“ Reusable infuser water bottles were distributed at Kensington Health Sciences Academy as a part of a hydration promotion which included hydration education and tips to make drinking water more interesting by infusing it with fruit, vegetables, and/or herbs. Later in the day, a student came to the nutrition educator to show how he had put Clementine orange segments into the infuser and added water. He noted that the water tasted great and he was excited to go home and try other flavors.



“ In working with the principal and counselors at a Roberto Clemente Middle School, the nutrition educator learned that the school did not have enough hydration stations available to the students in the school. Though the building had four stations, three were accessible to high school students who shared the school and one was accessible to the middle school. The team petitioned the school district to get another hydration station for the middle school. Soon, the hydration station was installed, showing how collaboration and communication helped to resolve a problem!



“
Students at Tilden Middle School were excited about getting new, reusable water bottles. After hearing facts about dehydration and the benefits of hydrating with water, one student came up with a slogan for the year and everyone loved it... "The more you drink, the more you think!"

“



“
After over a year of petitioning the district for a hydration station for the Edison High School gym, it was installed in November 2019. Ms. Lowry, PE teacher, held a ribbon cutting ceremony, thanking Eat Right Philly for their effort and support of the process. Students used their EAT RIGHT PHILLY reusable water bottles to fill-up at the brand new station!

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The Wellness Committee at SLA Beeber, which includes the Eat Right Philly educator, developed a goal to limit the sales of sugar-sweetened beverages at the school store. Working together, the only sugar-sweetened beverage that is occasionally sold is a sports drink. Students at this school were also provided with reusable water bottles. Teachers have reported that the students use the bottles regularly to fill up at the hydration stations.

“



Physical Activity Promotions

EAT RIGHT PHILLY encourages participants and partners to take time to get up, move, and refocus throughout the busy day to improve our health and wellness. Staff and students are encouraged to take short brain breaks throughout the day, incorporating movement, mindfulness, and/or breathing into daily routines. Nutrition educators provide tools, resources, and training to teachers to develop their movement break skill set, and also, lead by example, conducting movement breaks in their nutrition education classes. Nutrition educators also incentivize participants to engage in activity by promoting activity challenges, such as step challenges and classroom movement break challenges.

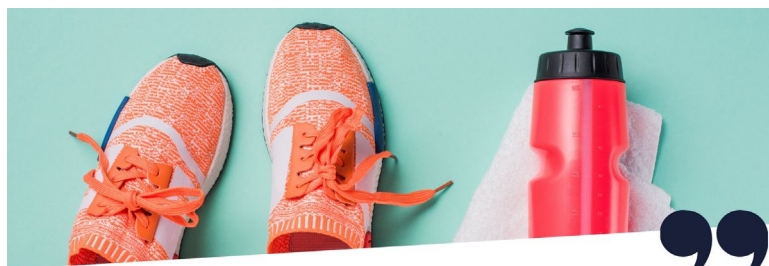




“ At Locke Elementary, Eat Right Philly educator, Alyssa teamed up with the Playworks Program Coordinator and Coach. Working together the two introduced teachers and students to Activity Works, an educational program that enhances core curriculum content and stimulates metabolism through multi-sensory, aerobic exercise. Students loved the platform and teachers were excited to be signed up with their own accounts so they could continue to use Activity Works throughout the school day.



“ The Eat Right Philly nutrition educator hosted a movement break professional development session with the teachers at The LINC High School. A few weeks later, several teachers told her that they had begun to incorporate movement breaks into their lessons. The teachers noted that while it can be challenging to get high school students up and moving, it has great benefits for their cognition! Teachers would use resources or would let students get up and take a few minutes to “do their own thing”. Many teachers found that the students liked that teachers respected them enough to let them “do their own thing” during movement breaks to release energy.



At Gompers Elementary School, the ERP educator worked with the principal, PE teacher and other partners to increase physical activity opportunities throughout the school year. From a FIT for Fall pedometer challenge, Activity BINGO Challenge, and interventions to increase the use of movement breaks during the day, the team worked to even short breaks for movement can improve focus and behavior in students.

Increasing Fruit and Vegetable Consumption

Fruits and vegetables are delicious, and eating them every day is a great way to fuel the body with energy, beneficial antioxidants, fiber, vitamins and minerals. To support an improved consumption of fruits and vegetables, EAT RIGHT PHILLY conducts programming that exposes students to fruits and vegetables in various forms and encourages students to taste and learn about the foods. Nutrition programming includes monthly fruit or vegetable tastings, nutrition lessons, cooking demonstrations, recipe distributions, and tastings during lessons, at farm stands, food pantries, and other events. Tastings are provided in a variety of whole food forms, and in some instances, a recipe is used to demonstrate how the highlighted fruit or vegetable might be prepared. EAT RIGHT PHILLY staff also developed recipe videos to highlight the monthly fruit or vegetable tasting.

EAT RIGHT PHILLY educators continue to support participating elementary schools (grades K-6) providing the federally funded Fresh Fruit and Vegetable Program in conjunction with the SDP's Division of Food Services. Nutrition educators supported the program by developing creative bulletin boards to promote the monthly fruits and vegetables, distribute supporting materials of each tasting, as well as educate participating students on the nutritional benefits of each food tasting.



“

One elementary school teacher told the Eat Right Philly educator this fun story: While I was shopping at the grocery store this weekend, I saw one of our students shopping with her mother. The student asked her mother to purchase blood oranges. The mother was confused as she had never had nor purchased a blood orange. She asked how her daughter knew about them. The student told her mother that Eat Right Philly brought them to school for all the students to taste and she loved them! The teacher was so happy to hear that a student was taking home the healthy ideas she was learning at school.

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A Drexel Eat Right Philly educator received an email from the president of a Home and School Association who wanted to share her appreciation of the program: "My daughter told me that today you were in her class and she loved it. She thinks your lessons are the coolest. She and I have been having issues with food and healthy eating... Anyway, she doesn't like sweet potatoes but thinks cauliflower is pretty tasty." - It's great to hear that students are going home and talking about the lessons with their parents, and trying new foods!



”

“

A 2nd grade class learned about Zucchini from the Basics curriculum and then got to see some in real life when they visited McMichael Elementary School's second Produce Stand for the 2019-2020 School Year. The nutrition educator began bringing students out to the monthly Produce Stand to see and sample fresh fruits and vegetables that they learned about in class.



“ At Constitution High School, the nutrition educator conducted food tastings each month during lunch periods. Each month a group of students would visit the table, try the tasting and would say they did not like the food item. However, in January, blood oranges were the fruit of the month and were quite a hit! The girls exclaimed that the oranges were their favorite tasting! They were so excited that they sat at the tasting table for the rest of the lunch period and recruited classmates to come up to try the blood oranges.



”

At one high school, a student who tried the food tasting of blood oranges was heard to proclaim, “Yo, This jawn is good!”

“



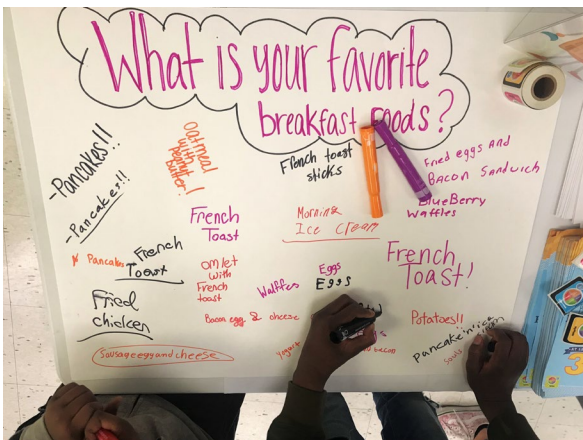
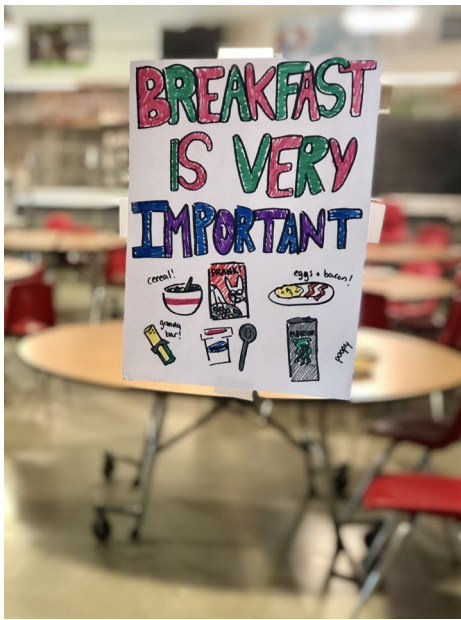
”

I was telling a neighbor about the EAT RIGHT PHILLY program and she told me this story: her daughter gets the program in her elementary school and loves it. When schools closed, her daughter was upset because she was really looking forward to her next food tasting from EAT RIGHT PHILLY. Mom decided to pick up some new foods and do their own at home tastings so her daughter can continue trying new foods while schools are closed. - EAT RIGHT PHILLY Educator

“

School Breakfast Promotions

Starting the day off by fueling with a healthy breakfast is one of the easiest ways that students can energize their brains for the day. The EAT RIGHT PHILLY team continued to support the SDP's Food Service Department to promote increased participation and consumption of breakfast inside and outside of school. This year, our nutrition educators jump-started this initiative by leading students through breakfast themed nutrition lessons. Students also had the opportunity to assist with the creation of simple and delicious breakfast recipes. School-wide breakfast promotions occurred throughout the school-year, but National School Breakfast week was an opportunity for educators to elevate efforts by hosting promotional tables, raffles, challenges and trivia activities. In some instances, students took ownership of the promotion by developing posters to educate their fellow classmates on the benefits and importance of breakfast.



Food Access

Food access opportunities are on the rise in Philadelphia. EAT RIGHT PHILLY has continued to work with community partners to ensure Philadelphians are aware of these opportunities by advertising and promoting distribution. Our nutrition educators provide education, food demonstrations, food tastings, recipes, nutrition information, and other resources to participants during food distributions.

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 KIPP Middle School, Tilden Middle School and Kensington Health Sciences Academy
- Food Pantries at Mantua Haverford Community Center, Tilden Middle School, Locke Elementary School, Waring Elementary School, Frankford High School, John B Stetson Charter School and South Philadelphia High School.
- SHARE Produce Stands at Martha Washington Elementary School, McMichael Elementary School, Belmont Elementary School, Locke Elementary School, and Powel 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. During the COVID-19 school closures, educators provided resources for online learning and attended classes virtually. One educator continued a series that was started in-person through weekly virtual lessons in May and June. Another educator encouraged students to continue to try healthy foods at home by meeting virtually with the class and preparing healthy snacks together.

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. EAT RIGHT PHILLY nutrition educators supported the produce stands by providing nutrition education for customers, 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.



Dornsife Center for Neighborhood Partnerships

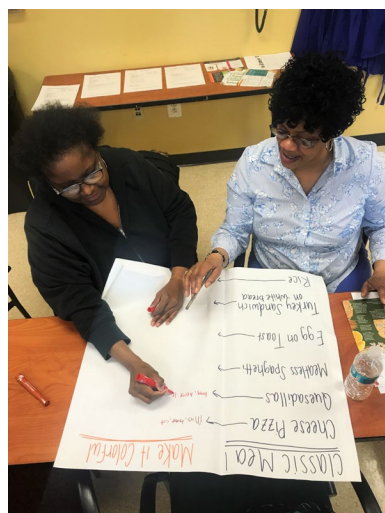
Drexel's EAT RIGHT PHILLY Team has been working with our partners at the Dornsife Center for Neighborhood Partnerships to provide interactive cooking classes for the local community. Every other week, Nutrition Educator Alyssa Kalter taught participants about nutrition and related it to simple, tasty, healthy recipes. Participants enjoyed the hands-on cooking and interactive format of the lessons.

When all Dornsife Center activities were moved online due to COVID-19, Alyssa worked with the Dornsife Center's administrative team to continue involvement, even though the site was closed for in-person programming. Drexel's EAT RIGHT PHILLY Team provided recipes and other "healthy at home" tips that were featured in the Dornsife Center's bi-monthly e-newsletters.

Stephen and Sandra Sheller 11th Street Family Health Services

Drexel's EAT RIGHT PHILLY Team continued to collaborate with the Team at Drexel's Stephen and Sandra Sheller 11th Street Family Health Services. Nutrition educators taught workshops and helped to promote the 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 they prepared utilized the produce from that week's box. Participants enjoyed learning new ways to use the fresh fruits and vegetables, and other visitors were motivated to sign up to receive a box the following week.

Nutrition educators continued to provide nutrition education with the Supportive Older Women's Network (SOWN) group that meets at the 11th Street Family Health Services. The grandparents in the group enjoy coming together to discuss nutrition topics and ways they can help their families to eat healthier. The participants are appreciative of the new nutrition knowledge they gain through the workshops and enjoy preparing new, tasty recipes they can share with their families. When in-person programming stopped, the group moved to telephone meetings to support each other. Drexel's EAT RIGHT PHILLY Team continued to support the group by joining one of their phone meetings to provide ideas for simple, healthy meals, snacks on a budget and ways to get children moving at home.



Community Schools

Through the City of Philadelphia Office of Children and Families (OCF), Drexel’s EAT RIGHT PHILLY team partnered with eight Community Schools to join efforts to promote a healthier school and community environment. The OCF 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, hydration promotions, physical activity promotions, breakfast promotions, fruit and vegetable 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
- Overbrook Educational Center
- Samuel Gompers School
- South Philadelphia High School
- Tilden Middle School

Program Evaluation

PA SNAP-Ed Statewide Evaluation

Drexel University’s EAT RIGHT PHILLY Team was excited for Post-Doctoral Fellow, Abigail Gilman, PhD, RD, LDN, to remain with the team for another year. Dr. Gilman worked directly with Dr. Stella Volpe, the Principal Investigator. She also worked with the Program Director, Judy Ensslin, and Assistant Director, Jessica Cullison, where they lead the Drexel Team in participating in the PA SNAP-Ed statewide evaluation plan and an EAT RIGHT PHILLY Study. Statewide surveys were administered to select elementary, high school and adult populations. Successful completion of the statewide evaluation activities was limited due to COVID-19 closures ceasing the interventions.

Drexel EAT RIGHT PHILLY Program Evaluation

Drexel's EAT RIGHT PHILLY Team was able to complete study activities on a “Teach-the-Teacher Model for the Provision of Supplemental Nutrition Assistance Program-Education Direct Education”. This study was a follow up to a smaller pilot study completed in the last fiscal year. The purpose of this study was 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.



What Are the Teachers Saying...

Drexel's EAT RIGHT PHILLY Program conducts an annual Teacher Survey which asks SDP teachers and staff who worked with us throughout the year their opinions of the programming. 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 feedback helps to identify challenges, trends, and successes. Highlights include:



”

"Through the nutrition programs students are becoming more aware of the things that they put in their bodies. Students are making healthier choices for their snacks as well as the beverages that they drink."

“

ELEMENTARY SCHOOL TEACHER



”

"Our students and teachers look forward to the lessons. Our students are learning how to prepare healthy food options for themselves."

“

HIGH SCHOOL TEACHER



”

"The children enjoyed the activities, tasting, and it was a great way for them to ask questions and develop an understanding of nutrition."

“

6TH GRADE TEACHER



”

"Materials and information were presented in an effective manner that engaged the staff and students."

“

MIDDLE SCHOOL TEACHER



”

"[The most successful aspects of Eat Right Philly were] noticing students making health choices and having been given nutrition information that guides them in their choices."

“

SCHOOL NURSE

From the Desk of Our Incoming Pl...

Dr. Jennifer J. Quinlan, Professor and Interim Chair of the Departments of Nutrition Sciences and Food and Hospitality Management at Drexel University, has been at Drexel for 18 years. She has served as PI on five USDA grants during her time at Drexel and is a former Fulbright Scholar to Corvinus University in Budapest, Hungary. Her USDA funded research program has conducted interdisciplinary “community to bench” research which has identified food safety risks for low income and minority populations at both the consumer and retail levels. Her groups research has resulted in consumer food safety education materials which have had national and international impact. Dr. Quinlan’s currently funded research involves qualitative and quantitative formative research methods to inform development and evaluation of new consumer education materials. We are so excited to continue our work at Eat Right Philly with the guidance of Dr. Quinlan!



Special Thanks to the EAT RIGHT PHILLY Team

The Team

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

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: Alina Marhefka

Post-Doctoral Fellow: Abigail Gilman, PhD, RDN, LDN

Project Coordinator: Alyssa Kalter, MBA

Nutrition Educators:

Alexis Sangalang-Pepper

Aubrey Redd, MS

Kristin Prendergast

Allysandra Aponte

Victoria Sutton

Vanessa R. Altidor

Danielle Juristch

Christina Branton-McMillon

Student Employees:

Sumer Al-Ani

Abigail Keller

Caichen Zhong

Robin Gardiner

Arghyadeep Sarkar

Yash Rajesh Kakani

Katharine Moffit

Ana Veloso

Dietetic Interns:

Mariam Abdullah

Caroline Campbell

Sofia Chang

Robin Gardiner

Stephanie McNear

Kaitlin Perni

Katherine Ragusa

Katharine Moffit

Christopher Vatrai

SLA @ Beeber Middle School Intern: Alaina Thomlinson

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

For a general program overview: drexel.edu/cnhp/eatrightphilly

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.

FY20 Reporting Evaluation of Emerging Curriculum/Approach

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.

Through providing training and technical assistance to food service and kitchen department staff, this emerging policy, systems, and environmental (PSE) initiative aims to strengthen healthy food selection practices and improve the nutritional quality of served meals at eligible Food Service Departments serving meals to SNAP-eligible populations in Philadelphia. This emerging PSE work involves several evaluation activities across two main projects – one focusing on increasing knowledge about culinary and nutritional topics through group training, and one focusing on technical assistance tailored to a site’s individual needs.

Collaborative Culinary and Nutrition Trainings

1. Change in knowledge among collaborative training participants of content covered in training.
2. Satisfaction among collaborative training participants with training content and structure, facilitator, and overall experience.
3. Effect of collaborative training content upon attendees’ operations, and identification of any sustained changes at their sites.

Individualized, On-site Technical Assistance

1. Change over time at the site level, including goal setting on implementing strategies to achieve healthier meal service (e.g., using menu templates, increasing use of fruits and vegetables, eliminating deep frying as a method of food preparation) and assessment of incremental progress.
2. Improvements in food quality and choices provided to residents/clients (both existing menus and newly introduced meal options)

Evaluation Design

Describe the population being evaluated and its size.

The target audience are members of Food Service Departments serving meals to SNAP-eligible populations across the City of Philadelphia. SNAP-eligible constituents of targeted Food Service

Departments include but are 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 14 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.

Listed below are the measures and corresponding evaluation instruments:

Collaborative Culinary and Nutrition Trainings

1. Pre/Post Test – individual and aggregate change in knowledge among collaborative training participants of content covered in training.
2. Satisfaction Surveys – individual and aggregate level of satisfaction (“good”/“agree” and above) among collaborative training participants with training content and structure, facilitator, and overall experience.
3. Follow-up Implementation Survey – participants’ self-reported effect of collaborative training content upon site operations, and identification of any sustained changes at sites.

Individualized, On-site Technical Assistance

1. Baseline Goal Setting and Follow-Up Assessment Tool – change over time at the site level; namely, the adoption of strategies selected at baseline and tracked via follow-up assessments.

2. Meal/Menu Satisfaction Surveys – individual resident/client satisfaction (“satisfied” and above) with existing site menus and/or newly introduced menu item options.

Describe the points at which data were collected and how.

Collaborative Culinary and Nutrition Trainings

1. Pre/Post Test – administered at the outset and close of each training.
2. Satisfaction Surveys – administered at the close of each training.
3. Follow-up Implementation Survey – administered several weeks following each training.

Individualized, On-site Technical Assistance

1. Baseline/Initial Goal Setting Assessment Tool completed during first meeting (or other proximate date/time as convenient for site)
2. Number and type(s) of strategies selected by sites through goal setting
3. Progress toward and achievement of strategies selected for adoption at initial meeting
4. Attendance recorded at each technical assistance session
5. Meal/Menu Satisfaction Surveys – after initial goal setting tool was administered, sites that selected the priority area of “Menu Planning” were offered the opportunity for HPC to conduct a meal/menu satisfaction survey with clients/residents, scheduled for a date and time most convenient for the site

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.

Collaborative Culinary and Nutrition Trainings

Note: materials (i.e., food for test cook, tasting, and lunch) were funded by the American Heart Association (AHA))

HPC planned three in-person culinary and nutrition trainings for FY2020, two of which were conducted in the Office of Homeless Services' facilities and industrial kitchen; the third was conducted virtually due to COVID-19. These interactive trainings are designed and led by Connor Lightcap, MPH, Culinary Support Services Coordinator (CSSC) at HPC. Each agenda includes 75 minutes of education, a cooking demonstration, over 60 minutes of recipe trial and preparation at individual stations, and an opportunity for participants to connect and network. Due to COVID-19, the typical agenda format for the in-person culinary and nutrition trainings was modified. For the third training, the CSSC abbreviated the education component, used a PowerPoint format, and conducted the recipe demonstrations virtually. Additionally, the pre/post-test and satisfaction surveys were administered electronically. The trainings took place on November 15, 2019 on the topic of whole grains; February 21, 2020 on the topic of fruits and vegetables; and September 22, 2020 virtually on the topic of pantry staples.

Whole Grains Training

Seven individuals representing five different sites across Philadelphia attended the November 15, 2019 training on whole grains: People's Emergency Center, St John's Hospice, McAuley House, Women Against Abuse, and Open Door Clubhouse. Prior to the educational session, a pre-test was circulated to measure participants' baseline knowledge of training content. Questions spanned topics such as health benefits of eating whole grains, how to identify whole grain items at grocery stores, and accurate portion sizes. A post-test consisting of the same questions was disseminated at the end of the program to evaluate any changes in knowledge as a result of participation. Matched pre- and post-test pairs were obtained for six of the seven participants. On average, participant scores increased from 61% correct at pre-test to 78% correct after the training; the percent increase in correct answers from pre-test to post-test was 27%.

At the conclusion of the program, satisfaction surveys were distributed to collect anonymous participant feedback on various dimensions of the training. As illustrated below, respondents indicated high levels of satisfaction with training structure, content, and instructor.

- **100%** of respondents rated the training as excellent
- **100%** of respondents would recommend this training to others
- **89%** of respondents strongly agreed the instructor answered all participants' questions
- **89%** of respondents strongly agreed the instructor communicated clearly and effectively
- **91%** of respondents strongly agreed the instructor was well-prepared and organized

- **89%** of respondents rated the quality of training materials as excellent
- **89%** of respondents rated the organization of the information as excellent
- **100%** of respondents rated the quality of presented information as excellent
- **89%** of respondents rated the recipe used during food tasting as excellent*
- **91%** of respondents rated the training length as excellent
- **100%** of respondents agreed their knowledge increased as a result of the training
- **100%** of respondents agreed they will be able to apply what they learned to their job
- **100%** of respondents agreed they will be able to apply what they learned to their life
- What was most useful about the training (free-response):
 - "The PowerPoint and open discussion was really insightful"
 - "Technique to use the knife"
 - "Hands on cooking and taste testing"

**Note: food tasting supplies were funded solely by American Heart Association (AHA)*

Several weeks after the whole grains training, an online follow-up survey was developed and disseminated to attendees to better understand the effect of workshop content upon their operations and identify any sustained changes at their sites. The follow-up survey was partially completed by one attendee; this response rate may be attributable to the concurrent COVID-19 pandemic, which caused closures of some sites, such as Open Door Clubhouse. The partial respondent did report that of the five recipes provided at the training, four were served at the site. Frequency of served recipes ranged from approximately once a month to four or more times a week.

Focusing on Fruits and Vegetables

Six individuals representing four different sites across Philadelphia attended the February 21, 2019 training on fruits and vegetables: Our Brothers' Place, People's Emergency Center, Stenton Family Manor, and Open Door Clubhouse. Prior to the educational session, a pre-test was circulated to measure participants' baseline knowledge of training content. Questions spanned topics such as health benefits of eating fruits and vegetables, cooking fruits and vegetables, ideas for incorporating more fruits and vegetables into meals, serving size and portion control, menu and meal forecasting, basic and advanced knife skills, and healthy cooking techniques. A post-test consisting of the same questions was disseminated at the end of the program to evaluate any changes in knowledge as a result of participation. Matched pre- and post-test pairs were obtained for three of the six participants. On average, participant scores increased from 55% correct at pre-test to 88% correct after the training; the percent increase in correct answers from pre-test to post-test was 68%.

At the conclusion of the program, satisfaction surveys were distributed to collect anonymous participant feedback on various dimensions of the training. As illustrated below, respondents indicated high levels of satisfaction with training structure, content, and instructor.

- **100%** of respondents rated the training as excellent

- **100%** of respondents would recommend this training to others
- **100%** of respondents strongly agreed the instructor answered all participants' questions
- **100%** of respondents strongly agreed the instructor communicated clearly and effectively
- **100%** of respondents strongly agreed the instructor was well-prepared and organized
- **83%** of respondents rated the quality of training materials as excellent
- **83%** of respondents rated the organization of the information as excellent
- **83%** of respondents rated the quality of presented information as excellent
- **83%** of respondents rated the recipe used during food tasting as excellent*
- **50%** of respondents rated the training length as excellent
- **100%** of respondents agreed their knowledge increased as a result of the training
- **100%** of respondents agreed they will be able to apply what they learned to their job
- **100%** of respondents agreed they will be able to apply what they learned to their life
- What was most useful about the training (free-response):
 - "Using more veggies to replace meat portions"
 - "Everything is useful"

**Note: food tasting supplies were funded solely by American Heart Association (AHA)*

Several weeks after the fruits and vegetables training, an online follow-up survey was developed and disseminated to attendees to better understand the effect of workshop content upon their operations and identify any sustained changes at their sites. The follow-up survey was not completed, which may be attributable to the multiple competing priorities of participating staff as they worked to provide services under the continued strain of COVID-19.

Pantry Staples

Six individuals representing four different sites across Philadelphia attended the September 22, 2020 training on whole grains: Office of Homeless Services, Self Inc., Station House and Comhar clubhouse. Prior to the educational session, a pre-test was circulated to measure participants' baseline knowledge of training content. Questions spanned topics such as benefits of using pantry staples, identifying and defining pantry staples, and utilizing ratios and forecasting in meal preparation. A post-test consisting of the same questions was disseminated at the end of the program to evaluate any changes in knowledge as a result of participation. Matched pre- and post-test pairs were obtained for two of the six participants. On average, participant scores increased from 50% correct at pre-test to 90% correct after the training; the percent increase in correct answers from pre-test to post-test was 80%.

At the conclusion of the program, satisfaction surveys were distributed to collect anonymous participant feedback on various dimensions of the training. As illustrated below, respondents indicated high levels of satisfaction with training structure, content, and instructor.

- **67%** of respondents rated the training as excellent

- **100%** of respondents would recommend this training to others
- **67%** of respondents strongly agreed the instructor answered all participants' questions
- **67%** of respondents strongly agreed the instructor was easy to understand
- **67%** of respondents strongly agreed the instructor was well prepared
- **33%** of respondents rated the quality of training materials as excellent
- **66%** of respondents rated the organization of the information as excellent
- **33%** of respondents rated the quality of presented information as excellent
- **66%** of respondents rated the recipe used during the virtual demonstration as excellent*
- **33%** of respondents rated the training length as excellent
- **33%** strongly agreed and **33%** agreed they liked participating in this training virtually
- **100%** of respondents agreed their knowledge increased as a result of the training
- **67%** of respondents agreed they will be able to apply what they learned to their job
- **100%** of respondents agreed they will be able to apply what they learned to their life
- What was most useful about the training (free-response):
 - "Learning the pantry staples"

**Note: food tasting supplies were funded solely by American Heart Association (AHA)*

A follow-up survey will be developed and disseminated in November (FY21) to understand the effect of workshop content upon attendees' operations and identify any sustained changes at their sites.

Individualized, On-site Technical Assistance

Depaul and St. Raymonds both identified providing a self-service salad bar during meal service for residents as their focus area. The CSSC conducted a training with staff on use of a sectionizer blade during a subsequent in-person meeting. A barrier to furthering this work was staff turnover at the site. The CSSC will receive contact information for the new cook once the position is filled.

Through the initial goal setting meeting on October 4, 2019, Open Door Clubhouse identified eliminating trans fats as their priority. HPC developed and held a training for kitchen staff and other site participants on identifying trans fats and substitutes, and helped review the Clubhouse's current inventory for trans fats. Per staff request, a training was conducted on making soups from scratch; staff selected the recipe for stuffed pepper soup, which was made alongside the CSSC. A menu item satisfaction survey was distributed to site clients to obtain their feedback on the dish, which seven respondents completed. All respondents were very satisfied with the taste and appearance of the dish, and indicated they would "definitely" look forward to eating the stuffed pepper soup if it was served in the future. Other assistance provided by the CSSC to Open Door Clubhouse included information on the ServSafe Managers Exam, recommendations for equipment purchases, and delivering, cleaning, and demonstrating use of a new blender/food processor, which was used to prep fruit and green smoothies for

clients' lunch. Open Door Clubhouse has used their new equipment to make homemade pizza dough, soup purees, and healthier desserts during their weekly resident baking club. Moving forward, HPC wants to assist in procuring and promoting healthier options for the Open Door Clubhouse snack station, which currently vends danishes, cookies, and candy. A "grab and go" sandwich and salad station will also be explored. Including the initial goal-setting exercise, five in-person meetings took place between October and December 2019.

At Our Brother's Place, the CSSC provided information to staff on setting up a fresh bar. Additional support included creating a recipe booklet in January to support the staff-led goal of establishing a menu with variety rather than serving a similar meal each day. Staff shared that planning and implementing menus has dramatically changed site spending on food, with expenditures decreasing from \$700 to \$200 per week. In February, the CSSC helped prepare a new recipe, beef and broccoli, with site cooks.

Through initial goal setting with People's Emergency Center, the site identified menu planning, meal variety, serving one meatless meal per week, and obtaining feedback from clients as its priorities. The CSSC worked with staff at People's Emergency Center to create a cycle menu and provided menu planning guidance. A meeting was conducted with clients to obtain feedback on the menu, with results summarized and provided back to site leadership. The CSSC conducted a training for ten site staff on portion sizes and use of portioned serving utensils. The CSSC also prepared a southwest vegetarian chili and cornbread dish with site food service staff, and collected client feedback through a meal satisfaction survey. Additional assistance included inventory management and providing information on ServSafe trainings for site staff. Moving forward, People's Emergency Center has indicated establishing a fresh bar as their next goal. The CSSC is preparing a future training on fresh bar setup and maintenance.

By strengthening the relationship with food service staff at the Ameya's Place and Carol's Place locations of Women Against Abuse, HPC has been able to assist with planning and setup of fresh bars at their sites. The CSSC brainstormed setting up a fresh salad bar with staff. In early March, a survey was distributed to residents of Ameya's Place to obtain feedback on what foods they would like to see in the proposed fresh/salad bar, how often and at which meals they would use the bar, and any additional meal suggestions. Of the eight survey respondents, 67% (n=6) shared they would use the fresh/salad bar at every meal; 22% (n=2) said they would use the bar twice a week; and 11% (n=1) would use the bar during most meals. Respondents expressed interest in various suggested bar items such as eggs, chicken, whole fruit, prepared salads, greens, and bean or grain-based salads. This feedback will be used to assist in implementing a fresh bar for meal service. Carol's Place implemented the fresh bar at breakfast, and plans to expand use of the fresh bar to other meals.

Towards the end of March, restrictions to prevent the spread of COVID-19 were enacted in the city of Philadelphia and its surrounding communities. The CSSC informed sites of HPC's transition to remote work, and encouraged sites to contact HPC for support with questions. In response to the COVID-19 pandemic, the site-based training and technical assistance program also transitioned to a virtual format. Participating sites paused their previously selected goals,

focusing instead on providing safe and nutritious meals to clients while observing CDC guidelines. The CSSC remained in contact with sites through biweekly check-in emails and phone calls to ascertain their areas of greatest need. Multiple sites noted being short-staffed and forced to shift residential employees into the kitchen as needed. To provide support to sites as they adapted to the challenge of service provision during COVID-19, the CSSC created a “quarantine cookbook” booklet of 10 recipes that can be made in advance and frozen, require minimal culinary skills, and are filling and delicious. The CSSC also connected sites with a free opportunity through ServSafe for employees to obtain food safety training. In addition to the cookbook, the CSSC created and distributed monthly newsletters to all training and technical assistance sites. These newsletters include information on a variety of topics, such as opportunities for physical activity during quarantine, links to the CDC’s guidelines on serving food in communal settings, and updates from OHS’ provider phone calls. The CSSC also participated in two different OHS-sponsored phone calls, during which topics such as best practices for socially distant food service, how to request food donations during quarantine, the role of anti-racism in food service, and food procurement issues and achievements during the pandemic have been discussed. These calls were also used as a vector for updating sites on the work of their peers and connecting OHS providers with the Department of Public Health.

Description of how evaluation results will be used:

These evaluation results will:

- Inform individual sites of areas of strength and growth in promoting the preparation, serving, and consumption of healthier meals; coordinate and provide sites with useful insight, directly from clients and residents, on their menus and meals served.
- Equip Food Service Departments of Philadelphia agencies with knowledge and skills to improve food selection and distribution practices.
- Assess the effectiveness of training and technical assistance for Food Service Departments to adopt healthier meals and food preparation practices.
- Determine the feasibility of expanding the training and technical assistance model to improve the adoption of the Philadelphia nutrition standards and/or healthy food selection practices at eligible Food Service Departments serving meals to SNAP eligible populations.

Point of Contact

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fsimone@phmc.org
215-731-6195

Relevant Journal References

N/A



HPC Partnership Assessment Results | FY2020

Background

Health Promotion Council (HPC) circulated its FY20 partnership tool to SNAP-Ed delivery sites with which HPC maintains an active partnership and provides nutrition related services to clients. Through the tool, HPC sought to learn about partner sites' experiences working with HPC during the program year spanning October 1, 2019 to September 30, 2020. While the tool had historically been administered on paper, the FY20 tool was conducted through an online survey link due to COVID-19.

Respondents

Individuals representing eleven partner sites completed the online partnership tool, thereby exceeding HPC's goal of 5-10 sites. The majority of respondents (55%, $n=6$) were from shelter or transitional housing sites, followed by schools (27%, $n=3$) and health centers (18%, $n=2$). The length of time respondents' sites partnered with HPC varied, with most sites having over four years' experience (46%; $n=5$). Two sites had less than one year's experience with HPC (18%). Only one respondent had more than four years' experience collaborating with HPC, which may indicate an ongoing necessity to re-establish relationships and rapport with site points of contact due to turnover. Indeed, turnover was identified by respondents as a main barrier impacting their site's ability to successfully work with HPC, second only to COVID-19.

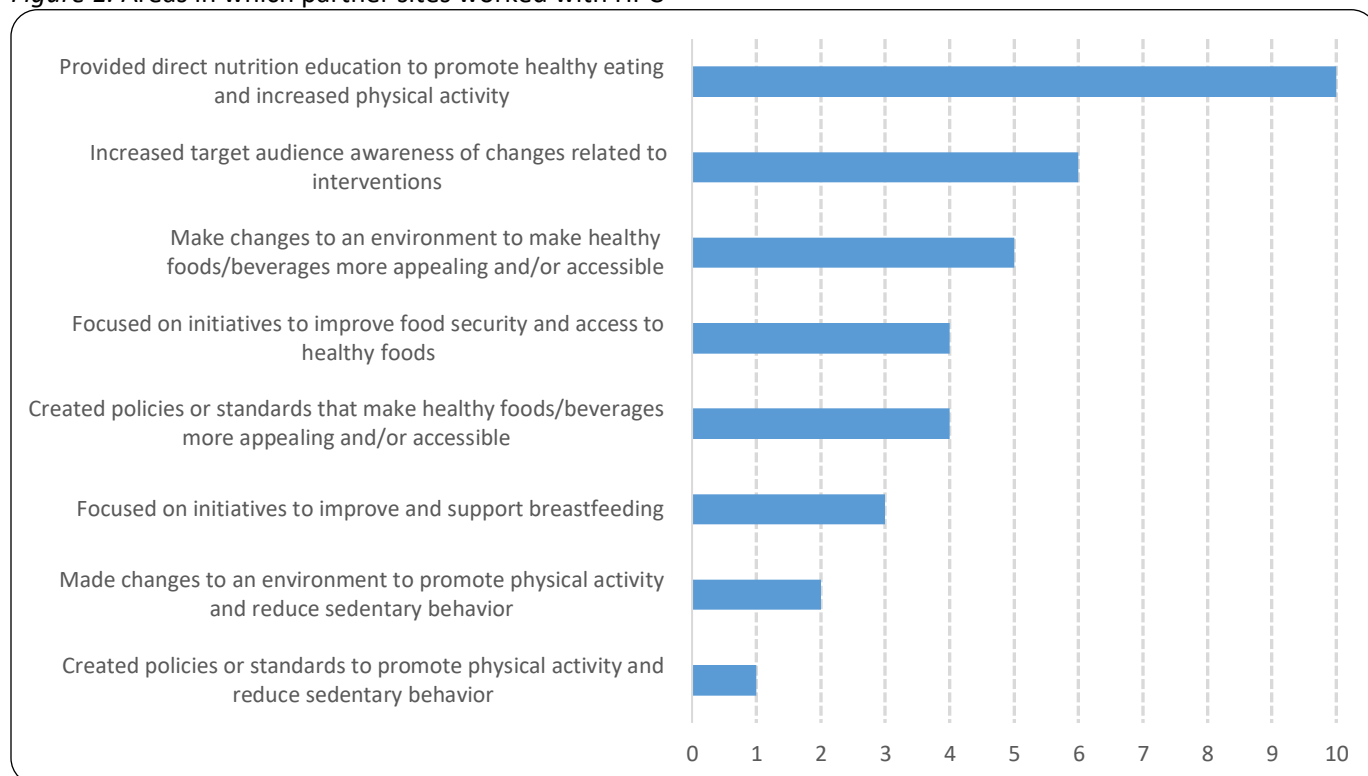


Site Partnership

The majority of respondents (73%, $n=8$) agreed or strongly agreed that they had a clear understanding of what the collaboration between their site and HPC is striving to accomplish; 27% ($n=3$) neither agreed nor disagreed. All but one respondent agreed or strongly agreed with the statement “the people in this collaborative group are dedicated to the idea that we can make this project work.”

As illustrated by Figure 1, the most prevalent partnership focus was the provision of direct nutrition education for the promotion of healthy eating and increased physical activity, followed by increased target audience awareness of intervention outcomes.

Figure 1. Areas in which partner sites worked with HPC



Note: Respondents could select all answer options that applied to their partnership.

As a result of working with HPC, respondents noted their site acquired useful knowledge about services, programs, and/or people in the community (80%, $n=8$); their site was able to have a greater impact with clients (70%, $n=7$); their site formed or developed valuable relationships in the community (30%, $n=3$); and their organization was able to have a greater impact in the community (30%, $n=3$).



Site Goals

When asked if the partnership between their organization and HPC has helped them identify additional resources and/or programs to meet their organization's goals, 73% ($n=8$) of respondents agreed or strongly agreed; 27% ($n=3$) neither agreed nor disagreed. Respondents identified the following as focal areas of assistance provided by HPC in support of their sites' goals: fostering community, resident, and/or parent support or engagement (70%, $n=7$); funding or providing planning, advice, or guidance (40%, $n=4$); initiating the effort and bringing stakeholders together (20%, $n=2$); funding or providing training related to policy, system, and environmental change (PSE) efforts (10%, $n=1$); and funding or providing evaluation or monitoring of PSE efforts (10%, $n=1$).



Barriers

The COVID-19 pandemic was identified by respondents as the top barrier (64%; $n=7$) to their site's ability to successfully work with HPC during FY20. The second barrier was staff turnover (55%, $n=6$). Other barriers noted by three or fewer respondents included different ways of working, poor engagement of local people and use of services, lack of additional funding, and time constraints.

When asked how HPC's programing can help support sites during the COVID-19 pandemic, respondents shared the following feedback:

- Continue to find thoughtful methods to engage the site's clients virtually, while being mindful of barriers clients may face
- Continue to serve as a virtual resource for site's patients, and continue to communicate effectively with the on-site clinic team
- Increased virtual trainings
- Provide marketing and communication support for community outreach to promote nutrition education and lifestyle change activities
- Creating community partnerships



PA NEN

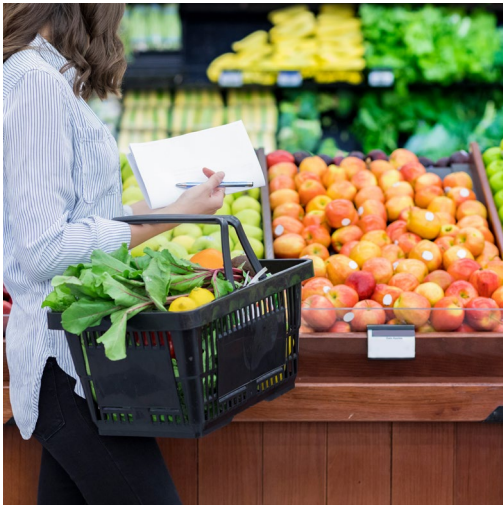
PENNSYLVANIA NUTRITION
EDUCATION NETWORK

a program of PHMC

HEALTHY FOOD. HEALTHY MOVES. HEALTHY YOU.

YEAR-END REPORT

FISCAL YEAR 2020



PA NEN
PENNSYLVANIA NUTRITION
EDUCATION NETWORK
a program of PHMC



RESEARCH GROUP
at PHMC

THANK YOU



Dear PA NEN Partners and Supporters,

The Supplemental Nutrition Assistance Program-Education (SNAP-Ed) is a federally funded program that supports evidence-based nutrition education and obesity prevention interventions for individuals eligible for the Supplemental Nutrition Assistance Program (SNAP). As directed through the healthy, Hunger-Free Kids Act of 2010, SNAP-Ed embraces direct education, community and public health approaches and multi-level interventions. This Year-End Report is made possible with funding from USDA's Supplemental Nutrition Assistance Program (SNAP) through the Pennsylvania Department of Human Services (DHS).

The Pennsylvania Nutrition Education Network (PA NEN) promotes communication among individuals and organizations engaged with improving nutrition in our communities. We work to ensure that effective, evidence-based, appropriate nutrition resources primarily for low income populations are available across the state. Our social media marketing campaign BeHealthyPA provides nutrition and physical activity information and resources that assist individuals in making the healthy choice the easy choice.

This is PA NEN's first year-end report and it will show our programming efforts for Fiscal Year (FY) 2020 as we celebrate the release of our new website and social media campaign. Also included are some of the outcomes of our Policy, Systems and Environmental Change (PSE) work with Pennsylvania Food Banks, as well as our Professional Development sessions where we work to educate and inform nutrition educators, public health professionals, health educators, registered dietitians and others.

This work could not be done without all of you. Your continued support in our efforts is greatly appreciated. Your passion to educate and help communities in Pennsylvania does not go unnoticed. None of this is possible without the combined efforts occurring in our state.

Appreciatively,

The PA NEN Board and Staff



INTRODUCTION

In fiscal year 2020, the Pennsylvania Nutrition Education Network (PA NEN) grew its presence, reach, and impact in Pennsylvania through several initiatives. PA NEN emphasized expanding its reach to SNAP-eligible adults and families, in addition to SNAP-Ed professionals it already supported.

PA NEN also worked with regional food banks to develop action plans that would assist them in implementing policy, systems or environmental changes within their organizations, and launched a new website and social marketing campaign.

PA NEN'S FY 2020 WORK INCLUDED:

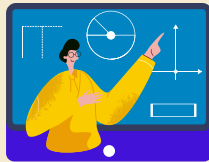
Project 1 - A Social Marketing Campaign: Be Healthy PA



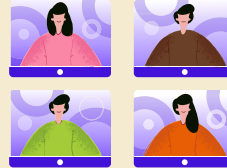
Project 2 - A Pennsylvania Food Bank Initiative



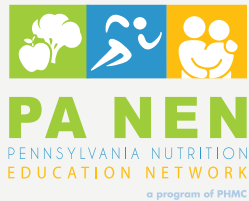
Project 3 - Professional Development



PA NEN Webinar Series



This Year-End Report describes PA NEN's activities in fiscal year 2020 (October 2019-September 2020) as well as data and evaluation that were gathered to assess reach and impact. The report was prepared in collaboration between PA NEN, their contracted evaluators at the Research & Evaluation Group, at Public Health Management Corporation, and Perry Media Group



SOCIAL MARKETING CAMPAIGN

OUTCOME MEASURES COLLECTED INCLUDED:

- » Number of people reached on both the website and social media
- » Number of impressions on both the website and social media
- » Number and/or percentage of total clicks, click through rate, cost per click and video completed views

RESULTS:

Website: June 1, 2020 to September 30, 2020

The **BeHealthyPA.org** website was established targeting a new audience. The website has a robust recipe finder where SNAP-Ed participants are now able to find basic healthy recipes based upon what they have in their pantry. SNAP-Ed participants are able to search for food banks near their home by using the new resource map built into the website. There are healthy living tips including information from the FDA and My Plate with guidelines to follow. The site includes downloadable posters for portion control, recipes, and indoor workouts, in which partners can download and print. SNAP-Ed participants can access the new website tools, including videos, via their mobile phones as the site is mobile-friendly.

Growth Statistics

In FY20, Be Healthy PA targeted the SNAP-Ed population through distinct messaging and ads.



According to Google Analytics, from June—September 2020, the website received **17,688 unique page views**, by those SNAP-eligible individuals who have visited BeHealthyPA.org at least once.



The digital campaign total reach was **4,419 new users** to the website; and due to specific targeting guidelines, it is expected that 100% of new users were SNAP-Ed eligible.



Facebook page followers grew from 602 followers on June 1, 2020 to **1,022 followers** on Sept. 30, 2020, a **68% growth increase**.

The screenshot displays the BeHealthyPA.org website interface. At the top, there is a navigation bar with links for 'PA SNAP-ED', '¿Habla Español?', 'Join', 'In the News', 'Annual Meeting', 'Contact Us', 'Members Login', and a search bar. Below the navigation is a main banner with a blue box containing the text: 'Promoting and Implementing nutrition education throughout Pennsylvania. It is our goal to provide PA NEN members with practical nutrition education resources and education that can be used to deliver effective nutrition education to SNAP-eligible audiences. Become a Member'. Below the banner are four category tiles: 'HEALTHY FOOD', 'HEALTHY MOVES', 'HEALTHY YOU', and 'RECIPES'. A 'Find Food Assistance' section features a map of Pennsylvania with several location pins and a 'Click Here to Find Food Assistance' button. A 'Featured Recipe' section shows a bowl of 'Hearty Pork & Vegetable Soup' with a 'View Full Recipe' button. The footer includes 'PA NEN' logo, 'CONTACT US' information (Phone: (717) 233-1791, Fax: (717) 635-7478, Email: pa_nen@phmc.org), and social media icons for Facebook, YouTube, and Pinterest. A small disclaimer at the bottom states: '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. View the full nondiscrimination statement here.'

SOCIAL MARKETING CAMPAIGN

DIGITAL MARKETING SUCCESS

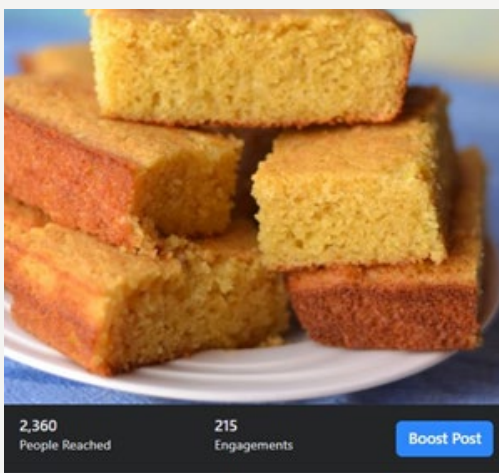
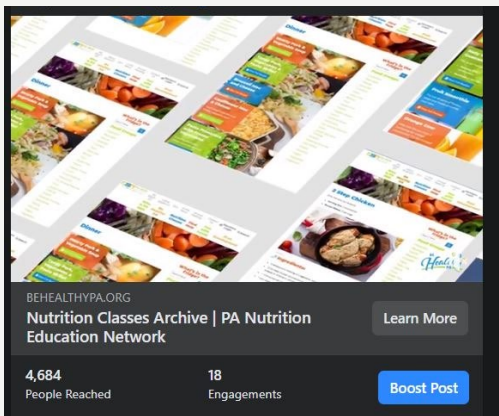
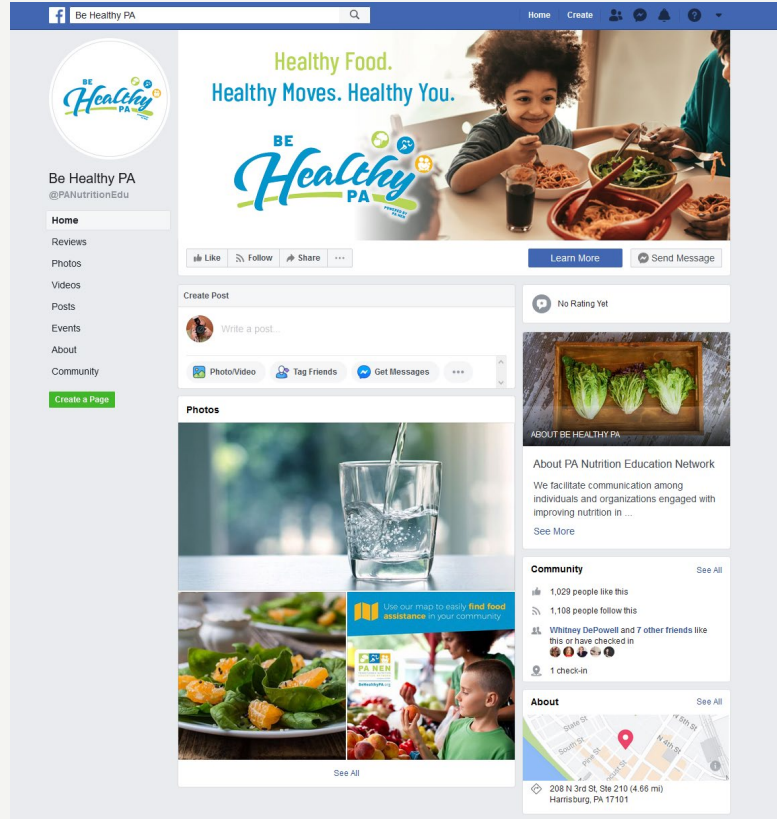
By utilizing the services of a digital marketing provider, we were able to target 100% of the SNAP-Ed audience directly.

In utilizing professionally-designed imagery and videography, we were able to capitalize on Google's digital advertising offerings, showing our digital billboards and videos. This resulted in expanding the reach of the Be Healthy PA message to our audience, to not only establish the brand within the SNAP-Ed communities that we service in Pennsylvania, but we were able to further develop a relationship, as the SNAP-Ed users clicked on our website to learn more about BeHealthyPA.

Digital marketing had the following reach and engagement:

- » OVERALL: **611,513 impressions / 1,030 clicks**
- » DISPLAY ADS: **254,280 impressions / 288 clicks**
- » VIDEO: **102,432 impressions / 96 clicks**
- » GEOFENCING: **254,801 impressions / 646 clicks**

"Clicks" are measured as visitors to website landing page coming directly from an ad. (Aka conversions.)



SOUL HEALTHY CORNBREAD

SERVINGS: 12 SQUARES | SERVING SIZE: 1 SQUARE

★ Calories: 145 Total Fat: 3g Saturated Fat: 0g Sodium: 239mg Carbohydrates: 27g Fiber: 1g Protein: 4g

INGREDIENTS

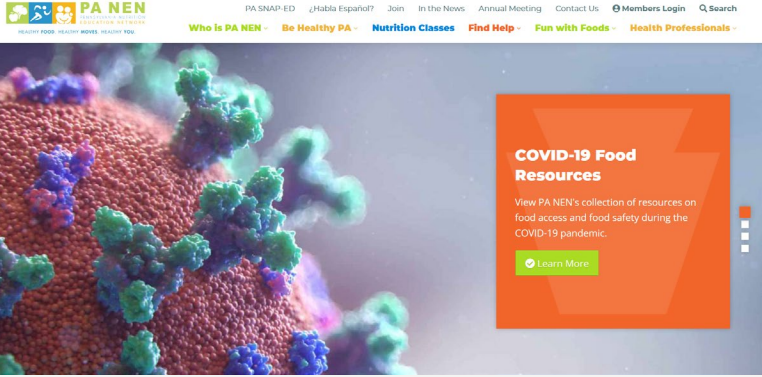
- Cooking oil spray
- 1 cup cornmeal
- 1 cup all-purpose flour
- ½ cup sugar
- 2 teaspoons baking powder
- ½ teaspoon salt
- 1 cup plain, low-fat yogurt (or low-fat, plain Greek yogurt)
- ½ cup applesauce, unsweetened
- 2 eggs (or 4 egg whites)
- 2 tablespoons cooking oil (vegetable, canola, or olive)

DIRECTIONS

1. Preheat oven to 400 degrees F.
2. Lightly spray an 8-inch square pan with cooking spray.
3. Mix dry ingredients in a medium-sized mixing bowl.
4. Add the rest of the ingredients and mix with a big spoon or spatula.
5. Pour the batter into the sprayed pan and shake to make it level.
6. Bake for 25 minutes or until a toothpick inserted in the center of the bread comes out clean.
7. Allow to cool and cut into 12 squares.

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. Recipe adapted from ChooseMyPlate May 2020

COVID-19 RESOURCE PAGE



COVID-19 RESOURCE PAGE

The impact of the Coronavirus has led to record breaking unemployment, economic disruption, and food insecurity for more than a million Pennsylvanians. To address food insecurity, PA NEN developed a COVID-19 Resource page on its website and provided Facebook posts to make communities across the Commonwealth aware of food assistance and distribution resources.

Outcome/Impact

4,236 Unique page views (March 1—Sept. 30, 2020)

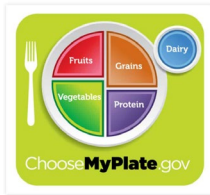
Nutrition Resources:

MyPlate Resources

- [Food Planning during the Coronavirus Pandemic](#)
- [Start Simple with MyPlate – Handout](#)
- [Get a Personalized MyPlate Food Plan](#)
- [Download the MyPlate App to Start Setting Simple Goals for Healthy Eating](#)

Recipes

- Looking for recipe inspiration for your kids? View our Easy & Healthy Recipes for Kids [HERE!](#)
- Find creative ways to use canned or dried beans. View our Beans, Beans, and More Beans Recipe Book [HERE!](#)
- [Quick Tuna Casserole Recipe](#)
- [One Pan Spaghetti Recipe](#)
- [Easy Red Beans & Rice Recipe](#)
- [Apple Pancakes Recipe](#)
- [Pasta Primavera with Frozen Vegetables Recipe](#)
- [Nachos Bean Dip Recipe](#)



School Meals During Closures:

- Susquehanna Township School Closure [Free Meal Program](#). (Note: Click on "Visit Website Homepage" if it says the page is inactive or protected.)
- Harrisburg School District [Free Meals for Students](#)
- Philadelphia Schools Offering [Free Meals](#)
- [Find Free Meals for Kids](#) in the Philadelphia Area while Schools are Closed
- Recreation Centers Open Offering [Free Meals for Students 18 and under](#)
- List of Schools in Southeastern Pennsylvania [Providing Meals during School Closures](#)
- Adams County School [Meal Information](#)
- Lancaster County [School Meals](#)
- [School Meals](#) in Dauphin County
- Food bags are being provided for children who are not in public school as long as they are no longer nursing/eating baby food. If you know of a family enrolled in Shippensburg Area School District that would like to receive Hound Packs, please have them contact their school counselor, Head Start staff, or [complete this form](#).



Food Assistance:

- [Find food assistance](#) help using United Way: 211
- People looking for food assistance can call the WHY Hunger Hotline at 1-800-5-HUNGRY or [visit their website](#).
- Use [Community Resources Connect](#) for food assistance information in your area.
- Senator Bob Casey has compiled [food assistance resources](#) for Pennsylvanians
- Find a [Meals on Wheels provider](#) near you for a nutritious meal.
- [Penn State Extension Farm Market Finder](#) – An interactive map to search for farmers' markets, on-farm retail markets, and public markets.
- PA Department of Agriculture [Food Resources for Pennsylvanians](#)



Central Pennsylvania

- [Food Assistance Locator](#) from the Central PA Food Bank
- Salvation Army Harrisburg Capital Region [Food Assistance Information](#)
- York County Food Bank [Food Distribution Information](#)
- [The Adams County Food Resource Web Map](#) was created by South Central Community Action Programs (SCCAP) and Adams County Government to assist the public and service agencies in assisting those looking for food resources in the community.

Philadelphia Area

- [Where to Find Free & Nutritious Food](#) during COVID-19 in Philadelphia
- [Philly Food Finder Map](#)
- [Food Assistance Locator](#) in the Philadelphia Region from the Coalition Against Hunger
- [Free Meals List](#) in Philadelphia
- [West Philly Food Resources](#)
- Philadelphia's list of key services and supports for residents can be found [here](#). Topics include free food and meals, help with housing, utilities, resources for immigrants and more.

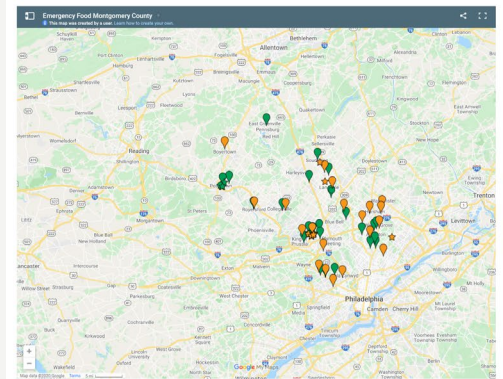
Delaware County

- CityTeam [Updated Program Hours & Closures](#)

Chester County

- [List of Hot Meal Sites and Food Providers](#) from the Chester County Food Bank; [View the interactive map of food distribution sites on their website](#).

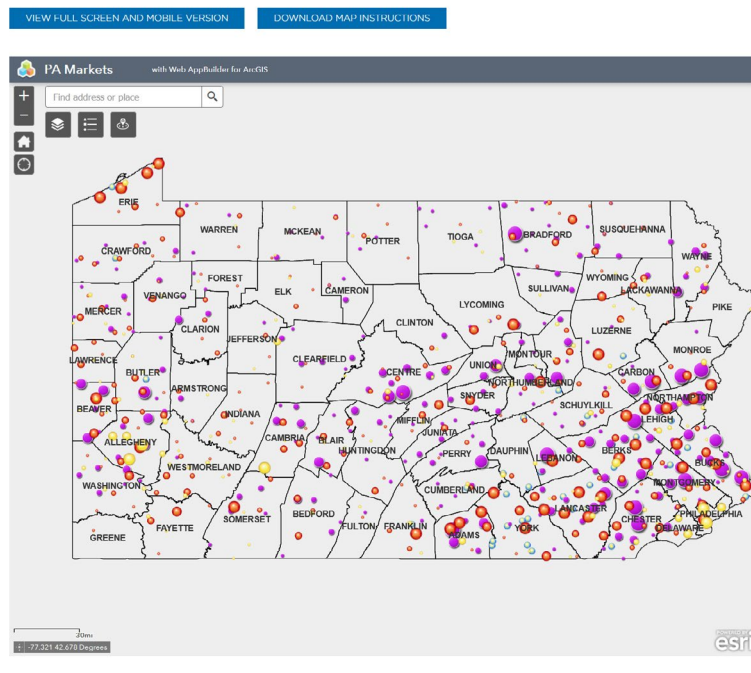
Montgomery County



Farm Market Finder

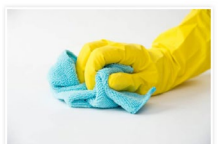
Pennsylvania leads the nation in the number of farms that sell direct to the consumer. The PA Farm Market Finder makes it that much easier to locate any of the more than 1000 farms and farmers markets that offer up the bounty of Pennsylvania farms!

The PA Farm Market Finder is an interactive map that allows you to search for farmers markets, on-farm retail markets, and public markets or all three. The markets are color coded to identify what kind of market they are and you can zoom in to any area on the map to locate them. Simply click on a dot on the map and the information about that market will appear including contact information and website if they have one.



Food Safety:

- [Food Safety Tips](#) from Ready.gov
- [10 Tips to Reduce the Risk of Foodborne Illnesses](#)



INITIATIVE

PENNSYLVANIA FOOD BANK INITIATIVE

While food banks and food pantries are critical food sources to address food insecurity, they are not always sources of fresh, healthy food. Food banks often receive donations of less-healthy options, including canned or packaged food products that have a longer shelf life and are easy to store and distribute. Through Policy, systems and environmental change approaches PA NEN seeks to assist food banks to go beyond programming and into the systems that create the structures for the donations or even the food displays. The first step in this approach was a needs assessment.

PROJECT GOALS

The overall goal of the Food Bank initiative is to improve the availability and visibility of nutrition education materials. In this fiscal year, the goal was to complete an assessment of each of the food banks PA NEN planned on working in.

DATA & EVALUATION

In fall 2019, PA NEN initiated partnerships with three food banks – York County Food Bank, Central Pennsylvania Food Bank, and Chester County Food Bank – to work on Policy, Systems, and Environmental (PSE) change with each organization.

In January 2020, staff at each food bank completed a Needs Assessment survey (NA). The survey assessed the food banks' current nutrition-related policies and practices in order to determine the areas in which PA NEN may support the adoption of PSE change in the coming year.



A highlight of findings from each Needs Assessment appears on the following pages labeled "Initiative".

INITIATIVE



Staff at York County Food Bank identified interest in improving communication to partner pantries, especially in relation to notifying them of available inventory. They were also interested in increasing the types of resources provided to clients, including sharing recipes and holding nutrition classes. Additional partnerships could bolster the work they are already doing to promote procurement of healthy foods. Limited staffing was a challenge, though they were in the process of hiring a new Programs Director. Due to their small and busy staff, they believed capacity for PSE change at the time of the Needs Assessment was limited.

Goals for Working with PA NEN

- » “Increase the distribution of quality recipes that are specific to foods we have in stock at the moment.”
- » “Improve our ability to market healthy food options to clients who do not speak English.”
- » “[Improve] our website to include healthy recipes, cooking and nutrition tips, and ways to shop smarter.”

Priorities for PSE Change (Ranked)

1. “Increase the distribution of quality recipes that are specific to foods we have in stock at the moment.”
2. “Improve our ability to market healthy food options to clients who do not speak English.”
3. “[Improve] our website to include healthy recipes, cooking and nutrition tips, and ways to shop smarter.”



The Central Pennsylvania Food Bank was most interested in implementing nutrition policies around promoting healthy foods at their bank, strengthening collaboration among partners, increasing support for nutrition education in pantries, and further developing their staff. PSE change was generally supported, but they believed staff engagement determined its prioritization and effectiveness at the food bank. At the time of the Needs Assessment, prior professional development around PSE change included attendance at the PA NEN conference and PS Extension sessions, and they were interested in training for more staff.

Goals for Working with PA NEN

- » “Assist with system change within our shopping areas at both Harrisburg and Williamsport warehouses”
- » “More nutrition education materials for our pantries”
- » “Staff development with staff (including warehouse team) on policy, systems, environment change.”

Priorities for PSE Change (Ranked)

1. Improve food purchasing/donation specifications or vendor agreements towards healthier food(s)/beverages.
2. Improve appeal, layout or display of meal food/beverages to encourage healthy and discourage unhealthy selections.
3. Increase shelf space, amount or variety of healthy options.
4. Create a space for nutrition education in food pantries.
5. Establish a policy increasing healthy foods and beverages.

Due to Covid-19, some of the PSE priorities for this food bank have changed.

INITIATIVE



Staff at Chester County Food Bank identified expanding fresh produce options and fundraising as priorities. Adding to the many existing client services they have, staff hoped to further expand their client reach through novel distribution systems, including pop-up pantries. They also hoped to expand their staff. At the time of the Needs Assessment, prior professional development around PSE change included DEI trainings, conferences that staff had attended, leadership workshops, and Feeding America gatherings.

Goals for Working with PA NEN

- » Find ways to support food insecure households towards stability.”

Priorities for PSE Change (Ranked)

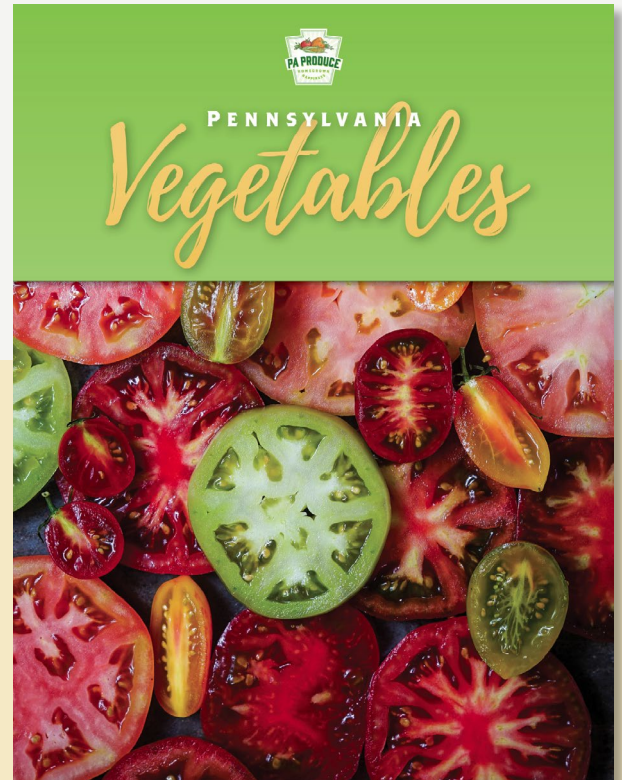
1. Implement novel distribution systems to reach high-risk populations, such as home delivery for the elderly, farmers market, etc.
2. Collect excess wholesome food to donate to charitable organizations.
3. Initiate or expand farm-to-table/use of fresh or local produce.
4. Improve appeal, layout or display of snack or competitive foods to encourage healthier selections.
5. Initiate, improve or expand use of standardized, healthy recipes.

Due to staff-turnover, this food bank is unable to participate in PSE work during FY21.

E-COOKBOOK

PENNSYLVANIA VEGETABLES E-COOKBOOK

As a result of our social media presence, PA NEN was invited to participate in a statewide e-cookbook produced by the PA Department of Agriculture. This collaborative project aims to engage the entire Keystone State, and inspire you to ooze with PA pride, have fun in the kitchen, gather with friends, meet your farmers, and support the businesses and individuals who keep our local vegetable chain alive and well. Click this link to view or download the [Pennsylvania Vegetables E-Cookbook](#).



SUNSHINE SALAD

ERIKA SIRACUSA
PENNSYLVANIA NUTRITION EDUCATION NETWORK
DAUPHIN

INGREDIENTS

- 5 cups spinach leaves (packed, washed, and dried well)
- 1/2 red onion (sliced or thin)
- 1/2 red pepper (sliced)
- 1 cucumber (sliced)
- 2 oranges (peeled and chopped into bite size pieces)
- 1/3 cup vinaigrette dressing (16oz, around 15 calories per tablespoon or less)

DIRECTIONS

• Toss all ingredients together in a large bowl.

• Add dressing, and toss again. Serve immediately.

PATCOOKIES.ORG

STUFFED PEPPERS

ERIKA SIRACUSA
PENNSYLVANIA NUTRITION EDUCATION NETWORK
DAUPHIN
SERVES 4

INGREDIENTS

- 4 peppers (large, washed)
- 1 pound turkey (ground)
- 1 cup rice (uncooked)
- 1/2 cup onion (peeled, chopped)
- 1 1/2 cup tomato sauce (unsalted)
- salt and black pepper (to taste)
- shredded cheese (optional)

DIRECTIONS

1. Preheat oven to 350°F.
2. Cut around the stems of the peppers. Remove the seeds and the pithy part of the peppers.
3. Wash, and then cook peppers in boiling water for five minutes. Drain well.
4. In saucepan, brown turkey. Add rice, onion, 1/2 cup tomato sauce and black pepper.
5. Stuff each pepper with the mixture, and place in a casserole dish.
6. Pour the remaining tomato sauce over the green peppers.
7. Cover and bake for 30 minutes.
8. Top with shredded cheese, if desired, and serve immediately.

PATCOOKIES.ORG

DEVELOPMENT

PROFESSIONAL DEVELOPMENT ACTIVITIES WEBINARS: DESCRIPTION OF FY20 ACTIVITIES

Between January and September 2020, PA NEN delivered seven professional development webinars to nutrition educators and other professionals across the state. These webinars included information on health communications, virtual learning during the COVID-19 pandemic, and more.

The first four webinars had a total of 142 attendees, and the final three webinars, which were part of a series, had an average of 259 attendees.

WEBINARS: DATA & EVALUATION

After each webinar (or webinar series), participants were encouraged to complete an evaluation survey. In total, there were 148 webinar survey responses this year (37% response rate). Note that this likely does not refer to unique individuals, as individuals may have attended more than one PA NEN webinar this year.

Most surveys were completed by PA NEN members (82%) and more than half were completed by professionals who worked for the Pennsylvania SNAP-Ed program (55%). More than half were nutrition, health, or wellness educators (57%). The Southeast and Central regions of Pennsylvania drew the greatest number of webinar attendees.

For Fiscal Year 2020, PA NEN's objectives for its professional development offerings were **1)** that 20 percent of participants would report intent to use the knowledge they gained in their work with low-income audiences, and **2)** that 10 percent of participants would report intent to use the knowledge they gained to improve Policy, Systems, and Environmental (PSE) change with low-income audiences.

Webinar Responses

Aggregating responses from each of the seven separate webinars (n=308):

» 72 percent of responses indicated likelihood to apply what was learned to their work with SNAP-eligible populations.



» 54 percent indicated likelihood to apply what was learned to make PSE change in their work.



All Webinar/Series Responses

Aggregating data for all the webinars/series:

» 9 out of 10 responses indicated satisfaction or high satisfaction with the webinar attended



» 9 out of 10 responses indicated plans to attend another webinar.



» 3 out of 4 responses reported likelihood to share what was learned in the webinar/series with others.



FY20 Webinar Offerings

- » **January 30th** – Supporting Healthy Behaviors When the Budget is Tight
- » **April 9th** – Strategies for Effectively Communicating Nutrition Information to Diverse Populations
- » **April 15th** – Social Media Strategies for Food and Nutrition Professionals
- » **April 22nd** – What's New in Food Safety
- » **Three-part series:** SNAP-Ed in a Virtual Environment (in partnership with Leah's Pantry)

Part 1: Sept 2nd – Leveraging Partnerships & Planning for Virtual Classes

Part 2: Sept 9th – Marketing Virtual Classes

Part 3: Sept 16th – Implementing High-Impact Virtual Classes

PA NEN WEBINAR SERIES

Strategies for Effectively Communicating Nutrition Information to Diverse Populations

April 9, 2020 • Noon-1pm • Cost:\$25

For webinar registration, click the link below:
<https://panen.org/prof-development/ps-nen-webinar-series>



Nutrition Education with Public Health Approaches

PRESENTERS: Heather M. Gardiner, PhD, MPH, and Pamela Weisberg Shapiro, PhD, MPH, MS

This Webinar will describe how social and environmental contexts shape individual decisions about food and eating and how individuals from diverse populations attend to, interpret and respond to nutritional information. Special considerations are required when designing nutritional messages to make them accessible to diverse populations and communities.

ABOUT THE PRESENTERS

HEATHER M. GARDINER is an Associate Professor in the College of Public Health at Temple University. She earned a doctorate in Communication Sciences from the State University of New York at Buffalo and a Master's in Public Health from Virginia Commonwealth University. She currently directs the Health Disparities Research Lab and the Office of Community Engaged Research and Practice. Dr. Gardiner's research focuses on the intersection of interpersonal health communication and organizational structure and organization. Across these areas of research, she has developed and tested interventions to improve the organ and tissue donation process in the United States and increase access to transplantation for ethnic minorities. More recently, she has begun a line of community engaged research support the medical nutritional management of Type 2 diabetes among low-resourced populations.

PAMELA WEISBERG SHAPIRO is an Assistant Professor of Instruction in the Department of Social and Behavioral Sciences at Temple University. She has a Bachelor's degree in Nutrition Science from Cornell University, a Master's in Public Health from Emory University and a Certificate in Nutritional Sciences from Cornell University. In addition, she is credentialed as a Registered Dietitian and a Certified Nutritionist. Prior to coming to Temple, she worked with non-profits and government agencies in the United States and University. Dr. Weisberg Shapiro is developing a Certified Public Health Nutritionist Program that will offer students to earn an MPH and be Registered Dietitians eligible. She is collaborating with faculty in the College of Public Health to identify diabetic and experiential learning experiences for graduate students. Her goal is to create a program that trains culturally proficient dietitians who are equipped to deal with the complexities of public health practice.

PA NEN has 1.0 Continuing Education Credit at CPE Level 1 from the Commission of Dietetic Registration pending approval for registered dietitians and dietetic technicians.

An application has been submitted to award Certified Health Education Specialist (CHES) up to a total of 1 Entry Level Continuing Education Contact Hours (CECH). The National Commission for Health Education Credentialing, Inc. has approved SORPE and its chapters as designees of designated multiple event providers of CECH in health education. *These credits can only be obtained for the live session and will be administered by the SORPE.

pa_nen@phmc.org • 717.233.1791

TRAINING

DESCRIPTION OF FY20 ACTIVITIES

During summer 2020, PA NEN, in partnership with Adagio Health, The Food Trust and Vetri Community Partnership, delivered a virtual training entitled “Systems Approaches for Healthy Communities” to educate nutrition educators on Policy, Systems and Environmental (PSE) changes. In the first cohort, 51 participants started the training, and 48 completed it. Each participant was a part of one of four training cohorts: Early Childhood, Community, K-12, or Food Assistance.

TRAINING: DATA & EVALUATION

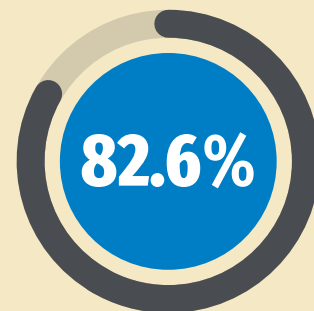
Participants were invited to complete a pre-survey and post-survey to assess changes in familiarity, knowledge, and confidence about PSE after completing the training. The post-survey also asked about alignment with expectations, satisfaction with the facilitator and training, and feedback to improve future trainings. Forty-three participants completed the pre-survey (84% response rate) and 23 participants completed the post-survey (48% response rate).

Participants had worked in SNAP-Ed for an average of 5.5 years, and more than half of participants (58%) had never previously taken a course about PSE change. Overall, **most participants were satisfied or very satisfied with the training (91%) and their facilitator (83%).**



The average knowledge level of attendees increased the most for the Spectrum of Prevention and assessment approaches in PSE (Policy, Systems and Environmental changes) work.

The average confidence level increased the most for training others in PSE principles and discussing PSE change with colleagues.



Most participants (82.6%) reported learning **a great deal** about PSE approaches

TESTIMONIALS

PA NEN has continued its efforts to support SNAP-Ed partners across the state as well as work to be a trusted source for low-income families.

Below are several testimonials regarding our collective work during this fiscal year.



During a very difficult time in our nation, it is comforting to know that people are sharing information and helping one another. I currently work for the Philadelphia School District. I work in a very poor area that has limited resources. I was recently able to share an article about How to Access Emergency Food Assistance During Covid-19 Mitigation with family members at my school. I shared the article on something called ClassDojo, which is a way parents and teachers communicate. Upon sharing this information, a family printed out the information and began to share the article with other families within the community. I hope that you find this to be encouraging during these uncertain times. It is nice to know people care.

Addie Christopher
Special Education Compliance Manager
Mary McLeod Bethune Elementary School

PA NEN has always provided meaningful professional development for SNAP-Ed providers. Yet over the last year, PA NEN has taken extra steps to expand this practice by really cultivating a collaborative network of PA SNAP-Ed providers and listening to our needs. This has allowed us to all benefit from large-scale trainings that meet the needs of our staff and also creates fellowship and shared learning.

Lauren Nocito MS, RD, LDN
Eat Right Philly, SNAP-Ed

PA NEN provides wonderful opportunities for our Nutrition Educators to learn, grow, and develop through trainings, conferences, and professional development.

Britney Zwergel, MS, NDTR
Adagio Health

PA NEN's resources and timely training webinars have been a source of inspiration for PA SNAP-Ed educators in 2020. By creating and supporting opportunities for educators from across the state to learn and share their diverse experiences, PA NEN has made space for this program to grow.

I am hopeful that PA NEN will continue to be part of the solution as PA SNAP-Ed adjusts to the unique challenges of this moment.

Mary Bullock
Vetri Community Partnership



LOOKING AHEAD

In 2020-2021 PA NEN will continue to enhance strategies and outcomes with its social media campaign, food bank PSE work, professional development sessions, and the piloting of a mobile app designed to increase fruit and vegetable consumption.

FOOD BANK INITIATIVE

We will continue to assist food banks in implementing their action plans for at least one Policy, System, or Environmental level change.



MOBILE APP DEVELOPMENT

In recent years, mobile apps have been increasingly utilized to encourage healthy behavior change.

In fact, the term “mHealth” has been developed to describe “the use of mobile and wireless technologies to support the achievement of health objectives, according to the WHO Global Observatory for eHealth & World Health Organization, 2011).

PA NEN will pilot the implementation of a mobile app with two Pennsylvania organizations who serve low-income families.



BE HEALTHY PA

we will continue to coordinate, cross-promote, and brand relevant Be Healthy PA content with low-income families as we work to reach audiences with digital advertising, website, radio and print materials delivered through Federally Qualified Health Centers, Food Banks, WIC and county assistance offices.



PROFESSIONAL DEVELOPMENT

PA NEN will continue to provide professional education opportunities to nutrition, public health, and healthcare professionals working with the low-income audiences

PENNSYLVANIA NUTRITION EDUCATION NETWORK

208 North Third Street
Suite 210
Harrisburg, PA 17101
717-233-1791

BeHealthyPA.org

This year-end report was funded by the USDA's Supplemental Nutrition Assistance Program (SNAP), through the PA Department of Human Services (DHS).

The Food Trust Emerging Evaluation Summary Report, FY'20

Background

As part of our ongoing community-based participatory research (CBPR) initiative, The Food Trust conducted the second year of an emerging evaluation in FY'20: *Utilizing Social Network Analysis to Study Multi-Sector Partnerships, Yr. 2*. This emerging evaluation was designed to build on a year of formative partnership evaluation work that was conducted in FY'19.

The Food Trust convened over 30 community partners doing food-related work in the Harrowgate, Kensington, and Fairhill (HKF) area of Philadelphia to strengthen existing partnerships and facilitate a more cohesive nutrition education and food access support network for residents. Partners worked together to identify areas for greater collaboration and coordination to increase awareness and utilization of direct education and food access programming. A survey was used to measure ST7, ST8 baseline partnerships among food access and nutrition education partners in FY'19 and using these data, a social network analysis (SNA) was performed. A one-year follow-up social network survey was planned for FY'20 to understand how the number and strength of partnerships has changed as a result of new collaborative efforts.

The COVID-19 pandemic and subsequent lockdown in spring of 2020 prevented this follow-up survey and SNA from taking place. In lieu of the SNA, a qualitative analysis of the community convenings was carried out. The SNA is now planned for FY'21, pending re-openings as the pandemic winds down. In the following sections, we will describe the FY'20 evaluation.

Methodology

For the FY'20 Emerging Evaluation, The Food Trust proposed to carry out a second SNA that would build on the SNA that was performed in FY'19. The planned FY'20 SNA was a process evaluation that aimed to understand the change in multi-sector partnerships among organizations working in the HKF neighborhoods over time. In light of the setback of the COVID-19 pandemic, we built on formative work completed in the first half of FY'20 to further develop and explore the community's food and nutrition needs and opportunities for partnerships.

In the fall and winter of FY20, The Food Trust (TFT) carried out community conversations with residents of the HKF communities (37 residents at four sites) and interviews with six partner organizations in order to gain insight into the challenges facing these communities in the areas of food access, nutrition education, and general social determinants of health. Oral responses to the following community convening questions were recorded from each convening:

Who's out there?

- Is this type of collaborating something you think we should work towards?
- Which people, businesses, services, programs, organizations etc. are doing food-related work in the community?
- Take a minute to think, and then go around and each person share a list a few food-related things happening in the area, or things that you do and want to share/partner with people on.

- a. I.e., Is there a church in your neighborhood that gives out food? Is there someone who does lessons about healthy eating?
- Are there good partnerships already happening? If so, what are they and why do you think they're working well? If not, what types of partnerships do you think should be happening?

Food Access:

- When thinking about how you get food for you and your family, what are the everyday/frequent issues you experience? Feel free to share anything that comes to mind.

What You Want Them to Know:

- What do you want to say? If you were in a conversation right now with organizations/service providers who have resources, what do you want them to know?
- What, if anything, would you change about conversations around food access and health?
- What would your ideal role be in improving healthy food access in your neighborhood?
- What would be the best structure to move this forward and keep you engaged?

Convening interview notes and videos were analyzed to derive key themes that were raised by the partner organizations and residents. This analysis served to inform on the areas of most concern, to explore the depth and interconnectedness of the partnerships, and also what the next steps might be for our CBPR work. The distilled themes were then used to produce a community newsletter (see Appendix) that was distributed back to partner organizations and residents, and to provide a focal point for HKF Virtual Meetings for community partners and residents.

SNAP-Ed outcome measures that will be measured in FY'21 as part of this evaluation include:

- Description of the depth of relationships (ST7b)
- Description of partnership accomplishments and lessons learned (ST7c)
- 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 (ST8a-d)

Results

Based on the analysis of the Community Convenings, *Food Access*, *Nutrition Education*, and *Community Outreach* were identified as the three most commonly discussed areas of concern. Within these three broad themes, the following sub-topics were raised by multiple residents:

Food Access:

- 1) Fresh produce is hard to find in the HKF area.
- 2) The distance to supermarkets makes shopping at them difficult.
- 3) It is felt that there is a lack of healthy food options, including both fresh food retail and fast-food vendors.
- 4) Farmers Markets often do not have a wide enough variety of fruits and vegetables or do not carry those that are culturally relevant to the local neighborhood.

Nutrition Education:

- 1) Cost often influences the decision to purchase healthy food.
- 2) Schools and fast-food restaurants have the potential to serve as healthy eating gateways by serving items such as fruit salad or vegetarian options, respectively.

Community Outreach:

- 1) It was felt that many organizations do not have first-hand experience with the neighborhoods that they engage with.
- 2) A lack of publicity limits attendance at outreach events.
- 3) People have trust and safety concerns that influence whether or not they attend outreach events.
- 4) Miscommunication about what an organization can provide and what residents need can prevent collaboration.

Discussion

The qualitative analysis of the community conversations is an important complement to the SNA component of the Emerging Evaluation as it provides direct input and perspectives from residents. Our analysis highlights three main areas of concern for HKF partner organizations and residents, and yields examples that document the specific needs of those living in this area. By combining the results of this analysis with the SNA, we are able to gain critical insights into challenges residents that experience and the depth and interconnectedness of the partnerships that work together to address these needs.

The CBPR approach relies on community input to be effective and, in doing so, lays the groundwork for partnered organizations to align and work together to meet the specified needs. These from our analysis of the Community Convenings results will provide a valuable guide for our current and future efforts in the area of CBPR in the HKF neighborhoods, and will complement a second SNA once when conditions allow.

APPENDIX

HKF Community Newsletter, Page 1



BACKGROUND

This newsletter provides a place for those doing food-related work in the Kensington, Fairhill, Harrowgate (HKF) communities to come together; and discuss ways that by working together we can increase our capacity to help everyone meet their own goals, as well as newly identified collective goals. As we gather and listen to diverse voices, we know some powerful ideas will emerge.

We held the first convening for this project on March 6, 2019, at Lillian Marrero Library. A majority of attendees represented nonprofit organizations and other larger entities, rather than individual residents. Since then, we have been bringing the conversation to the community, meeting people where they are, and listening to voices that were not in the room last March.

Through "community conversations," we had the opportunity to start hearing directly from residents about their needs and goals for food access and health in their community.

In this newsletter, we report back on what we heard and what we learned.



FOOD ACCESS

HKF suffers from a lack of affordable, available, high-quality food access, and residents are not being afforded the same access as other communities.

High-quality produce and meat is more expensive, and lower-cost supermarkets like Sav-a-Lot are still too expensive. Some may be selling leftover or spoiled. Parents may have to decide "between paying a gas bill, paying insurance, or feeding their kids."

Produce sold at neighborhood farmers markets should be of greater variety and also more culturally relevant. Cash-only produce purchases are a concern; if organic foods were cheaper, more residents could be healthier.

People are willing to travel to buy better-quality food, but transportation to stores is a challenge: Carrying bags on the bus is difficult, and theft is a concern.

Community gardens are lacking; more gardens would generate fresh produce and involve more youth.

NUTRITION EDUCATION

Many people understand the difference between healthy food and fast/food junk food, in terms of quality and nutrients, but **cost is a critical factor** when deciding between the two.

Certain foods are a **healthy eating gateway** (like fruit salad served at school), and these can encourage people to eat fruit more at home. Residents would also like modified versions of existing food options, like a **healthy fast food** restaurants or a Puerto Rican restaurant that sells **vegetarian food**.



COMMUNITY OUTREACH

Outreach organizations do not have **first-hand experience** in neighborhoods. "They need to come to us ... and experience what we're dealing with."

Attendance at outreach events is often a challenge due lack of publicity. Attendance could be increased by hosting programs in places where residents already come for other services.

Lack of trust and safety are also concerns: "We have to build trust to get people to come to programs."

Organizations need to meet people's **fundamental needs** by providing childcare, video/call-in options, translation options, and stipends: "if organizations are asking people for their time and expertise, they should pay them as consultants."

Miscommunication about what residents want and what the organization can provide can also prevent collaboration.



Some people may not know what they want or need, or they may not be able to **communicate** those needs properly. There may also be a **shame** issue, or the pride of not wanting to ask for help.

There are also **cultural and ethnic barriers**: People are "siloeed by the country you are from ... at the church, divisions between Puerto Ricans, Salvadorians, Mexicans," etc.

There are **cultural tensions** and **segregated neighborhoods** to consider (for example, white, Black, LatinX). "There isn't a comfortable way for the neighborhoods and people to mix"; "The problem is not food access — we all eat more or less similar food — it's the fear, people are nervous to interact."

Language barriers also keep people from attending events in or outside of their community.

More help and activities for teenagers are needed to keep them busy and off the street.

Lastly, organizations working with communities may not have the best ideas about **how their programs come across** to community members. In other words, they may unintentionally make people feel uncomfortable by their presence.

COMMUNITY SURVEY

To keep the conversation going, we would like to hear more from you!

We would like to know:

- 1) Would you be interested in attending a virtual meeting?
- 2) During COVID, would you prefer a video or telephone meeting?
- 3) Do you know others who would like to be involved?
- 4) What topics are most important to you (for example, **Food Access, Nutrition Education, Community Outreach**), or is there something else you would like to discuss at the meeting?

Please click on the link below to answers these questions, and thank you in advance for your time!

Please click [HERE](#) for the survey.



The Food Trust

FY'20 Annual PA SNAP-Ed Evaluation Report

November, 2020



Contents

Executive Summary

1. Introduction
2. Nutrition Education and PSE at Supermarkets
 - I. Overview
 - II. Heart Smarts Survey Methods
 - i. Heart Smarts Survey Sample Demographics
 - III. Heart Smarts Survey Results
 - IV. Discussion
3. Nutrition Education and PSE at Corner Stores
 - I. Overview
 - II. Heart Smarts Store Inventory Methods
 - III. Heart Smarts Store Inventory Results
 - IV. Heart Smarts Survey Methods
 - i. Heart Smarts Survey Sample Demographics
 - V. Heart Smarts Survey Results
 - VI. Heart Smarts-Jefferson Health Screening Survey Results
 - VII. Discussion
4. Nutrition Education and PSE at Farmers Markets
 - I. Overview
 - II. Methods
 - i. Just Say Yes Lessons Survey Methods
 - ii. Farmers Market Food Bucks Survey Methods
 - III. Survey Sample Demographics
 - i. Just Say Yes Lessons
 - ii. Farmers Market Food Bucks
 - IV. Results
 - i. Just Say Yes Survey
 - ii. Farmers Market Food Bucks Survey
 - V. Discussion
5. Conclusion
6. References

EXECUTIVE SUMMARY

The Food Trust's (TFT) Pennsylvania SNAP-Ed Program employs a comprehensive approach to behavior change combining direct education with Policy Systems Environmental (PSE) work and financial incentives (non-SNAP-Ed funded) at supermarkets, farmers markets and corner stores. Coordinating with the FINI/GusNIP Program and other financial incentives greatly benefits participants by providing additional resources to support behavior change. This annual report highlights findings from Heart Smarts nutrition education, PSE and incentives in supermarkets and corner stores, and Just Say Yes nutrition education, PSE and incentives at farmers markets.

In FY'20, as part of the Heart Smarts program in supermarkets, 197 participants completed post-lesson surveys at seven Philadelphia-region stores. A majority of participants indicated that they would definitely choose healthier food options following the lesson. The redemption rate of incentive coupons (up to 34%) also indicates that people are taking advantage of these to purchase healthy food items, reinforcing the lesson and PSE changes. Thus, the pairing of nutrition education with PSE and financial incentives is an effective means of presenting healthy eating information and enabling customers to purchase them.

TFT also implemented Heart Smarts work in corner stores that included PSE, nutrition education, and health screenings. As part of PSE, nutrition educators assessed the extent to which 20 store food inventories aligned with nutrition guidelines prior to lesson series. Eighty stores completed food inventories and maintained at least one of 10 Heart Smarts PSE strategies; three are in the process of implementing a PSE strategy. Following each Heart Smarts lesson, customers received incentive coupons and were asked to complete the Heart Smarts survey. Customers completed 389 surveys, of which most (64%) had not previously interacted with a nutrition educator this year. A majority indicated that they would make healthy food choices following the Heart Smarts Lesson.

TFT also operated farmers markets in the Philadelphia area, COVID-19 permitting, as part of PSE and direct education efforts. TFT staff engaged shoppers with nutrition education with cooking demonstrations using the Just Say Yes to Fruits and Vegetables (JSY) curriculum (presented as videos online in 2020 due to COVID-19) and incentive coupons. Customers receiving incentive coupons at farmers markets reported that the program had encouraged them to consume more fruits and vegetables, and that they were more likely to take part in JSY cooking lessons. Customer surveys from online JSY lessons that began indicated that lessons were receiving a higher proportion of return rather than new participants over the course of the lesson series. This supports online lessons as a viable method of content delivery going forward.

In summary, the combination of SNAP-Ed nutrition education with PSE and financial incentives resulted in self-reported increased fruit and vegetable consumption in a variety of food retail venues in FY'20. The COVID-19 pandemic minimized evaluation practices within some programs, but ongoing modification (e.g., online presentations) presents a promising direction for SNAP-Ed programming.

1. INTRODUCTION

In FY'20 The Food Trust (TFT) proposed an evaluation plan to measure the impact of PA SNAP-Ed nutrition education programs in a variety of food retail settings. Nutrition education lessons following the Heart Smarts curriculum were presented at supermarkets and corner stores; the Just Say Yes to Fruits and Vegetables (JSY) cooking lesson curriculum was utilized at farmers markets. Post-lesson surveys were used to measure evaluation indicators ST1, ST2, and ST4; incentive distribution and redemption rates were used to measure the MT5 indicator.

Prior to the onset of the COVID-19 pandemic, TFT's SNAP-Ed programs were on a trajectory to reach the evaluation sample size goals stated in the FY'20 Statement of Work. However, in March, 2020, with the onset of the pandemic, most on-site programs were shut down, or activities were reduced significantly, limiting in-person interactions. Some programs were able to reach their sample targets; however, because evaluation methods largely rely on in-person interactions, most programs were not able to reach the stated projections. Some programs, such as the JSY lessons, were changed to an online format, which allowed the program to continue once online videos were created. In this report we present the evaluation results from these three different food retail settings.

2. NUTRITION EDUCATION AND PSE AT SUPERMARKETS

I. Overview

The Food Trust partnered with seven supermarkets in Philadelphia and Chester to implement nutrition education and PSE programming. At each store, Heart Smarts lessons were paired with financial incentives. At the beginning of FY'20, for every \$5 of SNAP funds that supermarket shoppers spent on fruits and vegetables, customers received a \$2 digital coupon to purchase fruits and vegetables at the store with FINI/GusNIP funding. This was temporarily modified due to COVID-19 so that \$2 spent earned \$2 in coupons. One participating store chain (Cousins Fresh Market) maintained the same incentive model for the entire fiscal year (\$5 spent earned \$5 in coupons). The average redemption rate across all stores was 17% (range: 6–34%).

II. Heart Smarts Survey Methods

The Heart Smarts evaluation comprised surveys that were administered to customers after participating in a lesson. The surveys ask participants about their knowledge of healthy foods and intent to make healthy food choices based on what they learned during the lesson.

In FY'20, 197 participants completed the post-lesson survey at participating stores until March, 2020, at which point in-store programming was ended due to the COVID-19 pandemic. Survey data was collected and collated using Zoho survey software (Zoho Corporation, 2020); data analysis was performed in Microsoft Excel (Excel ver. 2016).

II(i). Heart Smart Survey Sample Demographics

Across all supermarkets, participants were a majority female (78%), 18–59 years of age (70%) and Black or African American (95%). Seven percent of participants reported having spoken with a nutrition educator in the store at least one other time prior to that day. 75 percent of

participants indicated that their fruit and vegetable consumption has increased since they started using Food Bucks. In addition:

- 59 percent received SNAP benefits in the last 12 months.
- 26 percent indicated that they use FINI/GusNIP incentives, Food Bucks.
- A majority indicated that Food Bucks were *Somewhat* (23%) or *Very* (70%) important in helping them purchase fruits and vegetables.
- 55 percent indicated they sometimes or often experienced food insecurity.
- 85 percent of participants planned to make meals using healthier foods;
- 84 percent of participants planned to buy healthier items at the store; and
- 77 percent of participants agreed that they had access to fresh fruits and vegetables in their neighborhood.

III. Nutrition Education Survey Results

Most respondents had not previously spoken with a nutrition educator (Figs. 1–2). For the Fruit and Vegetable lesson, a majority of those who had not previously spoken to a nutrition educator, and a majority of those that had spoken to an educator once or twice previously, responded *Definitely* to the question of choosing healthy fruit and vegetable options after that day's lesson (Fig. 1). For the Whole Grains lesson, no respondents had previously spoken with a nutrition educator and a majority responded *Definitely* to the question of choosing healthy whole grain options after that day's lesson (Fig. 2). A very similar result was found in response to the same questions for the Sodium lesson (Fig. 3).

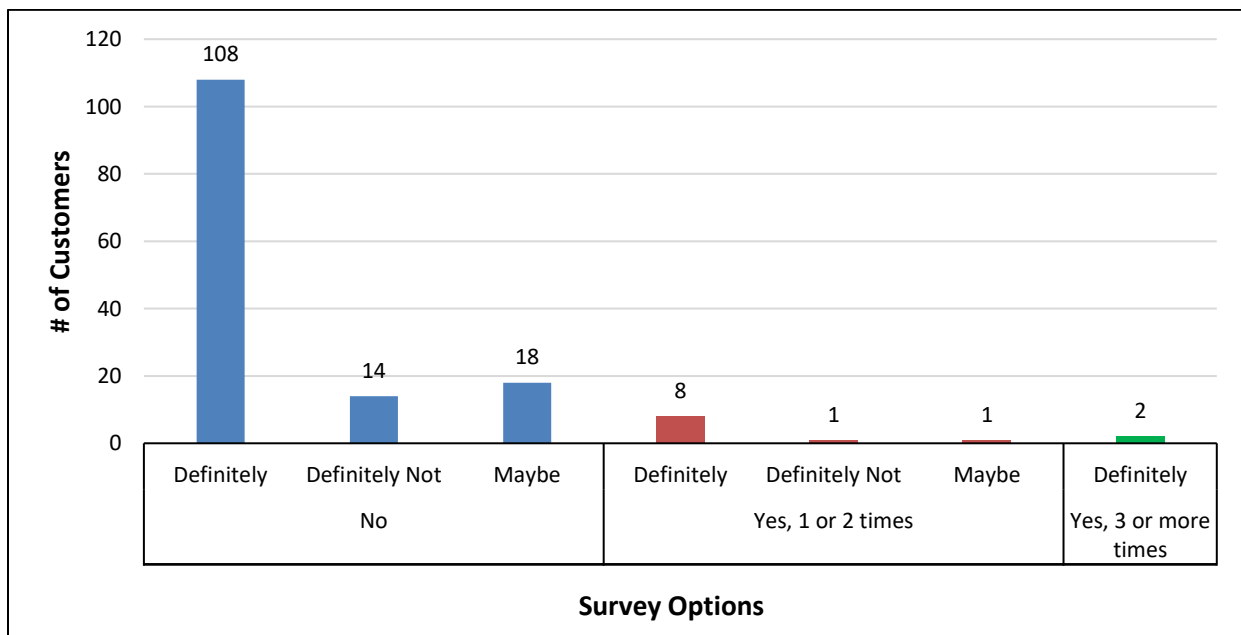


Figure 1. Responses by customers in the Philadelphia-region to the FY'20 Heart Smarts Fruit and Vegetable Lesson survey questions: 1) After today's lesson, I am going to choose healthy fruits and vegetables (like fresh fruits and vegetables and canned fruit in 100% juice or water); and 2) Have you ever spoken with a nutrition educator in this store before today? (N = 152).

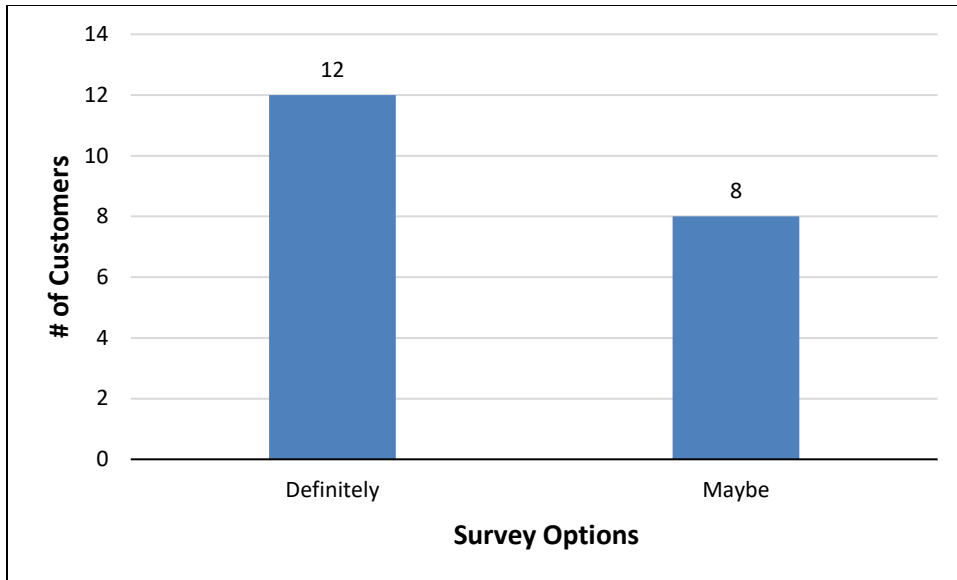


Figure 2. Responses by customers in the Philadelphia-region to the FY'20 Heart Smarts Whole Grain Lesson survey questions: 1) After today's lesson, I am going to choose whole grain foods (like 100% whole wheat bread, brown rice, oatmeal, or whole grain cereal); and 2) Have you ever spoken with a nutrition educator in this store before today? (N = 20). All respondents replied *No* to the second question.

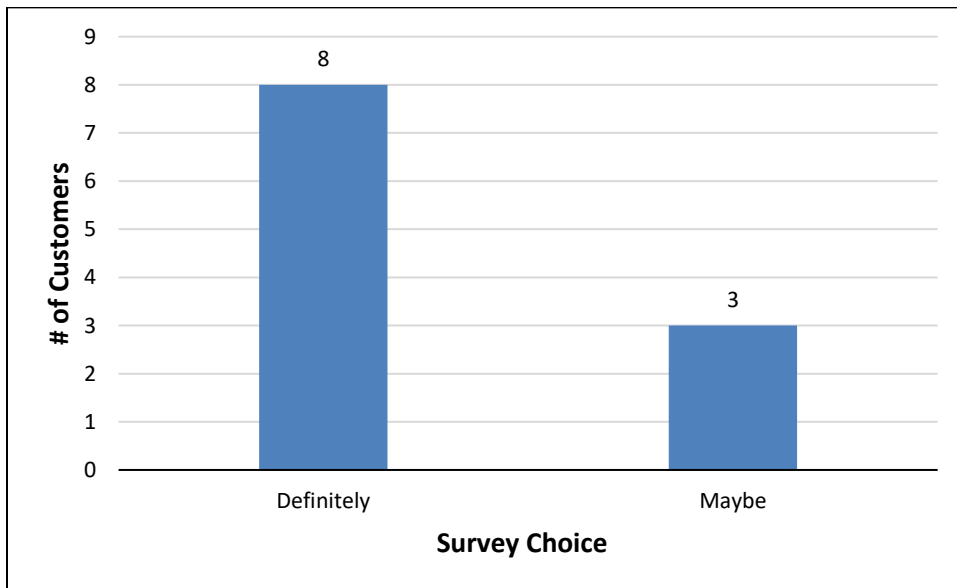


Figure 3. Responses by customers in the Philadelphia-region to the FY'20 Heart Smarts Salt Lesson survey questions: 1) After today's lesson, I am going to choose lower sodium (salt) foods (like no-salt-added canned vegetables, unsalted nuts, or dried beans)?; and 2) Have you ever spoken with a nutrition educator in this store before today? (N = 11). All respondents replied *No* to the second question.

Two lesson surveys (Protein, Calcium) had a very small number of respondents and are not reported here.

IV. Discussion

Following Heart Smarts nutrition education lessons at supermarkets, a majority of participants indicated that they would definitely choose healthier food options. The redemption rate of FINI/GusNIP incentive coupons overall also indicates that people are taking advantage of these to purchase healthy food items and demonstrates the coordination between the SNAP-Ed and GusNIP. Thus, the pairing of nutrition education and PSE with financial incentives is an effective means of presenting healthy eating options and providing opportunities for customers to purchase them.

3. NUTRITION EDUCATION AND PSE AT CORNER STORES

I. Overview

Since 2004, The Food Trust's Healthy Corner Store Initiative has worked to increase the availability and awareness of healthy foods in corner stores in Southeastern Pennsylvania through a multilevel approach including SNAP-Ed nutrition education, training and technical assistance for store owners, inventory changes and the marketing of healthy products. The Heart Smarts program implemented at corner stores and farm stands utilizes direct education, PSE change and 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. TFT also offers a non-SNAP-Ed funded healthy food incentive named Heart Bucks, which have an almost 100% redemption rate.

For the past six years, the TFT's Heart Smarts program has partnered with local health care providers who offer blood pressure and BMI screenings, along with follow-up calls, to participants at corner stores. In FY'20, the health screenings were carried out by Thomas Jefferson University Hospital, Lankenau Medical Center, and DBHIDS (Philadelphia Department of Public Health) until COVID-19 forced in-store programming to end.

II. Heart Smarts Store Inventory Evaluation

As part of the PSE component of the Heart Smarts Program, nutrition educators in FY'20 worked with corner store owners to support increasing access to healthy foods. Up until COVID-19 ended in-store programming in March, 2020, nutrition educators conducted corner store food inventories specific to the food groups that were tied to that day's lesson. Nutrition educators also charted product placement and other marketing in the stores, and implemented Heart Smarts PSE strategies. Those strategies are as follows:

1. Develop appealing displays to highlight healthy food
2. Move healthy items to eye level locations
3. Move healthy items to aisle endcaps
4. Move healthy items to the front of the store or to high consumer traffic areas
5. Place similar products together (ex: all wheat bread is in one place)
6. Create and display pricing labels for healthy items
7. Work with store owner to run pricing promotions on healthy items
8. Put up signs, posters, or pictures to promote healthy foods and beverages
9. Incorporate shelf-labels with messages of nutrition info to highlight healthy goods
10. Place recipe cards with healthy items

III. Heart Smarts Store Inventory Results

At the end of FY'20, 20 stores have had store inventories carried out, and 80 stores had completed and were maintaining at least one of the Heart Smarts PSE strategies. Three stores were in the process of implementing a Heart Smarts PSE strategy.

IV. Heart Smarts Survey Methods

Heart Smarts includes nine lessons with the following topics: fruits and vegetables, whole grains, calcium, lean proteins, sodium, prepared foods, and snacks, accompanied by nutrition-focused tip cards and visuals, and store-based PSE and marketing. After participating in a Heart Smarts lesson at either a corner store or farm stand, participants were given Heart Bucks (Philadelphia region) or Berks Bucks (Reading region) financial incentive coupons, and were asked to complete a survey and complete a health screening at participating stores. In FY'20, 500 shoppers participated in seven lessons and surveys were collected until March, 2020, at which point in-store programming was ended due to the COVID-19 pandemic. Results reported below are from six lessons (one was excluded due to small sample size) and reflect sample sizes per question, due to not all question fields having been filled in consistently by participants.

IV(i). Heart Smarts Survey Sample Demographics

A total of 396 surveys were administered to customers in the Philadelphia (n = 183), Norristown (n = 23), and Reading (n = 146) areas. Among those customers who participated in post-lesson surveys, 53% (n = 171) identified as female, 47% (n = 150) identified as male; 78% (n = 248) were between the ages of 18–59, and 22% (n = 70) were age 60 or older. In terms of ethnicity, 35% (n = 102) self-identified as Hispanic, 65% (n = 193) self-identified as non-Hispanic. The self-reported race distribution of customers is presented in Figure 4. In response to the question, Is this the first time you attended a SNAP-Ed nutrition program this year (since October 1, 2019), 64% (n = 220) responded *Yes*, and 36% (n = 123) responded *No*.

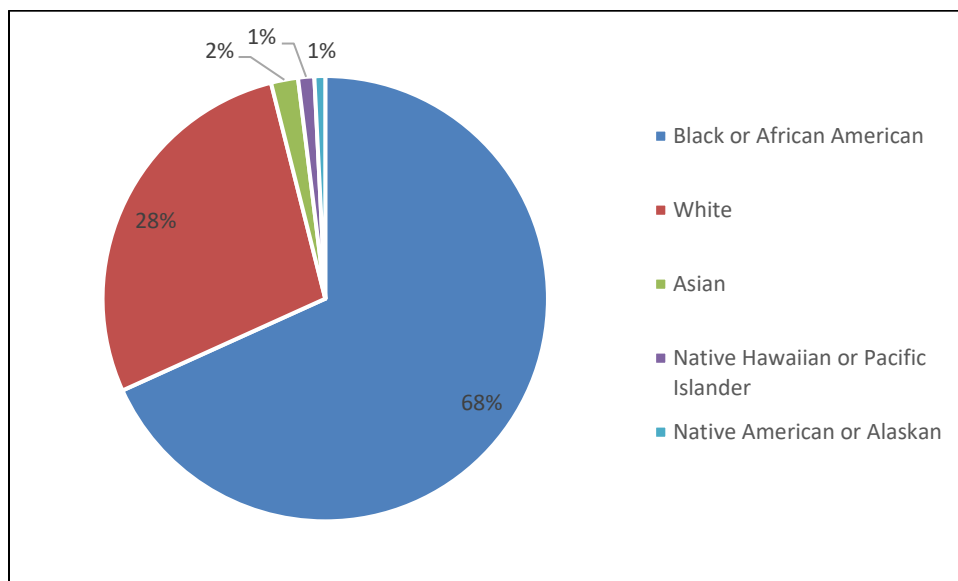


Figure 4. Self-reported race identification by customers in southeastern Pennsylvania in the FY'20 Heart Smarts Lesson survey (N = 255).

V. Heart Smarts Survey Results

Forty-three percent (n = 137) of participants had not interacted with a nutrition educator previously; 17% (n = 54) had spoken to a nutrition educator once or twice before, and 40% (n = 125) had spoken to a nutrition educator three or more times. In response to the question, Since speaking with a nutrition educator, I have eaten healthier (like eating more fruit and vegetables, whole grain products, healthy proteins), most participants (76%) responded *Definitely* (Fig. 5), 19% responded *Maybe*, and 5% responded *Definitely Not*.

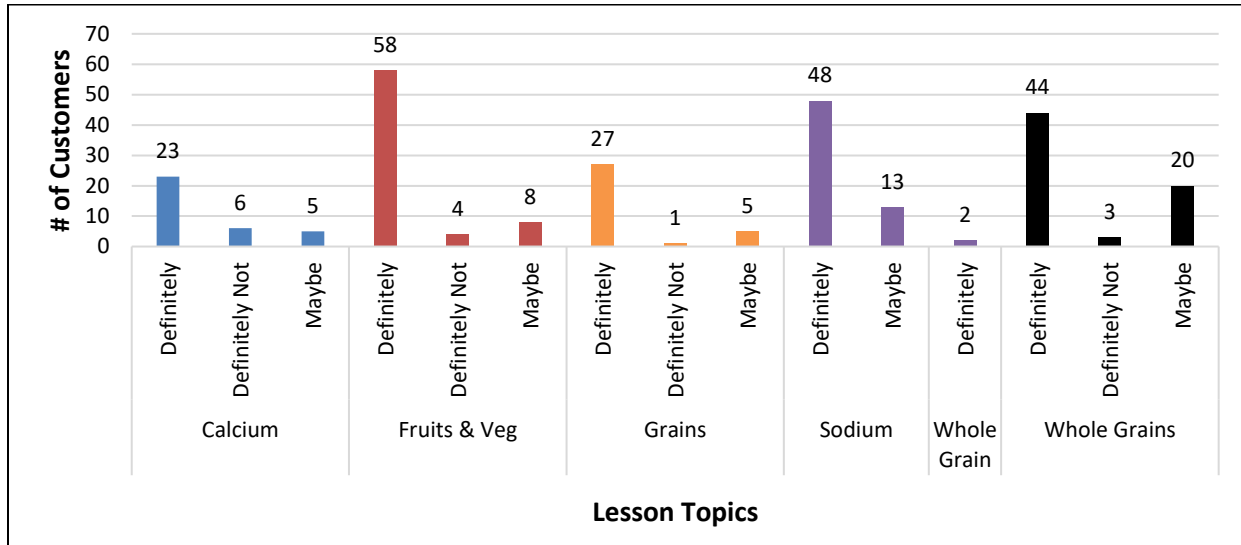


Figure 5. Responses by customers in southeastern Pennsylvania to the FY'20 Heart Smarts Lesson survey question, Since speaking with a nutrition educator, I have eaten healthier (i.e., eating more fruit and vegetables, whole grain products, and healthy proteins) (N = 267).

In response to the question, During the past 7 days, how many times did you eat vegetables?, most (77%) customers indicated that they were eating one or less servings per day; 23% reported that they eat more than one serving a day (Fig. 6). In response to the question, Since speaking with a nutrition educator, please identify if you have eaten MORE of any of these, two customer responses were significantly higher than all others: 14% (n = 38) indicated they have eaten more *Whole grains, fruits and vegetables, healthy proteins, food with calcium low sodium, water*, and 12% (n = 24) indicated that they would eat more *fruits and vegetables*.

VI. Heart Smarts-Jefferson Health Screening Survey Results

For participants who attended both a nutrition education lesson and a health screening and then received a follow-up call from Jefferson, additional health outcomes were captured:

- 69% reported an improved eating habits by consuming more fruits and vegetables
- 77% reported having reduced the amount of sodium consumed
- 55% reported an improvement in their food preparation
- 81% reported being physically active for at least 150 minutes per week

Results show the effectiveness of the Heart Smarts Program in influencing knowledge of healthy food items and intended behavior change. Based on positive blood pressure changes

within repeat health screening participants, it is possible that the presence of Heart Smarts lessons and environmental changes in the store contribute to improved health outcomes.

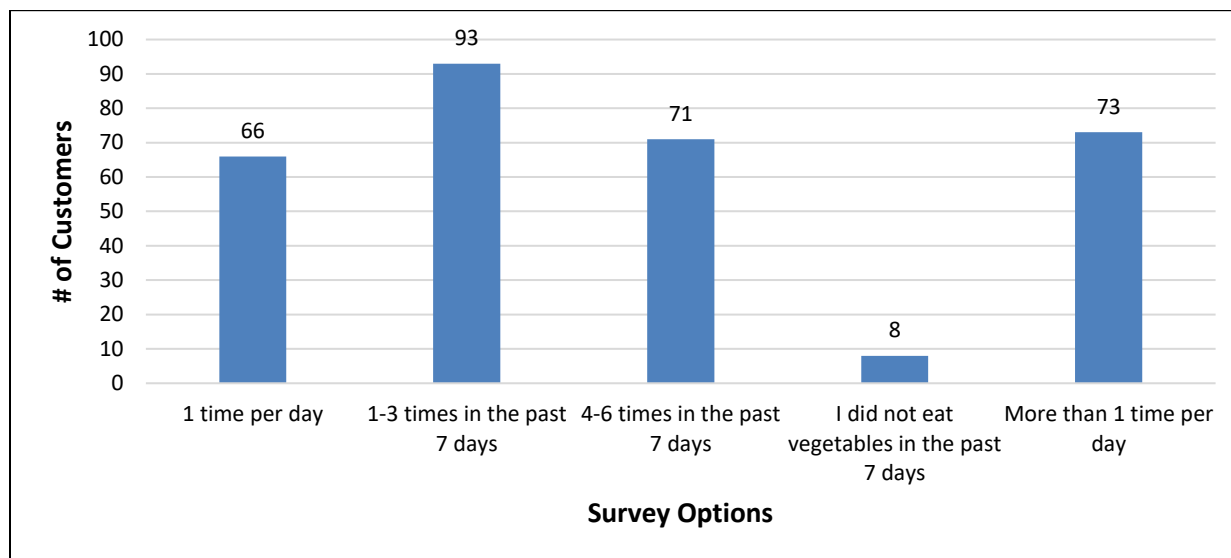


Figure 6. Responses by customers in southeastern Pennsylvania to the FY’20 Heart Smarts Lesson survey question, During the past 7 days, how many times did you eat vegetables? (N = 311).

VII. Discussion

The COVID-19 pandemic significantly impacted the ability to present lessons and roughly a fifth of the projected number of surveys were collected before in-store programming ended. Nonetheless, 76% of participants at farm stands and corner stores indicated that they would definitely be choosing healthier food options following the Heart Smarts nutrition education lesson, exceeding TFT’s proposed goal of 70%. The very high redemption rate of Food or Berks Bucks incentive coupons also indicates that people are taking advantage of these to purchase healthy food items, accompanied by PSE changes to increase access to healthier foods in these stores. Thus, the combination of nutrition education, financial incentives, health screenings and changes in the corner store setting appears to be an effective method for reaching high-risk individuals, leading to intent to choose healthier foods and self-reported behavior change.

4. NUTRITION EDUCATION/PSE AT FARMERS MARKET

I. Overview

I(i). Just Say Yes Nutrition Education Curriculum at Farmers Markets

TFT’s SNAP-Ed educators traditionally engage farmers market shoppers with interactive nutrition education and cooking demonstrations using the JSY curriculum at farmers markets primarily in low-income areas of Philadelphia, Reading, and Norristown. The JSY curriculum with cooking demonstrations at farmers markets is an established approach to conducting engaging nutrition education in this setting (Dannefer et al., 2015). Because of the onset of the COVID-19 pandemic in the spring of 2020, no in-person post-lesson survey data was collected before lessons were moved to an online video format.

I(ii). Farmers Market PSE

Since 1993, The Food Trust has operated and supported farmers markets in the Philadelphia area. TFT's markets primarily operate in low-income communities with limited access to fresh food. The markets accept multiple currencies, including SNAP-EBT, Farmers Market Nutrition Program (FMNP and S-FMNP) and The Food Trust's coupon program, Food Bucks. In FY'20, COVID-19 impacted the number of Farmers Markets that were able to open, but by summer–fall, six markets were consistently open.

II. Methods

II(i). Just Say Yes Survey

Using the JSY curriculum, nutrition educators typically collect surveys from participants following in-person nutrition education/cooking demonstrations at farmers markets. Because of the onset of the COVID-19 pandemic in Q2 of 2020, which was prior to the start of the farmers market season, in-person cooking lessons and survey collection was not feasible. Instead, TFT nutrition education staff filmed nutrition education/cooking demonstration videos that participants could view at home through the Food Trust's online Learning Portal, or at Farmers Markets using a portable electronic device. At the end of each lesson, participants were asked to complete a modified online or electronic survey. Survey questions collected data on the farmers market that participants visited the most often, previous lesson attendance, SNAP participation, and demographic information.

As of September 30, 2020, TFT's online JSY lessons have received ~300 views. Of those, 140 participants completed a survey at the end of the lesson. We report the results from those online lesson surveys in sections III(i) and IV(i).

II(ii). Farmers Market Food Bucks Surveys

In FY'19–FY'20, 5000 individuals took part in the Food Bucks program at Farmers Markets. Surveys were administered in order to gain a better understanding of how the farmers' market and its programs impacts customers' behaviors and perceptions/attitudes. Customers who had just received Food Bucks, just completed an EBT transaction, or been given Food Bucks during a cooking demonstration (in 2019) were asked to voluntarily fill out a paper survey. Survey questions were used to assess: 1) the impacts of Food Bucks on health outcomes, and 2) demographics information.

Customer surveys from 664 participants were collected at 20 of TFT's farmers markets in Philadelphia from August 2019 through October 2019. Because survey collection from FY'19 was not completed until October, 2019 (i.e., beginning of FY'20), and there was not sufficient time to analyze and report on those results in TFT's FY'19 report, we are including this data here. No onsite surveys have been collected in 2020 due to the onset of the COVID-19 pandemic.

III. Survey Sample Demographics

III(i). Just Say Yes

Of the 140 participants who took part in the online JSY programming and then completed a survey, 51% were between the ages 18–59; 31% were 60 or older; 67% identified as female, 9% identified as male. Self-reported race distributions are presented in Figure 7, with White, non-Hispanic representing the largest group (42%).

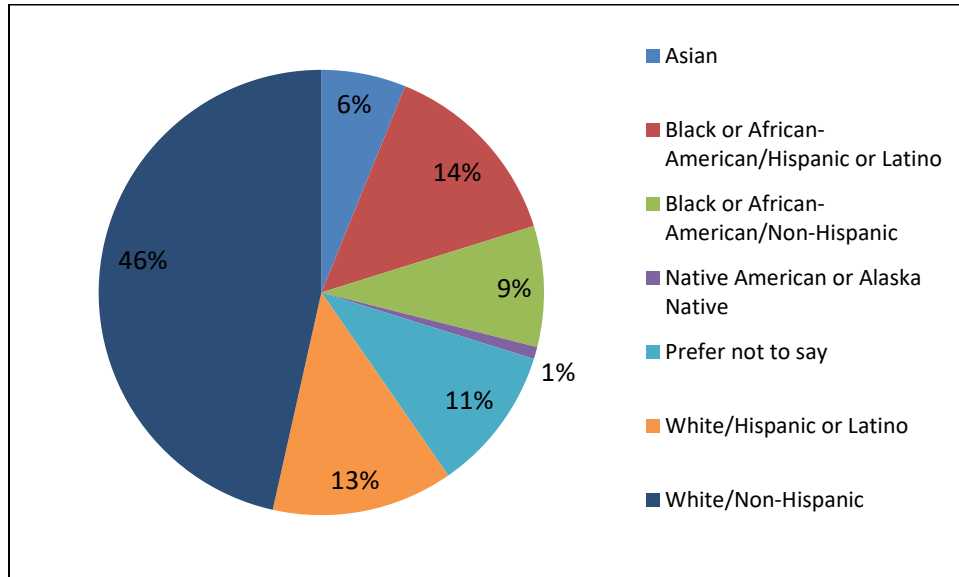


Figure 7. Self-reported race identification by participants in Philadelphia in the FY'20 Just Say Yes cooking demonstration lesson survey (N = 114).

III(ii). Farmers Market Food Bucks

Of those surveyed, 71 % of shoppers identified as women; 42 % of shoppers were age 41–65; 43% self-identified as Black or African American, 37% as white, 11% as Hispanic or Latinx, and 3% as Asian.

IV. Results

IV(i). Just Say Yes Survey

Moving the JSY programming online was a necessary step for TFT nutrition educators to continue farmers market nutrition education programming. Because online lessons are a new endeavor, it is important to track whether or not individuals are new or returning participants as this can be used as a metric for changes in participation rates over time (Figures 7–8). Figure 8 shows that the number of returning lesson participants increased relative to the number of new participants over the course of the 12 lessons.

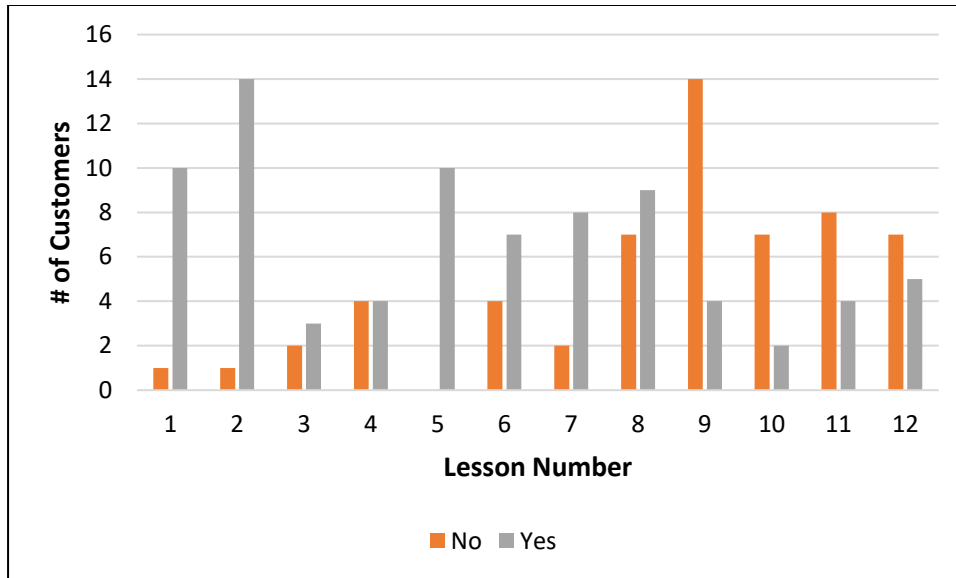


Figure 7. Responses by Just Say Yes participants in Philadelphia to the survey question, Is this your first time participating in a video nutrition lesson and cooking demonstration (2020 summer season)? (N = 137). Lesson 1 was made available for viewing in July; lesson 12 was made available in September, 2020.

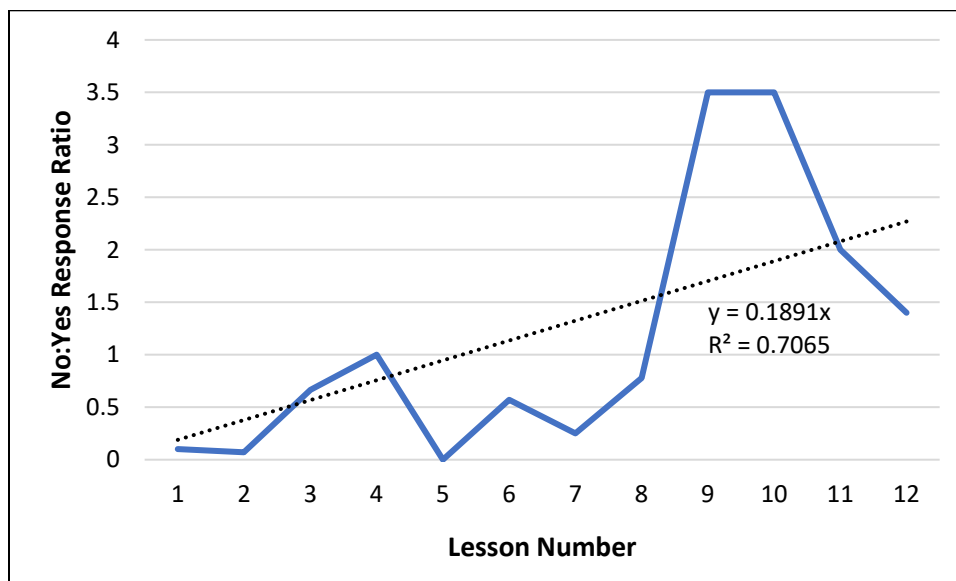


Figure 8. Ratio of No/Yes replies from the survey question, Is this your first time participating in a video nutrition lesson and cooking demonstration (2020 summer season)? (N = 137). Lesson 1 was made available for viewing in July; lesson 12 was released in September, 2020.

IV(ii). Farmers Market Food Bucks Survey

Of 262 shoppers surveyed, 43% indicated that they used Food Bucks at the Farmers Market. Sixty-two percent of Food Bucks users also reported that Food Bucks are important or very important in helping to purchase fruits and vegetables. Similarly, 62% reported that Food Bucks are important or very important in their decision to shop at a farmers market. For increasing

fruit and vegetable consumption, 63% reported that Food Bucks are important. Moreover, among these Food Bucks users, 83% reported participating in SNAP-Ed cooking demonstration lessons (Just Say Yes), compared to only 30% of non-Food Bucks users. A comparison of survey results from Food Bucks users and Non-food Bucks users is shown in Table 1.

Table 1. Differences between Food Bucks users and non-users, August–October, 2019.

	Food Bucks Users	Non-Food Bucks Users
<i>Reported that quality of fruits and vegetables at FM is better than other neighborhood food stores</i>	79.4%	81.0%
<i>Received information about healthy eating while at FM***</i>	89.5%	56.8%
<i>Purchased fruits or vegetables at market</i>	74.2%	64.3%
<i>Reported that selection of fruits and vegetables at FM is better than other neighborhood food stores**</i>	64.0%	50.5%
<i>Reported that prices of fruits and vegetables at FM is better than other neighborhood food stores</i>	39.6%	29.3%
<i>Increased fruit and vegetable intake since shopping at FM**</i>	67.6%	52.2%
<i>Tried new fruits or vegetables since shopping at FM***</i>	75.1%	57.8%
<i>Increased fruit and vegetable consumption since using FB</i>	59.3%	n/a
<i>Observed a cooking demo at FM***</i>	82.7%	30.6%
<i>Visit market every week or more</i>	68.1%	55.8%
<i>First visit to market</i>	7.58%	18.0%
<i>*p<0.05; **p<0.01; ***p<0.001 Chi-square tests were used to assess statistical significance of associations</i>		

V. Discussion

Just Say Yes Survey: Due to the pandemic, TFT demonstrated that pivoting to online lessons was a successful approach. The R² value of the trendline in Figure 7 is 0.7, indicating a strong relationship between the online JSY lesson number and the number of participants who had previously attended a lesson. In other words, there was a general increase in the number of repeat participants over time. Given that online lessons will continue into FY'21, this suggests that online presentation of video lessons is a viable method for content delivery. Although we do not have data on the total number of lessons that individuals have attended, we can record this data in the future to better understand the participation metrics of individuals. An additional benefit of online nutrition education programming such as this is that it offers the

potential to reach additional SNAP eligible individuals, and also allows participants to repeat lessons as needed.

Food Bucks Survey: TFT proposed to gather 400 surveys from farmers market customers in FY'20. Although survey collection in summer–fall FY'20 was curtailed by the COVID-19, we are nevertheless able to glean important results from the 262 surveys collected at the end of FY'19 –early FY'20. In the FY'20 proposal, TFT set a goal of 75% for customer self-reporting of increased fruit and vegetable consumption—survey results are close to this goal (Table 1). Additionally, Food Bucks participants reported being more likely to come to farmers markets, receive more nutrition information through JSY cooking lessons, try and purchase new fruits and vegetables, and frequent a farmers market more often.

5. CONCLUSION

TFT proposed a comprehensive SNAP-Ed nutrition education evaluation plan for supermarkets, corner stores, and farmers markets in FY'20. Proposed survey numbers were not reached at participating food retail locations due to the onset of the COVID-19 pandemic and subsequent shut down of in-person programming. Nevertheless, collected survey results all reported positive impacts. These are summarized as follows:

- 1) A majority of customers participating in the Heart Smarts program in corner stores and supermarkets indicated that they would choose healthy food options following nutrition education lessons, accompanied by PSE efforts and financial incentives. Similarly, positive results were found among those who also participated in corner store health screenings along with the Heart Smarts nutrition education lesson.
- 2) Individuals who participated in the incentive program at farmers markets reported being more likely to attend in-person JSY cooking lessons than those who did not. These same customers also reported greater fruit and vegetable consumption overall than those who did not take part in the incentives program.
- 3) Customers who watched JSY cooking demonstration videos, either online or at farmers markets, increasingly returned to watch additional lessons over the course of the lesson series, supporting the use of video lessons as a viable means of delivering lesson content.

6. REFERENCES

Dannefer, R., Abrami, A., Rapoport, R., Sriphanlop, P., Sacks, R., & Johns, M. (2015). A Mixed-Methods Evaluation of a SNAP-Ed Farmers' Market–Based Nutrition Education Program. *Journal of Nutrition Education and Behavior*, 47(6), 516–525.e1.
<https://doi.org/10.1016/j.jneb.2015.08.021>

FY20 Reporting Evaluation of Emerging Curriculum/Approach

Name of Project

Senior Center Needs Assessment – Agatston Urban Nutrition Initiative (AUNI)

Project Goals (specifically those evaluated)

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

The goal of the evaluation is to monitor progress with senior centers related to their completed the Senior Center Needs Assessment and identified PSE goals. Due to COVID-19 closures in March, AUNI was unable to continue to the evaluation stage of the emerging intervention. By its nature, the Toolkit allows immediate identification of potential areas of change, intended to be assessed more than once over time to track PSE changes. Prior to COVID-19 closures, ASNP educators Katey McElrath and Keesha Jefferson completed the SCNA with a staff member at Firehouse Active Adult Center; educator Sophia Canady completed it at Southwest Senior Center; educator Lynn McCullough completed it with West Philadelphia Senior Community Center and Star Harbor; educator Kia Brown completed it with A to Z Care; and Melissa Sattler-Gordon completed it with Lutheran Settlement House.

Target Behavior: Healthy Eating, Physical Activity and Reducing Screen Time

Intervention Type: PSE Change

Evaluation Indicator: Readiness & Capacity – Short Term (ST) – Environmental Settings (ST5-7)

Need and Readiness

- ST5b: Six senior centers with an identified need for improving access or creating appeal for nutrition and PA supports.
- ST5c: Six senior centers that documented readiness for changes in PSE.

Setting: Community (Live); Other Senior Centers

Target Audience: Older Adults; varying demographics and differing food environments

AUNI plans to continue using the Senior Center Needs Assessment with the six identified senior centers: Southwest Senior Center; Firehouse Active Adult Center; West Philadelphia Senior Community Center; Star Harbor Senior Center; Lutheran Settlement House; and A to Z Care.

Evaluation Design

As shared above, this intervention did not reach the evaluation stage during FY20 as planned, but AUNI plans to continue in FY21. The population evaluated will be ASNP participants (older adults through senior center partners) at six initial sites. AUNI identified the sites for piloting

the assessment, with plans to implement it at other senior centers/community sites in the future. By nature, the toolkit is also meant to assess the physical environment of the senior centers, which remain closed due to COVID-19 concerns. Because of this, it seems most appropriate to continue evaluation when in-person programming resumes.

Description of how evaluation results will be used:

Results will be reported directly back to stakeholders to implement recommended PSE changes and address any potential barriers that are identified in participants making healthier decisions.

Point of Contact

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FY 2020 Pennsylvania SNAP-Ed Plan Abbreviations List

AAA	Area Agency on Aging
AHI	Adagio Health, Inc.
AND	Academy of Nutrition and Dietetics
APHA	American Public Health Association
ASN	American Society for Nutrition
ASNNA	Association of SNAP Nutrition Education Administrators
ATOAH	A Taste of African Heritage
ATOLAH	A Taste of Latin American 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
CACFP	Child and Adult Care Food Program
CAO	County Assistance Office
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
DOH	Department of Health
DRX	Drexel University
EARS	Education and Administrative Reporting System
ECE	Early Childhood Education
EFNEP	Expanded Food and Nutrition Education Program
ERP	Eat Right Philly
F.U.N.	Families Understanding Nutrition
F/R	Free/Reduced Price Meal Program Enrollment
FAY	Fayette County Community Action Agency
FMNP	Farmers' Market Nutrition Program
FNCE	Food and Nutrition Conference & Exhibition
FNS	Food and Nutrition Service
FQHC	Federally Qualified Health Center

FY 2020 Pennsylvania SNAP-Ed Plan Abbreviations List

FTE	Full Time Equivalent
FUL	Fulton County Food Basket, Inc.
FUN	Albert Einstein Medical Center
FY	Fiscal Year
GHP	Get Healthy Philly, Philadelphia Department of Health
GIS	Global Information Systems
HAES	Health At Every Size
HEAT	Healthy Eating, Active Time
HPA	Penn State Department of Health Policy and Administration Project
HPC	Health Promotion Council of Southeastern Pennsylvania, Inc.
JSY	Just Say Yes to Fruits and Vegetables
LAF	Penn State Francis Project
LOA	Letter of Agreement
LP	Local Partner
LT	Long Term
ME	Management Entity
MOU	Memorandum of Understanding
MRFEI	Modified Retail Food Environment Index
MT	Medium Term
NAPSACC	Nutrition and Physical Activity Self-Assessment for Child Care
ne/Frames	Digital photo frame programs
NEA	Nutrition Educator Assistant
NEMS	Nutrition Environment Measure Survey
NEN	Pennsylvania Nutrition Education Network
NEPA	Northeast Pennsylvania
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

FY 2020 Pennsylvania SNAP-Ed Plan Abbreviations List

RD, LDN	Registered Dietitian, Licensed Dietitian Nutritionist
SAH	The Salvation Army Harrisburg Capital City Region
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	Agatston Urban Nutrition Initiative
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