Learning Goals

a. Increase understanding of what a multi-component nutrition education, physical activity, and obesity prevention model looks like;

b. Increase knowledge, skills, and confidence to link education, social marketing, and environmental changes in SNAP-Ed;

c. Identify evaluation indicators for multi-component programming with individual, organizational, and environmental changes.
Keep your phone on mute when not speaking.

Ask questions that will benefit the group;

*Note:* Specific questions about your State’s SNAP-Ed Plan should be directed to your appropriate Regional coordinator.

Be open-minded.

Be respectful.

Riesenber, August 2014
What is “SNAP-Ed”

Nutrition education and obesity prevention grant funded by USDA

Educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food and physical activity choices and other nutrition-related behaviors among the SNAP-Ed target audience.

- Improve nutrition
- Increase physical activity
- Maintain appropriate calorie balance during each stage of life

Riesenber, August 2014
Healthy Recipes

Looking for inspiration? You’ll find dozens of low cost recipes your family will love. These healthy recipes are also fun!

Choose from the alphabetical list below or use the box to the right to search by category.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Almond Rice Pudding
Apple Bars
Apple Spice Baked Oatmeal
Applesauce French Toast
Asian Beef and Noodles
Asian Chicken Salad
Asian Rice

Magical Fruit Salad
Master Mix
Mediterranean Tuna Salad
Melon Cooler
Mexican Vegetable and Beef Skillet Meal
Minestrone Soup
Moo (moo) Indonesian Stir-Fry
Individual or group-based nutrition education, health promotion, and intervention strategies

Comprehensive, multi-level interventions at multiple complementary organizational institutional levels

Community and public health approaches to improve nutrition
Why Obesity Prevention?

---

**Obesity is common.**

- More than one-third of U.S. adults (over 72 million people). Co-existence of obesity, poverty, and food insecurity. (CDC)

**Obesity begins in childhood.**

- 17% of U.S. children are obese. Children are more likely to become obese adults, and increase their risk of heart disease, diabetes, and some cancers. (CDC)

**Obesity is costly.**

- Annual cost of obesity to the US health-care system is $147 billion; 23% is financed by Medicare and 19% by Medicaid. (Finkelstein et al., 2009).

---

Riesenber, August 2014
5 SOLUTIONS FOR CHANGING OUR COMMUNITIES

INTEGRATE PHYSICAL ACTIVITY EVERY DAY IN EVERY WAY.

STRENGTHEN SCHOOLS AS THE HEART OF HEALTH.

ON THEIR OWN, ANY ONE OF THESE FIVE SOLUTIONS MIGHT HELP SPEED UP PROGRESS IN PREVENTING OBESITY, BUT TOGETHER, THEIR EFFECT WOULD BE REINFORCED, AMPLIFIED, AND MAXIMIZED.

activate employers and health care professionals.

make healthy foods available everywhere.

market fresh produce available!

market what matters for a healthy life.

Source: Institute of Medicine
If you build a pool, will people swim?
Is It Education, Communication, or Marketing?

Health Education
- Encourage healthy lifestyles and wellness.
- Inform and educate individuals and communities on health promotion and disease prevention.

Health Communication
- Create and spread health-related information through one-on-one, community, mass messaging, and e-health.
- Focus on “publics,” including individuals, community groups, and institutions.

Health Marketing
- “Sell” health through commercial marketing techniques.
- Demonstrate how perceived benefits of a behavior outweigh its costs.

Common Elements:
- Identifying a theory of change.
- Planning for outcomes.
- Selecting a target audience.
- Focus on your audience.

Riesenberg, August 2014
Strategic Program Planning Process

Analyzing the Problem and Identifying Audience(s)

Why?

Measuring Outcomes

Scanning the environment

Implementing, monitoring, and improving the strategy or program

Testing and refining concepts, messages, and materials

Riesenberg, August 2014
**Marketing 4 Ps:**

- **Product** - The social marketing "product" is not necessarily a physical offering
- **Price** - refers to what the consumer must do in order to obtain the social marketing product.
- **Place** - describes the way that the product reaches the consumer.
- **Promotion** - consists of the integrated use of advertising, public relations, promotions, media advocacy, personal selling and entertainment vehicles.

**4 P’s Plus:**

- **Publics** - Social marketers often have many different audiences
- **Partnership** - Social and health issues are often so complex that one agency can't make a dent by itself.
- **Policy** - Social marketing programs can do well in motivating individual behavior change, but that is difficult to sustain unless the environment they're in supports that change for the long run.
- **Purse strings** – campaigns are most often funded by grants
• **Policy**: A written statement of an organizational position, decision, or course of action.

• **Systems**: Unwritten, ongoing, organization decisions or changes that result in new activities reaching large proportions of people the organization serves. Systems changes alter how the organization or network does business.

• **Environmental Change**: Includes the built or physical environments which are visual/observable, but may include economic, social, normative or message environments.
Edible Garden

Educational lesson

Smoothie Recipe and Demos

Community Stakeholder Collaborative

Evaluation

Safe playground

Riesenweg, August 2014
EBT Terminal

Canopy

Marketing Banner

Radio Ads

Hours of Operation

Local fruits and vegetables

Double Bucks

Cues to Action

Riesenberg, August 2014
Multi-sector Collaboration: Defined

… “linking or sharing of information, resources, activities, and capabilities by organizations in two or more sectors to achieve jointly an outcome that could not be achieved by organizations in one sector separately”

(Bryson et al., 2007)
<table>
<thead>
<tr>
<th>Activity</th>
<th>Your Agency</th>
<th>Partner 1</th>
<th>Partner 2</th>
<th>Partner 3</th>
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<tbody>
<tr>
<td>Laws and regulation</td>
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<td>Change organizational practices and policies</td>
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<td>Build state and local coalitions and networks</td>
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<td>Investigate community risks and barriers to nutrition</td>
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<td>Market healthy behaviors community-wide</td>
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<td>Inform and empower individuals and families</td>
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<td><strong>School</strong></td>
<td><strong>Local Hospital</strong></td>
<td><strong>Food Bank</strong></td>
<td><strong>City Parks</strong></td>
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<tr>
<td>Laws and regulation</td>
<td>Smart snacks</td>
<td>Community health worker – billable service</td>
<td>City policy for mobile distribution van</td>
<td>City law - Free daily physical activity in 2 parks</td>
</tr>
<tr>
<td>Change organizational practices and policies</td>
<td>Joint use policy</td>
<td>Electronic prompts for BMI screening</td>
<td>Healthy donations policy</td>
<td>Joint use policy</td>
</tr>
<tr>
<td>Build state and local coalitions and networks</td>
<td>Member of Local Food Security Taskforce</td>
<td>Member of Local Food Security Taskforce</td>
<td>Member of Local Food Security Taskforce</td>
<td>Safe Routes to School National Network</td>
</tr>
<tr>
<td>Train and provide technical assistance to state and local agencies</td>
<td>How to structure effective after school programs</td>
<td>Provider training on BMI screening and counseling</td>
<td>Training on weekend backpack program</td>
<td>Safe Routes to School trainings</td>
</tr>
<tr>
<td>Investigate community risks and barriers to nutrition</td>
<td>Alliance for a Healthier Generation Tool</td>
<td>Community health needs assessments</td>
<td>Healthy pantry assessment</td>
<td>Health impact assessment</td>
</tr>
<tr>
<td>Market healthy behaviors community-wide</td>
<td>School-based marketing campaign</td>
<td>Direct mail campaign</td>
<td>Texting/SMS campaign for SNAP</td>
<td>Safe Routes to School Promotion</td>
</tr>
<tr>
<td>Inform and empower individuals and families</td>
<td>Nutrition classes with parent night</td>
<td>Diabetes prevention class</td>
<td>3-5 minute recipe lessons</td>
<td>Pedestrian safety workshops</td>
</tr>
</tbody>
</table>
HealthyRetailSF Framework -- 3 Legged Stool

**Community Engagement**
- **Community Food Advocates (CFAs):**
  - Branding, shelf talkers, etc.
  - Market Research
  - Build relationships (residents, cbos, faith orgs, schools etc)
  - Monitor adherence to Standards
  - Shadow & assist with store redesign
  - Report card & ongoing TA
  - “Market Makeovers”
  - Taste testing, cooking demos
  - Health promotion in/out store
  - Build demand (marketing campaigns, media, pro community ads)
  - Educate

**Physical Environment**
- **Consultant & CFAs**
  - Store design
  - Schematics
  - Inventory
  - Equipment
  - Façade Improvements
  - Signage: pricing & shelf talkers
  - ADA
  - Murals

**Business Operations**
- **OEWD and Consultants**
  - Business Model Development
  - Produce distribution & Maintenance
  - Sourcing of healthy product
  - Expedite permits, provide tax incentives
  - Support for consultants

Used with permission from: HealthyRetailSF.org,
San Francisco Office of Economic and Workforce Development and Department of Public Health

Riesenber, August 2014
A Continuum of Evidence for Nutrition Education: Descriptions

**Research-tested**
- Peer reviewed journal publications
- Testing across multiple populations and venues
- Experimental or quasi-experimental study designs with control groups
- Meta-analyses or systematic reviews are most conclusive

**Practice-tested**
- Evaluated for program effectiveness
- Reflects known best practices in nutrition education and obesity prevention strategies

**Emerging**
- Innovative, pilot projects
- Respond to unmet needs in addressing Healthy People 2020 objectives

Riesenberg, August 2014
Link evaluation to program design, program delivery, educator training, and appropriate levels of the Social-Ecological Model
Evaluation Resources

- CDC. State indicator report on fruits and vegetables.  

- CDC. State indicator report on physical activity.  

- CDC. Recommended community strategies and measurements to prevent obesity in the United States. (COCOMO)  
  http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm.


- NIFA. Community Nutrition Education Logic Model.  

- Center for Training and Research Translation Web site.  
  Available at: http://www.centertrt.org

- Altarum Institute and RTI International. Cates, S., Blitstein, J., Hersey, J., Kosa, K., Flicker, L., Morgan, K., and Bell, L.  

- RE-AIM Framework.  
  http://www.re-aim.hnfe.vt.edu/

- Healthy People 2020.  
Impact

Reach

Frequency

Effectiveness

Collaboration

Riesenberg, August 2014
Western Region’s SNAP-Ed Evaluation Framework: Nutrition, Physical Activity, and Obesity Prevention Outcomes

Supplemental Nutrition Assistance Program Education
Western Region
Food and Nutrition Service
April 2014

Riesenberg, August 2014
WRO developed a common set of **51 statewide** SNAP-Ed outcome indicators.

Western Region SNAP-Ed Collaborators choose from these indicators when preparing their Annual Plans, and when reporting results to FNS on an annual basis as a *supplement to EARS (FNS-759)*.

Project collaborators by the numbers:

- **8 States**; **5 SNAP Agencies**, **6 Land-Grants (Cooperative Extension)**, **5 Public Health Departments and other Implementing Agencies**
- **11 Dieticians**, **2 Exercise Scientists**; **8 Public Health Specialists**; **3 Academic Peer Reviewers**
Evaluation Questions

1. **Individual-level**: To what extent does SNAP-Ed programming improve participants’ diet, physical activity, and health?

2. **Environmental-level**: To what extent does SNAP-Ed programming facilitate access and create appeal for improved dietary and physical activity choices in the settings where nutrition education is provided?

3. **Sectors of Influence**: To what extent is the SNAP-Ed grant program integrated into comprehensive strategies that collectively impact lifelong healthy eating and active living in low-income communities?

4. **Social and Cultural Norms and Values**: To what extent do community-level obesity prevention strategies impact the public’s priorities, lifestyle choices, and values for healthy living?
Framework: At a Glance

Logic model format used for each level of the SEM.

<table>
<thead>
<tr>
<th>Short Term</th>
<th>Medium Term</th>
<th>Long Term</th>
<th>Impacts</th>
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</thead>
<tbody>
<tr>
<td>[Focus: Knowledge, intentions, and goals]</td>
<td>[Focus: Behavioral Changes]</td>
<td>[Focus: Dietary and Physical Activity Recommendations]</td>
<td>[Focus: Health]</td>
</tr>
<tr>
<td>[Focus: Organizational or Individual Support]</td>
<td>[Focus: Adoption and Reach]</td>
<td>[Focus: Implementation and Effectiveness]</td>
<td>[Focus: Maintenance]</td>
</tr>
<tr>
<td>[Focus: Community Capacity]</td>
<td>[Focus: Community Changes]</td>
<td>[Focus: Community Benefits]</td>
<td>[Focus: Sustainability]</td>
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</table>

Riesenber, August 2014
• **RE-AIM Framework**
  - Reach, effectiveness, adoption, implementation, maintenance
  - Reach, adoption, **effectiveness**, implementation, maintenance
**Reach:** Number of SNAP-Ed eligibles that benefitted from the change(s) during the period assessed (e.g., number of persons < 185% of Federal Poverty Level reached by the change in SNAP-Ed eligible settings).
ADOPTION (MT4-5)

• **Adoption**: Aggregate number of SNAP-Ed settings where at least one organizational or environmental change is made in writing or practice to improve or strengthen access or appeal for healthy eating or physical activity during the period assessed.
Implementation: Aggregate number of SNAP-Ed settings that report a multi-component initiative with one or more organizational or environmental changes adopted AND at least one of the following: 1) evidence-based education, 2) marketing, 3) parent/community involvement, 4) staff training on continuous program and policy implementation.
• **Effectiveness:** Number of settings with improved food or physical activity environment assessment scores using a reliable and consistent environmental assessment tool.
• **Maintenance**: Average percentage increase, or number of institutional or community resources invested in nutrition and physical activity supports or standards at SNAP-Ed settings in terms of staff (number of full time equivalents), cash, or in-kind supports

Riesenberg, August 2014
Spotlight: California RE-AIM

13 PSEs

RE-AIM: School Wellness Policies

This planning and evaluation guide illustrates the five dimensions of the RE-AIM framework: Reach, Effectiveness, Adoption, Implementation, and Maintenance that will be used for LHD’s Policy, Systems and Environment change evaluation and reporting. The RE-AIM framework is useful for planning new interventions, adapting existing interventions, and designing evaluations that assess the potential public health impact of interventions.

Reach: Number of people in the target population affected. The extent to which the individuals reached are representative and include those most at risk.

Coverage:
- Number of SNAP-Ed eligible students (incomes < 185% Federal Poverty Level (FPL)) in the county

Estimated Actual Reach:
- Number of students reached by the school wellness policy intervention in SNAP-Ed eligible schools in period assessed (per year)
- Number of SNAP-Ed eligible students (<185% FPL) reached by school wellness policy intervention nutrition supports in SNAP-Ed eligible schools in period assessed (per year) * (WRO – MT4)
- Number of SNAP-Ed eligible students (<185% FPL) reached by school wellness policy intervention physical activity supports in SNAP-Ed eligible schools in period assessed (per year) * (WRO – MT5)

Effectiveness: Measurement of environmental level changes that have been shown to improve individual’s nutrition and physical activity.
- Number of SNAP-Ed schools with improved food environment assessment scores using a reliable and consistent environmental assessment tool [Report actual scores] * (WRO – LT9)
- Number of SNAP-Ed schools with improved physical activity environment assessment scores using a reliable and consistent environmental assessment tool [Report actual scores] * (WRO – LT10)
- Number of SNAP-Ed schools that newly achieve national, state, or locally-defined standards for recognition program (such as HealthierUS School Challenge, Healthy Schools Program National Recognition Award, Let’s Move Active Schools Award). [Specify recognition program] * (WRO – LT11)

Adoption: The number of settings and partners participating in PSE change. The appropriateness of the settings (and partners) for reaching/engaging the target population.
- Number and list of the following who are actively involved in healthy eating and physical activity school wellness policy improvements for school districts and schools
  - individual community members/local champions (youth, parents/caregivers, community members, staff/service providers, leadership/decision makers, and other involved and number from SNAP-Ed population for each) * (WRO - ST9)
  - organizational task forces/wellness committees [Record number and type of member organizations] * (WRO - ST6)

http://www.cdph.ca.gov/programs/cpns/Pages/PSEEvaluationRE-AIM.aspx
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- Gerry Howell, FNS NO
- Jane Duffield, FNS NO
- Karen Biala, FNS NO
- SNAP-Ed State Coordinators and Implementing Agencies
- Association of SNAP-Ed Nutrition Networks and other Implementing Agencies (ASNNA)
"You’ll have to eat that donut outdoors. Nobody wants to inhale secondhand carbs!"
Thank you!

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