SNAP-ED STRATEGIES & INTERVENTIONS:

An Obesity Prevention Toolkit for States

Featuring Evidence-based Policy, Systems, and Environmental Changes that Support Direct Education and Social Marketing and Ways to Evaluate Them Across Various Settings.

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This toolkit is a collaborative effort between:

USDA

ASNNA The Association of SNAP Nutrition Education Administrators

Center TRT Research Translation Training and

NCCOR National Collaborative on Childhood Obesity Research

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INTRODUCTION

Welcome to the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program Education (SNAP-Ed) Obesity Prevention Toolkit.

The goal of SNAP-Ed is to improve the likelihood that low-income individuals, including those 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*, *2008 Physical Activity Guidelines for Americans*, and MyPlate. In Fiscal Year 2016, the USDA's Food and Nutrition Service (FNS) authorized $408 million to all 50 states, the District of Columbia, Guam, and the Virgin Islands to provide nutrition education and obesity prevention services, using interventions that include direct education; social marketing; and policy, systems, and environmental (PSE) changes.

This toolkit was developed by USDA's FNS, The Association of SNAP Nutrition Education Administrators (ASNNA), the University of North Carolina at Chapel Hill's Center for Training and Research Translation (Center TRT), and the National Collaborative on Childhood Obesity Research (NCCOR), a partnership between the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Robert Wood Johnson Foundation, and USDA. It is designed and updated to help state SNAP-Ed administrative and implementing agencies identify evidence-based obesity prevention programs and PSE strategies and interventions to include in their SNAP-Ed Plans for fiscal year (FY) 2016 and beyond to comply with the requirement that SNAP-Ed Plans must include multi-level interventions or public health approaches. PSE strategies and interventions are a hallmark of multi-level interventions or public health approaches. The Healthy Hunger-Free Kids Act, of 2010 (HHFKA), Sec.241, transformed SNAP-Ed into a Nutrition Education and Obesity Prevention Grant Program, explicitly adopting obesity prevention as a major emphasis and embracing comprehensive community-based and public health approaches. The Act required FNS to consult with the Director of CDC and other stakeholders to identify evidence-based strategies to incorporate into SNAP-Ed programming.

The SNAP-Ed Plan Guidance details the goal, focus, and key behavioral outcomes for SNAP-Ed programming.

SNAP-Ed Key Behavioral Outcomes

- Make half your plate fruits and vegetables, at least half your grains whole grains, and switch to fat-free or low-fat milk and milk products.
- Enjoy your food, but eat less; avoid oversized portions; drink water instead of sugary drinks; and compare sodium in foods like soup, bread, and frozen meals and choose the foods with lower numbers.
- Increase physical activity and reduce time spent in sedentary behaviors as part of a healthy lifestyle.
- Maintain appropriate calorie balance during each stage of life --- childhood, adolescence, adulthood, pregnancy and breastfeeding, and older age.

To support efforts to reduce disparities in these key behaviors between the low-income audience and the general population, CDC has identified obesity prevention and control strategies and interventions in Table 1. CDC believes these strategies will have a much broader population reach and impact and be less costly, more sustainable, and less prone to stigmatize individuals who are overweight or obese than programs focused on individual behavior change. PSE strategies and complementary marketing messages across communication channels can make it easier and more appealing for children and their families to make healthier dietary and physical activity choices.

This toolkit identifies evidence-based and emerging PSE strategies to help reach low-income households that are impacted most by health disparities. As outlined in the SNAP-Ed Guidance, evidence-based is defined as the integration of the best research evidence with the best available practice-based evidence and is identified using three categories: research-tested, practice-tested, and emerging. Interventions carried over from the FY14 toolkit are considered to be evidence-based interventions, but there is not more specific information about the evidence category. All of the interventions added to the toolkit for FY16 have been designated as research-tested, practice-tested, or emerging. In keeping with the SNAP-Ed Guidance, FNS expects that when an emerging intervention is included in a state's SNAP-Ed Plan, the agency will specify how the intervention will be evaluated. In addition, this iteration highlights PSEs and social marketing. The toolkit will continue to be updated to ensure accurate designation of the evidence available for each intervention. FNS also created a checklist for evidence-based programs to classify interventions according to levels of evidence.

KEY TERMS

Strategies provide broad approaches about the best options available for intervening.

Interventions can be research-tested or practice-based and are implemented changes that generally have core elements and multiple components. They aim to provide ways of intervening that are likely to have a public health impact.

Research-tested interventions have been published in the peer-reviewed literature.

Practice-tested interventions have evidence derived from practice in the form of evaluation data or reports.

Emerging interventions are practice-based interventions that have been successfully implemented and show promise based on their underlying theory and approach but have not yet been fully evaluated in the field.

Resources are toolkits or assessment instruments that will support interventions.

Source: CenterTRT
http://www.centertrt.org/?p=interventions_overview

This edition of the toolkit adds 20 evidence-based strategies and interventions available for states to use in crafting their SNAP-Ed Plan. It builds on the initial set of more than 60 interventions identified by NCCOR and Center TRT. Additionally, it highlights PSE and social marketing approaches and collects strategies and interventions, along with additional resources. These are categorized by the following settings and focus areas: schools, child care, communities, helping families, and social marketing and media. Each intervention includes an Internet link to additional materials and resources that can help SNAP-Ed programs decide which

interventions to use to assist in state obesity prevention efforts.

PSE strategies intend to supplement individual, group, and community-based educational strategies used by nutrition and physical activity educators in a multi-component program delivery model. Education and marketing combined with PSE is more effective than any strategy alone for preventing overweight and obesity. Some strategies are designed specifically for implementation in the environmental settings where people eat, learn, live, play, shop, and work. These may be referred to as changes in organizational environments, standards, and rules. Other strategies are intended to support community- or population-level changes in cities, towns, counties, states, territories, and tribes.

For the first iteration of the toolkit, USDA engaged NCCOR to identify evidence-based obesity prevention strategies and interventions appropriate for SNAP-Ed. The interventions spanned the continuum of scientific evidence from research-tested to practice-tested to emerging programs. USDA also received help from Center TRT. The Center TRT website is a useful tool for states, as it provides detailed intervention information, including required resources and materials. During the current revision process, USDA also engaged ASNNA to create a rigorous solicitation and peer-review process for the inclusion of new strategies, interventions, and resources. Using a scoring tool, each new intervention was awarded points based on items such as the description of PSE and social marketing objectives, evaluation efforts and results, rollout of replication process and feedback mechanisms, reach, and SNAP-Ed audience representation. Including a new scoring process ensures that effective interventions are included to help SNAP-Ed implementers make decisions and choices.

FNS encourages states to consider and select interventions from the toolkit that best meet the needs of the state. FNS's Regional SNAP-Ed Coordinators can serve as a resource to help with this process. Research indicates an effective obesity prevention program takes a comprehensive approach and uses interventions across several settings. In a review of the literature on what works to prevent childhood obesity, the Agency for Healthcare Research and Quality (AHRQ) and Johns Hopkins University found that school-based diet and physical activity interventions with a home component or a home and community component prevent obesity or overweight.[1] The evidence does not identify a specific number of interventions or settings necessary for an effective obesity prevention program; however, states may use the toolkit to identify strategies and interventions that will complement the healthy eating recommendations of the *Dietary Guidelines for Americans* and messages from USDA's nutrition assistance programs, such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Child and Adult Care Food Program (CACFP), and the School Meals Programs, as well as SNAP. As outlined in the *Dietary Guidelines*, helping individuals to make informed choices about healthy eating is one of the most powerful strategies we have to reduce the onset of disease. Additional information regarding the

[1] Wang Y, Wu Y, Wilson RF, et al. Childhood obesity prevention programs: Comparative effectiveness review and meta-analysis. Comparative Effectiveness Review No. 115. (Prepared by the Johns Hopkins University Evidence-based Practice Center under Contract No. 290-2007-10061-I.) Rockville, MD: Agency for Healthcare Research and Quality; June 2013. AHRQ Publication No. 13-EHC081-EF. Executive Summary may be accessed: http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?productid=1523&pageaction=displayproduct

key recommendations for a healthy eating pattern may be found on this fact sheet.

To foster collaboration and determine which interventions might best fit the needs of the state's low-income population, FNS suggests that state SNAP-Ed officials consult with other state nutrition assistance program officials before choosing interventions from this toolkit to include in their SNAP-Ed Plans. In accordance with the SNAP-Ed Guidance, states should identify other organizations with which to collaborate on obesity prevention activities within their states. For example, states with CDC Obesity Prevention Plans should ensure that their SNAP-Ed nutrition education and obesity prevention interventions complement, and do not duplicate, CDC Obesity Prevention Plan activities and vice versa.

This toolkit is a dynamic document. It is not an exhaustive compilation of potential strategies and interventions that are appropriate for SNAP-Ed. States are reminded that activities should be conducted according to the HHFKA, the Interim Rule, *Supplemental Nutrition Assistance Program: Nutrition Education and Obesity Prevention Grant Program,* released on April 5, 2013, SNAP-Ed Guidance, and other policies, considering the program's low-income target population. FNS is offering the toolkit as a starting point for ideas that states may use to further their obesity prevention efforts through SNAP-Ed. USDA will continue to work with ASNNA and NCCOR and other partners to continue refining and updating the toolkit to ensure that it provides a current list of evidence-based strategies, interventions, and resources. Visit the SNAP-Ed Connection regularly, as new strategies, interventions, and resources will be posted throughout the year.

The toolkit includes a section on evaluation of SNAP-Ed interventions that may be considered along with evaluation recommendations and requirements contained in the SNAP-Ed Guidance. SNAP-Ed may cover costs associated with well-designed evaluations, and FNS encourages states to include them in their SNAP-Ed Plans as appropriate.

Effective evaluation will help to build the evidence base and identify effective and promising or emerging obesity prevention strategies and interventions. Knowledge on effective obesity prevention strategies and interventions is evolving. Examples of success can be found across the nation in states, cities, towns, tribes, and communities. But there is still much to learn, and all programs are challenged to stay up-to-date and be culturally relevant. Adding evaluations to state SNAP-Ed Plans will help to establish evidence-based practices that are needed to meet the evidence-based requirement of the HHFKA.

Table 1. Target Behaviors and Obesity Prevention and Control Strategies from CDC's National Center for Chronic Disease Prevention and Health Promotion

TARGET BEHAVIOR	PRIORITY STRATEGIES

Physical Activity
Increases energy expenditure and reduces obesity-associated comorbidities
	• Implement early care and education standards for physical activity
	• Implement quality physical education and physical activity in K–12 schools
	  ○ Develop, implement, and evaluate comprehensive school physical activity programs (CSPAP), which include quality physical education and physical activity programming before, during, and after school, such as recess, classroom activity breaks, walk/bicycle to school, and physical activity clubs
	• Promote adoption of physical activity at worksites
	• Increase physical activity access and outreach
	  ○ Create or enhance access to places for physical activity with a focus on walking combined with informational outreach
	  ○ Design streets and communities for physical activity

Breastfeeding
Lowers prevalence of obesity in breastfed children
(Note: WIC is the lead agency for breastfeeding interventions)
	• Increase access to breastfeeding-friendly environments
	  ○ Implement practices supportive of breastfeeding in birthing facilities and child care
	  ○ Provide access to professional and peer support for breastfeeding
	  ○ Support workplace compliance with federal lactation accommodation law

Good Nutrition
Reduces the risk of obesity in children and adults (USDA selected messages for consumers)
 	
Increase Fruit and Vegetable Consumption
(Make half your plate fruits and vegetables)
 	
Increase Healthy Beverage Consumption
(Drink water instead of sugary drinks)
 	
Eat Fewer Energy-Dense Foods, Reduce Calories
(Switch to fat-free or low-fat milk; Enjoy your food, but eat less; Avoid oversized portions)
 	
Reduce Sodium
(Compare sodium in foods like soup, bread, and frozen meals — choose foods with lower numbers)
	• Create supportive nutrition environments in schools
	  ○ Implement policies and practices that create a supportive nutrition environment, including establishing standards for <u>all</u> school foods; prohibit advertising of unhealthy foods; and promote healthy foods in schools, including those sold and served within school meal programs and other venues
	• Increase access to healthy foods and beverages
	  ○ Provide access to healthier retail food outlets
	  ○ Provide access to farmers markets
	• Implement food service guidelines/nutrition standards in priority settings (early care and education, worksites, and communities) where foods and beverages are available

EVALUATION

What is evaluation and why is it important to invest time and resources on evaluation in your SNAP-Ed Plans?

Evaluation:

- Is a systematic process that uses objective data to learn about the strengths and weaknesses of programs and practices.
- Is essential to learn what works and how well it works so that you can direct SNAP-Ed resources to the most effective programs. In other words, evaluation is needed for effective project/program management, ensuring project/program efficiency, and importantly, program accountability.
- Produces data as a part of a continuous improvement cycle to improve SNAP-Ed interventions over time.
- Determines that programs were delivered as intended and in accordance with behavioral and public health theories of change.
- Informs program improvements needed for cultural and linguistic relevance.
- Can help achieve a greater positive impact on the nutrition and health of low-income individuals, families, and their communities.

What are the characteristics of a good evaluation?

A good evaluation:

- Provides practical and timely information that is useful for decision making, such as whether to keep, expand, modify, or drop a program.
- Is planned at the outset of the program or as early as possible in the process.
- Includes outcome data that is closely tied to the program, rather than other influences, and measures outcomes that are realistic given the intervention.
- Measures characteristics that are associated with the practical implementation of the program (process evaluation) not just the program outcomes.
- Uses reliable and validated data collection instruments or conducts formative research when developing new data collection tools for the intervention.
- Has a sound study design that allows one to associate the evaluation findings with the intervention.
- Uses clearly stated evaluation objectives that are SMART (specific, measurable, achievable, realistic, and time-specific).
- Predetermines the sample size needed to measure the expected effect(s) of the intervention. Is informed by or builds on previous research.
- Makes use, when possible, of multiple data sources, such as surveys, interviews, observations, and administrative data, if available.
  For additional information on conducting sound evaluations see https://snaped.fns.usda.gov/professional-development-tools/evaluation

What is the RE-AIM model for designing an evaluation?

The RE-AIM model (http://www.re-aim.org/) helps structure the evaluation to answer practical questions about program implementation and sustainability. Components of the RE-AIM model, as modified in the SNAP-Ed Evaluation Framework, are:

- **Reach:** The "number of people who encounter the improved environment on a regular basis and are assumed to be influenced by it".[2]

- **Effectiveness:** Represented by the number of settings/sites with improved food or physical activity assessment scores using a reliable tool (e.g., Nutrition and Physical Activity Self-Assessment for Child care [NAP SACC], Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention [CX3]), School Health Index, Smarter Lunchrooms Scorecard; report actual scores). Effectiveness may include results of periodic spot checks on continued results as planned with clients, intermediaries, and partners; needed course corrections/lessons learned; and improvements.

- **Adoption:** Takes place when SNAP-Ed sites or settings put into effect an evidence-based policy, systems, or environmental change, such as those appearing in this toolkit.

- **Implementation:** Occurs when SNAP-Ed settings, or complementary venues within a system/channel, complete essential steps needed to carry out an evidence-based, multi-component initiative designed with one or more changes in written policies, organizational practices, or environmental conditions.

- **Maintenance:** Relates to the number and average percentage increase of SNAP-Ed eligible sites/systems with a plan in place for staff, training, procedures, diversified funding, human and facility resources, and other maintenance-of-effort essentials. May include metrics such as institutional resources invested in nutrition and physical activity supports or standards in terms of paid and volunteered/redirected staff (number of fulltime equivalents), cash, or in-kind supports, as well as spin-off projects, co-benefits, and return on investment (ROI).

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[2] Cheadle A, et al. Community-Level Obesity Prevention Initiatives Using the Concept of ''Population Dose'' in Planning and Evaluating. *American Journal of Evaluation.* 2013. 34:(71). Available at: http://aje.sagepub.com/content/34/1/71

What are the costs associated with a good evaluation, and what assistance is available for this work?

Some experts recommend spending 7 to 10 percent of the program budget on evaluation. This is an allowable expense under SNAP-Ed.

Assistance for evaluation may be available from the following:

- Some SNAP-Ed programs may have internal evaluators on staff who work hand-in-hand with program staff. Other SNAP-Ed programs may contract with external evaluators from a separate agency.
- There are evaluation experts with experience in community-based evaluation programs like SNAP-Ed in your state or a neighboring state who can help you evaluate your SNAP-Ed interventions (see resources on page 9).
- Many community outreach evaluation services at colleges and universities, including Land-Grant Institutions, are already evaluating SNAP-Ed services. CDC Prevention Research Centers, state and local health departments, and public health institutes can also assist with community-based evaluation for programs like SNAP-Ed.

Where do I start with evaluation?

Start by examining the SNAP-Ed Evaluation Framework and identifying the indicators and outcome measures relevant to your evaluation questions and stakeholder needs.

- Review the Logic Model to identify indicators that are achievable in the upcoming fiscal year and those that are aspirational over time.
- State agencies and implementing agencies can choose evaluation indicators when developing their state-level SMART (specific, measurable, attainable, relevant, time-bound) objectives.
- Some indicators will require SNAP-Ed to collect the data, whereas others will use secondary data sources.
- The forthcoming *Interpretive Guide* to the SNAP-Ed Evaluation Framework will explain the utility of each indicator, how to measure it, what to measure, and recommended data collection tools and surveys.

Are there evaluation costs SNAP-Ed cannot pay for?

Evaluations should focus on specific current SNAP-Ed interventions or initiatives in your SNAP-Ed Plan. Evaluation of projects or initiatives beyond the scope of SNAP-Ed interventions or the low-income population or projects that intend to generate new knowledge or theory in the field of obesity prevention are considered research and therefore will not be approved for funding. States interested in broad research may wish to seek alternate sources of funding. For example, requests to fund the creation or validation of an evaluation tool that is not specific to the SNAP-Ed intervention would not be approved. SNAP-Ed will pay for the data collection from a low-income control group (no intervention) or comparison groups (different intervention) when such data are necessary and justified to conduct an impact evaluation of the SNAP-Ed intervention. However, SNAP-Ed funds cannot be used to pay for the portion of data collection or surveillance of populations whose incomes exceed 185 percent of the federal poverty level or the general population.

How do you evaluate policy, systems, and environmental change?

Evaluating policy, systems, and environmental change starts with identifying the primary changes to be made in an institution or community. Once the goals are in place, it is important to collect baseline data to document the current status of the policies or environments to be changed and the level of community and institutional support for the change. Then, as changes are made, those changes can be tracked and recorded over time.

Logic models can help make clear the connection between the policy and program changes that are planned and how they relate to the ultimate outcomes of improved nutrition, physical activity, and maintenance of normal body weight. Creating a logic model also helps to identify what to measure as part of the evaluation of each step along the path. An excellent resource on how to develop a logic model can be found here:
http://www.wkkf.org/knowledge-center/resources/2006/02/wk-kellogg-foundation-logic-model-development-guide.aspx

Documenting changes in individual behaviors regarding food or beverage choices or activity levels that will prevent overweight or obesity is valuable. The changes that take place over time can be observed in individuals, environmental settings, sectors of influence, and social and cultural norms. Choosing the right outcome measure at the right level of change is important. There are many choices. As described on page 9, the SNAP-Ed Evaluation Framework documents outcome indicators that align with the Social Ecological Model:
http://snap.nal.usda.gov/snap/WesternRegionEvaluationFramework.pdf

How can you make evaluation work for you?

- Plan and implement the evaluation at the onset or as early in the program as possible and identify a skilled evaluator to assist you.
- Collect practical evaluation data that will help you make timely decisions about your interventions.
- Select realistic outcomes: Don't expect too much, and measure at the appropriate point in the logic model.
- Give evaluation the same importance as all other aspects of the program…it will serve you well!

Where can I learn about effective obesity prevention evaluation?

Other tools and resources will be specified in the forthcoming *Interpretive Guide to the SNAP-Ed Evaluation Framework*. The following resources may also be helpful:

- NCCOR has created a Measures Registry, a searchable database of diet and physical activity measures relevant to childhood obesity research. Some of the environmental scanning and assessment tools may be relevant to SNAP-Ed. The registry can be found here: http://nccor.org/projects/measures/index.php
- Healthy Eating Research (HER) is a national program of the Robert Wood Johnson Foundation. The program supports research on environmental and policy strategies with strong potential to promote healthy eating among children to prevent childhood obesity, especially among low-income and racial and ethnic populations at highest risk for obesity. You can contact HER at through the contact page or by calling 800-578-8636.
- Nutrition and Obesity Policy Research and Evaluation Network (NOPREN) is a thematic research network of CDC's Prevention Research Centers Program. Its mission is to conduct transdisciplinary nutrition- and obesity-related policy research and evaluation along a policy change continuum.

SNAP-Ed Evaluation Framework

Complementing this edition of the toolkit is the SNAP-Ed Evaluation Framework: Nutrition, Physical Activity, and Obesity Prevention Indicators. Originally developed and piloted in FNS's Western Region in 2013 and updated at the national level under the auspices of NCCOR in 2015, the evaluation framework includes a focused menu of outcome indicators that align with the SNAP-Ed guiding principles and lend support to documenting changes resulting from multiple approaches in low-income nutrition education and obesity prevention efforts. Practitioners can use the evaluation framework to identify and map out indicators of success when implementing multi-component programs and policies in environmental settings where low-income residents eat, live, learn, work, play, and shop for food as well as across states, cities, towns, tribes, and communities.

The evaluation indicators appear in a logic model format, which is a visual depiction of the short-term, medium-term, long-term, and population results. Population results in overall dietary quality, physical activity, and obesity prevention along with reductions in disparities may take years to achieve; however, there are interim markers of progress reflected in the evaluation framework that demonstrate whether comprehensive nutrition education and obesity prevention initiatives are working. SNAP-Ed programs with an approved multi-year plan will especially find value in using the logic model to identify performance outcomes on an annual basis and at the culmination of the plan. Using the evaluation framework will enable SNAP-Ed programs to monitor and evaluate the implementation and effectiveness of the strategies and interventions in this toolkit while also communicating outcomes to SNAP-Ed stakeholders and funders.

The current evaluation framework appears on the following page, and more details will be provided in a forthcoming *Interpretive Guide,* expected for release in 2016.

SNAP-ED EVALUATION FRAMEWORK

Nutrition, Physical Activity, and Obesity Prevention Indicators

	READINESS & CAPACITY SHORT TERM (ST)	CHANGES MEDIUM TERM (MT)	EFFECTIVENESS & MAINTENANCE LONG TERM (LT)	POPULATION RESULTS (R)
INDIVIDUAL	MOTIVATORS (KNOWLEDGE, INTENTIONS, SKILLS, AND GOALS) ST1: MyPlate ST2: Food Resource Management ST3: Physical Activity and Reduced Sedentary Behavior ST4: Message Recognition	BEHAVIORAL CHANGES MT1: MyPlate MT2: Food Resource Management MT3: Physical Activity and Reduced Sedentary Behavior MT4: Food Safety	MAINTENANCE OF BEHAVIORAL CHANGES LT1: MyPlate LT2: Food Resource Management LT3: Physical Activity and Reduced Sedentary Behavior LT4: Food Safety	
ENVIRONMENTAL SETTINGS EAT, LIVE, WORK, LEARN, SHOP, AND PLAY	ORGANIZATIONAL MOTIVATORS ST5: Readiness ST6: Champions ST7: Partnerships	ORGANIZATIONAL ADOPTION AND PROMOTION MT5: Nutrition Supports MT6: Physical Activity and Reduced Sedentary Behavior Supports	ORGANIZATIONAL IMPLEMENTATION AND EFFECTIVENESS LT5: Nutrition Supports Implementation LT6: Physical Activity Supports Implementation LT7: Program Recognition LT8: Media Coverage LT9: Leveraged Resources LT10: Planned Sustainability LT11: Spin-off Benefits	DIETARY, PHYSICAL ACTIVITY RECOMMENDATIONS, AND HEALTH R1: Overall Diet Quality R2: Fruits & Vegetables R3: Whole Grains R4: Dairy R5: Beverages R6: Food Security R7: Physical Activity and Reduced Sedentary Behavior R8: Breastfeeding R9: Healthy Weight R10: Family Meals R11: Quality of Life
SECTORS OF INFLUENCE	COMMUNITY CAPACITY ST8: Multi-Sector Partnerships and Planning	COMMUNITY CHANGES MT7: Government Policies MT8: Agriculture MT9: Education Policies MT10: Community Design and Safety MT11: Health Care Clinical-Community Linkages MT12: Social Marketing MT13: Media Practices	COMMUNITY BENEFITS LT12: Food Systems LT13: Government Investments LT14: Agriculture Sales and Incentives LT15: Educational Attainment LT16: Shared Use Streets and Crime Reduction LT17: Health Care Cost Savings LT18: Commercial Marketing of Healthy Foods and Beverages LT19: Community-wide Recognition Programs	

CHANGES IN SOCIETAL NORMS AND VALUES

SNAP-Ed Interventions Summary Chart

INTERVENTION NAME, Abbreviation (State)	TARGET BEHAVIOR*			INTERVENTION TYPE†			SETTING‡					
	BF	Food	PA	Direct Ed	Social Marketing	PSE Change	Child Care	School	Community	Worksite	Retail	Health Care
Baby-Friendly Hospital Initiative (MA)	✓			✓		✓						✓
Balanced Energy Physical Activity Toolkit, BEPA Toolkit (OR)		✓	✓	✓			✓					
Baltimore Healthy Stores (MD)		✓			✓	✓					✓	
Bienestar Health Program (TX)		✓	✓	✓				✓				
California Fit Business Kit (CA)	✓	✓	✓			✓				✓		
Cent$ible Nutrition Program (WY)		✓	✓		✓			✓				
Champions for Change™ (CA)		✓	✓		✓			✓	✓			
Children's Power Play Campaign (CA)		✓	✓		✓			✓	✓			
CHOICES, Contra Costa Child Care Council's Best Practices (CA)	✓	✓	✓			✓	✓					
Classroom Energizers (MN)			✓	✓				✓				
Color Me Healthy (NC)		✓	✓	✓			✓					
Communities of Excellence in Nutrition, Physical Activity, & Obesity Prevention, CX3 (CA)		✓	✓			✓			✓			
Connecticut Breastfeeding Initiative (CT)	✓					✓						✓
CookShop (NY)		✓			✓			✓				
Cooking Matters (national)		✓		✓					✓			

*Target behavior includes Breastfeeding (BF), Food (e.g., healthy eating, nutrition standards), and Physical Activity (PA).
†Intervention type includes Direct Education (Direct Ed); Social Marketing; and Policy, Systems, and Environmental Change (PSE). For Direct Ed interventions, participants are actively engaged in the learning process with an educator and/or interactive media.
‡Setting is where the intervention takes place; interventions may be implemented in more than one setting. The Community setting includes interventions designed to help children and families and/or interventions implemented in neighborhoods, parks, faith-based organizations, or other community locations. This also includes recreation and emergency food provision settings.

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	BF	Food	PA	Direct Ed	Social Marketing	PSE Change	Child Care	School	Community	Worksite	Retail	Health Care
Cooking Matters at the Store (national)		✓		✓					✓			
Cooking with Kids (NM)		✓		✓	✓	✓			✓			
Coordinated Approach to Child Health, CATCH® (TX)		✓	✓	✓		✓		✓				
CATCH® Early Childhood (TX)		✓	✓	✓		✓	✓					
EatFresh (CA)		✓		✓	✓				✓			
Eat Smart in Parks (MO)		✓			✓	✓			✓			
Eat Together, Eat Better (WA)		✓		✓					✓			
Eating Smart, Being Active (CO)	✓	✓	✓		✓			✓				
Eat Well & Keep Moving (MA & MD)		✓	✓	✓				✓				
Eat Well Play Hard in Child Care Settings (NY)		✓	✓	✓		✓	✓					
Empower Program (AZ)	✓	✓	✓			✓	✓					
Empowering Healthy Choices in Schools and Homes (GA)		✓	✓	✓		✓		✓	✓			
Faithful Families Eating Smart & Moving More (NC)		✓	✓	✓		✓			✓			
Farm to School (national)		✓		✓		✓	✓	✓				
Farm to Work (TX)		✓				✓				✓		
First Years in the First State: Improving Nutrition & Physical Activity Quality in Delaware Child Care (DE)	✓	✓	✓			✓	✓		✓			

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Food Hero (OR)		✓		✓	✓				✓			
Fruit, Vegetable, and Physical Activity Toolbox for Community Educators		✓	✓	✓	✓				✓			
Harvest of the Month (CA)		✓	✓		✓		✓	✓	✓	✓	✓	✓
Harvest of the Month (MI)		✓		✓				✓	✓			
Health Bucks (NY)		✓				✓			✓		✓	
Healthy Apple Awards (CA)	✓	✓	✓			✓	✓					
Healthy Behaviors Initiative, HBI (CA)		✓	✓			✓		✓	✓			
Healthy Eating Active Living – Mapping Attributes using Participatory Photographic Surveys, HEAL MAPPS™ (OR)		✓	✓	✓				✓				
Healthy Food Environments Pricing Incentives (NC)		✓			✓	✓				✓		✓
Healthy Habits for Life (Sesame Street) (national)		✓	✓	✓			✓					
Healthy Nutrition Guidelines for LA City Government (CA)		✓				✓			✓	✓		✓
Healthy Retail Recognition Pilot (CA)		✓				✓					✓	
Hip Hop to Health Jr. (WI)		✓	✓	✓			✓					
I am Moving, I am Learning (national)		✓	✓	✓		✓	✓					
Just Say Yes to Fruits and Vegetables, JSY (NY)		✓		✓					✓			

*Target behavior includes Breastfeeding (BF), Food (e.g., healthy eating, nutrition standards), and Physical Activity (PA).
†Intervention type includes Direct Education (Direct Ed); Social Marketing; and Policy, Systems, and Environmental Change (PSE). For Direct Ed interventions, participants are actively engaged in the learning process with an educator and/or interactive media.
‡Setting is where the intervention takes place; interventions may be implemented in more than one setting. The Community setting includes interventions designed to help children and families and/or interventions implemented in neighborhoods, parks, faith-based organizations, or other community locations. This also includes recreation and emergency food provision settings.

SNAP-Ed Interventions Summary Chart

INTERVENTION NAME, Abbreviation (State)	TARGET BEHAVIOR*			INTERVENTION TYPE†			SETTING‡					
	BF	Food	PA	Direct Ed	Social Marketing	PSE Change	Child Care	School	Community	Worksite	Retail	Health Care
Kaiser Permanente Cafeteria Menu Labeling (CA, OR, HI)		✓			✓	✓			✓	✓		
Kids Cook® (NM)		✓	✓	✓				✓				
Kindergarten Initiative (PA)		✓		✓				✓				
Latino Campaign (CA)		✓	✓		✓				✓		✓	
Learning about Nutrition through Activities, LANA (MN)		✓		✓		✓	✓					
Let's Move! Salad Bars in Schools (national)		✓				✓		✓				
Lifestyle Education for Activity Program, LEAP (SC)			✓	✓		✓		✓				
Media-Smart Youth® (national)		✓	✓	✓				✓				
Mind, Exercise, Nutrition….Do It!, MEND (national)		✓	✓	✓					✓			
National Early Care & Education Learning Collaborative Project, (national)	✓	✓	✓			✓	✓					
Nutrition and Physical Activity Self-Assessment for Child Care, NAP SACC (NC)	✓	✓	✓			✓	✓					
Obesity Prevention Plus Parenting Support (VT)		✓	✓	✓					✓			
Out of School Nutrition and Physical Activity Initiative, OSNAP (MA)		✓				✓		✓				
PE-Nut™ (MI)		✓	✓		✓		✓	✓				
Pick a better snack™ & Act (IA)		✓	✓	✓	✓			✓	✓			

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INTERVENTION NAME, Abbreviation (State)	TARGET BEHAVIOR*			INTERVENTION TYPE†			SETTING‡					
	BF	Food	PA	Direct Ed	Social Marketing	PSE Change	Child Care	School	Community	Worksite	Retail	Health Care
Pick it! Try it! Like it! (SD)		✓		✓	✓			✓	✓		✓	
Policy Regulations for Day Care in New York City (NY)		✓	✓			✓	✓					
Preschools Shaping Healthy Impressions through Nutrition & Exercise, SHINE (CA)		✓	✓			✓	✓					
Ready, Set, Go! (national)		✓				✓	✓					
ReFresh (MD)		✓		✓				✓				
Retail Program (CA)		✓			✓	✓			✓		✓	
Rethink Your Drink (CA)		✓		✓	✓			✓	✓			
Riverside Unified School District Farmers Market Salad Bar Program (CA)		✓		✓		✓		✓				
School Nutrition Policy Initiative (PA)		✓				✓		✓				
School Physical Activity and Nutrition-Environment Tool, SPAN-ET (OR)		✓	✓	✓			✓					
Shaping Healthy Choices (CA)		✓	✓	✓		✓		✓				
Simple Goodness Campaign (AZ)		✓			✓				✓			
Smarter Lunchrooms Movement (national)		✓		✓	✓	✓		✓				
Sports Play Active Recreation for Kids, SPARK (national)			✓	✓	✓	✓		✓				
Stock Healthy, Shop Healthy (MO)		✓			✓	✓			✓		✓	

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†Intervention type includes Direct Education (Direct Ed); Social Marketing; and Policy, Systems, and Environmental Change (PSE). For Direct Ed interventions, participants are actively engaged in the learning process with an educator and/or interactive media.
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SNAP-Ed Interventions Summary Chart

INTERVENTION NAME, Abbreviation (State)	TARGET BEHAVIOR*			INTERVENTION TYPE†			SETTING‡					
	BF	Food	PA	Direct Ed	Social Marketing	PSE Change	Child Care	School	Community	Worksite	Retail	Health Care
Take 10!® (national)		✓	✓	✓				✓				
Texas Mother-Friendly Worksite Program (TX)	✓					✓				✓		
Text2BHealthy (MD)		✓	✓	✓	✓			✓				
They Learn from Watching You (MI)		✓			✓				✓			
VERB Scorecard™ (KY)			✓		✓				✓			
Walk with Ease (national)			✓	✓					✓	✓		
Ways to Enhance Children's Activity & Nutrition, We Can! (national)		✓	✓	✓	✓		✓	✓	✓	✓		✓
Youth Participatory Action Research Projects, YPAR (CA)		✓	✓	✓			✓	✓				

*Target behavior includes Breastfeeding (BF), Food (e.g., healthy eating, nutrition standards), and Physical Activity (PA).
†Intervention type includes Direct Education (Direct Ed); Social Marketing; and Policy, Systems, and Environmental Change (PSE). For Direct Ed interventions, participants are actively engaged in the learning process with an educator and/or interactive media.
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SNAP-Ed Resources Summary Chart

RESOURCE NAME, Abbreviation (State)	TARGET BEHAVIOR*			RESOURCE TYPE†		SETTING‡					
	BF	Food	PA	Tool/ Guide	Materials	Child Care	School	Community	Worksite	Retail	Health Care
California Policy, Systems, and Environmental Changes Resource Guide (CA)		✓	✓		✓			✓			
Caring for Our Children: Our Child Care Center Supports Breastfeeding (national)	✓	✓	✓		✓	✓					
CDC's Community Health Media Center (national)	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Comprehensive School Physical Activity Program (national)			✓	✓			✓				
Head Start Body Start: National Center for Physical Development and Outdoor Play (national)			✓		✓	✓					
Health Education Curriculum Analysis Tool, HECAT (national)		✓	✓	✓			✓				
Increasing Access to Drinking Water in Schools (national)		✓		✓			✓				
Keep it Flowing: A Practical Guide to School Drinking Water Planning, Maintenance & Repair		✓		✓			✓				
Let's Move! Child Care (national)	✓	✓	✓		✓	✓					
Let's Move! Communities (national)		✓	✓		✓			✓			
Let's Move! Healthy Families (national)	✓	✓	✓		✓			✓			
Let's Move! Schools (national)		✓	✓		✓		✓				
National Food Service Management Institute (national)		✓			✓		✓				
The National Gardening Association, Kids Gardening Program (national)		✓			✓		✓	✓			

*Target behavior includes Breastfeeding (BF), Food (e.g., healthy eating, nutrition standards), and Physical Activity (PA).
†Resource type includes tools/guides and/or materials available.
‡Setting is where the intervention takes place; interventions may be implemented in more than one setting. The Community setting includes interventions designed to help children and families and/or interventions implemented in neighborhoods, parks, faith-based organizations, or other community locations.

SNAP-Ed Resources Summary Chart

RESOURCE NAME, Abbreviation (State)	TARGET BEHAVIOR*			RESOURCE TYPE†		SETTING‡					
	BF	Food	PA	Tool/ Guide	Materials	Child Care	School	Community	Worksite	Retail	Health Care
Nutrition and Wellness Tips for Young Children from FNS, USDA (national)		✓	✓		✓	✓					
The Nutrition Environment Measures Survey, NEMS (national)		✓		✓				✓	✓	✓	
Preventing Child Obesity in Early Care and Education Programs (national)	✓	✓	✓		✓	✓					
Safe Routes to School (national)			✓		✓		✓	✓			
School Health Index (national)		✓	✓	✓			✓				
Screen Free Week (national)			✓		✓		✓	✓			
State Efforts to Address Child Obesity Prevention in Child Care Quality Rating and Improvement Systems (national)		✓	✓		✓	✓					
Steps to Wellness (national)			✓	✓					✓		
USDA's Team Nutrition (national)	✓	✓	✓		✓	✓	✓	✓			
Wellness Child Care Assessment Tool, WellCCAT (CT)		✓	✓	✓		✓					

*Target behavior includes Breastfeeding (BF), Food (e.g., healthy eating, nutrition standards), and Physical Activity (PA).
†Resource type includes tools/guides and/or materials available.
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STRATEGIES AND INTERVENTIONS BY SETTING

Setting	Strategies and Interventions
Child Care	<u>Nutrition Strategies</u> • Develop, implement, and evaluate food and beverage policies for child care settings that meet United States Department of Agriculture (USDA), Centers for Disease Control and Prevention (CDC), *Let's Move!* Child Care (LMCC), or American Academy of Pediatrics (AAP) standards. • Encourage child care center and student participation in federal food and nutrition assistance programs (CACFP, WIC, and SNAP). • Support breastfeeding in child care. • Improve capacity of child care providers and food service staff in nutrition education and healthy meal planning and food preparation. • Develop, implement, and evaluate child care gardens. • Start and expand Farm to Child Care programs. • Promote access to drinking water. • Establish strong child care wellness and education programs and policies consistent with LMCC. • Support development of wellness councils. • Provide parent education through the child care setting. • Encourage parent engagement and involvement in menu planning, field trips, and classroom activities that support and encourage healthy eating.
	<u>Physical Activity Strategies</u> • Develop, implement, and evaluate physical activity policies and environments that meet USDA, CDC, LMCC, or AAP standards. • Limit screen time. • Develop, implement, and evaluate active transport programs. • Establish strong child care wellness educational programs and policies consistent with LMCC. • Improve capacity of child care providers to provide children with opportunities for physical activity throughout the day, including outside play when possible. • Support development of child care wellness councils. • Provide parent education through the child care setting. • Encourage partnerships with community organizations (YMCAs, Boys and Girls Clubs) to bring more structured and unstructured physical activities into the environment. • Organize family activity days or celebrations that encourage physical activity. • Support child care providers to become more active through staff wellness policies and activities.

	EXAMPLES (in alphabetical order)	SOURCE/LINK:
Child Care	*CATCH® Early Childhood* Modeled after the CATCH program, CATCH Early Childhood is designed to nurture a love of physical activity, provide an introduction to classroom-based gardening and nutrition, and encourage healthy eating in children ages 3–5. Research-tested	CATCH Global Foundation, The University of Texas Health Science Center at Houston (UTHealth) http://catchinfo.org/programs/pre-k/
	CHOICES, Contra Costa Child Care Council's Best Practices A tool to assess and develop nutrition and physical activity policies in child care settings. Emerging	California Department of Public Health http://www.healthybeveragesinchildcare.org/bestpractices/BestPracticesHandbook.pdf http://www.cocokids.org/child-health-nutrition/c-h-o-i-c-e-toolkit-self-assessment-questionnnaire/
	Color Me Healthy Program designed to improve fruit and vegetable intake and increase physical activity among children ages 4–5 years in child care and preschool settings. Research-tested	North Carolina Cooperative Extension, North Carolina State University http://www.colormehealthy.com/ http://centertrt.org/?p=intervention&id=1095

Child Care	***Eat Well Play Hard (EWPH) in Child Care Settings*** Multi-component intervention that focuses on improving the nutrition and physical activity behaviors of preschool-age children and their parents/caregivers and influencing food and activity practices in child care settings. Practice-tested ***EWPH in Child Care Settings Farm to Preschool*** A component of EWPH, this intervention channel focuses on an environmental approach to increase the consumption of fresh fruits and vegetables by aiming to increase parental access to locally grown produce and reduce the cost of these healthy foods. Emerging	New York State Department of Health https://www.health.ny.gov/prevention/nutrition/resources/eat_well_play_hard/ http://www.nyc.gov/html/doh/html/living/school-nutrition.shtml http://centertrt.org/?p=intervention&id=1105
	Empower Program A voluntary program to support efforts of licensed early care and education facilities to empower young children to grow up healthy. Emerging	Arizona Department of Health Services http://azdhs.gov/prevention/nutrition-physical-activity/empower/index.php
	First Years in the First State: Improving Nutrition & Physical Activity Quality in Delaware Child Care Delaware Department of Education Child and Adult Care Food Program (one version for partnering with families, one for child care administrators, and one for menu planning). Evidence-based	Delaware Department of Education http://healthymeals.nal.usda.gov/state-resources/first-years-first-state-toolkit-improving-nutrition-and-physical-activity-quality

Child Care	***Healthy Apple Awards*** Tool to improve the nutrition, physical activity practices, and environment of child care facilities. The program recognizes achievements by issuing awards to child care providers who make improvements and reach their goals. Emerging	Children's Council of San Francisco http://www.healthyappleaward.com
	Healthy Habits for Life (Sesame Street) (In English and Spanish) Created to help parents and caregivers encourage children to build healthy habits early. The project features Sesame Street friends who model fun ways to move and play and encourage children to explore and enjoy healthy foods. Evidence-based	Sesame Street http://www.sesamestreet.org/parents/topicsandactivities/toolkits/healthyhabits
	Hip Hop to Health Jr. Evidence-based healthy eating and exercise curriculum developed for children ages 3–5 years. Evidence-based	Dr. Melinda Stolley http://www.hiphoptohealth.com
	I am Moving, I am Learning: A Proactive Approach for Addressing Child Obesity in Head Start Program designed to increase daily moderate-to-vigorous physical activity, improve the quality of movement activities, and promote healthy food choices among preschool children. Evidence-based	Head Start http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil

Child Care	***Learning about Nutrition through Activities (LANA) Preschool Program*** Helps preschool children learn to enjoy eating fruits and vegetables by creating supportive environments and providing role models. Research-tested	Minnesota Department of Health http://www.health.state.mn.us/cdrr/nutrition/nutritioneducation/lana/
	National Early Care & Education Learning Collaborative Project An intervention aligned with the *Preventing Childhood Obesity in Early Care and Education Programs* (2nd ed), *Selected Standards from Caring for Our Children* (3rd ed.), and the goals of *Let's Move!* Child Care to increase support for breastfeeding; healthy eating, physical activity, and screen time practices; and policies and environments in early care and education settings. Practice-tested	Nemours http://www.healthykidshealthyfuture.org/home/collaborate/ecelcproject.html
	Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Self-assessment, goal-setting, and action-planning tools combined with workshops and technical assistance tools. Designed to be used together to enhance policies, practices, and environments in child care. Self-assessment and goal-setting tools can be used in combination with other interventions designed to improve child care policies and practices in nutrition and physical activity. Research-tested	University of North Carolina at Chapel Hill https://gonapsacc.org/ http://centertrt.org/?p=intervention&id=1091

Child Care	***Policy Regulations for Day Care in New York City*** Physical activity and nutrition practices in NYC group day care facilities were improved to include specific guidelines for outdoor play and physical activity, limits on television viewing, and requirements for food and food areas. Emerging	New York City Department of Health and Mental Hygiene http://www.centertrt.org/?p=intervention&id=1108&section=2 http://centertrt.org/?p=intervention&id=1108&section=12
	Preschools Shaping Healthy Impressions through Nutrition and Exercise (SHINE) A statewide recognition program that recognizes preschool programs that demonstrate optimal health, nutrition, and physical activity policies and practices that support children's health and readiness to learn. Emerging	California Department of Education http://www.cde.ca.gov/ls/nu/he/preschoolshine.asp
	Ready, Set, Go! Creating and Maintaining a Wellness Environment in Child Care Centers Participating in the CACFP National Food Service Management Institute best practice resource for developing and maintaining a wellness environment. Evidence-based	National Food Service Management Institute http://www.nfsmi.org/documentlibraryfiles/PDF/20110126034352.pdf

Resources

Caring for our Children: Our Child Care Center Supports Breastfeeding:
http://nrckids.org/CFOC3/PDFVersion/PDF_Color/CFOC3_JJ.pdf

Head Start Body Start: National Center for Physical Development and Outdoor Play:
http://www.shapeamerica.org/standards/guidelines/early-childhood-resources.cfm

Let's Move! Child Care/Nemours: http://healthykidshealthyfuture.org/welcome.html

Nutrition and Wellness Tips for Young Children, Child Nutrition Division, Food and Nutrition Service, USDA:
http://www.teamnutrition.usda.gov/Resources/nutritionandwellness.html

Preventing Child Obesity in Early Care and Education Programs, National Resource Center for Health and Safety in Child Care: http://cfoc.nrckids.org/StandardView/SpcCol/Preventing_Childhood_Obesity

State Efforts to Address Child Obesity Prevention in Child Care Quality Rating and Improvement Systems:
http://altarum.org/sites/default/files/uploaded-related-files/QRIS-Report-22Feb12-FIN_0.pdf

Rudd Center's Wellness Child Care Assessment Tool (WellCCAT):
http://www.yaleruddcenter.org/resources/upload/docs/what/communities/WellnessChildCareAssessmentToolForResearch.pdf

USDA Team Nutrition: http://teamnutrition.usda.gov/childcare.html

Setting	Strategies and Interventions

School	**Nutrition Strategies**
	• Develop, implement, and evaluate school gardens.
	  ○ Encourage integration of garden food into food service operations.
	  ○ Promote intersections between garden and classroom curriculum.
	• Start and expand Farm to School programs.
	• Increase purchases and use of foods from local farms.
	• Improve student, teacher, and staff access to nutrition information through menu labeling and classroom curriculum to improve student understanding of nutrition information.
	• Develop, implement, and evaluate cafeteria point of purchase prompts.
	• Support development of school health councils including student members.
	• Encourage school and student participation in federal food and nutrition assistance (NSLP and SFSP Summer Seamless).
	  ○ Promote programs.
	  ○ Provide technical assistance for application process.
	  ○ Limit student participant bias.

	Physical Activity Strategies • Establish strong school wellness educational programs and policies. • Support development of school health councils. • Support student participation in physical education, recess, and walking and bicycling to school.

EXAMPLES (in alphabetical order)	SOURCE (SENT BY)/LINK:
Balanced Energy Physical Activity Toolkit (BEPA–Toolkit) Integrates physical activity and nutrition concepts through education and activity. Nutrition concepts are linked to physical activity concepts and active games through an approach that explains the concept of balanced energy as a combination of healthful eating and regular, varied physical activity. Practice-tested	Oregon State University Extension http://extension.oregonstate.edu/growhkc/tools/bepa

School	*Bienestar* Culturally tailored school-based diabetes mellitus prevention program for low-income Mexican-American children. Evidence-based	National Institutes of Health, The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) http://rtips.cancer.gov/rtips/programDetails.do?programId=247904
	Classroom Energizer Teacher Training Workshop K-5 classroom-based activities that integrate 10-minute physical activity breaks with academic concepts to reinforce classroom work through movement. Practice-tested	University of Minnesota Extension https://sites.google.com/a/umn.edu/classroom-energizers/
	Coordinated Approach to Child Health (CATCH®) Large school-based field trial to improve school food service, nutrition, and physical education. Evidence-based	CATCH Global Foundation, The University of Texas Health Science Center at Houston (UTHealth) http://catchinfo.org/
	Eat Well & Keep Moving Complete curriculum that helps academic, physical education, and health education teachers guide upper-elementary school students to make healthier choices while building skills. Evidence-based	Harvard T.H. Chan School of Public Health http://www.eatwellandkeepmoving.org/
	Empowering Healthy Choices in Schools and Homes A multi-component intervention designed to increase awareness of the obesity epidemic, increase healthy eating and physical activity, improve students' knowledge of healthy behaviors, and improve school health programs and policies. Practice-tested	HealthMPowers, Georgia http://www.healthmpowers.org/

School	*Farm to School** Students in K-12 gain access to healthy, local foods as well as education opportunities such as school gardens, cooking lessons, and farm field trips. Farm to School empowers children and their families to make informed food choices while strengthening the local economy and contributing to vibrant communities. Research-tested	National Farm to School Network http://www.farmtoschool.org
	*Farm to Preschool A component of the National Farm to School Network, students in early care and education gain access to healthy, local foods as well as education opportunities such as school gardens, cooking lessons and farm field trips. Practice-tested	National Farm to School, Farm to Early Care and Education http://www.farmtoschool.org/our-work/about-preschool
	Healthy Behaviors Initiative (HBI) Afterschool program designed to enable and recognize on-site staff to offer practical, user-friendly, and effective nutrition, physical activity, and food security intervention activities. HBI is a multi-level effort for the children, site staff, sponsoring organizations, and the multi-county superintendent regions to complement in-school and community resources. Practice-tested	Center for Collaborative Solutions http://www.ccscenter.org/HBI
	Kids Cook!® Program encouraging children and families to adopt healthier behaviors through hands-on preparation of a variety of nutrient-rich foods paired with daily physical activity. Practice-tested	Kids Cook! http://www.kidscook.us/

School	***Kindergarten Initiative*** Program promotes healthy eating habits (increasing consumption of fruits and vegetables) in kindergarten students through nutrition and agriculture education, school snacks from local farms, and parent engagement activities. Lessons integrating nutrition and healthy habits were developed to fit Pennsylvania educational standards; however, they can be adapted to meet the educational standards for other states. **Practice-tested**	The Food Trust http://thefoodtrust.org/what-we-do/schools/nutrition-education http://www.centertrt.org/?p=intervention&id=1102&section=1
	Let's Move! ***Salad Bars in Schools*** Aims to incorporate salad bars into school lunches to increase children's consumption of fresh fruits and vegetables. **Research-tested**	*Let's Move!* http://www.saladbars2schools.org/ Additional implementation resources are available at: http://www.thelunchbox.org/programs/salad-bars/ Resources developed by state programs are available at: http://www.asphn.org/areas.php?sid=&area_id=1
	Lifestyle Education for Activity Program (LEAP) Program designed to change both instructional practices and the school environment to increase support for physical activity among girls. **Evidence-based**	University of South Carolina http://www.sph.sc.edu/usc_cparg/leap/index.html http://www.sciencedirect.com/science/article/pii/S0149718906000826

School	***Media-Smart Youth*** An interactive afterschool education program for young people ages 11–13. It is designed to help teach them about the complex media world around them and how it can affect their health — especially in the areas of nutrition and physical activity. **Evidence-based**	National Institutes of Health, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development http://www.nichd.nih.gov/msy/Pages/index.aspx
	Out of School Nutrition and Physical Activity (OSNAP) Initiative: Strategies to Increase Drinking Water Access Program is designed to increase healthy nutrition for children, including the frequency with which water is served during snack time at afterschool programs. By promoting water, the OSNAP Initiative decreases the caloric impact of beverages served in afterschool programs. **Research-tested**	Harvard T.H. Chan School of Public Health http://www.hsph.harvard.edu/prc/projects/osnap/ http://www.centertrt.org/?p=intervention&id=1180
	PE-Nut™ A nutrition and physical education program that uses a whole-school approach to motivate students, parents, and educators to be physically active and eat healthier. **Practice-tested**	Michigan Fitness Foundation http://www.michiganfitness.org/pe-nut
	Pick a better snack ™& Act Program combining direct, school-based nutrition education and community-based social marketing efforts to help low-income Iowans make decisions consistent with the *Dietary Guidelines for Americans* and MyPlate. **Evidence-based**	Iowa Nutrition Network http://idph.iowa.gov/inn/pick-a-better-snack

School	*Refresh* A program developed for implementation in fourth and fifth grade classrooms. The curriculum focuses on encouraging students to consume more fruits, vegetables, whole grains, and low-fat or fat-free dairy products and to be more physically active. Research-tested	University of Maryland Extension http://extension.umd.edu/fsne/fsne-child-programs/refresh
	Riverside Unified School District Farmers Market Salad Bar Program Program designed to promote healthy eating in children by increasing the availability of fruits and vegetables in school lunches and providing nutrition education. Practice-tested	Riverside Unified School District http://www.schoolnutritionandfitness.com/index.php?page=cupg1&sid=2603080122017891 http://centertrt.org/?p=intervention&id=1101
	Smarter Lunchrooms Movement Initiative to equip school lunchrooms with evidence-based tools that improve child eating behaviors and improve the health of children. Research-tested	Smarter Lunchrooms http://smarterlunchrooms.org/
	School Nutrition Policy Initiative School policies developed for Philadelphia schools that aim to help children adopt long-term healthy eating habits. Evidence-based	The Food Trust http://thefoodtrust.org/what-we-do/schools/nutrition-education

School	*School Physical Activity and Nutrition-Environment Tool (SPAN-ET)* Tool used to assess school resources and readiness to improve nutrition and physical activity environments, suggest appropriate improvement strategies, and score impacts resulting from environmentally based treatments. Practice- & Research-tested	Oregon State University Extension http://extension.oregonstate.edu/growhkc/school
	Shaping Healthy Choices A multi-component, school-based intervention that was developed to improve children's health. This program integrates activities within four components: nutrition education and promotion, family and community partnerships, foods available on the school campus with an emphasis on regional agriculture, and school wellness policies. Research-tested	University of California, Davis, Department of Nutrition, Center for Nutrition in Schools http://cns.ucdavis.edu/resources/shcp/index.html
	Sports Play Active Recreation for Kids (SPARK) A variety of research-based interventions that increase the amount of time students spend in moderate-to-vigorous physical activity during physical education and physical activity programs. Research-tested	San Diego State University Research Foundation http://www.sparkpe.org/
	Take 10! Program designed to help children understand the importance of fun physical activity and other healthful behaviors, including nutrition. Evidence-based	International Life Sciences Institute (ILSI) Research Foundation http://www.take10.net/

Resources

Comprehensive School Physical Activity Program:
Comprehensive School Physical Activity Programs: A Guide for Schools

Health Education Curriculum Analysis Tool (HECAT): http://www.cdc.gov/healthyyouth/hecat/

Let's Move!: http://www.letsmove.gov/healthy-schools

- Chefs Move to Schools: http://www.chefsmovetoschools.org/
- Healthier US School Challenge: http://www.fns.usda.gov/tn/healthierus/index.html
- Active Schools: http://www.letsmove.gov/active-schools

National Food Service Management Institute: http://www.nfsmi.org/

School to Health Index: The School Health Index: Self-Assessment & Planning Guide 2014
(healthy eating and physical activity sections only)

USDA Team Nutrition: http://teamnutrition.usda.gov/educators.html

Setting	Strategies and Interventions
Communities	**Nutrition Strategies** • Promote community gardens. • Develop, implement, and evaluate healthy eating and active living standards for community venues. • Encourage compliance with federal menu labeling regulations. • Increase availability of healthy food retail, including mobile vendors, farmers markets, corner/country stores, and grocery stores. • Promote availability of healthy restaurants and food vendors. • Encourage drinking water access. • Encourage participation in federal food and nutrition assistance programs. • Provide education and collaborate with key community outlets and stakeholders. • Encourage point-of-purchase prompts for healthy foods and beverages at area food retail outlets and food service institutions (e.g., schools, municipal buildings, worksites).
	Physical Activity Strategies • Build capacity to implement active living policy at the community level and by community organizations. • Enhance access to places for physical activity combined with informational outreach activities. • Engage local businesses, government, civic organizations, community groups, and citizens in active living. • Develop, implement, evaluate, and disseminate individually adapted health behavior change programs. • Use point-of-decision prompts to encourage use of stairs. • Use social support interventions in community settings.

EXAMPLES (in alphabetical order)	SOURCE (SENT BY)/LINK
Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX3) Powerful tool that captures and communicates neighborhood-level data to promote healthier communities. Practice-tested	California Department of Public Health http://www.cdph.ca.gov/programs/cpns/Pages/CX3_Main_Navgation.aspx

Communities	*CookShop* A core nutrition education program of the Food Bank for New York City, giving low-income children, adults, and teens the knowledge and tools to adopt and enjoy a healthy diet and active lifestyle on a limited budget. CookShop empowers communities to fight childhood hunger, obesity, and diet-related disease. Practice & Research-tested	Food Bank for New York City http://www.foodbanknyc.org/index.cfm?objectid=C1CC31E9-D978-D4F6-71B36C25AE89FF30
	Fruit, Vegetable, and Physical Activity Toolbox for Community Educators Campaign designed to reach African-American women through nutrition education to increase consumption of fruits and vegetable and physical activity. Research-tested	California Department of Public Health http://www.network-toolbox.cdph.ca.gov/en/index.html
	Healthy Eating Active Living – Mapping Attributes using Participatory Photographic Surveys (HEAL MAPPS™) Engagement program to help community stakeholders document people's experience of place with respect to supports and barriers for habitual healthy eating and physical activity. Practice & Research-tested	Oregon State University Extension http://extension.oregonstate.edu/growhkc/tools/heal-mapps
	Healthy Retail Recognition Pilot Motivate and enable SNAP-Ed retail stores in low-income areas to identify and achieve environmental changes that increase access to healthy food. Emerging	California Department of Public Health https://www.cdph.ca.gov/programs/NEOPB/Pages/RetailResources.aspx

Communities	*Mind, Exercise, Nutrition....Do It! (MEND)* Comprehensive, family-based program that helps overweight children ages 7–13 years improve their health, fitness, and self-esteem. Evidence-based	MEND Foundation http://www.mendfoundation.org/
	Stock Healthy, Shop Healthy Comprehensive, multi-component, community-based initiative that allows communities to improve access to healthy, affordable foods by working with small food retailers. Research-tested & Emerging	University of Missouri Extension http://extension.missouri.edu/stockhealthy/
	Youth Participatory Action Research Projects (YPAR) Intervention designed for youth ages 12–18 to identify nutrition and physical activity environmental issues in their community, develop an action plan to resolve the issues, and implement the plan to improve their community. Practice-tested	California Department of Public Health http://www.cdph.ca.gov/programs/cpns/Documents/InspiringYouthGrowingChange.pdf
	Ways to Enhance Children's Activity and Nutrition (We Can!) Initiative designed to give parents, caregivers, and entire communities a way to help children ages 8–13 years stay at a healthy weight. Evidence-based	National Institutes of Health, National Heart, Lung, and Blood Institute http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/

Communities	**NOTE:** To be SNAP-Ed appropriate, the following interventions must be modified to align with SNAP-Ed policies. You are encouraged to work with your SNAP-Ed Regional Coordinator.	
	Baltimore Healthy Stores Program that uses a store's existing facilities to improve access to healthy food and to increase consumers' knowledge, self-efficacy, and behavioral intentions about healthy food choices and food preparation. Research-tested	Johns Hopkins University http://healthystores.org/projects/archive/baltimore-healthy-stores/ http://centertrt.org/?p=intervention&id=1093
	California Fit Business Kit A tool for employers to improve employee health by implementing policies that support healthy eating and physical activity. **NOTE:** Activities must be in approved worksites where more than half of employees are low-wage workers. Emerging	California Department of Public Health http://www.cdph.ca.gov/programs/cpns/pages/worksitefitbusinesskit.aspx
	Eat Smart in Parks Program designed to promote healthier eating in state and local parks. The program developed a nutrition policy for park service concessions, based on the 2010 *Dietary Guidelines for Americans*. Emerging	University of Missouri Extension–Missouri Council for Activity and Nutrition http://extension.missouri.edu/mocan/eatsmartinparks/

Communities	*Health Bucks* Program to increase consumption of fruits and vegetables among the intended low-income population by using coupons at farmers markets. **NOTE:** SNAP-Ed cannot fund the incentive, but can fund other parts of this intervention. Practice-tested	New York City Department of Health and Mental Hygiene http://www1.nyc.gov/site/doh/health/health-topics/health-bucks.page http://centertrt.org/?p=intervention&id=1109
	Healthy Nutrition Guidelines for LA County Government Intervention designed to improve the nutrition standards of the city's food service contracts. Emerging	California Department of Public Health http://publichealth.lacounty.gov/chronic/docs/20131227_Nut_Recommendations.pdf http://publichealth.lacounty.gov/chronic/docs/20131227_IMP_Nut_Policy_SNACKS.pdf http://publichealth.lacounty.gov/chronic/docs/20131227_Creating_Health_Food.pdf
	VERB Scorecard Program is designed to increase activity levels of tweens (9–13 year olds) through a community-wide campaign effort. This includes promoting physical activity opportunities and using a "passport" (scorecard) system of tracking physical activity during a designated time period. Practice-tested	Lexington Fayette County Health Department in partnership with the Florida Prevention Research Center and the Kentucky Department of Public Health http://www.cdc.gov/YouthCampaign/ http://www.centertrt.org/?p=intervention&id=1096

Resources

California Department of Public Health. California Policy, Systems, and Environmental Changes Resource Guide: http://www.cdph.ca.gov/programs/NEOPB/Pages/Policy,SystemsandEnvironmentalChangeResourceGuide.aspx

Let's Move!: http://www.letsmove.gov/healthy-communities

- Cities, Towns, & Counties: http://www.letsmove.gov/become-lets-move-city-or-town
- Museums & Gardens: http://www.imls.gov/about/letsmove.aspx
- Outside: http://www.letsmove.gov/lets-move-outside

The National Gardening Association, Kids Gardening Program: http://www.kidsgardening.org/

The Nutrition Environment Measurement Survey (NEMS): http://www.med.upenn.edu/nems/

Physical Activity in Worksites: Steps to Wellness: A Guide to implementing the 2008 Physical Activity Guidelines for Americans in the Workplace

Safe Routes to School: http://www.saferoutesinfo.org/

Setting	Strategies and Interventions	
Helping Families	Nutrition Strategies • Promote participation in federal food and nutrition assistance programs (CACFP, WIC, and SNAP). • Encourage use of farmers market with SNAP and WIC access at key community outlets. • Encourage participation in community and home gardens. • Develop and disseminate family-friendly educational materials that encourage family meals and kids' cooking. • Encourage the development and adoption of healthy food and beverage policies and child-feeding practices. • Support family-friendly cooking demonstrations and taste tests throughout the community.	
	Physical Activity Strategies • Support family-friendly physical activity opportunities throughout the year, throughout the community. • Promote participation in and use of area physical activity resources, including partnerships with parks and trails organizations. • Encourage the development and adoption of active-living policies. • Encourage availability of and access to area fun runs and walks.	
	EXAMPLES (in alphabetical order)	SOURCE/LINK
	Baby-Friendly Hospital Initiative Program is designed to implement hospital policies and procedures that support optimal breastfeeding practices and is effective at increasing exclusive breastfeeding, particularly among low-income women and women at risk of not breastfeeding. NOTE: Portions of this initiative may be SNAP-Ed appropriate. Should be done in collaboration with WIC and other maternal and child health programs. Research-tested	Baby-Friendly USA, Inc. https://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative http://www.centertrt.org/?p=intervention&id=1094&section=1

Helping Families	*Cent$ible* Program providing free cooking and nutrition education aimed at people living in Wyoming using or eligible for SNAP benefits. Practice-tested	University of Wyoming http://www.uwyo.edu/centsible/
	Connecticut Breastfeeding Initiative This intervention has data indicating the project was successful in helping participating hospitals to move toward designation as a "Baby-Friendly" hospital. It provided a state-level support system of training, technical assistance, and financial assistance to multiple hospitals working to becoming Baby-Friendly designated. NOTE: Portions of this initiative may be SNAP-Ed appropriate. Should be done in collaboration with WIC and other maternal and child health programs. Practice-tested	Connecticut Department of Public Health with the Connecticut Breastfeeding Coalition http://www.breastfeedingct.org/index.php/component/content/article/64 http://www.centertrt.org/?p=intervention&id=1006
	Cooking Matters Program that empowers families with the skills, knowledge, and confidence to prepare healthy and affordable meals. Evidence-based	Share Our Strength http://cookingmatters.org/
	Cooking Matters at the Store Program aimed to help families make healthy and affordable choices at the supermarket. Practice-tested	Share Our Strength http://www.cookingmattersatthestore.org

Helping Families	*Cooking with Kids* Educates and empowers children and families to make healthy food choices through hands-on learning with fresh, affordable foods from diverse cultural traditions. The program uses three nutrition education and obesity prevention approaches: direct education, multi-level interventions at multiple complementary organizational and institutional levels, and community and public health approaches to improve nutrition. Direct education: **Research-tested** PSE and social marketing: **Practice-tested**	Cooking with Kids, Inc. www.cookingwithkids.org
	Eat Better, Eat Together Resources that provide helpful tips for families on eating together and meal planning. **Evidence-based**	Washington State University http://nutrition.wsu.edu/ETEB/
	Eating Smart, Being Active A curriculum for paraprofessional nutrition educators to use when teaching low-income families with young children about healthy lifestyle choices. **Research-tested**	Colorado State University http://www.ext.colostate.edu/esba/
	Faithful Families Eating Smart and Moving More Educates faith community members about food, physical activity, and becoming advocates for healthy policy and environmental changes within their communities. **Practice-tested**	North Carolina Cooperative Extension North Carolina State University North Carolina Division of Public Health http://centertrt.org/?p=intervention&id=1090

Helping Families	*Farm to Work* Farm to Work programs change the worksite environment by making locally grown fruits and vegetables an easy choice for employees. The program provides employees a weekly opportunity to purchase fresh produce from local farmers. NOTE: Activities must be in approved worksites where more than half of employees are low-wage workers. Emerging	Texas Department of State Health Services and Sustainable Food Center http://www.centertrt.org/?p=intervention&id=1171&section=2
	Harvest of the Month (California) Features ready-to-go tools and resources that can be used in diverse applications to support healthy eating and daily physical activity. These tools and resources can be used in a variety of settings, including schools, daycare, and afterschool programs; retail food stores and farmers markets; health clinics; food banks; and worksites. Practice-tested	California Department of Public Health www.harvestofthemonth.com
	Harvest of the Month (Michigan) Features ready-to-go supplemental nutrition education materials that can be used in diverse applications within the community and school environment. The materials can easily be integrated into the core curriculum and are based on the current *Dietary Guidelines for Americans*. Practice-tested	Michigan Fitness Foundation http://www.michiganfitness.org/harvest-month

Helping Families	*Just Say Yes to Fruits and Vegetables (JSY)* Nutrition education initiative designed to prevent overweight/obesity and reduce long-term chronic disease risks through the promotion of increased fruit and vegetable consumption. Using nutrition education workshops and food demonstrations, JSY works to ensure low-income families in New York eat nutritious foods, make the most of their food budgets, prepare foods in a safe manner, increase physical activity, and drink healthier beverages. Emerging	New York Department of Health, Bureau of Nutrition Risk Reduction http://www.jsyfruitveggies.org/
	Obesity Prevention Plus Parenting Support Home-visiting program to provide American-Indian mothers with preschool-age children (ages 9 months to 3 years) with support in making changes in lifestyle behaviors, including nutrition, physical activity, and parenting. Evidence-based NOTE: Portions of this program may be SNAP-Ed appropriate. Could be done in collaboration with others. Costs of home visits may be prohibitive.	University of Vermont http://www.ncbi.nlm.nih.gov/pubmed/12740449
	Pick it! Try it! Like it! Aims to increase consumption of fruits and vegetables by providing consumer information on selecting and preparing fresh produce. Practice-tested	South Dakota State University Extension http://igrow.org/healthy-families/health-and-wellness/pick-it-try-it-like-it/

Helping Families	*Texas Mother-Friendly Worksite Program* An employer recognition program that designates worksites as "Mother-Friendly" if they voluntarily develop and submit a written policy that supports employees' efforts to combine continued breastfeeding with employment. The policy must meet certain minimum requirements to receive "Mother-Friendly" recognition. NOTE: Activities must be in approved worksites where more than half of employees are low-wage workers. Practice-tested	Texas Department of State Health Services http://texasmotherfriendly.org/ http://www.centertrt.org/?p=intervention&id=1182
	Text2BHealthy Text message–based program that targets low-income parents of elementary school children receiving nutrition education in the state of Maryland. This program aims to stimulate positive behavior change in parents with respect to grocery shopping habits, fruit and vegetable consumption, and physical activity. Practice-tested	University of Maryland Extension https://extension.umd.edu/fsne/fsne-adult-programs/text2bhealthy
	Walk with Ease A community-based physical activity and self-management education program that can be done by individuals using the Walk With Ease guidebook on their own or by groups led by trained leaders. While walking is the central activity, Walk with Ease is a multi-component program that also includes health education, stretching and strengthening exercises, and motivational strategies. Research-tested	Arthritis Foundation http://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/

Resources

Let's Move! Healthy Families: http://www.letsmove.gov/healthy-families

USDA Team Nutrition: http://teamnutrition.usda.gov/parents.html

Setting	Strategies and Interventions	
Social Marketing/ Media	Nutrition Strategies • Increase parental and influencer support through family education/behavior change programs. • Limit advertisements of less healthy foods and beverages. • Work with media sponsorships. • Support social marketing campaigns using existing materials from CDC's Community Health Media Center.	
	Physical Activity Strategies • Increase parental and influencer support through family education/behavior change programs. • Work with media sponsorships. • Support social marketing campaigns using existing materials from CDC's Community Health Media Center.	
	EXAMPLES (in alphabetical order)	SOURCE (SENT BY)/LINK
	Champions for Change (CA) Program aimed at helping families make healthy changes in their kitchens, homes, schools, and neighborhoods. Evidence-based	California Department of Public Health http://www.cachampionsforchange.cdph.ca.gov/en/index.php
	Children's Power Play Initiative (CA) Initiative to motivate and empower California children ages 9–11 years to eat 3 to 5 cups of fruits and vegetables and get at least 60 minutes of physical activity every day. Evidence-based	California Department of Public Health https://www.cdph.ca.gov/programs/cpns/Pages/PowerPlayResources.aspx

Social Marketing/ Media	*EatFresh* Website with an accompanying toolkit to promote healthy eating by providing recipes and resources with nutrition information. The site also links directly to the state's SNAP website. Emerging	Leah's Pantry and the San Francisco Human Services Agency http://eatfresh.org
	Food Hero Program designed to reach mothers with young children, with an extensive evaluation process. The program uses its interactive website, social media, and direct education to reach the target audience. Emerging	Oregon State University http://www.foodhero.org
	Healthy Food Environments Pricing Incentives Program to increase availability, visibility, and affordability of healthy foods and beverages for employees, volunteers, and visitors on hospital campuses. The intervention uses a pricing policy incentive to encourage purchase of healthier items (through a price decrease) and discourage purchase of less healthier items (through a price increase). Practice-tested	North Carolina Prevention Partners http://www.centertrt.org/?p=intervention&id=1099&section=1
	Kaiser Permanente Cafeteria Menu Labeling To help patrons make informed decisions about their meal purchases, the program provides cafeteria customers with detailed nutrient content information — including calories, fat, and sodium — at the point-of-decision-making. A logo designates/markets healthier food and beverage items. Practice-tested	Kaiser Permanente National Nutrition Services Procurement & Supply and National Community Benefit Departments http://www.centertrt.org/?p=intervention&id=1169&section=1
	Latino Campaign, with Toolbox for Community Educators Intervention designed to reach the Latino Community through social media and point-of-sale materials in retail locations. Practice-tested	California Department of Public Health http://www.cdph.ca.gov/programs/cpns/Pages/LatinoCampaign.aspx

Social Marketing/ Media	*Retail Program* Campaign to influence the purchase of healthy foods by strategically placing messages at retail sites such as grocery stores, farmers markets, and corner stores. Research-tested	California Department of Public Health http://www.cdph.ca.gov/programs/cpns/Pages/RetailProgram.aspx
	Rethink Your Drink Educational campaign focusing on the contribution of sweetened beverages to increasing rates of overweight and obesity. NOTE: May be SNAP-Ed appropriate if brands of foods, beverages, and commodities are not disparaged. Evidence-based	California Department of Public Health http://www.cdph.ca.gov/programs/cpns/Pages/RethinkYourDrink.aspx
	Simple Goodness Campaign Arizona Nutrition Network launched three social marketing campaigns to encourage low-income households to eat more fruits and vegetables, increase consumption of whole grains, and drink fat-free or low-fat (1%) milk. The MyPlate logo was featured prominently in all campaign materials, and MyPlate guidelines were incorporated into each campaign. Practice-tested	Arizona Nutrition Network http://www.eatwellbewell.org/
	They Learn from Watching You *(Previously: Grow Your Kids with Fruits and Veggies)* Social marketing campaign using billboards to improve the meals of children under the age of 10 and their parents. Practice-tested	Michigan Fitness Foundation http://theylearnfromwatchingyou.org/index.html

Resources

CDC's Community Health Media Center: CDC's Community Health Media Center

- This center includes a collection of audience-tested advertising and support materials produced by state and local health departments, nonprofit organizations, and federal agencies. These materials are designed to create awareness about obesity and other chronic conditions and to promote healthy living. Search the collection and choose ads that are appropriate to your efforts.

Improving access to drinking water in Schools:

- CDC's Increasing Access to Drinking Water in Schools toolkit
- Keep it Flowing: A Practical Guide to School Drinking Water Planning, Maintenance & Repair

Screen Free Week: http://www.commercialfreechildhood.org/screenfreeweek