WRO SNAP-Ed Nutrition, Physical Activity, and Obesity Prevention Outcomes Evaluation Framework
June 2013

Potential Longer-Term Policy-Relevant Metrics for ASNNA Over Time Using RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance)

Individuals and Families (reach may come from EARS)

- Half a plate for FV, other food groups
- Shopping basket choices
- Decrease in SSB
- Do not run out of food, do not need to use food banks
- Increase physical activity (PA)
- Decrease sedentary/screen time
- Households with 'home rules'

Environmental (may include where SNAP-Ed offered, from EARS)

- Evidence-based worksite wellness programs adopted, 'champion employers'
- Evidence-based standards of child care adopted
- Entities that sign-on to evidence-based initiatives: *Healthier U.S. Schools/Alliance for a Healthier Generation/Let's Move!*
- Retail food outlets that meet standards, e.g., participation in evidence-based initiatives, improvements in scores for food outlets in qualifying neighborhood stores or restaurants (CX^3)
- Joint use agreements (usually schools, parks)
- Media environment for 'branded' programs (advertising/PR impressions, value of 'earned media/PR', social media)

Sectors of Influence

- Number of partners working together, value of their contributed resources, institutional changes they report
- Farm to School/ Farm to Fork—players, by type (farmers, institutional customers, SNAP-Ed households)
- Increase in Fair Food Network initiative
- Affordable Care Act-related partnerships w/ non-profit health plans, systems changes ('green prescription, referrals to SNAP-Ed)
- USDA partnerships/leverage w/ other categorical programs—SNAP, Child Nutrition, WIC, EFNEP
- Changes in county/city General Plans for qualifying areas –community gardens, farmers' markets, parks, transportation
- Increase in Food Policy Councils

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INDIVIDUAL LEVEL

Over-arching evaluation question: To what extent does SNAP-Ed programming improve participants' diet, physical activity, and maintenance of healthy weight?

Short-Term Outcomes (Knowledge and Behavioral Intentions)	Medium-Term Outcomes (Behaviors)	Long-Term Outcomes (Risk Factors)	Impacts (Health)
ST1: MyPlate Knowledge: # (%) of participants that have increased their knowledge of MyPlate, as demonstrated by: i. Food Groups. Recall of at least one benefit of consuming: a. Fruits and Vegetables b. Lean proteins c. Whole grains d. Low-fat or fat-free dairy ii. Messaging. Recall of at least one of the following Dietary Guidelines messages: a. Make half your plate fruits and vegetables b. Make half your grains whole c. Switch to low-fat or fat-free milk and milk products d. Drink water instead of sugary beverages	MT1: MyPlate Behaviors i. Meal Preparation. # (%) of participants that increased their use of MyPlate when preparing their main meal in the past 7 days ii. Dietary Behaviors. # (%) of participants that reported changes in the following dietary behaviors in the past 7 days: a. Ate a smaller portion size at their main meal b. Ate at least one 100% whole grain product at their main meal c. Ate at least one protein food that is lower in solid fats at their main meal d. Ate more than one kind of fruit daily e. Ate more than one kind of vegetable daily f. Drank more water g. Drank more low-fat or fat-free milk and milk products (with or without cereal)	LT1: Overall Diet Quality: # (%) of participants with improvements in their overall diet quality LT2: Fruits and Vegetables: # (%) of participants that ate in the past 7 days: a. Fruits two or more times per day (average number of cups consumed daily) b. Vegetables three or more times per day (average number of cups consumed daily) LT3: Whole Grains: # (%) of participants that increased their consumption of 100 % whole grain or whole wheat versions of the following in the past 7 days: a. Pasta or Rice (average servings/cups consumed daily) b. Bread or Cereal (average servings/cups consumed daily) c. # (%) of participants that decreased their consumption of refined grain foods that contain solid fats, added sugars, and sodium (average servings consumed daily) LT4: Dairy: # (%) of participants their increased their consumption of low-fat or fat-free (skim) versions of the following in the past 7 days: a. Milk or Fortified Soy Beverages (average cups consumed daily) b. Yogurt or Cheese average cups consumed daily) c. # (%) of participants that switched from whole or 2% milk to fat-free or low-fat (1%) milk when drinking milk with or without cereal LT5: Non-Dairy Beverages a. # (%) of participants that increased their consumption of water in the past 7 days (average cups consumed daily) d. # (%) of participants that switched from fruit-flavored drinks to 100% fruit juice (average cups of each drink consumed daily) e. #(%) of participants that reduced their consumption of sugar–sweetened beverages (average cups consumed daily) LT6: Food security (Adults/Head of Household only): # of participants that did not run out of food in the past month	I1 Healthy Weight # (%) of participants at healthy weight a. *Adults*: BMI = 18.5 – 24.9 (normal weight) b. *Children and teens*: 5th percentile to less than the 85th percentile (healthy weight) I2: Quality of Life (Adults only) # (%) of participants with increased health-related quality of life (CDC-HRQOL)
ST2: Shopping Practices (Adults/Head of Household) i. Knowledge ii. Behavioral Intentions # (%) of participants that report increased knowledge of the nutritional or financial benefits of the following targeted shopping practices, and increased intentions to perform the behavior: a. Shopping with a list b. Reading nutrition facts and nutrition ingredients lists c. Identifying 100% whole grain products d. Identifying low-fat dairy products e. Avoiding foods with added fats, salt, or sugar f. Shop the grocery store perimeter; avoid the center aisles	MT2: Shopping Behaviors (Adults/Head of Household): # (%) of participants that report increases in their targeted shopping behaviors during the past 7 days: a. Shopping with a list b. Reading nutrition facts and nutrition ingredients lists c. Identifying 100% whole grain products d. Identifying low-fat dairy products e. Avoiding foods with added fats, salt, or sugar f. Shop the grocery store perimeter; avoid the center aisles		
ST3: Physical Activity i. Knowledge ii. Behavioral Intentions # (%) of participants that report increased knowledge of the health benefits of the following behaviors, and intentions to perform the behavior: a. Reducing time spent in sedentary behaviors (e.g., screen time) b. Increasing time spent engaged in moderate or vigorous physical activity	MT3: Physical Activity Behaviors: # of participants that report changes in their targeted behaviors during the past 7 days: i. Reduced time spent in sedentary behaviors (e.g., screen time) ii. Increased time spent engaged in moderate or vigorous physical activity	LT7: Physical Activity: # (%) of participants that increased their activity levels to meet the following targets: a. *Children and teens*: engaged in physical activity for at least 60 minutes per day in the past 7 days (average number of minutes daily) b. *Adults*: i. engaged in 150 minutes or more of aerobic physical activity per week ii. engaged in muscle strengthening exercises more than twice per week LT8: Screen Time (Children and Teens): # (%) of participants that reduced their screen time to meet the following targets: watching television or non-school use of computers less than2 or fewer hours on an average school day in the past week (average number of minutes daily)	

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ENVIRONMENTAL LEVEL

Over-arching evaluation question: To what extent does SNAP-Ed programming facilitate access and create appeal for improved dietary and physical activity choices in settings where nutrition education is provided?

Short-Term Outcomes (Readiness)	Medium-Term Outcomes (Adoption)	Long-Term Outcomes (Implementation)	Impacts (Maintenance)
ST4: Identification of Opportunities # and type of opportunities identified for improving access or creating appeal for nutrition and physical activity in SNAP-Ed sites where nutrition education is provided a. Organizational practice changes b. Physical space/access c. Social support/appeal ST5: Local Champions # and type of local champions willing to improve access or create appeal for nutrition and physical activity in SNAP-Ed sites where nutrition education is provided a. Youth b. Parents/Caregivers a. Community Members b. Staff/service providers c. Adult consumers d. Leadership/Decision-makers ST6: Partnerships #(%) of organizational task forces that agree to develop a plan for improving nutrition or physical activity practices or standards a. School wellness policies b. Worksite wellness councils ST7: Media Coverage # (%) of favorable mentions of SNAP-Ed activities in local news or on-line	MT4: Nutrition Practices or Standards (Adopted) # (%) of SNAP-Ed settings where nutrition education is provided where at least one change is formally adopted in writing or practice to improve access or appeal for healthy eating. a. Low-income worksites b. Child care settings c. Schools/After-school/Youth Education d. Extension e. Food distribution/emergency food outlets f. Food retail g. Adult or senior services h. Other community-based organizations MT5: Physical Activity Practices or Standards (Adopted) # (%) of SNAP-Ed settings where nutrition education is provided where at least one change is formally adopted in writing or practice to improve access or appeal for physical activity. a. Low-income worksites b. Child care settings c. Schools/After-school/Youth Education d. Extension e. Food distribution/emergency food outlets f. Food retail g. Adult or senior services h. Other community-based organizations MT6: Marketing and Messaging # (%) of SNAP-Ed eligibles that when aided can recall SNAP-Ed nutrition or physical activity messaging through indirect or social marketing: a. Nutrition messaging b. Physical activity messaging Obesity/health	LT9: Food Environment Changes # (%) of SNAP-Ed settings with new or improved access or infrastructure that promotes healthy food choices, which may include: a. Improvements in hours of operations/time allotted for meals b. Improvements in layout or display of food c. Changes in menus (variety, quality, offering lighter fares) d. Point-of-purchase prompts e. Reduced portion sizes f. Menu labeling/calorie counts g. Edible gardens h. Lactation supports i. Improvements in free water taste, quality, smell, or temperature LT10: Nutrition Standards i. Procurement ii. Meal preparation # (%) of settings with new or improved standards for cafeteria, vending, or other sales or service of snacks and meals, which may include: a. Increase in fruits and vegetables b. Increase in availability of 100% whole grains c. Increase in availability of lean proteins d. Lower sodium levels e. Lower sugar levels f. Lower saturated or trans fats LT11: Activity Environment Changes # (%) of SNAP-Ed settings with new or improved access or infrastructure that promotes physical activity, which may include: a. Improvements in hours of operations of recreation facilities b. Improvements in access to safe walking or bicycling paths c. New or improved stairwell prompts d. Improvements in access to stairwells e. Walking school buses/Safe Routes to School or work LT12: Physical Activity Standards # (%) of SNAP-Ed settings with new or improved standards for physical activity, which may include: a. New or increased use of school facilities during non-school hours for recreation b. New or stronger limits on screen-time (television or non-academic use of computers) c. Increase in school days spent in physical education d. Improvements in time spent in daily recess	I3: Resources Percentage increase in institutional or community resources invested in nutrition and physical activity supports or standards a. Staff (# FTE) b. Cash ($) c. In-Kind support I4: Sustainability Plan # (%) of SNAP-Ed settings with a plan for sustaining the nutrition or physical activity standards or environmental changes a. Low-income worksites b. Child care settings c. Schools/After-school/Youth Education d. Extension e. Food distribution/emergency food outlets f. Food retail g. Adult or senior services h. Other community-based organizations

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SECTORS OF INFLUENCE

Over-arching evaluation question: To what extent is the SNAP-Ed grant program integrated into comprehensive strategies that collectively impact[1] lifelong healthy eating and active living in low-income communities[2]?

Short-Term Outcomes (Capacity)	Medium-Term Outcomes (Changes)	Long-Term Outcomes (Benefits)	Impacts (Sustainability)
ST8: Community Partnerships #(%) of communities with partnerships including at least 10 diverse partners across sectors (all serving primarily low-income persons) addressing nutrition or physical activity practices or standards in their services a. Types of sectors represented (# of organizations or individuals per sector) b. Documented level of integration of the partnership (as documented by partners) c. Level of influence of SNAP-Ed (as documented by partners) **ST9: Community Obesity Prevention Plan** #(%) of communities with a community-wide plan that to engage multiple strategies and sectors to prevent obesity specifically in low-income populations **ST10: Sector Commitments** # of community sector representatives where leadership makes a public commitment to implement new or enhanced strategies that improve nutrition, physical activity, and prevent obesity in specifically in low-income populations (type of and strength of commitment)	**MT7: Food Industry** a. # (%) of food manufacturers, distributors, or retailers that have standards that promote healthy meals, including smaller portions b. # (%) of food retailers that procure locally sourced food (i.e., food grown within a day's driving distance of the place of sale) c. Total dollar value of financial incentives for the local production and distribution of food (i.e., food grown within a day's driving distance of the place of sale) d. Total dollar value of financial incentives for food retailers to open stores in food deserts **MT8: Local Government** a. # (%) of local governmental facilities (including SNAP Offices) that interface with the public where there are healthy food procurement vending standards b. # (%) of local governmental facilities (including SNAP Offices) that provide nutrition education/nutrition resources at the point of enrollment for public assistance c. #(%) of local governments that create public-private partnerships to provide incentives for the local production and distribution of food (i.e., food grown within a day's driving distance of the place of sale) **MT9: Agriculture** a. # of certified farmers' markets or direct marketing farmers for every 10,000 residents in low-income communities b. # (%) of farmers markets or direct marketing farmers that accept SNAP EBT in low-income communities c. #(%) of farmers markets or direct marketing farmers with public-private partnerships that provide bonus incentives programs for SNAP EBT ($ value of the bonus per individual/household per month) d. # of farm stands or mobile produce carts per 10,000 residents that sell or serve produce in low-income communities **MT10: Education** a. #(%) of low-income schools that require K-12 students to be physically active for at least 50% of time spent in PE classes b. #(%) of low-income schools that integrate nutrition education into K-12 academic standards **MT11: Community Design and Safety** a. #(%) of parks or open space with improved access, signage, lighting, or operating hours in low-income communities b. #(%) of trails, greenways, or sidewalks with improved access, signage, lighting, or operating hours in low-income communities c. #(%) of low-income areas with community policing initiatives **MT12: Health Care:** a. # (%) of low-income health care facilities that routinely measure and track patients' BMI b. #(%) of low-income health care facilities that provide "prescriptions" for physical activity or healthy eating **MT13: Media** a. # of media outlets that have practices that promote advertising of healthy food and physical activity b. $ value of all earned media (annually) in the community for promotion of healthy food and physical activity	**LT13: Food Industry:** a. #(%) of low-income census tracts with a healthy food outlet, defined as a grocery store or produce stand/farmers' market that meets WIC nutrition standards b. Total dollar value (annual) of food sales from locally sourced food in retail settings **LT14: Local Government** a. % increase in sales of healthy foods or beverages in local vending facilities b. #(%) of local communities with an active food policy council **LT15 Agriculture** a. # of farmers markets/direct marketing farmers that accept EBT per SNAP beneficiary b. Increase in annual EBT redemptions for all farmers markets/direct marketing farmers that accept SNAP[3] c. % increase in local sales of fruit and vegetables reported by growers **LT16: Education: #(%) of low-income schools awarded** a. Gold level recognition for the Healthy Schools Program (Alliance for a Healthier Generation) b. HealthierUS School Challenge (HUSSC) Gold level with distinction **LT17: Community Design and Safety** a. Total increases in miles of shared-use paths, sidewalks and bike lanes, relative to the total street miles in the low-income community b. Total reduction in annual crimes per 10,000 residents **LT18: Health Care: $ (%) reductions in obesity-related medical expenditures per capita** **LT19: Media # of(%) media outlets that restrict youth exposure to advertising of unhealthy foods**	**I5: Overall** Reduction in disparities in access to healthy foods and places to be physically active by geography, race/ethnicity, age, disability status, or socio-economic status **I6: Regional food hubs: # of food hubs per 10,000 residents, defined as a centrally located facility that aggregates, stores, processes, distributes and/or markets locally/regionally produced food products** **I7: Nutrition in Community General Plan: # of communities (where residents are primarily low-income) that have achieved a nutrition or health element in their General Plan**

[1] Note, at this level of influence, observed changes cannot be directly attributed to SNAP-Ed programming. Instead, SNAP-Ed is integrated into broader strategies for change.

[2] Low-income communities are well-defined geographic areas where more than half of the contiguous census tracts, census blocks, or census designated places that comprise the area have 50% of residents that lie within 185% of the Federal Poverty Limit.

[3] Retailer information is protected under the Food and Nutrition Act at 7 U.S.C. 2018 (9)(c) and Title 7 Part 278 of the federal regulations at 278.1 (g). For program evaluation purposes, only aggregated EBT transactions data for all markets can be reported.

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SOCIAL AND CULTURAL NORMS AND VALUES				
Overarching evaluation question: To what extent do community level obesity prevention strategies impact social and cultural norms and values				
Short-Term Outcomes (Household and Family)	Medium-Term Outcomes (Religion and Culture)	Long-term Outcomes (Community Norms)	Impacts (Productivity)
ST11: Household Rules (Adults/Head of Household only) # of low-income parents or caregivers that engaged in the following behaviors *daily* in the past 30 days: a. Eating meals together b. Eating meals without television c. Setting limits on high calorie foods kept in the home d. Setting limits on sugar-sweetened beverages kept in the home e. Setting 1-2 hr time limits for non-school use of electronic media devices, including cell phones, smart phones, tablets, computers, and TV	MT14: Religious Practices # (%) of places of worship that have: a. Rules regarding foods and beverages served at religious celebrations b. Religious leaders that integrate nutrition, physical activity, or health promotion messaging into sermons MT15: Cultural Observances: % increase in community members who report setting rules regarding foods and beverages served at cultural or family gatherings	LT20: Volunteering: Increase in #(%) of low-income community members (non-professionals) participating in organized efforts to improve their food and activity environments LT21: Active Commuting Increase in # (%) of low-income residents that use public transportation, walking, or bicycling to travel to and from work daily in the past 30 days LT22: Community Obesity Norms Increase in # (%) in low-income residents that believe their food and activity environments support healthy eating, active living, and obesity prevention	I3: Healthy Workforce: #(%) of low-income employers that report reductions in the average number of sick days per employee for obesity-related medical conditions I9: Education: #(%) of low-income schools with improved 3rd grade reading levels, or attendance rates