

**Possible Evaluation Endpoints for SNAP-Ed Drawn from Federal Sources
ASNNA Evaluation Subcommittee, June 2011**

**Outcome Objectives of Nutrition Education
Adapted from Contento’s Definition of Nutrition Education and the Social Ecologic Model
(Includes outcomes secured in the structural, institutional and systemic; environmental;
cognitive and social; behavioral; and health domains)**

I. Indicators of Behavioral Outcomes for individuals, peers, institutions, communities, state/society

Dietary Practices/Nutrition (obesity-related)		
		<u>Reference</u>
Individuals	1. Fruits and vegetables/ half plate	1, 4, 8
	2. Percentage of adults who consume 5+ servings of fruits and vegetables	2, 8
	3. Adults and youth who report detailed fruit and vegetable targets	11
	4. Reduce sugar-sweetened beverages	1, 4, 8
	5. Calorie balance during 5 life stages	1
	6. Reduce intake of other high calorie/ low nutrient foods	4, 8
	7. (Other) Reduce consumption of calories from solid fats and added sugars in population 2+ years of age	12
	8. (Other, WIC/ MCH) Percent of WIC moms who breastfeed	2, 8
	9. (Other) Increase contribution of whole grains, calcium to diets of persons 2+ years of age	12
	10. (Other) Reduce the consumption of saturated fat and sodium to the diets of persons 2+ years of age	12
Peers and Families	None @ federal level	
Institutions	1. Percent of middle school and high schools that offer fruits and vegetables as competitive foods	11
	2. Increase variety of settings to distribute FV, e.g., FM, ag subscriptions	3
	3. Farmers’ markets/ 100,000 population	11
	4. Fruits and Vegetables/ half a plate	1, 4, 8
	5. Increase Healthy choices in child care, schools and worksites	10
	6. (Other/ WIC, MCH) Support breastfeeding through policy change and maternity care practices, including hospitals and worksites	10

Dietary Practices/Nutrition (obesity-related)		
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Communities

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| 1. | Increase distribution of fresh and healthy foods in distribution chains and systems in under-served communities | 3 |
| 2. | Communities improve availability of affordable healthier food and beverage choices in public service venues, e.g., policy on cost in public sector and schools, changing relative prices of healthy vs. less-healthy items | 9, 10 |
| 3. | Communities should restrict availability of less healthy foods and beverage in public service venues, e.g., policies in government facilities and largest school districts for whole milk, SSB, high-fat snacks | 9, 10 |
| 4. | Communities improve geographic availability of supermarkets in under-served areas, e.g., number of full-service grocery stores and supermarkets/10,000 residents in 3 largest under-served census tracts | 9 |
| 5. | % Census tracts w/ healthy food retailers w/in ½ mile of boundary (7, 11) Communities discourage consumption of SSB | 8, 9 |
| 6. | Communities should limit advertisements of less healthy foods and beverage | 9 |
| 7. | Use media to promote healthy food/drink choices | 10 |
| 8. | Conduct media counter-advertising for unhealthy choices | 10 |
| 9. | Implement media and advertising restrictions consistent with federal law | 10 |
| 10. | (Other, WIC, MCH) Communities increase support for breastfeeding, e.g., policy for government employees | 9 |

Broader Society

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| 1. | State-level healthier food retail policies | 11 |
| 2. | Demonstrate and evaluate effect of targeted subsidies on purchase of healthy food through NAPs | 3 |
| 3. | Establish procurement policies for healthier foods | 10 |
| 4. | Use media to promote healthy food/drink choices | 10 |
| 5. | Conduct media counter-advertising for unhealthy choices | 10 |
| 6. | Implement media and advertising restrictions consistent with federal law | 10 |
| 7. | (Other) Eliminate trans-fat and reduce sodium through purchasing, labeling, restaurants standards | 10 |

Physical Activity

		<u>Reference</u>
Individuals	1. Increase PA, reduce sedentary behaviors	1, 3, 4, 8, 10
	2. Percent of adults who report being physically active, highly active or no leisure physical activity	11, 12
	3. Increase proportion of adults and adolescents that meet federal physical activity guidelines for aerobic physical activity and muscle strength training (12% students, grades 9-12, who report being physically active and who participate in daily Physical Education	12
	4. Percent of adolescents spending ≥50% school Physical Education class time being physically active	12
	5. Increase percentage of children and adolescents that meet guidelines for TV and computer use	12
	6. Increase the number of trips made by walking, bicycling	12
Peers and Families	None @ federal level	
Institutions	1. Child care facilities that specify moderate and vigorous PA	11
	2. Include physical activity in local schools wellness policies, e.g., strong PA component, afterschool, safe routes to school, walk/bike-to-school programs, built environment policies, safe and accessible parks and playgrounds, recess, active transport, outdoor recreation venues	3, 8
	3. % of middle and high schools that support walking or biking to and from school	11
	4. Require daily PA in afterschool/ childcare	10
	5. % of middle and high schools that allow youth access to PA facilities outside school hours	11
Communities	1. % Youth with parks, community centers and sidewalks in neighborhoods	11
	2. % census blocks with parks within ½ mile boundary	11
	3. Communities increase opportunities for extracurricular physical activity, joint use in largest school districts, % of public and private schools that provide access outside school hours	9, 12
	4. Communities improve access to outdoor recreational facilities, e.g., percent of homes within ½ mile reduce prices for park/facility use	9, 10
	5. Communities should improve access to and incentives for public transit, memberships to recreational facilities	9, 10

6. Communities require PE in schools to recommended weekly levels, increase active time in PE	9, 10
7. Require daily PA in afterschool/childcare	10
8. Use media to promote increased PA, active transport	10
9. Communities reduce screen time in public venues, e.g., childcare, afterschool	9, 10
10. Communities support locating schools in walking distance of homes	9
11. Communities should enhance infrastructure for bicycling and walking, sidewalks, parks, health impact assessments, signage for neighborhood destinations and public transport	9, 10
12. Communities should enhance personal safety in areas for PA, e.g., reduce number of vacant/abandoned buildings relative to total buildings in local jurisdiction	9
13. Communities should enhance traffic safety, e.g., local policy for designing and operating streets w/ safe access as per National Complete Streets Coalition	9
14. Communities should zone for mixed use development, e.g., residential, commercial	9
1. <i>Let's Move!</i> increase PA	3, 8
2. State requirement for elementary schools to provide scheduled recess	11
3. State requirement for elementary, middle and high schools to teach PE	11
4. Require daily PA in afterschool/childcare	10
5. Child care facilities that specify moderate and vigorous PA	11
6. Community-scale urban design/land use policy	11
7. Street-scale urban design/land use policy	11
8. Transportation and travel policy	11

Broader Society

Food Security		
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		<u>Reference</u>
Individuals	1. Number of US HH with very low food security among children	2
	2. Eliminate very low food security among children in US HH by 2020	12
	3. Annual percentage of eligible persons participating in SNAP	2
Peers and Families	None @ federal level	
Institutions	1. Increase Participation rates in, policies that improve access to USDA nutrition assistance programs	3
	2. Annual percentage of eligible persons participating in SNAP	2
Communities	1. Ensure that all children have access to safe, nutritious balanced meals	2
	2. Increase participation rates in, policies that improve access to, USDA nutrition assistance programs	3
Broader Society	1. End Childhood hunger by 2015	2
	2. Number of US HH with very low food security among children	2
	3. Eliminate very low food security among children in US HH by 2020	12

Healthy Weight/ Obesity		
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		<u>Reference</u>
Individuals	1. Percentage of children and adolescents who are obese	2, 12
	2. (other, WIC/ MCH) Healthy weight pregnancy mother, healthy weight babies	3
Peers and Families	None @ federal level	
Institutions	1. Health care providers and systems trained and geared to prevent, diagnose, and treat obesity	3
	2. Improve portion sizes, menus, healthy options in restaurants	3
	3. Pediatricians routinely calculate BMI and inform partners	3
	4. Insurers cover services that prevent, assess and provide care to minimize obesity	3
Communities	1. Communities should institute smaller portion size options in public sector venues	9
	2. Communities discourage consumption of SSB	8, 9
	3. Communities participate in coalitions or partnerships to address obesity	9
Broader Society	1. Increase proportion of adults at a healthy weight	12
	2. Reduce the proportion of adults who are obese	12
	3. Prevent inappropriate weight gain in youth and adults	12

Upstream Determinants and Contributors - Adapted from the IoM Evaluation Framework

II. Leadership Indicators

Partnerships & Collaborations Engaged Across Sectors	
(Indicators may be names of entities communicating, coordinating or collaborating to achieve outcomes, above)	
	<u>Reference</u>
• <i>Let's Move!</i> Partnership for a Healthier America (business, corporations), Cities and Towns, Faith Communities	3
• <i>Let's Move!</i> Healthy Eating (<i>Let's Move Salad Bars, Let's Move Chefs..., Let's Move Farmers...</i>)	3
• Disseminate info about <i>DGA</i> , simple action steps	3
• Signage for healthy vs. less-healthy items	10
• Product placement and attractiveness	10
• Menu labeling	10
• Promote industry self-regulation of marketing to kids; avoid promotion of unhealthy foods to children; use popular media and entertainment characters to promote healthy vs. unhealthy foods	3, 7
• Encourage food, beverage and restaurant industries to develop or reformulate more healthy foods (3)	3
• Labeling of food and beverage; calorie counts in restaurant and vending	
• Policies to attract retailers to low-income areas; improve transportation to healthy food retailers, e.g., incentives, zoning, tax benefits, loans, guarantees, TA and training	3, 9, 10
• Establish Food Policy Councils to enhance comprehensive food system policy, number of local Food Policy Councils	3, 11
• State Food Policy Council	11
• Establish economic incentives to increase production of fruits, vegetables and whole grains and increase access to these items	3
• Communities improve availability of mechanisms for purchasing foods from farms, increase FM days	9
• Communities should provide incentives for production, distribution and procurement of foods from local farms, e.g., local policies	9
• (Other) Dentists and oral health providers promote healthy habits	3
• (Other, school nutrition programs) Ensure choosing healthy meal has no social cost for child	3
• (Other) Promote healthy behavior in juvenile correctional facilities	3
• (Other) Encourage facilities related to children (hospitals, afterschool, rec centers, parks) to implement healthy food policies and practices	

III. Indicators of Progress in Resource Development

Resources and Inputs (Leadership, Planning, Political Commitment, Funding, Capacity Development)

	<u>Reference</u>
• Assist rural communities to create prosperity	2
• Expand USDA research into obesity, especially children	2
• Evaluate nutrition promotion interventions to implement and sustain evidence-based strategies in communities across US	2
• Launch Healthy Food Financing Initiative	3
• Determine effect of state and local taxes on less healthy, energy-dense foods	3
• Reduce density of fast food restaurants	10
• % cropland harvested for FV (11 Develop a comprehensive effort to reduce obesity	2
• Develop a comprehensive effort to reduce obesity	2
• Make nutrition education more effective	2

IV. Indicators of Evidence-Informed Interventions

Strategies, Programs and Actions	
	<u>Reference</u>
• Make nutrition education more effective	2
• <i>Let's Move!</i> Empower parents and caregivers, reach out to moms	3
• <i>Let's Move!</i> Early Childhood interventions (3 <i>Let's Move! Healthier US Schools Challenge</i>	3
• <i>Let's Move! Healthier US Schools Challenge</i>	3
• Increase availability and consistency of nutrition education in schools, use school gardens to educate students	3
• Farm-to-school is expanded in FNS programs	2, 3, 10
• Farm-to-institution programs and policies, e.g., schools, worksites, hospitals, other community institutions	10
• State-level F2S policies	11
• SNAP benefits redeemed at FM, e.g., number of markets and dollar value, % FM that accept SNAP EBT and WIC FMNP coupons	2, 11
• Increase access to FV and other nutritious food by expanding EBT to FM, among other strategies	2, 9
• Promote whole grains, FV and LF/FF milk through behavioral economics in school cafeterias (2
• (Other) Promote increased FV consumption among general pop (2(Other, WIC/MCH) Support and encourage breastfeeding, e.g., worksites, childcare, guidance to partners and caretakers	2, 3

Well-Run Programs

	<u>Reference</u>
• Implementation of USDA ‘branded’ programs and initiatives, e.g., <i>Loving Your Family; Eat Smart, Live Strong; Maximizing the Message; Changing the Scene</i>	1, 10
• Effective targeting methods and reports, e.g., State Plan	1
• Project descriptions and evaluation	1
• Increase the number of preschools and Head Start programs that provide health education including dietary patterns and PA, increasing fruit and vegetables in children aged 2 and older	11
• Healthy foods in schools, develop ways to encourage kids to eat healthy	3
• Increase % of schools that offer nutritious foods and beverages outside school meals	12
• Promote good nutrition in afterschool programs	3
• Consider impact of food marketing on education	3
• (Other) Improve school meals, e.g., commodities, <i>DGA</i> , reformulate products, standards, training, equipment, lunchroom environment	3
• (Other) Increase proportion of elementary, middle and senior high schools that provide comprehensive health education, including unhealthy dietary patterns and inadequate PA	12
• (Other) Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees	12
• (Other) Increase number of CBOs, including local health departments, tribal health services, NGOs, state agencies, providing population-based primary prevention services (specifics include nutrition, PA)	12
• (Other) Increase the % of local health departments that have established culturally appropriate, linguistically competent community health promotion and disease prevention programs	12
• Increase % of employed adults with access and participate in employer-based exercise facilities and exercise programs	12
• (Other) Increase % employees who participate in employer-sponsored health promotion activities	12
• (Other) Increase proportion of older adults who have participated in at least one organized health promotion activity in the past year	12

V. Dosage Indicators

Reach	
	<u>Reference</u>
<ul style="list-style-type: none"> Maintain and enhance EARS Consider role of ERS in national reporting and evaluation system 	1

VI. Impact Indicators

Health, Social Determinants, Co-Benefits	
	<u>Reference</u>
<ul style="list-style-type: none"> In addition to Hunger/Food Insecurity and Obesity/Overweight (above), may include other disease risk factors, health disparities among population segments, poverty, other economic measures, and social metrics, e.g., school attendance/truancy, standardized test scores, graduation rates/educational attainment, college applications, employment, discrimination, safety/crime, social capital and social relationships, community development, consumer empowerment, and marketing, pricing and availability of unhealthy foods Increase high school completion (Other) Reduce iron deficiency among young children and females of childbearing age (Other) Reduce iron deficiency among pregnant females 	12 12 12 12

References

- 1 SNAP-Ed State Plan Guidance 2012
- 2 USDA Corporate Objectives and/or Strategic Plan
- 3 Federal Task Force, *Let's Move!*
- 4 DGA 2010
- 5 AFRI Childhood Obesity Research Grants (TBA)
- 6 Healthy, Hunger-Free Kids Act of 2010 (TBA)
- 7 USDA, Other (FNS Principles, Reco's for advertising to children, food deserts, others)
- 8 CDC, 6 Obesity Prevention Foci
- 9 CDC, *Community Guides* (PA and Nutrition), metrics for each are available
- 10 CDC, CPPW
- 11 CDC, State Indicators
- 12 US DHHS, *Healthy People 2020*
- 13 RWJF (TBA)
- 14 IoM (TBA)
- 15 Kellogg Foundation (TBA)
- 16 Other