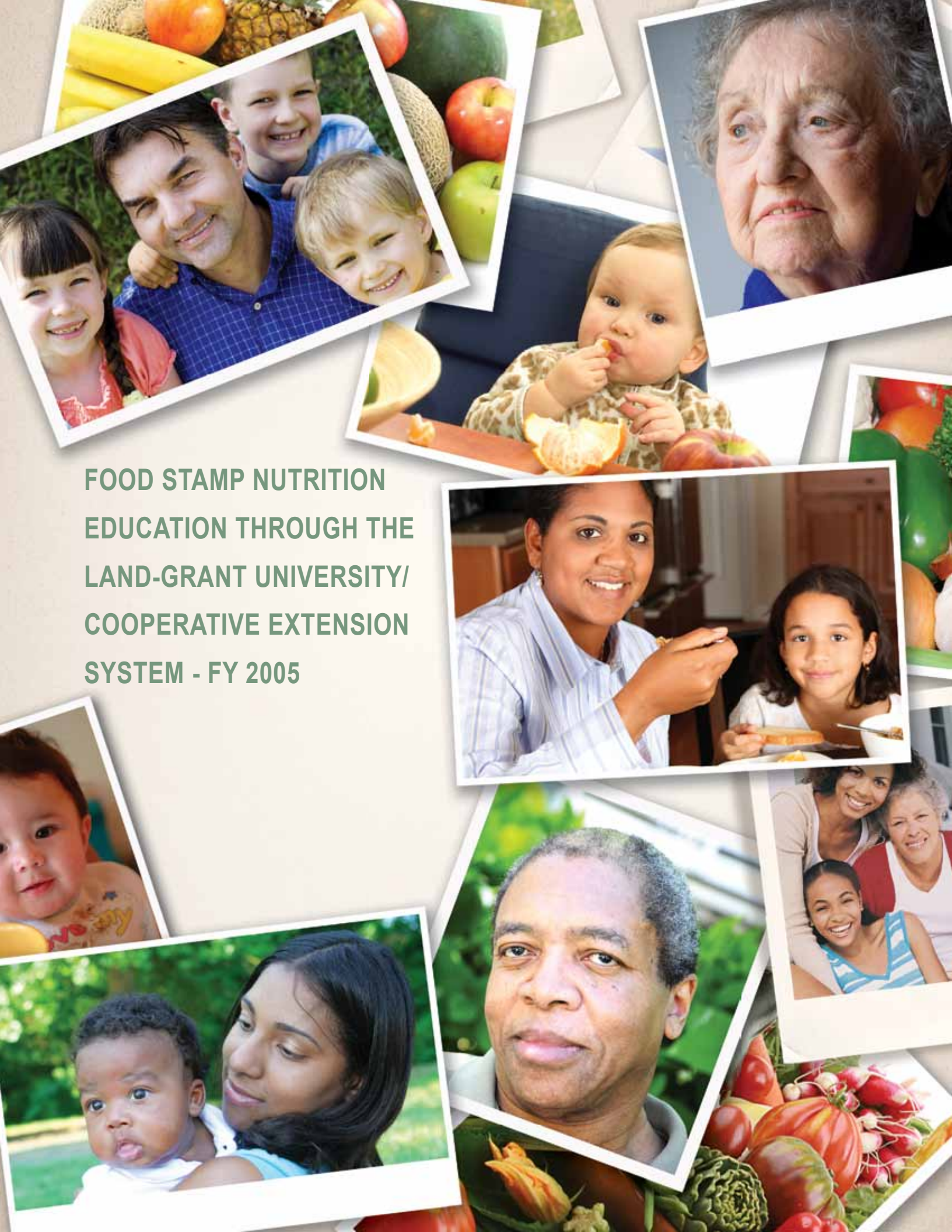
FOOD STAMP NUTRITION EDUCATION THROUGH THE LAND-GRANT UNIVERSITY/ COOPERATIVE EXTENSION SYSTEM - FY 2005



Prepared by:
CAROL J. FINK, PHD
EXTENSION SPECIALIST, KANSAS STATE UNIVERSITY

Project Director:
HELEN CHIPMAN, PHD, RD
LAND-GRANT SNAP-ED OFFICE LEADERSHIP TEAM

Funded by:
LAND-GRANT COOPERATIVE EXTENSION DIRECTORS/ ADMINISTRATORS THROUGH A LAND-GRANT SNAP-ED OFFICE ASSESSMENT

Published:
2010

TABLE OF CONTENTS

I. THE SITUATION

Health, Financial, and Other Food-Related Concerns . . . 1-2
The Opportunity: Working through Partnerships . . . 3

II. METHODOLOGY

Community Nutrition Education Logic Model . . . 4
Data Collection and Analysis . . . 4
Reporting Decisions . . . 4

III. FINDINGS

Program Investments (Inputs)
- Funding 5
- Planning Processes/Needs Assessment . . . 5
- Curricula and Other Educational Resources . . . 5-6
- People/Organizations with a Shared Focus
  - Personnel and Volunteer Responsibilities . . . 6
  - Reporting Accountability . . . 7
  - State Level Relationships . . . 7

Audience-Directed Actions (Outputs) and Results Achieved (Outcomes)
- Individual, Family, and Household Sphere of Influence
  - Audience-Directed Actions (Outputs)
    - Direct Education . . . 8-10
    - Indirect Education . . . 11
  - Results Achieved (Outcomes) . . . 11-12
    - Reported Areas of Change
      - Diet Quality and Physical Activity . . . 13
      - Food Security . . . 13
      - Shopping Behavior and Food Resource Management . . . 13-14
      - Food Safety . . . 14
- Institution, Organization, and Community Sphere of Influence
  - Audience-Directed Actions (Outputs) . . . 15
  - Results Achieved (Outcomes) . . . 15-16
    - Reported Areas of Change
      - Diet Quality and Physical Activity . . . 17
      - Food Security . . . 17
      - Shopping Behavior and Food Resource Management . . . 17
      - Food Safety . . . 17
- Social Structure, Policy, and Practice Sphere of Influence
  - Audience-Directed Actions (Outputs) . . . 18
  - Results Achieved (Outcomes) . . . 18

Social Marketing Campaigns . . . 19
Strengthening FSNE . . . 20

IV. SIMILARITIES AND DIFFERENCES BETWEEN 2002 AND 2005 . . . 21

Audience-Directed Activities (Outputs) and Results Achieved (Outcomes) . . . 21-22
Strengthening FSNE . . . 23-24

V. CONCLUSIONS . . . 24

VI. REFERENCES . . . 25-26

VII. APPENDICES

- Appendix A - Acronyms and Glossary of Terms . . . 27-29
- Appendix B - CNE Logic Model, Version 2 . . . 30-40
- Appendix C - CNE Logic Model Program/Network Management and Reporting System Worksheet . . . 42-74
- Appendix D - Curricula References . . . 75

ACKNOWLEDGEMENTS

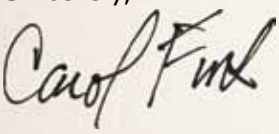
This is the second national report for Food Stamp Nutrition Education (FSNE - currently known as the Supplemental Nutrition Assistance Program – Education [SNAP-Ed]) within the Cooperative Extension/ Land-Grant University System. The first national report included data from FY 2002. This report includes data from FY 2005, along with a comparison of results between the two reporting years.

I wish to acknowledge the invaluable contribution that reflects the combination of labors of numerous individuals who devoted many hours of hard work: Dr. Paula Peters and Dr. Sandy Procter who served as technical reviewers; Anthony Walker, graduate student, who assisted with the qualitative data analysis; and, Judy Speer, design editor for the project, from Kansas State University. Thanks are extended to other reviewers, especially Dr. Shirley Gerrior from the USDA's National Institute of Food and Agriculture (NIFA), and to the Land-Grant SNAP-Ed Office Leadership Team: Dr. Helen Chipman, USDA/NIFA, Families, 4-H and Nutrition Unit; Dr. Shirley Hastings, Associate Dean, University of Tennessee Extension; and Dr. C.Y. Wang, Department Head, Nutrition, Food Science, and Hospitality, South Dakota State University; who provided oversight for this project. In particular, appreciation is extended to Sandra Jensen, Office Manager of the Land-Grant SNAP-Ed Office who diligently checked, revised, and proofed the report.

This report would not have been possible without Land-Grant Universities voluntarily submitting their FSNE data to an online reporting system, hosted at South Dakota State University. Appreciation is extended for their commitment to reporting and to programming excellence.

Finally I wish to thank Extension Directors/Administrators who funded this project as part of their FSNE Assessment.

Sincerely,



Carol J. Fink, PhD
Extension Specialist
Kansas State University

LETTER FROM LAND-GRANT SNAP-ED OFFICE LEADERSHIP TEAM

Dear Colleagues:

This is the second of two national reports on Food Stamp Nutrition Education (FSNE) (now referred to as the Supplemental Nutrition Assistance Program – Education [SNAP-Ed]) as conducted by the Cooperative Extension/ Land-Grant University System. This report, which uses data from 2005, takes a socio-ecological logic model approach to communicate the scope and impact of FSNE (SNAP-Ed) in a national context through community-based nutrition education. Program investments, audience-directed actions, and results achieved are described. Additionally, a comparison of findings across states and across the two reporting periods (2002 and 2005) is given. States may find this information helpful in setting program goals and making audience, stakeholder, content, delivery, and other programmatic decisions. They are also encouraged to consider programmatic progress over time, and areas needing specific focus.

Special thanks are given to the Program Coordinators of all states that responded to the request for data using an online reporting system that was developed at South Dakota State University. Appreciation is also extended to individuals at Kansas State University, South Dakota State University, and the National Institute of Food and Agriculture at the U.S. Department of Agriculture who reviewed and synthesized the complex data that was received. Additionally, appreciation is given to the Extension Directors/Administrators for their financial support through a SNAP-Ed assessment, which funded the creation of this report along with the supporting development and testing of the Community Nutrition Education (CNE) Logic Model and associated online reporting system.

We anticipate that you will find this report useful for conducting successful nutrition education programs and for strengthening research and evaluation on nutrition education to low-income populations. We welcome continued collaboration with federal, state, and local partners to improve reporting and evaluation of nutrition education programming with low-income individuals, families, and communities.

Respectfully, the Land-Grant SNAP-Ed Office Leadership Team:

Shirley Hastings, PhD; Associate Dean, University of Tennessee Extension

C.Y. Wang, PhD; Department Head, Nutrition, Food Science, and Hospitality, South Dakota State University

Helen Chipman, PhD, RD; National Program Leader for the Food and Nutrition Education Program, USDA/NIFA

2 November 2009

EXECUTIVE SUMMARY

PROJECT FOCUS

Obesity and associated chronic diseases are of serious national concern. In 2005, more than 450 million dollars were committed by federal, state, and local partners to conduct nutrition education through the Food Stamp Program (now the Supplemental Nutrition Assistance Program) to support healthier food choices and nutritional well-being by Food Stamp recipients and other individuals eligible for the Food Stamp Program. Land-Grant Universities (LGU), primarily through the Cooperative Extension System, committed 45 million dollars and leveraged an additional 63 million dollars in support of this work. These funds, combined with the federal share of 99 million dollars represented a 207 million dollar commitment in 2005 to low-income nutrition education through the LGU system.

This report represents the second of two national efforts to capture the essence of Food Stamp Nutrition Education (FSNE, now known as SNAP-Ed), as conducted by the Land-Grant Universities. Using the Community Nutrition Education (CNE) Logic Model as a frame of reference, the report documents investments (inputs), audience-directed actions (outputs), and results achieved (outcomes). It also provides a brief comparison of findings between the current and previous reporting period. For this report, 44 universities within 42 states provided information on their FY 2005 FSNE programs.

Use of the CNE Logic Model allowed states to report on programs that considered community size, and participants' cultures, languages, educational levels, and access to nutritious foods. States reported from a socio-ecological context, noting audience-directed actions and results across three spheres of influence: 1) individual, family, and household; 2) institution, organization, and community; and 3) social structure, policy, and practice. Results were reported for four core areas: dietary quality and physical activity; food security; shopping behavior and food resource management; and food safety.

KEY FINDINGS

The success of FSNE depends not only on a financial commitment by the federal government but by a similar commitment from multiple partners at the state and local level, as well. Funds committed and leveraged by the universities exceeded the federal financial investment. Perhaps the significance of this financial investment is best shown in the collaborative efforts that also were seen, through shared curricula, involvement of local volunteers and staff from multiple agencies, and a focus on increasing opportunities and reducing barriers to education, nutritious and affordable food, and state and local policies to sustain these efforts.

States reported the direct delivery of nutrition education to approximately 1.8 million individuals and 8.5 million contacts. Participants were mostly White, non-Hispanic females, between 5 and 17 years of age, although at least 26% were African American, 17% were Hispanic, 40% were male, and 34% were between 18 and 59 years of age. Thirty-six states also reported working with 26,353 local organizations to create communities that support a healthy lifestyle for low-income audiences, and 24 states reported taking specific action to inform key-decision makers.

Use of a community-based, logic model approach to gather and analyze data presented some unique challenges for providing insights about FSNE from a national context. The numbers of people reporting change for a specific behavior were relatively small. However, by clustering reported changes according to four core areas, patterns of change were observed that suggested movement toward desired national outcomes, such as eating closer to MyPyramid recommendations and reducing food insecurity. Importantly, these changes reflect what was taught based on needs identified by states.

Mostly, states reported changes in participant knowledge and behavior in the area of diet quality and physical activity. Yet, they also focused their educational efforts and reported changes in participant knowledge and behaviors for each of the remaining three core areas of nutrition education: food security; shopping behavior and food resource management; and food safety. These findings are consistent with the holistic approach to nutrition education reflected in the CNE

Logic Model – to encourage healthy behaviors in the context of the broader food environment, such that people may have the skills, resources, and attitudes needed to facilitate changed behaviors.

Surprisingly, although the majority of work reported suggested a continued focus on direct and indirect education at the individual, family, and household sphere of influence, an increase in work conducted at the institution, organization, and community sphere of influence was also seen over 2002, with some hint of increased cooperation and collaboration around nutrition education. These findings are too preliminary to draw specific conclusions.

IMPLICATIONS

The ability to identify clear impacts of nutrition education across states using multiple spheres of influence is challenging, and yet important. This report, which provides a snapshot of FSNE conducted through the Land-Grant Universities, reflects the potential influence of nutrition education from a community-based approach. Findings may be useful to state program coordinators and others to help inform their program planning and management decisions. Because this report also captures the richness of work underway in a variety of venues that are designed to meet local needs, it should also prove useful to state and federal stakeholders interested in strengthening the effectiveness of community-based low-income nutrition education programs.

The potential influence of FSNE (now SNAP-Ed) in improving lives and changing behaviors as suggested by this report is encouraging, and draws attention to the need for evaluation research to more specifically elucidate programmatic success and factors associated with such success or lack thereof. Such evaluation must not lose sight of the context in which SNAP-Ed is provided – the increasingly complex food and information environment in which food decisions are made, and the need for localized, feasible, and relevant programming that addresses what is available, achievable, and affordable for the low-income audiences that are served. Given their teaching, research, and outreach mission, Land-Grant Universities, among others, have a key role to play in both SNAP-Ed delivery and program evaluation research.

Every day Americans make hundreds of decisions about eating and physical activity that affect their health. Interest in food and physical activity decisions seems at an all time high, triggered in part by the obesity epidemic and efforts of educators, the media, industry, and government, along with consumer, philanthropic, and advocacy groups to turn the tide. National attention to food, nutrition, and physical activity is reflected in the frequency of articles in newspapers on food and staying fit, the abundance of information resulting from the technological explosion (*Philipson & Posner, 2003*), and the proliferation of restaurant guides, celebrity chefs, television cooking shows, and new products available from the food industry. With such focused attention, one would expect considerable improvement in the diets and health of Americans. Yet, a rapid reversal of current negative health trends seems unlikely, as bewildered consumers face an increasingly complex food and information environment (*Contento, 2007*).

Nutrition education, which has been defined as "any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well being," has been identified as a significant factor in improving dietary practices when educational strategies are designed with the goal to change behaviors (*Contento et al., 1995*). Given the genuine confusion that Americans face about how to have a healthy diet, the need for nutrition education is clear (*Contento, 2007*).

This report is the second of two national reports on Food Stamp Nutrition Education (FSNE)[1] through the Land-Grant University (LGU) system. It contains background about low-income nutrition education programming by LGUs, highlights actions taken and results achieved for FSNE in Federal Fiscal Year (FY) 2005, and provides a limited comparison of findings from this reporting period and the first national report, which included data from FY 2002 (*Little & Newman, 2003*). For this report, 44 universities in 42 states voluntarily provided data on their FSNE programs, representing 79% of universities and 84% of states in which FSNE was administered through the LGU system.

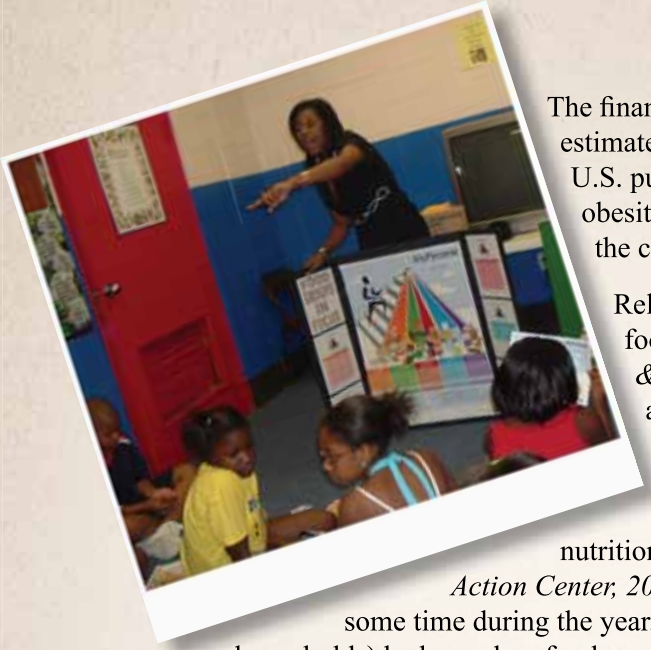
I. THE SITUATION

Health, Financial, and Other Food-Related Concerns

The 2005 U.S. Dietary Guidelines (*U.S. Department of Health and Human Services, 2005*) and Food Guidance System (including MyPyramid) (*U.S. Department of Agriculture, 2009*) are built on the premise that a healthful and varied diet along with physical activity can help people maintain a healthy body weight, enhance general wellbeing, and reduce the risk for a number of diseases including heart disease, stroke, cancer, diabetes, and osteoporosis (*Sanda, 2005*). Obesity is a serious national health concern. Approximately 63% of American adults were overweight or obese in 2008 (*U.S. Department of Health and Human Services, 2009, May*). Increased calories and physical inactivity are two key factors contributing to the increase in body size; four of the top 10 causes of death in the U.S. are associated with poor dietary quality; and the caloric balance of food intake and physical activity is not improving (*U.S. Department of Agriculture, CDC, 2008*).

It appears that some low-income populations are especially at risk for poor diets, obesity, and physical inactivity. Recent studies have reported increased obesity among female Food Stamp Program (FSP) participants in contrast to other populations (*Fox, Cole, & Lin, 2004; Gibson, 2006; Jones & Frongillo, 2006; Townsend, Peerson, Love, Achterberg, & Murphy, 2001*). Reasons for these findings are being explored. Additionally, FSP adults have been reported as being less likely than other low-income and higher income adults to engage in physical activity. According to Fox et al. (2004), they were more likely to engage in no physical activity and less likely to engage in three or more physical activities during the preceding month.

[1] *In October 2008, the Food Stamp Program became the Supplemental Nutrition Assistance Program (SNAP), and Food Stamp Nutrition Education (FSNE) was renamed SNAP-Ed to be consistent with the legislative change. This report retains the use of the original program title, Food Stamp Nutrition Education (FSNE), as that was the name under which the work reported herein was conducted.*



The financial cost of obesity in the U.S. is also of great concern. In 2000, it was estimated at $117 billion (*U.S. Department of Agriculture, CDC, 2008*) . The U.S. public pays approximately $39 billion a year or close to $175 per person for obesity through Medicare and Medicaid programs, which is approximately half the cost of those two programs (*Finkelstein, Fiebelkorn, & Wang, 2003*).

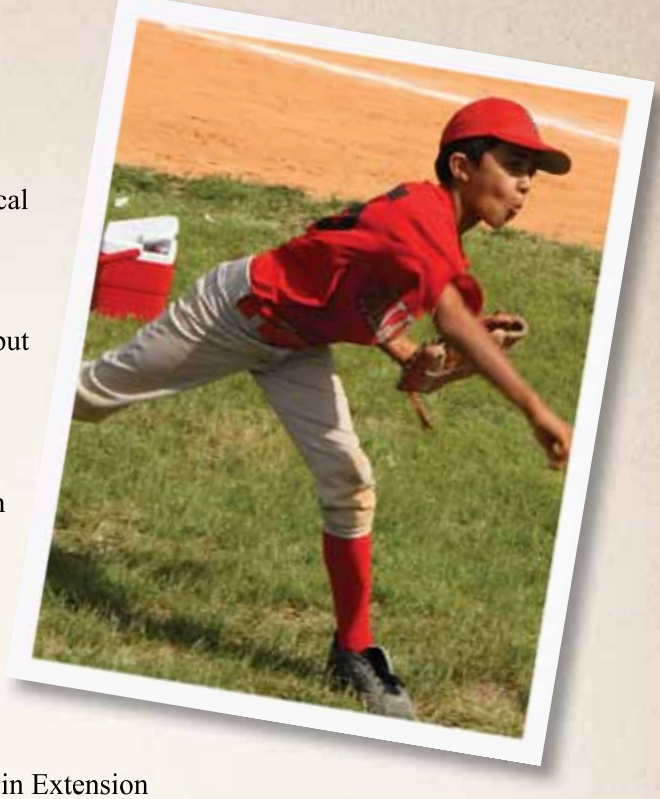
Related concerns, particularly for low-income populations, are food security, food resource management, and food safety practices (*Weimer, McKenney, & Benning, 2001*). Food security has been defined as "access by all people at all times to enough food for an active, healthy life. At a minimum, food security includes: 1) the ready availability of nutritionally adequate and safe foods, and 2) an assured ability to acquire acceptable foods in socially acceptable ways" (*Anderson, 1990*). As income goes down, the nutritional adequacy of a household's diet goes down as well (*Food Research & Action Center, 2007*). In 2007, 11.1 percent of Americans were food insecure at least some time during the year. About one-third of food insecure households (4.1 percent of all U.S. households) had very low food security – meaning that the food intake of one or more adults was reduced and their eating patterns were disrupted because the household lacked money and other resources for food. Prevalence rates of food insecurity and very low food security were essentially unchanged from those in 2005 and 2006 (*Nord et al., 2008)*.

Food resource management practices refer to the food acquisition, preparation, and storage practices that are used to feed oneself and one's family. Time available for food preparation is often a limitation to healthy eating. The USDA's Thrifty Food Plan serves as a national standard for a nutritious diet at low cost (*Nord, Andrews, & Carlson, 2008*). A recent study shows that it takes between 80 minutes a day and 16 hours a week to prepare food to follow this plan, yet low-income women who work full-time spend less than 45 minutes a day on food preparation, making it hard to follow the plan (*Mancino & Newman, 2007*). Education on food shopping and preparation could help and is associated with the increased consumption of needed nutrients (*Hersey et al., 2001*).

Safe food handling, although not often thought of as a major impediment to healthy eating, is of particular concern for low-income populations. When resources are limited, people may use unsafe food practices in order to manage their food supply. Strategies that may put individuals at risk for food borne illness, such as removing slime from lunch meat, removing mold from cheese, removing mold or insects from grains, and removing spoiled parts of fruits and vegetables, have been reported (*Kempson, Keenan, Sadani, Ridlen, & Rosato, 2002*).

Given the struggle that many Americans face in following food, nutrition, and activity recommendations for good health, especially where resources are limited, the need for and delivery of nutrition education to help people develop skills and identify resources to alleviate these problems is critical, especially in the areas of diet quality and physical activity, food security, shopping behavior and food resource management, and food safety practices.

The Opportunity: Working through Partnerships



Through a unique partnership with the USDA's Cooperative State Research, Education and Extension Service (CSREES)[2] and state and local governments, LGUs, and the Cooperative Extension System (CES) in particular, support a vast network of local offices in each state and U.S. territory that work with public and private sectors to "enable people to improve their lives and communities through learning partnerships that put knowledge to work" *(Anderson et al., 1995*).

The CES has long been engaged in low-income nutrition education. Since the late 1960s it has delivered the Expanded Food and Nutrition Education Program (EFNEP) to low-income parents, youth, and children to help them gain knowledge, skills, and attitudes that support changed behaviors necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of the total family diet and nutritional well-being (*U.S. Department of Agriculture, 1983*). Funding constraints for EFNEP have led to the search for additional dollars to leverage expertise and resources and to reach more of the EFNEP audience (*U.S. General Accounting Office, 2004*). In 1988, CES faculty in Brown County, Wisconsin and the University of Wisconsin Extension learned that by committing state and local public funding and contracting with the state Food Stamp agency, an equal amount of federal FSP administration dollars could be secured from the USDA's Food and Nutrition Service (FNS) to expand the reach of nutrition education to low-income persons in that area. Other universities quickly followed Wisconsin's lead (*U.S. Department of Agriculture, 2006*). Seven LGUs provided nutrition education through the FSP in 1992, and by 2005, FSNE, was conducted across the country, with 56 LGUs participating.

Funding for FSNE comes from a federal/state partnership involving the USDA/FNS, state agencies that choose to provide nutrition education through their FSP, and subcontractors that implement FSNE within the states and at the local level. FNS reimburses up to one-half of the state's FSNE costs for persons eligible for Food Stamps. LGUs, primarily through the CES, are the major subcontractors for FSNE. Other subcontractors include public health departments, food banks, tribal programs, and local health organizations. These organizations and agencies coordinate efforts to form a single state plan through their state Food Stamp agency. In FY 2005, the federal administrative allocation of $225 million was equaled or exceeded by state programs, reflecting a more than $450 million commitment to nutrition education.

The goal of FSNE is to provide educational programs and conduct social marketing campaigns that increase the likelihood that people eligible for Food Stamps will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the Dietary Guidelines for Americans and MyPyramid (*U.S. Department of Agriculture, CDC, 2008*). LGUs are well-positioned to provide FSNE, given their deep reach into communities and ongoing commitment to nutrition education for low-income populations.

LGUs deliver FSNE directly through group and individual interactive learning opportunities and indirectly through the distribution of print and/or video materials. Additionally, in some states social marketing campaigns are used, involving the dissemination of short and catchy messages to specific audiences in a variety of ways, from recipe cards and wristbands to flyers and television or radio public service announcements. Regardless of the delivery approach used, nutrition education through the CES is learner-centered and behavioral-focused. It is nested within communities and uses research and theoretically based education that is socially relevant.

The USDA/CSREES became involved with FSNE in 1999, as LGU administrators sought a national voice with FNS through their partner relationship with CSREES. CSREES' role has been one of strengthening collaborative relationships and providing leadership to the LGU system in support of nutrition education for low-income audiences.

[2]*In October 2009 CSREES became the National Institute of Food and Agriculture (NIFA). This report retains the name of the agency that was in place at the time this work was conducted.*

II. METHODOLOGY

Community Nutrition Education Logic Model

Challenges for reporting on community-based programs like FSNE are that communities vary considerably with regard to size, age, culture, community issues (such as transportation, healthcare, and other services), language, education level, and even access to nutritious foods. An online adaptation of the Community Nutrition Education (CNE) Logic Model was used to collect data for this report, as it was believed that the richness and consistency of information gathered through that model would allow a national "snapshot" of FSNE through the LGU system, and would show program strengths along with areas that need attention (Appendix B).

Initial development and testing of the CNE Logic Model have been described elsewhere (*Medeiros et al., 2005; Chipman, 2005*). The online reporting system used for the 2005 data collection was based on Version 2 (Appendix B) of the model and an associated worksheet (Appendix C), which incorporated recommendations from LGU partners to improve clarity and ease of reporting from what they experienced using Version 1. Additionally, where feasible and appropriate, Version 2 incorporated elements of the Education and Administrative Reporting System (EARS), which was under development by FNS at the time (*U.S. Department of Agriculture, 2008*).

Briefly, the CNE Logic Model was created with the premise that effective interventions are thoughtfully developed, implemented, evaluated, and refined through a continuous process. For FSNE, states are encouraged to develop strategic plans based on a needs assessment, and to develop, implement, and track program results over time. The logic model approach links goals and objectives with investments (e.g. inputs), audience-directed actions (e.g. outputs), and results achieved (e.g. outcomes). A variety of assessment tools, including pre/post observations, pre/post written questionnaires, 24 hour recalls, and food behavior checklists, are used to determine changes among targeted groups and the need for modifying programming effort. The CNE Logic Model is unique in that the data collected is based on a socio-ecological framework.

Data Collection and Analysis

In June 2006, a request for reports was issued electronically by the FSNE National Coordinator for the LGU system. Forty-five Land-Grant institutions responded, representing 43 of the 50 states and territories that provided nutrition education through their LGUs. Use of an online reporting system facilitated reporting outcomes according to the core areas of education that had been identified by states as primary objectives for the year.

Data from one state could not be used, as it was provided in printed format and was incomplete. This report includes the voluntary responses of the remaining 42 states (44 institutions). Hereafter, responses will be noted by "state" since data was combined for states with more than one Land-Grant institution. Notably, this state data reflects only data from the LGUs and not from other program implementers that also conducted FSNE at the time.

The data was aggregated and analyzed at Kansas State University. This report contains a description of quantitative and qualitative findings and follows the CNE Logic Model format.

Reporting Decisions

Because states were able to customize and report on programming according to their specific interests and concerns, this report does not include changes that were seen across all states. Rather, this report reflects patterns of change that were found among states. Results are given first as the number of states that reported results for specific core areas; then as the number of individuals/organizations that experienced short-, medium-, and long-term change for each core area, and finally as examples of the types of indicators that were used to suggest change in each of the core areas.

Some duplication exists in participant counts, since several indicators are linked to outcomes within each core area of the CNE Logic Model and participants could have been counted more than once if a state used multiple indicators as measures of change for each outcome. Given this limitation, patterns of change are more telling than the actual numbers, as they reflect relative amounts of change reported in the context of state and local decisions on what to teach.

III. FINDINGS

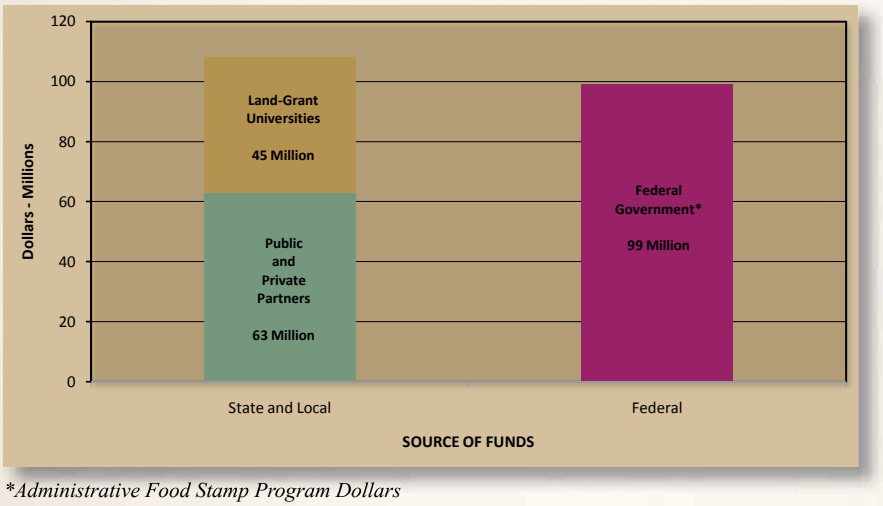
Program Investments (Inputs)

LGUs work closely with other entities within and across states to maximize resources in support of FSNE. Among these resources are funding, planning processes/needs assessment strategies, curricula and other educational resources, and people/organizations with a shared focus.

Funding

In 2005, FNS allocated roughly $225 million for nutrition education; $99 million of which was allocated to the LGUs included in this report. The universities allocated $45 million and leveraged an additional $63 million from state and local partners (Figure 1). Collaborative public and private support varied from providing building space to assisting with teaching.

Figure 1: Sources of Funding for Approved FSNE Plans



**Administrative Food Stamp Program Dollars*

Planning Processes/Needs Assessment

All reporting states used federal data, such as census data, to guide program planning. Most reported using other sources, as well, including research studies, face-to-face interviews, state and local agency data, and/or input from advisory boards. Of the four core areas found in the CNE Logic Model, all 42 states set goals for participant change in diet quality and physical activity; 26 states set goals for change in food security; 37 states set goals for change in shopping behavior and food resource management; and 36 states set goals for change in food safety.

Curricula and Other Educational Resources

Federal guidelines and educational resources were used by all states. These included the *Dietary Guidelines for Americans, Eat Smart Play Hard, Fight BAC!, Food Guide Pyramid, MyPyramid, TEAM Nutrition,* and *The Power of Choice* (Appendix D). With the launch of the new *Dietary Guidelines for Americans* and *MyPyramid* in 2005, states modified existing resources to ensure that what was taught was timely, relevant, and accurate (Table 1). The new guidelines were translated most frequently into Spanish, Vietnamese, Chinese, and Russian. Other modifications of federal resources are shown in Table 1.

Table 1: Number of States that Modified Federal Materials and Types of Modifications Made

Resource	Number of States					
	Language	Age	Readability	Content	Audience	Local Relevance
Dietary Guidelines for Americans	6	8	6	3	4	7
Fight BAC!	6	1	2	2	2	3
Food Guide Pyramid	7	5	4	4	2	5
MyPyramid	0	12	12	9	15	9

States also reported using curricula and other educational resources developed by universities. Modification of university-developed curricula was less common. Generally, such curricula were selected because they had been developed for a specific audience (e.g., for language, age, local relevance, etc.) and/or to address specific needs (healthy pregnancy, food security, etc.). University-developed curricula that were used by 10 or more states included: *Eating Right is Basic* (modified for language, readability, content, and local relevance); *Eat Well for Less* (modified for content); *Stretching Your Food Dollars* (modified for local relevance); and *4-H Food and Nutrition materials* (modified for age appropriateness and local relevance) (Appendix D). States reported the importance of aligning youth curricula with state and local school standards to meet educational as well as FSNE requirements.

Universities also found private sources useful to meet the needs of specific target groups (Appendix D). As an example, *Food Groupies* was used by 10 states for preschool aged children and was modified for local relevance. *5-A-Day* materials, from both public and private sources, were used for all age groups and were modified for language, age appropriateness, readability, content, and local relevance.

People/Organizations with a Shared Focus

PERSONNEL AND VOLUNTEER RESPONSIBILITIES

Successful FSNE programs require the commitment of people working together to accomplish a common purpose. States reported that for FY 2005, 6,902 people worked on FSNE within the LGU system, contributing 2,235 full-time equivalents (FTEs) or an average of 164 people and 53.2 FTEs per state. Overwhelmingly, their time was spent on program delivery (i.e. teaching), as shown by 75% of all FTEs reported. Of the remaining time noted, 6% of FTEs was spent on program leadership; 15% was on program management and accountability, including administrative, budget/finance, and evaluation support; and 4% was on program development and associated tasks, such as curricula development and instructional technology.

Use of paraprofessionals versus professionals to deliver FSNE varied across states. Although more professionals had a teaching role, paraprofessionals did far more teaching (Table 2).

Table 2: Program Delivery Comparisons: Professionals vs. Paraprofessionals

	Professionals		Paraprofessionals		Total	
	Number	Percent	Number	Percent	Number	Percent
Persons doing program delivery	2,252	51	2,162	49	4,414	100
FTEs spent on program delivery	477	28	1,211	72	1,688	100

Sixteen LGUs identified volunteers as important to expanding FSNE's capacity to deliver programming. In FY 2005, more than 11,000 individuals contributed almost 113,000 hours to FSNE, mostly by assisting with teaching and demonstrations (63%), and to a lesser extent by assisting with logistical arrangements (18%), recruitment and clerical tasks (17%), and other supportive functions (2%).

REPORTING ACCOUNTABILITY

Most states reported communicating at least monthly with their fiscal offices and Extension or other university administrators to ensure accountability through university policies and procedures, written reports, and meetings. Contact with state Food Stamp agencies was frequent, as well, with all states communicating at least quarterly through written reports and meetings to assure program accountability. Reporting to other community partners, collaborators and elected officials was less frequent at the local and state level. Even so, at least half of states reported to elected officials through meetings or reports at least once a year.

STATE LEVEL RELATIONSHIPS

Through the CES LGUs are well positioned to work with state and local partners to implement needed programs within low-income neighborhoods and communities. Most states reported working collaboratively with their state FSP office and nutrition network, where such existed. They reported having a cooperative relationship or shared ownership with their state Department of Education, TEAM Nutrition Program, Department of Health, and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and they met regularly to network with their Head Start Association, and Adult Services and Aging Agencies.

Internal collaboration within university systems was also considered essential to programmatic success. Thirty-nine of the 42 states reported coordinating efforts with EFNEP and 35 states reported coordinating efforts with their nutrition departments in support of FSNE. Through such collaborations they were better able to reach the targeted population and identify participants' needs. Additionally, referrals were shared, educational sites were coordinated, barriers, such as transportation, were reduced, and consistent messages were given across programs for improved nutrition behavior.

Through FSNE, LGUs also support the FNS State Nutrition Action Plan initiative to foster closer coordination among the various FNS-funded nutrition assistance programs. Universities' involvement in State Nutrition Action Plans in FY 2005 was as follows:

- promoting healthy eating and active lifestyles (37 states)
- formulating partnerships to promote fruit and vegetable consumption (37 states)
- promoting healthy communities and quality school nutrition environment (30 states)
- creating role models for healthy eating and active living (25 states)
- developing partnerships and collaboration to prevent overweight (25 states)

Audience-Directed Actions (Outputs) and Results Achieved (Outcomes)

Effective interventions are built at multiple levels, as health is influenced by various environmental systems - family, community, beliefs and traditions, economics, and physical and social environments (*Bronfenbrenner, 1979*). For this report audience-directed actions (outputs) and results achieved (outcomes) are described according to the socio-ecological framework of the CNE Logic Model. States reported on three spheres of influence or levels of intervention: 1) individual, family, and household: 2) institution, organization, and community; and 3) social structure, policy, and practice. For each sphere of influence they also reported according to the core areas upon which their nutrition education was based. These were: diet quality and physical activity; food security; shopping behavior and food resource management; and/or food safety. Actions taken and results achieved are reported here according to the sphere of influence and core area taught.

Programmatic success is best recognized when objectives and desired outcomes are clearly linked with a specific audience. For this report, outcomes were measured according to the goals and objectives that had been set. Wyoming serves as an example. Benchmarks were used based on participant needs and expected accomplishments. Pre- post-tests were conducted to assess gains in knowledge, skills, and practices.

Wyoming Benchmarks for Youth and Movement toward Benchmarks
Percent of Youth That Reported Change in FY 2005

Benchmarks Set within Program Objectives	Progress Noted
80% will report eating a variety of foods	84% now eat a variety of foods
65% will increase knowledge of the essentials of human nutrition	65% increased knowledge of the essentials of human nutrition
65% will increase their ability to select low-cost, nutritious foods	61% increased their ability to select low-cost, nutritious foods
70% will report improved practices in food preparation and safety	70% improved practices in food preparation and safety

Individual, Family, and Household Sphere of Influence

AUDIENCE-DIRECTED ACTIONS (OUTPUTS)

FSNE participants were reached directly through a nutrition educator or interactive media, indirectly through use of media and other non-personal interventions, or through social marketing campaigns designed to influence the voluntary behavior of a large number of people within a target audience (*U.S. Department of Agriculture, FNS, 2009*). In some cases, participants were taught using more than one educational strategy.

Direct Education

At the time this data was gathered, states were switching from counting participants as contacts (where individuals were counted each time they participated in an educational intervention) to individuals (where participants were counted only once, regardless of the number of interventions experienced). Consequently, the total number of contacts and total number of participants was not available. Similarly, socio-demographic information was inconsistently reported. In some states minimal socio-demographic data was collected, whereas in others the collection of the data varied depending on the type and location of intervention conducted and on whether participation was counted as individuals or as contacts. For this report, participation as individuals and as contacts is listed separately, according to how states collected data for the year. Nineteen states reported individual participation, 21 states reported contacts, and two states reported a mix of individual participants and contacts, having captured individual participant information for some interventions and contact information for others.

In 2005, states reported that 1,785,273 individuals participated and 8,460,154 contacts were made through direct education. Gender, race, and ethnicity were more often not known for contacts than they were for participants (Table 3). Age was also more often not known for contacts, but to a lesser degree. This may have been because of the number of youth who were reached through schools.

Table 3: Number and Percent of Participants and Contacts for which Socio-demographic Status is Unknown Relative to Total Participation

	PARTICIPANTS (total n = 1,785,273)		CONTACTS (total n = 8,460,154)	
	Number	Percent	Number	Percent
Gender	275,328	15	4,791,033	57
Race	283,647	16	5,466,708	65
Ethnicity	422,484	24	5,245,550	62
Age	192,811	11	2,631,141	31

Where socio-demographic information was known, a similar pattern was seen for gender, race, ethnicity, and age patterns whether the data was collected as participants or as contacts (Table 4). Participants and contacts were mostly white, non-Hispanic females, although roughly one-fourth of participants and one-third of contacts were African American. Interestingly, more people were listed as "other" (e.g. as having indicated more than one race) where they were identified as participants rather than as contacts. Roughly one-half of participants and contacts were youth, ages 5 to 17 years old, an additional third were adults, between 18 and 59 years of age, and most were female. These findings show that LGUs were targeting their programs to women and children in FSNE eligible households, as recommended by FNS Guidance (*U.S. Department of Agriculture, Food and Nutrition Service, 2009*).

Table 4: Socio-demographic Status of Participants and Contacts*

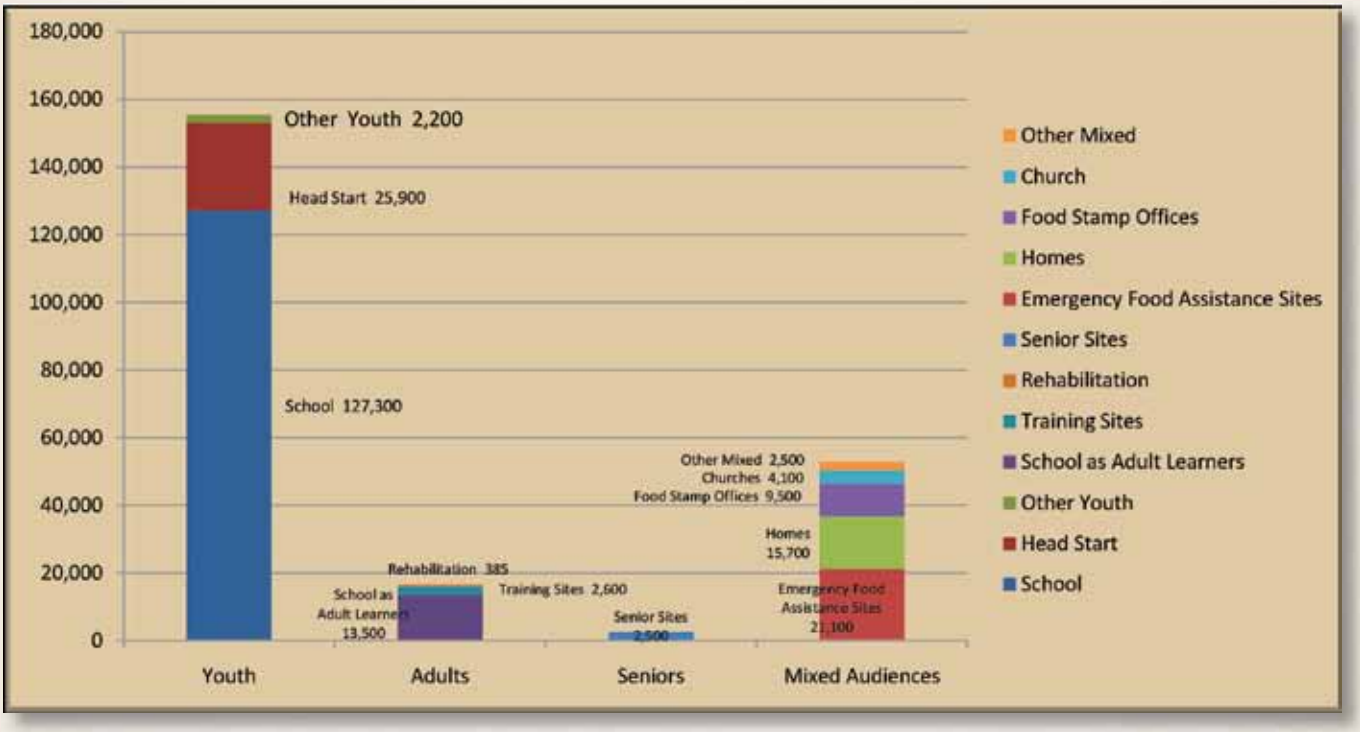
		PARTICIPANTS	CONTACTS
		Percent	Percent
Race		**(n = 1,501,626)**	**(n = 2,993,446)**
	African American	26	36
	Asian	1	3
	Hawaiian	< 1	< 1
	Native American	1	3
	White	62	56
	Other**	10	2
	Total	**100**	**100**
Ethnicity		(n = 1,362,789)	(n = 3,214,604)
	Hispanic	17	9
	Non-Hispanic	83	91
	Total	**100**	**100**
Gender		(n = 1,509,945)	(n = 3,669,121)
	Female	60	56
	Male	40	44
	Total	**100**	**100**
Age		(n = 1,592,462)	(n = 5,829,013)
	Less than 5 years	8	6
	5 to 17 years	52	51
	18 to 59 years	34	33
	60 years or more	6	10
	Total	**100**	**100**

**Excludes participants and contacts where socio-demographic data is unknown. Actual n values, including unknowns, are n = 1,785,273 for participants and n = 8,460,154 for contacts.*
***Other represents participants and contacts who selected more than one race.*

Direct delivery was conducted primarily through workshops or small group teaching sessions (74% of teaching effort) and to a lesser extent through one-to-one interventions (19% of teaching effort). These teaching approaches allowed educators to customize their intervention to learners' needs and interests. Other direct teaching efforts were minimal (1% using interactive technology and 6% unexplained). Fifty percent of lessons were provided as single sessions, 40% were provided as two to nine sessions, and 10% were provided as 10 or more sessions. Lessons averaged 40 minutes in length.

Figure 2 shows the types of sites where FSNE programs were delivered. Approximately 50% of direct delivery was conducted with youth in schools – at youth sites. Mixed-audience sites were used secondarily. Included were locations such as the Salvation Army, churches, shelters, libraries, and public housing centers.

Figure 2: Direct Delivery Sites at the Individual, Family, or Household Level



Indirect Education

Indirect delivery methods are used to raise awareness, expand the reach of nutrition education to hard-to-reach audiences, and reinforce direct programming content. An estimated 38.7 million total indirect contacts were made. Roughly, 28.8 million "people" contacts were made through community events, targeted mass communication (television, radio, newspaper, and billboards), and other unspecified ways; 9.6 million print contacts were made through the distribution of educational materials and incentive items, and 274 thousand electronic contacts were made through the Internet (Table 5).

Table 5: Number of Contacts Made Through Indirect Education Methods

	Contacts		
	People	Print Materials	Electronic
People			
Community Events	3,329,003		
Mass Communication	25,365,796		
Unspecified	129,868		
Print			
Calendars		238,524	
Fact Sheets		3,933,204	
Incentive Items*		438,812	
Newsletters		4,943,343	
Posters		31,174	
Electronic			
Website hits/ electronic mailings			274,077
Total	**28,824,667**	**9,585,057**	**274,077**

**Pencils, magnets, cups, etc. with an educational message*

Indirect delivery sites included Food Stamp offices, emergency food sites (food banks, Salvation Army), WIC offices, Head Start centers, elderly service sites (senior centers, assisted living facilities), and health care sites (health departments, home health agencies) for at least 30 states, and community centers, schools, adult training sites, Extension offices, churches, libraries, shelters, and day care, preschool, YMCA, and other youth sites for at least 20 states.

RESULTS ACHIEVED (OUTCOMES)

Individual, family, and household outcomes are reported only for individuals who were reached by direct delivery. Between 48% and 71% of the 42 states reported gains in knowledge/skills (short-term improvements) and/or behaviors (medium-term improvements) by participants in the core areas of diet quality and physical activity, shopping behavior and food resource management, and food safety (Table 6). Roughly a third of states reported gains in knowledge and skills, and improved behaviors for food security. The fact that fewer reported outcomes were seen for food security is not surprising, given that fewer states set food security goals for the year. Only four states at most, reported changed conditions (long-term improvements) for any core area.

Table 6: Number and Percent of States Reporting Outcomes in Core Program Areas - Individual, Family, and Household Level

Core Area	Gain in Knowledge and/or Skills (Short-term)		Positive Behavior Change (Medium-term)		Changed Condition (Long-term)	
	Number	Percent	Number	Percent	Number	Percent
Dietary Quality and Physical Activity	30	71	24	57	1	2
Food Security	15	36	15	36	2	5
Shopping Behavior and Food Resource Management	25	60	20	48	0	0
Food Safety	21	50	26	62	4	10

As previously noted, use of a logic model approach revealed patterns of participant change from a state program focus, rather than as a national total for any given outcome (Table 7). Between 53% and 79% of the participants that received nutrition education for any of the four core areas, reported gains in knowledge/skills, and/or intent to change (short-term). Reported changes in behavior (medium-term outcomes) were considerable, as well. With the exception of food security, for which fewer states reported outcomes, between 63% and 70% of participants reported changed behavior for each of the core areas. Participant numbers may reflect some duplication because they were based on the number of individuals responding to specific indicators for the respective outcomes. Still, these findings show that the number and percent of participants who gained awareness/knowledge/skills and/or who adopted a new behavior, was considerable. Only four states reported changed participant conditions (long-term participant outcomes), which limits what can be said about long-term changes in this report.

Table 7: Individual, Family, and Household Outcomes – Based on Responses to Indicators by Core Areas and Type (Short/Medium/Long-Term)

Core Area	Short-Term Outcome: Participants Gained Awareness, Knowledge, or Skills in the Core Area				
	Participants			Number of Supporting Indicators	Number of Reporting States
	Number that Changed*	Total Number*	Percent that Changed		
Diet Quality and Physical Activity	1,433,264	2,054,184	70	6	30
Food Security	126,674	238,870	53	4	15
Shopping Behavior and Food Resource Management	98,125	150,624	65	9	21
Food Safety	510,230	644,676	79	12	25

	Medium-Term Outcome: Participants Adopted New Behavior in the Core Area				
	Participants			Number of Supporting	Number of
	Number that Changed*	Total Number*	Percent that Changed		
Diet Quality and Physical Activity	171,461	272,915	63	14	24
Food Security	52,069	241,619	22	3	15
Shopping Behavior and Food Resource Management	134,445	192,412	70	6	26
Food Safety	304,214	447,492	68	6	20

	Long-Term Outcome: Participants Experienced a Changed Condition with Respect to the Core Area				
	Participants			Number of Supporting Indicators	Number of Reporting States
	Number that Changed*	Total Number*	Percent that Changed		
Diet Quality and Physical Activity	2,581	5,272	49	2	1
Food Security	1,127	2,757	41	1	2
Shopping Behavior and Food Resource Management	87,983	97,217	91	2	4
Food Safety	0	0	-	0	0

**These numbers may include duplicates, as some participants may have reported improvement for more than one indicator associated with a given outcome for a core area.*

In Iowa, more than 400 low-income adults and pregnant teens completed a series of eight or more nutrition education lessons to improve their food shopping and resource management skills. Of these participants:

- *240 (72%) reported planning meals ahead or menu planning more often*
- *174 (52%) reported comparison shopping and/or using coupons more often*
- *221 (66%) reported shopping more often with a list*
- *108 (33%) reported running out of food less often before the end of the month*

Reported Areas of Change

Diet Quality and Physical Activity

Indicators associated with each outcome illustrate the types of changes that were reported for each sphere of influence. For example, within the 30 states that reported short-term improvements in diet quality and physical activity, 1,060,211 of 1,431,424 participants (74%) reported an increased intent to choose foods according to MyPyramid and the Dietary Guidelines, 137,434 of 207,367 participants (66%) gained skills for adjusting recipes and menus to achieve nutrition goals, such as reduced calories and fat or increased fiber, and 16,578 of 52,507 participants (32%) increased their ability to use MyPyramid as a basis for selecting low-cost food.

Within the 24 states that reported medium-term improvements, 56,139 of 69,686 participants (81%) reported eating nearer to MyPyramid amounts; more than 50% of participants ranging from 2,863 to 50,525 persons per indicator ate nearer to specific components of MyPyramid; 1,154 of 3,075 participants (38%) increased their participation in games and play that involved physical activity, and 255 of 916 participants (28%) increased their physical activity to the level recommended by MyPyramid. Less reports of change in physical activity is not surprising, as emphasis on physical activity as part of nutrition education has been relatively recent, coinciding with its inclusion in the Dietary Guidelines and MyPyramid.

Food Security

Among the 15 states that reported short-term improvements in food security, 11,041 of 22,563 participants (49%) reported increased knowledge of emergency food assistance programs and 104,642 of 145,180 participants (72%) indicated an intent to adopt at least one beneficial food security practice that they had been taught. Fifteen states also reported medium-term improvements: 39,275 of 135,696 participants (29%) reported enrolling in non-emergency food assistance programs, such as the FSP, Child Nutrition Programs, WIC, and Senior Nutrition Programs to increase their household food security; and 4,204 of 24,055 participants (17%) reported less hunger or food insecurity after participating in FSNE.

Although food insecurity was less commonly addressed directly through FSNE, alleviating hunger is an important priority for the FSP (*Castner & Schirm, 2005*). In 2005, 11% (12.6 million households) were food insecure. This represents a slight improvement over 2004. However very low food insecurity, which was previously termed "food insecurity with hunger," remained unchanged; 3.9% (4.4 million) U.S. households had very low food insecurity (*Nord, Andrews, & Carlson, 2006*).

New York identified shopping behavior and resource management skills as an area of need for FSNE participants. Between 6 and 12 lessons, given individually and in small group classes over a six month period, resulted in the following changes, according to participants' responses to the ERS behavior checklist:

- *928 (24%) reported using a written spending plan more often*
- *1,256 (28%) reported planning meals ahead or menu planning more often*
- *1,072 (28%) reported shopping more often with a list*
- *962 (34%) reported comparison shopping and/or using coupons more often*
- *612 (42%) reported decreasing the frequency that they make unplanned purchases*

Notably, the number of participants who changed for a given indicator varied, as lessons were customized to participants needs. Not all concepts were taught to all participants.

Shopping Behavior and Food Resource Management

There is a strong relationship between food security and shopping behavior and food resource management. For the CNE Logic Model, food security has been distinguished by the use of formal community systems (e.g. emergency and non-emergency food support mechanisms) that are in place to assist individuals. By contrast, food resource management is distinguished by what people can do in terms of personal, family, and social supports to stretch food resources and eat healthy meals using low-cost, nutrient dense foods (*Appendix B; Medeiros et al., 2005*).

Twenty-one states reported short-term improvements in shopping behavior and food resource management. Highlights included 49,303 of 76,010 participants (65%) who gained knowledge/skills for trying new foods/recipes; 18,423 of 28,158 participants (65%) who

gained skills in shopping techniques, such as menu planning, use of a shopping list, making food price comparisons, and using coupons; and 6,781 of 11,181 (61%) participants who learned food preparation skills for conserving nutrients, reducing fat or salt, and improving taste.

Medium-term improvements were reported by 26 states, with 121,065 of 162,741 participants (74%) having adopted beneficial shopping techniques (i.e., menu planning, using a shopping list, comparing food prices, using coupons, etc.); 4,000 of 5,000 participants (80%) who were purchasing, preparing, and storing food for later use; and 3,568 of 5,823 participants (61%) who used appropriate food preparation skills that they had learned.

In Kentucky, 68% of participants reported thawing frozen food at room temperature prior to attending FSNE. After six or more lessons, 61% of participants indicated that they had made positive changes in food safety practices (thawing and storing food safely) and 47% indicated they washed their hands more often before handling food that reduced food handling risks within the community.

Four states reported improved conditions, or long-term outcomes. In three of these, 2,287 of 4,100 participants (56%) relied less on family, friends, and social support networks for food. In the fourth state, 85,696 of 93,117 participants (92%) had foods readily available for themselves and their families following their involvement with FSNE.

Food Safety

Twenty-five states reported short-term outcomes by participating individuals in the area of food safety. Indicators of change included increased knowledge and/or skills for: improved personal hygiene (i.e., hand-washing), improved kitchen cleanliness, cooking foods adequately, avoiding cross contamination, keeping foods at safe temperatures, and avoiding foods from unsafe sources. At least 49% of participants, ranging from 11,472 to 176,769 persons per indicator, reported increased knowledge and skills, and at least 55% of participants, ranging from 5,177 to 194,803 persons per indicator, reported the intent to change their behavior. Reported changes were most notable for improving personal hygiene, such as hand-washing, as 166,848 of 176,769 participants (94%) gained knowledge, and 170,744 of 194,803 participants (88%) reported the intent to change.

Twenty states reported medium-term outcomes, or the adoption of these food safety practices by program participants. Again, change was reported mostly for the personal hygiene indicator, with 214,269 of 263,074 participants (81%) reporting having adopted this behavior. Interestingly, 4,073 of 5,713 participants (71%) were now avoiding foods from unsafe sources, and 47,165 of 78,897 participants (60%) were keeping foods at safe temperatures.

Institution, Organization, and Community Sphere of Influence

Successful nutrition interventions also require the development of partnerships and participation in coalitions with other groups having similar goals to bring about community change that supports the behavioral goals of nutrition education programs (*Contento, 2007*). Although the Cooperative Extension System of LGUs has a long tradition of working closely with community partners to provide and reinforce education that supports improved health of program participants, such relationships are not often reported. The CNE Logic Model provides one way to capture such connections. FSNE is a particularly good example of the importance of partnerships, as much of its success stems from a foundation based on partnerships in which universities work with state FSP offices and other public and private entities that have similar educational goals. Ultimately, this spirit of cooperation needs to exist at the local level.

AUDIENCE-DIRECTED ACTIONS (OUTPUTS)

In 2005, 36 states reported working with 26,363 local organizations to create community environments that support a healthy lifestyle for low-income audiences. Table 8 shows the numbers and types of local organizations that became involved. Their help was sought to assess the local situation, create awareness, organize efforts, and/or integrate services.

Table 8: Number and Types of Participating Organizations Involved in Creating Community Change

Sites		Types of Organizations/Groups
Number	Percent	
7,197	27	Youth (Head Start, schools)
2,258	9	Adults (adult learning centers, job training)
1,847	7	Seniors
15,051	57	Mixed Audience (WIC, Food Stamp offices, churches, community centers, libraries, health departments, etc.)
26,353	**100**	**Total**

At the community sphere of influence, 27% of organizational involvement occurred with contacts at youth sites and 57% of involvement occurred with contacts at mixed-audience sites, in contrast to 65% of participation occurring at youth sites and 26% of participation occurring at mixed audience sites at the individual, family, and household sphere of influence. This pattern seen at the community level, suggests that states are seeking to engage other community members and to extend FSNE to additional audiences beyond the school-based settings. These findings may also reflect the perceived importance of community engagement for finding and teaching potential FSNE participants where they tend to congregate.

RESULTS ACHIEVED (OUTCOMES)

Change at the institution, organization, and community sphere of influence consisted of organization and community level efforts taken to support individual and family change. Short-term outcomes were noted by the number of institutions, organizations, and/or communities that came together around each of the core areas. These were suggested by participation in discussions, committing to collaborate, participating in a needs assessment, and/or forming a coalition to address the core area of concern. As shown in Table 9, organization and community response was greatest in the area of diet quality and physical activity closely followed by food safety.

Table 9: Short-Term Outcomes Reported by Core Area at the Institution, Organization, and Community Level

Core Area	Short-Term Outcome: Institution, Organization, and Community Increased Awareness, Knowledge, and/or Interest		
	Total Institutions/ Organizations/Communities* (Number)	Supporting Indicators (Number)	Reporting States (Number)
Diet Quality and Physical Activity	1,392	4	16
Food Security	888	3	7
Shopping Behavior and Food Resource Management	238	3	8
Food Safety	1,254	4	8

**These numbers may include duplicates, as some states may have reported improvement for more than one indicator associated with a given outcome for a core area.*

By contrast, medium- and long-term outcomes were indicated by the number of states that reported on institutions, organizations, and communities that demonstrated commitment to change (medium-term) or that had experienced improvements based on actions taken (long-term) (Table 10). Medium-term outcomes were suggested by a commitment to increase referrals, adopt a plan, and/or take action on specific components of that plan. Cooperative efforts included: making referrals to increase the number of participants that were reached, seeking consistent messages across agencies, sharing staff resources and meeting room space, and using interpreters across agencies.

Table 10: Medium- and Long-Term Outcomes Reported by Core Area at the Institution, Organization, and Community Level

Institution, Organization, and Community Outcomes By Core Area and Type (Medium- and Long-Term)			
Core Area	Medium-Term Outcome: Institution, Organization, and/or Community Committed to Change		
	States Reporting Change (Duplicates Included) (Number)*	Supporting Indicators (Number)	Total Reporting States (Number)
Diet Quality and Physical Activity	64	4	28
Food Security	29	7	8
Shopping Behavior and Food Resource Management	22	3	18
Food Safety	7	3	5

Core Area	Long-Term Outcome: Institution, Organization, and/or Community Experienced an Improved Condition for Community Members		
	States Reporting Change (Duplicates Included) (Number)*	Supporting Indicators (Number)	Total Reporting States (Number)
Diet Quality and Physical Activity	22	4	13
Food Security	3	2	2
Shopping Behavior and Food Resource Management	5	1	5
Food Safety	5	2	3

**These numbers may include duplicates, as some states may have reported improvement for more than one indicator associated with a given outcome for a core area.*

Long-term outcomes were suggested, in part, by the results of actions taken. Again, states reported mostly on institution, organization, and community change in the area of diet quality and physical activity, which is not surprising given the widespread national attention currently given to obesity and health (*F as in fat, 2009*).

> One small rural community in Kansas has a high percentage of migrant workers. Extension educators worked with community collaborators to translate nutrition education lessons into Spanish. The staff also created a partnership with the local grocery store to assist in providing a variety of fruits and vegetables for tasting at educational lessons. The grocery store owner noted that the amount of produce being purchased at his small market increased after this collaborative effort.

Reported Areas of Change

Diet Quality and Physical Activity

Indicators of change were also seen for each of the core areas. In 19 states more than 500 institutions, organizations, and communities (duplicates included) increased their awareness of diet quality and physical activity challenges for low-income people. Roughly 450 collaborators committed to strategically addressing dietary quality and physical activity issues in 14 of these states (short-term outcomes). Twenty-five states reported an increase in the number of referrals made by cooperating organizations and agencies (medium-term outcome), and 13 states reported increased availability of nutritiously dense foods offered in schools, restaurants, and grocery stores (long-term outcome).

> Organizations within a community in Michigan identified a low-income metropolitan neighborhood that did not have access to fresh fruits or vegetables. Combining the efforts of neighborhood associations, Extension, city officials, producers, and the state Food Stamp office, they established a weekly farmers market with electronic benefit transfer (EBT) cards accepted for payment. The market served 3,717 Food Stamp recipients and created EBT sales of $1,379 for fruits and vegetables.

Food Security

Within eight states 377 institutions, organizations, and communities reported increased awareness of the issues facing low-income people in the area of food security, through a needs assessment (short-term outcome). Community partners in these states coordinated efforts to address food security challenges by increasing the quality and quantity of food and money donations, and engaging volunteers to help in community emergency food programs (medium-term outcome). Three states reported that long-term indications of community change had been achieved through a change in law, social structure, policy or practices in food security. They did not, however, indicate what these changes were.

Shopping Behavior and Food Resource Management

Within eight states more than 100 institutions and organizations increased their understanding of barriers and opportunities that create improved food resources for low-income people (short-term outcome) as they coordinated efforts. Sixteen states reported an increase in the number of referrals of low-income individuals across agencies to facilitate shopping behavior and food resource management education (medium-term outcome), and five states reported progress toward long-term outcomes of having nutritious foods more readily available.

Food Safety

In nine states 430 institutions, organizations, and communities worked together on strategies to improve food safety issues for individuals, families, and households (short-term outcome). Cooperative relationships between the local health departments, Extension, and schools to improve the health of residents in support of enhanced food safety were created. Four states reported an increase in referrals across agencies for food safety education (medium-term outcome), and three states reported a reduction in environmental factors that negatively affected food safety at the community level (long-term outcomes).

> Two examples of cooperative action are: the Massachusetts Nutrition Council and Action for Healthy Kids, which shared the cost of needs assessment, program planning, and evaluations; and Nebraska partners, who combined efforts to increase the number of fresh fruits and vegetables served at locations such as school lunch and Head Start.

These community-based outcomes are only suggestive of change that may be occurring within communities and how communities are organizing to create an environment that supports healthy choices. The extent of community involvement and depth of such commitment is yet to be determined. Additionally, community success reflects shared efforts rather than the work of any one organization, agency, or program. Nevertheless, it appears that FSNE, with its dependence on partnerships, has served as an invaluable catalyst in supporting community change.

Social Structure, Policy, and Practice Sphere of Influence

AUDIENCE-DIRECTED ACTIONS (OUTPUTS)

An indirect role of nutrition educators in bringing about behavioral change is to educate and work with decision-makers and other gatekeepers about the influence of the environment on actions by the intended audience (*Contento, 2007*. In 2005, 24 states reported specific efforts toward informing decision-makers. Mostly, they participated in expert reviews or provided comment on policies to improve support for low-income clientele (17 states). Secondarily, they facilitated or participated in public forums to increase understanding of low-income clientele needs (12 states). They also facilitated or participated in educational seminars to improve dietary quality guidelines and how to teach those guidelines to the low-income or different cultures (nine states), and informed elected officials, food industry leaders, producers, educators, and other influential leaders to create policy change (eight states). Reported efforts to inform influential leaders focused on diet quality, especially improving access to fresh fruits and vegetables.

RESULTS ACHIEVED (OUTCOMES)

States also reported on action taken by educators, media, and other public and private representatives resulting in identification of issues and barriers for low-income populations (short-term outcomes), efforts made toward changing laws, policies, and practices (medium-term outcomes), and revision or adoption of laws for sustained improvement (long-term outcomes) for each of the core areas. Most often, outcomes were reported for diet quality and physical activity (Table 11). It is not clear why the number of states reporting change in diet quality was similar at the short-, medium-, and long-term level (eight to ten states per outcome level).

Table 11: States Reporting Outcomes in Core Program Areas – Social Structure, Policy, and Practice Level

Core Area	Number and Percent of States Reporting Outcomes					
	Gain in Skills Knowledge (Short-term)		Positive Behavior Change (Medium-term)		Adopt Policy/ Practice (Long-term)	
	Number	Percent	Number	Percent	Number	Percent
Dietary Quality and Physical Activity	9	21	10	24	8	19
Food Security	2	5	3	7	3	7
Shopping Behavior and Food Resource Management	2	5	1	2	1	2
Food Safety	1	2	2	5	1	2

Interpretation of these findings at the social structure sphere of influence must be made with caution, since only the most rudimentary information was collected, and few states provided specific examples. Reported results reflect work over a period of years and an ongoing commitment to change. They also reflected the shared effort and shared success of all community partners, as the following examples illustrate.

New Mexico and Louisiana identified economic factors that influenced food security within their states. In New Mexico, the state funded a nutrition/hunger coordinator to ensure agencies continue working together to reduce hunger in the state. In Louisiana, the State Legislature declared a Hunger Awareness Day for the first time to draw attention to the hunger crisis in the state. Also, key citizens, partners, and government officials worked together in Louisiana to identify practices that could influence food resource management and revised or adopted supporting policies and practices. Both Louisiana and New Mexico reported on collaborative discussions on policies and regulations that affect food industry practices with respect to food resource management.

Louisiana FSNE educators helped educators, media, and other public and private representatives understand the economic, environment, and industrial factors that potentially influence food safety. Kentucky and Louisiana adopted a plan with policy makers to improve food safety within their state.

Social Marketing Campaigns

Social marketing campaigns are reported here separately, as actions taken may have crossed the spheres of influence. Social marketing is a consumer-focused, research-based process that is designed to influence the voluntary behavior of a large group of people within the target audience (*U.S. Department of Agriculture, Food and Nutrition Service, 2004; Andreasen, 1995*). Past social marketing campaigns documented successes in creating environmental changes to reduce smoking and increase seat belt use (*The basics of social marketing, n.d.*). Within FSNE, social marketing campaigns have been used to reach the Food Stamp eligible population with specific diet quality and physical activity messages.

Social marketing campaigns have had considerable success among FSNE Nutrition Networks, a number of which are conducted through State Public Health Departments. In Arizona, where the Department of Public Health provides oversight to FSNE and the LGU is a supporting partner, social marketing campaigns have been integral to nutrition education for a number of years. For 2005, Arizona reported on action taken upon finding that youth did not eat the recommended amount of fruits and vegetables or dairy foods. The Arizona Nutrition Network implemented broad media campaigns in partnership with the Department of Education and Native American reservations using an animated spokesperson, television ads, wall boards, billboards, websites, and educational materials with a tool kit for community coalitions in both Spanish and English. The percent of Food Stamp eligible persons that consumed the recommended number of dairy servings increased from 40% in 2003 to 52% in 2005 in targeted communities.

In Maine, where the nutrition network is led by a sister university, the social marketing campaign showed that only 23% of their clientele consumed more than two servings of calcium/dairy foods daily. Upon introducing the curriculum "Eat Well" from the Maine Dairy and Nutrition Council, consumption of two or more servings of calcium/dairy products increased by 10%.

A final example from the Nutrition Education Network of Washington, which surveyed several organizations to identify barriers, needs, and ways to provide consistent nutrition messages is illustrative of their potential. "Energize Your Life! Eat Healthy - Be Active." was directly mailed to clientele in nutrition education programs. Results indicated that 66% of the recipients welcomed the information.

LGU involvement in social marketing campaigns also seems to be increasing. Three reasons for this could be: 1) increased awareness and understanding of the potential influence of social marketing, generally; 2) a greater sense of the feasibility of conducting nutrition-based social marketing campaigns by the LGUs; and 3) active efforts by the Association of State Nutrition Network Administrators (ASNNA) to engage with LGU colleagues around social marketing. In 2005, LGUs in seven states reported conducting social marketing campaigns with an estimated 230 million people having the opportunity to listen to and view these campaigns. The primary emphases of these campaigns included eating more fruits and vegetables, increasing physical activity, eating a variety of foods, balancing smart food choices with physical activity and eating low-fat dairy products. Most of these campaigns were conducted in both English and Spanish. Primary intervention strategies included newspapers, television and radio public broadcasts, and community/school events.

Strengthening FSNE

Successful nutrition education requires understanding of the context and environment in which programming occurs and continuously monitoring and focusing programming efforts. Additionally, as Contento et al. (1995) has noted, it must be built upon a strong research foundation in order to have an influence on long-term health.

These states recognized that much of their program strength came from partnerships that they had already established and their long history of working with low-income audiences. In developing their plans, they assumed that they could hire staff with the necessary skills and abilities to provide age-appropriate experiential education, local residents would desire the opportunity to learn about nutrition, and local coalitions could address food access issues, such as whether food pantries would have enough food for the needs of the community. They also assumed that participants would have enough money or other resources (such as Food Stamps) to spend on healthy food, educational and money management skills (including reading level and ability to understand in the language presented), adequate transportation, and access to high quality foods. Despite careful planning, external factors, such as Hurricanes Katrina and Rita in the South along with five years of drought in small rural communities hindered some participants' ability to eat a healthy and adequate diet.

Primary areas that these states identified wherein they wanted or felt they needed to improve programming efforts were program evaluation (76% of states), followed by staff development, client access and delivery, and data collection (at least 50% of states).

States reported being involved or having a major interest in a variety of research topics, most notably relating to program/impact evaluation and educational content, as shown in Table 12. Other research topics mentioned were cost/benefit analysis and the impact of parenting skills.

Table 12: Potential Topics for Future Research – by Number of States Reporting

Area for Future Research	Frequency	Percent
Evaluation of programs	26	62%
Dietary quality and physical activity	22	52%
Long-term impacts and evaluation	19	45%
Food security status	18	43%
Reaching Food Stamp clientele	15	36%
Marketing methods	13	31%
Retention rate of employees	5	12%
Other	3	7%

Note: *Forty-two states responded to this question; totals do not equal 100% as states could indicate more than one method.*

IV. SIMILARITIES AND DIFFERENCES BETWEEN 2002 AND 2005

A key feature of the CNE Logic Model is to facilitate the continuous review of program planning, management, evaluation, and reporting of community based nutrition education within states and on a broader scale for more effective programming. Even as states were being encouraged to use the CNE Logic Model to better understand and strengthen their programming, the model was also undergoing refinements, based on feedback received from a review of data collected using the first version of the logic model (*Chipman, 2005*). Version 2 of the CNE Logic Model provided greater clarity. An accompanying worksheet contained mostly "closed end" response options to ease the reporting process. Open-ended response options were included to invite additional comments, and/or provide insights where feedback previously had not been given. Because different versions of the CNE Logic Model were used in the two reporting periods, a direct comparison of 2002 and 2005 data was not possible. Still, much of what was collected was similar enough that some comparisons across years could be made.

Audience-Directed Activities (Outputs) and Results Achieved (Outcomes)

At the individual, family, and household sphere of influence it appears that more participants were reached directly in 2005 than in 2002, although the extent to which participation increased could not be determined because states were transitioning from contact to participant counts in 2005 (*U.S. Department of Agriculture, Food and Nutrition Service, 2004*). An increase in the percent of females relative to males and adults relative to other age categories was seen in 2005 for both participant and contact data. Changes in race and ethnicity could not be determined because race and ethnicity were not differentiated for the 2002 report.

All states taught and showed results for the core area diet quality and physical activity during the two reporting periods. Although a direct comparison of results is not possible, given that states provided examples of their choices in 2002 and reported only on the core areas that they addressed in 2005, it appears that diet quality and physical activity was their primary focus.

Most states also taught and showed results for each of the other core areas associated with nutrition education in the LGU system both years. Outcomes were primarily short-to-medium-term in nature, and achieved at the individual, family, and household level (*Little & Newman, 2003*).

Reports of action taken and results achieved increased considerably between 2002 and 2005 for the institution, organization, and community sphere of influence, the social structure, policy, and practice sphere of influence, and for social marketing campaigns (Table 13). At the community level the number of local organizations that became involved nearly doubled, and the number of states reporting outcomes increased from one to up to 28 per core area.

Table 13: States Reporting on Work Conducted in Outer Spheres of Influence and Through Social Marketing Campaigns: Changes Between 2002 and 2005

Report Year	Institution, Organization, and Community Level		Social Structure, Policy, and Practice Level		Social Marketing Campaigns	
	Activities (Outputs)	Results (Outcomes)	Activities (Outputs)	Results (Outcomes)	Activities (Outputs)	Results (Outcomes)
2002	13,835 local organizations	1 state	9 states	1 state	0 states	0
2005	26,353 local organizations	Up to 28 states per core area	24 states	8 to 10 states per core area	7 states	Not specified

At the social structure, policy, and practice level, nine states reported on activities conducted and none gave examples of results achieved in 2002, whereas 24 states reported on such activities and between eight and ten states reported on outcomes in 2005. Table 14 is illustrative of the types of actions that were taken to facilitate change at the social structure, policy, and practice level.

Table 14: Types of Social Structure, Policy, and Practice: Changes Between 2002 and 2005

Number of States 2002*	Number of States 2005*	Type of Effort Reported by States
4	17	Participated in expert reviews or commented on state, and/or public policies to improve support for low-income clientele
3	12	Facilitated/participated in public forums to create an understanding of FSNE clientele needs
2	9	Facilitated/participated in educational seminars to improve dietary quality guidelines and how to teach those guidelines to the low-income or different cultures
0	8	Informed elected officials, food industry leaders, producers, educators, and other influential leaders to create policy change

**States may have reported action in more than one area.*

As previously noted, interest in the social marketing campaign approach and understanding of what might be reported by LGUs seems to be increasing, as well. No states reported conducting social marketing campaigns in 2002, whereas seven states reported doing so in 2005. All seven states reported diet quality and physical activity as a component of their campaign focus.

This increased reporting at the community and social structure spheres of influence and social marketing campaigns could be due to an increased focus on environmental factors in the nutrition education literature (*Contento, 2007*), increased emphasis on community nutrition education in the Cooperative Extension System, and/or increased understanding and opportunity for states to report on work that they are already doing.

Strengthening FSNE

Similar to 2002, in 2005, evaluation remained the area identified as most needing improvement or focus, and data collection was of concern for many states, as well. Staff development and client access were also areas of high concern (Table 15). Again, these results are not directly comparable. An open ended question was used for the 2002 data collection, whereas prompts were given in 2005, based on the 2002 results. Still, these findings suggest the concern that program coordinators/directors have for process as well as results, and the holistic view that is taken to achieve high quality programming (*Little & Newman, 2003*).

Table 15: Areas of Improvement Wanted or Needed Identified by Number of States Reporting Changes between 2002 and 2005

Areas of Potential Improvement	2002*		2005**	
	Frequency	Percent	Frequency	Percent
Program evaluation	21	60	32	76
Staff development			27	64
Access to clientele			25	59
Data collection	15	43	24	57
Delivery to clientele			21	50
Enhanced support from other agencies			16	38
Recruitment, hiring, and retaining employees	12	34	15	36
Resources for dietary quality and physical activity	4	11	14	33
Social marketing methods	2	6	12	29
Partnership with private organizations	7	20	12	29
Translational resources			3	7

**Thirty-five states responded to this question; totals do not equal 100% as states could indicate more than one method.*
***Forty-two states responded to this question; totals do not equal 100% as states could indicate more than one method.*

Interest and/or involvement in program research were much greater in 2005, as well. State response to specific research topics increased two- to three-fold for most research topics. Most notable was program evaluation research, which was not identified in the 2002 report, but was most frequently identified by states in 2005 (Table 16). Possibly the considerable attention given to program evaluation through national program and professional meetings, and the FSNE Plan Guidance along with discussions about strengthening program evaluation in the CES, and initial discussions around creating a multi-state research focus for EFNEP within the LGU system, may have influenced these findings.

Table 16: Areas of Possible Future Research by Frequency and Percentage Reported Between 2002 and 2005

Areas of Future Research	2002*		2005**	
	Frequency	Percent	Frequency	Percent
Evaluation of programs			26	62
Dietary quality and physical activity	9	27	22	52
Longitudinal studies	7	21		
Long-term impacts and evaluation			19	45
Food security status	6	18	18	43
Recruit and retain audience	4	12		
Reaching Food Stamp clientele			15	36
Best practices/marketing methods	4	12		
Marketing methods			13	31
Retention rate of employees			5	12
Other	4	12	3	7

**Thirty states responded to this question in 2002; totals do not equal 100% as states could indicate more than one method.*
***Forty-two states responded to this question in 2005; totals do not equal 100% as states could indicate more than one method.*

Although the data did not distinguish between interest and involvement, it could be assumed that reported results primarily reflected an interest in research, since research involvement is not supported by program dollars. Still, it appears that the increased focus on the program-research interface for low-income nutrition education through CSREES, other agencies, and Land-Grant institutions, fueled by increased awareness of the limited research available to inform programmatic decisions is resonating within states.

V. CONCLUSIONS

Several limitations inherent to this work are that the data was generally self-reported, not all states reported on all potential outcomes, and states may have used more than one indicator to measure specific outcomes that were important to their states. Consequently, the outcomes chosen by states and the types of changes seen are of greater interest than are the actual numbers reported. Evaluation research is needed to provide greater understanding of the potential extent of change associated with community-based nutrition education.

Despite the complexity associated with gathering and analyzing community based data, several national take-home points can be made:

- States remain focused on the ultimate goal of low-income nutrition education through the LGU system: to "*provide educational programs and social marketing activities that increase the likelihood of people making healthy food choices consistent with the most recent dietary advice as reflected in the Dietary Guidelines for Americans and the Food Guidance System with special attention to people with limited budgets*." (Appendix B).
- Through FSNE, states are engaged in direct education of individuals, households, and families. Increasingly, their work also transcends to other spheres of influence - to communities and social structures, with some hint of success in these outer spheres.
- Primarily, reported results (outcomes) are both knowledge/skill based (short-term) and behavior (medium-term) based.
- Targeted education that is community-based may not provide national averages for identifying audience improvement, but clustered indicators do show movement toward desired national outcomes, such as eating closer to MyPyramid recommendations and reducing food insecurity.

This report, which represents a compilation of data voluntarily submitted by states, should be useful in guiding future program planning and management decisions within the LGU system. Because it also captures the richness of work underway in a variety of avenues designed to meet local needs, it should also prove useful to state and federal stakeholders interested in strengthening the effectiveness of community-based low-income nutrition education programs.

VI. REFERENCES

Anderson, C. L., Bloome, P., Bottum, J., Lee, I., Moore, L., O'Brien, S., . . . Stone, T. (1995). *Framing the future: Strategic framework for a system of partnerships.* Washington: Extension Committee on Organization and Policy and Cooperative State Research, Education, and Extension Service. Retrieved from http://dasnr2.dasnr.okstate.edu/docu.html

Anderson S. A. (Ed.) (1990). Core indicators of nutritional state for difficult-to-sample populations. *The Journal of Nutrition 120*, 1557–1600.

Andreasen, A. R. (1995). *Marketing social change: Changing behavior to promote health, social development, and the environment.* San Francisco, CA: Jossey-Bass

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Castner, L. A., & Schirm, A. L. (2005). *Reaching those in need: State Food Stamp participation rates in 2002.* Prepared by Mathematical Policy Research, Inc for the U. S. Department of Agriculture, Food and Nutrition Service. Retrieved from http://www.mathematica-mpr.com/publications/pdfs/fns02rates.pdf

Chipman, H. (2005, October). *Crossing boundaries: Development of a national community nutrition education logic model online program management and reporting system.* Paper presented at the 2005 Joint CES/AEA Conference, Toronto: Canada. Retrieved from http://www.jneb.org/article/S1499-4046(06)60246-7/abstract

Contento, I., Balch, G. I., Bronner, Y. L., Lytle, L. A., Maloney, S. K., Olson, C. M., Swadener, S. S. (1995). The effectiveness of nutrition education and implications for nutrition education policy, programs, and research: A review of research. *Journal of Nutrition Education, 27*(6), 279-283.

Contento, I. R. (2007). Nutrition education: Linking research, theory, and practice. Sudbury, MA: Jones & Bartlett.

F as in fat: How obesity policies are failing in America: 2009. (2009) Trust for America's Health. Retrieved from http://www.rwjf.org/files/research/20090701tfahfasinfat.pdf

Finkelstein, E. A., Fiebelkorn, I. C., & Wang, G. (2003). National medical spending attributable to overweight and obesity: How much, and who's paying? [Web Exclusive]. *Health Affairs, 12*(1), 1-8. Retrieved from http://content.healthaffairs.org/cgi/content/full/hlthaff.w3.219v1/DC1

Food Research & Action Center. (2007). *Hunger and poverty.* Retrieved from http://www.frac.org/html/hunger_in_the_us/poverty.html

Fox, M. K., Cole N., & Lin, B.-H. (ERS project representative) (2004, December). *Nutrition and health characteristics of low-income populations: Volume I, Food Stamp Program participants and nonparticipants* (E-FAN-04-014-1). Retrieved from U.S. Department of Agriculture/Economic Research Service website: http://www.ers.usda.gov/publications/efan04014-1/

Gibson, D. (2006). Long-term Food Stamp program participation is positively related to simultaneous overweight in young daughters and obesity in mothers. *Journal of Nutrition, 136,* 1081-1085.

Hersey, J., Anliker, J., Miller, C., Mullis, R. M., Daugherty, S., Das, S., . . . Thomas, H. O. (2001). Food shopping practices are associated with dietary quality in low-income households. *Journal of Nutrition Education, 33*(Supplement 1), S16-S26.

Jones S. J. & Frongillo E. A., (2006). The modifying effects of Food Stamp Program participation on the relation between food insecurity and weight change in women. *Journal of Nutrition 136,* 1091-1094.

Kempson, K. M., Keenan, D. P., Sadani, P. S., Ridlen, S., & Rosato, N. S. (2002). Food management practices used by people with limited resources to maintain food sufficiency as reported by nutrition educators. *Journal of the American Dietetic Association, 102*(12), 1795-1799.

Little, D. M., & Newman, M. E. (2003). *Food Stamp nutrition education within the cooperative extension/land-grant university system: National report - FY 2002.* Retrieved from http://www.csrees.usda.gov/nea/food/fsne/pdfs/fsne_national_report_2002.pdf

Mancino, L., & Newman, C. (2007). *Who has time to cook? How family resources influence food preparation*. U. S. Department of Agriculture, Economic Research Service. (ERR-40) Retrieved from http://www.ers.usda.gov/Publications/ERR40/

Medeiros, L. C., Butkus, S. N., Chipman, H., Cox, R. H., Jones, L., & Little, D. (2005). A logic model framework for community nutrition education. *Journal of Nutrition Education and Behavior, 37*(4). Retrieved from http://www.jneb.org/article/S1499-4046(06)60246-7/abstract

Nord, M., Andrews, M., & Carlson, S. (2006). *Measuring food security in the United States: Household food security in the United States, 2005* (ERR-29). U.S. Department of Agriculture, Economic Research Service. Retrieved from http://www.ers.usda.gov/Publications/ERR29/

Nord, M., Andrews, M., & Carlson, S. (2008). *Measuring food security in the United States: Household food security in the United States, 2007* (ERR-66). U.S. Department of Agriculture, Economic Research Service. Retrieved from http://www.ers.usda.gov/Publications/ERR66/

Philipson, T. J., & Posner, R. A. (2003). The long-run growth in obesity as a function of technological change. *Perspectives in Biology and Medicine, 46*(3), S87-107.

Sanda, B. (2005). *The 2005 dietary guidelines and food guidance system.* Retrieved from Weston A. Price Foundation for Wise Traditions in Food, Farming and the Healing Arts website: http://www.westonaprice.org/federalupdate/fed2005sp.html

The basics of social marketing: How to use marketing to change behavior. (n.d.). Turning Point, Social Marketing National Excellence Collaborative. Retrieved from http://www.turningpointprogram.org/Pages/pdfs/social_market/smc_basics.pdf

Townsend, M. S., Peerson, J., Love, B., Achterberg, C., & Murphy S. P. (2001). Food insecurity is positively related to overweight in women. *Journal of Nutrition, 131*, 1738-1745.

U.S. Department of Agriculture, (2008). *Supplemental Nutrition Assistance Program Education (SNAP-Ed) EARS Reporting Form*. Retrieved from http://www.nal.usda.gov/fsn/EARS_Form_1-09.pdf

U.S. Department of Agriculture, Cooperative State Research, Education, and Extension Service. (2006) *Self-review for 2006: Portfolio review expert panel, nutrition portfolio.* Retrieved from http://www.csrees.usda.gov/business/reporting/part/self_rev_g4_pt_41_42.pdf

U. S. Department of Agriculture, Extension Service (1983, October). *Expanded Food and Nutrition Program policies.* Retrieved from http://www.csrees.usda.gov/nea/food/efnep/pdf/program-policy.pdf

U.S. Department of Agriculture, Food and Nutrition Service, Food Stamp Program (2004, March). *Food Stamp Nutrition Education plan guidance: Federal fiscal year 2005.*

U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Nutrition Assistance Program (2009, March). *Supplemental Nutrition Assistance Program Education (SNAP-Ed): Plan guidance.* Retrieved from: http://www.nal.usda.gov/fsn/Guidance/2009.1SNAP-Ed%20Guidance.pdf

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (2008, September). *Chronic disease prevention and health promotion: Preventing obesity and chronic diseases through good nutrition and physical activity.* Retrieved from http://www.cdc.gov./nccdphp/publications/factsheets/Prevention/obesity.htm

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (2009, May). *Behavioral risk factor surveillance system: Prevalence and trends data: Overweight and obesity (BMI) - 2008.* Retrieved from http://apps.nccd.cdc.gov/brfss/list.asp?cat=OB&yr=2008&qkey=4409&state=All

U.S. General Accounting Office, Report to the Committee on Agriculture, Nutrition, and Forestry, U.S. Senate. (2004, April). *Nutrition education: USDA provides services through multiple programs, but stronger linkages among efforts are needed* (GAO Highlights GAO-04-528). Retrieved from http://www.fns.usda.gov/wic/resources/MultiplePrograms.pdf

Weimer, J., McKinney, P., & Benning, L. K. (2001). Tools to assess nutrition education with low-income families. *Journal of Nutrition Education, 33*(1), S1.

APPENDIX A

ACRONYMS AND GLOSSARY OF TERMS

ASNNA — The Association of State Nutrition Network Administrators (ASNNA) consists of leaders of state nutrition networks that emphasize social marketing in their informational messages.

CDC — The Centers for Disease Control and Prevention (CDC) is one of the major operating components of the Department of Health and Human Services (HHS). (*http://www.cdc.gov/about/organization/cio.htm*)

CES — The Cooperative Extension System (CES) is a nationwide, non-credit educational network. Each U.S. state and territory has a state office at its Land-Grant University and a network of local or regional offices. These offices are staffed by one or more experts who provide useful, practical, and research-based information to agricultural producers, small business owners, youth, consumers, and others in rural areas and communities of all sizes. (*http://www.nifa.usda.gov/Extension/*)

CNE Logic Model — The Community Nutrition Education (CNE) Logic Model is a program planning, evaluation, and reporting tool that applies a socio-ecological approach to support a broad continuum of community-based nutrition intervention strategies and outcomes over time. The three levels of intervention are: individual, family, household; institution, organization, community; and social structure, policy, practices. Outcomes are reported as: short-term, where knowledge is gained and/or skills are developed; medium-term, where behaviors have been adopted; and, long-term, where health, financial, and/or social conditions have changed. (*http://www.nifa.usda.gov/nea/food/fsne/logic.html*)

Contact — A contact represents each interaction that an individual has with a direct education to activity; e.g. each time of participation. Participation is counted as contacts, when it is difficult to track individual involvement over time and/or across program activities.

CSREES — The Cooperative State Research, Education, and Extension Service (CSREES), was an agency within the U.S. Department of Agriculture (USDA). This agency was replaced by the National Institute of Food and Agriculture (NIFA) on 1 October 2009.

Dietary Guidelines — The Dietary Guidelines are published jointly by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). The Guidelines provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases. They serve as the basis for Federal food and nutrition education programs. (*http://www.health.gov/DietaryGuidelines/*)

Direct Education — Direct education occurs when participants are actively engaged in the learning process with an educator and/or interactive media.

EARS — The Education and Administrative Reporting System (EARS) is an ongoing reporting system for the nutrition education component of the Supplemental Nutrition Assistance Program (SNAP). It provides uniform data and information about the nutrition education activities of all states participating in SNAP-Ed activities, including participant demographic characteristics, educational strategies and content, and resource use.

EFNEP — The Expanded Food and Nutrition Education Program (EFNEP) is a federally funded nutrition education program that uses a peer educator model to assist limited-resource audiences in acquiring the knowledge, skills, attitudes, and changed behavior necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of the total family diet and nutritional well-being. (*www.nifa.usda.gov/efnep*)

ERS	The Economic Research Service (ERS) is a primary source of economic information and research in the U.S. Department of Agriculture (USDA). (*http://www.ers.usda.gov/*)
FNS	The Food and Nutrition Service (FNS) administers the nutrition assistance programs of the U.S. Department of Agriculture (USDA). (*http://www.fns.usda.gov/fns/*)
FSNE	Food Stamp Nutrition Education (FSNE) represents nutrition education conducted through the Food Stamp Program. FSNE was re-termed SNAP-Ed in October 2008 to be consistent with renaming of the Food Stamp Program. (*http://snap.nal.usda.gov/nal_display/index.php?info_center=15&tax_level=1*)
FSP	The Food Stamp Program (FSP) is the largest of the domestic food and nutrition assistance programs administered by the Food and Nutrition Service (FNS). The stated purpose of the FSP is "to permit low-income households to obtain a more nutritious diet by increasing their purchasing power." The FSP was renamed the Supplemental Nutrition Assistance Program (SNAP) in October 2008. (*http://www.fns.usda.gov/SNAP/*)
Indirect Education	Indirect education is the distribution of information and resources, including mass communications, public events, and materials distribution that DO NOT meet the definitions of direct education or social marketing campaigns in the SNAP-Ed Guidance.
Inputs	Inputs are resources that go into a program, such as staff time, materials, money, equipment, facilities, and volunteer time. (*http://www.uwex.edu/ces/pdande/evaluation/pdf/lmguidecomplete.pdf*)
Level of Intervention	Level of Intervention is used interchangeably with "Sphere of Influence" to distinguish where outputs are focused and outcomes are found in a socio-ecological framework.
LGU	Land-Grant Universities (LGUs) are institutions of higher education that are designated by each state to receive specific federal benefits in support of agriculture, science, engineering, and changing social class. Data used for this report was collected from 1862 and 1890 Land-Grant institutions – so designated because of the date of legislation that granted them Land-Grant status. (*http://en.wikipedia.org/wiki/Land-grant_university*)
Logic Model	A Logic Model is a graphic representation of a program showing the intended relationships between investments and results. (*http://www.uwex.edu/ces/pdande/evaluation/pdf/lmguidecomplete.pdf*)
Medicaid	Medicaid is a Federal/State entitlement program that pays for medical assistance for certain individuals and families with low-incomes and resources. (*http://www.cms.hhs.gov/default.asp*)
Medicare	Medicare is the country's health insurance program for people age 65 or older. Certain people younger than age 65 can qualify for Medicare, including those who have disabilities. (*http://www.ssa.gov/pubs/10043.html*)
MyPyramid	MyPyramid is a Federally developed web-based collection of personalized eating plans and interactive tools designed to help people plan and assess food choices according to the Dietary Guidelines for Americans. (*http://www.mypyramid.gov/*)
Nutrition Network	Nutrition Networks utilize a social marketing approach in their educational efforts. Generally, the Networks reach broad, yet targeted audiences with specific, short, and simple messages. A focus on environmental change is important.

Outcomes	Outcomes are the results or changes from the program such as changes in knowledge, awareness, skills, attitudes, opinions, aspirations, motivation, behavior, practice, decision making, policies, social action, condition, or status. Outcomes may be intended and/or unintended: positive and negative. Outcomes fall along a continuum from immediate (initial; short-term) to intermediate (medium-term) to final outcomes (long-term), often synonymous with impacts. (*http://www.uwex.edu/ces/pdande/evaluation/pdf/lmguidecomplete.pdf*)
Outputs	Outputs are the activities, products, and participation generated through the investment of resources; goods and services delivered. (*http://www.uwex.edu/ces/pdande/evaluation/pdf/lmguidecomplete.pdf*)
Participant	The number of participants is the number of different individuals who receive direct education. Each individual counts as one participant regardless of the number of times he or she participates in direct education activities. (*http://www.nal.usda.gov/fsn/Guidance/2009.1SNAP-Ed%20Guidance.pdf*)
SNAP	The Supplemental Nutrition Assistance Program (SNAP) - replaced FSP - see above.
SNAP-Ed	The Supplemental Nutrition Assistance Program–Education (SNAP-Ed), replaced FSNE - see above.
SNAP-Ed Plan Guidance	The SNAP-Ed Plan Guidance provides policy guidance for states regarding the operation of SNAP-Ed. (*http://snap.nal.usda.gov/nal_display/index.php?info_center=15&tax_level=2&tax_subject=250&level3_id=0&level4_id=0&level5_id=0&topic_id=1240&&placement_default=0*)
Social Marketing	Social Marketing is a disciplined, consumer-focused, research-based process to plan, develop, implement and evaluate interventions, programs and multiple channels of communications designed to influence the voluntary behavior of a large number of people in the target audience. (*http://www.nal.usda.gov/fsn/Guidance/2009.1SNAP-Ed%20Guidance.pdf*)
Sphere of Influence	Sphere of Influence is used interchangeably with "Level of Intervention" - see above.

APPENDIX B

The Community Nutrition Education (CNE) Logic Model, Version 2 – Overview

Inputs → **Outputs** (Activities, Participation) → **Outcomes - Impact** (Short Term, Medium Term, Long Term)

SITUATION → PRIORITIES

- Financial resources
- Planning processes/ Methods of needs assessment
- Materials
- People - State level relationships (Responsibility and accountability)
- Integrated efforts (State Nutrition Action Plans - SNAP)

Outputs

Individual, Family, Household Level	
Core area interventions	People involved
Direct	
Active learning process with an educator or interactive media	Individuals, families, or households engaged in the learning process
Indirect	
Distribution of information or resources to increase public awareness or knowledge	Individuals, families, or households that receive distributed information
Social Marketing Campaign	
Disciplined, consumer-focused, research-based process via multiple communication channels designed to influence voluntary behavior	Specific sector of the population identified to participate in the campaign

Institution, Organization, Community Level	
Strategies used to develop local partnerships, identify opportunities, and eliminate barriers to nutrition education within/across local organizations	Local institutions/ organizations involved in the partnership and/or social marketing campaign

Social Structures, Policies and/or Practices Level	
Efforts to create/revise social systems and public policies related to core areas	Universities, government or non-profit agencies, private sector, and governing/licensing boards involved in efforts to effect change

Outcomes - Impact

Individuals ...		
Gain awareness, knowledge and skills	Incorporate skills, change behaviors	Experience decreased risk factors for health problems
Diet Quality and Physical Activity Indicator Examples		
Plan menus/choose foods using Food Guidance System	Eat nearer to Food Guidance System recommendations	Decreased chronic disease risk factors
Food Security Indicator Examples		
Identify emergency food sources	Enroll in non-emergency food programs	Decreased household food insecurity
Food Safety Indicator Examples		
Able to practice personal hygiene, such as hand washing	Increase practice of personal hygiene, such as hand washing	Decreased illness due to food contamination
Shopping Behavior/Food Resource Management Indicator Examples		
List available food resources	Use at least one beneficial shopping technique	Reduced reliance on others for food

Agency partners...		
Gain awareness Indicators show: Involvement of community groups in actions to address core areas	Commit to change Indicators show: Community group actions to adopt plans addressing core areas	Solve community problems Indicators show: Improvements in core areas reflected by community action

Policy makers...		
Identify and define issues Indicators show: Identification of issues related to core areas	Work toward needed changes Indicators show: Evidence of action taken to address changes needed in core areas	Revise/adopt laws, policies and practices that support sustained improvements Indicators show: Evidence of change in law, policy or practice related to core areas

The goal of community nutrition education is to provide educational programs and social marketing activities that increase the likelihood of people making healthy food choices consistent with the most recent dietary advice as reflected in the Dietary Guidelines for Americans and the Food Guidance System, with special attention to people with limited budgets.

Assumptions | **External Factors**

Evaluation

Focus - Collect Data - Analyze and Interpret - Report

Revision of the 2002 CNE Logic Model by a national program management and reporting workgroup with Land-Grant University, State Public Health, and CSREES/USDA representation.
Contact Person: Helen Chipman, National Coordinator, FSNE, CSREES/USDA; helen.chipman@sdstate.edu. January 2006 Page 1 of 1

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Situation	Priorities
Description of conditions that give rise to the need for nutrition education and priority areas of emphases. • Consider the targeted population. • Provide brief statements that explain each core element's issues of greatest concern within your state.	• Diet Quality & Physical Activity • Food Security • Food Safety • Shopping Behavior/Food Resource Management • Other (identify)

Assumptions

Consider:
- Why do you believe that the program will work this way? Are your ideas and beliefs based on research, best practice, experience, local wisdom, or intuition?
- Is there evidence that supports the theory of action you've laid out, such as: programming and change strategies that have proved effective in similar communities or situations; research literature; and/or evaluation reports?

Examples of what assumptions you might include on various dimensions of the logic model:
- Participants have access to specific foods – resources are adequate and available.
- Participants consume specific foods.
- Participants will have no negative side affects in following recommendations.
- A culturally appropriate curriculum can be developed and delivered effectively.
- Targeted audiences are willing and able to participate.
- Knowledge change leads to behavior change.
- Communities can form coalitions to address problems.
- Funding will be secure throughout the course of the project.
- Information exists on best practices in …
- People will be motivated to learn/change.
- External funds and agents can serve as catalysts for change.
- Staff can be recruited and hired with necessary skills and abilities.

External Factors

Consider:
- Which external factors are likely to influence the program's ability to achieve expected results – When? How?
- Which factors can you manipulate and which factors are outside of your control?
- What risk management strategies or contingency plans do you need to put into place?
- What factor(s) is the program likely to interact with and potentially have an influence on?
- How might these dynamics affect program implementation and outcomes?

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Inputs

Financial Resources
- Public cash contributions (University and/or Extension, other)
- Public in-kind contributions
- Private cash contributions
- Indian Tribal Organization contributions
- Federal match or reimbursement
- Other (identify)

Planning Processes/ Methods of Needs Assessment
- Research findings
- Federal, state, and/or local data
- Interviews, focus groups, surveys
- Community meetings
- State and/or local advisory boards
- Other (identify)

Materials (including source, audience, and language)
- Curricula
- Other educational packages
- Social marketing campaign resources

People – Organizational Level
- Funded/matched - responsibility/expertise and time commitment
- Volunteers – roles and time commitment
- Reporting and accountability
- Types of intra-institutional and inter-organizational relationships (network, cooperator, coordinator, coalition, or collaboration)
- Involvement in State Nutrition Action Plans

Outputs

Activities	Participation
Individuals, Families, Households Level	
Direct Methods	
• Location – number of different types of sites • Personnel time – amount of effort directed to different educational formats (single session, multi-sessions, interactive media) • Format (time and number of "sessions" delivered)	• Number of participants/contacts – age, gender, ethnicity, race
Indirect Methods	
• Location – types of sites • Types of methods (mass communications, print materials, incentive items with messages, electronic, public events) • Number of PSAs, articles, signage, airings/postings, or items/information distributed	• Estimated reach to target population
Social Marketing Campaigns	
• Types of effort (plan, develop, implement, track/evaluate) • Intervention strategies (broadcast media, print media, electronic media/technology, community/school events, retail/point-of-purchase, other) • Description of efforts	• Number of contact impressions – age, gender, ethnicity, race
Institutions, Organizations, Communities Level	
Specific Strategies	
• Types of effort (assess situation, create awareness, organize efforts, integrate services, other) • Description of efforts (including - initial, expanded, sustained, revised)	• Number and types of local institutions/organizations involved • Level of involvement (interagency agreements, memoranda of understanding, community based efforts, integrated service plans, other - list)
Social Marketing Campaigns	
• Types of effort (plan, develop, implement, track/evaluate) • Intervention strategies (broadcast media, print media, electronic media/technology, community/school events, retail/point-of-purchase, other) • Description of efforts	• Number of contact impressions – age, gender, ethnicity, race
Social Structures, Policies, or Practices Level	
Specific Strategies	
• Types of effort (participate in expert review or comment on federal, state, and/or local public policies; facilitate/participate in public forums; facilitate/participate in impact seminars; other efforts to inform elected officials, food industry leaders [processors and retailers], producers, educators, and other influential leaders) • Description of efforts	• Number of universities, government agencies, private sector contacts, non-profit agencies, governing/licensing boards involved in multi-sector efforts
Social Marketing Campaigns	
• Types of effort (plan, develop, implement, track/evaluate) • Intervention strategies (broadcast media, print media, electronic media/technology, community/school events, retail/point-of-purchase, other) • Description of efforts	• Number of contact impressions – age, gender, ethnicity, race

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Outcomes and Indicators – Diet Quality & Physical Activity

Short Term	Medium Term	Long Term
Individuals, Families, Households Level		
Outcomes		
Individuals/families/households gain awareness, knowledge and/or skills: • Improved attitudes about healthy eating and physical activity • Increased knowledge of healthy food choices • Improved skill in selection of healthy foods • Increased awareness/knowledge of benefits of physical activity (achieve/maintain a healthy weight, increase stamina, improve cardiovascular health, reduce risk of disease – cancer, diabetes, etc., improve personal appearance) • Increased awareness/knowledge of physical activity recommendations for health	***Individuals/families/households apply skills and/or change behaviors:*** • Increased adoption of healthy food practices • Increased adoption of recommended diet-related practices for disease prevention and management • Participation in regular physical activity [formal – exercising] • Participation in community events that involve physical activity (informal community activities – sports, entertainment)	***Individuals/families/households experience:*** Fewer risk factors for nutrition-related health problems and chronic diseases that are affected by diet and physical activity • Fewer complications of chronic diseases that are affected by diet and physical activity
Indicators		
___ (number) of ____ (total number) of individuals/families/households demonstrate increased knowledge and ability: • Plan menus and choose foods according to MyPyramid and the Dietary Guidelines [DQ-01] • Adjust recipes and/or menus to achieve certain goals (reduced calories, fat, sodium, etc., or increased nutrients and fiber) [DQ-02] • Use MyPyramid as a basis for selecting low-cost foods [DQ-03] • Write a personal plan to adjust physical activity for health and fitness [DQ-04] ***___ (number) of ____ (total number) of individuals/families/households indicate intent to change:*** • Adopt one or more healthy food/nutrition practices (choose foods according to MyPyramid and the Dietary Guidelines [DQ-05] • Adjust recipes and/or menus to achieve certain goals (reduce calories, fat, sodium, etc., or increase nutrients and fiber) [DQ-06] • Begin or increase physical activity [DQ-07]	***___ (number) of ____ (total number) of individuals/families/households report/demonstrate adoption of healthy eating practices with respect to MyPyramid and the Dietary Guidelines:*** • Eat nearer to the recommended number of ounce equivalents from the Grains Group [DQ-08] • Eat nearer to the recommended number of cup equivalents from the Vegetables Group [DQ-09] • Eat nearer to the recommended number of cup equivalents from the Fruit Group [DQ-10] • Eat nearer to the recommended number of cup equivalents from the Milk Group [DQ-11] • Eat nearer to the recommended number of ounce equivalents from the Meat and Beans Group [DQ-12] • Eat nearer to the recommended number of teaspoons from the Oils Group [DQ-13] • Eat nearer to the discretionary calorie allowance [DQ-14] • Eat nearer to the MyPyramid amounts (unspecified) [DQ-15] • Improve their intake of selected nutrients [DQ-16] • Increase their frequency of eating breakfast [DQ-17] ***___ (number) of ____ (total number) of individuals/families/households report/demonstrate adoption of increased time in physical activity practices:*** • Engage in regular physical activity, such as walking, hiking, bicycling, etc. [DQ-18] • Increase participation in games and play that involve physical activity [DQ-19] • Reduce time spent in sedentary activities (such as watching TV and playing video games) [DQ-20] • Engage in physical activity to the level recommended by MyPyramid [DQ-21]	***Data shows improvements in nutrition-related health conditions:*** • Reduced number/percentage of individuals/families/ households with chronic disease risk factors [DQ-22] • Reduced number/percentage of individuals/families/ households with chronic disease complications [DQ-23] • Increase number/percentage of individuals/families/ households who achieve/maintain healthy weight or lose as much as 5% of body weight (if needed) [DQ-24]

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Outcomes and Indicators – Diet Quality & Physical Activity		
Short Term	**Medium Term**	**Long Term**
Institutions, Organizations, Communities Level		
Outcomes		
Institutions/organizations/communities gain awareness, knowledge, and/or interest: • Increased awareness among private and public sector leaders about nutrition/physical activity – related challenges of low-income individuals/families/households • Increased involvement of community groups to address nutrition/physical activity-related challenges/issues of low-income individuals/families/households	***Institutions/organizations/communities commit to change:*** • Identification of barriers and enhancements to improve community diet quality • Development and implementation of plans to improve diet quality • Increased community activities/facilities that encourage physical activity	***Communities experience improved dietary quality/physical activity of community members:*** • Leaders/citizens are empowered to solve community food/nutrition challenges • Institutional/organizational/community barriers to adopt healthy nutrition/physical activity practices are reduced
Indicators		
Composition and number of institutions/organization/communities that demonstrate increased awareness and involvement: • Hold discussions on dietary quality/physical activity challenges of low-income people in that locality [DQ-25] • Make a commitment to collaborate on strategies to address dietary quality/physical activity challenges [DQ-26] • Participate in diet quality/physical activity needs assessment and program planning [DQ-27] • Form coalitions to address dietary quality/physical activity issues of low-income individuals or families [DQ-28]	***Institutions/organizations/communities demonstrate commitment:*** • Increase the number of referrals of low-income individuals among organizations and agencies to facilitate provision of nutrition education [DQ-29] • Adopt a feasible written plan to address institutional/organizational/community-level challenges and barriers to dietary quality/physical activity [DQ-30] • Implement specific actions from institutional/organizational/ community-level plans to improve dietary quality within the community [DQ-31] • Implement specific actions from institutional/organizational/community-level plans to improve physical activity within the community (such as planned community games and competitions or development of safe walking/bicycling trails) [DQ-32]	***Institutional/organizational/community-level improvements are reflected by actions, such as:*** • Increased availability of nutritiously dense foods offered in schools or restaurants [DQ-33] • Increased availability of nutritiously dense foods in grocery stores or farmers markets [DQ-34] • Reduced challenges related to transportation of low-income individuals to grocery stores, or food stamp and WIC offices [DQ-35] • Reduced challenges of access to community-based physical activity opportunities [DQ-36]
Social Structures, Policies, or Practices Level		
Outcomes		
• Educators, media, and other public and private representatives hold discussions regarding policies, regulations, and industry practices that are barriers to dietary quality and physical activity	• Educators, media, other public and private representatives work toward needed changes in laws, policies and practices related to diet quality and physical activity	• Revision/adoption of laws, policies, and practices that support sustained improvement of diet quality and physical activity
Indicators		
Identification and definition of: • Social/public policy issues/regulations and food industry practices that impact dietary quality and food availability for low-income individuals/families [DQ-37] • Social/public policy issues that create barriers to adequate physical activity (example: school policy for children affecting amount of physical activity in school) [DQ-38]	***Evidence of action, such as:*** • Commitment of key citizens, government officials, and policy makers to work toward needed changes in laws, policies, and practices, documented by letters, memoranda from legislators, agency heads or food industry leaders to improve diet quality and physical activity [DQ-39] • Adoption of plan by policy makers to achieve improvements in diet quality and physical activity [DQ-40]	***Evidence of change, such as:*** • Description of change in law, structure, policy, and/or practice to improve dietary quality and physical activity [DQ-41]

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Outcomes and Indicators – Food Security[1]		
Short Term	**Medium Term**	**Long Term**
Individuals, Families, Households Level		
Outcomes		
Individuals/families/households gain awareness, knowledge, and/or skills: • Increased knowledge of what to do when individual or family resources are inadequate for household food security	***Individuals/families/households apply skills and/or change behaviors:*** • Increased availability of personal/family food resources	***Individuals/families/households experience:*** • A reliable food supply that is nutritionally adequate, safe, and acquired in socially acceptable ways
Indicators		
___ (number) of ____ (total number) of individuals/families/households demonstrate increased knowledge and ability: • Identify emergency food programs (food pantries, soup kitchens, and food banks) and describe where/how to get emergency food assistance) [SC-01] • Obtain food from emergency food assistance programs to alleviate food insecurity [SC-02] • Describe non-emergency food assistance community food resources and assistance programs (food stamps, child nutrition programs, WIC, etc.), including where/how to apply for assistance [SC-03] ***___ (number) of ____ (total number) of individuals/families/households indicate intent to change:*** • Adopt one or more beneficial food security practices [SC-04]	***___ (number) of ____ (total number) of individuals/families/households report/demonstrate adoption of practices to increase household food security:*** • Enroll in non-emergency food assistance programs (food stamp program, child nutrition program, WIC, senior nutrition programs) [SC-05] • Rely less on emergency food sources (food pantries, food banks, soup kitchens) [SC-06] • Have fewer hungry/food insecure days [SC-07]	***Individuals/families/households report/demonstrate improvement:*** • Economic means for having food security [SC-08] ***Data shows improvements in household food security:*** • Reduced number/percentage of individuals/families/households that are hungry or food insecure [SC-09] • Maintenance of household food security over time (based on USDA CPS Food Security Survey) [SC-10]

1 There is a strong relationship between Food Resource Management and Food Security. For this logic model, Food Resource Management has been distinguished by what people can do in terms of personal, family and social supports; Food Security has been distinguished by what formal community systems are in place to assist individuals – i.e. emergency and non-emergency food support mechanisms.

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Outcomes and Indicators – Food Security[1]		
Short Term	**Medium Term**	**Long Term**
Institutions, Organizations, Communities Level		
Outcomes		
Institutions/organizations/communities gain awareness, knowledge, and/or interest: • Increased knowledge of food insecurity, including factors that limit community food security • Increased awareness of food insecurity throughout the community • Increased involvement of community groups to address food security issues in the community	***Institutions/organizations/communities commit to change:*** • Coordination of efforts to address food security and economic issues that impact institution/organization/community food security • Development and implementation of plans to improve institution/organization/community food security	***Communities experience increased food security:*** • Leaders/citizens are empowered to solve community food insecurity challenges • Institutional/organizational/community barriers to community food insecurity are reduced
Indicators		
Composition and number of institutions/organizations/communities that demonstrate increased awareness and involvement: • Report knowledge of levels of food insecurity in the community (based on USDA CPS Food Security Survey) [SC-11] • Participate in food insecurity/hunger needs assessment [SC-12] • Organize to address food security issues [SC-13]	***Institutions/organizations/communities demonstrate commitment:*** • Adopt a feasible written plan to address institutional/organizational/community-level challenges and barriers to food security [SC-14] • Implement specific actions from institutional/organizational/community-level plan to improve food security [SC-15] • Increase donations of food, money, or volunteer time by people in the community to emergency food programs [SC-16] • Increase support for community anti-hunger programs [SC-17] • Increase quantity and quality of foods in emergency food programs [SC-18] • Establish an on-going tracking system to assess and address changes in household and community food security [SC-19] • Assess economic conditions such as available employment and housing that impact food security [SC-20]	***Institutional/organizational/community-level improvements are reflected by actions, such as:*** • Reduced factors that negatively impact the quantity, quality, affordability, and availability of foods [SC-21] • Improved economic indicators of potential food insecurity (such as education, employment, and income) [SC-22]
Social Structures, Policies, or Practices Level		
Outcomes		
• Educators, media, and other public and private representatives hold discussions regarding policies, regulations, and industry practices that are barriers to food security	• Educators, media, other public and private representatives work toward needed changes in laws, policies and practices related to food security	• Revision/adoption of laws, policies, and practices that support sustained improvement in food security
Indicators		
Identification and definition of: • Social/public policy issues/regulations and food industry practices that impact food availability for low-income individuals and families [SC-23] • Economic factors that potentially influence food security [SC-24]	***Evidence of action, such as:*** • Commitment of key citizens, government officials, and policy makers to work toward needed changes in laws, policies, and/or practices, documented by letters, memoranda from legislators, agency heads, businesses, or food industry leaders to improve food security [SC-25] • Adoption of plan by policy makers to improve food security [SC-26]	***Evidence of change, such as:*** • Description of change in law, structure, policy, and/or practice to improve food security [SC-27]

1 There is a strong relationship between Food Resource Management and Food Security. For this logic model, Food Resource Management has been distinguished by what people can do in terms of personal, family and social supports; Food Security has been distinguished by what formal community systems are in place to assist individuals – i.e. emergency and non-emergency food support mechanisms.

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Outcomes and Indicators – Food Safety		
Short Term	**Medium Term**	**Long Term**
Individuals, Families, Households Level		
Outcomes		
Individuals/families/households gain awareness, knowledge, and/or skills: • Improved personal hygiene such as hand washing • Improved kitchen cleanliness • Cooking foods adequately • Avoidance of cross-contamination • Keeping foods at safe temperatures • Avoidance of foods from unsafe sources	***Individuals/families/households apply skills and/or change behaviors:*** • Improved personal hygiene such as hand washing • Improved kitchen cleanliness • Cooking foods adequately • Avoidance of cross-contamination • Keeping foods at safe temperatures • Avoidance of foods from unsafe sources	***Individuals/families/households experience:*** • Fewer incidents of foodborne illness associated with unsafe food handling practices
Indicators		
___ (number) of ____ (total number) of individuals/families/households demonstrate increased knowledge and ability: • Practice personal hygiene such as hand washing [FS-01] • Practice kitchen cleanliness [FS-02] • Cook foods adequately [FS-03] • Avoid cross-contamination [FS-04] • Keep foods at safe temperatures [FS-05] • Avoid foods from unsafe sources [FS-06] ***___ (number) of ____ (total number) of individuals/families/households indicate intent to change:*** • Practice personal hygiene such as hand washing [FS-07] • Practice kitchen cleanliness [FS-08] • Cook foods adequately [FS-09] • Avoid cross-contamination [FS-10] • Keep foods at safe temperatures [FS-11] • Avoid foods from unsafe sources [FS-12]	***___ (number) of ____ (total number) of individuals/families/households report/demonstrate adoption of desirable food handling behaviors:*** • Practice personal hygiene such as hand washing [FS-13] • Practice kitchen cleanliness [FS-14] • Cook foods adequately [FS-15] • Avoid cross-contamination [FS-16] • Keep foods at safe temperatures [FS-17] • Avoid foods from unsafe sources [FS-18]	***Data shows improvements in food handling-related health conditions:*** • Reduced incidence (number/percentage of individuals) of foodborne illness caused by unsafe food handling practices [FS-19] • Reduced mortality (number/percentage of individuals) due to unsafe food handling practices [FS-20]

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Outcomes and Indicators – Food Safety		
Short Term	**Medium Term**	**Long Term**
Institutions, Organizations, Communities Level		
Outcomes		
Institutions/organizations/communities gain awareness, knowledge, and/or interest: • Increased awareness among private and public sector leaders about community challenges and hazards that threaten the food safety of low-income individuals/families/households • Increased involvement of community groups to address food safety challenges/issues of low-income households	***Institutions/organizations/communities commit to change:*** • Development and implementation of plans based on HAACP to improve food safety	***Communities experience increased food safety:*** • Leaders/citizens are empowered to solve community food safety challenges • Institutional/organizational/community barriers to adopt safe food handling practices are reduced • Institutional/organizational/community hazards that threaten food safety are reduced
Indicators		
Composition and number of institutions/organizations/communities that demonstrate increased awareness and involvement: • Report discussions held on food safety challenges of low-income people in that locality [FS-21] • Report a commitment to collaborate or work together on strategies to address food safety challenges [FS-22] • Participate in food safety needs assessment [FS-23] • Organize to address food safety issues of low-income individuals and families [FS-24]	***Institutions/organizations/communities demonstrate commitment:*** • Increase the number of referrals of low-income individuals between agencies to facilitate provision of food safety education [FS-25] • Adopt a feasible written plan to address challenges and barriers to food safety by community groups/agencies [FS-26] • Implement specific actions from institutional/organizational/community-level plan to improve food safety within the community [FS-27] • Establish a monitoring, evaluation, and prevention system based on HAACP to improve food safety [FS-28]	***Institutional/organizational/community-level improvements are reflected by actions, such as:*** • Reduced food handling factors that negatively impact the safety of foods in a community (such as selling or distributing unsafe foods) [FS-29] • Reduced environmental factors that negatively affect the safety of foods in a community (such as contamination, residue, etc.) [FS-30]
Social Structures, Policies, or Practices Level		
Outcomes		
• Educators, media, and other public and private representatives hold discussions regarding policies, regulations, and industry practices that are barriers to food safety	• Educators, media, other public and private representatives work toward needed changes in laws, policies and practices related to food safety	• Revision/adoption of laws, policies, and practices that support sustained improvements in the safety of the food supply
Indicators		
Identification and definition of: • Social/public policy issues/regulations and food industry practices that impact food safety for low-income individuals and families [FS-31] • Economic, environmental, and industrial factors that potentially influence food safety [FS-32]	***Evidence of action, such as:*** • Commitment of key citizens, government officials, and policy makers to work toward needed changes in laws, policies, and/or practices, documented by letters, memoranda from legislators, agency heads, businesses, or food industry leaders to improve food safety [FS-33] • Adoption of plan by policy makers to achieve improvements in food safety [FS-34]	***Evidence of change, such as:*** • Description of change in law, structure, policy, and/or practice to improve the safety of the food supply [FS-35]

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Outcomes and Indicators – Shopping Behavior/Food Resource Management[1]		
Short Term	**Medium Term**	**Long Term**
Individuals, Families, Households Level		
Outcomes		
Individuals/families/households gain awareness, knowledge, and/or skills: • Identification of personal, family, and community resources • Recognition of the best strategies for stretching food resources for self and family • Ability to plan a healthy diet, using low-cost, nutrient dense foods	***Individuals/families/households apply skills and/or change behaviors:*** • Using a variety of food resources to reduce food costs • Increasing personal/family food availability • Providing culturally acceptable meals that are balanced for cost as well as for nutritional value • Making safe, nutritious, economical food choices away from home	***Individuals/families/households experience:*** • Eating nutritious and culturally acceptable foods on a limited budget using food resources appropriately
Indicators		
___ (number) of ____ (total number) of individuals/families/households demonstrate increased knowledge and ability: • List available food resources (time, money, kitchen equipment, food preparation skills, gardening skills, family and social network supports) [FR-01] • Use beneficial shopping techniques (menu planning, shopping list, food price comparisons, coupons, etc.) [FR-02] • Compare food costs at different food outlets (grocery stores, farmers markets, restaurants, vending machines, fast food chains, school environment, etc.) [FR-03] • Try new low-cost foods/recipes [FR-04] • Evaluate use of convenience foods and prepare some foods from basic ingredients [FR-05] • Reduce food waste through proper storage techniques [FR-06] • Demonstrate the ability to prepare food (measure food correctly, follow a recipe, use kitchen equipment safety, etc.) [FR-07] • Select/use food preparation techniques to conserve nutrients, reduce fat, reduce salt, and/or improve taste [FR-08] • Use proper storage techniques to preserve nutrient value and maintain food safety [FR-09] ***___ (number) of ____ (total number) of individuals/families/households indicate intent to change:*** • Adopt one or more beneficial shopping behavior/food resource management practices [FR-10]	***___ (number) of ____ (total number) of individuals/families/households report/demonstrate adoption of desirable food shopping/resource management practices:*** • Use one or more beneficial shopping techniques (menu planning, shopping list, compare food prices, use coupons, etc.) [FR-11] • Hunt, fish, and/or garden to increase food access options [FR-12] • Make some foods from basic ingredients [FR-13] • Purchase/prepare/preserve and store food for later use [FR-14] • Apply appropriate food preparation skills (measure food correctly, follow a recipe, use kitchen equipment safely, etc.) [FR-15] • Store food properly to preserve nutrient value and maintain food safety [FR-16]	***Data shows improvements in food shopping/resource management conditions:*** • Reduced reliance on family, friends, and social support networks for food (In cultures where sharing among friends and family is important, the intent of this indicator is to move from dependency to interdependency – having the capacity to share) [FR-17] • Ability to have foods readily available for self and family [FR-18] • Building and use of a personal food storage system (for maximum food resources management and to be prepared for unforeseen emergencies) [FR-19]

1 There is a strong relationship between Food Resource Management and Food Security. For this logic model, Food Resource Management has been distinguished by what people can do in terms of personal, family and social supports; Food Security has been distinguished by what formal community systems are in place to assist individuals – i.e. emergency and non-emergency food support mechanisms.

The Community Nutrition Education (CNE) Logic Model, Version 2 – Detail

Outcomes and Indicators – Shopping Behavior/Food Resource Management[1]

Short Term	Medium Term	Long Term
Institutions, Organizations, Communities Level		
Outcomes		
Institutions/organizations/communities gain awareness, knowledge, and/or interest: • Increased understanding of community and institutional barriers and opportunities for improved community food resource management • Increased awareness among private and public sector leaders about food resource management-related challenges of low-income individuals and families • Increased involvement of community groups to address food resource management challenges and opportunities for low-income individuals and families	***Institutions/organizations/communities commit to change:*** • Coordination of efforts to address issues and identify food resource management opportunities to impact household food security • Development and implementation of plans to improve household food security	***Communities experience improved food resource management status:*** • Increased institutions/organizations/communities initiated efforts to solve food resource management challenges • Decreased institutions/organizations/communities barriers to adoption of effective food resource management strategies
Indicators		
Composition and number of institutions/organizations/communities that demonstrate increased awareness and involvement: • Report discussions held on food resource challenges of low-income people in that locality [FR-20] • Participate in food resource management needs assessment [FR-21] • Organize to address food resource management needs of low-income individuals or families [FR-22]	***Institutions/organizations/communities demonstrate commitment:*** • Increase the number of referrals of low-income individuals between agencies to facilitate provision of shopping/food resource management education [FR-23] • Adopt a feasible written plan to address challenges and barriers to food resource management education [FR-24] • Implement specific actions from institutional/organizational/community-level plans to improve household food security through enhanced shopping behavior/food resource management skills [FR-25]	***Institutional/organizational/community-level improvements are reflected by actions, such as:*** • Nutritious foods are more readily available to low income people through efforts such as opening grocery stores or farmers markets in low-income communities, and/or establishment of community gardens [FR-26]
Social Structures, Policies, or Practices Level		
Outcomes		
• Educators, media, and other public and private representatives hold discussions regarding policies, regulations, and industry practices that are barriers to food resource management opportunities	• Educators, media, other public and private representatives work toward needed changes in laws, policies and practices related to food resource management	• Revision/adoption of laws, policies, and practices that support sustained improvement of food resource management opportunities
Indicators		
Identification and definition of: • Social/public policy issues/regulations and food industry practices that impact food resource management and food availability for low-income families/individuals [FR-27]	***Evidence of action, such as:*** • Commitment of key citizens, government officials, and policy makers to work toward needed changes in laws, policies, and/or practices that support food resource management opportunities, documented by letters, memoranda from legislators, agency heads, businesses, or food industry leaders [FR-28] • Adoption of plan by policy makers to achieve improvements in food resource management [FR-29]	***Evidence of change, such as:*** • Description of change in policies, and/or practice that support improved individual/family/household resource management [FR-30]

1 There is a strong relationship between Food Resource Management and Food Security. For this logic model, Food Resource Management has been distinguished by what people can do in terms of personal, family and social supports; Food Security has been distinguished by what formal community systems are in place to assist individuals – i.e. emergency and non-emergency food support mechanisms.

APPENDIX C

CNE LOGIC MODEL PROGRAM/NETWORK MANAGEMENT & REPORTING SYSTEM – WORKSHEET

For reporting on FSNE, 1 October 2004 – 30 September 2005

This form is a hard copy version of what you will see online. The website format is different, but content is the same. Use this worksheet as desired to identify information needed and/or prepare a hardcopy version prior to completing the online report.

STATE INFORMATION

What state are you reporting from? _____

List contact information

Name: _____

Organization: _____

Address1: _____

Address2: _____

Email: _____

Phone: _____

SITUATION STATEMENT

Describe your state situation according to the following criteria. See HELPS for detailed guidance.

Your state's Food Stamp population (250-300 words maximum)

Issues of concern

Dietary quality and physical activity (250-300 words)

Food Security (250-300 words)

Food Safety (250-300 words)

Shopping Behavior/Food Resource Management (250-300 words)

Other (250-300 words)

STATE PRIORITIES/OBJECTIVES

Based on your situation statement, what core areas did you identify as priorities (areas for which you have set measurable objectives)? Check all that apply. PLEASE NOTE: The core areas that you identify will determine the outcomes you can respond to in the online report. You will not have the option to report outcomes for core areas that you do not identify as state priorities here. See HELPS for detailed guidance.

("X")	Check all that apply
	Dietary Quality and Physical Activity
	Food Security
	Food Safety
	Shopping Behavior/Food Resource Management
	Other (list below) [Example: Food Environment]

Comments/Clarification:

ASSUMPTIONS

List assumptions made. See HELPS for clarification and examples.

EXTERNAL FACTORS

List external factors that may also account for efforts made and results seen. See HELPS for clarification and examples.

INPUTS – (Resources that go into a particular effort)

FINANCIAL RESOURCES – APPROVED BUDGETED COSTS

List dollar amounts for each category. See HELPS for clarification of terms and examples for FSNE.

Budget category	AMOUNT
Public Cash Contributions – University and/or Extension (State and Local Tax Revenue)	
Public Cash Contributions – Not University and/or Extension (State and Local Tax Revenue)	
Public Non-tax Cash Contributions (example: tobacco settlement money)	
Public In-kind Contributions (Non-cash; example in-kind goods and services provided by volunteers.)	
Private Cash Contributions Used for "Match" (For FSNE requires a waiver.)	
Indian Tribal Organization (ITO) Contributions	
SUM OF NON-FEDERAL "MATCH" CONTRIBUTIONS	
Federal Reimbursement Funds (For FSNE, funds from FNS)	
Other Funds (Not reimbursed; example - other private funds)	
TOTAL PROJECTED COSTS	

Comments:

PLANNING PROCESSES/METHODS OF NEEDS ASSESSMENT

Check (X) the methods that were used as a part of the planning process for your programs/projects.

(X)	Check all that apply
	Data from research studies/reports (including from universities)
	Data provided by local/county agencies
	Data provided by state agencies
	Data provided by federal agencies (such as census data)
	Face-to-face interviews with low-income persons
	Face-to-face interviews with key informants or partner agency staff
	Focus groups with low-income persons
	Focus groups with key informants or partner agency staff
	Surveys – written, telephone, electronic
	Community meetings (types of participants – describe in comments, below)
	County level advisory boards
	State level advisory boards
	Other (list below)

Comments:

MATERIALS – Resources

Primary resources used on STATEWIDE basis with the target audience. Additional information for some of these resources are located on the Food Stamp Nutrition Connection Website *http://ww.nal.usda.gov/foodstamp/* .

The following "list" represents curricula identified for use in 2005 by multiple states or which have some unique characteristics. This is not an endorsement of a particular curriculum. Please indicate the major curricula that you used as a state or that were used locally and met state screening criteria. Other materials you developed and/or used, can be listed following this chart.

Title/Package	Specific Curricula, if Applicable	Source	Lifecycle Target	How used	Language
	List, where applicable.	F (Federal agencies) N (National organizations) U (Universities) PH (State Public Health) NP (Non-Profit Sector) P (Private Sector - Commercial) J (Joint efforts - any of the above) O (Other, specify)	Check audiences for which used (may be more than one choice) P (Preschool aged children) Y (School aged children and youth) A (Adults) S (Seniors)	Default is "As is." Check only if modified. Specify how modified: language, readability, content, audience, local relevance, deleted or added sections, age appropriate adjustment, etc.	Default is English Specify only if other languages (indicate which languages)
4-H Food and Nutrition Materials (Juried resources)	List: ____	U			
5-A-Day	List:____	J			
Bobby B. Series		PH			
Body Walk		J			
Buffalo and Native American Wellness		J			
Building a Healthy Diet		U			
Cent$ible Nutrition	Eating your way through Wyoming History	U			
Changing the Course		NP			
Children and Weight. What Communities Can Do!		U			
Choices. . . Steps Toward Health (NEP Adult Curriculum)		U			
Color Me Healthy		U			
Cooking with Kids		NP			

Curricula series by Grade and School Educational Standards	Let's Read; Chef Combo's Fantastic Adventures; Professor Popcorn; Fun with Food & Fitness; Building My Pyramid; Pyramid Café; Building My Body; Choosing Food for Me; Pyramid Explorations; Exploring the Food Guide Pyramid; Digging Deeper; Exercise Your Options; Choices and Challenges; Hooked on Health; The Balancing Act; Teenage Moms; Healthy Body Image; This is Your Life! List others:_____	U			
Dietary Guidelines for Americans		F			
Eat Better; Eat Together		J			
Eat Healthy, Eat Breakfast Campaign		U			
Eat Smart. Play Hard		F			
Eat Well for Less		U			
Eating Right is Basic		U			
Elderly Nutrition and Food Safety Curriculum (ENAFS)		U			
Family First Nutrition Education Wellness System (FFNEWS)		U			
Feeding Young Children		U			
Fight BAC!		F			
Food Friends		F			
Food Groupies		P			
Food Guide Pyramid		F			
Food Sense		U			
Great Beginnings		U			
Growing with Plants		U			
Have a Healthy Baby		U			
Healthy Habits for Life		J			
Hey! What's Cooking		U			
How to Teach Nutrition to Kids		P			
Keep Food Safe	Better Living Fact Sheets	U			
Kids a Cookin'		U			
La Cocina Saludable		U			
Long Live La Familia		U			
Money for Food		J			
MyPyramid.Gov		F			

Organ Wise Guys	Basic Training for Better Health	P			
Planning Ahead, Staying Ahead		U			
Project IDEA		NP			
Project LEAN		J			
State specific resource book/training guide/un-specified curriculum	List: _____	U			
Stretching Your Food Dollars		U			
Take 10!		NP			
Take Charge of Your Health		J			
Team Nutrition	Ex. Changing the Scene; Nutrition Nibbles; Go Glow Grow; Power of Choice; YourSELF; Food Time; Food Works; Tickle Your Appetite for Child Care	F			
The Power of Choice		F			
United Learning: Lily Series		P			
Youth Curriculum Source-book		U			

Please list materials you developed that are available for broader use. Use categories above for each item.

RESOURCE INFORMATION (Use categories above for each * item):

*Title: _____

*Source: _____

*Lifecycle Target: _____

*Language: _____

*If modified, indicate from what existing resource, and why: _____

CONTACT INFORMATION:

Name: _____

Title: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

PEOPLE – Organizational Level

List the total number of people and full-time equivalents (FTE's) for each type of responsibility. See HELPS for examples.

Responsibility	Number of People	Total Number of Full Time Equivalents (FTEs)
Program Leadership		
Budget/Finance		
Curricula/Material Development		
Instructional Technology		
Accountability/Evaluation		
Professional Program Delivery Staff		
Paraprofessional Program Delivery Staff		
Administrative Support		
Other (list below)[Example: Data Entry]:		

Summarize expertise – total of terminal (final) degrees/credentials. (Note: A person could be counted in more than one category – could have an MS degree and be an RD):

(Example: 6PhD, 4MS, 16 BS/BA. . . ; and 6RD total)

PEOPLE – Volunteers

List the total number of volunteers and hours contributed for each responsibility. See HELPS for clarification and role definitions.

Roles/Responsibility	Number of People - Volunteers	Total Hours
Instructional		
Advisory		
Educational		
Support Service		
Middle Manager		
Total		

PEOPLE – Organizational Accountability

For each entity to which you report accountability, check ("X") frequency AND methods used. Check all that apply.

University

	Frequency					Methods		
People & Organizations	Continuously	Monthly	Quarterly	Semi-annually	Annually	University Policies & Procedures	Meetings	Written Reports
University fiscal offices								
Extension and/or University administration								
Other University/Extension (List below) Example: Departmental research workgroup								

Contractors, Elected and Appointed Officials, and/or Stakeholder Organizations

	Frequency					Methods	
People & Organizations	Continuously	Monthly	Quarterly	Semi-annually	Annually	Meetings	Written Reports
Contractor (for FSNE, State Food Stamp Agency)							
Local Elected/Appointed Officials							
State Elected/Appointed Officials							
Other Elected/Appointed Officials							
Community Partners							
Other Collaborators							
Regional/Multi-State Contacts (List)							
Other (List Below)							

People – Intra-Institutional Relationship

Check ("X") the type of relationship you have with others in your institution/organization, AS DEFINED. See HELPS for relationship definitions.

Within The Institution	Relationship				
	Network	Cooperator	Coordinator	Coalition	Collaboration
EFNEP					
Nutrition Department					
Other (List Below):					

People – Inter-Organizational Relationship

Check ("X") the type of relationship you have for each partner with whom you work. See HELPS for relationship definitions.

Agencies, Organizations and other Partners	Relationship				
	Network	Cooperator	Coordinator	Coalition	Collaboration
State Adult Service & Aging					
State Dept of Education					
State Dept of Health					
State Food Stamp Program Office					
State Child Nutrition Programs					
State Head Start Association					
State Nutrition Network					
TEAM Nutrition					
WIC					
Indian Tribal Organizations					
State Dietetic Association					
Other (List Below):					

Integrated Efforts – State Nutrition Action Plans (SNAP)

Indicate the extent of your involvement in the State Nutrition Action Plan. Check (X) all that apply. See "help" for expanded definition of efforts.

Effort	Type Involvement				
	Network	Cooperator	Coordinator	Coalition	Collaboration
Promote healthy eating & active lifestyle					
Develop partnership & collaboration to prevent overweight					
Formulate partnerships to promote fruit & vegetable consumption					
Promote a healthy community & school nutrition environment					
Create role models for healthy eating & active living					
Other (list below)					

OUTPUTS

See HELPS for a detailed description of this section.

Social Marketing Campaign Identifier

The following prompts will guide if and where social marketing campaign information will appear online. You can skip over this section for the hard copy version if desired, as you will need to supply this information later.

Definition: "Social marketing is defined as a disciplined, consumer-focused, research-based process to plan, develop, implement and evaluate interventions, programs and multiple channels of communications designed to influence the voluntary behavior or a large number of people in the target audience. (Adapted from Alan Andreasen 1995 and Social Marketing Division of Society for Nutrition Education). To report data for a social marketing campaign you have to have done all of the following, using social marketing research techniques:

- Identified a specific segment of the Food Stamp/low income or other population to target.
- Identified the specific nutrition needs of the target audience, associated target behavior(s), and perceptions about reasons for and against changing behavior.
- Interacted with the target audience to see if the message, materials, and delivery channel are understood and meaningful (would lead to behavior change).

If you conducted one or more social marketing campaigns according to the definition below, indicate yes. If you did not conduct a campaign indicate no. A "no" response will allow you to skip over the online content that does not apply.

	YES
	NO

For the online system, if you conducted one or more campaigns name the campaign(s), level of intervention, and year (see example in the table). This information will serve as a default identifier when entering social marketing campaign information. For the hardcopy version, you will need to supply this information where prompted on this worksheet.

Campaign Name	Level of Intervention: • Individual, Family, Household • Institution, Organization, Community • Social Structure, Policy, Practice	Year
Example: Milk for You Campaign	Individual, Family, Household	2nd

INDIVIDUALS, FAMILIES, HOUSEHOLDS LEVEL

Direct Methods

Definition

Interventions where a participant is actively engaged in the learning process with an educator or interactive media. If you provided interactive multimedia education, report numbers in locations where kiosks/computers were available. If your multimedia was provided via the internet, report the total number of participants under "homes" or "other" as appropriate.

Activities

Indicate the number of different sites for each location that you used:

Number of Sites	Delivery Sites/Locations*
	Head Start Sites
	Schools – Students as learners
	Other Youth Education Sites (day cares, pre-schools, YMCA/YWCA, boys/girls clubs)
	Adult Education & Training Sites (adult education facilities, job training programs, college campuses, literacy centers/programs, refugee service centers)
	Adult Rehabilitation Centers
	Schools – Adults/Parents as learners
	Elderly Service Sites (senior centers, personal care homes, assisted living facilities, adult day care centers)
	Churches
	Community Centers
	Emergency Food Assistance Sites (food banks, Salvation Army, food cooperatives)
	Extension Offices
	Farmers Markets
	Food Stamp Offices
	Food Stores (food-related stores and retail food outlets)
	Health Care Sites (health departments, hospitals, mental health centers, home health agencies, community health centers, migrant clinics)
	Homes
	Libraries
	Shelters
	WIC Program Sites
	Worksites
	Other (please specify)

Personnel teaching effort/time

Give a rough estimate of teaching effort/time devoted to each educational method. Include development, planning, teaching, and evaluation of teaching efforts, and travel time.

Example, if you have 20 people teaching almost exclusively in groups, and only occasionally doing one-to-one contacts, and 1 person who maintains several interactive technology kiosk sites, you would have 21 persons at 840 hours/week. This could be roughly construed as:

5% Interactive Technology [1 person at 40 hours/week (1 person)/840 hours/week (total hours) = .05]
1% - Individual Teaching [One-to-one contacts occur, but are the exception]
94% - Group [almost exclusive teaching by 20 educators]
100% of teaching effort/time

(Required Information – list "0"s, as necessary – to equal 100%)

% Time	Type of Teaching Effort
	Individual
	Group
	Interactive technology – Kiosks
	Interactive technology – Internet
	Other (list below)
100%	Total

Format

Indicate the number of lessons and hours given for direct education.

FORMAT	Number of Lessons Delivered	Curriculum Hours per Session or Lesson	Total Hours
Single session/lesson curriculum Example: 42 single sessions/lessons offered at 3 hours each = 126 total hours			
Series – two to four session/lesson curriculum Example: 7 series/lessons offered at 8 hours/series = 56 total hours			
Series – five to nine session/lesson curriculum Example: 10 series/lessons offered at 14 hours/series = 140 total hours			
Series – ten or more session/lesson curriculum			
Other (list below)			
TOTAL			

Alternative approach for reporting format IF you are unable to complete the table above. Give a rough estimate of amount of teaching formats used by percent.

Example: If you only do one-time contacts or self-contained lessons with no follow-through from week to week, you would list 100% single session programming By contrast, if you use a variety of teaching approaches, you might list the relative proportion of teaching efforts as followings:

* 80 % - series, 2-4 sessions [representing work done in schools]
* 15% - series, 5-9 sessions [representing work done with variety of community agencies]
* 5% - interactive kiosks [representing work done to maintain kiosks]

Participation

Note: for FSNE, FNS wants unduplicated counts of individuals where Food Stamp Program participation can be tracked or collected (i.e. the number of people rather than number of contacts). During this time of transition you have the option of checking "people," "contacts," or "both" for the online system. You will need to indicate the numbers of "people" and/or "contacts" in the appropriate column(s) if you first record data on the worksheet.

- If you select only "people," enter the total number of people, and then the number of people for age, gender, ethnicity, and race. Totals for age, gender, ethnicity and race should equal the total number of participants.
  Example, ten individuals participating in a six series class, would count as ten people.
- If you can only provide data by "contacts" at this time, enter the total number of contacts and then enter the number of contacts for age, gender, ethnicity, and race.
  Example, ten individuals participating in a six series class, where data has only been collected as contacts would count as sixty contacts.
- If you can report SOME participants as "people," but not all, indicate "both", and count as many participants as you can as "people" and the remainder as "contacts." DO NOT count the same persons in both columns!
  Example, where some individuals have participated in a series of classes and others have received single session lessons at the Food Stamp office, the data might be collected as: ten people (in the classes), and sixty contacts (the Food Stamp office).

Number of People	Or	Number of Contacts

List the total number of people and/or contacts by category (age, gender, ethnicity and race). The total number of persons/contacts needs to equal the total number of persons/contacts for each of the categories. See HELPS for ethnicity and race definitions.

Number of People	Or	Number of Contacts	
			AGE
			< 5 years (including preschool)
			5 – 17 years (grade K-12)
			18 – 59 years
			60 years or more
			Total number of participants by age
			GENDER
			Female
			Male
			Total number of participants by gender
			ETHNICITY
			Hispanic or Latino
			NOT Hispanic or Latino
			Unknown
			Total number of participants by ethnicity
			RACE
			American Indian or Alaska Native
			Asian
			Black or African American
			Native Hawaiian or Other Pacific Islander
			White
			Other*
			Unknown
			Total number of participants by race

*Use "other" to report participants selecting more than one race. See HELPS.

Indirect Methods

Definition

Distribution of information and resources to increase public awareness and nutrition knowledge specific to diet quality/ physical activity, food security, food safety and food shopping/resource management. Includes all mass communications, public events and materials distribution that are NOT part of direct education and social marketing campaign efforts.

Activities

Check (X) the types of sites through which indirect education is provided. Check all that apply.

("X")	Delivery Sites/Locations
	Head Start Sites
	Schools – Students as learners
	Other Youth Education Sites (day cares, pre-schools, YMCA/YWCA, boys/girls clubs)
	Adult Education & Training Sites (adult education facilities, job training programs, college campuses, literacy centers/programs, refugee service centers)
	Adult Rehabilitation Centers
	Schools – Adults/Parents as learners
	Elderly Service Sites (senior centers, personal care homes, assisted living facilities, adult day care centers)
	Churches
	Community Centers
	Emergency Food Assistance Sites (food banks, Salvation Army, food cooperatives)
	Extension Offices
	Farmers Markets
	Food Stamp Offices
	Food Stores (food-related stores and retail food outlets)
	Health Care Sites (health departments, hospitals, mental health centers, home health agencies, community health centers, migrant clinics)
	Homes
	Libraries
	Shelters
	WIC Program Sites
	Worksites
	Other (list below)

Definition

Indirect education can occur through mass communication, and/or distribution of materials and other informational resources through a variety of venues. *Note: If you provide multimedia education, please report locations where kiosks/computers are available. If your multimedia is provided via the internet, report the total number of participants under "home" or "other" as appropriate.

Activities and Participation

List the number of activities and participants for each type of venue. This count represents an estimated reach to the target population (e.g. total number potentially reached). See HELPS for examples.

	ACTIVITIES		PARTICIPATION
Mass Communications*	Number of Different PSAs, articles or signage	Total Number of airings/posting	Estimated Number of Target Population Reached
Example: Radio PSAs & Ads	2	300	10,000
Radio PSAs & ads			
TV PSAs & ads			
Newspaper ads & articles			
Billboard, bus or van wraps, ads on buildings, other signage			
Print Materials	Number of Different Print Items	Total Number of Pieces Distributed	
Example: Flyers, fact sheets, pamphlets	10	12,000	
Flyers, fact sheets, pamphlets			
Newsletters			
Posters			
Calendars			
Incentive Materials with Nutrition Messages	Number of Different Items	Total Number of Items Distributed	
Pens, pencils, wallet reference cards, magnets, cups, etc.			
Electronic	Number of Different Websites/Electronic Info Distribution	Total Number of Hits/Information Distributed	
Website			
Electronic (e-mail) materials/information Distribution			
Number of Public Events	Number of Different Events		Estimated Number of Target Population Reached
Community Events/Fairs/Exhibits			
Other (list below)			

*Total estimated target population reached for both PSAs and all airings based on broadcast marketing data.

Social Marketing Campaign(s)

Social Marketing Campaign(s) (Appears here online only if applicable; for worksheet, make multiple copies as needed)
(For hardcopy version only – indicate campaign name, and year of intervention). This information will show up on line, based on response to earlier prompts.

Campaign: _____

Year: _____

Activities

Stage of Campaign

Check (X) all that apply

("X")	Stage of Campaign
	Plan (includes market & formative research)
	Develop (includes campaign/materials design and consumer testing)
	Implement (put campaign into action)
	Track and evaluate

Primary Intervention Strategies Used

Check (X) all that apply.

("X")	Intervention Strategies
	Broadcast media (TV, radio)
	Print media (newspapers, billboards, posters, bus wraps)
	Electronic media/technology (web postings/communications)
	Community/school events
	Retail/point-of-purchase activities
	Other (list below)

Participation

List the total numbers of contacts/impressions with the target audience as determined from marketing data/implementation plan. This is NOT a count of individuals.

Total Number of Contacts/Impressions

	Number of Contacts/Impressions

List the total number of contacts/impressions by category. (The total number should be equal across categories)

Number of Contacts/ Impressions	Categories
	AGE
	< 5 years (including preschool)
	5 – 17 years (grade K-12)
	18 – 59 years
	60 years or more
	Total number of participants by age
	GENDER
	Female
	Male
	Total number of participants by gender
	ETHNICITY
	Hispanic or Latino
	NOT Hispanic or Latino
	Unknown
	Total number of participants by ethnicity
	RACE
	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	Other*
	Unknown
	Total number of participants by race

*Use "other" to report participants selecting more than one race. See HELPS.

INSTITUTIONS, ORGANIZATIONS, COMMUNITIES LEVEL (focus is on LOCAL NON-STATE efforts)

Specific Strategies

Activities

Check ("X") the type(s) of strategies used to develop partnerships and identify opportunities and eliminate barriers to this type of nutrition education within/across institutions, organizations and communities. (Check all that apply)

Types of Strategies

("X")	Types of Strategies
	Assess situation
	Create awareness
	Organize efforts
	Integrate services
	Other (list below)

Provide a description, and indicate if this is an initial, expanded, sustained, or revised effort. See HELPS for example.

Participation

List the number of LOCAL institutions, organizations, communities involved for each site that applies.

Number of Sites	Type of Delivery Sites/Locations
	Head Start Sites
	Schools – Students as learners
	Other Youth Education Sites (day cares, pre-schools, YMCA/YWCA, boys/girls clubs)
	Adult Education & Training Sites (adult education facilities, job training programs, college campuses, literacy centers/programs, refugee service centers)
	Adult Rehabilitation Centers
	Schools – Adults/Parents as learners
	Elderly Service Sites (senior centers, personal care homes, assisted living facilities, adult day care centers)
	Churches
	Community Centers
	Emergency Food Assistance Sites (food banks, Salvation Army, food cooperatives)
	Extension Offices
	Farmers Markets
	Food Stamp Offices
	Food Stores (food-related stores and retail food outlets)
	Health Care Sites (health departments, hospitals, mental health centers, home health agencies, community health centers, migrant clinics)
	Homes
	Libraries
	Shelters
	WIC Program Sites
	Worksites
	Other (list below)

Level of Involvement (Agreements among partners)

List the number of agreements for each type of agreement that applies. A particular relationship could be included in more than one category. For example, you might have a Memorandum of Understanding and be working jointly on a community based effort.

Number of Agreements	Type of Agreement
	Interagency agreements
	Memorandums of Understanding
	Community based efforts
	Integrated service plans
	Other (list below)

Social Marketing Campaign(s)

Social Marketing Campaign(s) (Appears here online only if applicable; for worksheet, make multiple copies as needed)

(For hardcopy version only – indicate campaign name, and year of intervention) This information will show up on line, based on response to earlier prompts.

Campaign: _____

Year: _____

Activities

Stage of Campaign

Check (X) all that apply

("X")	Stage of Campaign
	Plan (includes market & formative research)
	Develop (includes campaign/materials design and consumer testing)
	Implement (put campaign into action)
	Track and evaluate

Primary Intervention Strategies Used

Check (X) all that apply.

("X")	Intervention Strategies
	Broadcast media (TV, radio)
	Print media (newspapers, billboards, posters, bus wraps)
	Electronic media/technology (web postings/communications)
	Community/school events
	Retail/point-of-purchase activities
	Other (list below)

Participation

List the total numbers of contacts/impressions with the target audience as determined from marketing data/implementation plan. This is NOT a count of individuals.

Total Number of Contacts/Impressions

	Number of Contacts/Impressions

List the total number of contacts/impressions by category. (The total number should be equal across categories)

Number of Contacts/Impressions	Categories
	AGE
	< 5 years (including preschool)
	5 – 17 years (grade K-12)
	18 – 59 years
	60 years or more
	Total number of participants by age
	GENDER
	Female
	Male
	Total number of participants by gender
	ETHNICITY
	Hispanic or Latino
	NOT Hispanic or Latino
	Unknown
	Total number of participants by ethnicity
	RACE
	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	Other*
	Unknown
	Total number of participants by race

*Use "other" to report participants selecting more than one race. See HELPS.

SOCIAL STRUCTURE, POLICIES OR PRACTICES LEVEL

Specific Strategies

Activities

Type(s) of Efforts

Indicate the types of efforts to create/revise social systems and public policies. Check (X) all that apply.

("X")	Type(s) of Efforts
	Participate in expert review or comment on federal, state, and/or public policies
	Facilitate/participate in public forums
	Facilitate/participate in impact seminars
	Other efforts to inform elected officials, food industry leaders, (processors and retailers), producers, educators, and other influential leaders (list below)

Provide a description of systems and policy change efforts (who, what, how, where, when and why).

Participation

Indicate the number for of each type of entity involved in multi-sector efforts. List all that apply.

Number of Entities	Type of Entity
	Universities
	Government agencies
	Private sector contacts
	Non-profit agencies
	Governing/licensing boards involved in multi-sector efforts
	Other (list below)

Social Marketing Campaign(s)

Social Marketing Campaign(s) (Appears here online only if applicable; for worksheet, make multiple copies as needed)

(For hardcopy version only – indicate campaign name, and year of intervention) This information will show up on line, based on response to earlier prompts.

Campaign: _____

Year: _____

Activities

Stage of Campaign

Check (X) all that apply

("X")	Stage of Campaign
	Plan (includes market & formative research)
	Develop (includes campaign/materials design and consumer testing)
	Implement (put campaign into action)
	Track and evaluate

Primary Intervention Strategies Used

Check (X) all that apply.

("X")	Intervention Strategies
	Broadcast media (TV, radio)
	Print media (newspapers, billboards, posters, bus wraps)
	Electronic media/technology (web postings/communications)
	Community/school events
	Retail/point-of-purchase activities
	Other (list below)

Participation

List the total numbers of contacts/impressions with the target audience as determined from marketing data/implementation plan. This is NOT a count of individuals.

Total Number of Contacts/Impressions

	Number of Contacts/Impressions

List the total number of contacts/impressions by category. (The total number should be equal across categories)

Number of Contacts/Impressions	Categories
	AGE
	< 5 years (including preschool)
	5 – 17 years (grade K-12)
	18 – 59 years
	60 years or more
	Total number of participants by age
	GENDER
	Female
	Male
	Total number of participants by gender
	ETHNICITY
	Hispanic or Latino
	NOT Hispanic or Latino
	Unknown
	Total number of participants by ethnicity
	RACE
	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	Other*
	Unknown
	Total number of participants by race

*Use "other" to report participants selecting more than one race. See HELPS.

OUTCOMES

For each of the indicators that apply, record changes that occurred by filling in the number, composition, or a check mark ("X") as requested. No response means that either no change was seen, or the indicator was not used.

NOTE #1: The default for all outcome indicators is set to "0" for the online report to facilitate rapid movement through this section of the CNE Logic Model. You need only respond to the indicators that apply to your state. For the online system, you will only have the option of responding to the indicators that correspond to the priority areas that you identified as objectives.

NOTE #2: The codes associated with each of the following outcome indicators represent the core area. They are listed to facilitate rapid movement through this section of the CNE Logic Model.

NOTE #3: For "number who changed" in this section, "change" refers to improvement across a continuum – knowledge, ability, intent, adoption, changed condition, etc. Indicators listing the "total number of participants" refer to the number of participants who participated either directly or indirectly in an assessment or evaluation process, for whom change can be determined, if it occurred. Examples would be individuals who participated in pre-/post-assessments, post-pre-assessments, or whose behavioral patterns demonstrated change over time. Individuals with minimal exposure to FSNE, who cannot be assessed for change, would not be included in this number.

Outcomes – Diet Quality and Physical Activity

INDIVIDUALS, FAMILIES, HOUSEHOLDS LEVEL

Short Term

Outcomes: Individuals/families/households gain awareness, knowledge, and/or skills:

- Improved attitudes about healthy eating and physical activity
- Increased knowledge of healthy food choices
- Improved skill in selection of healthy foods
- Increased awareness/knowledge of benefits of physical activity (achieve/maintain a healthy weight, increase stamina, improve cardiovascular health, reduce risk of disease – cancer, diabetes, etc., improve personal appearance)
- Increased awareness/knowledge of physical activity recommendations for health

Indicators: Individuals/families/households demonstrate increased knowledge and ability:

Number who changed	Total number of participants	
		Plan menus and choose foods according to MyPyramid and the Dietary Guidelines [DQ-01]
		Adjust recipes and/or menus to achieve certain goals (reduced calories, fat, sodium, etc., or increased nutrients and fiber) [DQ-02]
		Use MyPyramid as a basis for selecting low-cost foods [DQ-03]
		Write a personal plan to adjust physical activity for health and fitness [DQ-04]

Indicators: Individuals/families/households indicate intent to change:

Number who changed	Total number of participants	
		Adopt one or more healthy food/nutrition practices (choose foods according to My-Pyramid and the Dietary Guidelines [DQ-05]
		Adjust recipes and/or menus to achieve certain goals (reduce calories, fat, sodium, etc., or increase nutrients and fiber) [DQ-06]
		Begin or increase physical activity [DQ-07]

Medium Term

Outcomes: Individuals, Families, Households apply skills and/or change behaviors:

- Increased adoption of healthy food practices
- Increased adoption of recommended diet-related practices for disease prevention and management
- Participation in regular physical activity [formal – exercising]
- Participation in community events that involve physical activity [informal community activities – sports, entertainment]

Indicators: Individuals, Families, Households report/demonstrate adoption of healthy eating practices with respect to the MyPyramid and the Dietary Guidelines:

Number who changed	Total number of participants	
		Eat nearer to the recommended number of ounce equivalents from the Grains Group [DQ-08]
		Eat nearer to the recommended number of cup equivalents from the Vegetables Group [DQ-09]
		Eat nearer to the recommended number of cup equivalents from the Fruits Group [DQ-10]
		Eat nearer to the recommended number of cup equivalents from the Milk Group [DQ-11]
		Eat nearer to the recommended number of ounce equivalents from the Meat and Beans Group [DQ-12]
		Eat nearer to the recommended number of teaspoons from the Oils Group [DQ-13]
		Eat nearer to the discretionary calorie allowance [DQ-14]
		Eat nearer to MyPyramid amounts (unspecified) [DQ-15]
		Improve their intake of selected nutrients [DQ-16]
		Increase their frequency of eating breakfast [DQ-17]

Indicators: Individuals, Families, Households report/demonstrate adoption of increased time in physical activity practices:

Number who changed	Total number of participants	
		Engage in regular physical activity, such as walking, hiking, bicycling, etc. [DQ-IM-18]
		Increase participation in games and play that involve physical activity [DQ-19]
		Reduce time spent in sedentary activities (such as watching TV and playing video games) [DQ-IM-20]
		Engage in physical activity to the level recommended by MyPyramid [DQ-21]

Long Term

Outcomes – Individuals, Families, Households experience:

- Fewer risk factors for nutrition-related health problems and chronic diseases that are affected by diet and physical activity
- Fewer complications of chronic diseases that are affected by diet and physical activity

Indicators - Data shows improvements in nutrition-related health conditions:

Number/ percent who changed	Total number/ percent of participants	
		Reduced number/percentage of individuals/families/households with chronic disease risk factors [DQ-22]
		Reduced number/percentage of individuals/families/households with chronic disease complications [DQ-23]
		Increase number/percentage of individuals/families/households who achieve/ maintain healthy weight or lose as much as 5% of body weight (if needed) [DQ-24]

INSTITUTIONS, ORGANIZATIONS, COMMUNITIES LEVEL

Short Term

Outcomes – Institutions/organizations/communities gain awareness, knowledge, and/or interest:

- Increased awareness among private and public sector leaders about nutrition/physical activity – related challenges of low-income individuals/families/households
- Increased involvement of community groups to address nutrition/physical activity-related challenges/issues of low-income individuals/families/households

Indicators: Number and composition of institutions/organizations/communities that demonstrate increased awareness and involvement:

List the number and types of institutions, organizations, communities	
	Hold discussions on dietary quality and physical activity challenges of low-income people in that locality [DQ-25]
	Make a commitment to collaborate on strategies to address dietary quality and physical activity challenges [DQ-26]
	Participate in diet quality and physical activity needs assessment and program planning [DQ-27]
	Form coalitions to address dietary quality and physical activity issues of low-income individuals or families [DQ-28]

Medium Term

Outcomes: Institutions, Organizations, Communities commit to change:

- Identification of barriers and enhancements to improve community diet quality
- Development and implementation of plans to improve diet quality
- Increased community activities/facilities that encourage physical activity

Indicators: Institutions, Organizations, Communities demonstrate commitment:

("X")	Check indicator(s) if changed occurred
	Increase the number of referrals of low-income individuals among organizations and agencies to facilitate provision of nutrition education [DQ-29]
	Adopt a feasible written plan to address institutional/organizational/community-level challenges and barriers to dietary quality/physical activity [DQ-30]
	Implement specific actions from institutional/organizational/community-level plans to improve dietary quality within the community [DQ-31]
	Implement specific actions from institutional/organizational/community-level plans to improve physical activity within the community (such as planned community games and competitions or development of safe walking/bicycling trails) [DQ-32]

Long Term

Outcomes: Communities experience improved dietary quality/physical activity of community members:

- Leaders/citizens are empowered to solve community food/nutrition challenges
- Institutional, Organizational, community barriers to adopt healthy nutrition/physical activity practices are reduced

Indicators: Institutional/organizational/community-level improvements are reflected by actions, such as:

("X")	Check indicator(s) if changed occurred
	Increased availability of nutritiously dense foods offered in schools or restaurants [DQ-33]
	Increased availability of nutritiously dense foods in grocery stores or farmer's markets [DQ-34]
	Reduced challenges related to transportation of low-income individuals to grocery store, or Food Stamp and WIC offices [DQ-35]
	Reduced challenges of access to community-based physical activity opportunities [DQ-36]

SOCIAL STRUCTURES, POLICIES, OR PRACTICES

Short Term

Outcomes: Educators, media, and other public and private representatives hold discussions regarding policies, regulations, and industry practices that are barriers to dietary quality and physical activity

Indicators: Identification and definition of:

("X")	Check indicator(s) if changed occurred
	Social/public policy issues/regulations and food industry practices that impact dietary quality and food availability for low-income individuals/families [DQ-37]
	Social/public policy issues that create barriers to adequate physical activity (example: school policy for children affecting amount of physical activity in school) [DQ-38]

Medium Term

Outcomes: Educators, media, other public and private representatives work toward needed changes in laws, policies and practices related to diet quality and physical activity

Indicators: Evidence of action, such as:

("X")	Check indicator(s) if changed occurred
	Commitment of key citizens, government officials, and policy makers to work toward needed changes in laws, policies, and practices, documented by letters, memoranda from legislators, agency heads or food industry leaders to improve diet quality and physical activity [DQ-39]
	Adoption of plan by policy makers to achieve improvements in diet quality and physical activity [DQ-40]

Long Term

Outcomes – Revision/adoption of laws, policies, and practices that support sustained improvement of diet quality and physical activity

Indicators – Evidence of change, such as:

("X")	Check indicator(s) if changed occurred
	Description of change in law, structure, policy, and/or practice to improve dietary quality and physical activity [DQ-41]

Outcomes – Food Security

INDIVIDUALS, FAMILIES, HOUSEHOLDS

Short Term

Outcomes: Individuals, families, households gain awareness, knowledge, and/or skills:

- Increased knowledge of what to do when individual or family resources are inadequate for household food security

Indicators: Individuals, families, households demonstrate increased knowledge and ability:

Number who changed	Total number participants	
		Identify emergency food programs (food pantries, soup kitchens, and food banks) and describe where/how to get emergency food assistance [SC-01]
		Obtain food from emergency food assistance programs to alleviate food insecurity [SC-02]
		Describe non-emergency food assistance community food resources and assistance programs (Food Stamps, child nutrition programs, WIC, etc.), including where/how to apply for assistance [SC-03]

Indicators: Individuals/families/households indicate intent to change:

Number who changed	Total number participants	
		Adopt one or more beneficial food security practices [SC-04]

Medium Term

Outcomes: Individuals, families, households apply skills and/or change behaviors:

- Increased availability of personal/family food resources

Indicators: Individuals, Families, Households report/demonstrate adoption of practices to increase household food security:

Number who changed	Total number participants	
		Enroll in non-emergency food assistance programs (Food Stamp program, child nutrition program, WIC, senior nutrition programs) [SC-05]
		Rely less on emergency food sources (food pantries, food banks, soup kitchens) [SC-06]
		Have fewer hungry/food insecure days [SC-07]

Long Term

Outcomes: Individuals, families, households experience a reliable food supply that is nutritionally adequate, safe, and acquired in socially acceptable ways

Indicators: Individuals, Families, Households report demonstrate improvement:

Number who changed	Total number participants	
		Economic means for having food security [SC-08]

Indicators: Data shows improvements in household food security:

Number who changed	Total number/ percent of participants	
		Reduced number/percentage of individuals, families, households that are hungry or food insecure [SC-09]
		Maintenance of household food security over time (based on USDA CPS Food Security Survey) [SC-10]

INSTITUTION, ORGANIZATION, COMMUNITIES

Short Term

Outcomes: Institutions, organizations, communities gain awareness, knowledge, and/or interest:

- Increased knowledge of food insecurity, including factors that limit community food security
- Increased awareness of food insecurity throughout the community
- Increased involvement of community groups to address food security issues in the community

Indicators: Number and composition of institutions/organizations/communities that demonstrate increased awareness and involvement:

List the number and types of institutions, organizations, communities	
	Report knowledge of levels of food insecurity in the community (based on USDA CPS Food Security Survey) [SC-11]
	Participate in food insecurity/hunger needs assessment [SC-12]
	Organize to address food security issues [SC-13]

Medium Term

Outcomes: Institutions, organizations, communities commit to change:

- Coordination of efforts to address food security and economic issues that impact institution/organization/community food security
- Development and implementation of plans to improve institution/organization/community food security

Indicators: Institutions, organizations, communities demonstrate commitment:

("X")	Check indicator(s) if changed occurred
	Adopt a feasible written plan to address institutional/organizational/community-level challenges and barriers to food security [SC-14]
	Implement specific actions from institutional/organizational/community-level plan to improve food security [SC-15]
	Increase donations of food, money, or volunteer time by people in the community to emergency food programs [SC-16]
	Increase support for community anti-hunger programs [SC-17]
	Increase quantity and quality of foods in emergency food programs [SC-18]
	Establish an on-going tracking system to assess and address changes in household and community food security [SC-19]
	Assess economic conditions such as available employment and housing that impact food security [SC-20]

Long Term

Outcomes: Communities experience increased food security:

- Leaders/citizens are empowered to solve community food insecurity challenges
- Institutional/organizational/community barriers to community food insecurity are reduced

Indicators: Institutional/organizational/community-level improvements are reflected by actions, such as:

("X")	Check indicator(s) if changed occurred
	Reduced factors that negatively impact the quantity, quality, affordability, and availability of foods [SC-21]
	Improved economic indicators of potential food insecurity (such as education, employment, and income) [SC-22]

SOCIAL STRUCTURES, POLICIES, OR PRACTICES

Short Term

Outcomes: Educators, media, and other public and private representatives hold discussions regarding policies, regulations, and industry practices that are barriers to food security

Indicators: Identification and definition of:

("X")	Check indicator(s) if changed occurred
	Social/public policy issues/regulations and food industry practices that impact food availability for low-income individuals and families [SC-23]
	Economic factors that potentially influence food security [SC-24]

Medium Term

Outcomes: Educators, media, other public and private representative's work toward needed changes in laws, policies and practices related to food security

Indicators: Evidence of actions, such as:

("X")	Check indicator(s) if changed occurred
	Commitment of key citizens, government officials, and policy makers to work toward needed changes in laws, policies, and practices, documented by letters, memoranda from legislators, agency heads, businesses, or food industry leaders to improve food security [SC-25]
	Adoption of plan by policy makers to improve food security [SC-26]

Long Term

Outcomes: Revision/adoption of laws, policies, and practices that support sustained improvement in food security

Indicators: Evidence of change, such as:

("X")	Check indicator(s) if changed occurred
	Description of change in law, structure, policy and/or practice to improve food security [SC-27]

Outcomes – Food Safety

INDIVIDUAL, FAMILIES, HOUSEHOLDS

Short Term

Outcomes: Individuals, Families, Households gain awareness, knowledge, and/or skills:

- Improved personal hygiene such as handwashing
- Improved kitchen cleanliness
- Cooking foods adequately
- Avoidance of cross-contamination
- Keeping foods at safe temperature
- Avoidance of foods from unsafe sources

Indicators: Individuals, Families, Households demonstrate increased knowledge and ability:

Number who changed	Total number participating	
		Practice personal hygiene such as handwashing [FS-01]
		Practice kitchen cleanliness [FS-02]
		Cook foods adequately [FS-03]
		Avoid cross-contamination [FS-04]
		Keep foods at safe temperatures [FS-05]
		Avoid foods from unsafe sources [FS-06]

Indicators: Individuals/families/households indicate intent to change:

Number who changed	Total number participating	
		Practice personal hygiene such as handwashing [FS-07]
		Practice kitchen cleanliness [FS-08]
		Cook foods adequately [FS-09]
		Avoid cross-contamination [FS-10]
		Keep foods at safe temperatures [FS-11]
		Avoid foods from unsafe sources [FS-12]

Medium Term

Outcomes: Individuals, Families, Households apply skills and/or change behaviors:

- Improved personal hygiene such as handwashing
- Improved kitchen cleanliness
- Cooking foods adequately
- Avoidance of cross-contamination
- Keeping foods at safe temperatures
- Avoidance of foods from unsafe sources

Indicators: Individuals, Families, Households report/demonstrate adoption of desirable food handling behaviors:

Number who changed	Total number participating	
		Practice personal hygiene such as handwashing [FS-13]
		Practice kitchen cleanliness [FS-14]
		Cook foods adequately [FS-15]
		Avoid cross-contamination [FS-16]
		Keep foods at safe temperatures [FS-16]
		Avoid foods from unsafe sources [FS-18]

Long Term

Outcomes: Individuals, families, households experience:

- Fewer incidents of foodborne illness associated with unsafe food handling practices

Indicators: Data shows improvements in food handling-related health conditions:

Number who changed	Total number/ percent of participants	
		Reduced incidence (number/percentage of individuals) of foodborne illness caused by unsafe food handling practices [FS-19]
		Reduced mortality (number/percentage of individuals) due to unsafe food handling practices [FS-20]

INSTITUTIONS, ORGANIZATIONS, COMMUNITIES

Short Term

Outcomes: Institutions, Organizations, Communities gain awareness, knowledge, and/or interest:

- Increased awareness among private and public sector leaders about community challenges and hazards that threaten the food safety of low-income individuals/families/households
- Increased involvement of community groups to address food safety challenges/issues of low-income households

Indicators: Number and composition of institutions/organizations/communities that demonstrate increased awareness and involvement:

List the number and types of institutions, organizations, communities	
	Report discussions held on food safety challenges of low-income people in that locality [FS-21]
	Report a commitment to collaborate or work together on strategies to address food safety challenges [FS-22]
	Participate in food safety needs assessment [FS-23]
	Organize to address food safety issues of low-income individuals and families [FS-24]

Medium Term

Outcomes: Institutions, organizations, communities commit to change:

- Development and implementation of plans based on HAACP to improve food safety

Indicators: Institutions, organizations, communities demonstrate commitment:

("X")	Check indicator(s) if changed occurred
	Increase the number of referrals of low-income individuals between agencies to facilitate provision of food safety education [FS-25]
	Adopt a feasible written plan to address challenges and barriers to food safety by community groups/agencies [FS-26]
	Implement specific actions from institutional/organizational/community-level plan to improve food safety within the community [FS-27]
	Establish a monitoring, evaluation, and prevention system based on HAACP to improve food safety education [FS-28]

Long Term

Outcomes: communities experience increased food safety:

- Leaders/citizens are empowered to solve community food safety challenges
- Institutional/organizational/community barriers to adopt safe food handling practices are reduces
- Institutional/organizational/community hazards that threaten food safety are reduced

Indicators: Institutional/organizational/community-level improvements are reflected by actions, such as:

("X")	Check indicator(s) if changed occurred
	Reduced food handling factors that negatively impact the safety of foods in a community [such as selling or distributing unsafe foods] [FS-29]
	Reduced environmental factors that negatively affect the safety of foods in a community [such as contamination, residue, etc.] [FS-30]

SOCIAL STRUCTURES, POLICIES, OR PRACTICES

Short Term

Outcomes: Educators, media, and other public and private representatives hold discussions regarding policies, regulations, and industry practices that are barriers to food safety.

Indicators: Identification and definition of:

("X")	Check indicator(s) if changed occurred
	Social/public policy issues/regulations and food industry practices that impact food safety for low-income individuals and families [FS-31]
	Economic environmental, and industrial factors that potentially influence food safety [FS-32]

Medium Term

Outcomes: Educators, media, and other public and private representatives work toward needed changes in laws, policies and practices related to food safety

Indicators: Evidence of action, such as:

("X")	Check indicator(s) if changed occurred
	Commitment of key citizens, government officials, and policy makers to work toward needed changes in laws, policies, and practices, documented by letters, memoranda from legislators, agency heads, businesses, or food industry leaders to improve food safety [FS-33]
	Adoption of plan by policy makers to achieve improvements in food safety [FS-34]

Long Term

Outcomes: Revision/adoption of laws, policies, and practices that support sustained improvements in the safety of the food supply

Indicators: Evidence of change, such as:

("X")	Check indicator(s) if changed occurred
	Description of change in laws, policy, and/or practice to improve the safety of the food supply [FS-35]

Outcomes – Shopping Behavior/Food Resource Management

INDIVIDUALS, FAMILIES, HOUSEHOLDS

Short Term

Outcomes: Individuals, families, households gain awareness, knowledge, and/or skills:

- Identification of personal, family, and community resources
- Recognition of the best strategies for stretching food resources for self and family
- Ability to plan a healthy diet, using low-cost, nutrient dense foods

Indicators: Individuals, families, households demonstrate increased knowledge and ability:

Number who changed	Total number participating	
		List available food resources (time, money, kitchen equipment, food preparation skills, gardening skills, family and social network supports) [FR-01]
		Use beneficial shopping techniques (menu planning, shopping list, food price comparisons, coupons, etc.) [FR-02]
		Compare food costs at different food outlets (grocery stores, farmers markets, restaurants, vending machines, fast food chains, school environment, etc.) [FR-03]
		Try new low-cost foods/recipes [FR-04]
		Evaluate use of convenience foods and prepare some foods from basic ingredients [FR-05]
		Reduce food waste through proper storage techniques [FR-06]
		Demonstrate the ability to prepare food (measure food correctly, follow a recipe, use kitchen equipment safety, etc. [FR-07]
		Select/use food preparation techniques to conserve nutrients, reduce fat, reduce salt, and/or improve taste [FR-08]
		Use proper storage techniques to preserve nutrient value and maintain food safety [FR-09]

Indicators: Individuals/families/households indicate intent to change:

("X")	Check indicator(s) if changed occurred
	Adopt one or more beneficial shopping behavior/food resource management practices [FR-10]

Medium Term

Outcomes: Individuals, families, households apply skills and/or change behaviors:

- Using a variety of food resources to reduce food costs
- Increasing personal/family food availability
- Providing culturally acceptable meals that are balanced for cost as well as for nutritional value
- Making safe, nutritious, economical food choices away from home

Indicators: Individuals, families, households report/demonstrate adoption of desirable food shopping/resource management practices:

Number who changed	Total number participating	
		Use one or more beneficial shopping techniques (menu planning, shopping list, compare food prices, use coupons, etc.) [FR-11]
		Hunt, fish, and/or garden to increase food access options [FR-12]
		Make some foods from basic ingredients [FR-13]
		Purchase/prepare/preserve and store food for later use [FR-14]
		Apply appropriate food preparation skills (measure food correctly, follow a recipe, use kitchen equipment safely, etc. [FR-15]
		Store food properly to preserve nutrient value and maintain food safety [FR-16]

Long Term

Outcomes: Individuals, families, households experience eating nutritious and culturally acceptable foods on a limited budget using food resources appropriately

Indicators: Data shows improvements in food shopping/resource management conditions:

Number who changed	Total number/ percent of participants	
		Reduced reliance on family, friends, and social support networks for food [In cultures where sharing among friends and family is important, the intent of this indicator is to move from dependency to interdependency – having the capacity to share] [FR-17]
		Ability to have foods readily available for self and family [FR-18]
		Building and use of a personal food storage system [for maximum food resources management and to be prepared for unforeseen emergencies] [FR-19]

INSTITUTIONS, ORGANIZATIONS, COMMUNITIES

Short Term

Outcomes: Institutions, Organizations, Communities gain awareness, knowledge, and/or interest:

- Increased understanding of community and institutional barriers and opportunities for improved community food resource management
- Increased awareness among private and public sector leaders about food-resource management-related challenges of low-income individuals and families
- Increased involvement of community groups to address food resource management challenges and opportunities for low-income individuals and families

Indicators: Number and composition of institutions/organizations/communities that demonstrate increased awareness and involvement:

List the number and types of institutions, organizations, communities	
	Report discussions held on food resource challenges of low-income people in that locality [FR-20]
	Participate in food resource management needs assessment [FR-21]
	Organize to address food resource management needs of low-income individuals or families [FR-22]

Medium Term

Outcomes: Institutions, Organizations, Communities commit to change:

- Coordination of efforts to address issues and identify food resource management opportunities to impact household food security
- Development and implementation of plans to improve household food security

Indicators: Institutions, Organizations, Communities demonstrate commitment:

("X")	Check indicator(s) if changed occurred
	Increase the number of referrals of low-income individuals between agencies to facilitate provision of shopping/food resource management education [FR-23]
	Adopt a feasible written plan to address challenges and barriers to food resource management education [FR-24]
	Implement specific actions from institutional/organizational/community-level plans to improve household food security through enhanced shopping/food resource management skills [FR-25]

Long Term

Outcomes: Communities experience improved food resource management status:

- Increased institutions/organizations/communities initiated efforts to solve food resource management challenges
- Decreased institutions/organizations/communities barriers to adoption of effective food resource management strategies

Indicators: Institutions/organizational/community-level improvements are reflected by actions, such as:

("X")	Check indicator(s) if changed occurred
	Nutritious foods are more readily available to low income people through efforts such as opening grocery stores or farmers markets in low-income communities, and/or establishment of community gardens [FR-26]

SOCIAL STRUCTURES, POLICIES, OR PRACTICES

Short Term

Outcomes: Educators, media, and other public and private representatives hold discussions regarding policies, regulations, and industry practices that are barriers to food resource management opportunities

Indicators: Identification and definition of:

("X")	Check indicator(s) if changed occurred
	Social/public policy issues/regulations and food industry practices that impact food resource management and food availability for low-income families/individuals [FR-27]

Medium Term

Outcomes: Educators, media, other public and private representatives work toward needed changes in laws, policies and practices related to food resource management

Indicators: Evidence of action, such as:

("X")	Check indicator(s) if changed occurred
	Commitment of key citizens, government officials, and policy makers to work toward needed changes in laws, policies, and practices that support food resource management opportunities, documented by letters, memoranda from legislators, agency heads, businesses, or food industry leaders [FR-28]
	Adoption of plan by policy makers to achieve improvements in food resource management [FR-29]

Long Term

Outcomes: Revision/adoption of laws, policies, and practices that support sustained improvement of food resource management opportunities

Indicators: Evidence of change, such as:

("X")	Check indicator(s) if changed occurred
	Description of change in policies, and/or practice that support improved individual/family/household resource management [FR-30]

OTHER INDICATORS

List success for 1or 2 other indicators not noted above. Identify core areas (if applicable), level of intervention and time frame. See HELPS for clarification.

IMPACTS

Provide 4 - 6 examples of program/network impacts (maximum 250 – 300 words for each). One impact can be a unexpected result, a side benefit or more specific outcome which may or may not be tied to nutrition. See HELPS for additional clarification.

Identifiers * Objective and associated core area * Level(s) of intervention * Time frame	
Impact Statement (Describe change in context of the situation, i.e. target audience, teaching situation, why significant, etc. For example: could be the number that changed, the amount of change, change with hard to reach audiences, etc. Include the relative amount of change, such as "Of 368 participants, 46% indicated they increased their fruit and vegetable consumption.")	
Describe the data collections method(s)	
Describe tool(s) used	
Comments/Clarification External Influences (Identify external factors, i.e. other influences that supported or diminished program effectiveness)	

Check (X) if other impacts are to be recorded. (Prompt for additional online pages; make copies as needed for hard copy version)

	Yes
	No

AREAS FOR PROGRAM/NETWORK IMPROVEMENT

Check the appropriate box if there are areas you want/need to focus on for program/project improvement.

("X")	Areas for potential improvement
	Access to clientele
	Delivery to clientele
	Social marketing methods
	Program evaluation
	Data collection
	Staff development
	Recruitment, hiring and retaining employees
	Enhanced support from other agencies
	Partnerships with private organizations (or just partnerships)
	Resources for physical activity and dietary quality
	Translational resources
	Other (list below)

POTENTIAL TOPICS FOR FUTURE RESEARCH

Check areas of research in which you, or others at your institution, are involved or have a major interest. (Check all that apply)

("X")	Areas of Research
	Dietary quality and physical activity
	Food security status
	Evaluation of programs
	Reaching Food Stamp clientele
	Marketing methods
	Long-term impacts/evaluation
	Retention rate of employees
	Other (explain)

APPENDIX D

CURRICULA REFERENCES (INCLUDING AGENCY/ORGANIZATION AND ONLINE ADDRESS)

4-H Food and Nutrition materials; Represents a variety of resources, for example:
http://www.4-hmall.org/Curriculum.aspx
http://4-h.org/programs_mission_mandates/healthyliving.html

5-A-Day; CDC, Produce for Better Health Foundation, etc.
http://www.5aday.gov/

Dietary Guidelines for Americans; U.S. Department of Health and Human Services
http://www.health.gov/DietaryGuidelines/

Eat Smart Play Hard; U.S. Department of Agriculture
http://teamnutrition.usda.gov/Resources/eatsmartmaterials.html

Eat Well for Less; Oregon State University
http://extension.oregonstate.edu/fcd/nutrition/ewfl/index.php

Eating Right is Basic; Michigan State University
http://web1.msue.msu.edu/fnh/products/catalog/index.htm

Fight BAC!; Partnerships for Food Safety Education
http://www.fightbac.org/

Food Groupies; Food Groupie, Inc.
http://www.foodgroupie.com/

Food Guide Pyramid; U.S. Department of Agriculture
http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=2&tax_subject=256&topic_id=1348

MyPyramid; U.S. Department of Agriculture
http://www.mypyramid.gov/

Stretching Your Food Dollars; University of Wisconsin
http://learningstore.uwex.edu/pdf/B3487.pdf

TEAM Nutrition; U.S. Department of Agriculture
http://www.fns.usda.gov/TN/library.html

The Power of Choice; U.S. Department of Agriculture
http://www.fns.usda.gov/tn/RESOURCES/power_of_choice.html