

Appendix C. Supplementary Checklists and Templates

The Western Region developed the Checklist for *Evidence-Based Approaches* and the Checklist for *Public Health Approaches*. Other regions use these checklists to support States in the delivery of services. The checklists provide detailed descriptions, steps, and examples that may assist States as they consider approaches for delivery of *nutrition education and obesity prevention services*. The checklist for *Evidence-Based Approaches* has been fully integrated into the *SNAP-Ed Plan* and *Annual Report*, so it no longer exists as a standalone document.

1. Reviewing State SNAP-Ed Plans Checklist

This checklist is used to review *SNAP-Ed Plans* and may be helpful to consider during the planning process.

1.1 Elements Considered When Reviewing SNAP-Ed Plans

General	Yes	No
Was the plan submitted in N-PEARS by August 15?		
Is the plan complete (all modules completed with sufficient details)?		
Is the plan signed by appropriate State representatives?		
Overall, does the plan seem reasonable, and will it accomplish the SNAP-Ed mission?		

Needs Assessment	Yes	No
Are the methods and sources used appropriate for the plan?		
Does the plan adequately define the audience and its needs?		
Does the plan identify other nutrition and obesity prevention programs serving <i>people with low income</i> ?		
Does the plan identify areas that are underserved?		
New: Does the plan include and consider the needs of American Indian/Alaskan Native populations? End of new material.		

Goals and Objectives	Yes	No
Are the State goals and objectives consistent with SNAP-Ed Plan Guidance?		
Are objectives written in the SMART [specific, measurable, achievable, relevant, and time-specific] format?		
Do the objectives relate to the State goals?		
Do the activities target the SNAP-Ed-eligible audience?		
Are the activities adequately described?		
Are the activities supported by research?		
Are the activities consistent with Dietary Guidelines for Americans, MyPlate, and the Physical Activity Guidelines for Americans?		

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Goals and Objectives	Yes	No
Are materials to be used defined and appropriate?		
Is there justification for development of new materials (if any)?		
Is there a plan to capture behavior change (SNAP-Ed Evaluation Framework indicators)?		
Does the Plan incorporate public health approaches?		
Does the Plan demonstrate a coordinated approach using the Social-Ecological Model?		

Evaluation	Yes	No
Is the evaluation type defined?		
Is the methodology adequately defined?		
Are plans for using the results defined?		

Coordination Efforts	Yes	No
New: Did the State describe the required consultation that occurred with Tribes as it pertains to the SNAP-Ed Plan? <i>(if applicable)</i> End of new material.		
Are coordination efforts designed so duplication of efforts is eliminated?		

Staffing	Yes	No
Are administrative FTEs and program delivery FTEs appropriate for described activities?		
Do salaries relate appropriately to the work being performed?		

Budget	Yes	No
Is there a budget justification for all <i>Implementing Agencies</i> ?		
Are costs reasonable and necessary?		
Are indirect costs limited to 26 percent for Federal reimbursement (applies to colleges and universities only)?		
Is an <i>indirect cost rate</i> agreement included?		

Assurances and Signatures	Yes	No
Are assurances and signatures included?		

2. Checklist for Evidence-Based Approaches

The checklist for *evidence-based approaches* is now fully integrated into the *SNAP-Ed Plan* and *Annual Report*. An *evidence-based approach* for nutrition education and obesity prevention is defined as “the integration of the best research evidence with the best available *practice-based evidence*.” Allowable uses of SNAP-Ed funds include conducting and evaluating evidence-based *direct education*, *PSE*, and *social marketing interventions*.

An *evidence-based approach* may include a mix of *strategies* (broad approaches to intervening on obesity prevention target areas) and *interventions* (specific set of evidence-based, *behavior-focused activities* and/or actions to promote healthy eating and active lifestyles). The SNAP-Ed Connection contains an interactive listing of peer-reviewed evidence-based *interventions* at various settings; for various target populations; and using the *direct education*, *PSE*, and *social marketing strategies*. This resource can assist with choosing evidence-based obesity prevention programs for SNAP-Ed.

2.1 Categories of Evidence-Based Approaches

FNS has identified three categories of evidence for *strategies* and *interventions* along a continuum: research-tested, practice-tested, and emerging. These categories vary according to scientific rigor, evaluation outcomes, research translation, and degree of innovation. Each category along the continuum is vital for expanding and building the knowledge base on effective practices. Movement along the continuum requires that programs are fully implemented and evaluated.

Research-tested

The approach is based upon relevant rigorous nutrition and public health nutrition research, including systematically reviewed scientific evidence, and other published studies and evaluation reports that demonstrate significant effects on individual behaviors; food/physical activity environments; or policies across multiple populations, settings, or locales. Examples include the following:

- Color Me Healthy (North Carolina)
- Fresh Conversations (Iowa)
- Nutrition and Physical Activity Self-Assessment for Child Care (referred to as GO NAPSACC) (North Carolina)

Practice-tested

The approach is based upon published or unpublished evaluation reports and case studies by practitioners working in the field that have shown positive effects on individual behaviors, food/physical activity environments, or policies. Examples include the following:

- Health Bucks (New York)
- Text2LiveHealthy (Colorado)

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Emerging

The approach includes community- or practitioner-driven *activities* that have the potential for effectiveness but have not yet been formally evaluated. Evaluation indices may reflect cultural or community-informed measures of success. Examples include the following:

- Eat Smart in Parks (Missouri)
- EatFresh (California)

For implementation purposes: There are different expectations for program implementers when choosing among research-tested, practice-tested, or emerging approaches. Research-tested programs, and some practice-tested programs, have existing guidelines, materials, and tools for implementers to use upon appropriate training on program delivery. For certain emerging programs, there may be a need for development and audience testing of new strategies and concepts, which may be cost prohibitive. For each of the following criteria, you can use the symbols to the right to help identify what is required, preferred, or possible.

Required  Preferred  Possible 		Research Tested	Practice-Tested	Emerging
1	Use SMART (simple, measurable, attainable, realistic, timely) objectives			
2	Justify that the reach of the SNAP-Ed population warrants the cost of the intervention			
3	Justify the use of a novel or creative approach			
4	Use existing materials, implementation guides, and resources			
5	Conduct formative research, including audience testing			
6	Conduct a limited duration pilot test, and refine strategy			
7	Gain stakeholder input and put into place partnership agreements to support implementation and sustainability.			
8	Ensure facilities and support provided by partners are available on a consistent basis			
9	Train staff to implement the intervention			
10	Assess that staff have a clear understanding of the nature of the intervention, how it is being implemented, and their role			
11	Determine whether implementation occurs as intended			
12	Replicate across multiple populations and venues			
13	Evaluate outcomes with appropriate follow-up period based on program model			

References

Baker, S., Auld, G., MacKinnon, C., Ammerman, A., Hanula, G., Lohse, B., Scott, M., Serrano, E., Tucker, E., & Wardlaw, M. (2014). *Best practices in nutrition education for low-income audiences*.

Brennan, L., Castro, S., Brownson, R.C., Claus, J., & Orleans, C.T. (2011). Accelerating evidence reviews and broadening evidence standards to identify effective, promising, and emerging policy and environmental strategies for prevention of childhood obesity. *Annual Review of Public Health*, 32, 199-223.

Cates, S., Blitstein, J., Hersey, J., Kosa, K., Flicker, L., Morgan, K., & Bell, L. (2014). *Addressing the challenges of conducting effective Supplemental Nutrition Assistance Program Education (SNAP-Ed) evaluations: A step-by-step guide*. Prepared by Altarum Institute and RTI International for the U.S. Department of Agriculture, Food and Nutrition Service.

Kaplan, G.E., Juhl, A.L., Gujral, I.B., Hoaglin-Wagner, A.L., Gabella, B.A., & McDermott, K.M. (2013). Tools for identifying and prioritizing evidence-based obesity prevention strategies, Colorado. *Preventing Chronic Disease*, 10, 12027.

3. Checklist for Public Health Approaches

The Healthy, Hunger-Free Kids Act of 2010 transformed SNAP-Education into a nutrition education and obesity prevention grant program, explicitly adopting obesity prevention as a major emphasis and allowing comprehensive community and *public health approaches* for populations with low income. The purpose of this checklist is to help States and *Implementing Agencies* use a *public health approach* for planning and implementing SNAP-Education *projects*. Following a general outline for program planning in public health, there are three core steps: (1) engagement and assessment, (2) program development and implementation, and (3) monitoring and evaluation. This checklist provides examples of each of these steps. The checklist begins by describing the types of SNAP-Education *policy, systems, and environmental (PSE)* change *strategies* and *interventions* and then provides steps and examples of program planning in public health. Please keep in mind that in practice, these processes are more parallel and iterative than they are linear. SNAP-Education programming may include comprehensive, *multilevel interventions* at multiple complementary organizational and institutional levels. These approaches may address several or all elements or levels of the *socio-ecological model (SEM)* and may target individual factors, environmental settings, sectors of influence, and social/cultural norms and values.

3.1 Categories of Public Health Approaches

Selected *strategies* should respond to unmet community need for *public health approaches* that will make it easier for children and families with low income to engage in lifelong behavioral changes. *PSE* approaches intend to supplement individual, group and community-based educational *strategies* used by nutrition and physical activity educators in a multicomponent program delivery model. Education combined with *PSE* changes are more effective than either strategy alone in preventing overweight and obesity.

SNAP-Education providers can implement community and *public health approaches* that affect a large segment of the population rather than solely targeting the individual or a small group. Community and *public health approaches* include three complementary and integrated elements: education, marketing/promotion, and *PSE* approaches. Using these three elements helps create conditions where people are encouraged to act on their education and awareness and where the healthy choice becomes the easy and preferred choice, which is facilitated through changes in *policy, systems, and the environment*. By focusing *activities* on settings with large proportions of *people with low income* and using evidence-based *interventions* that are based on formative research with SNAP-Education audiences, *public health approaches* can reach large numbers of *SNAP-Education-eligible* Americans and might produce meaningful impact.

3.1.1 Policy

A written statement of an organizational position, decision, or course of action. Ideally policies describe actions, resources, implementation, evaluation, and enforcement. Policies are made in the public, non-profit, and business sectors. Policies will help to guide behavioral changes for audiences served through SNAP-Education programming.

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An example of a policy change is a school that serves a majority student body with low income writing a policy that allows the use of school facilities for recreation by children, parents, and community members during non-school hours. The local SNAP-Ed provider can be a member of a coalition of community groups that work with the school to develop this policy.

3.1.2 Systems

Systems changes are unwritten, ongoing, organizational decisions or changes that result in new *activities* reaching large proportions of people the organization serves. Systems changes alter how the organization or network of organizations conducts business. An organization may adopt a new *intervention*, reallocate other resources, or in significant ways modify its direction to benefit *SNAP-Ed-eligible* consumers in qualifying sites and communities. Systems changes may precede or follow a written policy.

An example of a systems change is a local Food Policy Council creating a farm-to-fork system that links farmers and local distributors with new retail or wholesale customers in eligible settings. The local SNAP-Ed provider could be an instrumental member of this food policy council providing insight into the needs of the *priority population*.

3.1.3 Environmental

Includes the built or physical environments that are visual/observable but may include economic, social, normative or message environments. Modifications in settings where food is sold, served, or distributed may promote healthy food choices. Signage that promotes the use of stairwells or walking trails may increase awareness and use of these amenities. Social changes may include shaping attitudes among teachers or service providers about time allotted for physical activity breaks. Economic changes may include financial disincentives or incentives to encourage a desired behavior, such as purchasing more fruits and vegetables. SNAP-Ed funds may not be used to provide the cash value of financial incentives.

An example of an environmental change is a food retailer serving SNAP participants or other *people with low income* instituting in-store signage with free educational materials to encourage consumer selection of healthier food options based on the DGA and MyPlate. A SNAP-Ed provider can provide consultation and technical assistance to the retailer on preferred educational materials and positioning of signage to reach the *target audience* through this channel.

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Step 1. Engagement and Assessment: Findings from assessing the needs and assets of local settings should inform the selected PSE approach. The following are common components of stakeholder engagement and community assessments.	Yes	No	Additional Information
Collect and analyze qualitative and quantitative data from primary and secondary sources. Primary data is data that one collects directly through surveys, interviews, and focus groups; it often adds local or unique information difficult to obtain through secondary data. Secondary data is existing data that has already been collected by someone else. Previous evaluation data may also be useful to the assessment.			
Incorporate stakeholder (e.g., local decision makers, program partners, program participants) priorities and local initiatives to determine the appropriate strategies.			
Engage communities of focus and gain an understanding of current issues of importance and relevance to them.			
Form community advisory groups or other bodies to facilitate and maintain stakeholder input.			
Coordinate with other FNS-funded programs such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the <i>Child Nutrition Programs</i> , which include the National School Lunch Program and the Summer Food Service Program, to help ensure SNAP-Ed fills in gaps left by other nutrition programs.			
Partner with other existing services and resources at the national, State, and local levels to further the reach and impact of SNAP-Ed activities. Developing and enhancing partnerships is critical to instituting policy, systems, and environmental change strategies in communities.			
Assess settings that are conducive to reaching a large segment of the population, which otherwise would be challenging to reach one person at a time.			
Assess areas with barriers to the availability and/or accessibility of healthy options (e.g., access to healthy and affordable grocery stores, safe pedestrian walkways, and parks and open spaces).			
Determine what will serve as baseline data.			

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Step 2. Program Development and Implementation: The program design is based on the conclusions drawn in the Engagement and Assessment phase and developed as an appropriate response to the identified issues. Be sure to build goals and objectives that reflect the SEM. The following are components of program development and implementation used in public health planning processes.	Yes	No	Additional Information
Identify target population(s) to work with for the intervention.			
Identify appropriate PSE approaches that complement direct education and social marketing, based on the results from Step 1. Engagement and Assessment.			
Select and align goals and SMART (simple, measurable, attainable, realistic, time-specific) objectives in at least two levels of the SEM with the Multilevel Frameworks, such as the following: • SNAP-Ed Evaluation Framework • CDC Obesity Prevention Framework • NIFA Community Nutrition Education Model			
Create a logic model that clearly links each component of the policy and program changes to one another and connects these to the overall, long-term outcome of improved nutrition, physical activity, and maintenance of healthy body weight.			
Select and train implementers.			
Facilitate adoption, implementation, and maintenance.			
Determine which existing materials, implementation guides, and resources are appropriate to utilize.			
Create and develop additional resources, products, and project materials.			
Communicate progress to stakeholders.			

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Step 3. Evaluation: The changes that occur as a result of the strategies used can be observed at the individual, environmental, and systems levels. Evaluate SNAP-Ed interventions using outcome measures that are specific to each intervention and the overall impact using appropriate measures/indicators. The following are components of evaluation commonly used in public health interventions.	Yes	No	Additional Information
Choose evaluation outcomes with realistic and appropriate measures.			
Collect evaluation data that will inform decisions to be made throughout implementation and later, maintenance/improvement of the project.			
Conduct a process evaluation.			
Determine whether implementation occurs as intended.			
Describe the reach of the intervention in terms of settings or neighborhoods; for example, the number of SNAP-Ed-eligible individuals who benefited from the change(s) during the period assessed. Refer to RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) model in the SNAP-Ed Evaluation Framework.			
Conduct an outcome evaluation.			
Continue to monitor outcomes and make continuous program improvements.			
Replicate across multiple populations and venues, making adjustments according to context.			
Communicate and disseminate results to stakeholders and funders.			

3.2 Examples of Policy, Systems, and Environmental Approaches

Examples of PSE approaches that complement direct or indirect nutrition education. Check the corresponding box for those that have the potential to fit your project. This list is not exhaustive; please write in other proposed approaches for review.	Yes	No
Use community- or place-based messaging to promote access and appeal for healthy foods, beverages, and/or physical activity.		
Use digital or social media to promote access and appeal for healthy foods, beverages, and/or physical activity.		
Mobilize community partnerships around healthy eating and active living.		
Develop wellness policies in schools or afterschool or child care setting sites that support children and family nutrition and health.		

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Examples of PSE approaches that complement direct or indirect nutrition education. Check the corresponding box for those that have the potential to fit your project. This list is not exhaustive; please write in other proposed approaches for review.	Yes	No
Participate in State or local Food Policy Councils.		
Create healthy corner stores or food retail policies and organizational practices.		
Develop nutrition standards at emergency food distribution sites.		
Develop point-of-purchase marketing/signage at food retailers or food distribution sites.		
Providing training on Smarter Lunchroom Movements in school cafeterias.		
Develop systems that refer and link SNAP participants to SNAP-Ed, and vice versa.		
Improve the quality of foods and beverages sold in vending machines.		
Provide training or technical assistance to health or community professionals on obesity prevention.		
Develop healthy procurement policies, healthy nutrition standards, and/or signage for senior nutrition centers and other congregate meals providers.		
Promote farmers markets, including SNAP at farmers markets.		
Create worksite or church-based SNAP-Ed programs.		
Link farms to institutions through farmstands or farm-to-where-you-are initiatives.		
Cultivate community or school gardens.		
Allow for the use of school facilities for recreation during non-school hours.		
Promote access/appeal or policy changes to support physical activity or exercise.		
Other; specify:		