

Policy, Systems and Environmental Change
*PSE Framework and Northeast Regional Nutrition
Education Center of Excellence*

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Western Region
Colorado State University
Dr. Susan Baker
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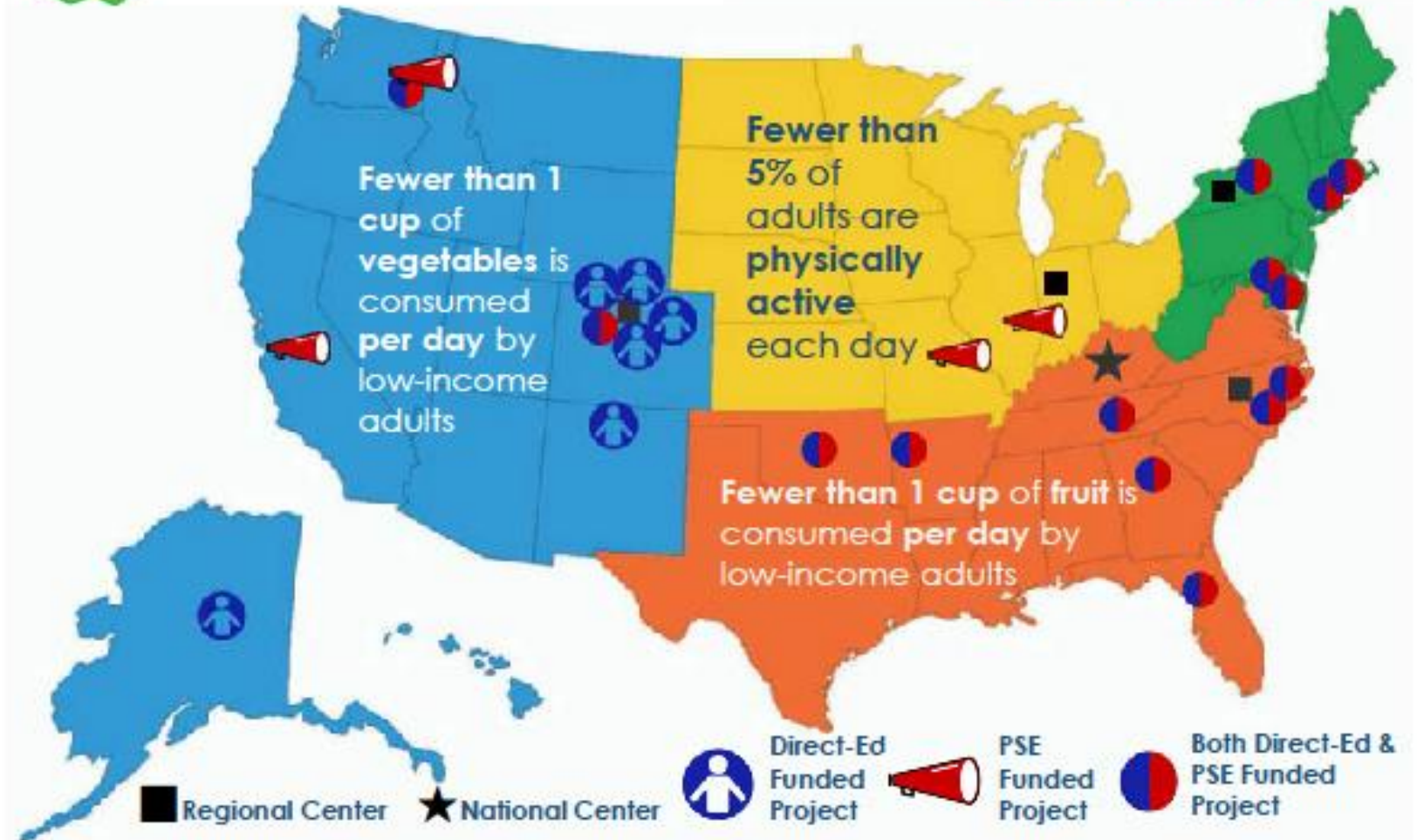
North Central Region
Purdue University
Dr. Dennis Saviano
ncnece.org

Southern Region
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Dr. Alice Ammerman
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Northeast Region
Cornell University
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POINTING THE WAY
TO GOOD
NUTRITION



National Coordination Center, University of Kentucky, Dr. Ann Vail, rnece-ncc.org

Objectives

- Explore what PSEs are all about and why we should care.
- Consider how PSEs can be implemented in EFNEP in conjunction with direct education.
- Hear examples from the NE-RNECE of the research being done to support use of PSEs with direct education



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What EFNEP Federal Policy says about PSEs

- ...creating an environment that supports healthy choices through coordinated community and state efforts....contributes to the health of the nation by working with community partners to support an improved food and physical environment for low-income populations....
- Secondary audiences include community organizations and agencies that serve low-income youth and families, along with non-participating low-income individuals and families who would be impacted through positive changes to the food and physical activity environment and policy or procedural decisions of key stakeholders and decision makers.
- Professional EFNEP staff coordinate efforts and collaborate with community partners to improve the food and physical activity environment for participants.
- ...teaching methods support a healthy environment, including healthier food and physical activity choices
- Communities benefit as EFNEP personnel and others in the public and private sector network, cooperate, coordinate, and collaborate on efforts to support the nutritional health of low-income populations.

<http://nifa.usda.gov/sites/default/files/program/EFNEP%20Policy%20Document%202015%20Update%20P1.pdf>



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PSEs - So what?

- Make healthy choices easier for EFNEP families.
- Empower EFNEP participants to make changes in their own environments, at home and beyond.
- Provide opportunity for in-depth collaboration with community partners to
 - bring about changes upstream that impact more people, i.e. expand reach of EFNEP beyond those who directly benefit from direct education,
 - broaden the reach of EFNEP through collaboration with partners, and
 - further demonstrate value of EFNEP.

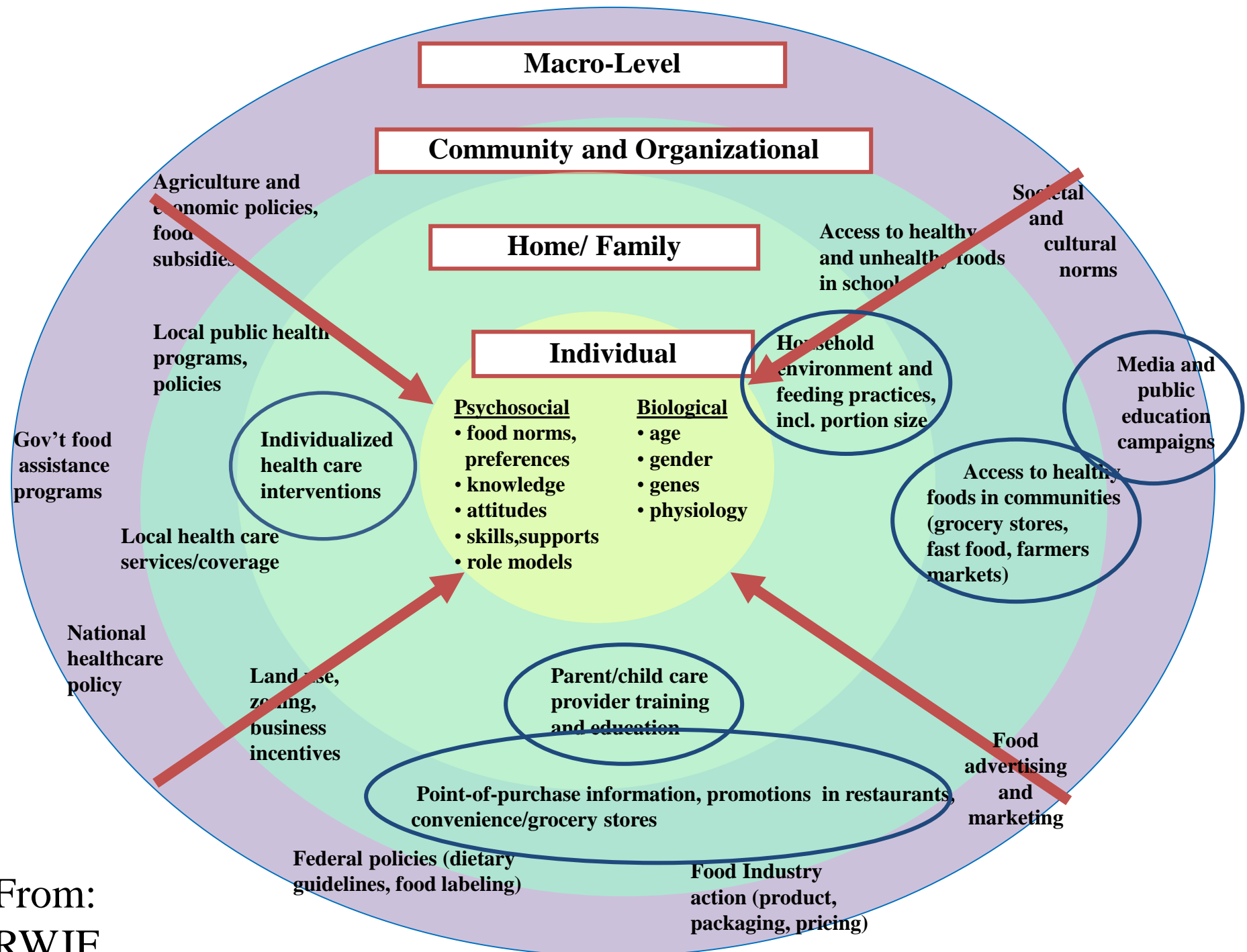


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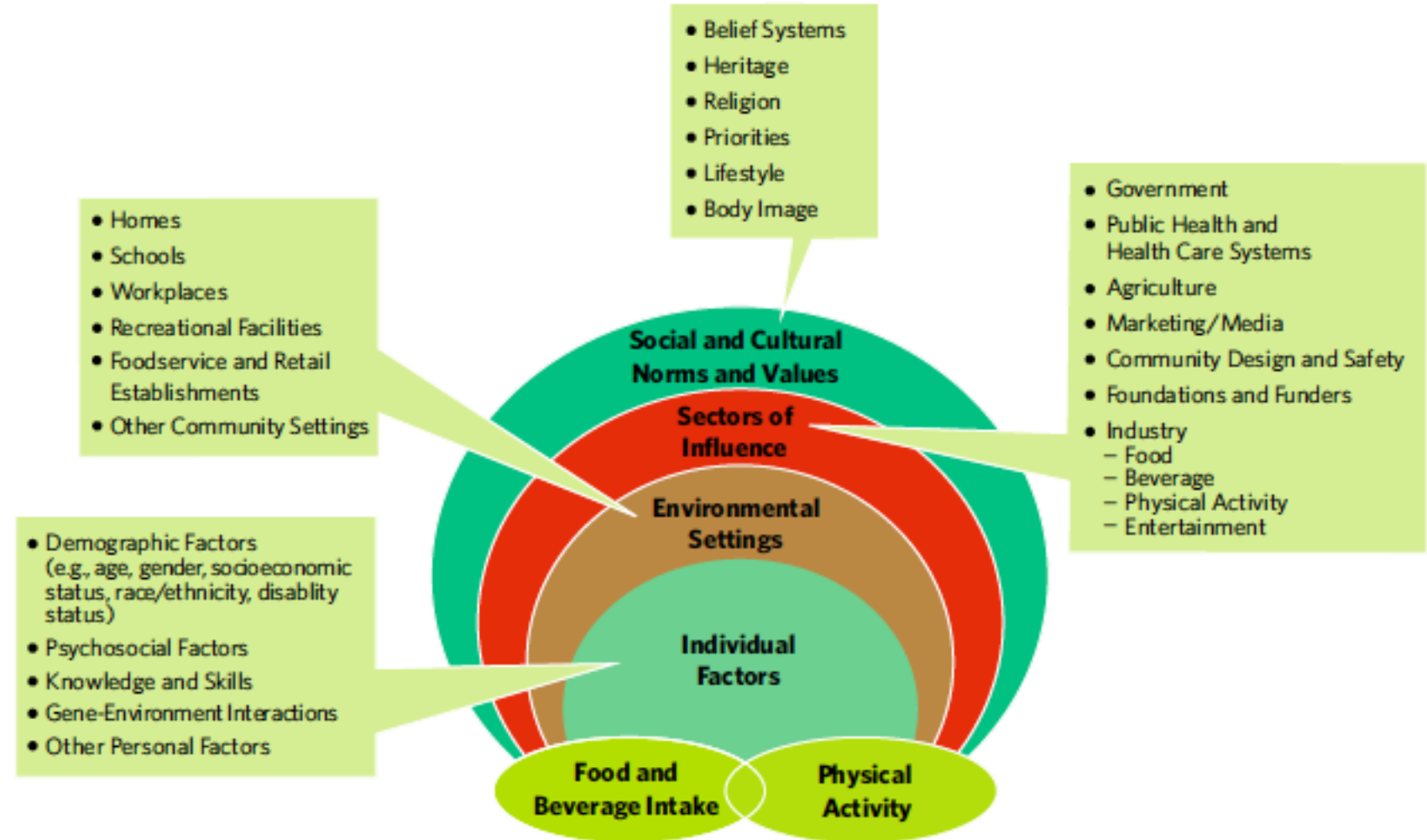
From:
RWJF

Upstream focus

- Aims to make the healthy choice the easy choice
- Very context specific
- Can be hard to measure
- Benefits from coordinated direct education
- Can be at a macro or a micro level

Downstream focus

- Reaches a limited no. of people but may have a stronger impact
- Doesn't impact the many forces that influence individual behaviors



2010 Dietary Guidelines for Americans

Making Healthy Food and Activity Choices Easier

Examples of Policy and Guideline Recommendations

- Develop and support a sustained *social marketing campaign* for physical activity and nutrition.
- Implement common *standards for marketing foods and beverages* to children and adolescents
- Ensure *consistent nutrition labeling* for packages, retail stores and menus



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Making Healthy Food and Activity Choices Easier

Examples of Larger Community Environments

➤ *Create food and beverage environments* that ensure that healthy food and beverage options are the *routine, easy choices, e.g.*

- Healthy corner stores
- Availability of grocery stores in low-income neighborhoods
- Healthy choices in restaurants and public venues



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Making Healthy Food and Activity Choices Easier

Examples of Larger Community Environments



- *Make physical activity an integral, routine part of life*
 - Support community programs, e.g. joint use agreements with schools to open facilities for safe, free physical activity.
 - Adopt and implement policies that make physical activity safe, easy and more attractive, e.g.
 - Walking school buses
 - Complete streets
 - Walking trails, bike paths



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Making Healthy Food and Activity Choices Easier

Examples of Smaller Community Environments

- Worksites
 - Partner agencies serving low-income families, e.g. job training sites or community action planning agencies
 - Cooperative Extension offices
- Youth serving organizations
 - Schools
 - Daycares
 - Agencies such as boys and girls clubs, YMCA, etc.
- Community health centers



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SUPPORT FOR LOCAL STAFF

1. *Shift staff expectations* from the direct education paradigm to include the newer definition of nutrition education:

“Any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being and delivered through multiple venues.”

Contento, *Nutrition Education: Linking Research, Theory, and Practice*, 2nd ed. 2010, p 14

This will necessitate close collaborations with community partners that go beyond participant referral and recruitment.



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SUPPORT FOR LOCAL STAFF

- 2. Provide trainings* on what socio-ecological approaches/PSEs involve, how to build successful collaborations with local partners, and how to develop action plans for upstream initiatives.
- 3. Help staff identify opportunities* to work with partner agencies and communities to bring about PSE changes.
- 4. Provide technical assistance* to staff in engaging with local partners and determining appropriate, context-specific activities that influence environments where low-income families live, work, and play.



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An example of “wrap-around” nutrition education + PSE approaches: Day-care on Long Island NY



Direct education – *Healthy Children, Healthy Families: Parents Making a Difference!*

PSEs

1. Staff worked with administration of day care to
 - Post signage promoting healthy food choice and activities, and
 - Implement wellness policies centered around healthy food and opportunities for physical activity for both children and staff (who were primarily low-income parents).



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An example of “wrap-around” nutrition education + PSE approaches: Day-care on Long Island NY

PSEs

2. **Staff** collaborated with local health department who provided funding for

- Community garden on the day care premises (fence and garden tools) used by parents, children, and staff, and
- Bikes and other equipment for active play for children.



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Resources to Help Think Through Strategies and Opportunities

➤ **Community Readiness Assessment**

- Clearly defines a process to assess the degree to which a community is ready to take action on an issue.
- Helps identify strategies for moving forward that are consistent with level of readiness. (Findholt. Public Health Nursing 24: 565-70;2007)

➤ **Western Region's SNAP-Ed Evaluation Framework**

More than evaluation → can help identify various levels of engagement and possible approaches; keep in mind that all may not be applicable to

EFNEP <https://snaped.fns.usda.gov/snap//WesternRegionEvaluationFramework.pdf>



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Resources to Help Think Through Strategies and Opportunities

- **CHANGE Action Guide (Community Health Assessment and Group Evaluation Action guide (CDC)**
<http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/change/downloads.htm>
- **Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide (CDC)** <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>



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RNECE Nationwide Research Translation and Training Program – *Coming soon!*

- Series of interactive units focused on planning, implementation, and evaluation of integrated interventions that combine direct nutrition education and PSE change activities
- Delivered through Cornell NutritionWorks (nutritionworks.cornell.edu)
- Asynchronous – any time, any place
- Certificate and CPEUs provided for each unit plus overall training



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NE-RNECE Signature Research Program

Overarching research question

Does the combination of direct nutrition education and environmental supports have a greater impact than either alone?



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NE-RNECE Subawards

- 5 research projects in 4 states – CT, NY, RI, MD
- Broad range of program sizes, urban/rural settings, variation in race, ethnicity, and cultural contexts, target audience, and methods of delivery
- 2 projects are implemented in SNAP-Education, 3 in EFNEP
- 4 target urban and peri-urban areas, 1 targets rural counties with micropolitan areas



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Signature Research Projects

Implemented in SNAP-Ed

1. *Sustaining a Successful Youth-Leader Program as part of a Multi-Level, Multi-Component Food Environment/Behavioral Intervention*

Joel Gittelsohn, Johns Hopkins Bloomberg School of Public Health, MD

2. *Nutrition Ed, Access and Texting (NEAT): Combining the Hartford Mobile Market with e-Marketing*

Grace Damio, Hispanic Health Council, CT



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Signature Research Projects

Implemented in EFNEP

1. *Adopting Healthy Habits in Worksites: Increasing adoption and acceptability of policy, systems, and environmental changes within agencies serving low-income families*
Cornell University in collaboration with Cornell Cooperative Extension in Jefferson and Orange Counties
2. *Empowering Urban Schoolchildren to Increase Fruit and Vegetable Consumption through EFNEP-enhanced PSE Interventions*
Linda Sebelia, University of Rhode Island, RI
3. *Transforming Lifestyles: Integrating Direct Nutrition Education with Physical Activity Using the Health Care System Expansion Model*
Mira Mehta, University of Maryland Extension, MD



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NE-RNECE Projects in SNAP-Ed



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Sustaining a Successful Youth-Leader Program as part of a Multi-level, Multi-Component Food Environment/ Behavioral Intervention

Joel Gittelsohn, Lisa Lachenmayr, Angela Trude



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Project Aims

1. To refine a training module for youth leaders as part of the Wave 2 BHCK intervention, in partnership with University of Maryland Extension (UME).
 2. To implement the youth-led program in 8 recreation centers, and conduct a detailed process evaluation of wave 2 youth-leader training and program implementation.
 3. To evaluate the impact of participation as a youth-leader on their food-related psychosocial factors, behaviors and obesity.
 4. To evaluate the impact of the wave 2 program on low income African-American children in Baltimore.
 5. To build a sustainable model for the BHCK youth-leader program at Baltimore City recreation centers and to disseminate the nutrition curriculum.
-



Youth Led Interactive Sessions at Recreation Centers



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Engaging Teachers/Providers in Multiple Methods to Impact Youth



Youth Nutrition
Education

(Teacher/Provider as
Trainer - Train the
Trainer)



Worksite Wellness

(Teacher/Provider as
Participant – Creating
Healthy Role Models)



PSE Toolkits

(Teacher/Provider as
Change Agent)



Project NEAT

Nutrition Ed, Access and Texting (NEAT): Combining the Hartford Mobile Market with e-Marketing

Grace Damio, Hispanic Health Council
Rafael Pérez-Escamilla, Yale School of Public Health



Hartford Mobile Market

**An Example of Community- Based Participatory
Research Leading to Community Impact**

Project NEAT

- Goal: to assess the impact of a texting-based social marketing campaign on SNAP-Ed participants' access to and purchase of fresh produce on a recently launched mobile produce market, and their subsequent produce intake.
- Objectives
 1. Assess the impact of nutrition education alone on dietary knowledge and self-efficacy for increased produce consumption
 2. Compare the impact of nutrition education alone to nutrition education plus promotional text messaging on purchase of fruits and vegetables
 3. Compare the impact of nutrition education alone to nutrition education plus promotional text messaging on consumption of fruits and vegetables
 4. Assess the effectiveness of coupon distribution via text messaging on coupon redemption on a mobile produce market.

Project NEAT Study Design

Recruitment of SNAP-Ed participants at community locations, including

(N=200)

Consenting

Baseline face-to-face interview and random assignment into:

SNAP-Ed Session

Experimental group (N=100)

Participant will receive:
Daily text messages on:

- * HMM stop locations,
- * Produce information, and
- * Motivational messages encouraging the use of the HMM.

Four \$5 coupon that can be redeemed at the HMM during the one-month period after they are received.

Control group (N=100)

Participant will receive:
SNAP-Ed session

Daily text messages not related to the HMM

Participants will not receive coupons during the texting period but will receive them after completion of follow-up survey.

6-week follow-up telephone survey

NE-RNECE Projects in EFNEP



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Expanding Community Nutrition Education to Include Environmental Change

Nutrition educators expand their roles to build capacity & community partnerships promoting healthy foods & active play in low-income children's (and adult's) environments



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Adopting Healthy Habits in Worksites: *Increasing adoption and acceptability of policy, systems, and environmental changes within agencies serving low-income families*



Conducted in collaboration with
Cornell Cooperative Extension Associations
of Jefferson and Orange Counties



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Research Questions

1. What is the impact of healthy eating and physical activity policy change(s) within an organization on the healthy eating and physical activity choices of its staff and clientele? How does the impact on staff compare to the impact on clients?
2. What is the impact of direct education on the healthy eating and physical activity choices of the staff and clientele in an organization that has changed its policies around healthy eating and physical activity? How does the impact on staff compare to the impact on clients?



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Settings & Participants

Jefferson County CCE: Community Action Planning Council

- Target population for PSE changes:
 - CAPC employees (n=137) and low-income families (n=4,124) served by the agency.
- Target population for direct education:
 - low-income parents served by the organization and income eligible agency employees (approximately 30 participants, some staff and some clients, will receive direct education)



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Orange County CCE: 3 Day Cares

- Target population for PSE changes:
 - employees (n=58) and parents of enrolled children (n=approx. 350).
- Target population for direct education:
 - low-income parents served by the organization and income eligible agency employees (approximately 30 participants, 60 in total, some staff and some clients, will receive direct education)



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Intervention

- Quasi-experimental design
- All groups exposed to newly adopted agency wellness policies that support healthy habits
- Employees and parents assigned to EFNEP direct nutrition education, HCHF, (intervention group) or no direct education (control group)
- Focus will be on the following behaviors:
 - decreasing intake of sugar-sweetened beverages, while increasing intake of water and low-fat milk
 - increasing vegetables and fruits, while decreasing high fat, high sugar snacks and desserts
 - including physical activity, e.g. group walks, taking stairs, etc.



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Intervention Components

PSEs

Approach to changes to be developed in collaboration with the agency

healthy meetings

healthy snacks

healthy vending

breastfeeding support

healthy fundraising

worksite wellness

Direct Education

Healthy Children, Healthy Families: Parents Making a Difference!



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Mira Mehta– Maryland
Katie Mulligan– Rhode Island



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Questions?
Discussion.



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SNAP-Ed Policy

- States must incorporate 1 and either 2 and/or 3:
 1. Individual or group-based direct nutrition education, health promotion, and intervention strategies;
 2. Comprehensive, multi-level interventions at multiple complementary organizational and institutional levels; and
 3. Community and public health approaches to improve nutrition
- SNAP agencies are to use comprehensive interventions that address multiple levels of the socio-ecological framework to reach the target population in relevant and motivational ways, while addressing constraining environmental and/or social factors in addition to providing direct nutrition education.



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