From:
 Demarco, Molly M

 To:
 SNAP-Ed - FNS

Cc: <u>Ammerman, Alice S; Uslan, Daniella; Lier, Maryka</u>

Subject: Feedback on proposed changes to EARS from RNECE-South Region

**Date:** Friday, October 09, 2015 8:49:17 AM

**Attachments:** <u>1C91F2FA-177D-4F30-B51D-11EE57F6773B[7].png</u>

EARS feedback from RNECE-S.10.7.2015.docx

Attached are our comments and those collected from our region.

Thank you, Molly De Marco

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#### **RNECE-South**

# Proposed Changes to EARS Reporting Form Comments Collecting from the RNECE Southern Region

Policy, Systems, and Environmental Change (PSE) Interventions (p. 11-12)

- It would be helpful to add the page range and/or for the SNAP-Ed Guidance (end of 1st paragraph)
- In the Instructions for Item 8a note that implementers are not limited to the strategies in the toolkit (given that the toolkit is still a work in progress).
- You have "(as defined in the Western Region's SNAP-Ed Evaluation Framework: <- this needs to be clearer. What is defined in the WRO document? Add link to it or actual definition or page number.
- In the table on p. 12 add in the first row an example for people to follow, also add note for how reach should be estimated.

Yasmine A. Lewis Florida Department of Children and Families Economic Self Sufficiency Program Office

Page 2 - Instructions for Items 2a and 2b, Special Circumstances Under the Community Eligibility Provision, we may use the free lunch percent for that school the year prior to implementation of CEP. If a school implements CEP for several years, this number could greatly change during that time and the number would be incorrect.

Page 7 - Instructions for Item 6b

The instructions ask if direct education was designed to support PSE initiatives. The guidance is written that PSE initiatives should be designed to support direct education. This is confusing.

Page 11 - Item 8a

This question does not take into account on-going PSEs over time. It is possible that a PSE is adopted one year, but is on-going for multiple years. It would only be reported the first year, as that was the year it was adopted.

Page 12 - Item 8b

Data may be more meaningful on a national level if pre-determined names are used, with a few options for "other." Otherwise, each state will give a list that is impossible to collate based on type of PSE.

Page 13 - Question 9 Instructions: Additional codes for column B and C

- \* Marketing. It is not clear where marketing services would fall under the current list of partners and this is something we must all do.
- \* Direct Education. It is not clear where we would indicate a partnership where we provide direct education.

\* Column D: Does this refer to funding we provide to other partners, funding they provide to us, or both? Cash expenditures leaves out in-kind resources that may be significant, such as meeting space, supplies, and even personnel time.

# Page 14 - Question 9: Additional Partner Titles

- Economic and/or business bureau
- \* Parks and Recreation

#### EARS Feedback from HealthMPowers, GA

There is no place to report indirect education where name, age, race, ethnic group etc. are not able to be collected. Is indirect education no longer allowed or tracked? Is "estimate" now being used in place of indirect?

NOTE - It is particularly burdensome to collect and track name, age ,race, ethnic group and gender when providing nutrition education to families at school events. Also according to current EARS reports, approximately 70% of education opportunities are one time events. How will these be captured?

2 a-b Direct Education - What if you have both actual and estimate data for a category? How is that reported in the chart? For example if you provide direct education to family members in a multi session training in a school and collect name, age ,race, ethnic group and gender, you have actual data - that can be reported as actual since you have the data. Later in the year at the same school, you provide a nutrition education resource table for a school-wide health fair where it is impossible to gather name, age ,race, ethnic group and gender of family members but you can estimate the number of people you see. Do you include as an estimate or just not include since it is not meet the definition of direct education?

Need to consider that to have unduplicated counts for schools/child care centers/ out of school time providers, the **school year (August/September - May/June)** must be used instead of the federal calendar year (October - September).

## 5. Direct Education - Types of Settings

Consider adding:

Out of School Time Providers (after school programs, Boys and Girls Clubs, YMCAs); Retailers

Child Care Center and Family Day Care Homes (a majority of low income children in child care are not in centers but in family day care homes)

#### 8. PSE work

The format for capturing PSE changes seems a bit wide open. We are working primarily with schools and child care settings. While all the same setting, they vary greatly in terms of PSE needs. We use the School Health Index with schools and the Nutrition and Physical Activity Assessment with child care to help them to identify evidence based PSE changes that are needed in their school/center. Serving well over 100 schools and centers, we would easily 30 or more different types of PSEs adopted and it would be virtually impossible to describe each in 500 words.

### 9. Partnerships

Consider adding insurance agencies (Anthem, United Healthcare, Kaiser etc. - many are doing work in this space) non-profit organizations

10. Intervention Topics
Consider adding
Reducing screen time
Improving access to healthy foods/safe places to play
Making healthy choices - food labeling; menu labeling