

# STATE OF CONNECTICUT SNAP ED PLAN AMENDMENT

FFY2023



REVISED: JUNE 2023

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# Statewide Budgets

## Statewide Revised Budget FFY2023

### Federally Funded Expenditure Summary

Expenses	FFY 2022 carry forward Budget	FFY 2023 Budget	State Cash
1 Direct Costs	209,395.10	2,592,453.86	0.00
2 Contracts/Grants/Agreements	47,086.00	704,749.00	0.00
3 Non-Capital Equipment/Supplies	6,000.68	55,119.65	0.00
4 Materials	16,398.94	50,826.50	0.00
5 Travel	16,423.01	75,835.00	0.00
6 Administrative	2,250.00	3,750.00	0.00
7 Building/Space	0.00	49,885.00	0.00
8 Maintenance	0.00	0.00	0.00
9 Equipment & Other Capital Exp.	0.00	0.00	0.00
10 Indirect Costs	60,380.35	709,454.89	0.00
11 DSS Budget		54,206.00	
Total	357,934.08	4,296,279.90	0.00
<b>Totals Federal Funds</b>	<b>357,935.00</b>	<b>4,296,280.00</b>	

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## Executive Summary

The Connecticut (CT) Department of Social Services (DSS) is pleased to submit its SNAP Nutrition Education (SNAP-Ed) revised plan for FFY23. This is the second submission of a three-year multi-year plan.

DSS will continue to contract directly with The Department of Public Health (DPH); The Hispanic Health Council (HHC); The University of Connecticut College of Agriculture, Health and Natural Resources (CAHNR) Food Security; The University of Connecticut Healthy Family and the University of Connecticut Husky Programs.

The plan incorporates the current Dietary Guidelines for Americans and U.S. Department of Agriculture food guidance, and SNAP Ed guidance. The implementing agencies in collaborate with DSS to address food insecurity and promote healthier diets and increase access to affordable healthy food within a limited budget for obesity prevention. To remain relevant within our communities, we address diet-related disparities with culturally-appropriate curricula, materials, and recipes/foods. We are committed to continue our efforts pursuant to Executive Order on Advancing Racial Equity and Support for Underserved Communities. Below are some examples of approaches we intend to implement in the upcoming FY 2023 plan:

- The CAHNR Food Security team is utilizing external funding with SNAP-Ed to build in traditional growing practices, language and cultural aspects into classes with the Mashantucket Pequot Tribal Nation, which they will expand upon in FY2023.
- UConn Healthy Family's project 3 addresses food insecurity and promotes healthy diets to decrease the risk of obesity and dental caries. Within their online platform, they confidentially screen for food insecurity. Caregivers who report food insecurity receive a text message or email with information on how to enroll in SNAP and food resources in their community. Their public and private Facebook pages provide information about food resources as well as provide healthy recipes and food preparation tips to stretch the food dollar. In their target communities, they work collaboratively with agencies and public health nutritionists to increase access to healthy food and decrease the diet-related risk of chronic diseases.
- Both the Husky Programs and DPH collaborate with CT Foodshare and local food pantries to transition to Supporting Wellness At Pantries (SWAP) partnership, a research-tested evidence-based stoplight nutrition ranking system designed to help promote healthy food choices at food banks / pantries
- Husky Programs Healthy Lifestyles During Childhood Project delivers multi-level interventions through its ECE, Hartford Public Schools and Northeast Hartford Partnership. Partnership activities include direct education with children and their adult family members paired with PSE interventions and social media campaigns.
- DPH SNAP-Ed provides multi-sectoral nutrition education in many community settings that are frequented by SNAP eligible adults, using evidence-based education and behavior change strategies to improve overall nutrition and physical activity, as well as to achieve positive obesity prevention and health promotion



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outcomes for the SNAP eligible adult population. Education provided promotes lifestyle changes via nutrition education sessions, group workshops, and cooking demonstrations that include food tastings and the distribution of healthy recipes.

- UConn Healthy Family projects translate the latest science into tailored nutrition education by leveraging technology to address cultural foodways and making healthier eating relevant and highly accessible in English and Spanish. Their interventions have undergone peer-review and preliminary evidence presented at international Conferences. They continually seek or obtain complementary funding to conduct feasibility and efficacy testing of their interventions to assure the nutrition education is perceived as acceptable and useful to the clients and result in improvements of diet quality and measures of diet-related health behaviors.
- Husky Programs staff who implement direct education participate in racial, social and health equity training (e.g., critical service learning, food (in)justice, abolitionist education).
- IAs will attend a webinar series coordinated by the SNAP-Ed Toolkit team, to help grantees apply racial, social and health equity considerations to program planning, implementation, and evaluation.

Connecticut's IAs continue their efforts toward reaching the SNAP Ed plan's overall goals for FFY23-24. Some best practices continue to include:

- The HHC-SNAP-Ed program will continue to provide Nutrition Education to Latino Women receiving SNAP benefits who were classified as food insecure with high risk of developing diabetes. They are participants in a study conducted in partnership with the UConn Health Center and the Hispanic Health Council (HHC).
- HHC program is working with Wholesome Wave, Yale School of Public Health, HHC Maternal and Child Programs and local supermarkets on a community project to co-design with input from the community a produce incentive program for low-income pregnant women to improve pregnancy outcomes. The program delivers a series of nutrition education workshops to improve eating behaviors during pregnancy.
- Husky Programs continues to serve as a statewide education resource 24/7 for both SNAP-Ed eligible individuals and organizations who directly engage them. In FY 23, *Husky Programs* will also assess the SNAP4CT target audience with the intent of implementing the appropriate adaptations and tailoring nutrition information to the target audience's needs through face-to-face, virtual, and social media platforms.

Connecticut is proud to highlight some new/existing partnerships developed in effort to reach state-level goals and objectives:

- DPH SNAP-Ed will explore opportunities for expansion of nutrition and physical activity related PSE initiatives, including those like SWAP that address nutrition security through continued coordination and collaboration with our network of existing partners, and by exploring new partnerships.
- HHC-SNAP-Ed Program successfully established multiple community partnerships in order to increase food security, especially through a partnership with community

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based clinics and the American Heart Association (AHA). The program has been delivering services across the seven targeted cities at blood pressure screenings organized AHA targeting communities of color.

- In FY 2023, HHC will begin a new partnership with End Hunger CT! (EHC!), a non-profit statewide anti-hunger organization. HHC-SNAP-Ed program will coordinate with the EHC! SNAP Outreach program in Hartford, New Haven, and East Hartford providing nutrition and exercise information where EHC! conducts SNAP screenings.
- Food Security routinely collaborates with Food Collaborative organizations which consist of local emergency food agencies, local food policy managers, and community impact coordinators who work with the highest need participants and allow us to consistently reach these audiences.
- UConn Healthy Family works collaboratively with community collaborators on PSE change strategies and interventions in Willimantic to address low-income and low-food access census tract areas. This includes assisting SNAP eligibles/recipients break down the barriers to utilizing EBT benefits to purchase healthy food online.
- Husky Programs continues the strong partnerships they have across the state, and particularly in Northeast Hartford. These partnerships have been in existence for 19 years plus and allow Husky Programs to deliver direct education to pre-school and elementary-aged youth. We look forward to a concerted effort to engage with older youth and adult caregivers of the younger students in our existing programs.

Connecticut continues to develop evaluation plans to rigorously measure nutrition and physical activity behavior changes. Some remarkable practices include:

- DPH SNAP-Ed Program continues to employ a systematic method for collecting, analyzing, and using information from SNAP-Ed participants to assess program effectiveness and efficiency. The Preschool, Families, and Community Project will involve process and outcome evaluation of the main nutrition activities.
- Food Security has created brief electronic surveys for participants, to complete by participants after classes. Surveys will assess knowledge, intent to change behavior or actual behavioral changes for class series, using a retrospective pre format.
- Husky Programs Evaluation Plan outlines, measures and describes data collection methods that will be used to track process towards state goals.

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## Template 1: Identifying and Understanding the SNAP-Ed Target Audience

### Needs Assessment Methodology

The process for conducting this needs assessment included compiling data and additional information available from Connecticut state agencies, the CT SNAP-Ed implementing agencies (IAs), community partners, census bureau data, USDA reports, websites and publications. A brief summary of the approach taken for each of the four sections in this needs assessment precedes the data source tables.

The first section of the needs assessment provides a demographic profile of the SNAP-Ed target audience using five data sources. The data sources include:

- Connecticut Department of Social Services' (DSS) eligibility management system reports for January 2018, October 2019 and October 2020
- USDA Food and Nutrition Service report, "Addendum to the Characteristics of Supplemental Nutrition Assistance Program Households, Fiscal Year 2018"
- Department of Public Health (DPH) town population estimates for calendar year 2019
- CT Data Collaborative town-level median household income estimates based on the 2015-2019 American Community Survey
- State Department of Education school district 2019/2020 eligibility rates for free and reduced lunch

The second section of the needs assessment provides an overview of access to food, food insecurity, obesity and overweight, diet and diet-related chronic disease in Connecticut and for the SNAP-Ed eligible population. Information for this section comes from the USDA Food Access Atlas, Feeding America's Map the Meal Gap research, DataHaven 2018 Community Well Being Survey, the Department of Public Health reports summarizing results from the statewide 2019 Behavioral Risk Factor Surveillance Survey and the 2019 Youth Risk Behavior Surveillance Survey. Additional information about child weight status comes from a 2018-19 BMI surveillance report of children in New Britain schools, a 2017 DPH surveillance study of weight status among kindergarten and 3rd grade children, CT DPH WIC program data from 2020, and results from 2018/2019 surveys conducted with middle schoolers at two SNAP-Ed eligible schools.

The third section of the needs assessment highlights nutrition activities within the state beyond those implemented as part of SNAP-Ed. Information about nutrition activities came from discussions with the SNAP-Ed IAs about state-level initiatives, the councils and organizations they work with and their awareness of other initiatives, including Connecticut's implementation of federal and state initiatives related to obesity prevention, nutrition and physical activity. This information supplements the 2018 review of community needs assessments conducted by hospitals throughout the state and a web-based review of activities offered through local health departments.



The final section identifies underserved / unserved populations by analyzing SNAP-Ed administrative program data from the IAs to describe the location and intensity of programming for children and adults.

**Existing information (source, content, time frame):**

Table A-1 and Table A-2 summarize the data sources, data year and the variables used in the first and second sections in this report.

<b>Source</b>	<b>Content</b>	<b>Data Year(s)</b>
Connecticut Department of Public Health, Annual Town and County Population for CT, 2019. Hartford, CT: Connecticut Department of Public Health. Retrieved 3/3/2021 from: <a href="https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-Town-and-County-Population-for-Connecticut">https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-Town-and-County-Population-for-Connecticut</a>	Annual population estimates by town	2019 (July 1 estimates)
CT Data Collaborative, Connecticut According to 2019 American Community Survey (ACS) 5-year estimates (2015-2019). Interactive Dashboard. © 2020. Retrieved 3/3/2021 from <a href="https://acs2019.ctdata.org/">https://acs2019.ctdata.org/</a>	Median household income by town	2015-2019
CT State Department of Education, School Nutrition Programs Area Eligible and Site Eligible School Listings. Retrieved 3/3/2021 from <a href="https://portal.ct.gov/SDE/Nutrition/Area-Eligibility">https://portal.ct.gov/SDE/Nutrition/Area-Eligibility</a>	Free/Reduced Lunch participation by school and town / sponsor	2019-2020, School year
State of Connecticut Department of Social Services, Eligibility management system report October 2020.	SNAP participant race and ethnicity, total participants by town	October 2020
U.S. Department of Agriculture, Food and Nutrition Service, Addendum to Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2018, Author: Kathryn Cronquist Submitted by Mathematica. Submitted to Project Officer, Jenny Genser. Alexandria, VA, 2020. Retrieved 3/3/2021 from: <a href="https://www.fns.usda.gov/snap/characteristics-supplemental-nutrition-assistance-program-households-fiscal-year-2018">https://www.fns.usda.gov/snap/characteristics-supplemental-nutrition-assistance-program-households-fiscal-year-2018</a>	SNAP participants by age and SNAP households by age, race and Hispanic status of household head	2018, Fiscal Year

<b>Source</b>	<b>Content</b>	<b>Data Year</b>
<i>2019 Youth Risk Behavior Survey. Connecticut High School Survey Summary Tables – Weighted Data.</i> Hartford, CT: Connecticut Department of Public Health. Retrieved 3/3/2021 from: <a href="https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-Town-and-County-Population-for-Connecticut">2019CTYRBS_SummaryTables.pdf</a> .	Children in high school: weight status, vegetable consumption and physical activities by grade, income and race/ethnicity	2019
2019 DataHaven Community Profile Dataset. Accessed 3/30/2021 from:	2018 Community Wellbeing Survey food insecurity and obesity results by town	2018

<a href="https://www.ctdatahaven.org/find/data-resources?field_resource_type_tid=26">https://www.ctdatahaven.org/find/data-resources?field_resource_type_tid=26</a>		
CT-WIC Management Information System. Hartford, CT: Connecticut Department of Public Health.	Statewide quarterly data for weight status among all 2 to < 5 year olds enrolled in WIC during the reporting period.	2020, quarterly average
Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Access Research Atlas, <a href="https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/">https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/</a>	Food access among low income census tracts (distance to the nearest supermarket, household vehicle)	2015
Feeding America. (2021) The Impact of the Coronavirus on Food Insecurity in 2020 & 2021. Published March 2021.	Food insecurity projections, national level	2019-2021, annual
Gundersen C, Hake M, Dewey A, Engelhard E. (2021). Food Insecurity During COVID-19. Applied Economic Perspectives and Policy v43(1) pp.153-161. Appendix 51. Supporting information.	Food insecurity projections for 2020 at the county level	2018, 2020
Hildrey R, Karner H, Serrao J, Lin CA, Shanley E, Duffy VB. Pediatric Adapted Liking Survey (PALS) with Tailored Nutrition Education Messages: Application to a Middle School Setting. Foods 2021, 10(3), 579; <a href="https://doi.org/10.3390/foods10030579">https://doi.org/10.3390/foods10030579</a>	Survey of middle schoolers at two schools identifying preferences related to healthy and less healthy foods, screen time, physical activity and school meals	2018/2019
Poulin, S.M., Huie T., Phipps K., Dowd, E.A., & Peng, J. (2017). <i>Overweight and Obesity among Kindergarten and Third Grade Children in Connecticut, 2016-2017</i> . Hartford, CT: Connecticut Department of Public Health	Weight status among children in kindergarten and 3 <sup>rd</sup> grade in CT	2016-2017
Wakefield, D.B., Havens, E. (2019). <i>Childhood Obesity and Asthma in the Consolidated School District of New Britain, Connecticut</i> Data analysis and report prepared by UConn Health Center for Population Health. Farmington, CT: UConn Health.	Child weight surveillance in pre-kindergarten, kindergarten, 1 <sup>st</sup> grade, 6 <sup>th</sup> grade and 9 <sup>th</sup> grade  Summary of activities to promote healthy weights and student trends at the school level	2011/12 to 2018/2019, school year
Zheng X., Jorge C., Aye D. (2020). <i>Connecticut Behavioral Risk Factor Survey Prevalence Estimates for Risk Factors and Health Indicators. Selected Summary Tables 2019</i> . Hartford, CT: Connecticut Department of Public Health, Dec. 2020.	By income and race and ethnicity: Adult: weight status, diabetes, cardiovascular disease, cholesterol, hypertension, vegetable consumption, physical activity, Child: weight status, diet	2019
Zheng X., Jorge C. (2019) <i>Analysis of Health Indicators for Connecticut Health Districts and Departments: Results of Connecticut Behavioral Risk Factor Surveillance Survey (BRFSS)</i> . Connecticut Department of Public Health, Hartford, CT.	Adult weight status, cardiovascular disease, diabetes and physical activity among full time municipal health departments	2012-2016

**New information collection (source and content):** not applicable.

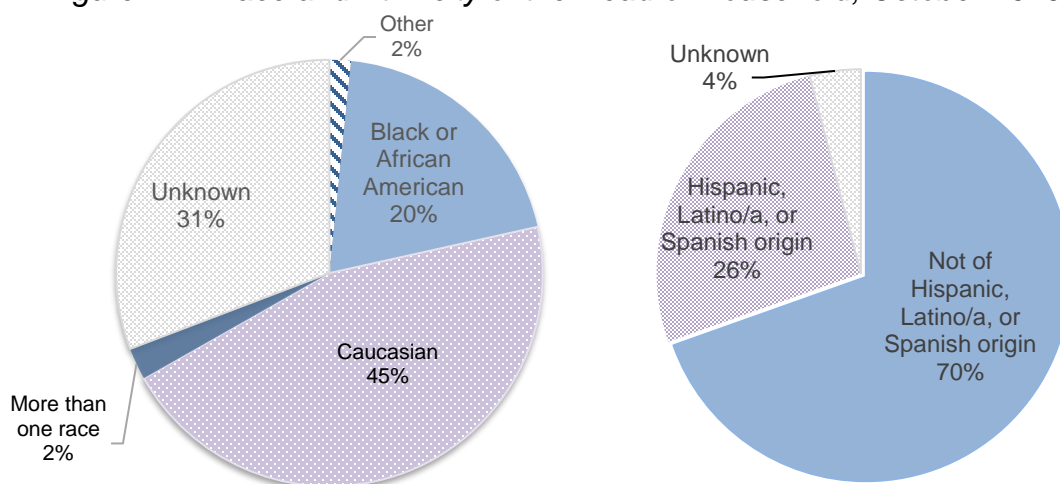
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## Needs Assessment Findings

### ***Demographic Characteristics of SNAP-Ed Target Audience:***

**SNAP Participant Race & Ethnicity.** State of Connecticut data for October 2020 recorded 365,607 persons participating in SNAP, living in 213,541 households.<sup>1</sup> Figure A-1 shows the racial and ethnic profile for heads of households with SNAP participants. Heads of households most commonly identified as Caucasian (45%) or did not report a race (31% unknown). More than one-quarter of household heads identified their ethnicity as Hispanic/Latino/a or Spanish origin and 20% identified as Black or African American.

*Figure A-1: Race and Ethnicity of the Head of Household, October 2020*



**SNAP Participant Age and Disability Status.** The USDA Food and Nutrition Service (FNS) report, “*Addendum to Characteristics of Supplemental Nutrition Assistance Program Households, Fiscal Year (FY) 2018*,” provides additional insight about the age of SNAP participants and composition of SNAP households by analyzing quality control sample data for each state. As shown in Figure A-2, the FY 2018 quality control data analysis found almost half of the SNAP participants were non-elderly adults ages 18-59 (46%) and 36% of participants were children. Twenty-six percent of participants were school age, 19% were older adults, and 10% were preschool age.<sup>2</sup>

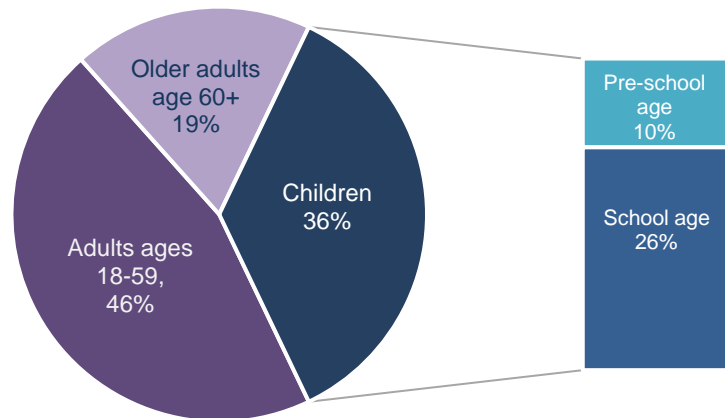
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<sup>1</sup>State of Connecticut Department of Social Services, Eligibility management system reports for October 2020.

<sup>2</sup> U.S. Department of Agriculture, Food and Nutrition Service, *Addendum to Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2018*, Author: Kathryn Cronquist Submitted by Mathematica. Submitted to Project Officer, Jenny Genser. Alexandria, VA, 2020. Table B.14. Distribution of participants by age and by State. Retrieved 3/3/2021 from:

<https://www.fns.usda.gov/snap/characteristics-supplemental-nutrition-assistance-program-households-fiscal-year-2018>.

Figure A-2. Connecticut SNAP Participants by Age Group, FY 2018



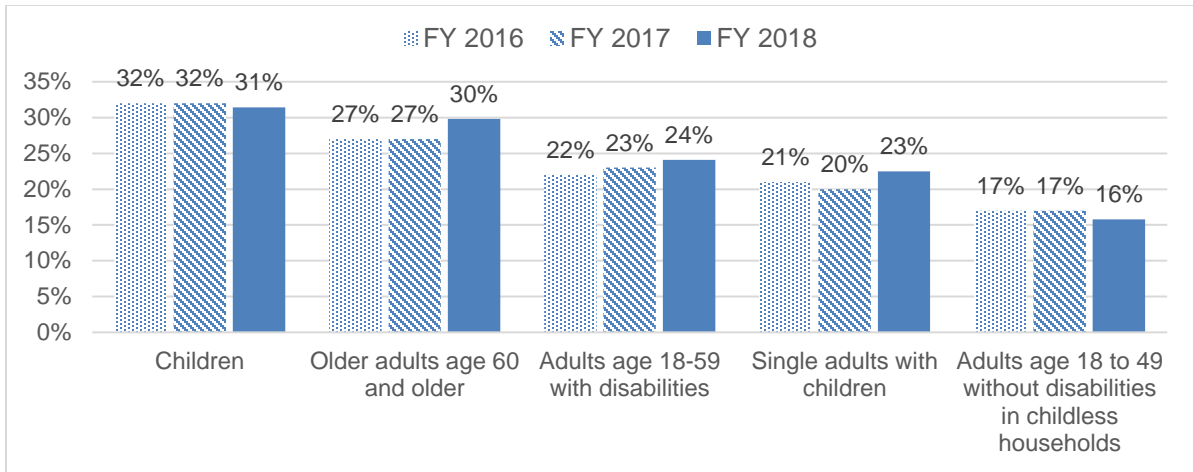
The FY 2018 FNS report also describes the composition of households participating in SNAP (Figure A-3). Almost one-third of SNAP households had children (31%), 30% had older adults and 24% included non-elderly individuals with disabilities. Fewer SNAP households (16%) were comprised of childless adults ages 18-49, without a disability. Among households with children, three-quarters were single adult households.<sup>3</sup> Figure A-3 shows household composition for 2016<sup>4</sup>, 2017<sup>5</sup> and 2018.

Figure A-3. Participating households by household composition, FY 2016, 2017 & 2018

<sup>3</sup> U.S. Department of Agriculture, Food and Nutrition Service, Addendum to Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2018, Author: Kathryn Cronquist Submitted by Mathematica. Submitted to Project Officer, Jenny Genser. Alexandria, VA, 2020. Table B.5. Retrieved 3/3/2021 from: <https://www.fns.usda.gov/snap/characteristics-supplemental-nutrition-assistance-program-households-fiscal-year-2018>.

<sup>4</sup> U.S. Department of Agriculture, Food and Nutrition Service, Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2017. <https://www.fns.usda.gov/snap/characteristics-supplemental-nutrition-assistance-program-households-fiscal-year-2017>

<sup>5</sup> U.S. Department of Agriculture, Food and Nutrition Service, Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2016. <https://www.fns.usda.gov/snap/characteristics-supplemental-nutrition-assistance-program-households-fiscal-year-2016>



**Geographic Location of SNAP Participants.** The state of Connecticut has 169 towns with population size ranging from roughly 800 to 144,000.<sup>6</sup> This section identifies the towns where the most SNAP participants live and towns with the highest participation rate or SNAP prevalence. In October 2020, 44% of SNAP participants lived in one of five cities: Hartford, New Haven, Waterbury, Bridgeport and New Britain.<sup>7</sup> Hartford had 43,000 participants; 32,000-34,000 participants lived in New Haven, Waterbury and Bridgeport and nearly 20,000 participants lived in New Britain. More than 70% of SNAP participants lived in the 20 towns with the highest enrollment. Among these towns, enrollment varied widely ranging from about 4,400 to 43,000. Figure A-4 shows the number of SNAP participants for each town in the “top 20.”

<sup>6</sup> Connecticut Department of Public Health, Annual Town and County Population for CT, 2019. Hartford, CT: Connecticut Department of Public Health. Retrieved 3/3/2021 from: <https://portal.ct.gov/DPH/Health-Information-Systems--Reporting/Population/Annual-Town-and-County-Population-for-Connecticut>

<sup>7</sup> State of Connecticut Department of Social Services, Eligibility management system reports, Oct. 2020.



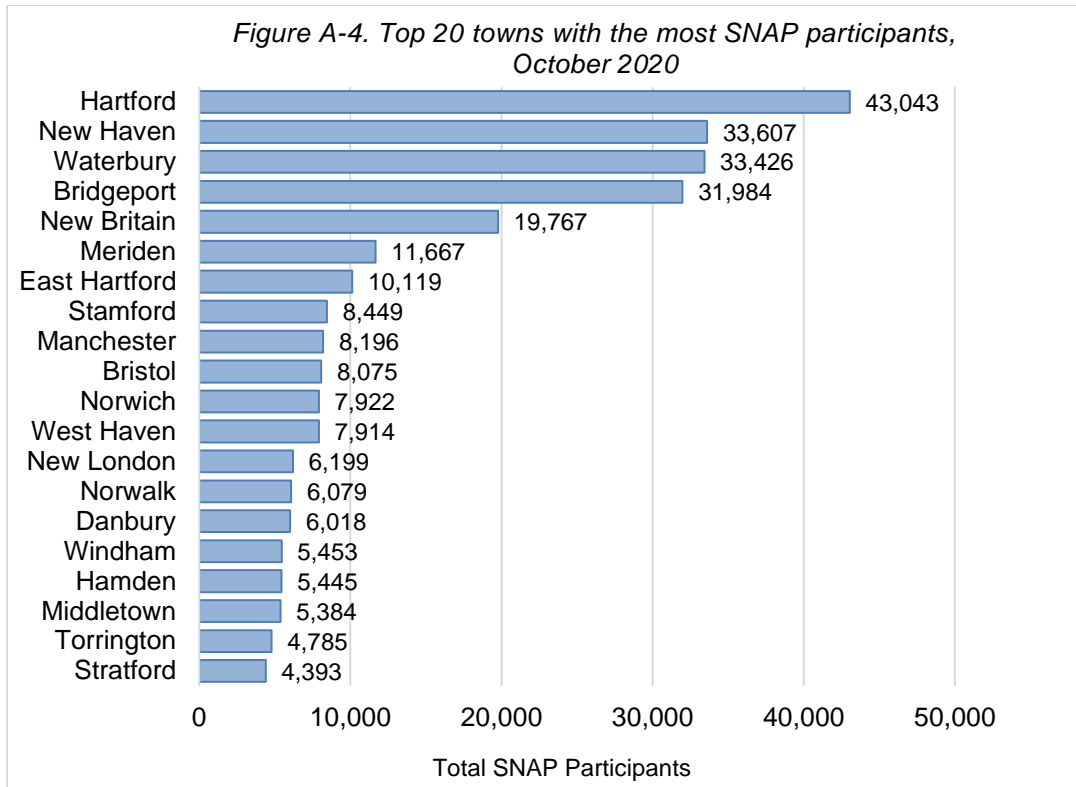
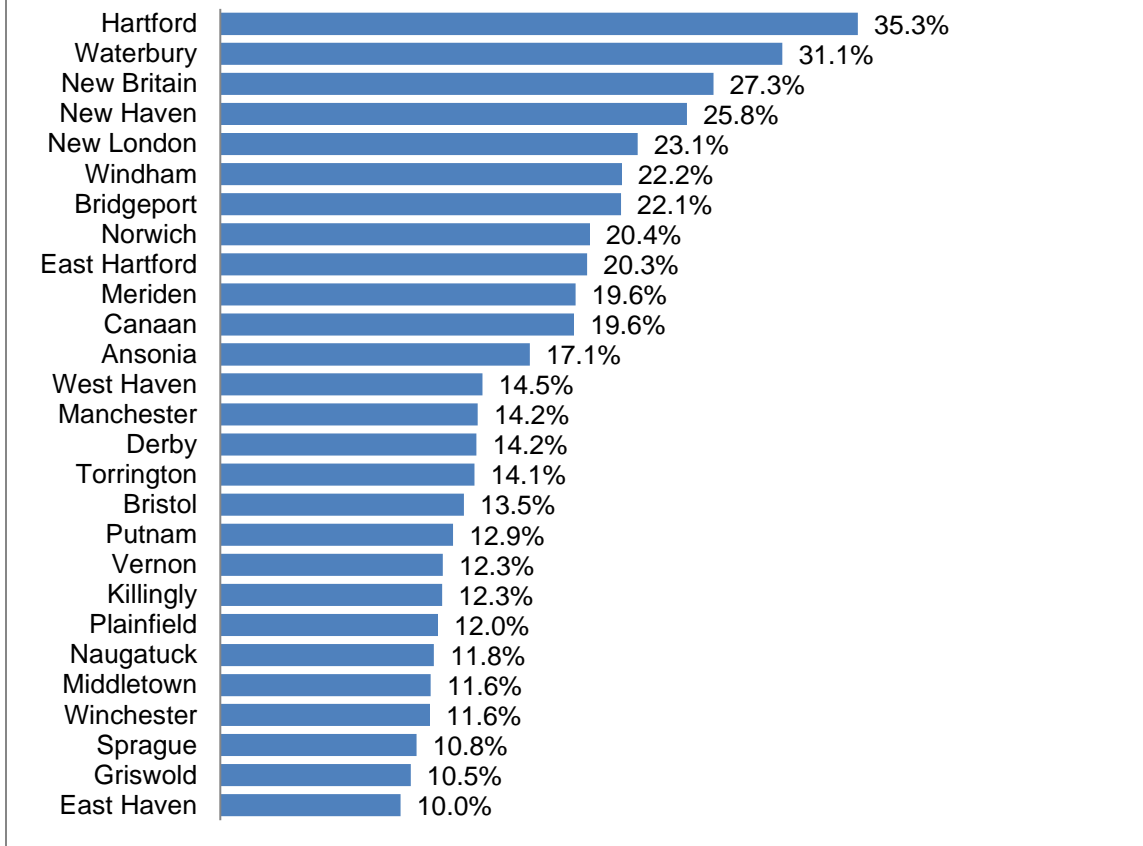


Figure A-5 shows the 27 towns with an estimated SNAP prevalence of 10% or more.<sup>8</sup> Four towns had very high SNAP participation with the prevalence exceeding 25% of the town population. These towns include four of the towns with the most participants: Hartford, Waterbury, New Britain and New Haven. SNAP prevalence was above 20% in New London (23%), Windham (22%), Bridgeport (22%), Norwich (20%), and East Hartford (20%) and above 15% in Meriden, Canaan, and Ansonia. In fifteen other towns, SNAP prevalence was between at least 10% but less than 15%.

<sup>8</sup> The SNAP participation rate was calculated using the total number of participants in town during October 2020 as the numerator and the 2019 town population from the Department of Public Health.

Figure A-5. Towns with SNAP participation rates of 10% or more, October 2020



*Towns with SNAP-Ed Eligible Population.* Using SNAP-Ed guidance, the SNAP-Ed eligible population includes towns with a significant low-income population and towns with a significant income eligible population. For this needs assessment, towns with a significant low-income population include those where the median household income<sup>9</sup> was less than or equal to 185% of the federal poverty level for a family of four during 2019.<sup>10</sup> Towns with a significant income eligible population were those with schools where the 2019-2020 National School Lunch Participation (NSLP) eligibility rates were 50% or greater.<sup>11</sup> Overall, forty-one towns met the SNAP-income eligible criteria for children (Table A-3). The seven towns identified as having a significant low-income population also had a significant income eligible population based on NSLP eligibility. These towns include Hartford, Waterbury, New Britain, New Haven, Bridgeport, New

<sup>9</sup> CT Data Collaborative, Connecticut According to 2019 American Community Survey (ACS) 5-year estimates (2015-2019). Interactive Dashboard. © 2020. Retrieved 3/3/2021 from <https://acs2019.ctdata.org/>.

<sup>10</sup> Prior HHS Poverty Guidelines and Federal Register References. (U.S. DHHS). Retrieved February 22, 2021 from: <https://aspe.hhs.gov/2020-poverty-guidelines>.

<sup>11</sup> CT State Department of Education, School Nutrition Programs Area Eligible and Site Eligible School Listings. Retrieved 3/3/2021 from <https://portal.ct.gov/SDE/Nutrition/Area-Eligibility>

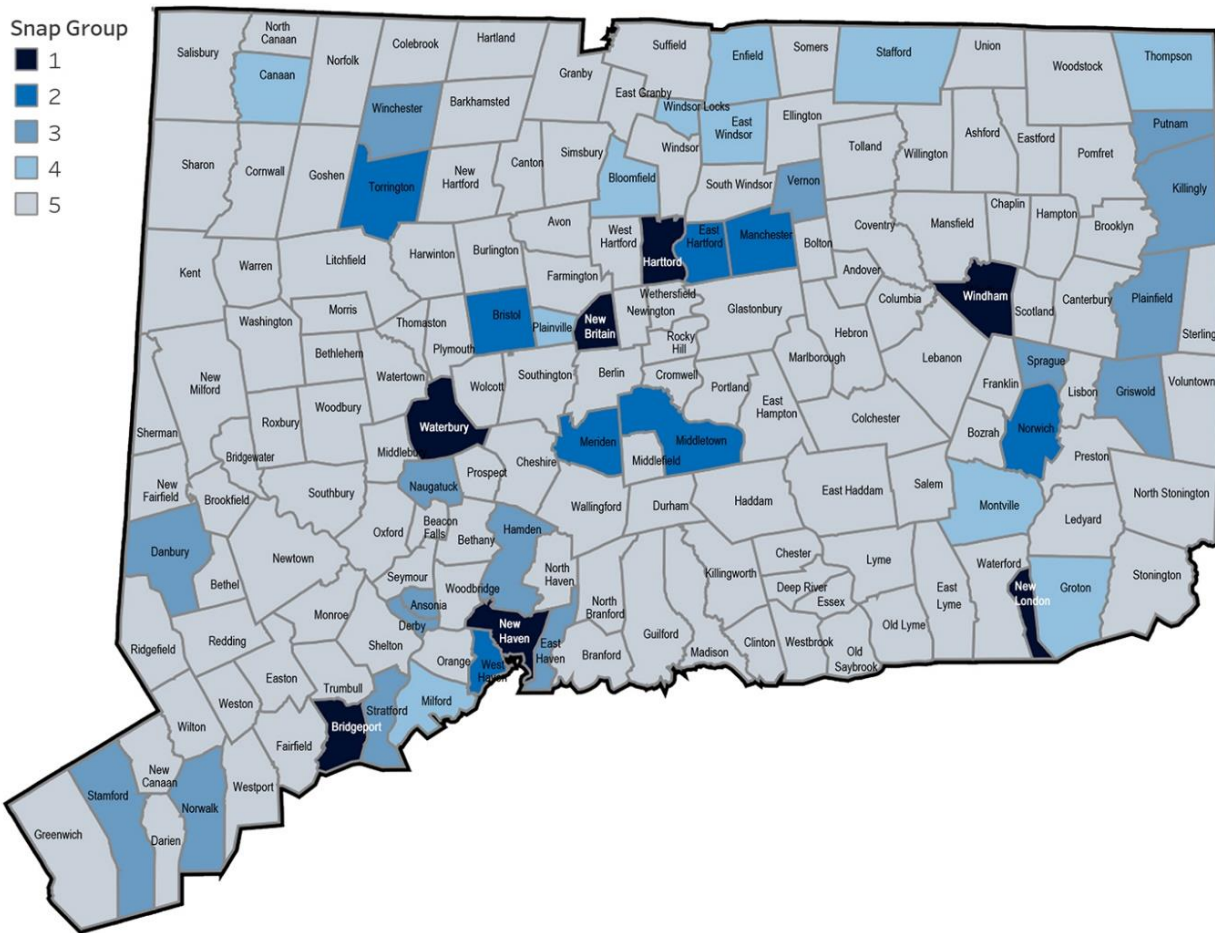
London, and Windham. Table A-3 lists towns that meet SNAP-Ed eligible population criteria.

<b>Table A-3. Towns with SNAP-Ed Income Eligible Populations</b>				
<b><i>Significant Low-Income Population</i></b>	<b><i>Significant Income Eligible Population: Children</i></b>			
Bridgeport	Ansonia	Groton	*New Britain	Stamford
Hartford	*Bridgeport	Hamden	*New Haven	Stratford
New Britain	Bloomfield	*Hartford	*New London	Thompson
New Haven	Bristol	Killingly	Norwalk	Torrington
New London	Danbury	Manchester	Norwich	Vernon
Waterbury	Derby	Meriden	Plainfield	*Waterbury
Windham	East Hartford	Middletown	Plymouth	West Haven
	East Haven	Milford	Putnam	Winchester
	East Windsor	Montville	Sprague	Windsor Locks
	Enfield	Naugatuck	Stafford	*Windham
	Griswold			

***Town-Level Potential for Reaching the SNAP-Ed Eligible Population.*** This section summarizes the potential for reaching the SNAP-Ed eligible population through outreach in specific Connecticut towns. Each town was assigned to one of five groups based on if the town meets the USDA criteria as a low-income population, if public school(s) met the NSLP threshold for identifying children as a significant income-eligible population, the number of SNAP participants and the prevalence of SNAP participants.

- **Group 1** towns meet each of the four grouping criteria. These towns are SNAP-Ed eligible based on low median household incomes below 185% of FPL. The towns are among the 20 towns with the highest SNAP participation, have SNAP participation rates above 10%, and have schools where more than half of the children are NSLP eligible.
- **Group 2** towns have public schools where more than half of the children are NSLP eligible while also being among the 20 towns with the highest SNAP participation AND having SNAP participation rates above 10%. These towns do not meet the criteria for having a significant low-income population.
- **Group 3** towns have public schools where more than half of the children are NSLP eligible while also being among the 20 towns with the highest SNAP participation OR having SNAP participation rates above 10%. These towns do not meet the criteria for having a significant low-income population.
- **Group 4** towns, with the exception of Canaan, have public schools where more than half of the children are NSLP eligible AND a SNAP participant prevalence above 5% participation OR at least 2,000 – 4,000 SNAP participants. Towns in this group, excluding Canaan, do not have a 10% or greater prevalence of SNAP participants nor are they among the Top 20 towns for SNAP participation.
- **Group 5** towns include all towns that did not meet the criteria for groups 1-4.

Figure A-6. Town-Level Potential for Reaching the SNAP target population



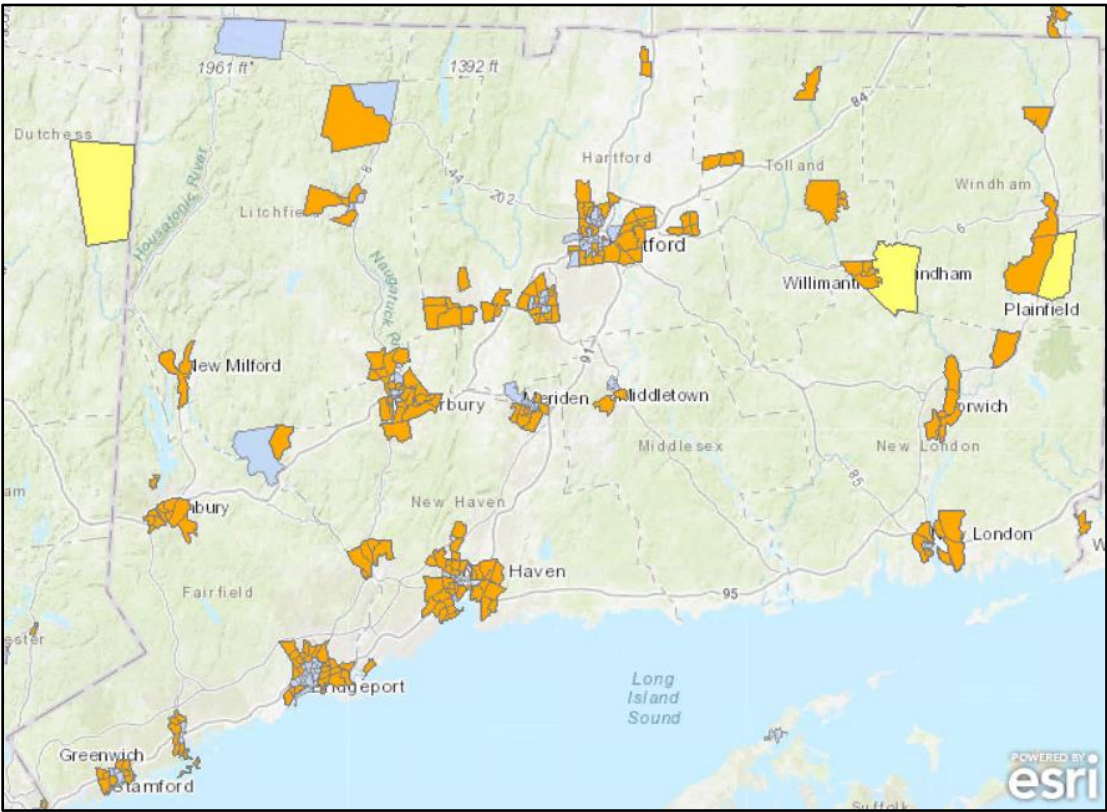
Group	SNAP participants (%, n)		Towns (2020)	
1	47.5	173,479	7	Bridgeport, Hartford, New Britain, New Haven, New London, Waterbury, Windham
2	17.5	64,062	8	Bristol, East Hartford, Manchester, Meriden, Middletown, Norwich, Torrington, West Haven
3	14.6	53,368	16	Ansonia, Danbury, Derby, East Haven, Griswold, Hamden, Killingly, Naugatuck, Norwalk, Plainfield, Putnam, Sprague, Stamford, Stratford, Vernon, Winchester
4	4.7	17,042	11	Bloomfield, Canaan*, East Windsor, Enfield, Groton, Milford, Montville, Plymouth, Stafford, Thompson, Windsor Locks
5	15.7	57,442	127	Remaining towns
Total	100	365,393	169	All towns

**State-Specific Diet-Related Health Statistics on Target Population:**

**Access to Healthy Food**

The USDA Food Access Research Atlas maps food access indicators for census tracts using distance to the nearest supermarket and vehicle availability.<sup>12</sup> For distance to the nearest supermarket, urban census tracts distance is marked at ½-mile and 1-mile and rural census tracts are marked at 10-mile and 20-mile. Figure A-7 shows the 2015 low food access results for low income census tracts in Connecticut. Only a handful of low income census tracts, marked in blue, did not meet an indicator for low food access. Many of the low income census tracts with low food access fall within the seven group 1 towns or group 2 towns.

*Figure A-7: Low Access to Supermarkets in Low Income Census Tracts*



The orange and yellow identify census tracts where a significant share of urban residents live at least a ½ mile from the nearest supermarket, a significant share of rural residents live at least 10 miles from the nearest supermarket, or a significant share of residents live at least a ½ mile from the nearest census tract and more than 100

<sup>12</sup> Economic Research Service (ERS), U.S. Department of Agriculture (USDA). [Food Access Research Atlas](https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/), Last updated December 18, 2020. <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>



housing units in the census tract lack a vehicle. Many of Connecticut’s low income census tracts also have a significant number of households without a personal vehicle or a distance of 20 miles to the nearest supermarket (Results not shown).

### **Food Insecurity**

Feeding America’s Map the Meal Gap (MMG) provides county and congressional district-level estimates of food insecurity calculated with an imputational method that uses data from the U.S. Census Bureau Current Population Survey and American Community Survey. Feeding America MMG report, “*The Impact of the Coronavirus on Food Insecurity in 2020 & 2021*,” projects that 45 million people were food insecure in 2020, an increase of approximately 28% from 2019, or an additional 9.8 million people.<sup>13</sup> A projected 21.6% of Black individuals experienced food insecurity, in comparison to 12.3% for White individuals. Projections for 2021 suggest a slow improvement to the increase in food insecurity, decreasing from 45 million people to 43 million people. The estimates for 2021 are largely unchanged for Black (21.3%) individuals whereas food insecurity rates decrease by 1.2 percentage points for White individuals (11.1%).

Shown in Table A-4, the Feeding America MMG estimates of food insecurity in Connecticut, published by Gundersen et al. (2021), suggest that in 2020 almost 544,000 residents were food insecure, an increase of about 148,000 people compared to 2018.<sup>14</sup>

		2018 Food Insecure		2020 Food Insecure		Increase in Food Insecure	
County	Population	n	%	n	%	n	%
Fairfield	944,350	93,270	9.9%	132,170	14.0%	38,900	41.7%
New Haven	859,340	104,390	12.1%	139,370	16.2%	34,980	33.5%
Hartford	894,730	105,050	11.7%	141,990	15.9%	36,940	35.2%
Middlesex	163,370	15,770	9.7%	21,760	13.3%	5,990	38.0%
New London	268,880	31,670	11.8%	45,700	17.0%	14,030	44.3%
Tolland	151,270	13,980	9.2%	19,350	12.8%	5,370	38.4%
Windham	116,540	13,900	11.9%	18,640	16.0%	4,740	34.1%
Litchfield	183,030	17,890	9.8%	24,760	13.5%	6,870	38.4%
Total	3,581,510	395,920	11.1%	543,740	15.2%	147,820	37.3%

<sup>13</sup> Feeding America. (2021) *The Impact of the Coronavirus on Food Insecurity in 2020 & 2021*. Published March 2021. Accessed 3/25/2021 from: [https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief\\_3.9.2021\\_0.pdf](https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf)

<sup>14</sup> Gundersen C, Hake M, Dewey A, Engelhard E. (2021). *Food Insecurity During COVID-19*. Applied Economic Perspectives and Policy v43(1) pp.153-161. Appendix 51. Supporting information (Excel spreadsheet). <https://onlinelibrary.wiley.com/doi/epdf/10.1002/aepp.13100>

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At the county level, food insecurity projections suggest an increase between 34% and 44%. The projected growth in food insecurity does not follow the usual pattern. Fairfield County, the county with the highest median household income had the second largest projected increase (42%) while Windham County and New Haven County, the two counties with the lowest median household income, had the smallest projected increase (34%). Proportionately, New London County had the largest projected increase in food insecurity, 44%, and ranked fourth for the change in the number of food insecure (14,030). New London County is one of Connecticut's five rural counties. Compared to more populated Hartford and New Haven Counties, the estimated increases in food insecurity rate were greater for New London and three (Litchfield, Tolland, and Middlesex) of the four other rural counties.

Local mobile food pantries have reported significant increases in participation. Connecticut Food Bank / Foodshare launched seven new drive-thru emergency mobile food pantries located in Bridgeport, Bristol, East Hartford, Norwalk, Norwich, Putnam, and Torrington to meet increased need throughout the state. The East Hartford mobile food pantry provided food to the community an average of 3 days per week for 54 weeks, and reported serving more than 1,650 cars per day.<sup>15</sup> Some food pantries, including those in Danbury, reported having triple the usual amount of participants. In a survey of participants at the East Hartford drive-thru mobile food pantry, 57% indicated visiting a mobile food pantry at least a few times per month, and 59% report having to choose between paying a bill or paying for food. Reliance upon emergency food services of this scale was unprecedented and suggests a large population in need.<sup>16</sup>

[continued on next page]

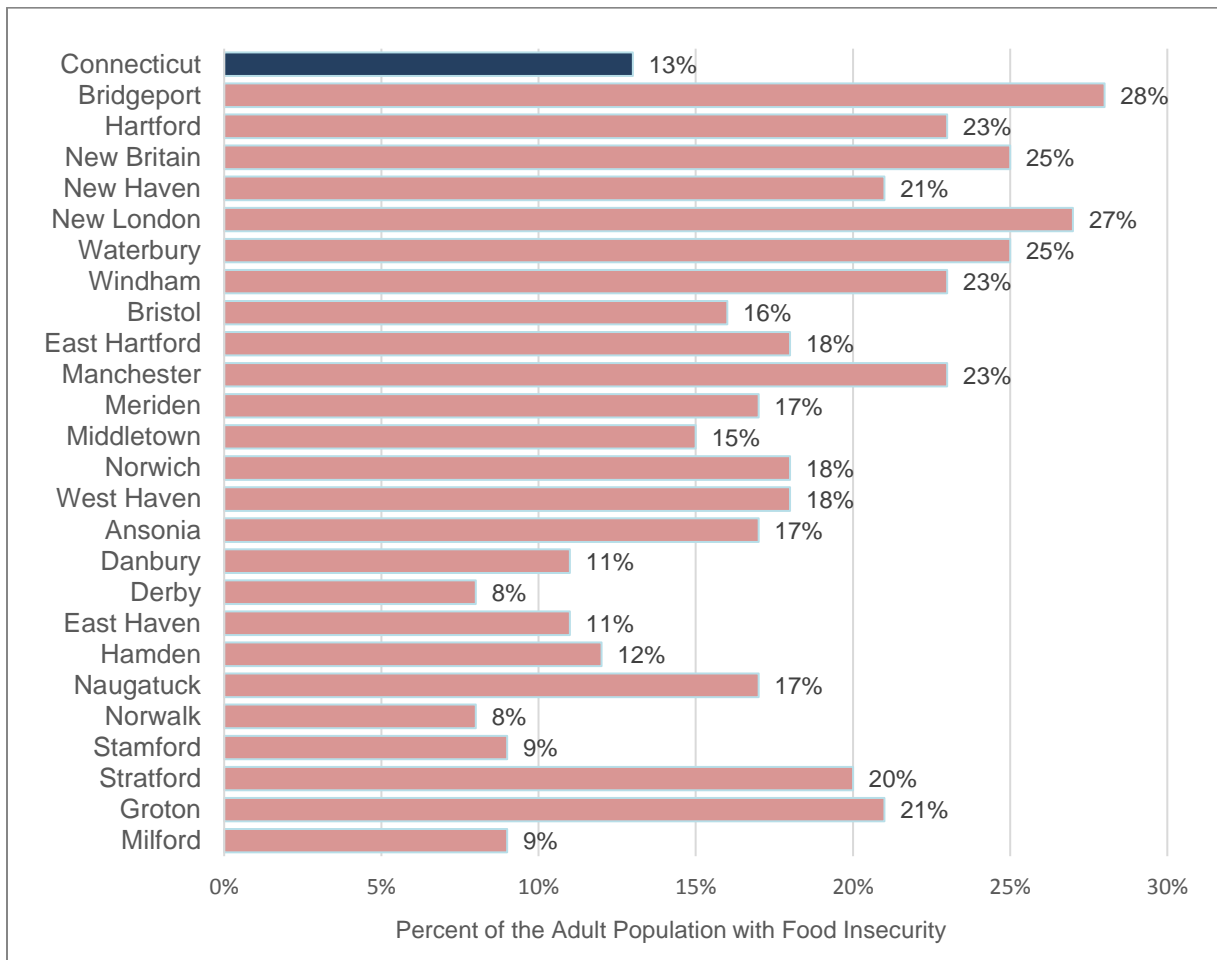
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<sup>15</sup> CT Food Bank / Food Share. Reported 4/29/2021 by Jason Jakubowski. Facebook.

<sup>16</sup> East Hartford Hunger Action Team Survey

Figure A-8 presents town-level food insecurity rates for 25 of the 42 towns in SNAP-Ed town groups 1-4 based on DataHaven’s 2018 Community Well Being Survey. This includes all towns in Group 1 and 7 of the 8 towns in Group.<sup>17</sup> Bridgeport, New Britain, New London, and Waterbury had food insecurity rates of at least 25%, almost twice the state average.

Figure A-8: Food Insecurity Rates Among Adults in SNAP-Ed Towns  
(2018 Community Well Being Survey, DataHaven)



### Community-Level Health Data

In 2019, the Department of Public Health released the report, *Analysis of Health Indicators for Connecticut Health Districts and Departments*, which presents the prevalence of health status indicators, health risk behaviors and chronic conditions for

<sup>17</sup> 2019 DataHaven Community Profile Dataset. Accessed 3/30/2021 from: [https://www.ctdatahaven.org/find/data-resources?field\\_resource\\_type\\_tid=26](https://www.ctdatahaven.org/find/data-resources?field_resource_type_tid=26)

local health districts and departments using pooled BRFSS results from 2012-2016.<sup>18</sup> Table A-5 displays the adult prevalence of healthy weights, food security, daily fruit consumption, daily vegetable consumption, lack of leisure time physical activity, and diabetes for the 12 full-time municipal health departments and 4 local health districts that cover the towns where the greatest number of SNAP participants and SNAP-Ed eligible populations reside. Highlighted table cells indicate statistically significant disadvantage compared to the state average. In Bridgeport, Waterbury, Hartford and New Britain the prevalence of healthy weights and being food secure was below the state average while lack of physical activity during leisure time and the prevalence of diabetes was above the state average. Both Bridgeport and Waterbury also had below average reports of eating vegetables at least once per day. The prevalence of healthy weights was also significantly below the state average for Meriden, Northeast Health District (includes Killingly and Plainfield), Uncas Health Department (includes Norwich), and Manchester. Food security was also significantly lower in New Haven and Meriden. New Haven also had a lower prevalence of daily vegetable consumption than the state average.

<b>Table A-5. Health Behaviors, Food Security, Healthy Weight and Diabetes among Local Health Districts Serving SNAP-Ed Town Groups 1-4 (%)</b>						
Health District / Department	Healthy Weight	Food Security	Fruit ≥ 1 time daily	Vegetable ≥ 1 time daily	No leisure time physical activity	Diabetes
Connecticut	38.3	79.4	65.2	79.4	22.4	9.2
Bridgeport MHD	31.5	62.4	63	72.8	31.9	11.4
Hartford MHD	32.3	62.5	61.5	75.5	36.4	12.6
New Britain MHD	31.4	60.8	63.7	74.8*	32.9	13.3
New Haven MHD	36.9	71.3	61.8	73.4	23.6	9.6
Waterbury MHD	32.1	66.4	57.5	69.4	29.9	15.1
Manchester MHD	32.5	77.3	68.2	78.8*	22.4	7.5
Meriden MHD	27.1	69.9	60.1	73.7*	26.8	9.8
Northeast District	32.4	79.9	65.2	83	24	12.6
Uncas Health Dept	31.7	75.3	63.6	78	22.3	11.7
Bristol-Burlington	34.4	80.2	65.8	76.7*	27	9.6
Danbury + Bethel MHD	42.8	76.9	61.7	78	24.4	8.5
Middletown MHD	35.9	81.5*	66.1	82.0*	20.2	8.7*
Norwalk MHD	37.7	78.8	61.4	76.6	22.9	9.4
Stamford MHD	43.0	78.9	67.4	80.7	23.1	8.5
Stratford MHD	33.3	75.8	68.4	83.5*	22.7	9.1*
Torrington Area	37.6	82	60	77.5	22.2	9.9

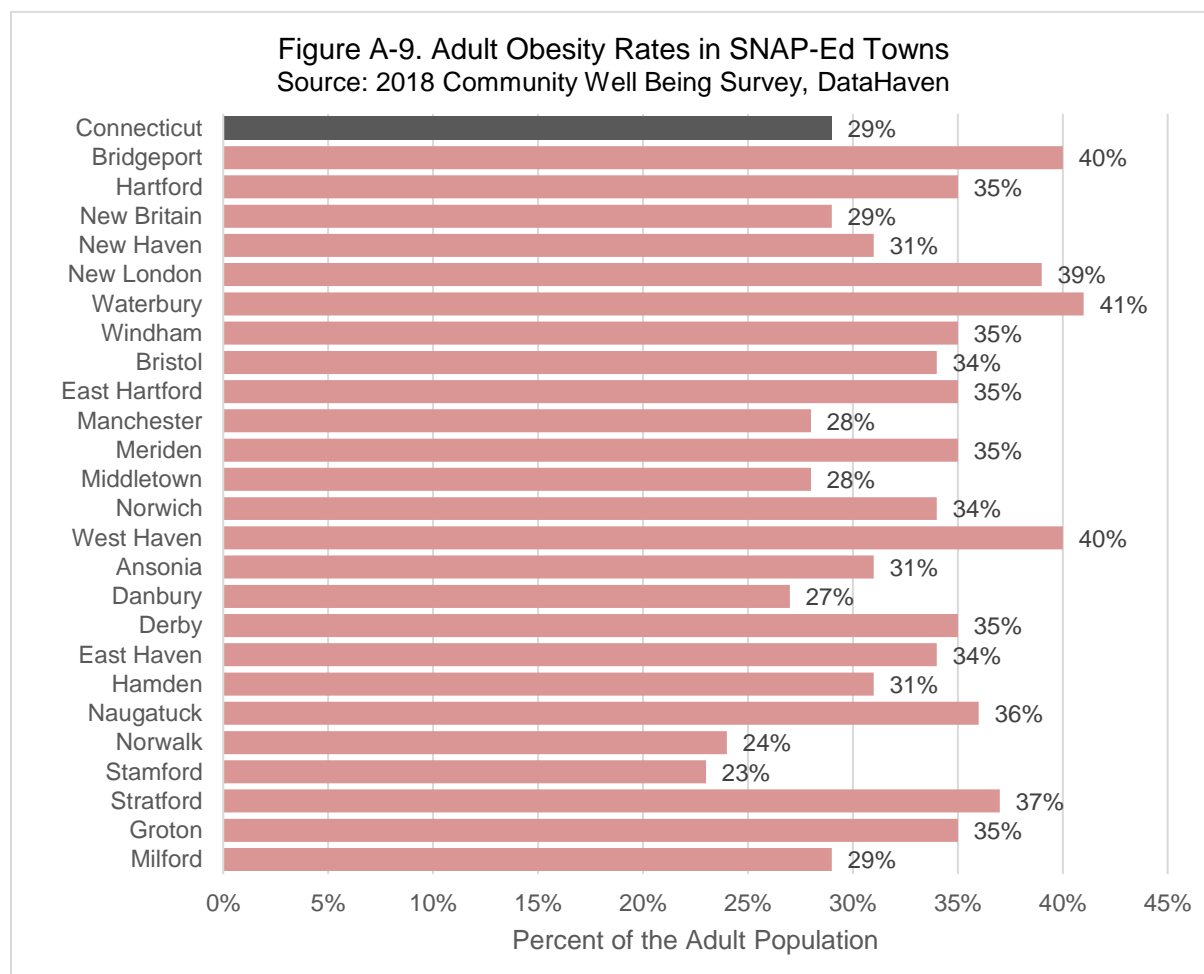
<sup>18</sup> Zheng X., Jorge C. (2019) Analysis of Health Indicators for Connecticut Health Districts and Departments: Results of Connecticut Behavioral Risk Factor Surveillance Survey (BRFSS). Connecticut Department of Public Health, Hartford, Connecticut (<http://www.ct.gov/dph/BRFSS>).

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Highlighted cell indicates a significant disadvantage / green advantage compared to the state average.  
\*Coefficient of variation (CV) >0.15 or >0.2 if \*\*. Analyses did not test for significance against districts with high CV.



Figure A-9 shows adult obesity rates for 25 of the 42 towns in SNAP-Ed town Groups 1-4 based on DataHaven’s 2018 Community Well Being Survey. This includes all towns in Group 1 and 7 of the 8 towns in Group 2.<sup>19</sup> Bridgeport, New London, Waterbury and West Haven had obesity rates of 39% to 41%, ten percentage points higher than the state average.



### **SNAP-Ed Eligible Adults**

The prevalence of diet-related conditions among the adult SNAP-Ed eligible population can also be estimated using the *2019 Connecticut BRFSS Report* results for adults with incomes less than \$35,000 and adults with no more than a high school degree. The 2019 BRFSS results show that adults from these SNAP-Ed eligible populations face a significantly higher prevalence of obesity and chronic conditions, including

<sup>19</sup> 2019 DataHaven Community Profile Dataset. Accessed 3/30/2021 from:

[https://www.ctdatahaven.org/find/data-resources?field\\_resource\\_type\\_tid=26](https://www.ctdatahaven.org/find/data-resources?field_resource_type_tid=26)

DataHaven resources: The prevalence of coronary heart disease, diabetes, and high blood pressure based on the ACS is available for some towns, including at the neighborhood level in Bridgeport, Hartford, New Haven and Stamford. The Index of DataHaven Community Survey Data Crosstabs includes a wide variety of useful community-level data for multi-town regions in Connecticut and 20 of the large towns / cities in SNAP-Ed town groups 1-4 on topics ranging from produce access to quality of local recreational.

cardiovascular diseases and diabetes, when compared to adults who had higher incomes of \$75,000 or education attainment after high school. The SNAP-Ed eligible population was also more likely to report having no leisure time physical activity and were less likely to report eating fruits and vegetables on a daily basis.<sup>20</sup> The prevalence of diet-related health conditions and health behaviors among these populations is presented in Figure A-10. Overall, the prevalence of chronic disease, health-related behaviors, and diet-related health conditions among low-income adults and those with less education were similar.

Figure A-10. CT SNAP-Ed Target Population: Prevalence of diet-related health conditions & behaviors  
Source: 2019 CT BRFSS Report<sup>21</sup>

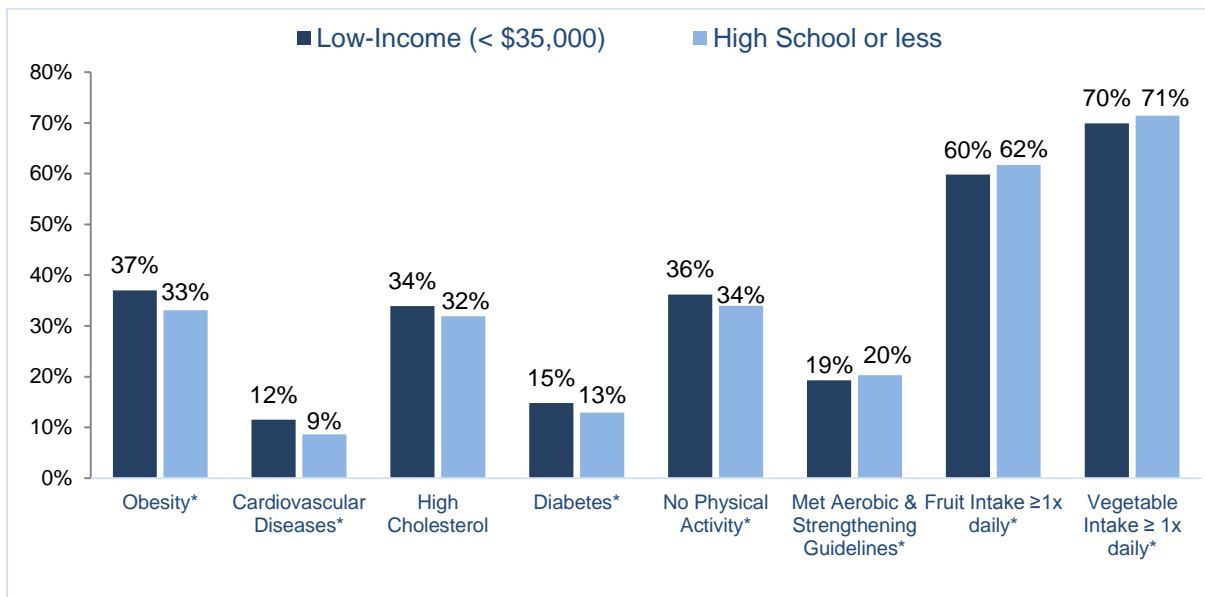


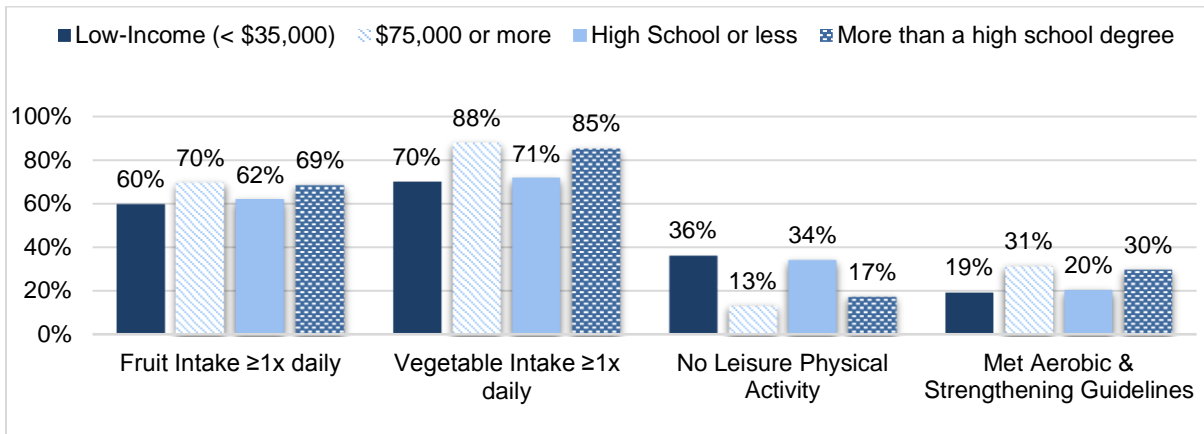
Figure A-11 shows BRFSS results for the self-reported prevalence of daily fruit and vegetable consumption and not participating in physical activities or exercises by income and education group. Compared to adults with incomes of \$75,000 or more, adults with low-incomes of \$35,000 or less were significantly less likely to report eating fruit (60% vs. 70%) or vegetables at least once daily (70% vs. 88%). They were also significantly more likely to report having no physical activity outside of work (36% vs. 13%) and significantly less likely to meet aerobic and strengthening guidelines (19% vs. 31%). Similarly, adults with low educational attainment were significantly less likely to report eating fruit (62% vs. 69%) or vegetables (71% vs. 85%) each day or to meet aerobic and strengthening guidelines (20% vs. 30%) and significantly more likely to

<sup>20</sup> Zheng X., Jorge C., Aye D. (2020). *Connecticut Behavioral Risk Factor Survey Prevalence Estimates for Risk Factors and Health Indicators. Selected Summary Tables 2019*. Hartford, CT: Connecticut Department of Public Health, December 2020.

<sup>21</sup> Zheng X., Jorge C., Aye D. (2020). *Connecticut Behavioral Risk Factor Survey Prevalence Estimates for Risk Factors and Health Indicators. Selected Summary Tables 2019*. Hartford, CT: Connecticut Department of Public Health, December 2020.

report no physical activity outside of work (34% vs. 17%) than adults with education attainment after H.S.

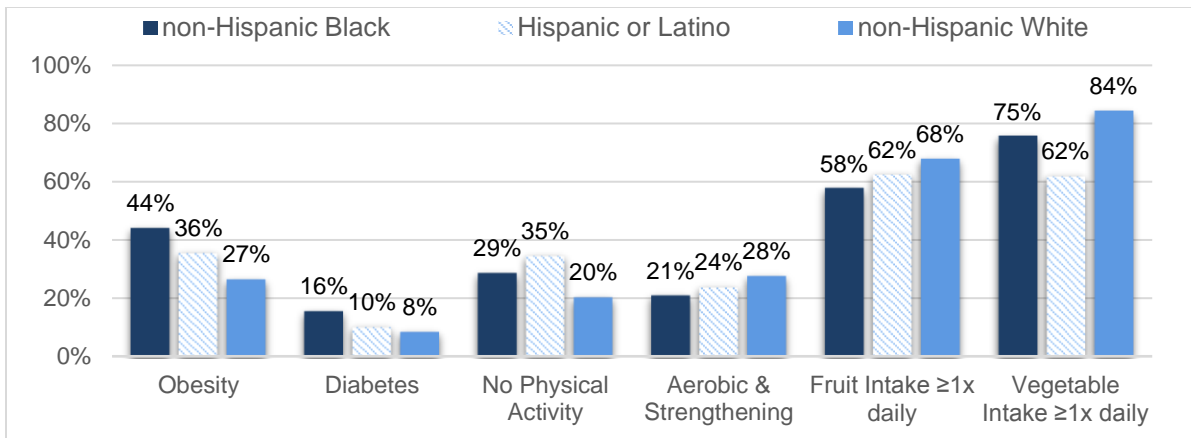
Figure A-11. Prevalence of Physical Activity and Dietary Behaviors by Income and Education Level  
Source: 2019 CT BRFSS Report<sup>22</sup>



**Racial and ethnic disparities:** The 2019 Connecticut BRFSS Report also identified racial and ethnic disparities for several diet-related health conditions and behaviors. These disparities are relevant to the SNAP-Ed needs assessment because 26% of the SNAP population is Hispanic or Latino and 20% is Black or African American. As shown in Figure A-12, adults who were non-Hispanic Black had a significantly higher risk of obesity (44% v 27%), diabetes (16% vs 8%) and having no physical activity outside of work (29% vs 20%) when compared to non-Hispanic whites. Adults who identified as non-Hispanic Black were also significantly less likely to eat vegetables (75% vs 84%) and fruit (58% vs 68%) at least once daily than non-Hispanic white adults. Adults who identified as Hispanic or Latino also had significantly higher prevalence of obesity (36% vs 27%), were significantly more likely to report no leisure time physical activity (35% vs 20%), and were significantly less likely to report eating at least one vegetable daily (62% vs 84%) than non-Hispanic white adults.

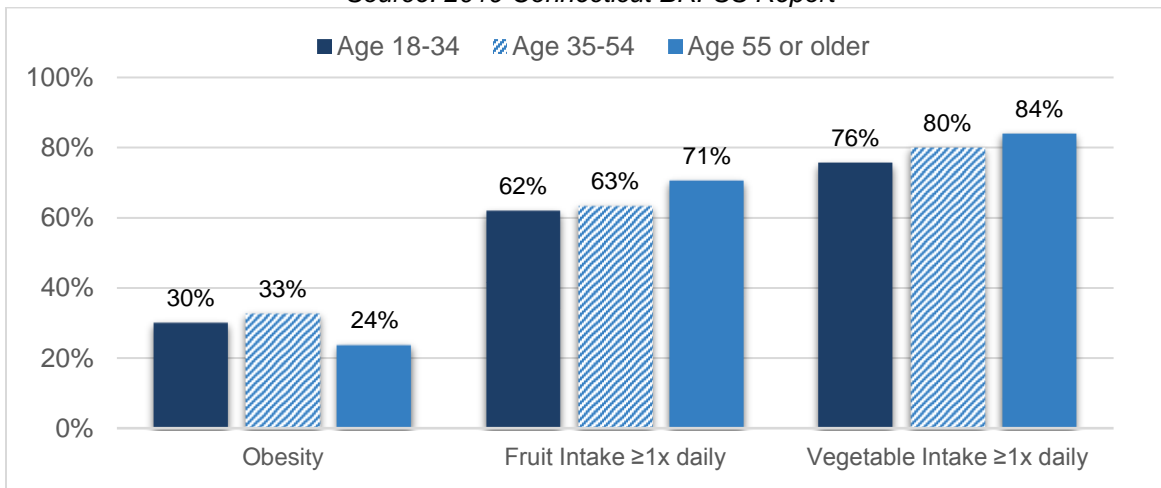
Figure A-12. Chronic Conditions, Health Behaviors and Racial and Ethnic Disparities  
Source: 2019 Connecticut BRFSS Report

<sup>22</sup> Zheng X., Jorge C., Aye D. (2020). Connecticut Behavioral Risk Factor Survey Prevalence Estimates for Risk Factors and Health Indicators. Selected Summary Tables 2019. Hartford, CT: Connecticut Department of Public Health, December 2020.



**Age-related disparities:** The 2019 Connecticut BRFSS Report also presents the prevalence of diet-related health conditions and behaviors for various age groups. The differences may be informative for tailoring interventions for adults in different age groups. Shown in Figure A-13, in 2019, 18-34 year olds and 34-54 year olds were significantly less likely to eat fruit and vegetables on a daily basis than adults ages 55 or older and 18-34 year olds were more likely to be obese than adults in either of the older age groups. Conversely, adults who were 55 or older had significantly higher risk for cardiovascular disease (13% vs. 3%), diabetes (17% vs. 7%), and high blood cholesterol (46% vs. 29%) compared to adults ages 35-54.

**Figure A-13. Age-Related Disparities for Obesity and Dietary Behaviors**  
 Source: 2019 Connecticut BRFSS Report



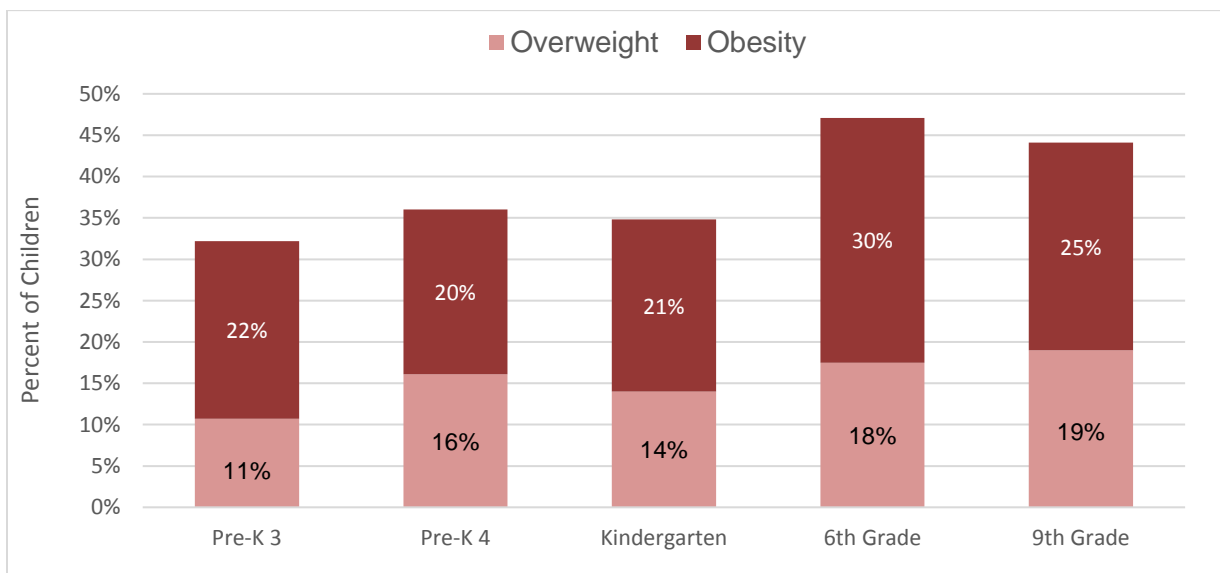
### SNAP-Ed Eligible Children

**Obesity and Overweight.** The weight status of the SNAP-Ed eligible population of children is approximated using the following data sources: 2018-19 BMI surveillance report of children in New Britain schools; a 2017 DPH surveillance study of weight status among kindergarten and 3<sup>rd</sup> grade children; the 2019 Youth Risk Behavior Survey (YRBS), state WIC data (FY 2019), and results from online surveys conducted with middle schoolers at two SNAP-Ed eligible schools in fall 2018 and 2019.

Based on the average of quarterly Connecticut WIC data from 2020, the prevalence of overweight and obesity among 2 to <5 year olds enrolled in WIC was 30.7%, with 15% overweight and 15.7% obese.<sup>23</sup> The prevalence of overweight and obesity among children enrolled in WIC is similar to 2019 results for New Britain children in preschool and kindergarten (Figure A-14).

The BMI surveillance study conducted in New Britain (2018-19 school year), a “Group 1” town, found high rates of childhood overweight and obesity among children in Pre-K 3, Pre-K 4, kindergarten, 6<sup>th</sup> grade and 9<sup>th</sup> grade. The rate of overweight/obesity was highest among Hispanic/Latino (44%), Black (38%) and White (34%) children, and lowest among children who were Asian/Pacific Islander (23%). As shown in Figure A-15, during the 2018-19 school year, the prevalence of being overweight or obese ranged from 32% of children in Pre-K 3 to 47% of children in 6<sup>th</sup> grade. Approximately 20% of children in Pre-K 3, Pre-K 4 and kindergarten were obese and more than one out of every four children in New Britain’s 6<sup>th</sup> and 9<sup>th</sup> grade were obese.<sup>24</sup>

Figure A-14. Prevalence of overweight / obesity among New Britain Children, 2018/2019



During 2017, the Connecticut Department of Public Health completed more than 4,400 BMI measurements of kindergarten and third grade students at 42 schools using a sampling approach designed to generate statewide estimates.<sup>25</sup> In the Connecticut sample, 28% of children in kindergarten and 35% of children in 3<sup>rd</sup> grade were

<sup>23</sup> CT-WIC Management Information System. Hartford, CT: Connecticut Department of Public Health.

<sup>24</sup> Wakefield, D.B., Havens, E. (2019). *Childhood Obesity and Asthma in the Consolidated School District of New Britain, Connecticut* Data analysis and report prepared by UConn Health Center for Population Health. Farmington, CT: UConn Health.

<sup>25</sup> Poulin, S.M., Huie T., Phipps K., Dowd, E.A., & Peng, J. (2017). *Overweight and Obesity among Kindergarten and Third Grade Children in Connecticut, 2016-2017*. Hartford, CT: Connecticut Department of Public Health



overweight or obese (Figure A-15). At schools where eligibility for the free/reduced lunch program (FRLP) was 50% or more, the almost 34% of kindergarten children and 43% of third grade children were overweight or obese.<sup>26</sup> In kindergarten, both Latino children (39%) and Black children (31%) were significantly more likely to be overweight or obese than White children (22%). Notably, DPH’s statewide kindergarten results for Black children, Hispanic children and children in schools with at least 50% eligibility for the National School Lunch Program are similar to the 35% prevalence observed in New Britain.<sup>27</sup>

Figure A-15. Overweight and Obesity among Kindergarten and Third Grade Children in Connecticut  
Source: DPH, 2017

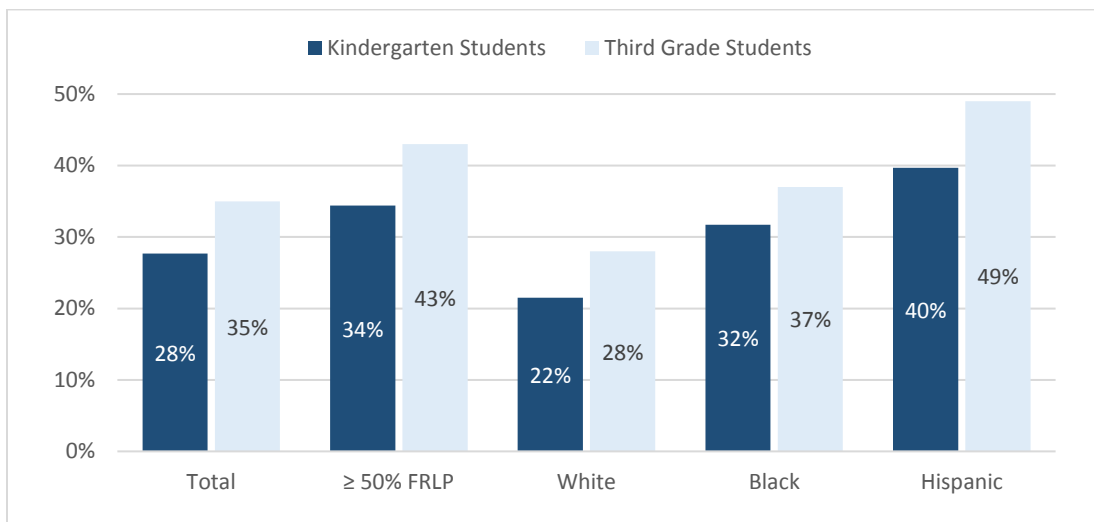


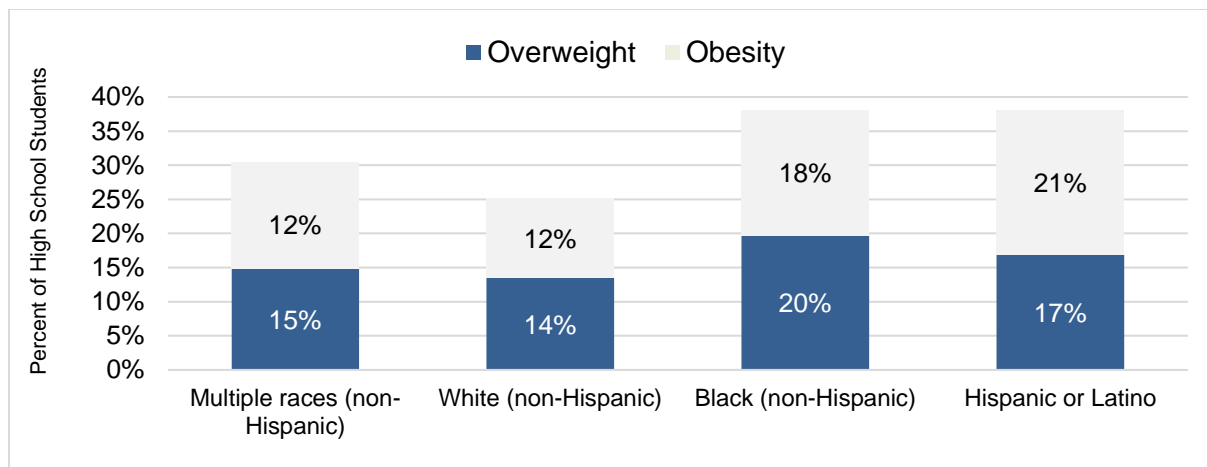
Figure A-16 shows the 2019 YRBS results for high school students by race and ethnicity. In 2019, the statewide prevalence of being overweight or obese was 38% among Black high school students and Hispanic/Latino students, 31% among multi-racial students and 25% among White students.<sup>28</sup> Prevalence among Hispanic / Latino, Black and multi-racial students may better reflect the prevalence among the SNAP-Ed target population in Connecticut. For example, the prevalence of overweight/obesity among New Britain students in 9<sup>th</sup> grade during the 2018-19 school year was 44%.

Figure A-16. CT Prevalence of Overweight & Obesity among High School Students (Source: YRBS 2019)

<sup>26</sup> Poulin, S.M., CT Department of Public Health. Email correspondence June 6, 2018.

<sup>27</sup> Wakefield, D.B., Havens, E. (2019). *Childhood Obesity and Asthma in the Consolidated School District of New Britain, Connecticut* Data analysis and report prepared by UConn Health Center for Population Health. Farmington, CT: UConn Health.

<sup>28</sup> 2019 Youth Risk Behavior Survey. *Connecticut High School Survey Summary Tables – Weighted Data*. Hartford, CT: Connecticut Department of Public Health. Retrieved 3/3/2021 from: [2019CTYRBS\\_SummaryTables.pdf](https://www.ct.gov/dph/lib/dph/2019CTYRBS_SummaryTables.pdf).



*Diet and Physical Activity.* The prevalence of dietary behaviors and physical activity among the SNAP-Ed target population of children is described using results from the *2019 Connecticut BRFSS Report* and the 2019 YRBS survey results for children (ages 2-17) in households with incomes <\$35,000 and by race and ethnicity. The 2019 CT BRFSS Report reports 31% of children in low-income households (adult proxy income of less than \$35,000) drank soda or sugary drinks (SSBs) on a daily basis, 39% ate fast food 2-3 times per week and 65% had excessive screen time of over two hours of TV each day. Non-Hispanic Black children (79%) and Hispanic/Latino children (68%) were significantly more likely to have excessive screen time compared to non-Hispanic White children (52%). Forty-one percent of non-Hispanic Black children drank SSBs daily compared to 31% of Hispanic children and 21% of non-Hispanic White children.<sup>29</sup>

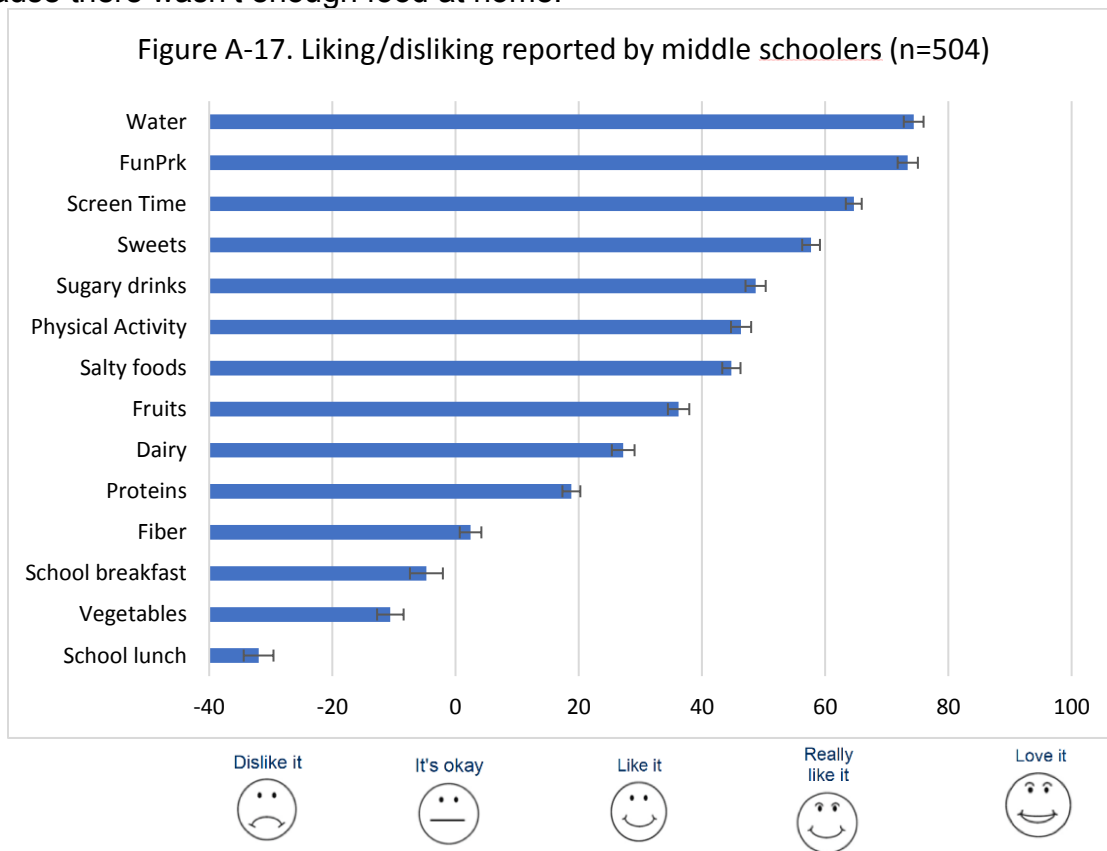
The same year, 61% of Connecticut high school students reported eating vegetables on a daily basis (in the seven days prior to the YRBS survey). Students who were non-Hispanic White (66%) were significantly more likely to consume vegetables daily than students who were Black/African American (43%) or Hispanic/Latino (55%).<sup>30</sup> When asked about physical activity in the past week, only 43% of high school students reported being active for at least 60 minutes on five or more days, decreasing significantly from 50% among students in 9<sup>th</sup> grade to 36% among students in 11<sup>th</sup> grade. Forty-eight percent of non-Hispanic White high school students reported being active whereas 35% of non-Hispanic Black students and 36% of Hispanic/Latino students reported being active.<sup>31</sup>

<sup>29</sup> Zheng X., Jorge C. (2019) Analysis of Health Indicators for Connecticut Health Districts and Departments: Results of Connecticut Behavioral Risk Factor Surveillance Survey (BRFSS). Connecticut Department of Public Health, Hartford, Connecticut (<http://www.ct.gov/dph/BRFSS>).

<sup>30</sup> *2019 Youth Risk Behavior Survey. Connecticut High School Survey Summary Tables – Weighted Data.* Hartford, CT: Connecticut Department of Public Health. Retrieved 3/3/2021 from: [2019CTYRBS\\_SummaryTables.pdf](#).

<sup>31</sup> *2019 Youth Risk Behavior Survey. Connecticut High School Survey Summary Tables – Weighted Data.* Hartford, CT: Connecticut Department of Public Health. Retrieved 3/3/2021 from: [2019CTYRBS\\_SummaryTables.pdf](#).

Online surveys administered in fall 2018 and 2019 with middle schoolers (n=505) from one Group 4 (n=195) and one Group 2 (n=310) school show concern for food security and the need for nutrition education from a validated proxy of usual dietary and physical activities (Figure A-17).<sup>32</sup> Findings show a low preference for school meal programs and healthy foods such as fiber and vegetables and a high preference for less healthy foods (salty, sweet, and SSBs), screen time, physical activity and water. The students confidentially reported concern for food security (pre-COVID) that ranged between 39% and 44%, indicating sometimes or often to 1 of the 3 following questions: “I was hungry but didn’t eat enough because there wasn’t enough food at home”; “I felt worried that our food at home would run out before we could get more”; and “I ate less than I wanted because there wasn’t enough food at home.”



### ***Other Nutrition-Related Programs Serving Low-Income Persons:***

In Connecticut, there are many state and local level initiatives designed to support healthy eating and physically active lifestyles, improve nutrition, and prevent diet-related

<sup>32</sup> Hildrey R, Karner H, Serrao J, Lin CA, Shanley E, Duffy VB. Pediatric Adapted Liking Survey (PALS) with Tailored Nutrition Education Messages: Application to a Middle School Setting. Accepted to Foods, special issue-Determinants of Preference and Consumption of Healthy Food in Children. *Foods* **2021**, *10*(3), 579; <https://doi.org/10.3390/foods10030579>

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chronic diseases and obesity. The Connecticut Department of Public Health (DPH) coordinates several grant funded activities to improve related policies, systems and environments (PSE) through the Centers for Disease Control and Prevention (CDC) “State Physical Activity and Nutrition Program” (SPAN) grant, a USDA Farm to School Grant, and the Building Resilient Inclusive Communities (BRIC) grant.

SPAN, a five-year grant awarded to DPH in 2018, expands upon activities from a previous five-year CDC grant to work in early care and education (ECE) settings, hospitals, health centers, communities and worksites to improve PSE in a number of ways, including:

- Increasing healthier food options in community sites and worksites through adoption of food service guidelines and nutrition standards;
- Increasing nutrition and physical activity policies and practices in ECE settings;
- Reducing the environmental barriers to breastfeeding; and
- Connecting everyday places to increase safe and accessible physical activity.

Building off SPAN, the two-year USDA Farm to School Grant awarded to DPH in July 2020, enhances PSE work in ECE settings by supporting the development and implementation of a comprehensive Farm to ECE Program, including coordination of a statewide Farm to ECE task force, provision of funding for ECE sites to implement Farm to ECE policies and practices, and development of new CT specific training and technical assistance opportunities. The project is a collaboration with state partners such as UConn Extension and the CT Farm to School Collaborative. Activities aim to expand the existing Farm to School efforts, introduce new experiential nutrition education opportunities, boost local procurement, and foster connections between ECE providers and local farmers.

Under the BRIC program grant, DPH will be working with state and local partners to implement three projects aimed at improving nutrition security and increasing access to healthy foods in response to COVID-19 and with a focus on improving health equity.

- Connecticut Food Bank / Food Share (CTFB) will provide a series of statewide virtual trainings to interested food pantries on recovering from COVID-19 and improving equity. Interested pantries will be identified to work with CTFB on assessing capacity for and implementing SWAP and client choice.
- In Hartford, the CTFB, Hartford Food System, and other local partners will work together to build a coordinated, holistic network of food pantries.
- In Bridgeport, DPH and local partners will work through BRIC to increase access to healthier foods by coordinating food recovery systems and increasing financial incentives offered to residents.

DPH SNAP-Ed collaborates closely with the DPH State Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) on SPAN, the Farm to ECE Program, and with other SNAP-Ed implementing agencies to leverage resources; support coordinated implementation of PSE change initiatives; and maximize the reach and impact of the PSE initiatives.

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In addition to these activities, there are many additional efforts focused on obesity prevention, nutrition and physical activity. Nutrition programs in the state include the WIC program, SNAP, the Child Nutrition Program, the Elderly Nutrition Program, Meals on Wheels, community congregate cafes, CTFB and numerous food pantries and soup kitchens. State level programs that provide nutrition education along with food subsidies include WIC and SNAP. Local WIC agencies and farmers markets that accept WIC and/or SNAP are located in many of the towns with the highest participation in SNAP. Nutrition education also reaches SNAP-Ed eligible populations through the UCONN Expanded Food & Nutrition Education Program (EFNEP), State Department of Education, DPH initiatives, CT School Readiness Program, Discovery Communities, Head Start and Early Head Start Programs, some local health departments, health care providers or institutions and University or community-based public health initiatives. In addition, Connecticut Food Corps collaborates with schools in many of the state's highest need towns to help facilitate healthy school environments through hands-on lessons and promoting access to healthy school meals.

Other local nutrition education programs for children found in SNAP-Ed town groups 1-4 include, but are not limited to *KIDS' FANS*, *Fit Kids*, *Y Be Fit* and *You Go Girl*. There are also a number of nutrition education programs for adults and families such as *Healthy for Life*, *Growing Gardens Growing Health* and *Fit 5*. Examples of local level initiatives to promote physical activity include *Fit Together*, *Become a NorWALKER*, *Live Well* and *Get Healthy CT* as well as the development and revival of designated walking, biking and other community recreational areas.

The state SNAP-Ed Program is integrated with DPH and EFNEP and has long-standing collaborations with other nutrition-related and health programs to expand the reach and comprehensiveness of obesity and chronic disease prevention initiatives. This includes collaborations with state and community-level agencies serving the SNAP-Ed eligible population, such as the DSS Healthy Aging Program, State Department of Education, the City of Hartford and other local level health and/or human service programs in numerous towns. SNAP-Ed partners also participate in planning efforts for over a dozen statewide councils such as the CT Network Food System Alliance, the CT Breastfeeding Coalition, Head Start Advisory Board, state ECE Nutrition & Physical Activity Planning Team, School Readiness Advisory Committee, FEMA Emergency Support Function #6 Food Working Group, End Hunger CT, and the Food Corp State Advisory.

Examples of regional or local planning and collaboration activities include participation with CT Food Policy Council (Hartford and Tolland); hunger action teams for Hartford, East Hartford, Windham, and the Tri-Town area (Vernon, Tolland and Ellington); CT Food Bank / Food Share; the Get Healthy CT Coalition in the Greater Bridgeport Area and New Haven; school wellness committees in Bridgeport, East Hartford and New Haven; a regional early Head Start health advisory council (Middlesex County), the Danbury Food Collaborative; and more than a dozen initiatives spanning the school, neighborhood and city level in Hartford. The SNAP-Ed IAs also seek out additional

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expertise on increasing healthy food access and preventing obesity through the UConn Rudd Center for Food Policy and Obesity as well as the UConn Center for Social Media and mHealth for best practices leveraging technology and social media.

*Tribal Nations and non-SNAP-Ed activities.* Collaboration for nutrition education for youth has occurred with the Mashantucket Tribal Nation through a program with EFNEP and the New London County EFNEP educator, through a USDA grant. The DPH Breast & Cervical Cancer Program/WISEWOMAN Program works with tribal nations doing outreach through a hospital contractor to enroll uninsured or underinsured women for services (mammograms, cardiovascular risk reduction services, etc.).



**Areas of the State Where SNAP Target Audience Is Underserved or Has Not Had Access to SNAP-Ed Previously:**

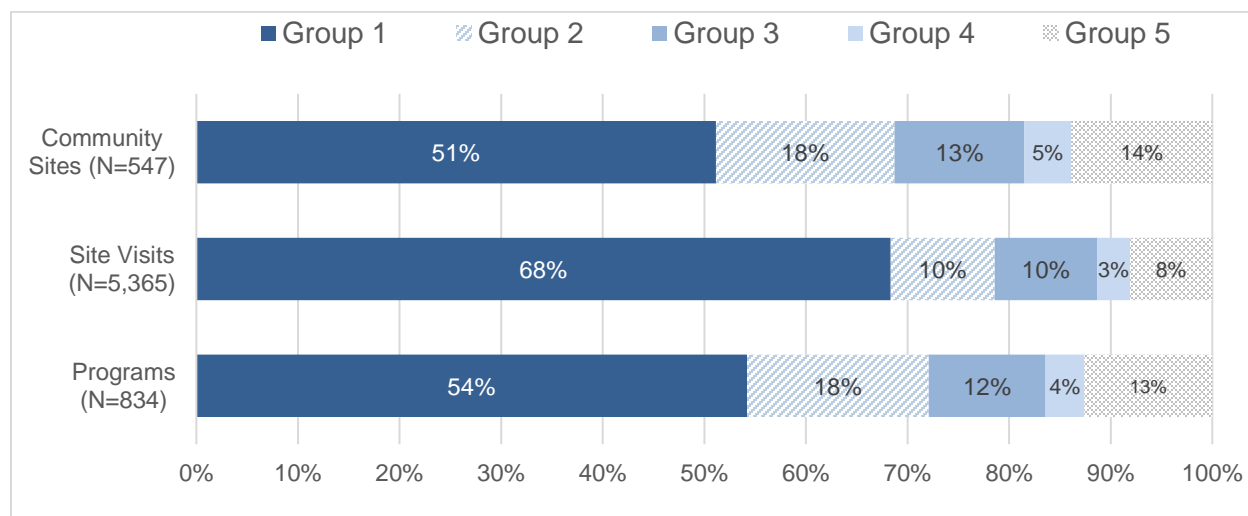
In this section, program refers to a type of SNAP-Ed intervention, which may include multiple sessions with the same participants, single sessions to different participants and multiple site visits. A program is counted once per site. This differs from EARS definitions.

**SNAP-Ed Reach in Connecticut**

During the 2019 and 2020 federal fiscal years (FFY), Connecticut SNAP-Ed efforts spanned the state, reaching the SNAP-Ed eligible population at approximately 550 community sites located in 86 of the state’s 169 towns. In addition to SNAP-Ed for community sites, program delivery also included virtual workshops, a private Facebook group, and home-based phone calls with participants from multiple towns. Programs were delivered at different types of community sites with the intent of improving the health of the SNAP-Ed target audience during all stages of life, especially childhood. Nearly half of all program locations were in schools, early care settings, or before or after school programs; twenty-seven percent of SNAP-Ed community partner sites hosted food security programs such as food banks, food pantries, congregate meal programs, soup kitchens and USDA Summer Meals.

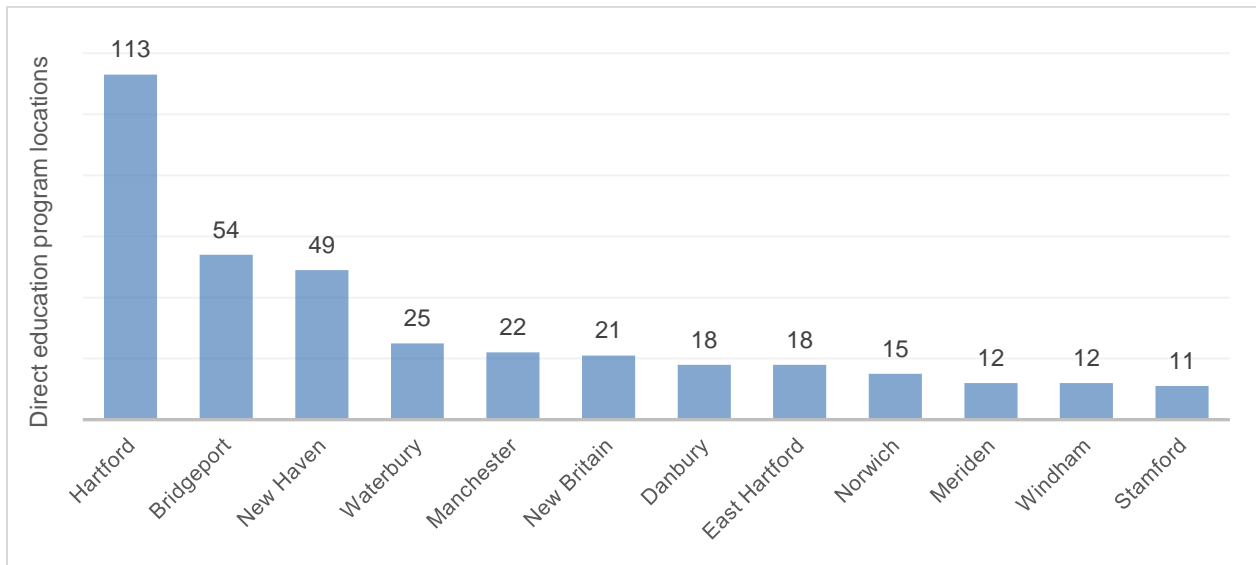
*Geographic Location.* Figure A-18 summarizes the distribution of Connecticut SNAP-Ed partner sites, programs and site visits for each SNAP-Ed town group during FFY 2019-2020. During this time period, SNAP-Ed programs were implemented in each of the fifteen towns identified as Group 1 and Group 2 and in 25 of the 27 towns in Group 3 and Group 4. Half of the community sites and two-thirds of the site visits were in Group 1 towns.

Figure A-18: CT SNAP-Ed Programs, Sites, and Site Days by Town Groups, FFY 2019-2020



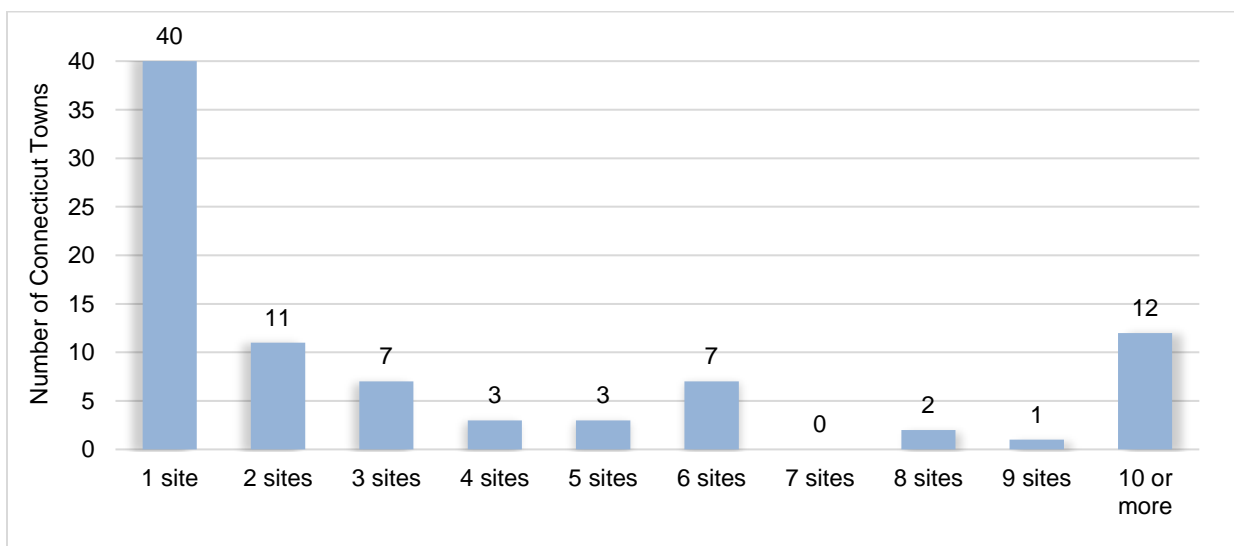
In twelve towns, Connecticut SNAP-Education delivered nutrition education in at least 10 community locations (Figure A-19). These twelve towns were home to two-thirds of the program sites. The six towns with the greatest number of program sites were Hartford (113 sites), Bridgeport (54 sites), New Haven (49 sites), Waterbury (25 sites), Manchester (22 sites), and New Britain (21 sites).

Figure A-19: Towns with 10 or more SNAP-Education delivery sites, FFY 2019-2020



Conversely, in more than half of the towns with SNAP-Education programming there were just one or two program sites. SNAP-Education programs were delivered at one site in 38 towns and two sites in 13 towns. Figure A-20 summarizes the number of program sites among Connecticut towns. Table A-6 lists the towns with fewer than 9 community sites by number of sites.

Figure A-20: Distribution of program sites among Connecticut Towns, FFY 2019-2020



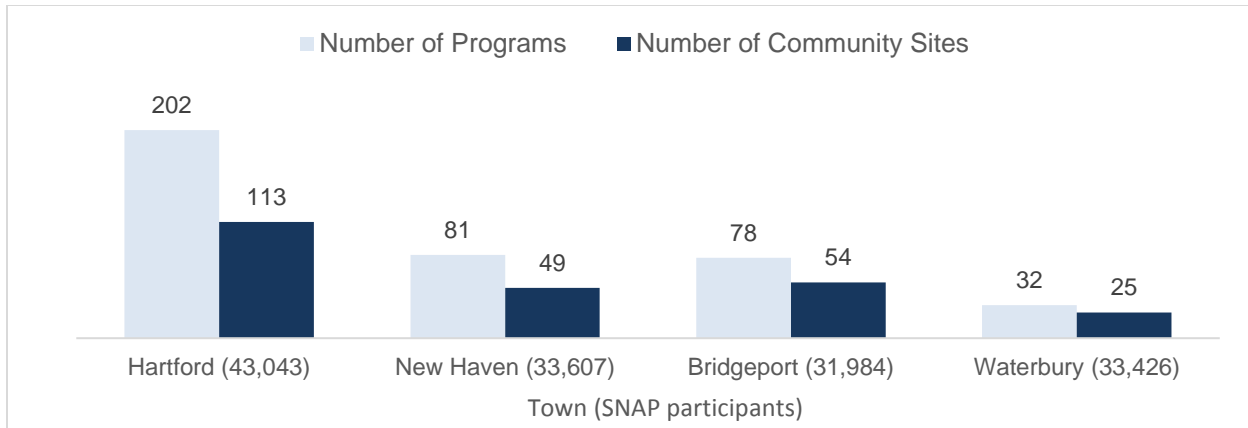
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**Table A-6: Towns with 9 or fewer program sites**

Sites in town	Towns
1	40 Andover, Berlin, Bethel, Bolton, Burlington, Canaan, Canton, Columbia, Coventry, Danielson, Fairfield, Griswold, Jewett City, Ledyard, Litchfield, Mansfield, Milford, Montville, Monroe, New Milford, Newington, North Franklin, Pawcatuck, Plainfield, Plainville, Ridgefield, Rocky Hill, Salem, Somers, South Windsor, Southbury, Sprague, Stafford Springs, Suffield, Thomaston, Thompson, Tolland, Wallingford, Waterford, Willington
2	11 Ansonia, Avon, Branford, Colchester, East Windsor, Granby, Hebron, Shelton, Simsbury, Windsor Locks, Winsted
3	7 Derby, East Haven, Ellington, Farmington, Glastonbury, Naugatuck, Stratford
4	3 Bloomfield, Putnam, Wethersfield
5	3 Norwalk, Southington, West Hartford
6	7 Enfield, Groton, Hamden, Middletown, New London, West Haven, Windsor
8	2 Bristol, Vernon
9	1 Torrington

*Potentially underserved towns.* Further analyses were conducted to identify potentially underserved towns among the 42 towns from town groups 1-4. Table A-7 summarizes these findings and can be used as a tool to inform outreach strategy discussions and goal setting for towns in Groups 1-4. In addition, Figure A-21 shows the total number of sites and programs for the four Group 1 towns with more than 30,000 SNAP participants. Although Hartford has approximately 25% more SNAP participants, Hartford had more than twice as many sites and programs when compared to New Haven, Bridgeport and Waterbury. Waterbury, which has an amount of SNAP participants similar to Bridgeport and New Haven, had half as many sites with SNAP-Ed activities and roughly 40% as many programs.

*Figure A-21. Differences in program delivery among Group 1 towns with SNAP enrollment of more than 30,000 participants*



Shown in Table A-7, SNAP-Ed Group 1 town, New London has proportionately fewer community sites and programs than Group 2 towns (Norwich and Manchester) and Group 3 towns (Danbury and Stamford) with a similar number of SNAP participants.

**Table A-7. Total direct education programming and potential to reach SNAP participants in 42 towns from SNAP-Ed town groups 1-4**

SNAP-Ed Town Group	Community Sites	Programs	Number of SNAP Participants in Town*	% of town population enrolled in SNAP*
<b>Group 1</b>				
Bridgeport	54	78	31,984	22.1
Hartford	113	202	43,043	35.3
New Britain	21	31	19,767	27.3
New Haven	49	81	33,607	25.8
New London	6	10	6,199	23.1
Waterbury	25	32	33,426	31.1
Windham	12	18	5,453	22.2
<b>Group 2</b>				
Bristol	8	11	8,075	13.5
East Hartford	18	32	10,119	20.3
Manchester	22	35	8,196	14.2
Meriden	12	18	11,667	19.6
Middletown	6	13	5,384	11.6
Norwich	15	18	7,922	20.4
Torrington	9	12	4,785	14.1
West Haven	6	10	7,914	14.5
<b>Group 3</b>				
Ansonia	2	3	3,191	17.1
Danbury	18	20	6,018	7.1
Derby	3	9	1,747	14.2
East Haven	3	3	2,849	10.0
Griswold	1	2	1,214	10.5
Hamden	6	8	5,445	9.0
Killingly	1	2	2,126	12.3
Naugatuck	3	3	3,675	11.8
Norwalk	5	9	6,079	6.8
Plainfield	1	1	1,820	12.0
Putnam	4	5	1,209	12.9
Sprague	1	1	310	10.8
Stamford	11	13	8,449	6.5
Stratford	3	7	4,393	8.5

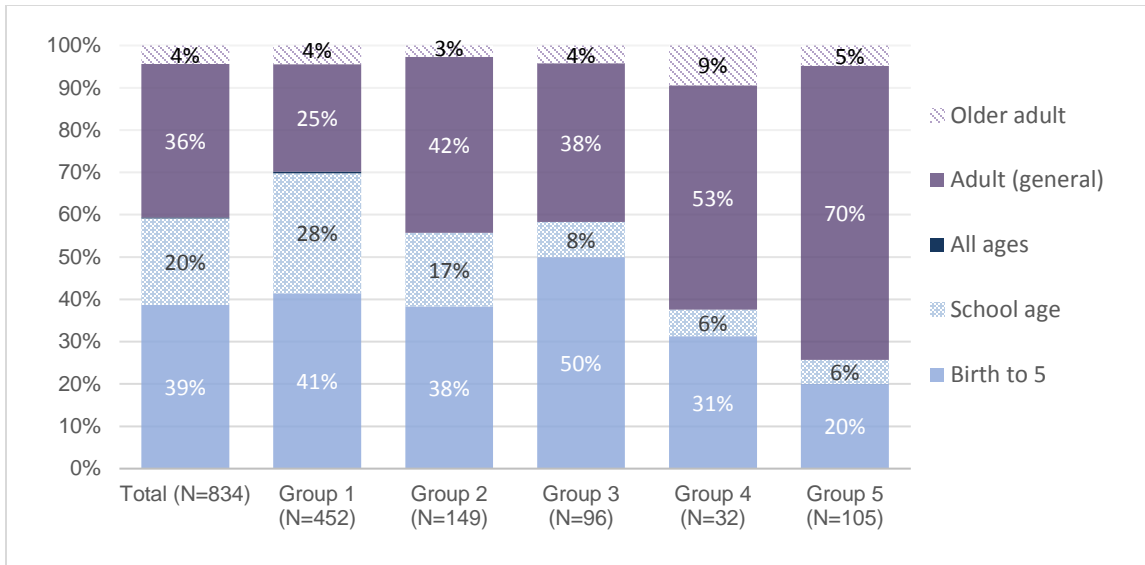
Vernon	8	10	3,614	12.3
Winchester	0	0	1,229	11.6
<b>Group 4</b>				
Bloomfield	4	7	2,036	9.6
Canaan	1	1	206	19.6
East Windsor	2	2	971	8.3
Enfield	6	8	3,366	7.7
Groton	6	6	3,174	8.3
Milford	1	1	2,463	4.5
Montville	1	2	1,353	7.3
Plymouth (Terryville)	0	0	882	7.6
Stafford	1	1	842	7.1
Thompson	1	1	679	7.2
Windsor Locks	2	3	1,070	8.3

\*SNAP participation data is from the October 2020 report.

In addition to Table A-7, as described in the diet-related health statistics section of the needs assessment, preliminary Connecticut data shows that during the pandemic the level of food insecurity has grown across the state in areas that may not follow previous patterns. Due to this change, it is possible that there may be new areas where the SNAP-Ed eligible audience is underserved or has not previously had access to SNAP-Ed.

*Target population – age groups.* Connecticut SNAP-Ed implements interventions with the goal of improving the health and health-related behavior outcomes of SNAP-Ed target populations. Figure A-22 illustrates the age groups reached by programming overall statewide and in each of the town groups. Program data for FFY 2019-2020 suggests that approximately 60% of programs focused on improving the health of children through programs for children and/or their parents and 40% focused on sharing nutrition education messages with adults at food pantries, farmers markets, grocery stores, congregate meals, and other community settings. Approximately 40% of programs focused on preschool age children or younger, 20% on school age children, and 4% on older adults.

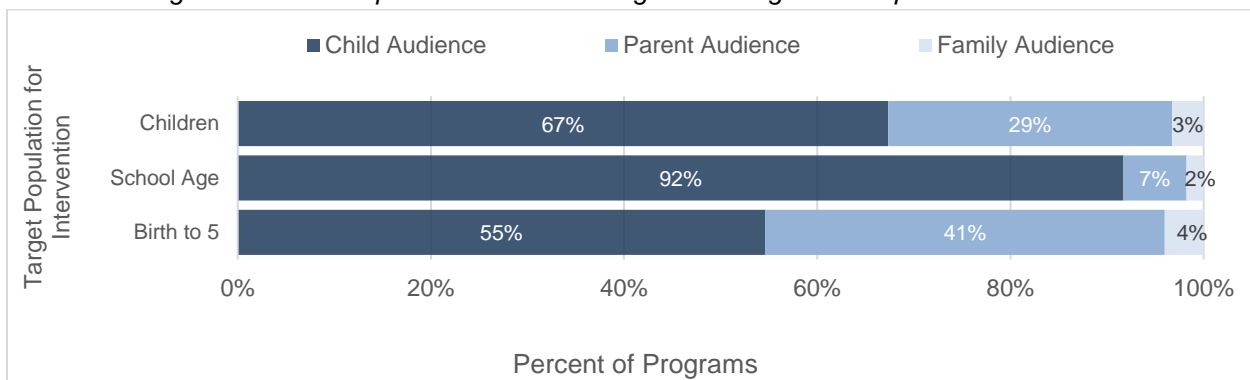
Figure A-22: Target Population for SNAP-Ed Programs Delivered, by Town Group



In Group 1 (69%), Group 2 (55%) and Group 3 (58%), more than half of the programs focused on improving the health of children (Figure A-23). Conversely, the most common intervention population for both Group 4 (62%) and Group 5 (75%) programs was the adult population (general or older adults age 60 and up).

Shown in Figure A-23, programs designed to improve outcomes for children were most commonly delivered to a child audience. Of the 493 programs delivered to improve the health of children, 67% had a child audience, 29% had a parent audience and 3% had a family audience of a child with parent/caregiver. More than 40% of programs for children of preschool age or younger had a parent audience compared to 7% of programs focused on school age children. Of the 170 programs for school age children and/or their parents, more than 90% focused on the elementary age population (results not shown).

Figure A-23: Participant Audience for Programs Designed to Improve Child Health





*Intensity of Programs Delivered to Target Audiences.* The criteria used in this needs assessment for rating the intensity of SNAP-Ed presence and nutrition education exposure are listed in Table A-8. In this report, exposure refers to the length of the intervention(s) experienced by a participant.

<b>Table A-8: Criteria for rating intensity of programming</b>		
Rating	Exposure (hours)	Presence (visits)
Low	≤ 0.33	1
Low-Moderate	0.5<1	2-3
Moderate	1<3	4-6
High	3<5	7-9
Very High	5 or more	≥ 10 visit program or programs

Figure A-24 and Figure A-25 summarize the intensity of programs delivered to different age-specific audiences. Nearly two-thirds of programs for school age (63%) and preschool age (65%) children had high to very high exposure of at least three hours (Figure A-24) and approximately half of the programs had high to very high presence of at least seven visits (48% preschool and 53% school age). Preschool age children had proportionately more programs with very high exposure of at least five hours (23%) and had proportionately more PSE-specific initiatives (29%) than other target populations. More than half of the programs for parent-specific audiences (54%) had moderate exposure of 1-3 hours and 46% had at least moderate presence of 4 or more visits. Thirty-six percent of programs designed for the general adult population had low presence of a single visit and 42% had low exposure brief educational interventions of 15 minutes or less; many of the brief interventions were implemented in conjunction with a PSE intervention. Compared to programs for the general adult population, a larger percentage of programs for older adults had one hour or more of exposure (78%) and four or more SNAP-Ed visits (56%). Fewer than 40% of programs for the general adult population met or exceeded the moderate exposure and moderate presence criteria.

Figure A-24. Percent of Programs for Target Audiences by Exposure (hours)

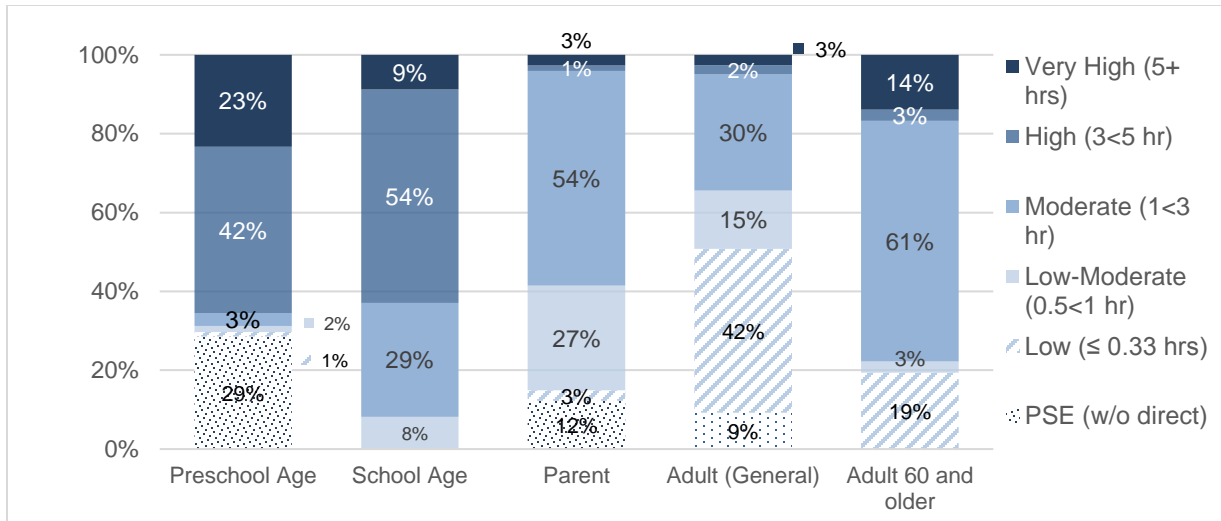
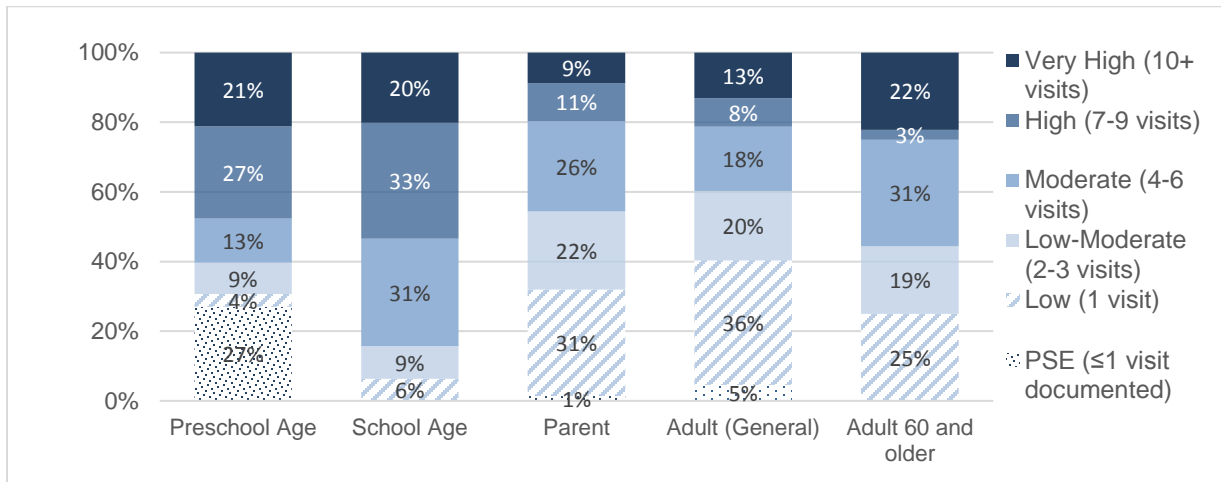


Figure A-25. Percent of Programs for Target Audiences by Presence (visits)



**SNAP-Ed Intensity at Community Sites.** The extent to which community sites have an ongoing SNAP-Ed presence and high dose exposure SNAP-Ed programs was also evaluated using data from FFY 2019-2020. The analysis reflects estimated program intensity at the community site level on an annual basis. Figure A-26 and Figure A-27 summarize the intensity of SNAP-Ed presence and exposure at community sites overall and in each of the CT SNAP-Ed town groups.

Overall, approximately 59% of community sites had programming that met or exceeded the moderate presence criteria of at least 4 visits and 65% of programs met or exceeded the moderate exposure criteria of participants having at least one hour of programming. Approximately half of the community sites in Group 1 towns had high-to-very high SNAP-Ed presence of at least 7 visits (52%) and half had high to very high exposure of at least 3 hours (50%). In the other four town groups, fewer than one-third of the community sites had high to very high presence of at least 7 visits and 20% had

high to very high exposure of at least 3 hours. Roughly half of the community sites in Group 4 (52%) and Group 5 (48%) hosted SNAP-Education interventions with brief education sessions and PSE or PSE alone.

Figure A-26. CT SNAP-Education Town Groups: Community Sites by Intensity of SNAP-Education Presence (%)

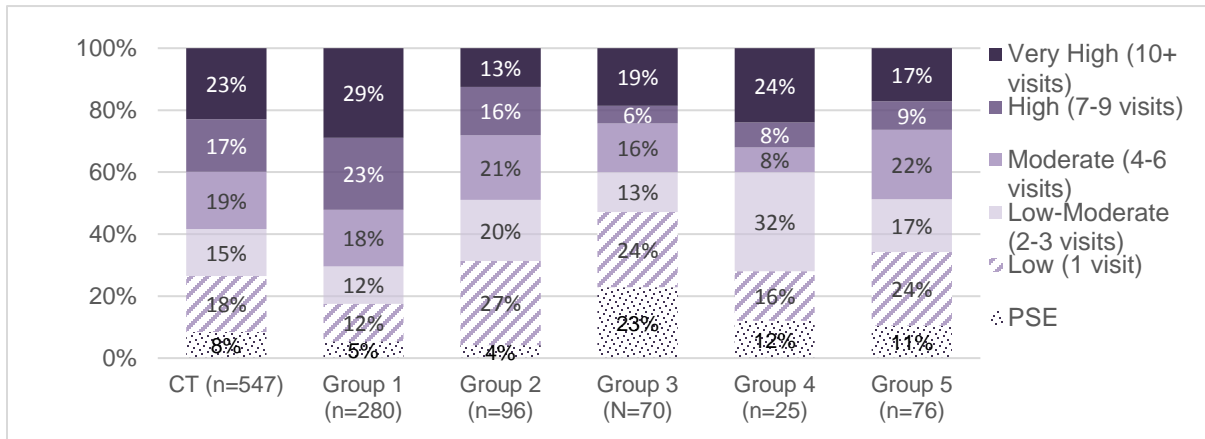
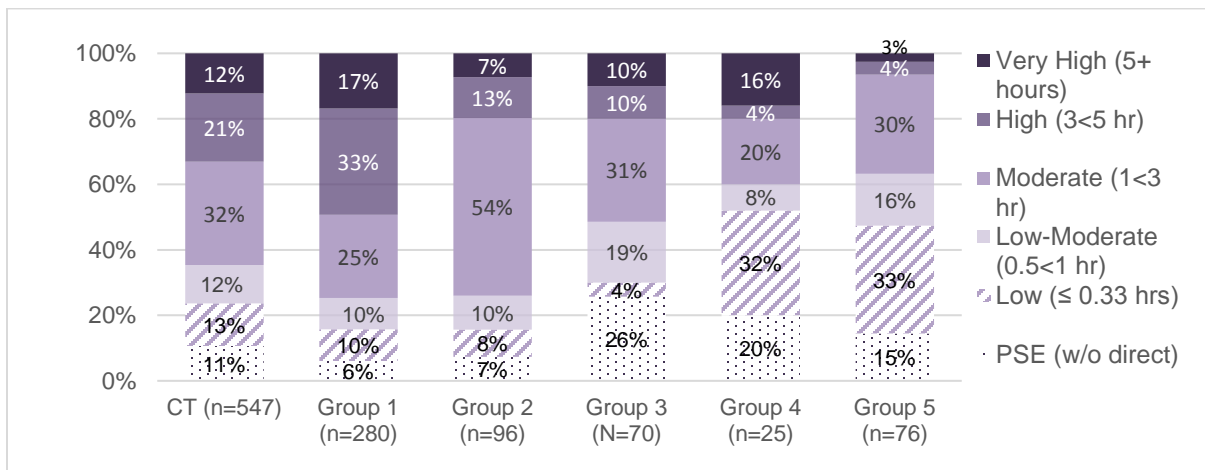


Figure A-27. CT SNAP-Education Town Groups: Percent of Community Sites by Level of Exposure



**Tribal Nations.** SNAP-Education implementing agencies, UConn Food Security and Hispanic Health Council, are working with the Mohegan Tribal Nation and the Mashantucket Pequot Tribal Nation to identify interest in and offer tailored nutrition education programming.

**Implications of Your Needs Assessment and How These Findings Were Applied to This Current Year’s SNAP-Education Plan:**

Implications of the Needs Assessment

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The needs assessment identified the following key findings and implications for consideration.

- 1) *Geographic Underserved*: Several towns with the highest risk and highest potential for reaching SNAP-Ed eligible populations had proportionately less programming in FYs 2019-2020 (i.e., Bridgeport, New London, New Haven, and Waterbury).
- 2) *Served/Underserved by Age Group*:
  - Child programs have been predominantly focused on engaging children directly instead of their parents/adult caregivers.
  - Preschool aged children receive proportionately more programming than other age groups
  - School age programs have focused on elementary children more than older children.
  - General adult programs had the lowest rate of meeting or exceeding the moderate exposure and moderate presence criteria.
- 3) *Food Insecurity*: National projections for 2021 suggest slow improvement to the increase in food insecurity; however, the estimates are largely unchanged in for Black (21.3%) individuals whereas food insecurity rates decrease for White individuals (11.1%).

#### Application to State Plan

Connecticut's three-year SNAP-Ed state plan will seek to address key findings and implications identified in the needs assessment to maximize the reach and impact of our programming.

*Geographic Underserved*: Although the SNAP-Ed implementing agencies (IAs) deliver services across Connecticut, we plan to increase the focus on reaching geographically underserved towns with the highest risk and highest potential for reaching SNAP-Ed eligible populations that had proportionately less programming, including Bridgeport, New London, New Haven, Waterbury and others as identified in the needs assessment. IAs will enhance existing or build new partnerships in target towns to support increased programming and reaching areas of the state that were previously underserved. Additional details about each IAs target communities/towns are included in the project description.

*Served/Underserved by Age Group*: SNAP-Ed IAs will purposefully target SNAP-Ed eligible populations across the lifespan to encourage healthy food choices, healthy eating habits, and physically active lifestyles.

*Children and their Parents/Adult Caregivers*: Children and their parents/adult caregivers continue to be an important population of focus. Approximately one-third of SNAP households have children (31%), and obesity, poor eating habits, physical inactivity is a persistent issue among SNAP-Ed eligible children of all ages. Parents/adult caregivers have the most influence on food choices, especially among

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younger children, and can reinforce healthy messages at home to strengthen efforts, but only 29% of child programs had a parent audience. Connecticut IAs will continue to focus on the delivery of services to SNAP-Ed eligible children with a stronger emphasis on parents/adult caregivers and expectant mothers.

- Connecticut Department of Public Health (DPH) plans to continue to employ a multi-pronged approach to child health by leveraging and expanding federally funded policy, systems, and environmental change (PSE) initiatives in early care and education (ECE) sites to create a healthier environment for the children served while coordinating nutrition education for the children and their parents/adult caregivers within each site.
- Hispanic Health Council (HHC) will deliver a train-the-trainer workshop for Maternal and Child Community Health Workers serving low-income pregnant and post-partum women, about Infant Feeding recommendations for the first 2 years of life based on the 2020 Dietary Guidelines for Americans recommendations for this age group. HHC will increase parental engagement of children receiving our services by using a combination of strategies to engage their parents in bilingual direct education activities provided both online and in-person at convenient times for working parents. Parents will also be invited to enroll in monthly e-texting nutrition and exercise messages, with links to information of places offering SNAP incentives when buying fresh produce. HHC will also launch a bilingual social media campaign to promote healthy dietary patterns early in life for the prevention of childhood obesity.
- UConn Husky Programs will increase direct education and PSE efforts for adult caregivers of the children we already engage in pre-schools and elementary schools. Middle and high school-aged youth, a child population underserved by SNAP-Ed, will be engaged in nutrition and physical activity direct education in Northeast Hartford.
- UConn Healthy Family CT plans to reach parents of toddlers and preschoolers, and children (ages 5 to 18) through school-based and healthcare-based activities connected with the healthy food environment.

*Adults:* In addition to increasing SNAP-Ed activities for adult caregivers of children through the activities above, the IAs will also engage in the following activities.

- DPH will continue to work through partners to target adult populations, including individuals over 60 years old, for nutrition education, which includes maximizing relationships built through other agency initiatives.
- HHC and the American Heart Association will work together offering both blood pressure measurement services and presentations for clients of Community Based Clinics in Bridgeport, New Haven, New London, and Waterbury.

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- UConn Healthy Family CT will apply an equity framework to increase the access to affordable, healthy foods in our target communities and will reach SNAP-Ed eligible adults and older adults in locations where they can obtain healthy foods
  - UConn Husky Programs will expand Cooking Matters programs to the general adult population to increase exposure and presence.
  - UConn Food Security will continue offering programs that reach SNAP-Ed eligible older adults.

*Food Insecurity:* Food insecurity has grown across the state in areas that may not follow previous patterns. IAs plan to engage in the following activities to address food insecurity.

- DPH will be working to expand agency initiatives related to food access and nutrition security, including continued participation in the state's State Health Improvement Plan work groups and coordinating with CDC-funded activities to address equity, support COVID-19 recovery, and ensure healthy foods are reaching the most vulnerable populations in the state.
- HHC, in partnership with Wholesome Wave and Hartford Hospital, will work with a produce prescription program delivering nutrition education to pregnant low-income women enrolled to receive monthly \$100.00 incentives to buy local fresh produce in Hartford. Incentives will be funded by wholesome wave.
- UConn Healthy Family CT will apply a health equity framework to develop and maintain high quality multi-sector partnerships that result in improved policies and practices to increase access to affordable healthy food in SNAP participants/eligibles in our target communities. In addition, through our tailored. online messages programs for adults and children, we screen for food insecurity (adults and children middle school and up) in a confidential manner. For adults, we link them online with food access in their local community. For children, the findings drive community-based work to increase access to healthy foods.

In addition to the above, IAs plan to employ strategies for harder to reach or widely dispersed SNAP-Ed eligible populations in Connecticut. This includes leveraging technology and collaborating across IAs for policy, system, and environmental change interventions. For example:

- DPH is developing and will be implementing an online, interactive nutrition education platform for adults, including the parents/adult caregivers of preschool children, which can help target harder to reach or dispersed SNAP-Ed eligible populations in Connecticut.
- UConn Food Security will continue to engage with and support programming for the Mashantucket Pequot tribe in New London County, given the focus on underserved members of federally recognized tribes. We have established a



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partnership with Mashantucket and will not only provide services directly but work with other Connecticut IAs to implement services as appropriate.

## **Template 2: SNAP-Ed State Goals, Objectives, Projects, Campaigns, Evaluation, and Collaboration**

### **State Agency Goals and Objectives:**

The vision for Connecticut’s SNAP-Ed program is for those eligible for SNAP-Ed to experience: 1) good physical health, 2) a healthy weight, 3) eating a healthy diet, and 4) a physically active lifestyle.

### ***State-Level Goals (Add lines as needed):***

The SNAP-Ed strategy for the State of Connecticut is to provide culturally-appropriate, behaviorally-focused, and evidence-based interactive nutrition and physical activity direct education, as well as activities designed to promote more equitable policies, systems and/or environments that improve the likelihood that persons eligible for SNAP-Ed will make healthy food choices, establish healthy eating habits, and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and Physical Activity Guidelines for Americans. Our plan promotes equity by building on community capacity, reducing deterrents, improving socio-economic resources, and increasing healthy options.

As such, state-level goals are as follows:

1. Increase healthy food choices and diet quality among population groups who are eligible to receive SNAP-Ed, including adult caregivers of children.
2. Increase age-appropriate physical activity among population groups who are eligible to receive SNAP-Ed.
3. Improve policies, systems, and/or environments to facilitate access to affordable healthy food and physical activity choices among population groups who are eligible for SNAP-Ed.

### ***State-Level Objectives (Add lines as needed):***

**Goal 1:** Increase healthy food choices and diet quality among population groups who are eligible to receive SNAP-Ed, including adult caregivers of children.

At the end of each SNAP-Ed Program year, a majority of SNAP-Ed participants will:

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### Healthy Eating

Objective 1.1 Increase willingness to consume and/or consumption of fruits, vegetables, whole grains, low fat or fat-free dairy, and lean proteins.

Objective 1.2 Increase willingness to consume less and/or consumption of less saturated fat, sodium, and refined grains.

Objective 1.3 Decrease reported sugar-sweetened beverage (SSB) consumption by substituting water for at least one SSB selection per day.

Objective 1.4 Increase willingness to consume and/or consumption of a MyPlate dietary pattern.

Objective 1.5 Increase knowledge of, and/or willingness to try, healthy foods among children.

Objective 1.6 Increase knowledge and/or skills among adult caregivers of healthy feeding practices.

Objective 1.7 Increase knowledge about preparing healthy foods and/or intent to use newly acquired skills to prepare healthy foods.

### Food Resource Management

Objective 1.8 Increase knowledge of, or intent to purchase, affordable healthy foods.

Objective 1.9 Increase knowledge of, or intent to, safely preparing healthy foods on a budget.

**Goal 2:** Increase age-appropriate physical activity among population groups who are eligible for SNAP-Ed.

At the end of each SNAP-Ed Program year, a majority of SNAP-Ed participants will:

### Physical Activity and Reduced Sedentary Behavior

Objective 2.1 Demonstrate increased knowledge about health benefits of physical activity and recommended levels.

Objective 2.2 Report practices utilized to increase daily physical activity.

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Objective 2.3 Increase willingness to engage and/or engagement in the recommended number of minutes of physical activity per week.

Objective 2.4 Increase willingness to reduce sedentary behaviors.

**Goal 3:** Improve policies, systems, and/or environments to facilitate access to affordable healthy food and physical activity choices among population groups who are eligible for SNAP-Ed.

At the end of each SNAP-Ed Program year, Connecticut SNAP-Ed Implementing Agencies will:

Objective 3.1 Build and increase the effectiveness of organizations who serve SNAP-Ed eligible populations by supporting improved policies, systems, and/or environments to promote the selection of healthy foods, healthy eating practices, and physical activity.

Objective 3.2 Increase the number of organizations (serving SNAP-Ed eligible populations) that receive evidence-based nutrition and physical activity promotion intervention training.

Objective 3.3 Communicate information about the availability of healthy and affordable food and physical activity resources in communities across the state to enhance the impact of our nutrition education efforts.

Objective 3.4 Increase collaboration and coordination with statewide and multi-state partners to improve influence on affordable healthy food and physical activity policies and practices.

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# Project 1 - Department of Public Health Preschool, Family & Community

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## Template 2: SNAP-Ed State Goals, Objectives, Projects, Campaigns, Evaluation, and Collaboration

### ***Reporting Progress on State-Level Goals and Objectives:***

DPH has developed a systematic method of collecting, analyzing, and using information collected from SNAP-Ed program participants to determine program effectiveness and efficiency. The Preschool, Families, and Community Project will involve process and outcome evaluation of the main nutrition activities. For policy, systems, and environmental change (PSE) initiatives, DPH SNAP-Ed will use intervention-specific tools to measure implementation of PSE uptake, including adoption of lactation, nutrition, and physical activity policies and best practices in childcare. For Nutrition Classroom Lessons, surveys will be emailed to teachers to determine reach (number of preschool children) and intensity (number of lessons taught and average number of daily physical activity minutes). For *Eating Smart • Being Active* nutrition education workshops and nutrition education sessions, participants will complete demographic cards and pre-test, post-test, and six-week follow-up surveys. The demographic cards are for Education and Administrative Reporting System (EARS) reporting purposes. The pre-test and post-test surveys are to determine participant knowledge gained and attitude toward behavior change. The six-week follow-up surveys are to determine any behavioral changes as the result of receiving nutrition education. For Telephonic Health Coaching, the evaluation tool includes key demographic and pre/post behavior questions, as well as the overall goal and vision for all sessions, session-specific goals, confidence level (self-efficacy score) for goals set, and percent goal attainment.

### **Description of projects/interventions:**

#### ***Project/Intervention Title:***

DPH – Preschool, Families, and Community Project

#### ***Related State Objective(s):***

The DPH project supports the Connecticut SNAP-Ed State Plan for Fiscal Year (FY) 2023: Goal 1: Objectives 1.1-1.3 and 1.7-1.9; Goal 2: Objectives 2.1; and Goal 3: Objectives 3.1-3.4.

#### ***Audience:***

There are two project components to the DPH – Preschool, Families, and Community Project: 1) Preschool Children and their Families, and 2) Adults/Families.

### **Component 1: Preschool Children and their Families**

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The target audience is SNAP participants, low-income individuals eligible to receive SNAP benefits, other means-tested federal assistance programs, as well as individuals residing in communities with a significant low-income population (preschool children ages birth to 5 years old and their families, including parents or other adult caregivers).

The Preschool Children and their Families project component will reach SNAP eligible households through collaboration with Head Start (HS), School Readiness (SR), and other early care and education (ECE) sites, and Summer Meals programs. Connecticut serves over 10,000 HS/SR preschool children and families. Programs are divided into operational priority clusters throughout the state based on the number of HS/SR programs and census tract population with median household income  $\leq 185\%$  of the federal poverty level.

- HS programs provide services to families that are  $\leq 185\%$  of the federal poverty level.
- SR programs are state-funded preschool education programs. Approximately 75% of SR households are  $\leq 185\%$  of the federal poverty level. SR programs will be identified and targeted based the following criteria: location within a priority school district,  $>50\%$  of children receive free and reduced-cost meals through the Child and Adult Care Food Program, and  $>50\%$  of the census tract population is  $\leq 185\%$  of the federal poverty level.

The target audience for this project component includes residents of Group 1 towns (Bridgeport, Hartford, New Britain, New Haven, New London, Waterbury, and Windham) as well as residents of Group 2 and 3 towns (Ansonia, Bristol, Danbury, Derby, East Haven, East Hartford, Meriden, Middletown, Norwalk, Norwich, Stamford, Stratford, Torrington, and West Haven). While the reach of this project component will extend to all target populations and areas described previously, DPH SNAP-Ed will place an increased focus on providing services in the priority towns of Bridgeport, New Haven, and Waterbury for Fiscal Year (FY) 2023, based on the needs assessment. DPH SNAP-Ed will coordinate with other implementing agencies in Connecticut to prevent duplication of SNAP-Ed services.

## **Component 2: Adults/Families**

The target audience is SNAP participants, low-income individuals eligible to receive SNAP benefits, other means-tested federal assistance programs, as well as individuals residing in communities with a significant low-income population (18 years of age and older including adults 60 years old and older).

This project component will reach the target audience in the following locations, if feasible. If COVID-19 prohibits in-person delivery of services, DPH SNAP-Ed will work



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with the following partner organizations to reach the target audience via available online or remote services:

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Offices – At least one WIC main office or satellite in each of the twelve local WIC programs will be targeted for SNAP-Ed services. DPH contracts with 12 WIC main offices located in Bridgeport, Bristol, Danbury, East Hartford, Hartford, Meriden, New Haven, Stamford, New London, Torrington, Waterbury, and Windham; and the 33 satellites throughout the state. SNAP-Ed participation by WIC offices and/or WIC satellites is encouraged by the DPH state-level WIC Program. However, participation is voluntary and based on each agency's needs.
- Community Health Centers (CHC) – CHC locations targeted will include Bridgeport, Hartford, Meriden, Middletown, New Britain, New Haven, and Waterbury. Additional CHCs will be targeted as determined by community needs and/or future partnership development.
- Community Partner Locations – Additional sites targeted with a high percentage of SNAP clientele will include, but will not be limited to, the following: Department of Social Services (DSS)/SNAP Offices, Community Action Agencies, Emergency Food Assistance Sites (including mobile food pantries), Commodity Supplemental Food Program (CSFP) sites, and Farmers' Markets. DPH continues to work with our current community partners to expand our network and geographic penetration to promote consistent messaging and coordinate service delivery.

Connecticut serves 374,648 SNAP participants<sup>33</sup> which includes about 46,516 WIC participants.<sup>34</sup> The target audience for this project component is focused on low-income individuals eligible to receive SNAP benefits and other means-tested federal assistance programs, as well as individuals residing in communities with a significant low-income population. The communities of focus include Bridgeport, New Haven, and Waterbury as well as Ansonia, Bristol, Danbury, Derby, East Hartford, East Haven, Hartford, Meriden, Middletown, New Britain, New London, Norwalk, Norwich, Stamford, Stratford, West Haven, Torrington, and Windham. DPH SNAP-Ed will coordinate with other implementing agencies in Connecticut to prevent duplication of SNAP-Ed services.

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<sup>33</sup> USDA Food and Nutrition Service. SNAP Data Tables. Supplemental Nutrition Assistance Program: Number of Persons Participating (Person Data as of June 7, 2022). <https://fns-prod.azureedge.us/sites/default/files/resource-files/29SNAPcurrPP-6.pdf>. Accessed on June 24, 2022.

<sup>34</sup> USDA Food and Nutrition Service. WIC Data Tables. WIC Program: Total Participation (Data as of June 10, 2022). <https://fns-prod.azureedge.us/sites/default/files/resource-files/27wilatest-6.pdf>. Accessed on June 24, 2022.

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### ***Food and Activity Environments:***

The DPH Preschool, Families, and Community Project will provide nutrition education and obesity prevention activities at the individual and community level through evidence-based strategies and interventions. The project will provide nutrition education sessions and workshops that will increase participants' awareness and knowledge of the 2020-2025 Dietary Guidelines for Americans. Participants will be encouraged to:

- increase whole fruit consumption by one-half portion
- increase vegetable consumption by one-half portion
- make half of their grains whole
- move to low-fat or fat-free milk and milk products
- increase physical activity and reduce sedentary time
- maintain appropriate calorie balance during each stage of life

### ***Project Description:***

The project is implemented by the DPH SNAP-Ed Nutrition Education Team (DPH SNAP-Ed), which includes DPH staff and registered dietitians and University of St. Joseph (USJ) staff, registered dietitians, and educators.

### **Component 1: Preschool Children and their Families**

This project component targets SNAP participants, low-income individuals eligible to receive SNAP benefits, and other means-tested federal assistance programs, as well as individuals residing in communities with a significant low-income population (preschool children and families). This project component uses a three-pronged delivery method to synergistically reach the target audience and to achieve SNAP-Ed goals.

First: ECE Staff Training. Preschool administrators, staff, and teachers (ECE staff) serving as nutrition and physical activity education multipliers will be trained to teach classroom lessons to preschool children ages 3-5 years old and to implement site-wide changes to support healthy behaviors using Coordinated Approach to Child Health (CATCH) Early Childhood (CEC).<sup>35</sup> ECE staff will be provided a CEC Kit which consists of the "It's Fun to Be Healthy" Teacher's Manual, hand puppets, a CEC Physical Activity Box, and the CEC Coordination Guide. The manual, hand puppets, and physical activity box provide resources and tools needed to teach the nutrition education lessons and provide at least 30 minutes of physical activity each day in the classroom. Further

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<sup>35</sup> CATCH Early Childhood (CEC). 2020. SNAP-Ed Toolkit. Available at: <https://snapedtoolkit.org/interventions/programs/catch-early-childhood-cec/>. Accessed June 24, 2022.

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information regarding CEC will be described in the PSE section within the Project Description.

DPH SNAP-Ed will provide ongoing technical assistance and support and ensure program fidelity during implementation. This includes conducting onsite visits and/or providing remote support by phone and/or web conference to observe and coach staff in leading CEC activities, work through barriers or challenges, answer questions, and support implementation. Program implementation data will be collected at least once each year using existing school-based tools created by CATCH which have been adapted for the preschool setting. Data collection and reporting will seek to measure the number and types of CEC lessons taught, average number of minutes of daily physical activity offered, parent handouts distributed to complement in-classroom lessons, and implementation of environmental support activities as outlined in the CEC Coordination Toolkit. DPH SNAP-Ed will continue to work with other SNAP-Ed implementing agencies nationwide to identify adapted tools specific to preschool settings that are validated and reliable to ensure quality data collection.

Second: Classroom Lessons. ECE staff will implement the CEC nutrition and physical activity curriculum in their classrooms. The nutrition and gardening-based lessons are approximately 20 minutes each in length and the activity cards with music support the provision of at least 30 minutes of physical activity each day in the classroom. As described above, DPH SNAP-Ed will provide ongoing support to ECE staff throughout the school year to ensure successful implementation of the lessons and collect data.

Third: Nutrition Education Sessions and Workshops. This activity uses evidence-based nutrition education and behavior change strategies for the parents of preschool children with the goal of improving overall nutrition and increasing physical activity of families. Parents, or other adult caregivers in the home, are targeted as they have the most influence on food choices and can reinforce healthy messages within their families. Lifestyle changes are promoted through nutrition education sessions, group workshops, and cooking demonstrations that include food tasting and distribution of healthy recipes. USDA's Food and Nutrition Services (FNS) has found that effective health education interventions require both intensity and duration. Thus, the program uses various modes of delivery and tailors lesson plans to individual population needs (ethnic, cultural, language and socio-economic status). The program curriculum is based on the USDA's 'MyPlate' which is based on the 2020-2025 Dietary Guidelines<sup>36</sup> for Americans, the 2018 Physical Activity Guidelines for America,<sup>37</sup> and the FNS Core Nutrition

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<sup>36</sup> 2020-2025 Dietary Guidelines for Americans. Available at [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf). Accessed June 24, 2022.

<sup>37</sup> 2018 Physical Activity Guidelines for Americans. Available at <http://health.gov/paguidelines/>. Accessed June 24, 2022.

Messages.<sup>38</sup> Each topic has a key message linked to one or more of the 2020-2025 USDA Dietary Guidelines for Americans key recommendations. The workshop and nutrition education session content will be based on *Eating Smart • Being Active*, a curriculum developed at Colorado State University and University of California at Davis<sup>39</sup> for low income adults with young children.

DPH SNAP-Ed will collaborate with Connecticut’s HS, SR, ECE sites, and Summer Meals programs to conduct the above-mentioned nutrition activities. The targeted numbers of participants/contacts to be reached from these activities are illustrated in the table below. The activities and target numbers are contingent upon resuming in-person delivery of services and will be adjusted as needed to accommodate changes in delivery due to COVID-19.

Main Nutrition Activity	Total Expected # of Participants/Contacts
1. ECE Staff Training: CEC training for ECE staff, if in-person training is allowable. If COVID-19 prohibits in-person training, DPH SNAP-Ed will coordinate with CATCH to deliver online training. DPH SNAP-Ed will provide ongoing technical assistance and support to ECE staff trained on CEC.	30 preschool classrooms for 60 preschool teachers/staff
2. Classroom Lessons: ECE staff teach 9 nutrition-based and 10 gardening-based lessons and provide at least 30 minutes of daily physical activity, on average, to SNAP eligible preschool children using the CEC curriculum.	600 estimated numbers of unique participants
3. Nutrition Education Sessions and Workshops: Teach 30-minute <i>Eating Smart • Being Active</i> nutrition education sessions and workshops to SNAP eligible parents at HS, SR, ECE sites, and Summer Meals programs at locations specified in target audience. Education will be conducted in English and Spanish based on population needs as described previously.	128 sessions/workshops for 960 estimated numbers of unique participants with 1,280 contacts

<sup>38</sup> FNS core messages. Available at <https://wicworks.fns.usda.gov/resources/fns-core-nutrition-messages#:~:text=FNS%20Core%20Nutrition%20Messages.%20This%20set%20of%2016,Nutrition%20and%20othe r%20Federal%20nutrition%20assistance%20programs%20serve.> Accessed June 24, 2022.

<sup>39</sup> Eating Smart Being Active. Available at: [https://snaped.fns.usda.gov/materials/eating-smart-being-active.](https://snaped.fns.usda.gov/materials/eating-smart-being-active) Accessed June 24, 2022.

The following supplemental nutrition activities will be conducted to complement the <i>Eating Smart • Being Active</i> nutrition education sessions and workshops.	
As part of the <i>Eating Smart • Being Active</i> nutrition education sessions and workshops, supplemental nutrition education materials are given to participants during direct education to share and reinforce healthy messages within their families. The supplemental nutrition education materials are distributed in English and Spanish. They will be used to encourage fruit and vegetable consumption, implementation of the Dietary Guidelines for Americans, and to share FNS Core Nutrition Messages. The recipes and the nutrition education materials support the goals and key objectives of the <i>Eating Smart • Being Active</i> lessons. Recipes are from various sources such as <i>Eating Smart • Being Active</i> , USDA FNS <i>MyPlate for My Family</i> (MPFMF), and SpendSmart extension from Iowa State University <a href="https://spendsmart.extension.iastate.edu/recipe/">https://spendsmart.extension.iastate.edu/recipe/</a> .	14,000 reach

This project component is further supported by the initiatives and activities outlined in the PSE section below.

### **Component 2: Adults/Families**

This project component targets SNAP participants, low-income individuals eligible to receive SNAP benefits, other means-tested federal assistance programs, as well as individuals residing in communities with a significant low-income population (18 years of age and older, including adults 60 years old and older).

DPH SNAP-Ed provides multi-sectoral nutrition education in a variety of community settings that are frequented by SNAP eligible adults. The project component uses evidence-based education and behavior change strategies to improve overall nutrition and physical activity, as well as to achieve positive obesity prevention and health promotion outcomes for the SNAP eligible adult population. Education provided promotes lifestyle changes through nutrition education sessions, group workshops, and cooking demonstrations that include food tastings and the distribution of healthy recipes. FNS has found that effective health education interventions require both intensity and duration. The program curriculum is based on the USDA’s ‘*MyPlate*’ which is based on the 2020-2025 Dietary Guidelines<sup>40</sup> for Americans, the 2018 Physical

<sup>40</sup> 2020-2025 Dietary Guidelines for Americans.

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Activity Guidelines for America,<sup>41</sup> and the FNS Core Nutrition Messages.<sup>42</sup> The program uses various modes of delivery and tailors lesson plans to individual population needs (ethnic, cultural, language and socioeconomic status). Each topic has a key message linked to one or more of the 2020-2025 USDA Dietary Guidelines for Americans key recommendations. The workshop and nutrition education sessions content will be based on *Eating Smart • Being Active*, a curriculum developed at Colorado State University and University of California at Davis<sup>43</sup> for low income adults and families.

The existing *Eating Smart • Being Active* curriculum will be implemented in FY 2023 as in-person sessions and workshops, if feasible. The program curriculum has eight different topics that will be used to teach nutrition education workshops and/or nutrition education sessions for adults and/or parents of preschool children. The topics are: Get Moving, Plan Shop Save, Fruits and Veggies Half Your Plate, Make Half Your Grains Whole, Build Strong Bones, Go Lean with Protein, Make a Change, and Celebrate! Eat Smart and Be Active. All lesson content is based on the *Eating Smart • Being Active* curriculum, and handouts from the curriculum are also given to the participants to reinforce nutrition messages learned. In addition, handouts from the MPFMM curriculum<sup>44</sup> will be incorporated as part of the nutrition education reinforcement for this project component. If COVID-19 prohibits in-person delivery of services, online direct nutrition education based on *Eating Smart • Being Active* will be continued from FY 2021 and DPH SNAP-Ed will monitor and evaluate online education to ensure participants are meaningfully engaged.

In FY 2021, DPH SNAP-Ed, in collaboration with Yukon Learning and its team of developers, began designing and developing engaging and interactive nutrition and physical activity eLearning content for the SNAP-Ed target audience. Using the multi-device course content development software Articulate Storyline 360, online lessons and course modules were adapted from the USDA FNS curriculum MPFMM,<sup>45</sup> to offer direct education in a virtual format for anytime on-demand learning. The program curriculum has four (4) different topics of discussion: MyPlate Family Meals, How Much Food & Physical Activity?, Vegetables & Fruits – Simple Solutions, and Family Time Active & Fun! designed to encourage families to eat fruits and vegetables and participate in physical activity. Supplementing in-person direct education with an online format not only increases participant engagement and reach, but provides the target

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<sup>41</sup> 2018 Physical Activity Guidelines for Americans.

<sup>42</sup> FNS Core Messages.

<sup>43</sup> Eating Smart Being Active.

<sup>44</sup> MyPlate for My Family. Available at: <https://snaped.fns.usda.gov/nutrition-education/fns-curricula/myplate-my-family>. Accessed June 24, 2022.

<sup>45</sup> Ibid.



audience with an alternate mode of receiving nutrition and physical activity education and is shown to be advantageous when it comes to the flexibility, cost, and time-efficiency of educational learning.<sup>46</sup> During FY 2022, a pilot implementation of the MPFMF online lessons and modules targeted priority towns and communities identified in the FY 2022 Audience section, with DPH SNAP-Ed working to overcome any potential barriers to implementation. During FY 2023, DPH SNAP-Ed will implement the virtual MPFMF online curriculum.

A health coaching initiative developed by the Michigan Fitness Foundation will be employed by USJ. Health coaching skills will be incorporated into the training of all nutrition educators. The individualized health coaching will motivate SNAP-Ed participants to maximize behavior changes. SNAP-Ed eligible adults, including those who participated in the *Eating Smart • Being Active* Nutrition Education Sessions and Workshops in either project component, are eligible to participate in the health coaching. SNAP-Ed clients are invited to participate in the health coaching initiative during direct education and other SNAP-Ed eligible adults are recruited through our existing partner networks. Clients participate in six weekly telephonic health coaching sessions that last between 20 and 30 minutes.<sup>47,48,49,50,51</sup> Key messages concentrate on healthy eating and physical activity as stated in the 2020-2025 USDA Dietary Guidelines for Americans<sup>52</sup> and the 2018 Physical Activity Guidelines for Americans.<sup>53</sup>

The activities and target numbers outlined in the below table for this project component are contingent upon resuming in-person delivery of services and will be adjusted as needed to accommodate changes in delivery due to COVID-19.

Main Nutrition Activity	Total Expected # of Participants/Contacts
1. Teach 45-60 minute <i>Eating Smart • Being Active</i> nutrition education workshops (one series consists of four	60 workshops for 225 estimated numbers of

<sup>46</sup> Stotz S, Lee JS, Rong H, Murray D. The Feasibility of an eLearning Nutrition Education Program for Low-Income Individuals. *Health Promotion Practice*. 2016. vol. 18, 1: pp. 150-157.

<sup>47</sup> Olsen JM, Nesbitt BJ. Health coaching to improve healthy lifestyle behaviors: An integrative review. *Am J Health Promot*. 2010;25(1):e1-e12.

<sup>48</sup> Moore M, Tschannen-Moran B. *Coaching Psychology Manual*. Philadelphia, PA: Lippincott Williams and Wilkins; 2009: 132-147.

<sup>49</sup> Arloski M. *Wellness Coaching for Lasting Lifestyle Changes*. Duluth, MO: Whole Person Associates, Inc 2009: 73-84, 156.

<sup>50</sup> Wolever RQ, Simmons LA, Sforzo GA, Dill D, Kaye M, Bechard EM, Southard ME, Kennedy M, Vosloo J, Yang N. A systematic review of the literature on health and wellness coaching: defining a key behavioral intervention in healthcare. *Glob Adv Health Med*. 2013;2(4):38-57.

<sup>51</sup> Healthcare Intelligence Network. *Guide to Health Coaching*. Sea Girt, New Jersey: 2016.

<sup>52</sup> 2020-2025 Dietary Guidelines for Americans.

<sup>53</sup> 2018 Physical Activity Guidelines for Americans.

<p>workshops) which incorporate a physical activity and a food demonstration component (as allowed by site/local regulations) to SNAP-Ed eligible adults. The nutrition education workshops employ a group discussion approach to engage participants in in-depth discussions of each nutrition education topic. The workshops will be conducted in English and Spanish at WIC offices, CHCs, and other community partner locations. Age-appropriate materials and foods will be provided. Recipes that specifically incorporate food provided by WIC and which encompass FNS Core Messages will be provided to all attendees of SNAP-Ed activities.</p>	<p>unique participants with 300 contacts</p>
<p>2. Teach 20-minute <i>Eating Smart • Being Active</i> nutrition education sessions (one series consists of four sessions) including food demonstrations (as allowed by site/local regulations) to SNAP eligible adults at partner sites such as WIC offices, CHCs, Community Action Agencies, Emergency Food Assistance Sites (including mobile food pantries), CSFP sites, and Farmers' Markets.</p>	<p>168 sessions for 1,260 estimated numbers of unique participants with 1,680 contacts</p>
<p><b>3. Nutrition Education Online Sessions: SNAP-eligible adults participate in the self-paced online <i>MyPlate for My Family</i> curriculum. MPFMF promotes physical activity and healthy food choices within a budget through four lessons. Each lesson ranges from 15 to 35 minutes in length and offers cooking demonstrations, practice games, physical activity ideas, and healthy recipes.</b></p>	<p><b>232 participants with 2320 contacts</b></p>
<p>4. Deliver individualized health coaching by telephone for SNAP-Ed participants. Individual sessions provide the intensity and duration needed for those clients who are motivated to maximize behavior changes. A session consists of 30-minutes of telephonic individualized health coaching. Sessions will be conducted weekly for six weeks (six sessions total) to work on achieving individual goals set for each participant.</p>	<p>40 participants with 240 contacts</p>
<p>The following supplemental nutrition activities will be conducted to complement the <i>Eating Smart • Being Active</i> nutrition education sessions and workshops.</p>	
<p>As part of the <i>Eating Smart • Being Active</i> nutrition education sessions and workshops, supplemental nutrition</p>	<p>22,000 reach</p>

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education materials are given to participants during direct education to share and enforce healthy messages within their families. The supplemental nutrition education materials include healthy recipes and nutrition education materials in both English and Spanish. They will be used to encourage fruit and vegetable consumption, implementation of the dietary guidelines, and to share FNS Core Nutrition Messages. The recipes and the nutrition education material support the goals and key objectives of the <i>Eating Smart • Being Active</i> lessons. Recipes are from various sources such as <i>Eating Smart • Being Active</i> , MPFMF, and <i>SpendSmart</i> from Iowa State University.	
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DPH SNAP-Ed will expand nutrition education provided in a variety of community settings to SNAP eligible adults. DPH SNAP-Ed will continue collaborations with organizations such as the Connecticut Food Policy Council and local food policy councils, End Hunger Connecticut!, Connecticut Food Bank-Foodshare and local food banks/pantries, Preschool Health Advisory Committees, the DPH WISEWOMAN Program, the Connecticut Office of Early Childhood, the UConn Rudd Center for Food Policy and Obesity, the Connecticut State Department of Education, the New England Head Start Training and Technical Assistance Network, local health departments, YMCAs, Boys and Girls Clubs, and other relevant community organizations and agencies. These collaborations will increase and/or expand opportunities to promote awareness, provide nutrition education, and encourage sustainable environmental change strategies. This will also be accomplished through DPH SNAP-Ed's active involvement on various community-based boards, committees, and councils.

The DPH – Preschool, Families, and Community Project incorporates key messages consistent with Connecticut’s State SNAP-Ed Plan, the 2020-2025 Dietary Guidelines for Americans, FNS Core Messages, 2018 Physical Activity Guidelines, and *MyPlate* recommendations. The general purpose is to develop healthy eating and physical activity habits in preschool children: set a good example, offer a variety of foods, start with small portions, help them know when they’ve had enough, follow a meal and snack schedule, make mealtime a family time, cope with a picky eater, help them try new foods, make food fun, and be physically active each day.

***Key Messages for Eating Smart • Being Active:***

- Make half your plate fruits and vegetables
- Switch to nonfat or 1% dairy (adults and children 2 or older)

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- Make at least half your grains whole
  - Vary your protein to include lean protein sources
  - Reduce sodium intake
  - Think your drink (choose water instead of sugary drinks)
  - Eat the right amount of calories for you (enjoy your food, but eat less and avoid oversized portions)
  - Be physically active at least 60 minutes most days of the week for children 6-17 years old and at least 30 minutes most days of the week for adults
  - Practice food safety
  - Eat healthy on a limited budget

### **Policy, Systems, and Environmental Changes**

The project's PSE strategies will be supported by DPH SNAP-Ed staff and collaborations with state and community partners. DPH SNAP-Ed works to improve the nutrition and physical activity levels of SNAP eligible populations by coordinating PSE interventions with community-based organizations to create environments that support healthy eating and being active.

For FY 2023, DPH SNAP-Ed will be conducting three PSE initiatives: 1) CEC, 2) Go Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC), and 3) Breastfeeding Friendly Child Care Recognition Program (BFCCR). ECE settings are an ideal place to reach young children for obesity-prevention efforts,<sup>54</sup> and establishing healthy habits in early childhood is critical to supporting a child's growth and development and promoting health.<sup>55</sup> All three PSE initiatives enhance and expand on existing agency initiatives which will allow DPH to leverage federal funding and increase the reach and impact in Connecticut. The details of each initiative are described below.

#### **Coordinated Approach to Child Health Early Childhood**

Modeled after the nationally recognized CATCH Program (grades K-12), CEC is an obesity prevention intervention designed to increase physical activity and promote healthy eating in children ages 3-5.<sup>56</sup> CEC is delivered over the course of a school year through direct education and PSE approaches in center-based preschool classrooms, providing children an environment where physical activity, health education, gardening

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<sup>54</sup> CDC, Early Care and Education. Available at: <https://www.cdc.gov/obesity/strategies/childcareece.html>. Accessed on June 24, 2022.

<sup>55</sup> Dietary Guidelines Advisory Committee. 2020. Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC.

<sup>56</sup> CEC. 2020.

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and healthy eating behaviors are valued, demonstrated and taught.<sup>57</sup> ECE staff are given the information and tools they need to successfully implement CEC at their sites through hands-on training, supportive materials, and technical assistance.

Each participating ECE classroom will be provided a CEC Kit which consists of the “*It’s Fun to Be Healthy*” teacher’s manual, hand puppets, a CEC physical activity box, and the CEC coordination guide. The manual, hand puppets, and physical activity box provide the following resources and tools needed to conduct nutrition education in the classroom and to support school-wide environmental change activities:

- nutrition-based and gardening-based classroom lessons to encourage healthy eating behaviors
- activity cards with music to promote physical activity and keeps the class motivated, moving, and having fun
- parent tip sheets that provide a home-based coloring activity, additional nutrition and physical activity information, and recipe ideas for parents
- extension activities aimed at promoting repetition of nutrition messages
- curriculum connectors to extend lessons into other learning areas such as language, math, and science
- an adaptive learning component to meet the needs of children with physical or learning disabilities
- stretching exercises to allow children to cool-down and transition back to classroom learning

The CEC Coordination Guide provides step-by-step guidance on integrating wellness efforts throughout the school and into the community to facilitate environmental changes. The guide is organized into six bimonthly themes (every other month) and outlines a variety of activities designed to engage all members of the school community, supplement the topics taught in the classroom, and deliver consistent messaging about healthy lifestyles.<sup>58</sup> Activities include posting a bulletin board using included signage; sending home parent tip sheets, recipes, and newsletters; hosting a family event; planning staff wellness activities; and more.

The focus of CEC is to make the healthy choice the easy choice. The following provides an overview of the CEC nutrition and physical activity standards that ECE sites

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<sup>57</sup> Cheryl P, Guy P, Deanna H. 2018. Catch Early Childhood Coordination Guide. Making the Healthy Choice the Easy Choice. Available at: <https://digitalcatchprod.s3.amazonaws.com/uploads/attachment/production/file/642/catch-early-childhood-coordination-toolkit-1st-edition-nov-2016.pdf>. Accessed June 24, 2022.

<sup>58</sup> Ibid.

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are encouraged to reach to become a “CATCH MVP School.” Key messages support these overall standards.

A CATCH MVP School:<sup>59</sup>

- Creates schedules so students can get 30 or more minutes of structured moderate to vigorous physical activity during the school day.
- Supports and promotes the importance of physical activity through posted signage, ongoing messages to teachers and communication with parents.
- Encourages families to devote 30 minutes or more of daily physical activity at home.
- Encourages students to eat fruits and vegetables every day.
- Promotes the consumption and availability of healthy GO (low-calorie, least processed) foods.
- Restricts, or strictly limits, the availability and consumption of WHOA (high-calorie, low-nutrition) foods at school.
- Promotes the benefits of drinking water or fat-free milk instead of sweetened beverages.
- Supports and promotes the importance of eating healthy through posted signs, ongoing messages to teachers and communication with parents. Practice healthy habits.
- Nurtures a belief that school staff should model healthy behaviors.
- Creates school policies that promote and raise standards about health and wellness.
- Encourages students and parents to reduce sedentary activity by limiting TV to no more than one hour per weekday and two hours a day on weekends.
- Urges students to eat a healthy breakfast every day and get nine to ten hours of sleep each night.

During FY 2022, DPH SNAP-Ed sponsored a three-day CEC training conducted by a master trainer from CATCH. The CEC training included 1) a two-day CEC Training Academy to train CEC trainers, which included DPH SNAP-Ed and interested ECE site staff and 2) a one-day CEC implementation training for DPH SNAP-Ed as well as the ECE staff from 14 sites.

In FY 2023, DPH SNAP-Ed will target 30 classrooms, to continue CEC implementation, and improve delivery of the intervention to increase the reach and impact. To effectively implement the full CEC intervention, all preschool classrooms should be delivering the CEC curriculum within an ECE site, which will then be supported by the CEC

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<sup>59</sup> Cheryl P, Guy P, Deanna H. 2018. Catch Early Childhood Coordination Guide. Making the Healthy Choice the Easy Choice. Available at: <https://digitalcatchprod.s3.amazonaws.com/uploads/attachment/production/file/642/catch-early-childhood-coordination-toolkit-1st-edition-nov-2016.pdf>. Accessed June 24, 2022.



Coordination Toolkit activities at the site. Thus, DPH SNAP-Ed will place an increased focus on site-wide implementation of CEC in ECE sites, including a goal of training 100% of each site’s preschool classrooms.

DPH SNAP-Ed will coordinate and deliver two or more training dates to accommodate the expanded number of classrooms. Training dates and locations will be coordinated with recruited ECE sites based on additional classrooms that require training. If COVID-19 prevents the provision of training in-person in any of the upcoming years, DPH SNAP-Ed will work with CATCH to deliver online training. CEC classrooms and ECE sites will be recruited from those that have participated in Go NAPSACC, described later; from those that have participated in nutrition education sessions and workshops in an effort to facilitate a multi-faceted approach to obesity prevention; or from the wide network of ECE partners statewide.

FY	Total Expected # of HS, SR, and ECE Classrooms	Total Expected # of Estimated Reach
2023	30	600

*Go Nutrition and Physical Activity Self-Assessment for Child Care*

Go NAPSACC is a PSE intervention that targets ECE sites to ensure policies and practices help preschool children (birth-5 years old) establish healthy habits for life. Go NAPSACC offers an evidence-based online platform that facilitates efficient delivery of the intervention, which consists of the following critical elements: 1) an organizational self-assessment, 2) goal setting and action planning, 3) resources and materials to put plans into action, 4) technical assistance and consultation, and 5) follow-up and reinforcement.<sup>60,61</sup> Best practices are grouped into seven modules: Breastfeeding & Infant Feeding, Child Nutrition, Farm to ECE, Oral Health, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time. The online platform supports ECE sites in implementing Go NAPSACC best practices and provides DPH staff access to ECE sites’ assessments, action plans, and reports to monitor implementation, identify technical assistance needs, and measure changes.

<sup>60</sup> Center TRT Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC). UNC at Chapel Hill, Center for Health Promotion and Disease Prevention Division of Public Health, NC Department of Health and Human Services. 2014. Available at: [http://www.centertrt.org/content/docs/Intervention\\_Documents/Intervention\\_Templates/NAPSACC\\_Template\\_Updated\\_April\\_2014.pdf](http://www.centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/NAPSACC_Template_Updated_April_2014.pdf). Accessed June 24, 2022.

<sup>61</sup> Go Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) 2016. SNAP-Ed Toolkit. Available at: <https://snapedtoolkit.org/> Accessed June 24, 2022.

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Go NAPSACC is being launched statewide in Connecticut with funding from the Centers for Disease Control and Prevention State Physical Activity and Nutrition Program (SPAN), Cooperative Agreement DP18-1807. DPH SNAP-Ed is using the Go NAPSACC platform to ensure consistency with statewide initiatives and leverage funding to expand the reach and impact. Sites recruited to participate in Go NAPSACC through DPH SNAP-Ed will be provided technical assistance as described below.

DPH SNAP-Ed is integrating services provided through SNAP-Ed and SPAN to promote one cohesive initiative for childcare providers. This includes partnering with the Regional Education Service Center Alliance (RESC Alliance) for the provision of Go NAPSACC technical assistance to participating ECE sites. DPH SNAP-Ed staff will provide oversight, training, and technical assistance to the RESC Alliance, ensuring statewide Go NAPSACC implementation targets SNAP eligible locations and center-based ECE sites located within priority towns and communities, as identified in the state's needs assessment.

The Go NAPSACC implementation period is expected to range from 6 to 9 months in duration to complete one to two of the modules. Participating ECE sites will initially complete an organizational self-assessment, the central component of Go NAPSACC. The Go NAPSACC assessment tools measure policy, practices, and environments within each module to identify the site's strengths and limitations. Following the self-assessment, RESC Alliance staff will work with each ECE site to identify goals and develop an action plan for improving nutrition and physical activity practices based on limitations identified in the assessment.<sup>62</sup> As sites begin to implement their action plans, RESC Alliance staff will provide technical assistance as needed, which may include staff training.

RESC Alliance staff will promote problem solving and assist staff with making organizational-level changes through the provision of targeted technical assistance. In addition, DPH SNAP-Ed and RESC Alliance staff will provide ECE sites support to identify community resources such as connections to SNAP-Ed parent workshops, the resources available to support achievement of the Breastfeeding Friendly Child Care Recognition, and others described throughout the plan. Each ECE site will receive approximately five hours in-person or remote technical assistance and follow-up support as needed. At the end of implementation period, participating ECE sites will complete the assessment again to evaluate progress, revise and repeat the process, and identify future implementation needs.

The Go NAPSACC intervention provides ECE sites with the best practice standards in each module. These standards include, but are not limited to:

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<sup>62</sup> Center TRT Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC).

- Offering fruits and vegetables without added sugars or added fats
- Serving healthier beverages and making water easily accessible and available
- Providing culturally appropriate menus with a variety of foods
- Role modeling healthy behaviors and participating in supportive feeding practices
- Providing nutrition and physical activity education to staff, children, and families
- Creating policies to support nutrition, breastfeeding, physical activity, etc.
- Providing preschool children with at least 120 minutes of daily physical activity (including structured and unstructured) and not withholding active time for misbehavior
- Making a wide variety of play equipment available both indoors and outdoors
- Limiting screen time

DPH SNAP-Ed, in partnership with the RESC Alliance, will promote creation and adoption of policies to support systems or environmental changes through the delivery of the Go NAPSACC intervention. To expand implementation and increase the reach and impact, DPH will implement Go NAPSACC in 20 ECE sites in FY 2023.

FY	Total Expected # of HS, SR, and ECE Sites	Total Expected # of Estimated Reach
2023	20	1,200

*Breastfeeding Friendly Child Care Recognition Program*

DPH SNAP-Ed staff, in partnership with the State WIC program and the Connecticut Breastfeeding Coalition (CBC), will advance breastfeeding in its programming through promotion of a statewide Breastfeeding Friendly Child Care Recognition (BFCCR) program. The BFCCR program is based on evidence-based breastfeeding support strategies as recognized in the Surgeon General’s Call to Action to Support Breastfeeding and the Centers for Disease Control and Prevention’s (CDC) Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies.<sup>63,64</sup> The BFCCR program aims to increase breastfeeding duration rates, community breastfeeding support, and compliance with state and federal lactation accommodation law in ECE sites. DPH SNAP-Ed will assist with the implementation of the BFCCR program, and conduct key activities including

<sup>63</sup> U.S. Department of Health and Human Services. The Surgeon General’s Call to Action to Support Breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

<sup>64</sup> U.S. Department of Health and Human Services. Overweight & Obesity Prevention Strategies & Guidelines. Washington, DC: U.S. Department of Health and Human Services, Division of Nutrition, Physical Activity, and Obesity; 2018.

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assisting with the development of lactation policies and practices at ECE sites that either employ or serve the SNAP eligible population.

In addition, DPH SNAP-Ed, in collaboration with the State WIC program, will continue to support and promote the “It’s Worth It!” breastfeeding campaign. Based on the Ten Steps to Successful Breastfeeding, It’s Worth It! is an existing statewide breastfeeding campaign developed by the State WIC program in collaboration with the CBC and DPH State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risks Factors and Promote School Health (SHAPE) grant staff. On-going communications and shared materials help ensure consistency of breastfeeding messages, avoid duplication, and enhance the educational opportunities for WIC clients, who are also SNAP eligible.

Key Messages:

### **It’s Worth It!**

- Make a Plan – communicate your breastfeeding goals with your family, friends and health care providers
- Skin to Skin and Rooming-in are two important hospital maternity care practices
- Community Support – everyone has a role in breastfeeding support; identify your support system early
- Make it Work – plan and prepare ahead for a successful return to work or school

### **BFCCR**

- Have a written breastfeeding policy that is routinely communicated to all ECE staff
- Welcome on-site breastfeeding
- Make a private space available for breastfeeding or pumping
- Train all staff in the skills necessary to implement the policy
- Provide families with information about breastfeeding support and protocols of the site
- Connect families to community-based resources or support groups as needed

In FY 2020, DPH SNAP-Ed staff, in collaboration with the State WIC program, the CBC, and other statewide partner organizations and listservs, began recruitment of ECE sites for participation in the BFCCR program using a newly developed recruitment flyer. In addition, updates were made to the center and family provider toolkits in English and Spanish to reflect updates to national best practices. DPH SNAP-Ed staff also provided oversight, training, and technical assistance to the RESC Alliance, ensuring SNAP eligible locations are targeted, and that recruited ECE sites and other community

partners receive distributed BFCCR program toolkits as well as It's Worth It! materials to expand statewide reach of the BFCCR project. In FY 2023, four ECE sites will be recruited to participate in the BFCCR program. These sites will be provided with the toolkits developed in FY 2019 and will receive in-person or remote targeted technical assistance for achieving BFCCR status. Technical assistance will include developing breastfeeding policies, facilitating staff training, connecting programs to community resources, and working with staff to overcome barriers to implementation of program requirements.

FY	Total expected # of HS, SR, and ECE Sites	Total expected # of Estimated Reach
2023	4	250

DPH staff, through other funding sources, are working closely with state partners to improve nutrition access through expansion of CT Foodshare’s Supporting Wellness at Pantries or SWAP, a stoplight nutrition ranking system designed to help promote healthy food choices at food banks and food pantries. DPH SNAP-Ed will explore opportunities for expansion of nutrition and physical activity related PSE initiatives in FYs 2022-2024, including those like SWAP that address nutrition security through continued coordination and collaboration with our network of existing partners, and by exploring new partnerships.

**Evidence Base:**

Multi-component nutrition education strategies will increase a person’s nutrition knowledge and self-efficacy which is instrumental to making healthy lifestyle behavior changes. Effective health education interventions require both intensity and duration – such as a series of interactive workshops that include healthy cooking – to increase the likelihood of positive, permanent behavior change. For instance, studies have found that parents have a desire to attend nutrition education workshops on the following topics: what to purchase, how to cook healthier foods, how to encourage their children to eat healthier, and how to read food labels.<sup>65</sup> Additionally, WIC clients reported facilitated group discussions and cooking classes as preferred methods of nutrition education.<sup>66</sup> To help clients make behavior changes, the SNAP-Ed curricula include easy steps to initiate healthy eating habits in clients’ busy lives by explaining the

<sup>65</sup> Slusser W, Preli M, Kinsler J, Erasquin JT, Thai C, Neumann C. Challenges to parent nutrition education: a qualitative study of parents of urban children attending low-income schools. *Public health nutrition*. 2011;14:1833-1841.

<sup>66</sup> Birkett D, Johnson D, Thompson JR, Oberg D. Reaching low-income families: focus group results provide direction for a behavioral approach to WIC services. *J Am Diet Assoc* 2004;104:1277-1280.

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components of a healthy diet, improving shopping skills, and demonstrating how to serve healthy meals. For many people it is difficult to make changes to their diet. Social Cognitive Theory has demonstrated that self-efficacy (a person's belief or confidence in his or her ability to execute a given behavior) is a strong predictor of later success across a variety of different situations.<sup>67</sup> When a person experiences a positive change, they are more willing to persist longer and try harder to change behavior.<sup>68</sup> There is evidence that providing nutrition education improves the diet quality of low-income households.<sup>69,70</sup> Education sessions that are interactive, hands-on, and incorporate food are effective with adult learners.<sup>71</sup> Consumers modify their food choices in response to scientific information linking diet and health.<sup>72</sup> The use of nutrition education sessions, which includes food tastings, increases the understanding and the retention of nutrition information,<sup>73</sup> and increases participants' interest in food and cooking.<sup>74</sup> Cooking classes, demonstrations, or tasting events with recipes can be effective ways to increase self-efficacy in preparing healthy foods which improves the likelihood that the client will be able to follow through with the behavior change.<sup>75</sup>

### *Eating Smart • Being Active*

The *Eating Smart • Being Active* curriculum is based on the 2020-2025 Dietary Guidelines for Americans and *MyPlate*, both of which are based on the most current research in food and nutrition. Teaching methodologies in *Eating Smart • Being Active* are based upon the Social Cognitive Theory and adult learning principles. Nutrition educators using *Eating Smart • Being Active* give low income parents the knowledge and skills needed to choose healthy foods, keep foods safe to eat, increase their level of physical activity, and stretch their food resources further increasing their level of food security.<sup>76</sup> Supplemental activities such as relevant and practical education

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<sup>67</sup> Glanz K, Rimer BK, Viswanath K, eds. *Health Behavior and Health Education 4<sup>th</sup>ed.* San Francisco, CA: John Wiley & Sons, Inc.; 2008.

<sup>68</sup> Guthrie JF, Variyam JN. Nutrition information can it improve the diets of low-income households? *USDA Economic Research Service.* 2007.

<sup>69</sup> Ibid.

<sup>70</sup> Hersey J, Anliker J, Miller C, Mullis RM, Daugherty S, Das S, Bray CR, Dennee P, Sigman-Grant M, Thomas HO. Food shopping practices are associated with dietary quality in low-income households. *JNE.* 2001;33:S16-S26.

<sup>71</sup> Manilla B, Keller HH. Food tasting as nutrition education for older adults. *Can J Diet Prac Res.* 2010;71:99-102.

<sup>72</sup> Guthrie JF, Variyam JN.

<sup>73</sup> Colapinto C, Malaviarachchi D. Paint your plate: effectiveness of a point-of-purchase display. *Can J Diet Prac Res.* 2009;70:(2):66-71.

<sup>74</sup> Manilla B, Keller HH.

<sup>75</sup> Hildebrand DA, Betts NM. Assessment of stage of change, decisional balance, self-efficacy, and use of processes of change of low-income parents for increasing servings of fruits and vegetables to preschool-aged children. *J NutrEduc and Behav.* 2009;41:110-119.

<sup>76</sup> Eating Smart Being Active.



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materials<sup>77</sup> and nutrition education sessions reinforce the nutrition messages. The MPFMF curriculum developed by USDA FNS is a *MyPlate* resource that supports SNAP-Ed nutrition education and obesity prevention efforts. The curriculum is based on recommendations from the Dietary Guidelines for Americans. It is targeted to parents and caregivers who are SNAP participants or eligible for SNAP, and play a key role in planning, purchasing, and preparing food for their families.<sup>78</sup>

Handouts from MPFMF for each lesson topic will be used to further help participants understand relevant Dietary Guidelines for Americans recommendations for a healthier lifestyle. These handouts provide information about the amount of food to eat each day from each food group; tips on buying foods on a budget; making small, simple changes; motivating children to eat healthier foods; and being physically active every day.<sup>79</sup>

Telephone coaching has been shown to improve health behavior, self-efficacy and health status, and provides a cost-effective method of access to this service.<sup>80</sup> Health coaching skills will be incorporated into the training of all nutrition educators. These skills which include eliciting client engagement, active listening, affirmation, and moving to action have been shown to promote clients' behavior change.<sup>81</sup> These skills will then be incorporated by educators in all settings (workshops and nutrition education sessions, etc.).

### Coordinated Approach to Child Health Early Childhood

CEC is a community health program classified by the SNAP-Ed Strategies & Interventions: An Obesity Prevention Toolkit for States as a “research-tested” obesity prevention intervention.<sup>82</sup> CEC aligns with the CDC’s Whole Community, Whole Child (WSCC) model, an effective model for achieving national health goals which promotes a school-wide approach with a focus on the individual child, and acknowledges learning, health, and the school as being a part of the local community.<sup>83,84,85</sup> The key to the

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<sup>77</sup> Harmon AH, Grim BJ, Gromis JC. Improving nutrition education newsletters for the food stamp eligible audience. *Health PromotPract* 2007 Oct;8(4):394-402.

<sup>78</sup> USDA SNAP-Ed Connection. <https://snaped.fns.usda.gov/nutrition-education/fns-curricula/myplate-my-family>. Accessed on June 24, 2022.

<sup>79</sup> USDA SNAP. <https://snaped.fns.usda.gov/sites/default/files/documents/EducatorsHandbook.pdf>. Accessed on June 24, 2022.

<sup>80</sup> Dennis SM, Harris M, Lloyd J, Davies GP, Faruqi N, Zwar N. Do people with existing chronic conditions benefit from telephone coaching? A rapid review. *Australian Health Review*. 2013; 37: 381-388.

<sup>81</sup> Lipscomb R. Health coaching: a new opportunity for dietetics professionals. *Journal of the American Dietetic Association*. 2007; 107: S14-S16.

<sup>82</sup> CEC.

<sup>83</sup> Ibid.

<sup>84</sup> How CATCH aligns with the WSCC Model. 2018. Available at: <http://catchinfo.org/wp-content/uploads/2016/03/CATCH-alignment-with-WSCC-model.pdf>. Accessed June 24, 2022.

<sup>85</sup> Michael SL, Merlo CL, Basch CE, Wentzel KR, Wechsler H. Critical connections: health and academics. *J Sch Health*.2015; 85: 740-758.



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CEC and WSCC alignment is the CEC coordination of wellness efforts across the school campus and into the community.<sup>86</sup>

CEC has been successfully implemented in over 5,000 sites throughout the country<sup>87</sup> and has been found to produce positive health behavior outcomes in young children.<sup>88,89</sup> Studies evaluating the effectiveness of CEC have shown an increase in moderate to vigorous physical activity and fruit and vegetable intake among children, a reduction in whole milk intake in favor of low-fat or skim milk, an increase in the serving of fruits and vegetables during snack time, and a decrease in childhood overweight and obesity.<sup>90,91,92,93,94</sup> In addition, CEC has been tested in sites which service a large majority of children from low-income households, indicating the potential for similar success in Connecticut's SNAP-Ed target audience.<sup>95</sup>

CEC provides children an environment where physical activity, health education, gardening and healthy eating behaviors are valued and taught. The Community Preventive Services Task Force highlights that regular exposure to fruits and vegetables in childhood can result in an increased consumption.<sup>96</sup> Specifically, gardening-based interventions, such as incorporation of garden-based lesson plans in the classroom, have shown to increase children's willingness to try and preference for fruits and vegetables.<sup>97</sup> CEC also emphasizes family involvement through education and support for families to incorporate physical activity and nutrition into the home routine to promote consistent messaging between the home and school environments. Research has shown that parent engagement in school activity is associated with better student

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<sup>86</sup> How CATCH aligns with the WSCC Model.

<sup>87</sup> CEC.

<sup>88</sup> Michael SL, Merlo CL, Basch CE, Wentzel KR, Wechsler H.

<sup>89</sup> CEC Evidence Summary. 2018. Available at: [http://catchinfo.org/wp-content/uploads/2014/10/CEC\\_evidence-summary-copy.pdf](http://catchinfo.org/wp-content/uploads/2014/10/CEC_evidence-summary-copy.pdf). Accessed June 24, 2022.

<sup>90</sup> Ibid.

<sup>91</sup> Chuang R, Sharma SV, Perry C, Diamond P. Does the CATCH Early Childhood Program Increase Physical Activity among Low-Income Preschoolers? Results from a Pilot Study. *American Journal of Health Promotion*. 2018;32(2):344-348.

<sup>92</sup> Sharma SV, Chuang R, Rahman G. Results of pilot testing CATCH Early Childhood in Head Start preschoolers in Texas [abstract]. In: ISBNPA 2012 Oral Sessions. 2012; p145.

<sup>93</sup> Dunn Carver M, Pope L, Dana G, Dorwaldt A, Flynn B, Bunn J, Harvey-Berino J. (2013). Evaluation of a teacher-led physical activity curriculum to increase preschooler physical activity. *Open Journal of Preventive Medicine*. 2013; 3(1):1415 147.

<sup>94</sup> Sharma S, Chuang R, Hedberg, A. M. Pilot-testing CATCH Early Childhood: a preschool-based healthy nutrition and physical activity program. *American Journal of Health Education*. 2011; 12(1):12523.

<sup>95</sup> CEC Evidence Summary.

<sup>96</sup> Guide to Community Preventive Services. TFFRS - Nutrition: Gardening Interventions to Increase Fruit and Vegetable Consumption Among Children. Available at: <https://www.thecommunityguide.org/content/tffrs-nutrition-gardening-interventions-increase-fruit-and-vegetable-consumption-among-children>. Accessed: June 24, 2022.

<sup>97</sup> Ibid.

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behavior, increased academic achievement, and makes students more likely to avoid unhealthy and risky behaviors.<sup>98</sup>

### *Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC)*

Go NAPSACC is a research-tested obesity prevention intervention designed to enhance nutrition and physical activity practices in ECE sites.<sup>99,100</sup> Go NAPSACC primarily addresses the interpersonal and organizational levels of the socioecological model.<sup>101</sup> Using constructs of Social Cognitive Theory, Go NAPSACC is delivered through direct nutrition education and PSE approaches focused on improving the nutritional quality of food served, amount and quality of physical activity, provider-child interactions around food and physical activity, educational opportunities for children, parents, and providers, and program policies related to nutrition and physical activity.<sup>102</sup>

Go NAPSACC has been implemented in at least 21 states<sup>103</sup> and the original NAPSACC program has been used or adapted for use internationally.<sup>104</sup> Between 2014 and 2015, a small randomized control trial was conducted to evaluate the impact of Go NAPSACC, specifically in the area of Child Nutrition. Over a period of four months, thirty-one center directors in rural North Carolina used the online tools with low-intensity support (average of 1 hour/month/provider) from trained local technical assistance consultants.<sup>105</sup> Centers that participated in Go NAPSACC saw a 7.5% increase in their overall nutrition environment scores, which approached statistical significance when compared to control centers.<sup>106</sup>

During research trials, facilities randomly selected to implement the intervention, and which completed most or all of the intervention components, improved their nutrition and physical activity policies and practices and showed a statistically significant increase in

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<sup>98</sup> Centers for Disease Control and Prevention. Parent Engagement: Strategies for Involving Parents in School Health. Atlanta, GA: U.S. Department of Health and Human Services; 2012. Available at: [https://www.cdc.gov/healthyyouth/protective/pdf/parent\\_engagement\\_strategies.pdf](https://www.cdc.gov/healthyyouth/protective/pdf/parent_engagement_strategies.pdf). Accessed June 24, 2022.

<sup>99</sup> Center TRT NAPSACC.

<sup>100</sup> Go NAPSACC 2016.

<sup>101</sup> Center TRT NAPSACC.

<sup>102</sup> Ibid.

<sup>103</sup> Go NAPSACC. <https://gonapsacc.org/participating-states>. Accessed June 24, 2022.

<sup>104</sup> Go NAPSACC, Children's Healthy Weight Research Group (unc.edu). <https://chwr.web.unc.edu/go-nap-sacc/>. Accessed June 24, 2022.

<sup>74</sup> SNAP-Ed Toolkit Obesity Prevention Interventions and Evaluation Framework.

<https://snapedtoolkit.org/interventions/programs/go-napsacc/#EvidenceSummary>. Accessed June 24, 2022.

<sup>106</sup> Ibid.

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total childcare nutrition and physical activity environment scores when compared to control facilities.<sup>107</sup>

### *Breastfeeding Friendly Child Care Recognition Program*

Research has shown that breast milk is the optimal source of nutrition for infants and provides protective health benefits including reduced risk of childhood overweight and obesity.<sup>108,109</sup> The Academy of Pediatrics recommends that infants be fed breast milk exclusively for the first 6 months after birth and should continue to receive breast milk with the addition of complementary solids until the child's first birthday, or as long as mutually desired by mother and child.<sup>110</sup> In CT, 85.4% of mothers initiate breastfeeding, while only 62.4% of those continue through 6 months and only 43.2% continue throughout the first year.<sup>111</sup>

There are multiple factors that influence a woman's decision to start and continue breastfeeding. For example, lack of access to competent professional care or peer support, inadequate breastfeeding education and information, unsupportive maternity care practices, and early returning to work.<sup>112</sup> With 60% of all mothers with infants employed, and 73% of children under the age of 6 in center-based child care, ECE sites are a critical component of a family's breastfeeding support system.<sup>113,114</sup> ECE providers influence the lives and health of their families and are an important source of support for breastfeeding mothers.

The CDC's Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies includes 9 community-based strategies to increase breastfeeding rates and improve outcome measures.<sup>115</sup> Strategy 6 highlights the importance of supporting breastfeeding in ECE sites. In

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<sup>107</sup> Yarber L, Brownson CA, Jacob RR, Baker EA, Jones E, Baumann C, et al. Evaluating a train-the-trainer approach for improving capacity for evidence-based decision making in public health. *BMC Health Serv Res.* 2015;15, 547. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4676893/>. Accessed June 24, 2022.

<sup>108</sup> U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Support Breastfeeding.

<sup>109</sup> U.S. Department of Health and Human Services. Overweight & Obesity Prevention Strategies & Guidelines

<sup>110</sup> American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827–e841. <http://pediatrics.aappublications.org/content/129/3/e827> Accessed June 24, 2022.

<sup>111</sup> Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html> Accessed June 24, 2022.

<sup>112</sup> Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Atlanta: U.S. Department of Health and Human Services; 2013.

<sup>113</sup> Ibid.

<sup>114</sup> Early Childhood Program Participation Survey of the National Household Education Surveys Program (ECP- NHES:2005). National Center for Education Statistics Web site. [http://nces.ed.gov/programs/digest/d09/tables/dt09\\_044.asp](http://nces.ed.gov/programs/digest/d09/tables/dt09_044.asp). Accessed June 24, 2022.

<sup>115</sup> Ibid.

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addition to ensuring the safe handling, storage and appropriate feeding of breast milk through staff training and site policies, ECE support for mothers may also include welcoming mothers to breastfeed on-site and providing a private space to do so as requested.<sup>116,117</sup> In addition, ECE sites can provide families with print materials and resources that communicate site's policies and procedures and the benefits of breastfeeding, or connect mothers to breastfeeding services located within the community so they do not wean their infants prematurely.<sup>118</sup>

Implementation of these types of ECE based breastfeeding support practices have shown to be effective. A longitudinal study that followed mothers from the third trimester until children were age 1 year found that breastfeeding at 6 months was significantly associated with support from ECE providers to feed expressed breast milk to infants and allow mothers to breastfeed on-site before or after work.<sup>119</sup> A survey that addressed five questions about breastfeeding support found that mothers who said they received all five of the supports were three times as likely to be breastfeeding at 6 months as mothers who said they received less than three supports.<sup>120</sup>

### ***Key Performance Indicators (KPIs):***

The Preschool, Families, and Community Project participants will improve their knowledge, skills, and self-efficacy regarding the identified key messages. The implementation and performance measures listed below will be collected to evaluate the project.

#### ECE Staff Training, CEC

- Number of ECE classrooms that participated in CEC training
- Number of ECE staff that attended CEC training
- Number of preschool children reached/impacted as result of efforts implemented through the CEC training

#### Classroom Lessons

- Number of preschool classrooms that taught CEC lessons
- Number of preschool children that received CEC lessons

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<sup>116</sup> Ibid.

<sup>117</sup> American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2021. <https://nrckids.org/CFOC>. Accessed June 24, 2022.

<sup>118</sup> Ibid.

<sup>119</sup> American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education.

<sup>120</sup> Ibid.

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- Number and type of CEC lessons taught in the classroom
  - Average number of minutes preschoolers spent on physical activity each day

*Eating Smart • Being Active* nutrition education workshops and nutrition education sessions for families of preschool children and adults/families

- Number of nutrition education workshops conducted
- Number of nutrition education sessions conducted
- Number of preschools, WIC offices, Community Health Centers, and Community Partner Locations that participated in the nutrition education workshops and nutrition education sessions
- Number of participants in the nutrition education workshops and nutrition education sessions
- Percent of participants that report increased knowledge that half of their plates should be fruits and vegetables
- Percent of participants that report increased knowledge that half of their grains should be whole grains
- Percent of participants that report increased knowledge that they should include food from all five food groups every day
- Percent of participants that report increased knowledge that adults should get at least 30 minutes of physical activity per day
- Percent of participants that report increased knowledge that drinking less sugar-sweetened beverages decrease caloric intake
- Percent of participants that report increase knowledge that adding salt when cooking or eating increases sodium intake
- Percent of participants that report increase knowledge that fat free milk is the lowest in fat of all the milks
- Percent of participants that report increase knowledge that red meat is high in saturated fats
- Percent of participants that report increase knowledge that the nutrition facts label helps make healthy food choices
- Percent of participants report that they are confident to include all 5 food groups in their meals every day
- Percent of participants report that they are confident to increase their fruits and vegetables consumption by 1 cup per day
- Percent of participants report that they are confident to replace sugar-sweetened beverage with water or sugar free drink
- Percent of participants report that they are confident to replace refined grains with whole grains food daily
- Percent of participants report that they are confident to switch to low-fat dairy

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- Percent of participants report that they are confident to reduce their sodium/salt intake
  - Percent of participants report that they are confident to increase their physical activity by 10 minutes per day
  - Percent of participants report that they are confident to replace high fat meat/protein with a lean source of protein in their meals
  - Percent of participants report that they are confident to use the nutrition facts to select food
  - Percent of participants report that they increased their consumption of fruits and vegetables by one cup or more
  - Percent of participants report that they increased their consumption of whole grain food as compared to non-whole grain food
  - Percent of participants report that they switched to a lower fat milk
  - Percent of participants report that they increased their physical activity
  - Percent of participants report that they increased the number of days where they usually include food from all five food groups in their diet
  - Percent of participants report that they decreased their sugar-sweetened beverage intake
  - Percent of participants report that they decreased consumption on proteins high in saturated fat
  - Percent of participants report that they decreased salt/sodium intake
  - Percent of participants report that they increased the frequency of using food safety practices at home
  - Percent of participants report that they increased the frequency of using strategies to stretch their food dollars at the grocery store
  - Percent of participants report that they increased the likelihood of using “Nutrition Facts” on the food label to make healthier food purchases

#### CEC Sitewide Implementation (PSE)

- Percentage of preschool classrooms within an ECE site implementing CEC
- Number of ECE sites that implement the CEC Coordination Toolkit
- Number of ECE sites distributing CEC parent handouts

#### Go NAPSACC

- Number of ECE sites that participated in Go NAPSACC
- Number of ECE staff that attended Go NAPSACC training
- Number of ECE sites that completed an organizational self-assessment
- Number of preschool children reached/impacted as result of efforts implemented through the Go NAPSACC

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- Percentage best practice change in ECE sites participating in Go NAPSACC modules

### Breastfeeding Friendly Child Care Recognition (BFCCR)

- Number of ECE sites that were recognized as breastfeeding friendly through the BFCCR Program
- Number of ECE staff that attended training
- Number of target audience reached/impacted as result of recognition

### ***Use of Existing Educational Materials:***

This project utilizes the existing *Eating Smart • Being Active* curriculum, CEC, and Go NAPSACC to teach nutrition education to preschoolers and their families.

### *Eating Smart • Being Active*

The *Eating Smart • Being Active*, in English and Spanish, is a nutrition education, healthy lifestyles curriculum for low income adults including those with young children developed at Colorado State University and University of California at Davis. The lesson plans of *Eating Smart • Being Active* are detailed and appropriate for use by nutrition educators when teaching low income families about healthy lifestyle choices. Previous versions of *Eating Smart • Being Active* had 8 lessons. The revised version, released in 2017, has nine lessons. The information included in *Eating Smart • Being Active* is based on the latest research in health and nutrition from the 2020-2025 Dietary Guidelines for Americans and *MyPlate*. Each topic has a key message linked to one or more of the 2020-2025 USDA Dietary Guidelines for Americans key recommendations. All participant materials are available in English and Spanish.

The authors of *Eating Smart • Being Active* utilized the Social Cognitive Theory as well as adult learning principles when developing the curriculum. These principles of adult learning are incorporated throughout the curriculum activities and materials. Curriculum activities include facilitated discussion (dialogue-based learning) and hands-on activities such as menu planning. These activities help participants to be actively engaged in the learning process, increasing their retention of the new information and increasing the chances of behavior change. *Eating Smart • Being Active* can be used to teach adults one-on-one or in small group workshops. The curriculum includes:

### Lesson Titles and Focus

- Welcome to *Eating Smart • Being Active*
- Get Moving!: physical activity is part of a healthy lifestyle



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- Plan, Shop, Save: how to stretch your food dollars
  - Fruits & Veggies - Half Your Plate: how to increase amount and variety of fruits and vegetables
  - Make Half Your Grains Whole: identify whole grain foods and why grains are beneficial
  - Build Strong Bones: calcium rich foods and weight bearing activity help build strong bones
  - Go Lean With Protein: choosing lean sources of protein and how to keep food safe
  - Make a Change: choosing foods low in fat, sugar, and salt
  - Celebrate! Eat Smart and Be Active: review of key concepts and how to involve family in good food choices.

Material Cost:

*Eating Smart • Being Active* materials used for the Preschool, Families and Community Project includes purchasing handouts designed specifically for each lesson in the curriculum as listed above. These materials are copyright protected and non-reproducible and therefore, must be purchased.

Supplemental materials from approved USDA sources, available in English and Spanish at no cost, are used as needed from the following resources:

- Start Simple with MyPlate: <https://www.choosemyplate.gov/start-simple-myplate>
- ChooseMyPlate [www.choosemyplate.gov](http://www.choosemyplate.gov) including ChooseMyPlate for preschoolers [www.choosemyplate.gov/preschoolers](http://www.choosemyplate.gov/preschoolers)
- 2020-2025 Dietary Guidelines for Americans: [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf)
- FNS Core Nutrition Messages: <http://www.fns.usda.gov/core-nutrition/core-nutrition-messages>
- 2018 Physical Activity Guidelines for Americans <http://www.health.gov/paguidelines/>
- SNAP-Ed Nutrition Connection, SNAP-Ed Library: <https://snaped.fns.usda.gov/library>
- USDA National Agricultural Library, Food and Human Nutrition Information Center: <https://www.nal.usda.gov/topics/food-and-human-nutrition>
- National Dairy Council: [www.usdairy.com](http://www.usdairy.com)
- Partnership for Food Safety Education Fight Bac!: <http://www.fightbac.org>
- Team Nutrition: <http://www.fns.usda.gov/tn>
- Let's Move! Child Care: <https://healthykidshealthyfuture.org>

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- Choosy Kids, I am Moving, I am Learning Resources: <https://choosykids.com/pages/imil-resources>
  - Color Me Healthy: <https://www.colormehealthy.com>
  - MyPlate for My Family: <https://snaped.fns.usda.gov/nutrition-education/fns-curricula/myplate-my-family>

### Coordinated Approach to Child Health Early Childhood

The CEC curriculum will be incorporated as a classroom lesson resource for teachers. The emphasis will be incorporating the gardening theme as a way of introducing fruits and vegetables to children. Depending on the specific peak seasons, different fruits and vegetables will be discussed. CEC materials were created by CATCH Global Foundation, the University of Texas Health Science Center at Houston and are required for implementation of the CEC intervention. The kit has a teacher manual, hand puppets, a CEC Physical Activity Box, and the CEC Coordination Guide. The kit also contains: hands-on activities, planting activities, nutrition education activities, parent tip sheets, recipes, newsletters, and wellness activities. Materials are copyrighted and must be purchased for use. Each participating ECE classroom requires one CEC Kit and each ECE site requires an online subscription to download additional copies of the curriculum and CEC Coordination Guide. The CEC Kits are available for purchase at [www.FlagHouse.com](http://www.FlagHouse.com) and the downloadable curriculum and CEC Coordination Guide are available at [www.CatchInfo.org](http://www.CatchInfo.org). Supplemental implementation resources (e.g., books with a nutrition/physical activity focus, music CDs, bean bags, etc.) will be provided throughout the year to support CEC goals and to encourage submission of programmatic reporting.

### Nutrition and Physical Activity Self-Assessment for Child Care

Go NAPSACC was developed by University of North Carolina Center for Health Promotion and Disease Prevention. Materials necessary for implementation of Go NAPSACC include intervention materials, informational materials, and implementation resources, available on the online platform.

#### Intervention Materials:

- The self-assessment instrument, with samples
- The Action Planning Document, with examples
- Sample nutrition and physical activity policies
- Go NAPSACC Best Practice Recommendations
- Online training (by module)

#### Informational Materials:

- Go NAPSACC handouts and resources for providers (English and Spanish)

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- Go NAPSACC brochure and handouts for parents (English and Spanish)

#### Implementation Resources:

Each program enrolled in the Go NAPSACC intervention will receive a resource kit to ensure site-level implementation. The kit includes a variety of nutrition and physical activity resources, which may include:

- Activity Beanbags and Beanbag Fun CD
- Activity Scarves and Musical Scarves Activity CD
- Wrist Ribbons
- Foods Vocabulary Development Photo Card Library
- Choosy Kids – Music Moves Me CD (Available in English and Spanish)
- The Animal Boogie Book and CD by Fred Penner
- Growing Vegetable Soup Book by Lois Ehlert
- Dance, Turn, Hop, Learn! By Connie Bergstein Dow

#### Breastfeeding Friendly Child Care Recognition (BFCCR) Program

DPH SNAP-Ed will use the previously developed It's Worth It! campaign materials (e.g., posters, newsletters, and checklists) to expand reach of the BFCCR program to SNAP eligible populations. In addition, DPH SNAP-Ed adapted existing toolkits the Colorado Department of Public Health and Environment to ensure consistency with the It's Worth It! campaign and with state specific lactation accommodation law. Updated toolkits will be submitted for review by USDA FNS.

#### ***Social Marketing Campaign:***

In FY 2023, DPH SNAP-Ed, will conduct The Action Pack social marketing media campaign targeting the priority towns of Bridgeport, New Haven, and Waterbury. A USDA-approved campaign, The Action Pack uses multimedia public service announcements (PSAs) to reinforce nutrition messages, and support and promote the importance of physical activity and healthy eating to adults and families with young children. During FY 2023, the print PSA messages of eating fruits, vegetables, and low-fat dairy products will be displayed on signage, in both English and Spanish, on the interior and exterior of Connecticut mass transit buses that travel in cities with relatively higher poverty rate.

#### ***Development of New Educational Materials:***

FY 2023 SNAP-Ed funds will not be used on the development of new educational materials.

#### **Evaluation Plans**

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**Name:**

Connecticut Department of Public Health – Preschool, Families, and Community Project

**Type:**

Process and outcome assessments.

**Questions:**

Questions that will be addressed through evaluation process mirror the Key Performance Indicators as discussed above.

**Approach(es):**

DPH SNAP-Ed has developed a systematic method for collecting, analyzing, and using information with data collected from SNAP-Ed program participants to determine program effectiveness and efficiency. The Preschool, Families, and Community Project will involve process and outcome evaluation of the main nutrition activities.

For ECE Staff Training, DPH SNAP-Ed will collect and analyze data from post-training surveys handed to participating ECE staff for in-person training and will include questions about their satisfaction with the training and an assessment of their willingness and readiness to implement CEC.

For CEC Sitewide Implementation and Classroom Lessons, surveys will be distributed electronically twice each year to participating ECE site administrators and trained preschool classroom teachers and staff – once in the spring, and once at the end of the summer. Data will be captured in SurveyMonkey and downloaded to an Excel spreadsheet for analysis. Data collection and reporting will seek to measure the number and type of CEC lessons taught; the average number of minutes of daily physical activity in the classroom; the total number of preschool classrooms trained in CEC and total number of preschool classrooms at the site; parent handouts distributed to complement in-classroom lessons; and implementation of environmental support activities as outlined in the CEC Coordination Toolkit.

For Go NAPSACC, DPH SNAP-Ed electronically distributes an enrollment survey on a rolling basis throughout the year to recruit ECE sites for participation. The enrollment survey includes information about the ECE site including the location, number of children enrolled, type of ECE site (HR, SR, etc.), and contact information. The data is collected using SurveyMonkey and is downloaded into an Excel spreadsheet for tracking and analysis purposes, which will be used to measure the reach (number of children impacted). In addition, DPH SNAP-Ed, through the Go NAPSACC online

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platform, has access to a series of tools where data from the site can be downloaded into an Excel spreadsheet and analyzed to measure the following: the number of ECE sites participating and the module(s) selected; the number of organizational assessments completed; the number of ECE staff who completed training; and the percentage best practice change for participating ECE sites.

For BFFCR, DPH SNAP-Ed collaborates with the CBC to track the number of newly recognized ECE sites each year. DPH SNAP-Ed also uses enrollment survey data and the Go NAPSACC online platform data as outlined above to determine the number of teachers trained and the reach (number of children).

For The Action Pack, DPH SNAP-Ed will collect final impression numbers at the end of the campaign and determine the number of estimated SNAP-Ed eligible individuals reached for program reporting.

The approaches to conducting the evaluation of *Eating Smart • Being Active* nutrition education workshops and nutrition education sessions for families of young children and adults/families will be to complete demographic cards and administer pre-test, post-test, and 6-week follow-up surveys.

The DPH SNAP-Ed program developed a SNAP-Ed demographic card based on EARS reporting requirements. Data collected includes date, zip code of participant's residence, gender, age, race, and ethnicity, if they are currently a SNAP participant, and if they have attended SNAP-Ed nutrition education since October 1st of the current fiscal year. The latter question was designed to determine if the participants are considered as unduplicated or duplicated counts of direct education participants. At SNAP-Ed service sites, each participant fills out a demographic card and pre-test and post-test surveys.

The main questions to be addressed in the pre-test and post-test surveys will be to determine participant knowledge gained, attitude toward behavior change, and client satisfaction. Each participant will be asked questions measuring their knowledge of specific USDA dietary guideline and current behavior (e.g., current level of fruit intake) before starting the nutrition education workshops or nutrition education sessions. Upon conclusion of the nutrition education, the participants will be asked to complete the post-test survey. The post-test survey will repeat the questions relating to the knowledge; include questions to measure confidence level of future behavior change, and questions to assess client satisfaction. Questions measuring confidence of future behavior change will be assessed using a five-point Likert Scale (1=Not at all confident, 2=Not very confident, 3=Moderately confident, 4=Very confident, 5=Totally confident). Participants will also be asked if they are willing to be contacted to assess their progress at 6-week post intervention (nutrition education). A sample of willing

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participants will be contacted by telephone, email, or other methods and surveyed at six-week follow-up to determine any behavioral changes as the result of receiving nutrition education.

**Planned use:**

The demographic cards and evaluation surveys will be collected and entered into the SNAP-Ed Access database. Data will then be analyzed, and the results will be used to determine the reach (number of participants), knowledge gained, attitude towards modifying behavior (e.g., future level of fruit intake), outcome, client satisfaction, and coverage (geographical location). The DPH and USJ will review the evaluation findings and participant feedback at least semi-annually. The number and percent of returned surveys will be tracked, and client satisfaction will be quantified. The SNAP-Ed program will work with the team of Epidemiologists to review the results and feedback provided by the participants. Collectively, the team will develop a list of action items to improve the delivery of SNAP-Ed activities based on the client feedback.

**Prior Evaluation:**

The evaluation of the Preschool, Families, and Community Project has been done on a consistent basis and most recently in FY 2022.

Below are results from FYs 2019-2021 measuring the effectiveness of *Eating Smart • Being Active* interactive workshops and nutrition education sessions. Pre-test, post-test, and six-week follow-up evaluations were administered to assess participants' knowledge gained, attitudes towards behavioral change, and outcomes for behavioral change. The completion rate was 47.2% for the six-week follow-up. Table 1 showed the participants' knowledge gained as result of receiving nutrition education. Overall, participants demonstrated an increase in knowledge immediately after nutrition education (post-test), and they also were able to retain most of the knowledge gained six weeks after nutrition education (six-week follow-up). For example, before receiving nutrition education, 57% of the participants knew that half of their plates should be fruits and vegetables. This response increased to 89% immediately after receiving nutrition education. At the six-week follow-up, 77% of the participants were able to retain the knowledge. Similarly, 64% knew that fat free milk is the lowest fat before nutrition education. This response increased to 87% after receiving nutrition education and 82% at six-week follow-up. Similar increased knowledge was reported on topics of whole grains, saturated fat, sugar-sweetened beverages, sodium, five food groups, food labels, and physical activity.

**Table 1: Knowledge Gained as Result of Receiving Nutrition Education (FY 2019-2021).**

	Pre <sup>1</sup>	Post <sup>2</sup>	six-week <sup>3</sup>
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	N <sup>4</sup>	% correct	N <sup>4</sup>	% correct	N <sup>4</sup>	% correct
Half of your plate should be fruits and vegetables	1081	57.1	1064	88.8	189	77.3
Half of your grains should be whole grains	832	88.7	823	96.8	137	92.7
Fat free milk is the lowest in fat	828	64.3	827	86.9	144	81.9
Red meat (pork, beef, and lamb including hot dogs) is high in saturated fat	745	88.3	726	97.3	156	96.8
Drinking less sugar-sweetened beverages reduces calorie intake	643	86.9	643	93.6	99	92.9
Adding salt when cooking or eating increases sodium intake	618	92.9	635	95.1	100	96.0
All five food groups should be eaten every day	475	85.7	469	93.6	112	91.1
Using the Nutrition Facts on the food label can help to make healthy food choices	1102	94.5	1095	98.3	204	99.0
Adults should get a minimum of 30 minutes of physical activity per day	1135	58.1	1097	86.9	244	81.2

<sup>1</sup>Question asked before participant was given nutrition education

<sup>2</sup>Question asked after participant was given nutrition education

<sup>3</sup>Question asked by calling the participant six weeks after nutrition education

<sup>4</sup>Total number of participants responded to the question at the specified time period

Table 2 shows the results of participants' attitudes toward behavioral change. After nutrition education, 95% of the participants felt confident to increase their fruits and vegetables consumption by 1 cup per day; 94% reported feeling confident to replace refined grains with whole grain foods daily; 87% reported feeling confident to switch to a lower fat dairy product; 94% reported feeling confident to replace proteins high in saturated fat with a lean source of protein; 90% reported feeling confident to replace a sugar-sweetened beverage with water or sugar-free drink per day; 93% reported feeling confident to add less salt when cooking or eating; 95% reported feeling confident to include all five food groups in their meals every day; 94% reported feeling confident to increase their physical activity by 10 minutes per day; and, 93% reported feeling confident to use the nutrition facts on the food label to select food.

**Table 2: Attitude toward Behavioral Change (FY 2019-2021).**

How confident are you to...	N <sup>1</sup>	% confident <sup>2</sup>
Increase fruit and vegetable intake by 1 cup per day [ST1] <sup>3</sup>	1022	94.8
Replace 1 ounce of refined grain with 1 ounce of whole grain food per day [ST1]	734	93.6



Switch to or add a lower fat dairy product per day [ST1]	591	87.1
Replace proteins high in saturated fat with a lean source of protein [ST1]	648	93.8
Replace one sugar-sweetened beverage with water or sugar-free drink per day [ST1]	497	89.9
Add less salt when cooking or eating [ST1]	525	93.3
Include all 5 food groups in your meals every day [ST1]	394	95.4
Use the Nutrition Facts on the food label to select food [ST2] <sup>4</sup>	1049	92.7
Increase physical activity by 10 minutes per day [ST3] <sup>5</sup>	1056	93.8

<sup>1</sup>Total number of participants responded to the question after nutrition education

<sup>2</sup>Participants who responded as moderately, very or totally confident

<sup>3</sup>[ST1] indicates Evaluation Framework Indicator Short-Term 1: Healthy Eating Goals and Intentions

<sup>4</sup>[ST2] indicates Evaluation Framework Indicator Short-Term 2: Food Resource Management Goals and Intentions

<sup>5</sup>[ST3] indicates Evaluation Framework Indicator Short-Term 3: Physical Activity and Reduce Sedentary Behavioral Goals and Intentions

Outcomes for participant behavioral change were measured using *FNS’s SNAP-Ed Evaluation Framework: Nutrition, Physical Activity, and Obesity Prevention Indicators*, and these outcome measures are reported in the “Reporting SNAP-Ed Priority Outcome Indicators.” The outcome measures in the “Reporting SNAP-Ed Priority Outcome Indicators” examined the scores at pre-test and six-week follow-up, and then tested for statistical differences between the two scores. The indicators shown in Tables 3-5 looked at the outcome measures a little differently; the analyses examined the percentage of participants who made positive changes toward the behaviors at six-week follow-up vs. before education.

Table 3 shows the participant behavioral changes toward healthy eating, and these performance measures were identified as the Evaluation Framework Medium-Term Indicator 1. About three out of every four participants (73%) increased frequency of eating more than one kind of fruit or vegetable each day at six-week follow-up (including 8% continued to always eat more than one kind of fruit or vegetable each day). Seven out of every ten participants (69%) increased their fruit or vegetable consumption by half of a cup or more. Generally, the participants were more likely to switch to eating whole grain cereal or whole grain/wheat bread or tortillas than to switch to eating brown rice or whole grain/wheat pasta. When eating rice or pasta, about two-fifths of participants (ranged from 38% to 45%) either increased frequency of choosing brown rice or whole grain/wheat pasta or decreased frequency of choosing white rice or regular pasta. When eating bread/tortillas or cereal, about three-fifths of participants (ranged from 59% to 66%) either increased frequency of choosing whole grain/wheat bread/tortillas or whole grain cereal or decreased frequency of choosing white bread, flour tortillas or refined grain cereals. About two-thirds of participants (ranged 64% to 66%) either decreased frequency of choosing whole milk (full fat) or reduced fat (2%) milk or

increased frequency of choosing low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk) when drinking milk (including about one-quarter of participants continued to always choose the lower fat milk). About three-quarters of participants (ranged from 74% to 80%) either decreased frequency of choosing whole milk yogurt or increased frequency of choosing low-fat or nonfat yogurt when eating yogurt (including about two-fifths of participants continued to always choose the lower fat yogurt). When it comes to eating chicken or turkey, about two-thirds of participants (ranged from 64% to 68%) either increased frequency of choosing skinless meat or decreased frequency of choosing meat with skin (including about one-third of participants to always choose skinless chicken or turkey). With ground beef consumption, 47% of participants increased frequency of choosing 90% lean or greater (including 11% continued to always choose the leaner options) and 52% of participants decreased frequency of choosing 85% or 80% lean or less (including 10% continued to never choose the less lean options). About two-fifths of participants (44%) decreased frequency of eating sausage, bacon or hot dogs (including 11% continued to never eat sausage, bacon or hot dogs). Seven out of every ten participants (70%) decreased their sugar-sweetened beverage intake (including 29% who continued to drink none); 57% increased frequency of eating low-sodium options when eating packaged foods such as canned soups or vegetables, pre-packaged rice, frozen meals, etc. (including 14% continued to always eat low-sodium options); and 64% increased frequency of eating food from each food group every day (including 15% continued to always eat food from each food group every day).

**Table 3: Behavioral Change toward Healthy Eating [MT1]<sup>1</sup> (FY 2019-2021).**

<b>At six-weeks, percentage of participants...</b>	<b>N<sup>2</sup></b>	<b>%</b>
Increased frequency or continued to always eat more than one kind of fruit each day	331	63.6
Increased frequency or continued to always eat more than one kind of vegetable each day	328	64.3
Increased frequency or continued to always eat more than one kind of fruit or vegetable each day	332	72.9
Increased fruit consumption by at least ½ cup	333	52.3
Increased vegetable consumption by at least ½ cup	328	56.4
Increased fruit or vegetable consumption by at least ½ cup	333	69.1
Increased frequency or continued to always choose brown rice when eating rice	237	42.6
Decreased frequency or continued to never choose white rice when eating rice	236	44.5
Increased frequency or continued to always choose whole grain/wheat pasta when eating pasta	215	37.7

<b>At six-weeks, percentage of participants...</b>	<b>N<sup>2</sup></b>	<b>%</b>
Decreased frequency or continued to never choose regular pasta when eating pasta	215	41.4
Increased frequency or continued to always choose whole grain/wheat bread or tortillas when eating bread or tortillas	257	65.8
Decreased frequency or continued to never choose white bread or flour tortillas when eating bread or tortillas	242	62.4
Increased frequency or continued to always choose whole grain cereals when eating cereals	234	59.4
Decreased frequency or continued to never choose refined grain cereals when eating cereals	212	65.1
Decreased frequency or continued to never choose whole milk (full fat) or reduced fat (2%) milk when drinking milk	226	64.2
Increased frequency or continued to always choose low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk) when drinking milk	219	65.8
Decreased frequency or continued to never choose whole milk yogurt when eating yogurt	214	79.9
Increased frequency or continued to always choose low-fat or nonfat yogurt when eating yogurt	211	74.4
Increased frequency or continued to always choose skinless chicken or turkey when eating chicken or turkey	291	63.9
Decreased frequency or continued to never choose chicken or turkey with skin when eating chicken or turkey	265	67.6
Increased frequency or continued to always choose 90% lean or greater when eating ground beef	215	47.0
Decreased frequency or continued to never choose 85% or 80% lean or less when eating ground beef	202	52.0
Decreased frequency or continued to never eat sausage, bacon, or hot dogs	297	44.4
Decreased consumption of sugar-sweetened beverages or continued to consume none	242	70.3
Increased frequency or continued to always eat low-sodium options when eating packaged foods such as canned soups or vegetables, pre-packaged rice, frozen meals, etc.	245	56.7
Increased frequency or continued to always eat food from each food group every day	255	63.5

<sup>1</sup>[MT1] indicates Evaluation Framework Indicator Medium-Term 1: Healthy Eating Behavioral Changes

<sup>2</sup>Total number of participants responded to the questions both before education and six-week post education

Table 4 shows the participant behavioral changes toward food resource management, and these performance measures were identified as the Evaluation Framework Medium-Term Indicator 2. Three out of every five participants (59%) increased the use of the nutrition facts on the food label to make food choices at six-week follow-up (including 10% continued to always use the nutrition facts on the food label). Half of the participants (50%) increased frequency of planning meals ahead of time (including 9%

continued to always plan meals ahead of time); 74% increased frequency of comparing prices before buying food (including 34% continued to always compare prices before buying food); and 60% increased frequency of shopping with a grocery list (including 17% continued to always shop with a grocery list) as ways to save money at the grocery store.

**Table 4: Behavioral Change toward Food Resource Management [MT2]<sup>1</sup> (FY 2019-2021).**

<b>At six-weeks, percentage of participants...</b>	<b>N<sup>2</sup></b>	<b>%</b>
Increased the frequency or continued to always use Nutrition Facts on the food label to make food choices	302	59.3
Increased the frequency or continued to always plan meals ahead of time as a way to save money at the grocery store	202	50.0
Increased the frequency or continued to always compare prices before buying food as a way to save money at the grocery store	202	74.3
Increased the frequency or continued to always shop with a grocery list as a way to save money at the grocery store	202	60.4

<sup>1</sup>[MT2] indicates Evaluation Framework Indicator Medium-Term 2: Food Resource Management Behavioral Changes

<sup>2</sup>Total number of participants responded to the question at the specified time period

Table 5 shows the participant behavioral changes toward physical activity and food safety, and these performance measures were identified as the Evaluation Framework Medium-Term Indicator 3 and 4, respectively. More than half of the participants (52%) increased their physical activity by at least 60 minutes per week at six-week follow-up. For food safety practices, most of the participants did not let dairy foods sit outside the refrigerator for more than two hours. Nine out of every ten participants (90%) decreased frequency of letting dairy foods sit outside the refrigerator for more than two hours (including 73% continued to never do so). About seven out of every ten participants (70%) decreased the practice of thawing frozen foods at room temperature (including 22% continued to never do so).

**Table 5: Behavioral Change toward Physical Activity [MT3]<sup>1</sup> and Food Safety [MT4]<sup>2</sup> (FY 2019-2021).**

<b>At six-weeks, percentage of participants...</b>	<b>N<sup>3</sup></b>	<b>%</b>
Increased physical activity by at least 60 minutes per week	368	52.2
Decreased the frequency or continued to never let dairy foods sit outside the refrigerator for more than two hours	138	89.9
Decreased the frequency or continued to never thaw frozen foods at room temperature	154	70.1

<sup>1</sup>[MT3] indicates Evaluation Framework Indicator Medium-Term 3: Physical Activity and Reduced Sedentary Behavioral Changes

<sup>2</sup>[MT4] indicates Evaluation Framework Indicator Medium-Term 4: Food Safety Behavioral Changes

<sup>3</sup>Total number of participants responded to the question at the specified time period

In addition to measuring the percent change of behavioral outcome at six-weeks post education vs. before education, participants were also asked during the six-week follow-up if they self-perceived of making any behavioral changes since receiving nutrition education. The results are shown in Table 6.

**Table 6: Self-Perception of Behavioral Change since Receiving Nutrition Education (FY 2019-2021).**

Since receiving nutrition education, percentage of participants self-perceived to have...	N <sup>1</sup>	%
Increased eating fruits and vegetables by more than ½ portion per day	171	93.6
Replaced 1 portion of refined (white) grain food with 1 portion of whole grain food	126	92.9
Switched from drinking whole milk (full fat) or reduced fat (2%) milk to low-fat (1%) milk or fat-free (skim) milk (including soy or almond milk)	77	81.8
Switched from eating regular yogurt to low-fat yogurt	72	81.9
Replaced proteins high in saturated fat with a lean source of protein	143	92.3
Replaced 1 cup of sugar-sweetened drink with water	93	86.0
Added less salt when cooking or eating	90	86.7
Increased eating all five food groups every day	103	98.1
Increased the use of Nutrition Facts on the food label to make healthy food choices	291	90.0
Increased or added physical activity	227	84.6

<sup>1</sup>Total number of participants responded to the question at six-weeks after nutrition education

***Use of SNAP-Ed Evaluation Framework:***

The Evaluation Framework indicators used by the evaluation plan for the Connecticut Department of Public Health – Preschool, Families, and Community Project include:

- ST1 (Healthy Eating Goals and Intentions)
- ST2 (Food Resource Management Goals and Intentions)
- ST3 (Physical Activity and Reduce Sedentary Behavior Goals and Intentions)
- MT1 (Healthy Eating Behavioral Changes)
- MT2 (Food Resource Management Behavioral Changes)
- MT3 (Physical Activity and Reduce Sedentary Behavioral Changes)
- MT4 (Food Safety Behavioral Changes)

**Coordination of Efforts**

DPH will conduct evidence-based interactive programming targeting preschool children and their families; SNAP participants; low-income individuals eligible to receive SNAP-Ed benefits; and individuals residing in communities with significant low-income population, through established partnerships. DPH SNAP-Ed initiatives will be

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conducted in collaboration with USJ who will network with current partners, agencies, organizations, and programs that work with the SNAP eligible participants. DPH and USJ will share a schedule of activities on the centralized SNAP-Ed calendar managed by DSS and will work closely with other implementing agencies to avoid duplication of SNAP-Ed services in Connecticut.

HS/SR Programs: DPH SNAP-Ed has consistently provided services to numerous HS/SR programs located in areas of the state with median household incomes  $\leq 185\%$  of the federal poverty level. Through a strong, well-established partnership with the USJ, DPH has expanded its SNAP-Ed programming reach to this target population throughout the state with demonstrated success.

CEC: DPH SNAP-Ed will recruit center-based ECE classrooms and sites located within the priority towns and communities identified in the state's needs assessment. DPH, through SNAP-Ed and other agency initiatives, has an extensive network of statewide and community ECE partners, including ECE sites with which SNAP-Ed staff coordinate and collaborate to ensure consistent messaging and increase reach and impact. Partner organizations include but are not limited to: the Connecticut Office of Early Childhood, the RESC Alliance, the Rudd Center for Food Policy and Obesity, the Connecticut State Department of Education, the New England Head Start Training and Technical Assistance Network, local health departments, YMCAs, and Boys and Girls Clubs.

Go NAPSACC: Similar to CEC, the DPH will coordinate with partners at USJ to ensure a layered approach in delivering Go NAPSACC to ECE sites. Where appropriate, SNAP-Ed activities such as nutrition education sessions and workshops will be promoted and coordinated with sites participating in Go NAPSACC to ensure that SNAP-Ed participants receive the full suite of obesity prevention interventions available through DPH SNAP-Ed. For example, Go NAPSACC participating sites will be offered the ESBA workshop series for their families, as well as technical assistance to achieve the BFCCR, will be invited to participate in CEC.

BFCCR Program: DPH SNAP-Ed staff will coordinate with the WIC program to supplement and complement WIC breastfeeding services. SNAP-Ed staff will serve an advisory role in the implementation of the recognition program to ensure alignment with best practice standards, and will facilitate training and technical assistance to aid in the adopting of lactation policy and supportive practices in programs located within priority towns and communities as identified in the state's needs assessment.

WIC: DPH SNAP-Ed collaborates directly with the DPH WIC Program. Each year, SNAP-Ed staff in collaboration with WIC Program staff develop and disseminate correspondence to each of the twelve local WIC programs initiating SNAP-Ed



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programming. On-going communications and shared materials help ensure consistency of messages, avoid duplication, and enhance educational opportunities for WIC clients who are also SNAP participants. In addition, SNAP-Ed staff present the nutrition education opportunities available for the local WIC agencies which complement WIC mandated nutrition education at the Annual WIC Meeting. Finally, DPH SNAP-Ed works directly with the DPH WIC Program's State Breastfeeding Coordinator on the BFCCR program to ensure coordination with existing WIC breastfeeding activities and that all SNAP-Ed breastfeeding projects only supplements and complements WIC services, rather than duplicating or supplanting them.

CSFP: DPH SNAP-Ed will coordinate with CSFP to improve the health of low income elderly persons aged 60 years and older by providing nutrition education, food tastings, and healthy recipes at assigned CSFP sites, such as the Monroe Food Pantry, Bloomfield Rehoboth Church of God, Bristol A.J. DeLorenzo Towers, Executive Square House Wethersfield, Gift of Love Avon, Human Resources Agency (HRA) New Britain, Trumbull Social Services, West Haven Housing Authority, and Wethersfield Social Services.

WISEWOMAN: DPH SNAP-ED collaborates with the DPH WISEWOMAN Program to provide WISEWOMAN participants located in Hartford and Meriden the opportunity to participate in the USJ THC Program. A process was developed to ensure seamless referral, enrollment and data sharing across both programs. Once a participant is nearing the end of the WISEWOMAN nutrition and physical activity intervention, staff informs the participants about the SNAP-Ed Telephonic Health Coaching program and confirms consent to enroll. Once the participant has agreed to enroll, the WISEWOMAN case number is shared with the SNAP-Ed staff. The SNAP-Ed staff then locates the file in the WISEWOMAN electronic charting system and becomes familiar with the participants previous nutrition and physical activity related behavior and behavior change goals. The SNAP-Ed staff then connect with the participant and complete the THC intervention. SNAP-Ed, USJ and WISEWOMAN will work together to identify improvements to the partnership, opportunities for communicating success, and expansion to other sites.

To avoid duplication of services the following strategies will be utilized:

WIC offices – Identify current program services provided and work with the DPH WIC Program to meet identified gaps and needs.

Community Health Centers – Identify sites not currently served by other SNAP-Ed implementing agencies in the geographic areas of Bridgeport, Hartford, Meriden, Middletown, New Britain, and New Haven.



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Community Partners – DPH SNAP-Ed will focus geographically in Bridgeport, New Haven, and Waterbury as well as surrounding towns including Ansonia, Bristol, Danbury, Derby, Hartford, East Hartford, East Haven, Meriden, Middletown, New Britain, New London, Norwalk, Norwich, Stamford, Stratford, Torrington, West Haven, and Windham. DPH SNAP-Ed will coordinate with other implementing agencies to avoid duplication of efforts. In addition, DPH SNAP-Ed will continue collaboration with organizations such as local food policy councils, End Hunger Connecticut!, Connecticut Foodshare, and other related community organizations and agencies to promote awareness and access to nutrition education sessions and resources as well as to encourage implementation of sustainable environmental change strategies. Collaborative efforts with these agencies involve shared communication and coordinating programming to support and promote healthy eating and physical activity.

For FY 2023, DPH will continue to coordinate, complement, and collaborate with other programs, agencies, and organizations to deliver comprehensive multi-level interventions, and community-based and public health approaches. Continued collaborative efforts will maximize the reach and potential impact of the SNAP-Ed Federal nutrition education program in areas of Connecticut not currently reached.

**Civil Rights Training:**

DPH and USJ staff involved in execution of SNAP-Ed direct nutrition education programming will obtain Civil Rights training on an annual basis. Several options are currently being offered and documentation of training will be forwarded to DSS as part of the progress reporting.

***Consultation with Indian Tribal Organizations (ITOs):***

***Name of the ITO:***

Mashantucket Pequot tribe

***Name(s) and title(s) of the individual(s) contacted:***

There are existing tribal relationships with other Connecticut SNAP-Ed implementing agencies. To not duplicate services, DPH will work with those implementing agencies to identify areas of collaboration to complement and expand services and foster new relationships with tribal organizations.

***Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:***

N/A

***Name of the ITO:***

Mohegan Tribe of Indians of Connecticut

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***Name of the individual(s) contacted:***

There are existing tribal relationships with other Connecticut SNAP-Ed implementing agencies. To not duplicate services, DPH will work with those implementing agencies to identify areas of collaboration to complement and expand services and foster new relationships with tribal organizations.

***Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:***

N/A

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## Template 4: SNAP-Ed Budget Information by Project

### Section A. Budget Summary for Sub-Grantee

#### ***Contracts/Grants/Agreements for nutrition education services:***

##### ***Name of sub-grantee:***

Connecticut Department of Public Health – Preschool, Families and Community Project

##### ***Total Federal funding, grant:***

\$755,558 for FY 2023 funds

##### ***Description of services and/or products:***

The Connecticut Department of Public Health (DPH) Preschool, Families, and Community Project provides multi-level nutrition improvement intervention strategies that reach SNAP participants, low-income individuals eligible to receive SNAP benefits, and other means-tested federal assistance programs, as well as individuals residing in communities with a significant low-income population (young children ages birth – 5 and their families). In addition, these strategies reach SNAP participating adults (18 years of age and older, including adults 60 years of age and older).

The Preschool Children and their Families Project Component provides nutrition education activities in early care and education (ECE) sites including Head Start (HS), School Readiness (SR) programs with >50% of children who receive free and reduced-cost meals through the Child and Adult Care Food Program, and with >50% of the census tract population who are ≤185% of the federal poverty level.

ECE Staff Trainings are conducted for HS, SR, and ECE site administrators, staff, and teachers who then apply strategies to promote healthy eating behaviors while teaching children important nutrition and physical activity concepts. Incorporating nutrition and physical activity including family engagement activities into their lesson plans provide an environment where healthy behaviors are valued and taught.

Nutrition education sessions and workshops are also provided to preschoolers' families in English and Spanish. Each of the nutrition education sessions and workshops contains a variety of hands-on activities to reinforce learning and allow participants to apply the newly learned information.

The Adults/Families Project Component provides nutrition education and obesity reduction activities for SNAP participating adults at The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices, Community Health Center (CHC) offices, and community partner locations; Department of Social Services (DSS)/SNAP office, Community Action Agencies, Emergency Food Assistance Sites

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(including mobile food pantries), Commodity Supplemental Food Program sites (CSFP), and Farmers' Markets.

For policy, systems, and environmental change (PSE) strategies, DPH is implementing three initiatives: 1) Coordinated Approach to Child Health (CATCH) Early Childhood (CEC), an obesity prevention intervention designed to increase physical activity and promote healthy eating in children ages 3-5; 2) Go Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC) that targets ECE sites to ensure policies and practices help children (birth-5 years old) establish healthy habits for life; and 3) the Breastfeeding Friendly Child Care Recognition (BFCCR) program to increase breastfeeding duration rates, community breastfeeding support, and compliance with state and federal lactation accommodation law in ECE sites.

DPH, in collaboration with the University of Saint Joseph, coordinates and conducts all direct nutrition education activities with collaborative partners; conducts PSE strategies; manages statewide nutrition education delivery; monitors and evaluates all activities; completes all mandated SNAP-Ed reporting; and, manages the DPH Memorandum of Agreement with DSS.

***Cost of specific services and/or products:***

The total cost of the project is \$755,558 and the cost of specific services are detailed below for FY 2023.

## Section B. Project Costs

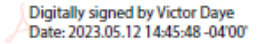
### Section B. Project Costs

**Federal Fiscal Year: FY 2023**

**State: Connecticut**

**Sub-grantee Name: Connecticut Department of Public Health – Preschool, Families, and Community Project**

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits		\$293,727	
Contracts/Sub-Grants/Agreements		\$379,635	
Non-Capital Equipment/ Office Supplies		\$4,255	
Nutrition Education Materials	\$12,378.49	\$12,664	
Travel		\$300	
Building/Space Lease or Rental		\$0	
Cost of Publicly-Owned Building Space		\$0	
Maintenance and Repair		\$0	
Institutional Memberships and Subscriptions		\$0	
Equipment and Other Capital Expenditures		\$0	
Total Direct Costs		\$690,581	
Indirect Costs (Indirect Cost Rate= 42% )		\$64,977	
Total Federal Funds	\$12,378.49	\$755,558	Leave blank
<b>Total Federal Funds Including Unobligated Balance from Previous FY</b>	Leave Blank	\$767,936.49*	Leave Blank
Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank		

Signature of Responsible Official: Victor Daye  Digitally signed by Victor Daye  
Date: 2023.05.12 14:45:48 -04'00'

Date: \_\_\_\_\_

**Budget narrative:**

**Salary/Benefits: \$293,727 (\$154,707 – salaries/\$139,020 – fringe benefits)**

Position	FTE	Salary	Fringe Benefits (Rate)	Total
Program Coordinator	1.00	\$82,930	\$73,775 (88.96%)	\$156,705
Nutrition Consultant	0.50	\$(37,854) \$27,609 Mid-year start date	\$(36,132) \$26,353 (95.45%)	\$(73,986) \$53,962
Nutrition Educator	0.50	\$32,865	\$30,371 (92.41%)	\$63,236
Nutrition Educator Assistant	0.20	\$10,796	\$8,096 (74.99%)	\$18,892
Epidemiologist	.05	\$(6,588) \$507 End of year start date	\$(5,523) \$425 (83.83%)	\$(12,111) \$932

**Contracts/Sub-Grants/Agreements: \$379,635**

\$316,000 – University of Saint Joseph, School of Interdisciplinary Health and Science – Department of Nutrition and Public Health

Description of services: Provide statewide nutrition education for SNAP eligible participants at HS, SR, and ECE sites; recruit HS, SR, and ECE sites to participate in CEC; coordinate CEC training; conduct nutrition education sessions and workshops for SNAP eligible parents; conduct nutrition education sessions and workshops with a food demonstration component for SNAP eligible adults at WIC offices, CHC offices, and community partner locations, DSS/SNAP offices,

Community Action Agencies, Emergency Food Assistance Sites (including mobile food pantries), CSFP sites, and Farmers' Markets; deliver individualized health coaching by telephone for SNAP eligible participants; orient and train nutrition educators to ensure delivery of high-quality nutrition education; plan and coordinate the direct and indirect nutrition education schedule to maximize efforts, prevent duplication, and guarantee effective delivery of nutrition education; oversee nutrition educators in the field; collect and aggregate evaluation data collected at all nutrition workshops and nutrition education sessions; implement interactive, online nutrition education content to support direct education remotely; conduct process and outcome evaluation of the project; collaborate with multiple organizations/sites in target communities to promote core nutrition messages and "speak with one voice" to address broader environmental changes that make it easier for SNAP participants to make healthy food choices; work with organizations to influence policy changes and to incorporate healthy eating and physical activity sessions and workshops into their client's lives.

Expenses	Current FY Budget
Salary/Benefits	247,238
Contracts/Sub-Grants/Agreements	\$2,000
Non-Capital Equipment/Office Supplies	\$2,000
Nutrition Education Materials	\$9,905
Travel	\$21,000
Building/Space Lease or Rental	\$0
Cost of Publicly-Owned Building Space	\$0
Maintenance and Repair	\$0
Institutional Memberships and Subscriptions	\$0
Equipment and Other Capital Expenditures	\$0
Total Direct Costs	\$282,143
Indirect Costs (Indirect Cost Rate = 12%)	\$33,857
Total Federal Funds	\$316,000



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**Salary/Benefits: \$264,252 (\$210,426 – salaries/\$53,826 – fringe benefits)**

Position	FTE	Salary	Fringe Benefits (Rate)	Total
Grant Director	0.36	\$40,460.06	\$8,031.32 (19.85%)	\$48,491.38
Grant Manager	1.00	\$ 62,700.00	\$ 18,183.00 (29%)	\$ 80,883.00
Program Coordinator	1.00	\$ 54,661.44	\$ 15,851.82 (29%)	\$ 70,513.26
Administrative Coordinator	1.00	\$ 34,208.80	\$ 9,920.55 (29%)	\$ 44,129.35
Nutrition Educators / Health Coaches	0.17	\$ 18,395.15	\$ 1,839.52 (10%)	\$ 20,234.67

**Contracts/Sub-Grants/Agreements: \$2,000**

\$2,000 – Data Collection Analysis

Description of services: Consulting Biostatisticians will analyze MPFMF data collection tool/instrument validity. The objective of the analysis is to establish validity and reliability of the survey instrument itself.

**Non-capital equipment/office supplies: \$2000**

Small equipment and office supplies for project implementation. Including tablets, cellphones, hotspots, and refreshments provided during SNAP-Ed staff meeting and training events.

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Itemized Costs:

\$191 Office supplies

\$500 Small equipment (<\$5,000)

Justification: Small equipment to support nutrition education workshops (i.e., cutting boards, can openers, etc). Equipment needed to conduct education and promote behavior change.

***Nutrition Education Materials: \$9905***

Purchase of educational materials to conduct nutrition education. Program curricula, handouts, recipes, incentives, food and supplies for food tasting and demonstrations, and program teaching aids.

***Travel: \$21,000***

Travel at 15,267 miles for SNAP-Ed Program staff to conduct nutrition education and CEC visits/trainings at a variety of sites and to attend meetings throughout the state.

***Building/space lease or rental: Not applicable***

***Cost of publicly-owned building space: Not applicable***

***Maintenance and repair: Not applicable***

***Institutional memberships and subscriptions: Not applicable***

***Equipment and other capital expenditures: Not applicable***

***Total direct costs: \$282,143***

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**Total indirect costs: \$33,857 (12% of direct cost)**

**Total: \$316,000**

\$1,000 – CEC Room and equipment fee for two (2) three day in-person trainings (\$500/training x 2 = \$1,000).

\$62,635 – Media: Bus Transit – Connecticut Public Television (CPTV)

Plan, coordinate and conduct the existing USDA-approved media campaign entitled: “The Action Pack.” The Action Pack bus transit ads will be aired concurrently within select communities with largest numbers of SNAP-eligible households: Bridgeport, New Haven, and Waterbury.

**Non-capital equipment/office supplies: \$4,255**

Purchase office supplies, postage, packing materials, laptop, docking station and staff training.

Itemized Costs:

\$1,555 Office supplies, shipping, postage and packing materials.

\$1,200 Laptop & Docking Station (1 laptop & 1 docking station)

Justification: This new data secure laptop and docking station will be purchased in support of SNAP-Ed reporting, data management, and remote network access.

\$1,500 Training (staff)

Justification: In-service trainings for staff to learn new skills (e.g., database development, report writing, and webpage creation).

\$0 PEARS Onboarding & Training (staff)

Justification: Canopy will provide staff onboarding and training for the SNAP-Ed Program Evaluation & Reporting System (PEARS).

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**Nutrition Education Materials: \$25,042.49\***

Purchase preschool nutrition education materials (brochures, flyers, and recipe cards), nutrition classroom resources (books/materials/games), and nutrition education incentive items with printed SNAP-Ed information such as reusable shopping bags, CEC materials, breastfeeding promotion materials, and teaching aides/materials.

Itemized Costs:

\$375	Nutrition Education Incentive Items (150 items @ \$5.00 each)
\$23,167.49*	Nutrition Education Materials/Teaching Aides (Brochures, Flyers, Signage, Books, Games, Coordination Kits, Posters, Curriculum Handouts, Bulletin Boards)
\$1,500	Breastfeeding Materials (Translation and printing of the Breastfeeding Friendly Child Care toolkit updates; translation of the recognition application updates; translation and printing of additional It's Worth It! newsletters, checklists, and other nutrition education materials related to breastfeeding promotion)

**Travel: \$300 (see justification in Section C)**

**Building/space lease or rental: Not applicable**

**Cost of publicly-owned building space: Not applicable**

**Maintenance and repair: Not applicable**

**Institutional memberships and subscriptions: Not applicable**

**Equipment and other capital expenditures: Not applicable**

**Total direct costs: \$690,581**

**Total indirect costs: \$64,977 (42% indirect rate applied to DPH Salaries only)**

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**Total Federal funds: \$755,558**

**Estimated unobligated balances (carry-over) from current FY to next FY, if any:**  
DPH SNAP-Ed program will expend all FY 2023 funds; no funds will be returned.

**Total Federal funds including unobligated balance from previous FY:**  
\$767,936.49.

**Section C. Travel**

**In-State Travel**

**Travel Purpose:**

Connecticut Department of Public Health – Preschool, Families, and Community Project delivers high quality nutrition education to SNAP participants. Travel is required to deliver nutrition education programs; audit nutrition education program delivered by contractors; attend meetings to plan activities for effective delivery and evaluation of nutrition education; support PSE implementation; and attend meetings with collaborative partners to garner support for nutrition education to SNAP participants.

**Travel destination (city, town or county or indicate local travel):**

For conducting nutrition education program activities and evaluation, in-state travel to HS, SR, and ECE sites statewide (Bridgeport, New Haven, and Waterbury as well as Ansonia, Bristol, Danbury, Derby, East Hartford, East Haven, Hartford, Meriden, Middletown, New Britain, New London, Norwalk, Norwich, Stamford, Stratford, Torrington, West Haven, and Windham); WIC main offices (Bridgeport, Bristol, Danbury, East Hartford, Hartford, Meriden, New Haven, Stamford, New London, Torrington, Waterbury, and Windham) and the 33 satellites throughout the state; CHC offices (Bridgeport, Bristol, Hartford, Meriden, Middletown, New Britain, New Haven, Norwalk, Norwich, Stamford, Torrington, and Waterbury); DSS/SNAP offices; Community Action Agencies, Emergency Food Assistance Sites (including mobile food pantries), CSFP sites, and Farmers’ Markets.

**Number of staff traveling:**

4 staff members

**Cost of travel for this purpose:**

\$300 (1 trip/month x 12 months x 38.17 miles/trip x \$0.655/mile)

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**Total In-State Travel Cost: \$300**

**Out-of-State Travel**

**Travel Purpose:**

Not applicable. No out-of-state travel is planned.

**Travel destination (city and State):**

Not applicable

**Number of staff traveling:**

Not applicable

**Cost of travel for this purpose:**

Not applicable

**Total Out-of-State Travel Cost: \$0**

## Template 3: SNAP-Ed Staffing Plan – FFY23

Project Name: Connecticut Department of Public Health – Preschool, Families, and Community Project (FY 2023)

Position Title Attach statement of work listing SNAP-Ed related job duties for each position	FTEs charged to SNAP-Ed Attach definition of FTE and basis for calculations	Percentage of SNAP-Ed Time Spent on Management/ Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery. Include all approaches described in Guidance Section 1	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
<b>Program Coordinator: Nadine Tulloch</b>	<b>1.0 FTE</b>	<b>75%</b>	<b>25%</b> <b>Approach 1: 10%</b> <b>Approach 2: 10%</b> <b>Approach 3: 5%</b>	<b>\$156,705</b>
<b>Nutrition Consultant: Monica Belyea</b>	<b>.50 FTE</b>	<b>10%</b>	<b>90%</b> <b>Approach 1: 25%</b> <b>Approach 2: 50%</b> <b>Approach 3: 15%</b>	<b>\$53,962</b>
<b>Nutrition Educator: Debora Brandon</b>	<b>.50 FTE</b>	<b>0%</b>	<b>100%</b> <b>Approach 1: 50%</b> <b>Approach 2: 40%</b> <b>Approach 3: 10%</b>	<b>\$63,236</b>
<b>Nutrition Educator Assistant: Amor Gamarra-Gross</b>	<b>.20 FTE</b>	<b>60%</b>	<b>40%</b> <b>Approach 1: 20%</b> <b>Approach 2: 20%</b>	<b>\$18,892</b>
<b>Epidemiologist: Yu-Kuei Peng</b>	<b>.05 FTE</b>	<b>100%</b>	<b>0%</b>	<b>\$932</b>



Position Title Attach statement of work listing SNAP-Ed related job duties for each position	FTEs charged to SNAP-Ed Attach definition of FTE and basis for calculations	Percentage of SNAP-Ed Time Spent on Management/Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery. Include all approaches described in Guidance Section 1	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
			Total Staffing Budget: Enter total for all salary, benefits, and wages from Federal dollars here.	<b>\$293,727</b>

**Staffing**

**DPH – Preschool, Families, and Community Project – FY 2023**

Statement of Work listing SNAP-Ed related job duties for each position:

**Program Coordinator: Nadine Tulloch**

Monitor budgets, expenditures, and contracts; provide technical assistance, coordinate nutrition education programming; ensure consistency of program delivery; oversee, analyze, and report program evaluation; update and maintain DPH SNAP-Ed website; conduct outreach, attend community events, coordinate with partner organizations to promote SNAP-Ed program activities; and assist in activities that promote policy, systems, and environmental changes.

**Nutrition Consultant: Monica Belyea**

Plan and implement the nutrition education curriculum of the SNAP-Ed program; coordinate program nutrition education activities; provide training and technical assistance to administrators, nutrition staff, and educators; coordinate statewide activities that promote policy, systems, and environmental changes at ECE sites; attend conferences and stakeholder meetings to promote improved nutrition and physical activity policies and practices in ECE sites; and conduct direct nutrition education.

**Nutrition Educator: Debora Brandon**

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Provide training and technical assistance to administrators, nutrition staff, and educators and assist in activities that promote policy, systems, and environmental changes at ECE centers; conduct direct nutrition education; and attend meetings to promote improved nutrition and physical activity policies and practices in ECE sites.

**Nutrition Educator Assistant: Amor Gamarra-Gross**

Assist with nutrition education activities and community events; disseminate supplemental nutrition education materials; develop and maintain a partner database with mailing lists, telephone networks, and other information to facilitate functioning of the SNAP-Ed program; assist with disseminating surveys and collecting data; and prepare staff travel and schedule transportation.

**Epidemiologist: Yu-Kuei Peng**

Provide data and epidemiology support for the project; administer and maintain the data management system used for housing data collection, evaluation and reporting; make and approve updates and modifications to the data management system as needed; generate ad hoc and yearly data reports.

Definition of FTE and basis for calculations:

Full-Time Equivalent (FTE) employment, as defined by the Federal government, means the total number of straight-time hours (i.e., not including overtime pay or holiday hours) worked by employees divided by the number of compensable hours in the fiscal year. According to this definition, annual leave, sick leave, compensatory time off, and other approved leave categories are considered “hours worked” for purposes of defining FTE employment.

**Program Coordinator: Nadine Tulloch**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the Preschool, Families and Community Project Nutrition Education will be 100% of the time.

**Nutrition Consultant: Monica Belyea**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the Preschool, Families and Community Project Nutrition Education will be 50% of the time.

**Nutrition Educator: Debora Brandon**

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The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the Preschool, Families and Community Project Nutrition Education will be 50% of the time.

**Nutrition Educator Assistant: Amor Gamarra-Gross**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the Preschool, Families and Community Project Nutrition Education will be 20% of the time.

**Epidemiologist: Yu-Kuei Peng**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the Preschool, Families and Community Project Nutrition Education will be 5% of the time.

## Salary & Fringe 2023

### Project Title: Connecticut Department of Public Health – Preschool, Families, and Community Project

#### DIRECT PROGRAM STAFF – Fiscal Year 2023

##### (a) Program Salaries

<u>Position/Name</u>	<u>Annual Salary</u>	<u>No. of Persons</u>	<u>% funded in this contract (FTE)</u>	<u>Salary</u>
Program Coordinator: Nadine Tulloch	\$82,930	1	1.00	\$ 82,930
Nutrition Consultant: Monica Belyea	\$75,708	1	0.50	\$ 27,609
Nutrition Educator: Debora Brandon	\$65,730	1	0.50	\$ 32,865
Nutrition Ed Assistant: Amor Gamarra-Gross	\$53,980	1	0.20	\$ 10,796
Epidemiologist: Yu-Kuei Peng	\$131,756	1	0.05	\$ 507
<b>Total program Salary amount from section (a)</b>				<b>\$154,707</b>

##### (b) Program Fringe Benefits

<u>Position/Name</u>	<u>Fringe %</u>	<u>Total Fringe</u>
Program Coordinator: Nadine Tulloch	88.96%	\$ 73,775
Nutrition Consultant: Monica Belyea	95.45%	\$ 26,353
Nutrition Educator: Debora Brandon	92.41%	\$ 30,371
Nutrition Ed Assistant: Amor Gamarra-Gross	74.99%	\$ 8,096
Epidemiologist: Yu-Kuei Peng	83.83%	\$ 425
<b>Total Fringe amount combined from section (b)</b>		<b>\$139,020</b>

**Total Program Salary (total amount from section (a) & (b) combined)** **\$293,727**

**(c) Breakdown of Fringe Benefits**

As instructed by DPH management in Fiscal Memorandum No. 23-01, we are using the actual fringe rate for each employee. The breakdown of fringe benefits for each employee is as follow:

	Program Coordinator:	Nutrition Consultant:	Nutrition Educator:	Nutrition Ed Assistant:	Epidemiologist:
	Nadine Tulloch	Monica Belyea	Debora Brandon	Amor Gamarra- Gross	
50410 Life Insurance	0%	0.12%	0.28%	0%	0.13%
50420 Medical Insurance	14.07%	20.10%	16.77%	0%	8.86%
50430 Unemployment Compensation	0.18%	0.18%	0.31%	0.17%	0.17%
50441 FICA	5.92%	6.20%	6.20%	6.02%	5.91%
50442 Medicare	1.39%	1.45%	1.45%	1.40%	1.38%
50471 Regular Employee Retirement	67.40%	67.40%	67.40%	67.40%	67.38%
<b>Total Fringe Benefit Rate</b>	<b>88.96%</b>	<b>95.45%</b>	<b>92.41%</b>	<b>74.99%</b>	<b>83.83%</b>

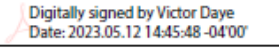
**Section B. Project Costs**

**Federal Fiscal Year: FY 2023**

**State: Connecticut**

**Sub-grantee Name: Connecticut Department of Public Health – Preschool, Families, and Community Project**

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits		\$293,727	
Contracts/Sub-Grants/Agreements		\$379,635	
Non-Capital Equipment/ Office Supplies		\$4,255	
Nutrition Education Materials	\$12,378.49	\$12,664	
Travel		\$300	
Building/Space Lease or Rental		\$0	
Cost of Publicly-Owned Building Space		\$0	
Maintenance and Repair		\$0	
Institutional Memberships and Subscriptions		\$0	
Equipment and Other Capital Expenditures		\$0	
Total Direct Costs		\$690,581	
Indirect Costs (Indirect Cost Rate= 42% )		\$64,977	
Total Federal Funds	\$12,378.49	\$755,558	Leave blank
<b>Total Federal Funds Including Unobligated Balance from Previous FY</b>	Leave Blank	\$767,936.49*	Leave Blank
Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank		

Signature of Responsible Official: Victor Daye  Digitally signed by Victor Daye  
Date: 2023.05.12 14:45:48 -04'00'

Date: \_\_\_\_\_

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# Project 2- Food Security



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## Template 2: SNAP-Ed State Goals, Objectives, Projects, Campaigns, Evaluation, and Collaboration

### ***Reporting Progress on State-Level Goals and Objectives:***

We have created electronic surveys using Qualtrics, to be completed by participants after classes. Surveys will be brief and assess knowledge, intent to change behavior or actual behavioral changes for class series, using a retrospective preformat.

### **Description of projects/interventions:**

#### ***Project/Intervention Title:***

UConn Food Security

#### ***Related State Objective(s):***

**Goal 1:** Increase healthy food choices and diet quality among population groups who are eligible to receive SNAP-Ed, including adult caregivers of children.

At the end of each SNAP-Ed Program year, a majority of SNAP-Ed participants will:

#### **Healthy Eating**

Objective 1.1 Increase willingness to consume and/or consumption of fruits, vegetables, whole grains, low fat or fat-free dairy, and lean proteins.

Objective 1.2 Increase willingness to consume less and/or consumption of less saturated fat, sodium, and refined grains.

Objective 1.3 Increase willingness to reduce consumption of SSBs.

Objective 1.4 Increase willingness to consume and/or consumption of MyPlate dietary pattern.

Objective 1.5 Increase knowledge of, and/or willingness to try, healthy foods among children.

Objective 1.7 Increase knowledge about preparing healthy foods and/or intent to use newly acquired skills to prepare healthy foods.

#### **Food Resource Management**

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Objective 1.8 Increase knowledge of, or intent to purchase, affordable healthy foods.

Objective 1.9 Increase knowledge of, or intent to, safely preparing healthy foods on a budget.

**Goal 2:** Increase age-appropriate physical activity among population groups who are eligible for SNAP-Ed.

At the end of each SNAP-Ed Program year, a majority of SNAP-Ed participants will:

*Physical Activity and Reduced Sedentary Behavior*

Objective 2.1 Demonstrate increased knowledge about health benefits of physical activity and recommended levels.

Objective 2.2 Report practices utilized to increase daily physical activity.

Objective 2.3 Increase willingness to engage and/or engagement in the recommended number of minutes of physical activity per week.

Objective 2.4 Increase willingness to reduce sedentary behaviors.

**Goal 3:** Improve policies, systems, and/or environments to facilitate access to affordable healthy food and physical activity choices among population groups who are eligible for SNAP-Ed.

At the end of each SNAP-Ed Program year, Connecticut SNAP-Ed Implementing Agencies will:

Objective 3.1 Build and increase the effectiveness of organizations who serve SNAP-Ed eligible populations by supporting improved policies, systems, and/or environments to promote the selection of healthy foods, healthy eating practices, and physical activity.

Objective 3.3 Communicate information about the availability of healthy and affordable food and physical activity resources in communities across the state to enhance the impact of our nutrition education efforts.

Objective 3.4 Increase collaboration and coordination with statewide and multi-state partners to improve influence on affordable healthy food and physical activity policies and practices.

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***Audience:***

The primary target audience is participants in emergency food programs and federal food assistance programs, or those involved with community agencies who receive food from food banks.

The audience will be primarily adults with children, heads-of-households or older adults facing food insecurity. After school or summer programs with youth from SNAP-eligible families will also be conducted at camps, libraries and community centers.

People who receive food from food banks and food pantries or who are shelter residents or clients of soup kitchens are all very low income and potentially eligible to receive SNAP benefits if not already receiving SNAP. We also work in low income communities where over half of the children receive free or reduce-priced school meals, and in senior housing for low-income older adults.

UConn Food Security will conduct programming primarily in the following communities: Bridgeport, Danbury, Tolland County, Manchester, Meriden, Middletown, and Windham. Given increased need based on the recent needs assessment, we plan to increase programming in Meriden, Middletown, Windham and Bridgeport. We will also work to increase programming for New London and the Mashantucket Pequot Tribal Nation, though this will likely be in collaboration with other agencies, and offered online, given the distance for our educators. We will coordinate with other SNAP-Ed projects to ensure that we do not duplicate the services they are providing in the state.

***Food and Activity Environments:***

Each workshop and local intervention will be tailored to the community being served, based on cultural appropriateness, feedback from participants, partners and key informants, and the environment/access to resources. Whenever possible for local interventions, we will align education and recipes to the foods offered at the farmers' market or mobile food pantry. All lessons and educational materials will align with the Dietary Guidelines and MyPlate.

Promoting physical activity is part of the SNAP-Ed educational messaging. When appropriate, SNAP-Ed educators discuss local options for physical activity, as well as ways individuals can be more physically active at home and at work. Some SNAP-Ed programs work with community and school gardens, offering opportunities for physical activity as well as access to healthy food.

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Many of our programs are held at food pantries or food distribution sites, where participants can access healthy foods and beverages. We also work at farmers' markets and promote the use of SNAP benefits at farmers' markets. Several of our farmers' markets participate in the program where people can double the value of their SNAP benefits for purchases of fruits and vegetables.

### ***Project Description:***

The Food Security Project is a state-based intervention that reaches out to the local level and operates year-round. Nutrition and food resource management education is provided to SNAP recipients and people who receive food from emergency food programs and/or participate in other federal food assistance programs. Workshops are usually 20-90 minutes in duration; programs during food delivery at emergency food sites usually last 1 to 2 hours.

- Face-to-face programs, as well as online program offered via Zoom or WebEx, that reinforce, but are not duplicative, but complementary of WIC, EFNEP or other CT SNAP-Ed efforts. Target groups are women with children, low income heads of households and older adults. School children and seniors will be a smaller target audience. These programs are broken down into two subcategories:
  - Food and Health for Families, Adults and Children: The lessons provided in these class series will follow MyPlate and Dietary Guidelines, with the curriculum chosen based on the needs of the population and the amount of time allotted for the classes. Educators use Families Eating Smart and Moving More, an Expanded Food and Nutrition Education Program curriculum from North Carolina State University. This curriculum provides varied options for interactive lessons, in English and Spanish, focusing on nutrition, physical activity, shopping on a budget and food safety. There are 21 lessons from which to choose in the Families Eating Smart and Moving More Curriculum from North Carolina State, and every lesson includes hands-on parts of class for food preparation and short physical activity breaks. This curriculum has been recently updated for the 2020 Dietary Guidelines, with adjustments for offering the lessons online. There are also options for each lesson to be adjusted between 30-90 minutes in length, based on the audience. This is very helpful, as the amount of time provided for lessons varies, and every group moves at a different pace, so this flexible format is very amenable to SNAP-Ed.

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When working with youth, educators utilize Choose Health: Food, Fun and Fitness (CHFFF) for youth in 3<sup>rd</sup> to 5<sup>th</sup> grade and Teen Cuisine for older youth. Both curricula include fun, interactive lessons to improve nutrition knowledge, improve food preparation skills and promote behavioral change. The designers of each curriculum has also built out online versions of the lessons to facilitate teaching over Zoom or WebEx. Additionally, Families Eating Smart and Moving More is adapted for both parents and youth when they attend classes together.

- Nutrition for Older Adults: Workshops will focus on improving food security and health and nutrition status of older adults. Eat Smart, Live Strong is a curriculum used for many of these group sessions. The lessons are tailored to adults 60-74 years of age, and emphasize increasing fruit and vegetable intake and participating in 30 minutes of exercise or more each week. Goal setting, active participation with simple exercises, and easy shopping and cooking tips all help to increase self-efficacy for participants. Lessons are short enough that they can be completed in 45 minutes, but options for adding physical activity can lengthen classes and increase the interactive nature of the class. In order to provide additional options for greater interaction, staff have begun using the new Seniors Eating Well curriculum, which is aligned with the 2015-2020 Dietary Guidelines. This curriculum provides a variety of recipes, along with activities to prepare and taste the recipes. The lessons focus on a format in which discussion is encouraged, allowing greater adaptability to participants' everyday life.
- Local interventions will be at individual emergency food sites, shelters, soup kitchens, farmers' markets (where people can use SNAP benefits and WIC vouchers), mobile food pantries, day care, Head Start, housing sites, grocery stores and community centers. Projected number of programs based on previous year's data is estimated to be 150-175 reaching approximately 1000-1200 participants who attend workshops (Some will be in a series, so contact numbers will be greater) and over 15,000 who attend events such as farmers' markets and health fairs.
  - The focus of nutrition education for farmers' markets and health fairs will be to provide simple guidance to improve nutrition security and dietary intake. MyPlate education materials from [www.choosemyplate.gov](http://www.choosemyplate.gov) will be provided, as well as recipes for healthy eating on a budget. When possible, recipes will be aligned with the foods offered at the sites, and prepared at farmers' markets using the foods that are for sale that day.

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Recipes will be from various sources, including English and Spanish recipes from SNAP-Ed Recipe Finder, SNAP4CT and Cooking with EFNEP.

### **Key messages**

- Follow MyPlate and U.S. Dietary Guidelines recommendations for better health, including healthy eating and active living.
- Make half your plate fruits and vegetables, half your grains whole and switch to fat-free or low fat milk and milk products.
- Plan and prepare balanced meals and snacks with foods available from food pantries.
- Use SNAP benefits to “fill in the gaps” with more varied and nutritious foods.
- Eat more fruits and vegetables.
- Follow food safety guidelines to avoid foodborne illness.
- Use food shopping skills, such as label reading, to choose healthy foods while on a limited budget.
- Understand portion sizes
- Enjoy more physical activity

We anticipate offering a mix of in person and online lessons in upcoming years, depending on the best fit for participants. We will continue to reach SNAP eligible individuals in many areas of Connecticut, with a focus on Eastern and Western Connecticut low-income communities where such programs have not been available in the past. Based on the needs assessment, and our current partnerships, we will work to increase services in these underserved areas: Bridgeport, Meriden, Windham and Middletown. We are also open to assisting other agencies in helping to increase services for New London, but will likely utilize online methods for classes with people from this community, given that New London is a significant distance from our educators.

We will plan to incorporate experiential learning for undergraduates in the Nutritional Sciences Department for mobile food pantries. This alteration will

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provide more time for educators to provide direct education to SNAP eligible individuals while providing valuable experience for students.

***Evidence Base:***

Practice-based -- Using a small group educational model, such as we use EFNEP, with the curricula we plan to use in our classes, there has been consistent changes in impact data focusing on nutrition, physical activity, food safety and food resource management. Our annual data for EFNEP indicates that over 90% of participants improve food choices or food behaviors, with an increase in fruit and vegetable intake of about 0.5 cup/day. Additionally, over 80% of participants improve food resource management practices, resulting in improved food security, and over 75% of adults improve physical activity practices, based on data submitted to USDA via the WebNEERS system.

***Key Performance Indicators (KPIs):***

SNAP-Ed participants will demonstrate increased knowledge about making healthy food choices in accordance with the Dietary Guidelines for Americans 2020. Special attention will be placed on improving access to healthy options offered by emergency food programs with suggestions for using SNAP benefits to purchase nutritious foods to enhance overall diet quality.

Indicators: Ability to prepare foods during hands-on workshops (behavioral), use of recipes and food tips (behavioral), ability to plan meals and snacks following MyPlate education (cognitive and behavioral).

Measurement of outcome: Numbers of participants and contacts. Informal feedback documented by staff reports, observation of food preparation and food safety skills, 24-hour dietary recall and/or pre/post survey analysis of sample of participants, documentation of intent to make positive changes or reporting of making changes. We will utilize the Fruit and Vegetable Inventory to assess readiness and capacity, as well as 1-2 questions based on the Stages of Change (Transtheoretical) Model, as described by Kim et al.<sup>1</sup> We will also utilize parts of the updated EFNEP Food and Physical Activity Questionnaire for a subset of participants, as this tool has been



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validated and questions target behaviors aligned with the Dietary Guidelines, as well as the Share our Strength Cooking Matters for Adults Survey.

2. SNAP recipients, eligible populations and people receiving emergency foods will improve food management knowledge and skills so they can stretch their SNAP benefits and food dollars, and rely less on emergency foods to meet nutritional needs.

Indicators: Demonstration of increased knowledge and skills through one or more of the following: label reading, identification of healthy food choices from an array of foods, ability to read and follow directions on a recipe, ability to describe how to properly clean and store fresh produce, demonstration of newly acquired cooking skills and substituting healthier ingredients in recipes, pre/post survey of sample of participants. We will utilize the Share our Strength Cooking Matters for Adults Survey as well as parts of the EFNEP Food and Physical Activity Questionnaire to assess these outcomes.

Measurement of outcome: Numbers of participants and contacts. Informal feedback documented by staff reports, observation of food preparation, food management and shopping skills, food safety surveys, documentation of intent to make positive changes or reporting of making changes.

3. Support comprehensive, multi-level interventions and community and public health approaches to shape and facilitate healthy food and physical activity choices among those receiving or eligible to receive SNAP benefits.

Indicators: SNAP-Ed staff involvement in food policy groups, community agencies and coalitions will enhance nutrition education efforts in targeted communities.

Measurement of Outcome: Numbers of program activities integrated with neighborhood, municipality, agency, or statewide health promotion initiative. Narrative reports by community-based SNAP-Ed educators. Number of coordinated programs with federally funded programs. Number of trainings offered to providers.

### ***Use of Existing Educational Materials:***

From USDA:

- MyPlate materials (English and Spanish) ([www.choosemyplate.gov](http://www.choosemyplate.gov))

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- SNAP-Ed Recipe Finder (English and Spanish when available)
  - Healthy Eating on a Budget
  - “MyPlate for My Family” materials (English and Spanish)
  - “Eat Smart, Live Strong” materials (English and Spanish)
  - “Fight Bac!” materials

Recipes for Healthy Kids & Team Nutrition as appropriate

- [www.foodsafety.gov](http://www.foodsafety.gov)

From Other States:

- Iowa State Food and Nutrition Calendar (English and Spanish)-- purchased
- Iowa State “Spend Smart, Eat Smart” materials (English)
- Colorado – Eating Smart, Being Active (English and Spanish)
- Families Eating Smart and Moving More and Cooking with EFNEP Cookbook (English and Spanish)-North Carolina State University
- Teen Cuisine – Virginia Tech (English)
- Choosing Health: Food, Fun and Fitness-Cornell (New York) (English and Spanish)
- Seniors Eating Well- Pennsylvania State University (English)

Connecticut Resources:

- Farm Fresh, CT Grown recipes (English and Spanish)
- SNAP4CT ([www.snap4ct.org](http://www.snap4ct.org)) (English and Spanish)
- Recipes and lesson plans already developed

Other:

Cooking Matters educational materials

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### ***Development of New Educational Materials:***

We do not plan to develop any major, new nutrition education materials. We will revise materials from other sources to meet participants' limitations of food access, income, skills, cooking equipment, literacy, as well as the culture and language of our participants. Our recipes include menu ideas for balanced meals, so we will provide as needed. We will develop and share recipes and update educational materials to make them visually appealing and accessible to participants online. New materials may be developed specifically for the food pantry and homeless shelter population if the existing materials are not effective in delivering nutrition messages due to literacy level, cultural sensitivity or other issues. All new materials will be sent to the SNAP Agency (CT Department of Social Services) for approval before being used in programming.

### **Evaluation Plans**

Describe any evaluation planned. For each evaluation planned, please indicate:

***Name:***

Food and Health for Families, Adults and Children and Nutrition for Older Adults

***Type:***

Outcome Evaluation

***Questions:***

We will use surveys that address knowledge of nutrition, physical activity and food resource management, as well as intent to change/willingness to change dietary and physical activity behaviors.

Provide approaches and planned use for each evaluation question.

***Approach(es):***

We are planning several methods of evaluation to address these questions. As discussed above, will utilize the Fruit and Vegetable Inventory, the Share our Strength Cooking Matters for Adults Survey, and portions of the EFNEP Food and Physical Activity Questionnaire, for a subset of participants. These surveys all address dietary changes, and the EFNEP survey also assesses food resource management, physical activity and food safety. Each lesson in the Seniors Eating Well Curriculum includes a

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short evaluation, including questions regarding knowledge and intent to change/behavioral questions. We will use these evaluations when using this curriculum with seniors. Additionally, we will use the validated survey for 3<sup>rd</sup> to 5<sup>th</sup> graders from EFNEP when working with children in this age range. This survey includes 14 questions assessing intake of fruits, vegetables, sugar sweetened beverages, as well as questions related to physical activity, screen time and food safety.

***Planned use:***

We will use these results to adjust class content and approach in order to increase effectiveness and identify strengths and weaknesses. Additionally, we will share this data with partners, stakeholders and participants to convey the benefits of the program.

***Prior Evaluation:***

We are completing evaluation on some participants in the current fiscal year (FY2021).

***Use of SNAP-Ed Evaluation Framework:***

N/A

**Coordination of Efforts**

We will coordinate with other CT SNAP-Ed partners in an effort to provide the most appropriate programming to various audiences in targeted communities. We will interact regularly with other programs via email and will check with them to ensure that services are not duplicated. We will also coordinate with the EFNEP program, CT FoodCorps, and UConn Extension to avoid duplication and work with state or local food policy councils to assist in meeting their nutrition education efforts.

We will provide civil rights training in coordination with CT Department of Social Services to insure compliance. Currently, all materials used in our programs include an address and phone number where individuals can make a civil rights complaint to USDA office of Civil Rights.

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**Consultation with Indian Tribal Organizations (ITOs):**

**Name of the ITO: Mashantucket Pequot Tribal Nation**

**Name(s) and title(s) of the individual(s) contacted: Daniel Menihan, Tribal Council Member**

**Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:**

The PI has been involved in a project through a grant led by UConn Extension that is assisting in growing traditional crops, with nutrition educators providing classes on preparation of traditional recipes, along with nutrition education and food safety for tribal youth in the “Hi-Five” program. We intend to not only continue these efforts, but expand programming to nutrition education and food preparation for adults, potentially through SNAP-Ed moving forward, with a continued focus on traditional foods and growing healthy foods on the farm through collaborative efforts between UConn Extension and the Mashantucket Pequot Tribal Nation.

Additionally, the tribe has discussed offering SNAP at their farmers’ market. SNAP-Ed would be extremely helpful to support this process with nutrition education and information regarding healthy recipes, food preparation, food resource management (shopping on a budget) and food safety.

**References**

1. Kim K, Reicks M, Sjoberg S. Applying the theory of planned behavior to predict dairy product consumption by older adults. J Nutr Educ Behav. 2003;35:294-301.

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## Template 4: SNAP-Ed Budget Information by Project

### Section A. Budget Summary for Sub-Grantee

#### ***Contracts/Grants/Agreements for nutrition education services:***

##### ***Name of sub-grantee:***

University of Connecticut- Food Security

##### ***Total Federal funding, grant:***

\$209,513 + \$29,838 carryover: \$239,351

\$189,961 direct + \$49,390 indirect

##### ***Description of services and/or products:***

The Food Security Project is a state-based intervention that reaches out to the local level and offers programming year round. Nutrition, cooking and food preparation, physical activity and food resource management education are provided to SNAP eligible populations and people who receive food from emergency food programs and/or participate in other federal food assistance programs. Workshops are usually 20-90 minutes in duration, with key messages that encourage healthy eating and physical activity based on the USDA MyPlate and the Dietary Guidelines. Four community-based nutrition educators will provide programs focused mostly in Bridgeport, Danbury, Tolland County, Manchester, Middletown, Mashantucket and Windham, including:

- Face-to-face programs that reinforce nutrition education, but are not duplicative of WIC, EFNEP or other SNAP-Ed agency efforts. Target groups are families with children and low-income heads of households.
- Local interventions will be at individual emergency food sites, shelters, farmers' markets (where people can use SNAP and WIC benefits), day care, Head Start, housing sites, grocery stores, public libraries and community centers. School children and seniors will be a smaller target audience.

Program numbers have increased, with less restrictions with distancing, and increases in funding support. In FY21, we provided 128 direct education courses, reaching 581 participants, many in a series of classes. We also reached over 26,000 people via indirect intervention channels, expanding our impact in communities through Policy, Systems and Environment work. Staff have adjusted to a combination of online and in-person education, based on best fit for each group. We currently offer in-person classes and online classes via WebEx and Zoom and reinforce content with short

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YouTube videos, social media posts and content on our website, including healthy, low-cost recipes. This, along with the generous increase in funding of the next fiscal year, should allow the program to grow and offer 200 classes through direct education and reach 1,000-1,200 participants who attend workshops (Some will be in a series, so contact numbers will be greater) and approximately 15,000-20,000 who attend events such as farmers' markets, mobile food pantries and health fairs (reduced slightly given our ability to do more in-person direct education, so we will switch to focus on this mode). Additional funds will also allow us to expand our presence in Mashantucket with the Mashantucket Pequot Tribal Nation, Windham and New London, which all have been identified by our needs assessment as areas of high need. We expect to include Mashantucket Pequot Tribal nation with more indirect intervention channels and Policy, System and Environment (PSE) building to start, as well as continue our online approaches to recruitment and learning. We will also aim to expand services in Fairfield County, given that many areas have limited current programming there as well.

***Cost of specific services and/or products:***

The total cost of the project is \$239,351 (\$29,838 carryover ffy22) and the cost of specific services are detailed below for the period from October 1, 2023 to September 30, 2024

Salary = \$119,422

5 part time community educators who will implement local SNAP-Ed programming. See job description for community nutrition educators, which will apply to all community-based staff.

Fringe for staff = \$43,495

3 part time community educators:

Heather Peracchio (47.8% fringe for initial funds, 48.7% for training funds)

Juliana Restrepo Marin (50.6% fringe for initial funds, 50.9% for training funds)

Erica Benvenuti (50.9% fringe)

2 part time special payroll community educators:

Kristin Anderson (22% fringe)

Angela Surowiecki (22% fringe)

Total Salary and Benefits = \$162,917



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Subcontract to Interfaith AIDS Ministry of Greater Danbury = \$5,000\*

(See separate Template 4A, Sub-grantee, for this sub-contractor)

Materials (Workshop Expenses) = \$8,697

Materials for educational workshops including food demonstration supplies such as plastic and paper goods, handouts, food prep supplies, and food for demonstrations to enhance food preparation and food safety skills (\$5,000).

\$1,020 for educational nutrition calendars (\$0.85 a copy for 1200 copies) to increase nutrition knowledge.

\$1,680 to promote food safety: Recipe books (200 at \$2 per copy for English copies and 75 at \$2.79 per copy for Spanish copies plus \$25 for shipping for \$634 for healthy food preparation, insulated grocery bags (150 at \$2.56 per bag for \$384 plus \$101 for drop shipping charges for a total of \$485), lunch bags (150 at \$1.52 per bag for \$228 plus \$63 for drop shipping charges for a total of \$291) and thermometers (200 at \$1.35 per thermometer for \$270).

\$997 for copying charges for educational materials to use in lessons.

Non-capital Equipment/Office Supplies = \$3,012

Two computers to replace older computers, dedicated to project staff for entry of EARS program data, attendance of online meetings and conducting online classes (\$1,506 each). This computer is essential and allocable to the performance of this project and will remain property of the University (and not the personal property of an individual).

Travel = \$10,335

For 5 part time educators for direct delivery of nutrition education programming, to meet with community partners, to market programs, to provide technical assistance and foster coordination and collaboration. To attend staff meetings and in-state meetings and conferences as appropriate.

In-state travel: 262.97 miles at 0.655 per mile = \$172.25 x 12 months = \$2,067 x 5 staff = \$10,335.

Total Direct Costs = \$189,961

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Indirect costs - \$49,390

TOTAL: \$239,351

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**Section B. Project Costs**


**Federal Fiscal Year: 2023**

**State: Connecticut**

**Sub-grantee Name: UConn Food Security**

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits	\$23,681	\$139,236	
Contracts/Sub-Grants/Agreements		\$5,000	
Materials (Workshop Expenses)		\$8,697	
Noncapital Equipment/Office Supplies		\$3,012	
Travel		\$10,335	
Building/Space Lease or Rental			
Cost of Publicly-Owned Building Space			
Maintenance and Repair			
Institutional Memberships and Subscriptions			
Equipment and Other Capital Expenditures			
Total Direct Costs	\$23,681	\$166,280	
Indirect Costs (Indirect Cost Rate= 26%)	\$6,157	\$43,233	
Total Federal Funds	\$29,838	\$209,513	Leave blank
<b>Total Federal Funds Including Unobligated Balance from Previous FY</b>	Leave Blank	\$239,351	Leave Blank
Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank		

Signature of Responsible Official:           Maria Petrakos          

 Digitally signed by Maria Petrakos  
Date: 2023.06.06 09:22:09 -04'00'

Date: \_\_\_\_\_

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**Budget narrative:**

**Salary/Benefits: \$162,917**

Salary = \$119,422

Heather Peracchio, part time community educator (Effort = 0.32083 FTE), Juliana Restrepo Marin (Effort = 0.5929 FTE) and Erica Benvenuti (Effort = 0.125 FTE) will implement local SNAP-Ed programming. See job description for community nutrition educators, which will apply to all community-based staff.

2 additional part time community educators, Kristin Anderson and Angela Surowiecki (0.45675 FTE and 0.3255 FTE effort, respectively), will implement local SNAP-Ed programming. See job description for community nutrition educators, which will apply to all community-based staff.

Fringe for staff = \$43,788

3 part time community educators: Heather Peracchio (48.7% fringe)

Juliana Restrepo Marin (50.9% fringe)

Erica Benvenuti (50.9% fringe)

2 part time special payroll community educators, Kristin Anderson and Angela Surowiecki (22% fringe)

Total Salary and Benefits = \$163,210

**Contracts/Sub-Grants/Agreements:** Retain copies of agreements on site.

Subcontract to Interfaith AIDS Ministry of Greater Danbury = \$5,000

**Materials (Workshop Expenses): \$10,325**

Materials for educational workshops including food demonstration supplies such as plastic and paper goods, handouts, food prep supplies, and food for demonstrations to enhance food preparation and food safety skills **(\$6,000)**.

**\$1,020** for educational nutrition calendars (\$0.85 a copy for 1200 copies) to increase nutrition knowledge.

\$1,680 to promote food safety: Recipe books (200 at \$2 per copy for English copies and 75 at \$2.79 per copy for Spanish copies plus \$25 for shipping for \$634 for healthy food

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preparation, insulated grocery bags (150 at \$2.56 per bag for \$384 plus \$101 for drop shipping charges for a total of \$485), lunch bags (150 at \$1.52 per bag for \$228 plus \$63 for drop shipping charges for a total of \$291) and thermometers (200 at \$1.35 per thermometer for \$270).

\$997 for copying charges for educational materials to use in lessons.

***Non-capital Equipment/Office Supplies = \$3,012***

Two computers to replace older computers, dedicated to project staff for entry of EARS program data, attendance of online meetings and conducting online classes (\$1,506 each). This computer is essential and allocable to the performance of this project and will remain property of the University (and not the personal property of an individual).

***Travel: \$10,335***

For 5 part time educators for direct delivery of nutrition education programming, to meet with community partners, to market programs, to provide technical assistance and foster coordination and collaboration. To attend staff meetings and in-state meetings as appropriate.

In-state travel: 262.97 miles at 0.655 per mile = \$172.25 x 12 months = \$2,067 x 5 staff = \$10,335.

***Building/space lease or rental: N/A***

***Cost of publicly-owned building space: N/A***

***Maintenance and repair: N/A***

***Institutional memberships and subscriptions: N/A***

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***Equipment and other capital expenditures: N/A***

***Total direct costs: \$189,961***

***Total indirect costs: \$49,390***

Indirect costs of 26% (\$43,765) are assumed on the modified total direct costs (MTDC). The rate is based on the University's federally negotiated cost rate agreement with the Department of Health and Human Services dated April 22, 2021.

***Total Federal funds: \$239,351***

***Estimated unobligated balances (carry-over) from current FY to next FY, if any:  
\$29,838***

***Total Federal funds including unobligated balance from previous FY: \$239,351***

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## Section C. Travel

### ***In-State Travel***

**Travel Purpose:** For 4 part time educators for direct delivery of nutrition education programming, to meet with community partners, to market programs, to provide technical assistance and foster coordination and collaboration. To attend staff meetings and in-state meetings and conferences as appropriate.

In-state travel: 284.5 miles at 0.625 per mile = \$177.81 x 12 months = \$2,133.75 x 4 staff = \$8,535.

**Travel destination (city, town or county or indicate local travel):** *Local travel*

**Number of staff traveling:** 5

**Cost of travel for this purpose:** \$10,335

**Total In-State Travel Cost:** \$10,335

**Out-of-State Travel:** N/A

**Travel Purpose:** Justification of need for travel, including how attendance will benefit SNAP-Ed

**Travel destination (city and State):**

**Number of staff traveling:**

**Cost of travel for this purpose:**

**Total Out-of-State Travel Cost:** N/A



## Template 3: SNAP-Ed Staffing Plan – FFY23

Project Name: UConn Food Security

Position Title Attach statement of work listing SNAP-Ed related job duties for each position	FTEs charged to SNAP-Ed Attach definition of FTE and basis for calculations	Percentage of SNAP-Ed Time Spent on Management/Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery. Include all approaches described in Guidance Section 1	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
<b>Community Nutrition Educator (Assistant Extension Educator), Heather Peracchio</b>	32% FTE based on 40-hour work week	<b>10%: Submitting EARS reports, time and effort, travel, attending meetings</b>	90%: Delivery of nutrition education programs, cooking demonstrations, meeting with site contacts	\$24,524 salary \$11,737 benefits <b>\$36,261</b> total
<b>Community Nutrition Educator (Prof/Class), Juliana Restrepo Marin</b>	51% FTE based on 40-hour work week	10%: Submitting EARS reports, time and effort, travel, attending meetings	90%: Delivery of nutrition education programs, cooking demonstrations, meeting with site contacts	\$29,365 salary <b>\$14,860</b> benefits <b>\$44,225</b> total
<b>Community Nutrition Educator (Public Service Specialist), Kristin Anderson</b>	45.675% FTE based on 40-hour work week (approximately 18 hours/week for 52 weeks)	<b>10%: Submitting EARS reports, time and effort, travel, attending meetings</b>	90%: Delivery of nutrition education programs, cooking demonstrations, meeting with site contacts	\$33,251 salary \$7,315 benefits \$40,566 total

Position Title Attach statement of work listing SNAP-Ed related job duties for each position	FTEs charged to SNAP-Ed Attach definition of FTE and basis for calculations	Percentage of SNAP-Ed Time Spent on Management/Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery. Include all approaches described in Guidance Section 1	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
<b>Community Nutrition Educator (Public Service Specialist), Angela Surowiecki</b>	32.55% FTE based on 40-hour work week	<b>10%: Submitting EARS reports, time and effort, accounting for travel, attending</b>	90%: Delivery of nutrition education programs, cooking demonstrations, meeting with site contacts	\$23,696 salary \$5,213 benefits \$28,909 total
<b>Community Nutrition Educator (Program Assistant), Erica Benvenuti</b>	25% FTE for 6 months based on a 35-hour work week	10%: Submitting EARS reports, time and effort, accounting for travel, attending meetings	90%: Delivery of nutrition education programs, cooking demonstrations, meeting with site contacts	\$8,586 salary \$4,370 benefits \$12,956 total
			Total Staffing Budget: Enter total for all salary, benefits, and wages from Federal dollars here.	\$119,422 salary <b>\$43,495</b> benefits \$162,917 total

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## SNAP-Ed related job duties 2023

2023

2023

**Heather Peracchio, Community Nutrition Educator: (Assistant Extension Educator):** (0.3 FTE at a fringe rate of 47.8% for initial funds, 0.2 FTE at a fringe rate of 48.7% for training funds) responsible for delivery of nutrition education programs, cooking demonstrations, meeting with site contacts, PSE work with local organizations/ committee work, developing education and outreach materials submitting EARS reports, time and effort, accounting for travel and attending meetings.

**Juliana Restrepo Marin, Community Nutrition Educator (Prof/Class):** (0.5 FTE at a fringe rate of 50.6% for initial funds, 0.1 FTE at a fringe rate of 50.9% for training funds) responsible for delivery of nutrition education programs, cooking demonstrations, meeting with site contacts, PSE work with local organizations/ committee work, developing education and outreach materials submitting EARS reports, time and effort, accounting for travel and attending meetings.

**Kristin Anderson, Community Nutrition Educator (Public Service Specialist):** (0.45675 FTE at a fringe rate of 22.0%) responsible for delivery of nutrition education programs, cooking demonstrations, meeting with site contacts, submitting EARS reports, time and effort, accounting for travel and attending meetings.

**Angela Surowiecki, Community Nutrition Educator (Public Service Specialist):** (0.3255 FTE at a fringe rate of 22.0%) responsible for delivery of nutrition education programs, cooking demonstrations, meeting with site contacts, submitting EARS reports, time and effort, accounting for travel and attending meetings.

**Erica Benvenuti, Community Nutrition Educator (Program Assistant):** (0.125 FTE at a fringe rate of 50.9%), responsible for delivery of nutrition education programs, cooking demonstrations, meeting with site contacts, submitting EARS reports, time and effort, accounting for travel and attending meetings.

**DIRECT PROGRAM STAFF – Fiscal Year 2023**

**(a) Program Salaries**

<u>Position/Name</u>	<u>Annual Salary</u>	<u>No. of Persons</u>	<u>FTE</u>	<u>Salary</u>
Comm Nutr Edu/Heather Peracchio	Initial Funds: \$76,650 Training Funds: \$76,440	1	Initial: 30% Training: 2%	Initial Funds: \$22,995 Training Funds: \$1,529 Total: \$24,524
Comm Nutr Edu/Juliana Restrepo Marin	Initial Funds: \$57,750 Training Funds: \$49,000	1	Initial: 50% Training: 1%	Initial Funds: \$28,875 Training Funds: \$490 Total: \$29,365
Comm Nutr Edu/Kristin Anderson	\$72,800	1	45.675%	\$33,251
Comm Nutr Edu/Angela Surowiecki	\$72,800	1	32.55%	\$23,696
Comm Nutr Edu/Erica Benvenuti	\$68,689	1	25% for 6 months)	\$8,586

**Total Program Salary amount from section (a)  
\$119,422**

**b) Program Fringe**

<u>Position/Name</u>	<u>Fringe %</u>	<u>Total Fringe</u>
Comm Nutr Edu/Heather Peracchio	Initial Funds: 47.8% Training Funds: 48.7%	Initial Funds: \$10,992 Training Funds: \$745 <b>Total: \$11,737</b>
Comm Nutr Edu/Juliana Restrepo Marin	Initial Funds: 50.6%, Training Funds: 50.9%	Initial Funds: \$14,611 Training Funds: \$249 <b>Total: \$14,860</b>
Comm Nutr Edu/Kristin Anderson	22.0%	\$7,315
Comm Nutr Edu/Angela Surowiecki	22.0%	\$5,213
Comm Nutr Edu/Erica Benvenuti	50.9%	\$4,370

**Total Program Fringe amount combined from section (b)  
\$43,495**

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**Total Program Salary and Fringe (amount from section (a) & (b) combined)**

**\$162,917**

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## Template 4: SNAP-Ed Budget Information by Project

### Section A. Budget Summary for Sub-Grantee

#### ***Contracts/Grants/Agreements for nutrition education services:***

##### ***Name of sub-grantee:***

Sub-contractor: Interfaith AIDS Ministry of Greater Danbury, Inc.

##### ***Total Federal funding, grant:***

\$5,000

##### ***Description of services and/or products:***

The Interfaith AIDS Ministry of Danbury, Food Pantry, has worked with SNAP-Ed for several years to provide nutrition education services of a Dietitian to clients of the Food Pantry and Project recipients in Danbury.

The dietitian will develop and provide nutrition education programs for the clients and staff of the contractor, including bi-weekly food demonstrations, monthly lunch time programs and individualized education with nutritional assistance in food selection and dietary guidance to Pantry participants.

##### ***Cost of specific services and/or products:***

\$5,000.00 to cover 208 hours of the nutrition educator's time.

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**Budget narrative:**

***Salary/Benefits:***

\$2,500 to cover 125 hours of nutrition educator time.

***Contracts/Sub-Grants/Agreements:*** Retain copies of agreements on site.

***Non-capital equipment/office supplies:*** N/A

***Nutrition Education Materials:*** N/A

***Travel:*** N/A

***Building/space lease or rental:*** N/A

***Cost of publicly-owned building space:*** N/A

***Maintenance and repair:*** N/A

***Institutional memberships and subscriptions:*** N/A

***Equipment and other capital expenditures:*** N/A

***Total direct costs:*** \$5,000

***Total indirect costs:***

***Total Federal funds:*** \$5,000

***Estimated unobligated balances (carry-over) from current FY to next FY, if any:***  
N/A

**Total Federal funds including unobligated balance from previous FY:** N/A



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## Section C. Travel

### ***In-State Travel***

***Travel Purpose:*** Justification of need for travel, including how attendance will benefit SNAP-Ed

N/A

***Travel destination (city, town or county or indicate local travel):***

***Number of staff traveling:***

***Cost of travel for this purpose:***

***Total In-State Travel Cost:***

### ***Out-of-State Travel***

***Travel Purpose:*** Justification of need for travel, including how attendance will benefit SNAP-Ed

N/A

***Travel destination (city and State):***

***Number of staff traveling:***

***Cost of travel for this purpose:***

***Total Out-of-State Travel Cost:***


**Section B. Project Costs**

**Federal Fiscal Year: 2023**

**State: Connecticut**

**Sub-grantee Name:** Interfaith AIDS Ministry of Greater Danbury, Inc

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits		\$5,000	
Contracts/Sub-Grants/Agreements			
Non-Capital Equipment/ Office Supplies			
Nutrition Education Materials			
Travel			
Building/Space Lease or Rental			
Cost of Publicly-Owned Building Space			
Maintenance and Repair			
Institutional Memberships and Subscriptions			
Equipment and Other Capital Expenditures			
Total Direct Costs		\$5,000	
Indirect Costs (Indirect Cost Rate= _____)			
Total Federal Funds		\$5,000	Leave blank
<b>Total Federal Funds Including Unobligated Balance from Previous FY</b>	Leave Blank		Leave Blank
Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank		

Signature of Responsible Official: Lucy Clementi 

Date: 6/20/2022

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## **Project 3 - Hispanic Health Council School and Family-Based SNAP-Ed**

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## Template 2: SNAP-Ed State Goals, Objectives, Projects, Campaigns, Evaluation, and Collaboration

**Reporting Progress on State-Level Goals and Objectives:** Please describe how your State plans to electronically collect evaluation data that indicates progress towards State-level goals and objectives.

All program data collected by the Hispanic Health Council (HHC) is entered into an Excel database, and a recently developed Apricot database to collect in FY 2022 the program made the transition to Apricot database. Program staff continues to enter EARS data into both Excel and Apricot for testing and accuracy comparison. The program does not collect personal identifiers when collecting participant's information. The Hispanic Health Council's Finance Department oversees and monitors all SNAP-Ed program budgets and expenses. All finance transactions are kept in a secure electronic financial database.

***Project/Intervention Title:***

Hispanic Health Council SNAP-Ed Program (HHC-SNAP-Ed)

FFY2023

***Related State Objective(s):***

The Hispanic Health Council program supports all Connecticut SNAP-Ed State Plan goals and objectives.

1. Increase healthy food choices and diet quality among population groups who are eligible to receive SNAP-Ed, including adult caregivers of children.
2. Increase age-appropriate physical activity among population groups who are eligible to receive SNAP-Ed.
3. Improve policies, systems, and/or environments to facilitate access to affordable healthy food and physical activity choices among population groups who are eligible for SNAP-Ed.

***Audience:***

The target audience of the HHC SNAP-Ed Program is SNAP participants or likely eligible individuals for SNAP benefits and other federal food assistance programs (i.e. Medicaid, TANF). The program will continue to target communities in CT with the

largest percentage of SNAP recipients, as well as areas within communities with significant levels of poverty ( $\geq 50\%$  of the population living at or below poverty levels<sup>121</sup>). Thus, the program will continue providing services primarily at seven CT towns with the highest percentage of SNAP recipients (Hartford, New Haven, Bridgeport, Waterbury, New Britain, Norwich, and New London) (Table 1). It will also continue to expand some of these services to low-income areas located in West Haven, Hamden and Meriden. At the state and local level the program will continue to work with state and local partners to coordinate efforts to improve the nutrition, food security and health of targeted communities.

Town	Total population	Race & Ethnicity %	Median household Income	Poverty %
Bridgeport, CT	148,333.00	Non-Hispanic White: 19.3%; Hispanic: 42%; Black:34.4%; Asian:3.8%; American Indian:0.5%	\$47,484.00	23.29
New Haven, CT	135,081.00	Non-Hispanic White: 29.1%; Hispanic: 30.8%; Black:33.6%; Asian:2.5 %; American Indian:0.5%	\$44,507.00	25.2
Hartford, CT	120,576.00	Non-Hispanic White: 14.9%; Hispanic: 44.7%; Black:37.2%; Asian:2.5 %; American Indian:0.5%	\$36,154.00	28.0
Waterbury, CT	113,811.00	Non-Hispanic White: 38.9%; Hispanic: 36.6%; Black:21.6%; Asian:1.7%; American Indian:0.2%	\$46,329.00	2.3
New Britain, CT	73,841.00	Non-Hispanic White: 38.8%; Hispanic: 42.7%; Black:13.6%; Asian:2.8 %; American Indian:0.2%	\$47,393.00	20.9

<sup>121</sup> Federal Poverty Level (FPL) Chart 2021 <https://jud.ct.gov/webforms/forms/cl067.pdf>

Norwich, CT	40,014.00	Non-Hispanic White: 61.2%; Hispanic: 15.8%; Black:11.9%; Asian:7.3 %; American Indian:1.2%	\$57,565.00	10.3
New London, CT	27,635.00	Non-Hispanic White: 46.2%; Hispanic: 33.5%; Black:15.0%; Asian:2.8 %; American Indian:0.1%	\$47,424.00	23.9

Source: [U.S. Census Bureau QuickFacts: New London city, Connecticut, United States](#)

HHC SNAP-Ed program follows a lifespan approach providing services directed to pregnant and postpartum women, preschool children, school age children, youth, adults, and older adults. These services are delivered at a variety of settings and programs serving low-income populations.



***Food and Activity Environments:***

The HHC-SNAP-Ed program provides culturally, age-appropriate services, taking into account literacy levels, and participant’s barriers to access healthy food such as limited income, lack of transportation and access to affordable healthy food. Thus, program’s services provide participants and their families with knowledge, skills, and resources aimed to decrease these barriers and facilitate them the adoption of exercise and healthy eating practices. In addition, program staff works at the local and state level with multiple community partners on initiatives for improving the food security and access to healthy food and exercise among the community. It also uses media channels, e-texting, and social media messages and printed information to promote and reinforce good nutrition and exercise messages among the targeted community. In this way, HHC-SNAP-Ed program seeks to work at the different levels of the social-ecological model to improve the nutrition and exercise choices of the target community for the prevention of obesity and chronic diseases.

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## ***Project Description:***

The HHC-SNAP Ed nutrition and exercise activities and strategies will be based on the latest 2020-2025 Dietary Guidelines for American “Make Every Bite Count with the Dietary Guidelines”<sup>122</sup> which for the first time includes recommendations for children under 2 years old focusing on healthy dietary patterns across the lifespan. Some of the key recommendations of the 2020 DGA’s are listed below:

- Follow a healthy dietary pattern at every life stage: Exclusive breastfeeding for 0 to 6 months infants, when not available, iron fortified infant formula is recommended; at 6 months introduce complementary foods that are nutrient dense, from a variety of foods from all food groups.
- From 12 months through older adulthood follow healthy dietary patterns across the lifespan to meet nutrient needs and achieve a healthy body weight.
- Eat nutrient dense foods and beverage choices according to cultural traditions and budgetary considerations while staying within calorie limits.
- Follow food safety recommendations: Clean, Separate, Cook and Chill.

The program will use “Start Simple with My Plate” key messages<sup>123</sup> :

- Make half your plate fruits and vegetables: focus on whole fruits and vary your veggies.
- Make half your grains whole grains.
- Vary your protein routine.
- Move to low-fat or fat free dairy milk or yogurt (or lactose free dairy or fortified soy versions).

The program will promote the 2018 Physical Activity Guidelines for American<sup>124</sup>.

- Preschool-aged children (ages 3 through 5 years) should be physically active throughout the day to enhance growth and development.
- Children and adolescents ages 6 through 17 years should do 60 minutes (1 hour) or more of moderate-to-vigorous physical activity daily.
- Adults should move at least 150 minutes a week doing a moderate-intensity aerobic activity and at least twice a week activities to strength your muscles.

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<sup>122</sup> Dietary Guidelines for American, 2020-2025. 9<sup>th</sup> edition December 2020. <https://www.dietaryguidelines.gov/>

<sup>123</sup> Start Simple with My Plate <https://www.myplate.gov/resources/tools/startsimple-myplate-app>

<sup>124</sup> U.S. Department of Health and Human Services. (2018). 2018 Physical activity guidelines advisory committee scientific report. Retrieved from [https://health.gov/sites/default/files/2019-09/PAG\\_Advisory\\_Committee\\_Report.pdf](https://health.gov/sites/default/files/2019-09/PAG_Advisory_Committee_Report.pdf)

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The HHC-SNAP Ed uses a combination of direct education, policy, systems, and environmental change initiatives (PSE) and Social Marketing Campaigns (SMC) to improve the nutrition and physical activities of SNAP recipients or eligible across CT, it also uses a variety of indirect channels such as hard copy materials, text messaging, social media and videos, along with TV and Radio presentations to complement and reinforce main messages provided on the delivery of its direct services. During this coming fiscal year the HHC-SNAP-Ed program will continue updating materials according the latest 2020 Dietary Guidelines and increasing the impact of our services with the following strategies: a) Develop and test a train of trainer curricula for Community Health Workers( CHW's) working in Maternal and Child Programs for low-income women across the targeted towns. The training will be based on the latest recommendations for mother and children under 2 years old from the 2020 DGA; b) work with partners in the development of an evidence based model to improve the food security and nutrition of low-income pregnant women, offering access to adequate prenatal care, produce incentive program and nutrition education during pregnancy aimed to improve maternal and child outcomes among minority women; c) Implement a social media campaign to increase awareness about the importance of healthy eating during pregnancy and the first 2 years of life and its importance for the establishment of healthy eating habits. The program also plans to strengthening its coverage and reach as follows: a) increasing the use of social media channels to reach and engage parents of children receiving direct services by inviting them to like our program Facebook page, to enroll in e-texting campaign, and to participate in-person and virtual presentations; b) the program will continue offering both options in-person and virtual nutrition and exercise education services; c) expand our partnership with the American Heart Association and its work with Community Based Clinics across CT in a campaign known as "Target your blood pressure numbers". Program staff will provide nutrition education promoting a healthy diet for the prevention of high blood pressure and good cardiovascular health and an active life. The HHC-SNAP-Ed program will also continue to work in local and state coalitions working towards improving food security and the prevention of childhood obesity.

Most of our direct educational activities will be primarily offered in-person, with a virtual option in case it is preferred due to the current pandemic situation, we will continue to complement our services with links to online information and materials or to the program's Facebook:

## **1. Nutrition and Exercise Education for Children:**

1.1) Puppet Shows: The program offers nutrition education for children from preschool to 3rd grade using a series of six interactive puppet shows with follow-up



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classroom activities, as well as nutrition education information sent by teachers to parents of children attending presentations. These nutrition and exercise presentations teach children about the following topics: a) eating healthy by using My Plate; b) preventing chronic diseases by eating healthy and exercising; c) eating plenty of fresh fruits and vegetables; d) eating healthy, drinking water and exercising every day; and d) avoiding foodborne illness by following the 4 steps to keep foods safe from bacteria. Puppet shows last between 30 to 40 minutes, each has pre/post questions based on presentation's topic, a song summarizing the main messages and visuals aids are used to reinforce these messages. Teachers are provided with follow-up classroom materials to reinforce the main messages of the presentation with the children, and nutrition and exercise hand-outs to send home for the parents. The virtual option follows a similar format, a nutrition educator first interacts with the children by asking them questions, and invites them to see the puppet show video, story book or virtual live presentation; at the end the nutrition educator uses pictures/drawing to review the main messages with the children. Teachers are expected to share virtual and social media links with parents of children attending these puppet shows presentations. The goal is that parents/caregivers also receive nutrition and exercise information related to the main messages delivered through these presentations. In both formats (n-person or virtual) parents will be invited to enroll themselves by texting a code, in e-texting activities to receive nutrition and exercise tips. The program works in partnership with Early Childhood Centers (ECC), public schools, public libraries, city recreational services, and with many community agencies serving low-income populations.

1.2) Jeopardy Games: this activity is for children from 4th grade and up with follow-up classroom activities for teachers, as well as nutrition education for parents of children attending these presentations. The main topics of these jeopardy games are: a) Eating Healthy with My Plate and exercise daily, 2) the four steps to Food Safety, 3) the nutrition facts and choosing healthy drinks. In the delivery of these services, the program works in partnership with public schools, after school programs for low-income youth, summer feeding programs, and park and recreation services. For this program we also have a virtual live version using a virtual platform (i.e. Zoom), that we have used during the COVID-19 pandemic, and we would like to continue offering as an alternative in case the teachers or program coordinator prefers this over the in-person, option. Even with in-person presentations teachers will also send printed information and share a link to information with parents of children attending these presentations.

1.3) Media-Smart-Youth: Eat, Think and Be Active! is an interactive afterschool/summer camp program for youth between the ages 11 to 13. It helps them

to develop critical thinking skills analyzing messages about eating and body image, that media sends to youth. The main purpose of this program is to teach youth to make better exercise and food choices that will help them to discern what media tells them. It consists of 10- 90 minutes lessons, which includes a healthy snack preparation and a physical activity break. In addition, children work on teams developing healthy eating and exercise messages for their peers. This program also has a virtual option of program's lessons, which includes preparation of a healthy snack and a video of the exercise break. Parents are sent printed recipes of the healthy snack prepared in class with nutrition tips and links to more information online. Our main partners for the delivery of this activity is HHC's Youth Program, and other youth focused community agencies.

Table 2. Activities delivered to children with information to parents				
Activity	Type of service	Settings	Duration and frequency	Number of participants reached
1.1HHC-SNAP Ed Nutrition & Exercise Puppet Shows (prek-3 <sup>rd</sup> grade)	Direct Education with follow-up classroom activities and printed materials/ links to online information for parents sent home by teachers.	Early Childhood Centers (ECC) Public Schools After-school Programs Summer Programs Community Events Libraries	Series of six 30-40 minutes sessions during the school year, and summer programs. ECC and community events year round.	FY 2023: 12,000 Distributed as follows: Hartford: 3,000 New Haven:3,000 Bridgeport:3,000 Waterbury: 1000 New Britain: 1100 Norwich: 600 New London:300

1.2 HHC-SNAP Ed Nutrition and Physical Activity Jeopardy Games (4th and 6th grade)	Direct Education with distribution of printed and links to online information for parents sent home by teachers.	Public Schools Libraries  After schools/ Summer Youth programs	Series of three 60 minutes sessions offered during the school year and Summer Programs.	FY 2023: 1500, Distributed as follows: Hartford: 400, NH:400, Bridgeport:400 Waterbury: 100, New Britain: 100, Norwich: 50, New London:50
1.3 Media Youth Summer Program	Direct Education with distribution of printed and links to online information for parents and recipes to prepare healthy snacks with children	HHC-MI CASA campus	Ten 90 minutes sessions with an exercise break and a healthy snack preparation activity	FY 2023: 50 Only Hartford

**2) Nutrition and Exercise Education for Adults:**

These includes group and Individual education targeting parents/caretakers of young and school age children, and presentations for older adults living in elderly housing or attending senior centers.

**2.1 Group/Individual education for parents.**

The program will use the Eat Healthy, Be Active Community Workshops that consist in six one hour workshops. <https://snaped.fns.usda.gov/library/materials/eat-healthy-be-active-community-workshops>, and the Eating Smart/Being Active curriculum a research tested curriculum <http://eatingsmartbeingactive.colostate.edu/eating-smart-%E2%80%A2-being-active/about/evidence-base/>, consisting of 9 lessons lasting from

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90 to 120 minutes for longer duration workshops. Both curriculums cover the following topics: eating healthy, food preparation skills development, physical activity, and food resource management. In both cases, these presentations will be offered in dual modality in-person or virtual group presentations. At the end of each workshop participants will be invited to receive e-texting messages for the following month to reinforce the main messages, and to receive information about food and exercise resources in the community.

## 2.2 Group/Individual education for older adults

The program will be offering group presentations and one-on-one education to older adults at senior centers, senior housing. Program staff will be using the Eat Smart, Live Strong for older adults, this curricula is available at <https://snaped.fns.usda.gov/snap/ESLS/ProjectOverview.pdf>.

It consists in four lessons aimed to increase intake of fruits and vegetables and physical activity levels tailored to the needs of the older adults.

## 2.3 Target BP initiative American Heart Association (AHA).

The HHC-SNAP-Ed Program will continue the partnership with the American Heart Association (AHA) working to promote healthy Blood Pressure conducting screenings and in partnership with Community Based Clinics and other community partners. The program with community-based clinics consists in offering to their clients our nutrition education and exercise bilingual workshops online and in-person. The program will work with the other partners (i.e., Senior Centers, food pantries) providing on a regular basis one-on-one nutrition education on site about reading food labels to identify foods that are high in added sugar, sodium, and saturated fat, and promoting a healthy diet plenty of fresh fruit and vegetables, offering blood pressure measurement as well.

2.4 The Hartford Mobile Market (HMM) which was the result of community-based research conducted by the HHC and University of Connecticut, Department of Nutritional Sciences. Thus, it was created with community input as a way to increase access to fresh produce among low-income Hartford residents. The HMM was a partnership between Hartford Food System, and HHC. it was available year-round and offered a variety of culturally appropriated affordable produce at different sites where program staff conducted direct education activities at these sites (senior housing, WIC offices, Community Clinics, etc.). Unfortunately, this initiative stopped providing services at the beginning of the second quarter of FY 2022 due to financial constraints. The program replaced this program by initiating a partnership with the food pantry at “Templo Fe” church providing nutrition and exercise activities among pantry participants and it continued providing services at several former HMM sites that allow us to continue going. This policy system environment initiative will be replaced in FY 2023

with a new partnership from our program with End Hunger CT! (EHC!), a non-profit statewide anti-hunger organization and its partners working on increasing food security in the state, and the food pantry from Templo Fe will be part of this initiative.

The HHC SNAP-Ed Program will be working in coordination with EHC! SNAP Outreach program, which currently offers SNAP screenings and applications assistance by phone. It will begin to conduct on-site SNAP screenings at different community sites in Hartford, New Haven, and East Hartford. HHC SNAP-Ed program staff will be providing nutrition and exercise information at the sites where SNAP screenings are conducted. Templo Fe and the HHC are working together hosting twice a month a food pantry offering culturally appropriated foods and produces; EHC! will be conducting SNAP screening and application assistance on those days as well. EHC! also offers information about the Summer Feeding Program and SNAP incentives at Farmer Markets.

2.5 The Holcomb Farm Project is the result of Hispanic Health Council partnership with a Community Supported Agriculture farm, known as Holcomb Farm located in Granby CT. This farm offers community organizations in Hartford that provide services to low-income clients', membership by delivering vegetable shares on a weekly basis from June through the end of the season. They also offer a food access program that distribute free produce to individuals with limited income and/or health problems. This programs runs during the growing season (June to October) and our program provides nutrition education with vegetable recipes according to the season, utilizing our own Farm to the Table bilingual recipes collection and the seasonal produce guide from the SNAP-Ed connection site available at <https://snaped.fns.usda.gov/seasonal-produce-guide>

Table 3. Direct activities targeting adults and families				
Activity	Type of service	Settings	Duration and frequency	Number of participants reached

<p>2.1 Group presentations for parents and families</p>	<p>DE</p>	<p>Public Schools Family Resource Centers Churches HHC Programs Libraries Adult Education Community agencies</p>	<p>Offered as a series of six one hour workshops or  nine 90 to 120 minutes workshops</p>	<p>FY 2023: 600 Distributed as: Hartford: 200, NH:100, Bridgeport: 100  Waterbury: 100 New Britain: 50 Norwich/New London: 50</p>
<p>2.2 Individual &amp; group education for older adults</p>	<p>DE</p>	<p>Elderly houses Senior Centers  Churches</p>	<p>Four one hour sessions using the Eat Smart, Live Strong curricula <a href="https://snaped.fns.usda.gov/sites/default/files/documents/ProjectOverview19.pdf">https://snaped.fns.usda.gov/sites/default/files/documents/ProjectOverview19.pdf</a></p>	<p>FY 2023: 500  Bridgeport:125  New Haven:125  Hartford:250  300 individual education  200 group education</p>

<p>2.3 Target BP initiative American Heart Association (AHA)</p>	<p>DE</p>	<p>Optimus Health Care, Bridgeport Southwest Community Health Center, Bridgeport, Fair Haven, New Haven, StayWell Health Center, Community Health Center, INC, Hartford, New Britain, Meriden, New London sites</p>	<p>A partnership with Target BP initiative from AHA &amp; Community Based Health Centers (CBHC) and other community sites.  Program staff will be conducting monthly individual or group education online and in person, these presentations will be promoted among clients from CBHC sites. While presentations at other community sites consist in individual education with blood pressure measurements on site.</p>	<p>FY 2023: 100 Bridgeport:50 New Haven:50 Hartford: 50</p>

<p>2.4 Increasing food security with EHC! &amp; Templo Fe</p>	<p>DE and PSE</p>	<p>Templo Fe in Hartford, Senior Center in New Haven, and East Hartford library and other community sites.</p>	<p>EHC!, SNAP Outreach program will provide screening and assistance with SNAP application and HHC SNAP-Ed Program will provide individual nutrition and exercise education to clients receiving this services. Templo Fe in Hartford will host twice a month a food pantry and EHC! and HHC SNAP-Ed staff will be providing nutrition and exercise information on site. EHC! also provides information about other food assistance programs and Farmer Market doubling SNAP benefits.</p>	<p>FY 2023: 1000 per year</p>
<p>2.5 Holcomb Farm</p>	<p>DE &amp; PSE</p>	<p>HHC facilities in Hartford, Main Street and Park Street.</p>	<p>The HHC is a member of a Community Supported Agriculture Farm, Holcomb Farm in Granby, CT. It is part of the Fresh Access Program that donates vegetables to families experiencing a financial or health crises. Nutrition education activities take place twice a week, 1.5 hours per day from July 1st to the end of the season (September or October).</p>	<p>FY 2023:600 Only Hartford</p>

**3) Nutrition Education for Pregnant and Post-partum women and their infants.**

The HHC-SNAP-Ed program targets pregnant and post-partum women and their infant through interventions consisting in a combination of direct education with a PSE initiative:





4.1) a series of train of trainer workshop consisting in 4 lessons for CHW working with pregnant and post-partum women and their infants from Maternal and Child Programs reaching low-income mothers. The training consist in 4 lessons: Nutrition during pregnancy and postpartum; Infant feeding during the first 6 months; and infant feeding from 6 mo. to 12 months; and Nutrition during the second year of life. All the information provided will be based on the latest recommendations from the 2020 DGAs. These train of trainer will be offered in-person and/or virtually. The program will use the Eating Smart/Being Active curriculum lesson to provide one-on-one education to clients.

4.2) Food as Medicine Project. Low-income pregnant women will be invited to participate during their first trimester in community-based research. The project will combine the provision of prenatal care, monetary semi-monthly incentives for fresh produce, and knowledge and skill-building nutrition education. The main objective of this project is to improve the food security, nutrition and health outcomes of low-income minority pregnant women and their infants through a multiple partnership and develop an evidence-based food as medicine model that can improve the overall health and nutrition of low-income populations. The program will deliver at least three nutrition education interactive 60 minutes sessions in English and Spanish, with option to take these series virtually or in-person. Participants will be enrolled in text message reinforcing the main nutrition messages, reminders of using their incentives, and places to use them.

Table 4 Direct Education for Maternal and Child Programs				
Activity	Type of service	Settings	Duration and frequency	Number of participants reached

4.1 Train of trainers for Community Health Workers working at HHC Maternal & Child (MCH) programs	DE(group and one-on-one) & PSE	Community Health Workers from the HHC Maternal and Child Programs in Hartford and Maternal and Child Program serving low-income mothers from the City of New Haven.	Four train of trainer one hour lessons based on the latest recommendations from the 2020 DGA's. The program will use the Eating Smart/Being Active curriculum to provide one-on-one education to clients.	FY 2023: 100 CHW and 300 clients This will be provided in Hartford= 30 CHW with 250 clients and New Haven 30 CHW and 250 clients.
4.2 Fidelity, Equity, and Dignity in Produce Prescriptions	DE and PSE.	Wholesome Wave, Hartford Healthcare's Women's Ambulatory Health Services Clinic, Yale Griffin Prevention Research Center & Yale School of Public Health, Hartford Food System, C-town and Key Food Supermarkets	At least three nutrition education 60 minutes sessions will be provided to participants in English and Spanish. Educational sessions will be provided in English or Spanish and with option to take the series virtually or in-person.	FY 2023: 60, Only Hartford

#### 4. Social Marketing Campaign

The program will include a bilingual social media marketing campaign seeking to increase. This campaign will promote the importance of eating healthy during pregnancy and the first 2 years of life to adopt healthy eating and exercise habits early in life for the prevention of childhood obesity using a responsive feeding approach. Bilingual messages (Spanish/English). The program will use a combination of bilingual hand-outs, e-texting and social media such as Facebook to deliver these messages targeting SNAP recipients. Formative research will be conducted to determine the preferred messages for this campaign, frequency and additional venues for its delivery.

	Main message	Target population	Venues	
Social Media Campaign	Eating healthy from the start	Women in reproductive age and parents of young children	Bilingual messages (Spanish/English) delivered through a 4 month campaign using Facebook, Instagram, and e-texting	FY 2022 formative research and pilot texting with 50 participants, FY2023 Campaign implementation reaching 6000 participants with messages using Facebook and Instagram. FY 2024: Campaign evaluation

### Indirect Education

HHC-SNAP-Ed direct nutrition education activities are complemented by indirect education delivered through the following channels: media presentations conducted at local Spanish Radio and TV; distribution of nutrition and exercise information to parents at schools; and through nutrition and exercise e-texting messages to adult participants of HHC SNAP-Ed direct education activities and to parents of children receiving education. In addition, nutrition and exercise videos will be produced and posted on our social media platform participants of direct education activities can see them as a reinforcement of what they learned in the educational session.

### Participation in Initiatives, Committees and Coalitions.

The program will continue to participate on obesity prevention initiatives at the regional, state and local levels aimed to implement social and environmental changes within the communities to facilitate the adoption of healthy lifestyle behaviors. These initiatives include:

- Get Healthy CT Coalition from New Haven County
- Get Healthy CT Coalition from Bridgeport and Fairfield area.
- Hartford Childhood Wellness Alliance,
- Hartford Food Policy Commission,
- Connecticut Network Food System Alliance,

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- End Hunger Connecticut! Board of Directors
  - New Haven Wellness Committee
  - Fruit and Vegetable Hartford Food Policy Subcommittee
  - Healthy Kids Policy group

**Evidence Base:**

Provide the name of each project, identify the evidence level, either research- or practice-based, and cite the supporting references. (Refer to the Checklist for Evidence-Based Approaches in Appendix E.

Since the program inception in 1995, the HHC-SNAP-Ed Program has conducted in partnership with the University of Connecticut, Department of Nutritional Sciences and Yale School of Public Health a series of needs assessments and community based research indicating that our target low-income audience: a) is highly food insecure, b) under-consumes fruits & vegetables, c) has a high consumption of sodas and sweetened beverages and fast foods and deep fried products, e) is physically sedentary, f) experiences excessive rates of obesity and associated comorbidities, g) practices suboptimal food safety behaviors, h) has limited nutrition and food safety knowledge, self-efficacy, and skills needed to adopt the Dietary Guidelines advice; and (i) experiences dietary risk related to re-conception and prenatal food insecurity and poor dietary habits<sup>125, 126</sup>. The HHC SNAP-Ed Project's pre/post Nutrition Knowledge, Attitudes and Behaviors surveys consistently showed that HHC's SNAP-Ed Project's social marketing campaigns (fruits and vegetables, food safety, breastfeeding) reached at least 75% of the target audience; were easily understood, were liked and found to be useful; improved knowledge and skills; and led to improved behaviors (e.g., increased fruit consumption, improved home food safety practices)<sup>127 128</sup>. HHC and the University of Yale conducted focus groups with pregnant low-income Latina women aimed to identify a culturally appropriate intervention to increase fruit and vegetable (F&V) intake among this group. Participants suggested nutrition education sessions and cooking/taste testing demonstrations as important strategies that will help them to improve their eating habits. Many women in these groups favored both group and

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<sup>125</sup> Pérez-Escamilla R., Damio, G, Himmelgreen D, González A, Segura-Pérez S, Bermúdez-Millán A. Translating knowledge into community nutrition programs: Lessons learned from the Connecticut Family Nutrition Program for Infants, Toddlers, and Children. *Recent Research Developments in Nutrition* 2002; 5:69-9070

<sup>126</sup> Tanasescu M, Ferris AM, Himmelgreen DA, Rodriguez N, Pérez-Escamilla R. Biobehavioral factors are associated with obesity in Puerto Rican children. *J Nutr.* 2000 Jul;130(7):1734-42. PubMed PMID: 10867044.

<sup>127</sup> Pérez-Escamilla R, Himmelgreen D, Bonello H, Peng YK, Mengual G, González A, Méndez I, Cruz J, Phillips LM. Marketing nutrition among urban Latinos: the SALUD! campaign. *J Am Diet Assoc.* 2000 Jun;100(6):698-701. PubMed PMID: 10863575.

<sup>128</sup> Dharod JM, Perez-Escamilla R, Bermudez-Millan A, Segura-Perez S, Damio G. Influence of the Fight BAC! food safety campaign on an urban Latino population in Connecticut. *J Nutr Educ Behav.* 2004 May-Jun;36(3):128-32. PubMed PMID: 15202988.

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individual education delivered by community health educators<sup>129</sup>. In partnership with Wholesome Wave the HHC conducted focus groups with low-income Hispanic and Black participants to better understand their fruit and vegetable purchasing habits, and knowledge about the availability of SNAP incentives when buying produce with their SNAP benefits. Findings showed that participant's fresh produce purchasing habits were strongly impacted by their financial situation and transportation barriers. Most participants did not know about the availability of SNAP incentives but they thought that it will certainly help them to buy more fresh produce<sup>130</sup>.

### **Nutrition and Exercise Education for Children.**

- Nutrition and Exercise Puppet Shows.

HHC SNAP-Ed program has been successfully delivering a series of six nutrition and exercise puppet shows for children from pre-k to 3rd grade. This is a practice-tested activity with a robust process evaluation method that includes the collection of qualitative and quantitative data from teachers and child care providers, as well as yearly independent qualitative evaluations based on observations conducted by graduate students. Results of teacher's evaluations through the years had consistently showed high level of teacher's satisfaction with program's services. In FY 2019 to 2020, after delivery of services, a total of 1,150 evaluations were completed by teachers. On average, 93% of the teachers said that children learned a fair amount to a lot of these topics from these presentations. Teachers also made observations such as: "The movement and exercise helped the children engage and participate in the show. They love it"; "This program helps children to improve their eating habits and activity!". Independent qualitative observations by graduate students concluded that children remember what they learned from previous puppet show, answered well pre and post questions, were attentive, sing along and moved with puppets.

- Jeopardy Games (JG):

A series of jeopardy games are delivered at schools and after school programs for children from 4th grade to 6<sup>th</sup> grade. This is a practice tested activity its effectivity has been based on teacher's evaluations and student feedback, a total of 1,410 children

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<sup>129</sup> Hromi-Fiedler A, Chapman D, Segura-Pérez S, Damio G, Clark P, Martinez J, Pérez-Escamilla R. [Barriers and Facilitators to Improve Fruit and Vegetable Intake Among WIC-Eligible Pregnant Latinas: An Application of the Health Action Process Approach Framework](#). J Nutr Educ Behav. 2016 Jul-Aug;48(7):468-477.e1. doi: 10.1016/j.jneb.2016.04.398. PubMed PMID: 27373861; PubMed Central PMCID: PMC4934128.

<sup>130</sup> Segura-Perez S., Perez-Escamilla R., Damio G. Improving Access to Fresh Fruit and Vegetables among Inner-City Residents: The NEAT Trial. Abstract Number 313.2 FASEB Journal 1 April 2017

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were reached with these presentations, and based on 53 JG teacher's evaluation for this 2017 fiscal year, they showed very high levels of satisfaction with this service (95%), teachers also observed positive impacts on their student's nutrition knowledge after participating on this activity (96%). Quotes from thank you notes from children attending these JG presentations also showed high level of satisfaction among students and positive impact on their knowledge and behaviors, some examples are presented below:

"Thanks for a great presentation about the five food groups, and teach me about facts about the foods that we need to eat more often. I learn that bacon is not that healthy because it's full of fat."

"Thank you for showing the class the healthy food choices and we need to eat wheat bread and not white bread, and not a lot sugar."

"Thanks for coming to our class. I'm most likely going to make better food choices"

"Thank you for teaching me the healthy way to eat. I will apply this and cut back on potato chips! I will drink 6 cups of water, and 60 minutes of exercise daily."

- Media-Smart Youth, Eat, Think, and Be Active.  
It is an evidence based education program for youth (11-13 years old) developed by the National Institute of Child Health and Human Development and it is part of the SNAP-Ed Toolkit Intervention <https://snaped.fns.usda.gov/library/materials/media-smart-youth>. This program helps youth to develop critical thinking in how the media plays a role in influencing their food and exercise choices. It has a snack preparation and exercise break, and snack recipes to share with parents.

### **Nutrition and Exercise Education for Adults:**

HHC conducted an RCT to assess the impact of distribution of incentive coupons along with a texting-based marketing campaign promoting usage of a Mobile Market (MM), on increasing access, purchase, and intake of fruit and vegetables among SNAP-Ed participants. The study was known as the NEAT study (Nutrition Education, Access and Texting (NEAT)). The program invited participants of SNAP-Ed "My Plate" educational session and who were Hartford residents with unlimited texting plan and being willing to receive daily text messages for a 4-week period. A total of 193 participants completed baseline and follow-up survey of whom 100 were intervention and 93 from the control

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group. Both groups had similar socio-demographic characteristics, with a mean age of  $32\pm 8.81$  years, 79% were Hispanic, mostly female (96%), and receiving SNAP benefits (80%). They also had similar baseline fruit and vegetable shopping and purchasing practices, and consumption. Findings from the follow-up survey (n=169) showed that participants from the intervention group spent significantly more on fruits than those in the control group (\$42 vs. \$30,  $p=0.027$ ), and a significant higher percentage of participants from the intervention group reported buying at the MM their produce than participants from the control group (46% vs. 23%,  $p=0.002$ ). There was a significant increase in intake of fruit ( $p=0.001$ ) in the intervention group but not on the control group. Pre and post test results showed significant improvements in knowledge ( $59.64\pm 20.29$  vs  $71.14\pm 21.99$ )  $p=0.000$  as a result of the nutrition education session. NEAT was successfully implemented and it led to higher use of MM, more money spent on fruits, and higher intake of produce<sup>131</sup>. Based on this study's findings the program has implemented to all direct nutrition education for adults e-texting messaging as reinforcement to the main messages of these presentations but also to inform them about places where they can find fresh produce accepting SNAP incentives or WIC fruit and vegetables vouchers. Results from pre and post-test of these presentations had consistently shown changes in knowledge and behavior among participants, a food label presentation with 22 adult participants showed significant changes in food label knowledge (69% vs 78.54%)  $p=0.016$  and an increased confidence on their ability to use the food label to make healthier food choices  $p=0.015$ . Eating Healthy and Exercise presentations with 24 participants also found increased knowledge scores ( $50.07\pm 22$  pre-test scores vs  $72.22\pm 21.23$  post-test), and an increased confidence in being able to exercise for at least 30 minutes most days of the week  $p=0.000$ . Thus, group and Individual education for adults are a combination of research tested activities and practice based activities.

- 1) Group presentations for parents will use a pilot tested workshop Eat Healthy-Be active and the Eating Smart/Being Active curriculum and research tested curriculum, and pilot tested Eat Smart, Live Strong Curricula for older adults. These presentations will be evaluated with pre/post-test to assess change in knowledge and behaviors, in addition satisfaction surveys filled out by participants or contact person. Participants will also be asked to set a behavioral goal for them to follow as a result of these presentation. Participants from these presentations will be invited to receive e-texting messages to reinforce the main messages, and inform them about food resources in their area, including places

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<sup>131</sup> Segura-Perez S., Perez-Escamilla R., Damio G. Improving Access to Fresh Fruit and Vegetables among Inner-City Residents: The NEAT Trial. Abstract Number 313.2 FASEB Journal 1 April 2017



where SNAP incentives are offered. Those that agree will receive a phone call after completing the messages.

- 2) Individual education activities/one-on-one education will be using short versions of the pre/post-test and will also be asked questions about usefulness of the information received and things that they will change or do after receiving this information/recipe.

- **Nutrition Education for Pregnant and Post-partum women and their infants.**

This is an emerging curriculum that we will develop and test to train CHW working with mother and children activities on the recommendations of the 2020 DGA’s for mother and infants, it will also be based on WIC infant feeding recommendations, the IOM 2009 pregnancy weight gain guidelines. Pre and post-test will also be obtained to assess change in knowledge among CHW, and lessons for clients and materials provided to be delivered to clients with observation by nutritionist of actual delivery of services among the staff from the HHC maternal and child programs.

**Key Performance Indicators (KPIs):**

List the key measures/indicators of implementation or performance that you will capture or collect. Identify if these are new measures/indicators not collected in the past. An example of an implementation measure is the number of PSAs delivered in each media market during the intervention. One associated performance indicator might be the percent of people in a media market who report hearing the message.

**Table 3 Performance Indicators**

Activity	Measures/indicators	Method	Core Indicators measured
Puppet Shows	<p>Process evaluation: Total number of participants/contacts at each puppet show</p> <p>Outcome evaluation: Teacher Satisfaction</p>	<ul style="list-style-type: none"> <li>• Satisfaction survey after each event</li> <li>• Comments on satisfaction surveys</li> <li>• Qualitative independent observations of children remembering main messages pre and post presentation.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Eating (MT1)</li> <li>• Physical Activity MT3</li> </ul>



	Teacher observation of behavior change Qualitative assessment of change of knowledge.		
Jeopardy Games	Process evaluation: Total number of participants/contacts  Outcome evaluation: Teacher satisfaction Teacher observation of behavior change Change in knowledge Changes in knowledge and attitudes	<ul style="list-style-type: none"> <li>• Satisfaction survey after each event</li> <li>• Comments on satisfaction surveys</li> <li>• Pre/post testing</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Eating Behaviors MT1</li> <li>• Physical Activity (MT3)</li> </ul>
Adult Education Sessions	Process evaluation: Total number of participants/contacts  Outcome evaluation: Change in knowledge Change in self-efficacy for healthy eating and performing physical activity	<ul style="list-style-type: none"> <li>• Pre/post testing</li> <li>• Pre/post self-efficacy scale</li> <li>• Goal setting</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Eating Behaviors MT1</li> <li>• Food Resource (MT2)</li> <li>• Physical Activity (MT3)</li> <li>• Nutrition Support (MT5)</li> </ul>
Maternal & Child Health Programs	Process evaluation: -Total number of participants in the trainings (train of trainer) Maternal and Child CHW's change in knowledge, food intake, self-efficacy	<ul style="list-style-type: none"> <li>• Initiation and duration data documented by program staff</li> <li>• Pre/post testing (only train of trainer activities)</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Eating Behaviors MT1</li> <li>• Food Resource (MT2)</li> <li>• Physical Activity (MT3)</li> <li>• Nutrition Support (MT5)</li> </ul>
Media-Youth	Process evaluation: Total number of participants/contacts	<ul style="list-style-type: none"> <li>• Pre/post testing, food frequency</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Eating Behaviors MT1</li> </ul>

	Outcome evaluation: Change in nutrition and physical activity knowledge, self-efficacy and food intake	questionnaires, self-efficacy scale • Children satisfaction survey	• Physical Activity (MT3)
Social media campaign	Process evaluation: Total number of likes/shares, received e-text messaging and consumer satisfaction with overall campaign assessed by phone.	• Pre/post testing, short food frequency of daily vegetables, fruits, legumes and whole grains. • Participant's satisfaction survey	• Healthy Eating Behaviors MT1
E-Texting Not related to the social media campaign.	Process evaluation # of messages delivered Outcome evaluation -Level of satisfaction and self-efficacy change after receiving messages.	• Satisfaction survey at the end of the texting campaign.	• Healthy Eating Behaviors MT1 • Food Resource (MT2) • Physical Activity (MT3)

***Use of Existing Educational Materials:***

Give the title, author, and description of existing educational materials that will be used in the delivery of the project/intervention. Specify the language(s) in which the materials will be used including English. Indicate whether the materials will be purchased and justify the need and cost.

**Educational Materials**

<b>Title</b>	<b>Source</b>	<b>Language</b>	<b>Cost</b>	<b>Cost justification</b>
Stickers: Five Food Groups, Food Safety, Exercise,	Positive Promotions	English	\$0.07 each	No-cost substitute available

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Have Fun with Fruits and Veg.	Team Nutrition	English	\$0.04/copy	No-cost substitute available
Crack the Secret Code	Team Nutrition	English	\$0.04/copy	No-cost substitute available
What Food Am I? Coloring Pgs.	SNAP-Ed Program, HHC	Bilingual	\$0.04/copy	No-cost substitute available
Coloring Pages – My Plate,	USDA	English	\$0.04/copy	No-cost substitute available
Coloring Pages –Happy Heart, Farm to Table, Exercise	HHC	Bilingual	\$0.04/copy	No-cost substitute available
Choose My Plate, 10 Tips	USDA	Bilingual	\$0.04/copy	No-cost substitute available
10 Tips Add More Veggies	USDA	Bilingual	\$0.04/copy	No-cost substitute available
Focus on Fruits 10 Tips	USDA	Bilingual	\$0.04/copy	No-cost substitute available
Come Frutas y Verduras	CDC	Spanish	\$0.04/copy	No-cost substitute available
Thermy Coloring Page	USDA	English	\$0.04/copy	No-cost substitute available

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The Amazing Refrigerator	USDA	English	\$0.04/copy	No-cost substitute available
Fight Back Pamphlet	USDA	Bilingual	\$0.06/copy	No-cost substitute available
Word Scramble - Whole Grain	USDA	English	\$0.04/copy	No-cost substitute available
Enjoy Exercise! Color Pages	SNAP-Ed Program, HHC	Bilingual	\$0.04/copy	No-cost substitute available
Are you a Fit Kid?	Team Nutrition	English	\$0.04/copy	No-cost substitute available
Tips for Increasing Phys. Act.	USDA	English	\$0.07/copy	No-cost substitute available
How Much Physical Activity	USDA	English	\$0.07/copy	No-cost substitute available
Magnet Hand Washing Guide	USDA	English	\$0.62 each	No-cost substitute available

***Development of New Educational Materials:***

-Develop a curriculum for a train-of-of trainer for CHW working with low-income pregnant and post-partum women aimed to disseminate the maternal and infant feeding recommendations using the latest 2020 DGA's and assist them with teaching these guidelines to their clients. This will be done in partnership with Yale School of Public Health Maternal and Child Program.

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-Develop lesson for clients specifically tailored for pregnant and post-partum women based on community based input provided by CHW working and maternal and child programs and pregnant participants from the produce prescription project.

## Evaluation Plans

### **Name:**

Eating healthy from the start Media Campaign development and implementation

**Type:** The type of evaluation as primarily a formative, process, outcome or impact assessment

Year 1 (2022): Formative: develop messages for a bilingual (English/Spanish) campaign to increase awareness about the importance of healthy eating from 0-2 years old for the establishment of healthy eating habits. The main target of this campaign will be low income Hispanics women and fathers. Focus groups will be used to identify consumer's preference for 1) social media venue (Facebook, Instagram, etc.) and 2) key messages to promote. We will conduct two focus groups (English and Spanish) with low-income Hispanic parents.

Year 2 (2023): Process evaluation: implementation of the campaign (FB likes, shares, comments, followers)

Year 3 (2024): Outcome evaluation: Once the campaign begins, we will collect pre-post data on a subsample of 100 participants from the Maternal and Child Programs from the HHC. They will be consented and then they will be asked to answer a 20 minutes pre and post survey by phone asking socio-demographic questions, infant nutrition knowledge, experiences and beliefs. Satisfaction and likeness of the campaign.

Process evaluation: Facebook likes, shares, comments, number of followers

**Questions:** The questions(s) that will be addressed

Do you know the main infant feeding recommendations for infant feeding (1<sup>st</sup> and 2<sup>nd</sup> year of life)? How likely are you to follow these recommendations? How important do you think is for you as a parent to be able to know and follow these recommendations?

Approach(es):

We will follow a pre and post exposure survey from a sample of 100 participants following this media campaign. Data collected will include sociodemographic data;

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current and past infant feeding practices; mother's self-efficacy on her ability to follow infant feeding recommendations; mother's level of support for following these recommendations; mothers and father Knowledge and attitudes toward these recommendations.

**Planned use:** Plans for using the results (Add lines as needed).

The results of this evaluation will help us to learn about the impact of a SMC on participant's current and future infant feeding decisions and attitudes about the infant feeding recommendations from the latest 2020 DGA's among low income Hispanic mothers.

**Prior Evaluation:** NA

**Use of SNAP-Ed Evaluation Framework:** Identify the Evaluation Framework indicators that are used.

ST1, MT2 Healthy Eating indicators and ST2

**Name:**

Title of project: Fidelity, Equity, and Dignity in Produce Prescriptions; Participatory design for social justice and healthy food system evaluation

**Evaluation Type:**

This Fidelity, Equity, and Dignity in Produce Prescriptions; Participatory design for social justice and healthy food system evaluation will use a mixed-methods implementation science process and impact evaluation approach including state-of-the-art community based participatory research (CBPR) and a pre-post quantitative design. The study will be conducted by a multi-agency and interdisciplinary team with extensive experience evaluating produce incentive and nutrition education interventions.

Approach - This study includes 3 distinct components: (a) intervention co-design, (b) process evaluation during implementation, (c) impact evaluation

KEY OBJECTIVES	FY	IMPLEMENTATION STEPS	EVALUATION STEPS
<p>1. Improve food security and fruit and vegetable intake of program participants (a cohort of 100-120 pregnant women)</p>	<ul style="list-style-type: none"> <li>2022 Initial community input, formative research 15 to 20 participants</li> </ul>	<ul style="list-style-type: none"> <li>HHC-SNAP Ed test nutrition messages and culinary education for pregnant women.</li> <li>Test the process for participants redeem their prescriptions or receive home delivery</li> </ul>	<ul style="list-style-type: none"> <li>Hispanic Health Council to conduct pre- &amp; post-pilot surveys, focus groups, and listening sessions</li> <li>Yale PRC to analyze survey data</li> <li>Additional data sourced from monthly POS reports from CTown, KeyFood, &amp; Hartford Food System’s Farmers’ Market and monthly reports from US Hunger on home-delivery</li> </ul>
<p>Enhance cohort’s existing knowledge of good nutrition with a focus on culturally relevant foods and improve health outcomes for cohort</p>	<p>2023</p> <ul style="list-style-type: none"> <li>Enroll patients, deliver incentives, patients redeem prescriptions, solicit and review participant feedback, process feedback and make program changes accordingly</li> </ul>	<p>HHC-SNAP-Ed will deliver this special component of nutrition ed. for pregnant women with additional support through text message communications</p>	<ul style="list-style-type: none"> <li>Hispanic Health Council focus groups, listening sessions &amp; pre- &amp; post-pilot surveys.</li> </ul> <p>WAHS Clinicians will record cohort’s: Gestational weight gain, BMI, HbA1C, Blood Pressure, CES-D</p> <p>Yale-Griffin PRC to analyze with FED framework</p>

<p>Post-Program Analysis following a highly iterative approach to co-design a produce prescription model using framework of Fidelity, Equity, and Dignity (FED) with full engagement of participants and partners</p>	<p>2024</p> <p>Conduct post-program focus group and administer post-program surveys,</p>	<ul style="list-style-type: none"> <li>HHC-SNAP-Ed will continue to deliver this special component of nutrition ed. for pregnant women with additional support through text message communications</li> </ul>	<ul style="list-style-type: none"> <li>Hispanic Health Council focus groups, listening sessions &amp; pre- &amp; post-pilot surveys</li> <li>Yale-Griffin PRC to analyze with PIP</li> </ul> <p>Program design, key partners, and their contributions will be documented throughout the program and Yale will review partner activities within the PIP</p>
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Prior Evaluation: NA

Use of SNAP-Ed Evaluation Framework: Identify the Evaluation Framework indicators that are used.

ST1, MT2 Healthy Eating indicators and ST2

**Planned use:** Plans for using the results (Add lines as needed).

This is a multiple partnership seeking to develop and disseminate a model for produce prescription to improve the health, nutrition, and food security of low-income pregnant women that can be implemented nationwide.

**Coordination of Efforts**

The HHC-SNAP-Ed program works very closely with CT Department of Social Services and the other CT SNAP-Ed programs to coordinate efforts and avoid duplication of services. The Maternal and Child component of the program works very closely with the WIC program to complement efforts and avoid duplication. At each town the program partners with public school districts, preschools, senior centers, libraries, churches, hospitals, City offices and programs. Community health centers, farmer markets, community gardens, and community agencies serving low income clients.



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**Consultation with Indian Tribal Organizations (ITOs):** For each ITO in your state, please provide the following:

***Name of the ITO: Mashantucket Tribe***

***Name(s) and title(s) of the individual(s) contacted:***

Michele Scott, M.S, Chairwoman of the Health Services Board of the Mashantucket Tribe and Executive Director of the Health Education Center

***Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:***

Based on our last conversation with Michele Scott, we are planning to do a presentation about our SNAP-Ed services to the Tribe Health Committee mid-summer. After this presentation, it is very likely that the program will start working scheduling activities for children and adults online and in-person for the Tribe. COVID-19 has been the main reason for not starting earlier with these presentations since Tribe member favored in-person over virtual presentation, but they are open to consider virtual presentations.

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## Template 4: SNAP-Ed Budget Information by Project

### Section A. Budget Summary for Sub-Grantee

***Name of sub-grantee:***

Hispanic Health Council, Inc. SNAP-Ed. Program

***Total Federal funding, grant:***

**1,402,792 FY 2023 + \$ 190,314.15 Carryover year=\$1,593,106**

***Description of services and/or products:***

The HHC SNAP-Ed Program utilizes a comprehensive life course approach to improve the nutrition and physical activity levels of SNAP recipients. It provides direct education services using a combination of group and individual education aimed to improve participant's knowledge, behaviors, and attitudes toward healthy eating and physical activity. The frequency and duration of these activities are designed to reinforce their main educational messages, which are consistent with the latest 2020 USDA Dietary Guidelines, My Plate food guide and the 2018 Physical Activity Guidelines from the Department of Health and Human Services (HHS). Thus, the program works across the state of CT targeting seven main towns with a high proportion of SNAP recipients, working with multiple partners (i.e. school districts, community based clinics, City services, libraries, community organizations) at each town. The program offers nutrition and exercise education for young children using a series of interactive puppet shows (pre-k through 3<sup>rd</sup> grade), and a series of jeopardy games for middle school children, both of these activities include follow-up classroom activities for teachers, as well as nutrition and exercise information for parents of children participating on these presentations. These activities are also offered at after-school program and summer camps, as well as the Media-Smart-Youth: Eat, Think and Be Active ten 90 minutes lessons with healthy snack preparation and exercise breaks for children 11 to 13 years old activities, and recipes to share with their parents, children learn how the media influences their nutrition and activity choices, and learn how to make healthier food and activity choices. Direct education services for parents and older adults consist of nutrition and exercise workshops aimed to increase knowledge and abilities to facilitate the adoption of healthier nutrition and physical activity behaviors. In addition, individual education is provided through HHC Maternal and Child staff trained by the program to educate their clients about good nutrition and exercise topics. In addition, individual education is provided at the Hartford Mobile market stops, Holcomb Farm project, and at community events. HHC-SNAP-Ed direct nutrition education activities are complemented by indirect education, delivered through the following channels: media presentations conducted at local Spanish Radio and TV; distribution of nutrition and exercise information to parents at schools; and through nutrition and exercise e-texting

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messages to adult participants of HHC SNAP-Ed direct education activities, who wish to receive it. This year, the program is expanding its efforts training community health workers working in Maternal and Child Programs serving low-income pregnant women on maternal and infant feeding practices aimed to prevent early childhood obesity consistent with the latest 2020 DGA's. This initiative will be complemented with a bilingual social media campaign promoting that good nutrition starts early in life, it will use a combination of bilingual Facebook messages and e-texting, to deliver message targeting SNAP recipients. Unfortunately, the Hartford Mobile Market Initiative will no longer be active due to lack of funding to continue with this project, which brought affordable fresh produce to low income neighborhoods in Hartford , this was a partnership between the HHC and Hartford Food System. Instead, the program will work with End Hunger CT! (EHC!) SNAP-Outreach program going to places with them where they conduct screenings and assistance with SNAP applications and conduct nutrition and exercise activities. This fiscal year we will initiate the implementation of the food produce incentives initiative with multiple partners to improve the health and nutrition of low-income pregnant women receiving services at a community clinic living in food insecure households. They will receive monthly cash incentives to buy healthy produce at different sites or have them deliver to their homes, our program will work with these participants offering them a series of nutrition classes throughout their pregnancy, this initiative is intended to develop a model of a produce incentive program that can be replicated nationwide. Program staff will also continue to work with multiple partners across the state working to improve the food security and physical activity of low-income communities.

***Cost of specific services and/or products:***

**1,402,792 FY 2023 + \$ 190,314.15 Carryover year 2=\$1,593,106**

**Section B. Project Costs *Federal***

**Fiscal Year: 2023 (Year 2 FFY2023)**

**State: CT Sub-grantee Name: Hispanic Health Council SNAP-Ed**

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits	\$ 137,137.01	\$996,762.86	
Contracts/Sub-Grants/Agreements			
Non-Capital Equipment/ Office Supplies	\$4,294.68	\$38,895.65	
Nutrition Education Materials		4,225.00	
Travel	\$10,819.63	\$32,465.00	
Building/Space Lease or Rental		49,885.00	
Cost of Publicly-Owned Building Space		NA	
Maintenance and Repair		NA	
Institutional Memberships and Subscriptions		NA	
Equipment and Other Capital Expenditures			
Total Direct Costs	\$ 152,251.32	\$1,122,233.51	
Indirect Costs (Indirect Cost Rate=_25%_)	\$38,062.83	\$280,558.38	
Total Federal Funds	\$190,314.15	\$1,402,792	Leave blank
Total Federal Funds Including Unobligated Balance from Previous FY	Leave Blank	\$1,593,106	Leave Blank

Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank		
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Signature of Responsible Official: \_\_\_\_\_

Date: \_\_\_\_\_

**BUDGET NARRATIVE (YEAR 1 FFY 2023):**

**Salary/Benefits: Salary=\$996,762.86 (Salary \$760,887.68 +Fringe \$235,875.18) + \$137,137.01 (salary \$104,684.74 and fringe \$32,452.27) = \$1,133,899.87**

Position	FTE	Salary	Fringe Benefits (Rate) (31%)	Total
Program Chief Officer (PCO)	0.56	53,732.00	16,656.92	70,388.92
Program Director	1.0	84,147.86	26,085.84	110,233.70
Senior Nutritionist	1.0	71,353.85	22,119.69	93,473.54
Nutritionist	1.0	57,876.87	17,941.83	75,818.70
Nutritionist	1.0	62,538.48	19,386.93	81,925.41
Nutrition Educator	1.0	43,533.81	13,495.48	57,029.29
Nutrition Educator	1.0	47,118.59	14,606.76	61,725.35
Nutrition Educator	1.0	41,540.01	12,877.40	54,417.41
Nutrition Educator	1.0	39,557.54	12,262.84	51,820.38
Nutrition Educator/Team Leader	1.0	41,024.73	12,717.67	53,742.40
Nutrition Educator	1.0	42,580.99	13,200.11	55,781.10

Nutrition Educator	1.0	39,310.55	12,186.27	51,496.82
Nutrition Educator	1.0	43,533.79	13,495.47	57,029.26
Nutrition Educator	1.0	50,313.51	15,597.19	65,910.70
Nutrition Educator	1.0	43,533.79	13,495.47	57,029.26
Nutrition Educator	0.60	21,507.69	6,667.38	28,175.07
Nutritionist	0.50	22,778.00	7,061.18	29,839.18
Program Assistant	0.50	29,971.52	9,291.17	39,262.69
Prenatal Nutrition Coordinator	0.25	22,435.00	6,954.85	29,389.85
Prenatal Nutrition Educator	0.20	7,183.84	2,226.99	9,410.83
<b>Total</b>		<b>\$865,572.42</b>	<b>\$268,327.44</b>	<b>\$1,133,899.86</b>

**Contracts/Sub-Grants/Agreements:** Retain copies of agreements on site.

NA

**Non-capital equipment/office supplies: \$38,895.65 + \$4,294.68**  
**Carryover=\$43,190.33**

\$2,502.61 and \$496.68 carryover=\$2,999.29	Office Supplies. Includes cost of general office supplies such as pens, papers, envelopes, binders, calendars, laminating rollstocks, folders, toner, etc.
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<p>\$9,498.04</p>	<p>Program Supplies. Purchase program supplies needed to perform nutrition education activities, including: microphones/headsets (\$80/each X 2=\$160), speakers (\$230/each X 2=\$460), rolling luggage bags (\$200/each X 3=\$600), promotional pens (\$0.45/each X 3,000=\$1350) and promotional pencils (\$0.30/each X 3,000=\$900), PC tubes pieces to repair/build puppet theater structure (\$147), food ingredients for food tasting (\$50/session X 25=\$1250), supplies for cooking demonstrations (\$6.00 X 25=\$150.00), Holcomb farm paper bags (0.33 X 600=\$198), cleaning products for educational materials (\$86); two laptops for presentations (\$1,744.00 each)=\$3,488; one projector for presentations \$630.0; four plastic drawers to storage educational materials (\$19.76 each)= \$79.04</p>
<p>\$3,253.00 and 1,693.40 carryover = \$4,946.4</p>	<p>Printing &amp; Copying. Covers the cost of duplication and printing needs of the program. This includes forms, educational materials, coloring books, posters, etc. (\$0.10/copy X 32,530) plus ((\$0.10/copy X 16,934) from carryover</p>
<p>\$870.00 and \$12.00 carryover = \$882</p>	<p>Postage. Covers cost of program correspondence with clients and other social service providers. (\$0.58/postage X 1,500) plus (21 X .58= \$12.18) from carryover</p>

<p>\$13,500.00</p>	<p>Phones. Cover cost of telephone and internet services for the program staff. (\$75/month X 12 months X 15 staff)</p>
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\$4,992.00 and 592.60 carryover =\$5,584.6	Cellphone. Cover cost of mobile phone services for program staff while performing program activities throughout the State. (\$52/month X 8 lines X 12 months)=4,992.00 plus carryover (\$52 x 1 line x 11.396 months) = \$592.59=\$5,584.59
\$4,280.0 and \$1500.00 carryover =\$5,780	E-Z texting Platform \$70 .00 per month x 12=\$840.00  Zoom for streaming and live virtual education, \$20.00 per month x 6 licenses x12 months=\$1440.00  Facebook campaign: \$20.00 per day for a total of 100 days=\$2,000 plus carry over of \$20 per day for 75 days=\$1,500.00

**Nutrition Education Materials: \$4,225.00**

Item	Cost/item	Amount	Total Cost/item
Five Food group, Exercise, Food Safety Stickers	\$ 0.07	10,000	\$ 700.00
My Plate placemats	\$ 0.50	2,000	\$ 1,000.00
Eating Smart Bracelet	\$ 1.00	400	\$ 400.00
Stretching bands with nutrition and exercise messages	\$ 1.98	500	\$ 990.00
Shopping tote bag with nutrition message	\$2.27	500	\$1,135.00
		<b>Total</b>	<b>\$4,225.00</b>

**Total Travel: \$32,465.00 + \$10,819.63 carryover =\$43,284.63**



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**Building/space lease or rental: \$49,885**

A total 2,362 sq. ft. X \$1.76/sq. ft. X 12 months. Cover cost of space occupied by program staff.

**Cost of publicly-owned building space:**

NA

**Maintenance and repair:**

NA

**Institutional memberships and subscriptions:**

NA

**Equipment and other capital expenditures:**

NA

**Total direct costs:**

**\$1,122,233.51**

**Total indirect costs:** Include both a total and the indirect cost rate. Provide assurance that the indirect cost rate is an approved rate as described in *SECTION 3, FINANCIAL AND COST POLICY*.

\$280,558.38 @ 25% of direct costs of \$1,122,233.51 supports the agency's federally approved indirect cost rate of 25%. These expenses are attributed to general agency costs, such as salaries and expenses of the President & CEO, Directors of Finance and Human Resources, and fiscal staff.

**Total Federal funds:**

\$1,402,792

**Estimated unobligated balances (carry-over) from current FY to next FY, if any:**

Please note that unobligated balances cannot be obligated in the next Federal FY if the funds are in the last year of their two-year period of performance.

Total salary \$137,137.01 (104,684.74+32,452.27), plus other costs \$15,114.31 (\$10,819.63 mileage +Non-Capital equipment/Office supplies \$4,294.68) \$152,251.32 total direct cost @25% indirect cost+ \$38,062.83= **\$190,314.15 Carryover**

**Total Federal funds including unobligated balance from previous FY:**

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Indicate the total amount of Federal funding to be used in your State Plan. **This should include any unobligated balance from the previous FY.**

***\$1,593,106***

**Section C. Travel FFY 2023**

***In-State Travel Purpose:***

The HHC SNAP-ED program provides nutrition and exercise services to low-income individuals and families living at seven targeted towns across the state. These services include puppet shows, jeopardy games, adult group presentations, media presentations, and tables with information taking place at schools, child care centers, community agencies, clinics, and many other community settings. In addition, program staff will travel to participate in local trainings and statewide meetings. The staff is expected to travel around the State to deliver program activities, attend meetings and trainings/conferences, and meet with partners. The agency reimbursable rate is based on the federally approved rate.

***Travel destination (city, town or county or indicate local travel):***

From Hartford, CT to: Hartford, CT area, Bridgeport CT, New Haven CT, New Britain, CT, Norwich, CT, New London, CT, and Waterbury, CT.

***Number of staff traveling:***

15 staff members

***Cost of travel for this purpose: \$30,140.63 + \$10,819.63 carryover mileage= \$40,960. 26***

<b>In-State Travel</b>					
Trip Purpose:	Providing nutrition and exercise education services				
Travel Location:	Bridgeport, New Haven, Waterbury, Norwich, New London, New Britain, Hartford				
Staff Positions Traveling:	Nutrition educators and Nutritionists				
<b>Bridgeport</b>	<b>times per week</b>	<b>Cost Per Mile \$</b>	<b>Miles Roundtrip</b>	<b>Total</b>	<b>Cost per year</b>
	4	0.625	120	\$300.0	\$ 12,000.00 40 weeks

<b>New Haven</b>	4	0.625	80	\$200.00	\$8,000.00 40 weeks
<b>Waterbury</b>	3	0.625	60	\$112.50	\$3,375.00 30 weeks
<b>Norwich</b>	2	0.625	80	\$100.00	\$3,000.00 30 weeks
<b>New London</b>	1	0.625	95	\$59.375	\$890.63 15 weeks
<b>New Britain</b>	3	0.625	20	\$37.50	\$1,125.00 30 weeks
<b>Hartford</b>	10	0.625	7	\$43.75	\$1,750.00 40 weeks
				<b>Total Cost</b>	<b>\$ 30,140.63</b>

Mileage rate was based on the latest approved (6/9/2022) Internal Revenue Service [IRS increases mileage rate for remainder of 2022 | Internal Revenue Service](#)

**Total In-State Travel Cost: \$30,140.63**

**Plus \$10,819.63 carryover=\$40,960. 26**

<b>In-State Travel Carryover</b>					Carryover amount
Trip Purpose:	Providing nutrition and exercise education services				
	<b>times per week</b>	<b>Cost Per Mile \$</b>	<b>Miles Roundtrip</b>	<b>Total</b>	<b>Cost per year</b>

<b>Bridgeport</b>	2	0.625	120	\$150/ week	\$ 6,000.00 40 weeks
<b>New Haven</b>	2	0.625	80	\$100.00	\$4,000.00 40 weeks
<b>New Britain</b>	1	0.625	20	\$12.50	\$12.50 1 week
<b>Hartford</b>	2	0.625	7.051	\$8.81375	\$ 35.255 4 weeks
<b>New London</b>	1	0.625	95	\$59.375	\$771.875 13 weeks
				<b>Total Cost</b>	<b>\$ 10,819.63</b> <b>Mileage carryover</b>

### ***Out-of-State Travel***

***Travel Purpose:*** Justification of need for travel, including how attendance will benefit SNAP-Ed

This allocation is to cover of cost of one staff to attend the 2023 Society for Nutrition Education and Behavior (SNEB) Annual Conference taking place from July 20 to July, 23rd , 2023 in Washington, DC. Program staff is planning to submit a presentation of the work that the program does. This conference provides a forum for sharing innovative strategies for nutrition education and disseminating of research findings with other professionals. This is also an opportunity to meet nationwide SNAP-Ed coordinator and known more about their work.

***Travel destination (city and State):***

Washington, DC

***Number of staff traveling:***

1

**Cost of travel for this purpose: \$2,324.37**

<b>Out-of-State Travel</b>				
Trip Purpose:	SNEB Conference July 19th to August 23, 2023			
Travel Location:	Washington, DC			
Staff Positions Traveling:	Nutritionist			
<b>Airplane</b>	<b>#Staff</b>	<b>Cost</b>	<b>Roundtrip</b>	<b>Total</b>
	1	Flight	Round Trip	\$ 399.60
<b>Lodging</b>	<b>#Staff</b>	<b>Cost Per Day</b>	<b>#Days</b>	<b>Total</b>
	1	\$ 209.00	3	\$ 627.00
<b>Per Diem</b>	<b>#Staff</b>	<b>Cost Per Day</b>	<b>#Days</b>	<b>Total</b>
	1	\$ 66.00	3	\$ 198.00
<b>Registration Fee (if applicable)</b>	<b># Staff</b>	<b>Registration Fee</b>		<b>Total</b>
	1	\$ 555.00		\$ 555.00
<b>Total Cost Trip</b>				<b>\$ 1,779.60</b>

**Total Travel Cost:** In State travel \$30,140.63 + \$10,819.63 carryover mileage = \$40,960.26 Plus **\$2,324.37 in- State travel=\$43, 284.63**

## Template 3: SNAP-Ed Staffing Plan – FFY23

Project Name: HHC-SNAP-Ed Program FFY 2023

Position Title Attach statement of work listing SNAP-Ed related job duties for each position	FTEs charged to SNAP-Ed Attach definition of FTE and basis for calculations	Percentage of SNAP-Ed Time Spent on Management / Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery. Include all approaches described in Guidance Section 1	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
<b>Program Chief Officer</b>	<b>.50 FTE</b> (35 hours/week)	<b>44%</b>	<b>56%</b> <b>Approach 2,3</b>	<b>\$70,388.92</b> Salary \$53,732.00 Fringe \$16,656.92
<b>Program Director</b>	<b>1.0 FTE</b> (35 hours/week)	<b>20%</b>	<b>80%</b> <b>Approach 1,2,3</b>	<b>\$110,233.70</b> Salary \$84,147.86 Fringe \$26,085.84
<b>Senior Nutritionist (1 staff)</b>	<b>1.0 FTE</b> (35 hours/week)	<b>5%</b>	<b>95%</b> <b>Approach 1,2</b>	<b>\$93,473.54</b> Salary \$71,353.85 Fringe \$22,119.69
<b>Nutritionist (3 staff)</b>	<b>2.0 FTE</b> <b>0.5 FTE</b> (35 hours/week and 17.5 hours/week)	<b>0%</b>	<b>100%</b> <b>Approach 1,2</b>	<b>\$187,583.29</b> Salary \$143,193.35 Fringe \$44,389.94

<b>Team Leader</b>	<b>1.0 FTE</b> (35 hours/ week)	<b>0%</b>	<b>100%</b> <b>Approach 1,2</b>	<b>\$53,742.40</b> Salary=\$41,024.73 Fringe \$12,717.67
<b>Nutrition Educator (10 staff)</b>	<b>9.0 1.0 FTE</b> <b>10.60 FTE</b> (35 hours/week)	<b>0%</b>	<b>100%</b> <b>Approach 1</b>	<b>\$540,414.65</b> Salary \$412,530.27 Fringe \$127,884.38
<b>Position Title</b> Attach statement of work listing SNAP-Ed related job duties for each position	<b>FTEs charged to SNAP-Ed</b> Attach definition of FTE and basis for calculations	<b>Percentage of SNAP-Ed Time Spent on Management / Administrative Duties</b>	<b>Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery.</b> Include all approaches described in Guidance Section 1	<b>SNAP-Ed Salary, Benefits, and Wages</b> Federal dollars only
<b>Prenatal Nutrition Coordinator</b>	<b>0.25 FTE</b> (35 hours/week)	<b>0%</b>	<b>100%</b> <b>Approach 1,2</b>	<b>\$29,389.85</b> Salary \$22,435.00 Fringe \$6954.85
<b>Prenatal/Postnatal Nutrition Educator</b>	<b>0.20 FTE</b> (35 hours/week)	<b>0%</b>	<b>100%</b> <b>Approach 1</b>	<b>\$9,410.83</b> Salary \$7,183.84 Fringe \$2,226.99
<b>Program Assistant</b>	<b>0.50 FTE</b> (35 hours/week)	<b>100%</b>	<b>0%</b>	<b>\$39,262.69</b> Salary \$29,971.52 Fringe \$9,291.17



			Total Staffing Budget: Enter total for all salary, benefits, and wages from Federal dollars here.	<b>\$1,133,899.86</b>
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**Staffing Hispanic Health Council – SNAP-Ed Program**

Statement of Work listing SNAP-Ed related job duties for each position:

**Program Chief Officer (PCO):**

Responsible for grant coordination, partner relationships. Programmatic oversight including budget development, monitoring, and contractual reporting. Network oversight and coordination of statewide relationships

**Program Director:**

Responsible for program oversight and working with PCO on development and monitoring of programmatic budget. Develop and monitor strategies for implementation of services, and coordination of activities. Personnel management including coordination of staff trainings and evaluations. Participation in coalitions and committees.

**Senior Nutritionist:**

Responsible for coordination of services, assistance with program management and supervision, delivery of direct services, in-service trainings, participation on local or advisory groups or task forces working on improving access to healthy foods and physical activity, media presentations, and promotion of program’s activities.

**Nutritionists:**

Responsible for weekly scheduling of nutrition education activities, conduct staff trainings and in-service trainings for other agencies, conduct community nutrition presentations among target populations, conduct outreach offering services, manage social media messages, and participation on advisory groups and/or task forces.

**Team Leader/Nutrition Educator:**

Assist Program Director and Senior Nutritionist with monitoring of program’s field work as planned and implemented following program’s protocols. Delivers nutrition activities,

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and conduct outreach with school staff, preschool programs and community agencies to schedule presentations. Attends community events, disseminate nutrition education materials. Collect data and enter data on database.

**Nutrition Educator:**

Deliver nutrition activities, and conduct outreach with school staff, preschool programs and community agencies to schedule presentations. Attend community events, disseminate nutrition education materials. Collect data and enter data on database.

**Program Assistant:**

Provides general administrative support. Processes supplies requests, prepares expenses reports, etc. Assist with data entry.

**Prenatal Nutrition Coordinator:**

Supervises daily activities of prenatal nutrition educators, and coordinates nutrition education activities with nutritionists.

**Prenatal Nutrition Educator:**

Direct delivery of nutrition education activities to pregnant women. Collect and maintain data into database.

**Definition of FTE and basis for calculations:**

**Program Chief Officer (PCO):**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the HHC SNAP-Ed program will be 56% of the time (0.56 FTE).

**Program Director:**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the HHC SNAP-Ed program will be 100% of the time (1.0 FTE).

**Senior Nutritionist:**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the HHC SNAP-Ed program will be 100% of the time (1.0 FTE).

**Nutritionist:**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the HHC SNAP-Ed program will be 100% of the time (1.0 FTE). The part-time equivalent for this position will be 17.5 hour work week (0.5 FTE).

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**Team Leader:**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the HHC SNAP-Ed program will be 100% of the time (1.0 FTE).

**Nutrition Educator:**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the HHC SNAP-Ed program will be 100% of the time for nine positions (9 FTE) and one position 60% ( 0.60 FTE).

**Program Assistant:**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the HHC SNAP-Ed program will be 50% of the time (0.50%).

**Prenatal Nutrition Coordinator:**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the HHC SNAP-Ed program will be 25% of the time (0.25 FTE).

**Prenatal Nutrition Educator:**

The full-time equivalent of this position is based on a 35-hour work week. The amount of time spent by this staff on the HHC SNAP-Ed program will be 20% of the time (0.20 FTE).

## Hispanic Health Council, SNAP-Ed Program FFY 2023 – salary & fringe

Position and name	Annual Salary	Carryover	% funded in this contract	Total
<u>Program Chief Officer Officer – Sofia Segura-Perez</u>	\$ 95,950.00	0	56%	\$ 53,732.00
<u>Program Director -Gilma Galdamez</u>	\$ 73,186.28	10,961.58	100%	\$ 84,147.86
<u>Senior Nutritionist -Nicholas Bologna</u>	\$ 61,200.00	10,153.85	100%	\$ 71,353.85
<u>Nutritionist -Paula Agudelo España</u>	\$ 51,000.00	6,876.87	100%	\$ 57,876.87
<u>Nutritionist -Milagros Nieves</u>	\$ 51,000.00	11,538.48	100%	\$ 62,538.48
<u>Nutrition Educator – Christian Camacho</u>	\$ 35,919.18	7,614.63	100%	\$ 43,533.81
<u>Nutrition Educator – Josefa Correa</u>	\$ 41,297.51	5,821.08	100%	\$ 47,118.59
<u>Nutrition Educator – Roberta Linares</u>	\$ 35,961.54	5,578.47	100%	\$ 41,540.01
<u>Nutrition Educator -Obdvel Gonzalez</u>	\$ 35,929.40	3,628.14	100%	\$ 39,557.54
<u>Team Leader/Nutrition Educator- Surelys Ramos Flores</u>	\$ 39,630.00	1,394.73	100%	\$ 41,024.73
<u>Nutrition Educator – Amaryllis Santiago</u>	\$ 35,919.18	6,661.81	100%	\$ 42,580.99
<u>Nutrition Educator – Lusero Sanchez</u>	\$ 36,000.00	3,310.55	100%	\$ 39,310.55
<u>Nutrition Educator – Tatiana Rodriguez</u>	\$ 35,919.18	7,614.61	100%	\$ 43,533.79
<u>Nutrition Educator – Migdalia Texidor-Huertas</u>	\$ 44,777.84	5,535.67	100%	\$ 50,313.51
<u>Nutrition Educator – Gisell Collazo</u>	\$ 35,919.18	7,614.61	100%	\$ 43,533.79
<u>Nutrition Educator-</u>	35,846.15	0	60%	\$ 21,507.69
<u>Nutritionist</u>	\$ 45,556.00	0	50%	\$ 22,778.0
<u>Program Assistant – Teresita Marquez</u>	\$ 48,703.72	5,619.66	50%	\$ 29,971.52
<u>Prenatal Nutrition Coordinator-Yessenia Conde</u>	\$ 70,700.00	4,760.00	25%	\$ 22,435.00
<u>Prenatal Nutrition Educator- Idaris De Jesus</u>	\$ 35,919.18	0	20%	\$ 7,183.84
<b>TOTAL PROGRAM SALARIES</b>				<b>\$ 865,572.42</b>

Position and name	Fringe
<u>Program Chief Officer Officer – Sofia Segura-Perez</u>	\$ 16,656.92
<u>Program Director -Gilma Galdamez</u>	\$ 26,085.84
<u>Senior Nutritionist -Nicholas Bologna</u>	\$ 22,119.69
<u>Nutritionist -Paula Agudelo España</u>	\$ 17,941.83
<u>Nutritionist -Milagros Nieves</u>	\$ 19,386.93
<u>Nutrition Educator – Christian Camacho</u>	\$ 13,495.48
<u>Nutrition Educator – Josefa Correa</u>	\$ 14,606.76
<u>Nutrition Educator – Roberta Linares</u>	\$ 12,877.40
<u>Nutrition Educator -Obdvel Gonzalez</u>	\$ 12,262.84

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Team Leader/Nutrition Educator- <del>Survelis Ramos Flores</del>	\$	12,717.67
Nutrition Educator – Amaryllis Santiago	\$	13,200.11
Nutrition Educator – <del>Luzero Sanchez</del>	\$	12,186.27
Nutrition Educator – Tatiana Rodriguez	\$	13,495.47
Nutrition Educator – <del>Migdalia Texidor-Huertas</del>	\$	15,597.19
Nutrition Educator – <del>Cisel Collazo</del>	\$	13,495.47
Nutrition Educator-		6,667.38
Nutritionist		7,061.18
Program Assistant – Teresita Marquez	\$	9,291.17
Prenatal Nutrition Coordinator-Yessenia Conde	\$	6,954.85
Prenatal <del>Nutrition Educator- Idaris De Jesus</del>	\$	2,226.99
<b>TOTAL Fringe</b>		<b>\$268,327.44</b>
+ Salary with carryover		<b>\$865,572.42</b>
<b>Total Salary + Fringe</b>		<b>\$1,133,899.86</b>

**Section B. Project Costs**  
**Federal Fiscal Year: 2023**  
**(Year 2 FFY2023)**

**State: CT**

**Sub-grantee Name: Hispanic Health Council SNAP-Ed**

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits	\$ 137,137.01	\$996,762.86	
Contracts/Sub-Grants/Agreements			
Non-Capital Equipment/ Office Supplies	\$4,294.68	\$38,895.65	
Nutrition Education Materials		4,225.00	
Travel	\$10,819.63	\$32,465.00	
Building/Space Lease or Rental		49,885.00	
Cost of Publicly-Owned Building Space		NA	
Maintenance and Repair		NA	
Institutional Memberships and Subscriptions		NA	
Equipment and Other Capital Expenditures			
<b>Total Direct Costs</b>	<b>\$ 152,251.32</b>	<b>\$1,122,233.51</b>	
Indirect Costs (Indirect Cost Rate= <u>25%</u> )	\$38,062.83	\$280,558.38	
<b>Total Federal Funds</b>	<b>\$190,314.15</b>	<b>\$1,402,792</b>	Leave blank
<b>Total Federal Funds Including Unobligated Balance from Previous FY:</b>	<b>Leave Blank</b>	<b>\$1,593,106</b>	<b>Leave Blank</b>
Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank		

Signature of Responsible Official:  CEO

Date: 5/23/23

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# Project 4 - UConn Husky Programs

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## Template 2: SNAP-Ed State Goals, Objectives, Projects, Campaigns, Evaluation, and Collaboration

### **Reporting Progress on State-Level Goals and Objectives:**

*The Husky Programs* Evaluation Plan outlines measures and describes data collection methods that will be used to track progress towards state goals. *Husky Programs* evaluation data are stored digitally either in Access, Excel, Drop Box, or the EARS data collection program developed by UConn Health. De-identified data can be extracted and easily shared with the state and, when appropriate, integrated with files from other IAs.

### **Description of projects/interventions:**

**Project/Intervention Title:** *Husky Programs*

### **Related State Objective(s):**

*Husky Programs* support the following CT SNAP-Ed State Level Objectives:

Goal 1 Objectives: 1.1, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9

Goal 2 Objectives: 2.1, 2.3

Goal 3 Objectives: 3.1, 3.2, 3.4

For FY 22-24, *Husky Nutrition*, the first of the Connecticut contractors funded by SNAP-Ed in 1994, and *Husky Sport*, funded since 2005, are joining together to form *Husky Programs*. *Husky Programs* will engage populations eligible to receive SNAP-Ed in nutrition and physical activity programming, while collaborating with community partners to assess needs, improve environments, develop policy, and conduct evaluations to improve participant health and wellness. The FY 22-24 plan outlines each *Husky Programs* initiative to promote healthy lifestyles during childhood, as well as for adults through PSE Interventions provide adult-oriented PSE interventions to support both *Husky Programs* and other state-wide SNAP-Ed Implementing Agency efforts. In addition, the FY 22-24 plan further integrates program design with the social-ecological model, multi-level interventions, and community and public health approaches to improve nutrition and physical activity.

### **Audience:**

*Husky Programs* will deliver the majority of interventions in Connecticut's municipalities with the highest level of need, including Groups 1 and 2 as identified in the Needs Assessment. A focal point of programming will be early care and education (ECE) sites, schools, and retail food outlets located in these municipalities, as they represent an



opportunity for multi-component, multi-level interventions in places where many families with children spend time. The table that follows illustrates the SNAP-Ed target audience for each Husky Programs intervention.

<b>Husky Programs</b>	<b>SNAP-Ed Target Audience</b>
<b><i>Promoting Healthy Lifestyles during Childhood</i></b>	
Husky Reads (A-1) Little City Sprouts (A-2)	Youth ages 2 – 5 and their adult family members
Husky Nutrition On-the-Go (A-3) Nutrition Workshops for Adults (A-7)	Adult family members of youth Adults 18 – 59 and adults 60+
Husky Sport @ Wish (A-4)	Youth ages 4-12, family members, and classroom teachers
Out of School Time Programs (A-5)	Youth ages 5-17
Youth Nutrition and Physical Activity Clinics (A-6)	Youth ages 10-17
<b><i>Promoting Healthy Lifestyles for Adults through PSE Interventions</i></b>	
Smart Shopping Partnerships (B-1)	SNAP-Ed eligible adult populations, especially those living in Group 1 and Group 2 towns
Food Pantry Partnerships (B-1)	SNAP-Ed eligible adult populations
Integrating SNAP4CT platforms (B-2)	SNAP-Ed eligible adult populations, including those living in Group 1 towns and those living in less populated parts of the state

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### ***Food and Activity Environments:***

*Husky Programs* tailors programs to meet the needs of the target audience at each site based on the audience's age, language, physical ability, and physical environment. This project further reflects the needs of the audience in a number of ways:

- Relevancy - engagement across the lifespan with both nutritional and physical activity education through programs designed based on the specific needs of the population.
- Relationships - reciprocal campus-community partnerships built on respect and “right” relationships, where one treats individuals as equal authorities on their own lives. In doing so, we challenge inequitable individual behaviors and social structures.
- The SNAP4CT.org website and social media platform provides a complementary and alternative mode to effectively reach those eligible to receive SNAP-Ed. The ability to target messaging using location (zip code) is a powerful tool to ensure that messages are reaching the intended audience. Social media, website, blog, and eNewsletter content are used to support direct education initiatives. Farmers markets that accept EBT are promoted to targeted zip codes to inform participants when and where they may stop at these retailers.

### ***Project Description:***

During the FY 22 – 24 USDA SNAP-Ed funding cycle, *Husky Nutrition* (UConn Health) and *Husky Sport* (UConn Storrs) will continue integrating into one *Husky Programs* organization. Staff will build and implement a unified approach to address state-level SNAP-Ed goals and objectives while leveraging the strengths and expertise of each agency, and honor *Husky Programs'* core values:

Relevancy - engagement across the lifespan with both nutritional and physical activity education through programs designed based on the specific needs of the population.

Relationships - reciprocal campus-community partnerships built on respect and “right” relationships, where one treats individuals as equal authorities on their own lives. In doing so, we challenge inequitable individual behaviors and social structures.

Representation - mentoring and development of a corps of racially and socio-economically diverse college students as the next generation of engaged citizens.

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Over the next three years, *Husky Programs*’ plans to address priorities identified in Connecticut’s SNAP-Ed Needs Assessment (2021) by:

Implementing and enhancing multi-level interventions as part of campus-community partnerships with early care and education centers, Wish School, food retailers, and farmers markets

Increasing SNAP-Ed for adult caregivers of preschool and school age children

Increasing direct education focused on middle and high school students, beginning in Northeast Hartford

Exploring opportunities to better reach children in New London and Waterbury, two underserved Group 1 towns

Increasing reach and reinforcing messaging from direct education through SNAP4CT social media

Collaborating with DPH and community partners on healthy eating environment PSE interventions to better reach underserved adult populations who live in less-populated geographic areas in the state

For the next grant cycle, *Husky Programs* will work with community partners to plan and implement programs as part of comprehensive, multi-level interventions that focus on two categories: A) Promoting Healthy Lifestyles during Childhood and B) Promoting Healthy Lifestyles for Adults through PSE Interventions.

The section below outlines planned programs, delivery goals, and the design and implementation within each category.

### **Husky Programs by Category**

#### **Category A: Promoting Healthy Lifestyles during Childhood**

*Husky Programs* offers seven programs focused on promoting healthy lifestyles during childhood. The programs include: *Husky Reads*, *Little City Sprouts*, *Husky Nutrition On-the-Go*, *Husky Sport @ Wish School*, *Out of School Time*, *Youth Nutrition and Physical Activity Clinics*, and *Nutrition Workshops for Adults*.

These seven programs are implemented primarily as part of multi-level interventions through the Early Care and Education (ECE) Partnerships, Wish School Partnership and the Northeast Hartford Partnership. Partnerships typically include the following activities:

- Direct nutrition and physical activity education with students in early childcare and education (ECE) centers and school-based preschool programs, as well as

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elementary school, and out of school time (e.g. afterschool, weekend, and summer) programs

- Direct education reaching students' adult family members
- PSE interventions at these same sites as well as local food retailers (grocery stores, farmer's markets) and other community sites that engage the students' adult family members
- Social media campaigns to increase reach and reinforce messaging from direct education

The *Northeast Hartford Partnership* is a neighborhood specific multi-level intervention located in a federal Promise Zone ([website](#)). *Husky Programs* will continue its existing direct education programs in this area of Hartford, which includes programming at ECEs, Wish School, and out-of-school programs. Over the next three years, *Husky Programs* will also enhance direct education and PSE efforts focused on middle and high school students in this neighborhood and will integrate site-based programs, virtual program delivery, and social media campaigns.

**A-1. Husky Reads:** *Husky Reads* is a well-established SNAP-Ed toolkit practice-tested program that has been ongoing since 1998. Inspired by the nationally accepted American Academy of Pediatrics' program "Reach Out and Read," *Husky Reads* was originally designed for promotion of health and nutrition habits by reading nutrition-focused, health-oriented books to young children in pediatric health clinics. A USDA Higher Education Challenge Grant (2005-2010)<sup>132,133</sup> supported the early development of the *Husky Reads*' curriculum and its delivery method. Over time, *Husky Reads* evolved into a literacy-based healthy eating intervention designed to introduce preschool age children to MyPlate<sup>®</sup> concepts and foods from different food groups. The learning objectives aim to increase MyPlate<sup>®</sup> and food group knowledge, the ability to name fruits and vegetables, willingness to eat a variety of foods from different food groups, and reported liking of fruits and vegetables. The lessons, taught by *Husky Programs* educators, include reading food, health, and physical activity-themed books, playing activities that reinforce the learning objectives, and offering food samples that encourage children to taste different foods in a positive and supportive environment. Each of the books selected for use with the *Husky Reads* lessons come from the Food and Nutrition Fun for Preschoolers Resource List.<sup>134</sup> The foods selected for tasting correspond to the MyPlate<sup>®</sup> food groups with an emphasis on fruits and vegetables.

The curriculum includes a series of 10 lessons each lasting 30 minutes. The program is typically implemented in ECE classrooms as the full series of weekly lessons (10) during each academic year session: the fall, spring, and summer.

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<sup>132</sup> Poehlitz PM, Pierce MB, and Ferris AM. (2006). Delivering nutrition education in a service-learning course. *J. Nutr. Educ. Behav.* 38:388-9.

<sup>133</sup> Pierce MB, Havens E, Poehlitz M, Ferris, AM. (2012) "Evaluation of Community Nutrition Service-Learning Program: Changes to Student Leadership and Cultural Competence." *North American Colleges and Teachers of Agriculture*, 56:3, 10-16.

<sup>134</sup> [https://www.nal.usda.gov/sites/default/files/fnic\\_uploads//fun\\_preschool.pdf](https://www.nal.usda.gov/sites/default/files/fnic_uploads//fun_preschool.pdf)

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Annually, the *Husky Programs* team will partner with at least 10 ECE partners to engage approximately 500 children in a series of 8-10 Husky Reads lessons. The series will be delivered in an estimated 45 classrooms.

**A-2. *Little City Sprouts*:** Hartford Food Systems will conduct a program called “Little City Sprouts (LCS),” a Farm to Preschool program providing young children (ages 2-5) with the opportunity to know about, grow, and taste fresh healthy food through food-related field trips, gardening, nutrition education, communal eating, and cooking lessons designed for them. If a preschool will not allow an actual off-site field trip to occur, then a “Virtual Field Trip” will be done at the preschool. The Virtual Field Trip will include presenting fruits and vegetables typically grown at CT farms, and having farmers come into the school or connect virtually to talk to the children.

Development of *Little City Sprouts* has been informed by the research-tested CATCH Early Childhood curriculum, Farm to ECE programs, *Husky Reads and Husky Programs* technical assistance, and community partner feedback. As part of the program, HFS builds or updates raised-bed gardens at each participating ECE site. The curriculum includes lessons from CATCH Early Childhood with the remaining lessons developed in coordination with *Husky Programs*. *Husky Programs* provides financial support via SNAP-Ed and technical assistance with nutrition content for curricula and materials for educational program delivery.

In FY22, the Hartford Food System team will partner with at least 2 ECE partners to engage approximately 75 children during the school year with a series of 30 thirty minute Little City Sprouts sessions. It is expected that one additional ECE partner will be engaged to host a series of at least 12 sessions for 2 classrooms, engaging about 25 additional children.

In FY 23 and FY 24, Husky Programs anticipates subcontracting with Hartford Food System to support Little City Sprouts programming with at least 3 sites, engaging a minimum of 120 children, in a series of 16 lessons. The series will be delivered in at least 10 classrooms.

**A-3. *Husky Nutrition On-the-Go: Sugary Drink Reduction*:** *Husky Programs* educators will deliver the SNAP-Ed toolkit research-tested ten-week series entitled “*Husky Nutrition On-the-Go: Sugary Drink Reduction*” to parents and adult caregivers of preschoolers. Each week of this ten-week intervention, delivered by nutrition educators, centers on a tailored message, game, and supportive display focused on reducing sugary drink consumption, limiting use of fruit juice to American Academy of Pediatrics’ recommended levels, and promoting water consumption for their children. The intervention is administered during pick up times at ECEs as a brief interaction, with the cumulative direct education exposure lasting approximately 50 minutes. This program was originally developed as part of a funded project in the USDA Childhood Obesity Prevention Initiative (USDA/CSREES: 2008-55215-19071, Effectiveness of an IMB-

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based Intervention for Reducing Sweetened Beverage Consumption in Preschool Children, A. Ferris PI)<sup>135</sup>.

Implementation of this program is on pause due to COVID-19. Community partner interest continues to favor virtual opportunities for engaging parents. In lieu of delivering the program, Husky Programs team will review and update the curriculum if needed to maintain consistency with guidelines. Once ECE partner interest in the SDR series resumes The *Husky Programs* team will deliver the SDR series at up to 2 4-sites that also participate in Husky Reads. Direct education engagement will include approximately 40 unique adult participants and 200 contacts. Program delivery goals will be reviewed with partners to re-assess interest on an annual basis.

***Nutrition On-the-Go:*** *Nutrition On-the-Go* is implemented as a complementary adult education component of an *ECE Partnership*, *Northeast Hartford Partnership* or *Food Retailer Partnership*. Each lesson, delivered by nutrition educators, promotes key messages through interactive demonstrations, multimedia games or activities, and skill practice opportunities. Curricula and demonstrations may also include a food sample, recipe(s), and nutrition or culinary tips. Total contact time per participant is usually under 15 minutes; however, this activity is intended as part of a larger multi-level or PSE intervention. *Nutrition On-the-Go* curricula includes interactive display boards with dietary guidelines and strategies to identify foods that meet recommendations related to eight topics: 1) grains, 2) protein, 3) calcium, 4) fats/oils, 5) sodium, 6) beverage calories and sugar content, 7) food safety, and 8) label reading. Additional interactive display boards include ten Sugary Drink Reduction lessons as well as Learning Zone Express boards. In FY 22-24, *Husky Nutrition On-the-Go* is projected to be conducted at at least 3 community partner sites reaching 100 participants annually. This level of service will be re-evaluated annually over the 3-year term.

***A-4: Husky Sport @ Wish School:*** *Husky Sport @ Wish School* is a multi-level intervention that engages students and adult family members through direct education and actively engages in PSE change in the school setting.

*Pre-K-2* — The Pre-K-2 program, modeled after Scholastic’s [Read and Rise](#), aims to bring families and community members into schools to support youth literacy development while promoting positive nutritional choices and physical activity. Throughout the school year, students participate in a weekly session that combines a read aloud with a physical activity (30 minutes total). Thematic cycles are 3-4 weeks in length and organized around a section of the MyPlate and an aspect of physical literacy (<https://www.snap4ct.org/physical-literacy.html>).

*Husky Programs* work closely with school curriculum specialists and teachers to select appropriate books, with particular attention to representation (see *Husky*

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<sup>135</sup> Ferris, A. M., D. Wakefield, K. Lora, C. Quesada. Caretakers receiving SNAP are responsive to education to reduce preschool child sugar-sweetened beverage (SSB) consumption. 42<sup>nd</sup> Ann Soc Nutr Educ/EB, San Diego, CA. April 2014. 14-7959.



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*Programs'* diverse books list [here](#)) and plan activities, in alignment with Hartford Public Schools' current grade level curriculum (<https://www.hartfordschools.org/literacy/>).

For FY 22-24, youth contacts for Pre-K-2 grade number approximately 4,680 per year (11 classrooms with a total of 180 students over 26 weeks of the academic year).

*Grades 3-5 —Husky Programs* will meet with each classroom in grades 3-5 once per week for 30 minutes over the 26 weeks of the academic year. The curriculum includes approximately 8 sessions that follow a 4-week cycle centered around specific physical activity and nutrition themes that promote and reinforce healthy nutritional choices and engage students in interactive physical activities. The curriculum is collaboratively planned between staff and the school curriculum specialists and teachers. Activities align with common core curriculum ([Common Core for Physical Education](#); [Connecticut State Department of Education Physical Education Guidelines](#)). For FY 22-24, *Husky Programs* project 3,900 contacts per year with the youth (9 classrooms with a total of 150 students over 26 weeks of the academic year).

*Grades PreK-5 — Husky Programs* functional movement integration program, adapted from programming proven to promote future physical activity and joint health, as well as improve student attention and behavior. (see Cohen, 2014; Padua, 2018) will be delivered to the entire student body at Wish School. Addressing functional movement skills may enhance the ability of children to maintain an active lifestyle by providing them the necessary skills and confidence to participate. Lack of basic motor skills is a major barrier to incorporating physical activity in daily life and obesity prevention efforts.<sup>136</sup>

Students in grades Pre-K through 5 will participate in an exercise series once per week. Teachers will also be provided with the library of videos that can be used with their students to energize them during the school day to increase children's time spent with moderate to vigorous physical activity. During FY21, Husky Sport developed a video library (see sample video [here](#)) highlighting a variety of sports and physical activities, and providing students with examples of functional movement skills in the areas of strength, balance, agility and plyometrics. Youth contacts for FY 22-24 are projected to be 8,580 per year (20 classes with a total of 330 students over 26 weeks of the academic year).

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<sup>136</sup> Walker TJ, Craig DW, Robertson MC, Szeszulski J, Fernandez ME. The relation between individual-level factors and the implementation of classroom-based physical activity approaches among elementary school teachers. *Transl Behav Med.* 2021 Apr 7;11(3):745-753. doi: 10.1093/tbm/ibaa133. PMID: 33598700; PMCID: PMC8033594.

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*School and Community Culture of Health — Husky Programs* will engage with the Wish School community (students, staff, and partners) with a focus on sustaining a culture of health and wellness.

*Husky Programs* has worked to integrate nutrition education and physical activity into the school culture to promote health and wellness over its five-year partnership. *Husky Programs* hosts school wide events integrating nutrition and/or physical activity and offers additional physical activity and nutrition-related activities for classrooms that accumulate points in the Hartford Public Schools district-wide Positive Behavior Interventions and Support (PBIS) system.

For FY 22-24, *Husky Programs* will host at least 4 school-wide nutrition or physical activity events for a total of 1,400 contacts per academic year (330 students plus 20 adults per 4 opportunities). As part of building the community aspect of a culture of health, *Husky Programs* will host nutritional education and physical activity engagement opportunities for Wish School families; Husky Sport at Wish workshops or events follow the A7 – Nutrition Workshops for Adults or A3 --Husky Nutrition On-the-Go approach, reporting will be under those headings.

**A-5. Out of School Time** *Husky Programs* will partner with neighborhood community organizations or school-based programs to increase physical activity opportunities and opportunities to explore healthy eating and nutrition especially during “out of school time” by offering hands-on activities for youth such as Cooking Matters, food demonstrations, leading youth in a game or activity that requires a high degree of movement and participation, sports-based physical activity clinics, physical activity stations about the ABCDEs of physical literacy and/or a MyPlate-themed nutrition lesson. Program duration will range from a minimum of 30 minutes up to 2 hours.

In FY 22 - FY24, *Husky Programs* will partner with at least 6 organizations to provide after school, weekend or summer programming to youth ages 5-17. Activities will engage at least 200 youth participants in a series of at least 4 sessions.

In FY 23, *Husky Programs* will also engage at least 50 youth participants ages 11 to 17 (grades 6-12) through hands-on learning delivered as a series or single session event. These youth programs will be held in collaboration with partners in Hartford and at least one additional SNAP-Ed priority group 1 town (Bridgeport, New Britain, New London, New Haven, Waterbury, or Windham). In FY 24, we anticipate engagement of youth ages 11 to 17 will increase to 100 unique participants.

**A-6: Youth Nutrition and Physical Activity Clinics.** *Husky Programs* will return to its past direct education with older youth from the FY 16-18 SNAP-Ed funding cycle. Through nutrition and physical activity clinics, middle and high school-aged participants travel through a series of stations where they are exposed to content addressing one or more of the following: MyPlate, the ABCDEs of physical literacy, and engagement in a



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food demo with healthy snack tasting (when possible). Clinic durations will range from a minimum of 30 minutes up to 2 hours. In FY 22, 10 clinics held at schools, recreation or community centers will engage approximately 50 youth, with approximately 500 contacts. Clinics will be held in Hartford during FY 22 and expand to at least one additional priority group 1 town in FY 23 and FY 24. In FY23 and 24, we anticipate clinics will engage at least 100 youth participants.

### **A-7: Nutrition Workshops for Adults**

**Cooking Classes:** *Cooking Matters for Adults* and *Cooking Matters for Parents*<sup>137</sup> are both six-week programs that include cooking classes and teach about food budgeting, grocery shopping, meal preparation, and nutrition. *Husky Programs* partners with *Cooking Matters* to deliver the SNAP-Ed toolkit evidence-based curricula in community settings that serve low-income populations. When possible, *Husky Programs* will offer *Cooking Matters* to ECEs and Wish School as part of the *Northeast Hartford Partnership*. At times, an abbreviated series or single session may be offered. The abbreviated or single session approach has been approved by *Cooking Matters*.

**Nutrition workshops:** Nutrition workshops, delivered in person or virtually for 20 to 60 minutes, include a nutrition lesson, a healthy cooking lesson with a recipe that complements the nutrition lesson topic, and, when possible, a recipe tasting. Each healthy cooking lesson introduces the ingredients and how to select them, the cooking equipment, and the process of following the steps in the recipe to prepare the food. Workshop delivery protocols have been established for five nutrition topics: MyPlate, sodium, fats, grains and heart health. In addition, our Eating Well, Spend Less workshop focuses on unit pricing, buying in bulk and in season, and interpreting the nutrition facts label. The primary setting for this intervention will be ECE programs and partner schools, but may at times be offered at senior or community centers or public housing programs.

In FY 22-24, on an annual basis *Husky Programs* expects to conduct 40 educational sessions, primarily with adult caregivers of children, at least 15 sites, reaching an estimated 275 adult participants with 320 contacts of direct nutrition education.

### **Category B: Promoting Healthy Lifestyles for Adults through PSE Interventions**

*Husky Programs* offers two programs focused on adult-oriented PSE interventions. The programs include: *Food Pantry Partnerships*, *Smart Shopping Partnerships* and *integrating SNAP4CT platforms* to increase the reach and impact of direct education and PSE interventions.

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<sup>137</sup> <http://cookingmatters.org/node/2247>

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**B-1. Food Pantry Partnerships.** In addition, in FY 22, *Husky Programs* plans to work in partnership with the CT Department of Public Health to assist Connecticut Foodshare in partnering with food pantries to provide technical assistance for implementing Supporting Wellness At Pantries (SWAP) and client choice. In FY 22, *Husky Programs* will have at least two staff members complete the Connecticut Foodshare train-the-trainer program for providing technical assistance, will schedule and promote a SWAP train-the-trainer session for interested SNAP-ED IAs, and will provide technical assistance to at least one interested local food pantry beginning in FY 23. Given that this project is in the planning stage and leverages funding streams, details, including reach estimates, will be developed in FY 22 and updated in the FY 23-24 plans.

**B-1. Smart Shopping Partnerships.** *Smart Shopping Partnerships* are a collaboration with food retailers and farmers markets to improve the healthy eating environment while offering learning opportunities for SNAP-Ed eligible adult populations in the form of grocery store tours, point-of-decision promotion, and brief *Harvest Promotion* or *Nutrition On-the-Go* interactions using curricula that highlights food-resource management skills, new ideas for preparing healthy foods, and dietary guidelines. As part of the *Food Retailer Partnership*, recipe tastings and taste tests may be offered by *Husky Programs* educators as a way to introduce SNAP-Ed eligible shoppers to healthy foods and new, affordable ways of preparing healthy foods while they are in the retail food environment. The *Husky Programs* team collaborates with food retailers to co-locate featured recipe ingredients next to the tasting table to facilitate purchases of the healthy foods featured in the tasting.

*Grocery Store Tours* follow the SNAP-Ed toolkit practice-tested Cooking Matters at the Store<sup>138</sup> format at grocery stores and retail food outlets serving a high number of SNAP recipients. When transportation, childcare responsibilities, and physical limitations prohibit participation at the store, nutrition educators deliver full and adapted grocery store tours in a community site with mock stations set up or via live streaming to the community site from the local grocery store. Videos of grocery store tours and other single topic education modules that highlight shopping the perimeter of the store, label reading and unit pricing, and other related topics are maintained online on *Husky Programs* SNAP4CT.org platform and are available for sharing on partner websites and social media.

In FYs 22-23, *Husky Programs* will partner with at least 3 food retailers as part of the *Food Retailer Partnership*. Annually, *Husky Programs* will conduct 4 grocery store tours at grocery stores or community sites reaching 24 SNAP-Ed eligible adults with direct nutrition education and 12 point-of-decision tasting events with an estimated 275 shoppers participating.

*Harvest Promotion On-the-Go:* *Harvest Promotion* materials feature the health benefits and strategies for choosing, storing and preparing fruits and vegetables that are in season and available at the farmer's market or grocery store. *Harvest*

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<sup>138</sup> <https://cookingmatters.org/at-the-store>

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Promotion materials include eight interactive display boards and recipes for apples, berries, melons, stone fruit, cruciferous vegetables, greens, peppers, and tomatoes. Nutrition educators engage shoppers with quick facts through brief activities at the *Harvest Promotion* interactive display and throughout the farmers' market. In addition, as part of farmers' market partnerships, Husky Programs shares information about the market, WIC and SNAP-Ed use at the market, and delivers Harvest Promotion recipes and tips through SNAP4CT Facebook posts reaching SNAP-Ed eligible populations who live near the market. *Harvest Promotion* interactive display boards and SNAP4CT Facebook content may also be delivered as part of a multi-level *ECE Partnership* or the *Northeast Hartford Partnership*. When possible, recipe or taste tests will be offered for the featured produce item. Taste tests are an opportunity to showcase a food item or introduce a consumer to a fruit or vegetable for the first time or in a new way.

As part of the Smart Shopping Partnerships, in FY 22, Husky Programs will partner with at least 2 farmers markets, hosting at least 14 Harvest Promotion On-the-Go sessions, reaching approximately 140 shoppers at the markets and 1,000 views on the SNAP4CT Facebook page.

***B-2. Integrating SNAP4CT Platforms:*** Since its inception in 2014, the SNAP4CT.org website has served as a statewide educational resource available 24/7 for both SNAP-Ed eligible individuals and organizations who directly engage SNAP-Ed eligible individuals. SNAP4CT.org has featured recipes of the month, a regularly published eNewsletter, blog, and a free downloadable cookbook of easy, budget-friendly recipes. In addition to being promoted to community partners and SNAP-Ed eligible individuals during programs and outreach events, the website is also promoted throughout the state by utilizing a variety of web marketing techniques, including keyword optimization utilizing Google AdWords for pertinent terms, and by regular social media posts. Site traffic has been monitored through Google Analytics. In FY 23, *Husky Programs* will also assess SNAP4CT target audience a preferences with the intent of implementing the appropriate adaptations as a result of the assessment in FY 23-24.

*SNAP4CT.org website* is expected to reach visitors from Connecticut at a total rate of 40,000 page views annually for FY 2022-24, including visitors to the site accessing the newsletter and blog. Website usage and reach we will be tracked via direct interactions such as page views and form submissions. Approximately 50% of online interactions will be with participants from SNAP-Ed priority 1 towns.

*SNAP4CT Social Media:* Facebook and YouTube are used to broaden the reach of and reinforce food, nutrition, and physical activity promotion information through simple, targeted, educational messages in a concise, mobile-friendly format integrating colorful photos, videos or infographics. This approach also

allows for *Husky Programs* to interact with social media visitors via posts and comments. In addition to sharing educational messages, SNAP4CT Facebook also includes information about local farmers markets, food security programs, and nutrition education and physical activity opportunities offered by SNAP-Ed IAs and community partners.

In FY 2022-24, *SNAP4CT Social Media* expects to reach visitors from Connecticut at a total rate of 150,000 interactions. Reach will be measured using direct interactions such as user responses “likes,” “follows,” and comments or videos viewed will be linked to a *Husky Programs* partnership activity; other interactions will be designed to reach SNAP-Ed eligible populations in less populated towns.

**Evidence Base:**

Project: Preventing Childhood Obesity	
Program	Evidence Level and Supporting References
Husky Reads: A Food and Nutrition Literacy Program for Preschool Children	<p>Evidence Level: Practice-tested (SNAP-Ed Toolkit)</p> <p>References:</p> <ul style="list-style-type: none"> <li>– SNAP-Ed Strategies &amp; Interventions: An Obesity Prevention Toolkit. Husky Reads: A Food and Nutrition Literacy Program for Preschool Children. <a href="https://snapedtoolkit.org/interventions/programs/husky-reads-a-food-and-nutrition-literacy-program-for-preschool-children/">https://snapedtoolkit.org/interventions/programs/husky-reads-a-food-and-nutrition-literacy-program-for-preschool-children/</a></li> <li>– Husky Nutrition SNAP-Ed Annual Report, FY 2019: Appendix 1: Husky Reads Process Evaluation Report</li> <li>– Husky Nutrition SNAP-Ed Annual Report, FY 2018: <ul style="list-style-type: none"> <li>○ Appendix 1: Husky Reads Formative Evaluation Report</li> <li>○ Appendix 2: Husky Reads Process Evaluation Report</li> <li>○ Appendix 3: Husky Reads Outcome Evaluation Report</li> </ul> </li> <li>– Coleman A, Coleman S, Ferris AM, Book-based nutritional literacy effects preschoolers' nutritional knowledge and willingness to consume fruits and vegetables: 2013 American Public Health Association National Conference, Boston, MA Paper #289287.</li> </ul>

<p>Husky Nutrition On-the-Go: Sugary Drink Reduction</p>	<p>Evidence Level: Research-tested (SNAP-Ed Toolkit)</p> <p>References:</p> <ul style="list-style-type: none"> <li>- SNAP-Ed Strategies &amp; Interventions: An Obesity Prevention Toolkit. Husky Nutrition On-the-Go: Sugary Drink Reduction. <a href="https://snapedtoolkit.org/interventions/programs/uconn-husky-nutrition-on-the-go-sugary-drink-reduction-sdr/">https://snapedtoolkit.org/interventions/programs/uconn-husky-nutrition-on-the-go-sugary-drink-reduction-sdr/</a></li> <li>- Ferris, A. M., D. B. Wakefield, K. Lora, C. Quesada. Caretakers receiving SNAP are responsive to education to reduce preschool child sugar-sweetened beverage (SSB) consumption. FASEB J April 2014 28:252. 8.</li> <li>- Pierce, M.B., K. A. Hudson, K. R. Lora, E. Havens, and A. M. Ferris. (2011). The Husky Byte Program Delivering Nutrition Education One Sound Byte at a Time; J. Nutr. Edu. Behav. 43:135-7.</li> </ul>
<p>Little City Sprouts</p>	<p>Evidence Level: Emerging</p> <p>This program uses the research-tested CATCH Early Childhood lessons.</p> <p>Supporting References:</p> <ul style="list-style-type: none"> <li>- SNAP-Ed Strategies &amp; Interventions: An Obesity Prevention Toolkit. CATCH Early Childhood.</li> </ul>
<p>Husky Sport at Wish School</p>	<p>Evidence Level: Practice-tested</p> <p>Supporting References:</p> <ul style="list-style-type: none"> <li>- Husky Sport, SNAP-Ed Annual Report, FY 2020</li> <li>- Ready Set Read Program Reports (2010/11-2018/2019) <a href="https://huskysport.uconn.edu/ready-set-read/">https://huskysport.uconn.edu/ready-set-read/</a></li> <li>- Husky Growth Program Reports (2012/13-2018/19) <a href="https://huskysport.uconn.edu/husky-growth/">https://huskysport.uconn.edu/husky-growth/</a></li> <li>- Husky Move Program Reports (2015/16 - 2018/19) <a href="https://huskysport.uconn.edu/husky-move/">https://huskysport.uconn.edu/husky-move/</a></li> <li>- School and Community Culture of Health component of Husky Sport is modeled after the Alliance for a Healthier Generation Healthy Schools Program (SNAP-Ed Toolkit</li> </ul>

	<p>research-tested) and the The Food Trust Healthy Body, Healthy Minds: Nutrition Workshops for Teachers (SNAP-Ed Toolkit, Practice Tested)</p> <ul style="list-style-type: none"> <li>- Additional book chapters and manuscripts that provide rationale for and evidence supporting Husky Sport at Wish can be found at: <a href="https://huskysport.uconn.edu/research/">https://huskysport.uconn.edu/research/</a> and <a href="https://huskysport.uconn.edu/presentations/">https://huskysport.uconn.edu/presentations/</a>.</li> </ul>
Out of School Time	<p>Evidence Level: Emerging</p> <p>Supporting References:</p> <ul style="list-style-type: none"> <li>- Out of School time Program Reports (2012/13 -2018-19) <a href="https://huskysport.uconn.edu/after-school-collaborations/">https://huskysport.uconn.edu/after-school-collaborations/</a></li> <li>- Fuller, R.D., Bruening, J. E., Percy, V. E, &amp; Cotrufo, R. A. (2013). Early adolescent male development: A study of a sport-based after-school program in an urban environment. <i>Research Quarterly in Exercise and Sport</i>, 84 (4), 469-482.</li> <li>- Bruening, J. E., Dover, K. M., &amp; Clark, B. S. (2009). Pre-adolescent female development through sport and physical activity: A case study of an urban afterschool program. <i>Research Quarterly for Exercise and Sport</i>, 80, 87-101.</li> </ul>
Nutrition and Physical Activity Clinics	<p>Evidence Level: Emerging</p> <p>Supporting References:</p> <ul style="list-style-type: none"> <li>- McGarry, E. Jennifer, Mala, Jesse, Corral, Michael (2018). Program Development within Authentic Partnerships. <i>Journal of Educational Leadership and Policy Studies</i>, 1(2).</li> <li>- Bruening, J., Fuller, R., &amp; Percy, V. A (2015). Multilevel Analysis of a Campus-Community Partnership. <i>Journal of Service Learning in Higher Education</i>. 4(1), 86-111</li> </ul>
Adults	
Husky Nutrition On-the-Go, Brief interventions	<p>Evidence Level: Practice-tested</p> <p>Supporting References:</p> <ul style="list-style-type: none"> <li>- Husky Nutrition, Annual Report, FY 2019, Appendix 2: Husky Smart Shopping: Process &amp; Outcome Evaluation Report</li> </ul>

	<ul style="list-style-type: none"> <li>- Husky Nutrition Annual Report, FY 2018, Appendix 5: Husky Smart Shopping Outcome &amp; Process Evaluation Report</li> <li>- Pierce, M.B., K. A. Hudson, K. R. Lora, E. Havens, and A. M. Ferris. (2011). The Husky Byte Program Delivering Nutrition Education One Sound Byte at a Time; J. Nutr. Edu. Behav. 43:135-7.</li> </ul>
Grocery tours	<p>Evidence Level: Practice-tested</p> <p>This program uses the same approach as Cooking Matters at the Store, a SNAP-Ed Toolkit practice-tested intervention.</p> <p>Supporting References:</p> <ul style="list-style-type: none"> <li>- SNAP-Ed Strategies &amp; Interventions: An Obesity Prevention Toolkit. Cooking Matters at the Store.</li> </ul>
<p>Cooking Matters for Adults</p> <p>Cooking Matters for Parents</p>	<p>Evidence Level: Research-tested (SNAP-Ed Toolkit intervention)</p> <p>Supporting References:</p> <ul style="list-style-type: none"> <li>- SNAP-Ed Strategies &amp; Interventions: An Obesity Prevention Toolkit. Cooking Matters. (Research-tested curriculum).</li> </ul>
Nutrition Education Workshops	<p>Evidence Level: Emerging</p> <p>Supporting References: This approach will be informed through the planned formative evaluation that will be conducted in FY 2022 and existing research-tested or practice-tested interventions.</p> <ul style="list-style-type: none"> <li>- SNAP-Ed Strategies &amp; Interventions: An Obesity Prevention Toolkit. Cooking Matters. (Research-tested curriculum).</li> </ul>
Smart Shopping Partnerships	<p>Evidence Level: Emerging</p> <p>Supporting References:</p> <ul style="list-style-type: none"> <li>- Husky Nutrition, Annual Report, FY 2019, Appendix 2: Husky Smart Shopping: Process &amp; Outcome Evaluation Report</li> <li>- Husky Nutrition Annual Report, FY 2018, Appendix 5: Husky Smart Shopping Outcome &amp; Process Evaluation Report</li> </ul>



	– Pierce, M.B., K. A. Hudson, K. R. Lora, E. Havens, and A. M. Ferris. (2011). The Husky Byte Program Delivering Nutrition Education One Sound Byte at a Time; J. Nutr. Edu. Behav. 43:135-7.
PSE	
Supporting Wellness at Pantries	Evidence Level: TBD. Accepted to SNAP-Ed toolkit, submitted as research-tested, determination forthcoming.

**Key Performance Indicators (KPIs):**

<b>Key Performance Indicators</b>	
Initiative	Indicators
Husky Reads Little City Sprouts	<ul style="list-style-type: none"> <li>• Number/Percent of classrooms with a teacher who reports lessons increase preschool class a) recognition of MyPlate, b) knowledge of healthy food options, and/or c) willingness to try new foods</li> <li>• (New) Number and proportion of sites that expand access or improve appeal for healthy eating environments by establishing, reinvigorating or maintaining edible food gardens</li> </ul>
Husky Sport at Wish School, Out of School Time, and Nutrition and Physical Activity Clinics	<ul style="list-style-type: none"> <li>• (New) Number/Percent of classrooms with a teacher who reports lessons increase student a) recognition of MyPlate, b) knowledge of healthy food options, and/or c) willingness to try new foods</li> <li>• Number of children who demonstrate an increase in knowledge of healthy foods</li> <li>• Number of children who demonstrate an increase in knowledge of benefits of physical activity, knowledge of physical activity and/or recommended levels of physical activity</li> <li>• Number of children who experience increased duration, frequency or intensity of physical activity</li> <li>• (New) Number of adopted and promoted nutrition-related supports at partner organizations</li> <li>• (New) Number of systems changes at partner organizations</li> </ul>



Nutrition Workshops for Adults	<ul style="list-style-type: none"> <li>• Percent of adult participants who report learning new ideas for preparing specified healthy food</li> <li>• Percent of adult participants who report intent or behavior related to specific food resource management skills</li> <li>• Percent of adult participants who report intent related to adopting healthy eating behaviors</li> <li>• (New) Percent of participants who report increased knowledge and/or skills related to healthy feeding practices</li> <li>• (New) Number / Percent of workshop series adult participants who report increases in healthy eating behaviors</li> </ul>
Smart Shopping Partnerships	<ul style="list-style-type: none"> <li>• Number and percent of POP sessions enhanced by store/vendor incentives for the featured healthy foods, by type of promotion</li> <li>• Number of partner sites or systems who made at least one change in placement of healthy foods, adopted a practice to improve the appeal for healthy eating, decreased promotion of unhealthy foods, or implemented incentives in conjunction with SNAP-Ed</li> </ul>
Multi-Level, Integrated Programming	<ul style="list-style-type: none"> <li>• Number / Percent of partner sites with interventions reaching <u>2 or more</u> of the following levels: 1) child, 2) adult family member of child, 3) ECE/school environment, 4) local food retail environment</li> <li>• Number / Percent of partner sites with interventions reaching <u>3 or more</u> of the following levels: 1) child, 2) adult family member of child, 3) ECE/school environment, 4) local food retail environment</li> <li>• (New) Number / Percent of partner sites engaged in <u>3 or more</u> SNAP-Ed Programs</li> <li>• (New) Number / Percent of partner sites engaged in <u>2 or more</u> SNAP-Ed Programs</li> <li>• (New) Number and reach of social media campaigns designed to complement direct education or PSE interventions</li> </ul>

***Use of Existing Educational Materials:***

*Husky Programs* will utilize nutrition education materials from the *Choose My Plate 10 Tips Nutrition Education Series*, *Cooking Matters at the Store*, *Shopping Matters*, as well as, the *Husky Programs* evidenced-based curricula for *Husky Reads* and *Husky Nutrition On-the-Go Sugary Drink Reduction*.

The following are **examples** of additional and existing materials *Husky Programs* will use:

Title	Author/Source	Languages
Ten Tips Nutrition Education Series	<a href="https://www.usda.gov/choosemyplate">USDA/ChooseMyPlate.gov</a>	English, Spanish Large font
Dietary Guidelines Consumer Brochure	<a href="https://www.dietaryguidelines.gov/sites/default/files/2020-12/DGA_2020-2025_StartSimple_withMyPlate_English_color.pdf">https://www.dietaryguidelines.gov/sites/default/files/2020-12/DGA_2020-2025_StartSimple_withMyPlate_English_color.pdf</a>	English
Recipes, storage tips, seasonal availability	Produce for Better Health Foundation/ <a href="https://fruitsandveggies.org/">https://fruitsandveggies.org/</a>	English ( <i>Husky Nutrition</i> staff can translate to Spanish)
Early Childhood Nutrition: It's Fun to be Healthy PreK Garden lessons	Catch.org <a href="https://catch.org/lessons/early-childhood-nutrition-its-fun-to-be-healthy-garden-kids">https://catch.org/lessons/early-childhood-nutrition-its-fun-to-be-healthy-garden-kids</a>	English
Recipes	<a href="https://snaped.fns.usda.gov/nutrition-education/snap-ed-recipes">https://snaped.fns.usda.gov/nutrition-education/snap-ed-recipes</a>	English*
Cooking Matters, Shopping Matters	Share Our Strength	English, Spanish
Eat Smart, Live Strong	USDA/SNAP-Ed Connection	English
Food Safe Families Campaign Toolkit	USDA, FDA, CDC, Ad Council <a href="https://www.foodsafety.gov/keep-food-safe/4-steps-to-food-safety">https://www.foodsafety.gov/keep-food-safe/4-steps-to-food-safety</a>	English, Spanish
Sugar Sweetened Beverages Set	<i>Husky Nutrition</i> – NRI <a href="https://health.uconn.edu/population-health/activities/completed-projects/sugary-drink-consumption/nri-curriculum/">https://health.uconn.edu/population-health/activities/completed-projects/sugary-drink-consumption/nri-curriculum/</a>	English, Spanish
Parenting the Preschooler: Beverages for your preschooler	(University of Wisconsin Extension) <a href="https://fyi.uwex.edu/parentingthepreschooler/healthy-minds-and-bodies/beverages/">https://fyi.uwex.edu/parentingthepreschooler/healthy-minds-and-bodies/beverages/</a>	English, Spanish
Count Up Your Sugar From Juice Drinks “Rethink your Drink”	North Coast Region Champions for change <a href="https://cachampionsforchange.cdph.ca">https://cachampionsforchange.cdph.ca</a>	English, Spanish

	<a href="http://gov/en/tips/Pages/Rethink-Your-Drink.aspx">gov/en/tips/Pages/Rethink-Your-Drink.aspx</a>	
EatOk Better On Us, What Can \$16 Buy	<i>Husky Nutrition</i>	English, Spanish Large font
Healthy Eating for Kids	<a href="https://www.myplate.gov/tip-sheet/healthy-eating-kids">https://www.myplate.gov/tip-sheet/healthy-eating-kids</a>	English
Dirty Dozen/Clean Fifteen from the Environmental Working Group (EWG)	<a href="http://foodmatters.tv/articles-1/2012-shoppers-guide-to-pesticides-the-dirty-dozen-clean-15">http://foodmatters.tv/articles-1/2012-shoppers-guide-to-pesticides-the-dirty-dozen-clean-15</a> <a href="http://www.ewg.org/foodnews/">http://www.ewg.org/foodnews/</a>	English

\* recipes added to the SNAP4CT.org website are translated into Spanish

### ***Development of New Educational Materials:***

When needed, *Husky Programs* will purchase school-age and program-relevant literature to fit cycle themes for Husky Sport at Wish.

All SNAP4CT social media content is considered new material that will be produced during the FY 22-24 grant period.

### **Evaluation Plans**

In this section, we describe the following three evaluations:

- 1) Husky Programs Promoting Healthy Lifestyles during Childhood Initiative: *Formative Evaluation to Improve Organizational Supports and Program Delivery and Communications Strategies for Adult Family Members (FY 24)*
- 2) Husky Programs Process Evaluation (FY 22, FY 24)
- 3) Husky Programs Promoting Healthy Lifestyles During Childhood Outcome Evaluation (FY 22, FY 23, FY 24)

### ***Evaluation #1: Husky Programs Promoting Healthy Lifestyles during Childhood Initiative: Formative Evaluation to Improve Organizational Supports and Program Delivery and Communications Strategies for Adult Family Members***

***Type:*** Formative Evaluation

***Questions:*** The questions that will be addressed include:

- 1) How can *Husky Programs* improve program delivery and communications strategies for adult family members of SNAP-Ed eligible children?

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- a) What types of information about healthy eating and physical activity do adult family members of children want?
  - b) How do adult family members of children want to get information about healthy eating and physical activity?
  - c) How common and frequent is use of the following communication platforms among adult family members of children? (e.g., email, Facebook, Instagram, Twitter, blogs, texting, etc.)?
- 2) How can *Husky Programs* improve supports for partner organizations?
- a) What types of programming related to healthy eating and physical activity do organizational partners want?
  - b) What types of resources related to healthy eating and physical activity do organizational partners want?
  - c) What needs exist for improving access or creating appeal for nutrition and physical activity supports? (ST5b)
  - d) Do organizations indicate readiness for changes in PSE? (ST5c)
  - e) What SNAP4CT resources, if any, are organizational partners aware of?
  - f) What SNAP4CT resources have they used, or do they use?

### **Approach(es):**

Data collection for Question 1 and Question 2 may include surveys, interviews and focus groups. Adult family members of children who participate in *Husky Programs* will be engaged as participants for Question 1 while site administrators and teachers at partner organizations will be engaged as participants in Question 2. The full protocol, including data collection methods and instruments will be designed in FY 23, with data collection and analyses taking place in FY 23 and FY 24.

Measures for Question 2 include:

- 1) Number of sites or organizations with an identified need for improving access or creating appeal for nutrition and physical activity supports (ST5b)
- 2) Number of organizations or sites that have documented readiness for changes in PSE (ST5c)

### **Planned use:**

Question 1 findings will inform how *Husky Programs* proceeds with direct education and indirect education approaches for adult family members of SNAP-Ed eligible children. We will identify what delivery approach (duration, format, location) and content is preferred for direct education strategies, social media and other communications methods and use this knowledge to inform how we engage adult family members of children in the future.

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Question 2 findings will inform how *Husky Programs* improves supports for partner organizations, including types of programming, resources, and efforts to improve nutrition and physical activity supports

**Prior Evaluation:** This is the first formative evaluation designed for *Husky Programs*. In FY 18 and FY 19, the SNAP-Ed annual reports for Husky Nutrition, submitted by the State of Connecticut, include a formative evaluation for SNAP4CT.

**Use of SNAP-Ed Evaluation Framework:** “Organizational Motivators” ST5: Needs and Readiness relate to Question 2, specifically ST5b and ST5c.

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## **Evaluation #2: Husky Programs Process Evaluation**

**Type:** Process Evaluation

**Questions:** The questions that will be addressed include:

- 1) What program activities were implemented and which target populations did the activities reach?
- 2) Are lessons delivered with fidelity?
- 3) Is the design and delivery of the program relevant to the population?

### **Approaches:**

Question 1 (Implementation and Reach): *Husky Programs* implementation and reach will be assessed through an analysis of programmatic data housed in an ACCESS database, the same database used to collect data for EARS. Data will be analyzed to identify *Husky Programs*’ progress meeting SNAP-Ed plan projections, contributions to reaching target age groups and high risk or underserved geographic areas described in the needs assessment, and delivery of multi-level programs. Measures include:

#### *Outputs*

- 1) Number of direct education sessions, sites, classrooms/groups, unique participants and contacts (by program)
- 2) Number and reach of social media campaigns designed to complement direct education or PSE interventions
- 3) Number of food retailer partnerships, collaborative events, and event reach
- 4) Number of farmers market partnerships, collaborative events, and event reach (FY22 only)

#### *Geographic reach*

- 5) Number of SNAP4CT.org website and social media interactions (by geographic location)
- 6) Total number of unique partner sites (by type and location)

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7) Number of direct education sessions by location

*Age Group*

- 8) Number / Percent of session contacts, including brief interventions, by age group (e.g., preschool children, elementary school, middle/high school, adult)
- 9) Number / Percent of direct education participants engaged in programs designed to engage adult family members of children (A-3, A-7)
- 10) Number / Percent of direct education participants and contacts for programs reaching adult family members of children (A-3, A-7)

*Multi-level Interventions*

- 11) Number / Percent of partner sites with interventions reaching 2 or more of the following levels: 1) child, 2) adult family member of child, 3) ECE/school environment, 4) local food retail environment
- 12) Number / Percent of partner sites with interventions reaching 3 or more of the following levels: 1) child, 2) adult family member of child, 3) ECE/school environment, 4) local food retail environment
- 13) Number / Percent of partner sites engaged in 3 or more SNAP-Ed Programs
- 14) Number / Percent of partner sites engaged in 2 or more SNAP-Ed Programs

Question 2 (Program Fidelity): *Husky Programs* will monitor and record program fidelity using a fidelity observation checklist. Checklist items include: program duration, delivery of learning objectives and key talking points, and engagement of participants during each phase of the lesson. In addition to fidelity checks, *Husky Programs* educators complete an Educator Report after the implementation of lessons. The Educator Report includes a description of what went well, challenges during the lesson, and any recommended changes for the lesson.

Question 3 (Relevance): *Husky Programs* is committed to reciprocal campus-community partnerships and delivering programs that are designed based on the specific needs of the population wherein individuals are respected as equal authorities on their own lives. With this goal in mind, *Husky Programs* works with community partners and engages stakeholders to plan and improve programs. This process includes formal and informal conversations, surveys, interviews, and focus groups engaging site directors and teachers as well as current and prospective program participants.

Process and satisfaction related measures include:

- 1) Number and type of planning and feedback approaches used with a) partner organizations, b) adult family members of children, and c) children
- 2) Number / Percent of classrooms with teacher(s) engaged in planning or program feedback

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- 3) Number / Percent of classroom teachers who agree that lessons were enjoyable for the children
  - 4) Number / Percent of classroom teachers who agree that lessons were age appropriate
  - 5) Number / Percent of program participants who report the program as useful

**Planned use:** Results will be used to identify opportunities to strengthen programming.

**Prior Evaluation:** This is the first process evaluation designed for *Husky Programs*. In previous years, SNAP-Ed annual reports for Husky Nutrition and Husky Sport, submitted by the State of Connecticut, include some process evaluation activities that are described in this plan. For example, in FY 19 and FY 20, Husky Nutrition reported fidelity check results for its Husky Reads program.

**Use of SNAP-Ed Evaluation Framework:** none.

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### **Evaluation #3: Husky Programs Promoting Healthy Lifestyles during Childhood Outcome Evaluation**

**Type:** Outcome Evaluation

**Questions:** The questions that will be addressed include:

- 1) Did children’s knowledge about healthy eating and/or willingness to try healthy new foods increase?
- 2) Did adult family members learn new ideas for preparing healthy foods, report intent or behavior related to food resource management skills, and/or report intent related to healthy eating behaviors?
- 3) Did adult family members increase knowledge and/or skills related to healthy feeding practices for the children in their family?
- 4) Do children demonstrate an increase in knowledge of benefits of physical activity and/or recommended levels of physical activity?
- 5) Do children experience increased duration, frequency or intensity of physical activity? Do children demonstrate increased physical fitness?
- 6) What PSE changes have been made by partner organizations?

**Approach(es):** Data collection for questions 1-5 will include the following methods: Teacher Survey, Youth Participant Pre-Test / Post-Test Activity, Year-end Adult Family Member Focus Group, Nutrition Workshops for Adults Post-test Survey, Cooking Matters for Adults Pre-Test / Post-Test Survey, and Culture of Health Post-Test Survey for Adult Family Members. Data collection for question 6 will include programmatic notes and interviews with organization leaders when indicated.



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The outcome evaluation measures, most of which are Key Performance Indicators, include:

*Healthy eating (Questions 1-3)*

- Number/Percent of classrooms with a teacher who reports *Husky Programs* lessons increase preschool class a) recognition of MyPlate, b) knowledge of healthy food options, and/or c) willingness to try new foods (CT-1.5)
- Number of children who demonstrate an increase in knowledge of healthy foods (CT-1.5)
- Percent of adult participants who report learning new ideas for preparing specified healthy food (CT-1.7)
- Percent of adult participants who report intent or behavior related to specific food resource management skills (CT-1.8; CT-1.9)
- Percent of adult participants who report intent related to adopting healthy eating behaviors (CT-1.1, CT-1.8)
- Percent of participants who report increased knowledge and/or skills related to healthy feeding practices (CT 1-6)
- Number / Percent of workshop series adult participants who report increases in healthy eating behaviors (MT1)

*Physical activity (Question 4-5)*

- Number of children who demonstrate an increase in knowledge of benefits of physical activity and/or recommended levels of physical activity (CT-2.1)
- Number of children who experience increased duration, frequency or intensity of physical activity (MT3, CT-2.3)
- Number of children who demonstrate increased physical fitness (MT3j)

*PSE Changes (Question 6)*

- Number and proportion of sites that expand access or improve appeal for healthy eating environments by establishing, reinvigorating or maintaining edible food gardens (MT5a-P)
- Number of adopted and promoted nutrition-related supports at partner organizations (MT5)
- Number of systems changes supports at partner organizations (e.g., Incorporating physical activity into the school day or during classroom-based instruction). (MT6)

**Planned use:** Findings will be used to describe the effectiveness of *Husky Programs* interventions for Promoting Healthy Lifestyles During Childhood and to report on progress meeting state-level objectives.

**Prior Evaluation:** This is the first outcome evaluation designed for *Husky Programs*. In previous years, SNAP-Ed annual reports for Husky Nutrition and Husky Sport,



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submitted by the State of Connecticut, include some outcome evaluations for activities described in this plan. For example, =Husky Reads and Husky Sport at Wish were most recently evaluated in FY 21 using a different approach. Husky Reads and Husky Nutrition On-the-Go Sugary Drink Reduction are both in the SNAP-Ed toolkit.

***Use of SNAP-Ed Evaluation Framework:*** ST1, ST3, ST4, ST6, ST7, MT5, MT6. In FY 22, *Husky Programs* will identify alignment with and strategies to measure SNAP-Ed Framework indicators.

### **Coordination of Efforts**

In FY 22, Husky Nutrition and Husky Sport will become *Husky Programs* and function as one organization. In past years, Husky Nutrition and Husky Sport each wrote a statement related to how the two programs coordinated efforts and collaborated on programs in Hartford’s Northeast neighborhoods. This year, *Husky Programs* will be focusing some of its efforts in those neighborhoods to strengthen our multi-level approach to nutrition education and physical activity.

***Consultation with Indian Tribal Organizations (ITOs):*** For each ITO in your state, please provide the following:

\*Please see statement provided for state IA group in Executive Summary

***Name of the ITO:***

***Name(s) and title(s) of the individual(s) contacted:***

***Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:***

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## Template 4: SNAP-Ed Budget Information by Project

### Section A. Budget Summary for Sub-Grantee

*Contracts/Grants/Agreements for nutrition education services:*

*Name of sub-grantee: UConn Husky Programs*

*Total Federal funding, grant:*

**Fiscal Year 2023 - \$1,500,729 (plus actual FFY22 carry-over/in of \$104,742) = \$1,605,471, for year 2 of a 3-year Connecticut plan.**

*Description of services and/or products: See below*

*Cost of specific services and/or products: See below*

**Section B. Project Costs**

**Federal Fiscal Year: 2023**

**State: CT**

**Sub-grantee Name: UConn Husky Programs**

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits	\$ 37,949	\$ 883,624	
Contracts/Sub-Grants/Agreements	\$ 47,086	\$ 320,114	
Purchase Services	\$ 1,506	\$ 6,917	
Materials and Non-capital equipment	\$ 370	\$ 14,559	
Travel	\$ 3,684	\$ 28,146	
Consulting Services	\$ 1,250	\$ 3,750	
Institutional Memberships and Subscriptions	\$ 1,000		
<b>Total Direct Costs</b>	<b>\$ 92,845</b>	<b>\$1,257,110</b>	
Indirect Costs* (Indirect Cost Rate= 26% )	\$ 11,897	\$ 243,619	
<b>Total Federal Funds</b>			Leave blank
	\$104,742	\$1,500,729	
<b>Total Federal Funds Including Unobligated Balance from Previous FY</b>	Leave Blank	\$1,605,471	Leave Blank
Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank		

\* Cost Basis – IDC calculated at 26% of Modified Total Direct Costs (MTDC). MTDC = direct costs minus the total balance of the sub-award to UConn Health – (Carryover - \$92,845 – 47,086 = \$45,759) and (FY 2023 - \$1,257,110 – 320,114 = \$936,996

Signature of Responsible Official: \_\_\_\_\_

Date: \_\_\_\_\_

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## Budget narrative:

### **Salary/Benefits: \$921,573**

Executive Director (McGarry – 12.5% academic year effort) \$31,885. Oversees Husky Programs mission and professional staff. Leads Impact Team.

Managing Director (Evanovich – 20% academic year and 66% summer effort) \$48,585 Manages Communications Team and oversees student employees and volunteers through UConn academic courses.

Faculty (DiStefano – 25% summer effort) \$ 9,627. Impact Team Member. Oversees physical activity evaluation across all programs and contributes to overall evaluation model.

Faculty (Blackman-Carr – 10.0% summer effort) \$5,185. Partnerships and Programming Team Member. Focus on direct education for adult family members/caregivers.

Faculty (DeRosa – 33% summer effort \$10,308). Manages Student and Staff Development Team.

Impact and Evaluation – (TBH – 100% effort August and September - \$17,571) – Responsible for program evaluation framework, data analysis, N-PEARS implementation and report writing.

School-Based Programs Coordinator (Bellamy-Mathis – 100% calendar year effort) \$104,170. Directly oversees all school-based partnerships. Mentors Program Leaders.

Creative Producer (Condren – 75% calendar year effort) \$68,787. Member of Communications Team. Coordinates student and temporary staff on developing virtual content to support direct education and PSE efforts.

Youth and Adult Caregivers Programs Coordinator (O'Hare-Charles – 75% calendar year effort) \$81,035 Registered Dietitian providing direct delivery and directing nutrition education to youth and adult caregivers. Mentors Program Leaders.

School-based Programs Coordinator (TBH – 100% effort for August and September \$15,060) providing direct delivery and directing nutrition educators to youth. Mentors Program Leaders.

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Operations Support Staff (Villanueva - 100% calendar year effort) \$84,054. – Assists with management of EDLR-based operations and serves as liaison to University Sponsored Programs Services for all grant related matters.

Post Doc (Alonso-Restrepo – 100% calendar year effort) \$87,966. Member of Partners Team, support for youth programs.

Program Assistant – TBH – 100% for September (1 month only) \$9,524 – responsible to assist with PEARS onboarding and implementation.

L1, L2 and L3 Nutrition Educators/Physical Activity Program Leaders (non-RD) Academic Year

2 15 hour/week Level 1 GAs full academic year – Madison Gonzales, Liz Dickerson (\$44,880) (.28 FTE each)

2 10 hour/week Level I GAs full academic year – Kendra Mattison, Aishah Malik (\$29,920) (.19 FTE each)

2 10 hour/week Level I GAs spring semester only – Zene Charlton, Kelly Halloran (\$14,961) (.09 FTE each)

1 10 hour/week Level II GA – Sandeep Dutta (\$26,960) (.23 FTE)

1 15 hour/week Level III GA – Emma Zuk (\$26,252) (.28 FTE)

Direct delivery of nutrition education and physical activity programming using approved materials and selected sites with flexibility to adapt to varying needs of target audience. \$142,973 at combined FTE of 1.63\*

\*Calculated on a 1.0 FTE of 2080 hours per calendar year. Graduate assistants working 20 hours per week for the 39 weeks of the academic year are considered full-time, compared to a full-time staff member who works 40 hours a week for 52 weeks of the calendar year.

Special Payroll To hire temporary labor for digital media support, Nutrition Educators and Physical Activity Program Leaders, and Operations and budget monitoring. \$163,802.

Hourly Student Labor Staff. Support work of Nutrition Educators and Physical Activity Program Leaders at 2562 hrs at an average rate of \$16.019 per hour for \$41,041.

Fringe Benefits: The fringe benefit rates used in the proposal budget are based on the rates approved by the Department of Health and Human Services. An estimated cost escalation has been included in the out years per University budgeting guidance.

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**Contracts/Sub-Grants/Agreements: \$367,200\***

\*UConn Storrs and UConn Health are two separate entities for grants. The main award will go to UConn-Storrs and then a subaward will be issued to UConn Health to cover salaries for employees at UConn Health and some program materials and travel. The majority of other expenses will be through UConn Storrs.

We are reporting a carry-over of \$47,086 inclusive of IDC at UConn Health due to Susan Furbish's retirement on June 30, 2022. We are reducing the subaward by that amount in order to be able to hire a part-time replacement for Sue Furbish on the Storrs campus rather than at UConn Health. Again, the two campuses operate separately with financial and human resources processes.

**Salary/benefits \$278,573.50**

Director Emerita: (Ferris) responsible for subaward coordination and member of Student and Staff Development Team. Salary and fringe = \$17,376

Adult Programs Specialist: (Quesada) provide and coordinate direct education for the SNAP participants, active participant in SNAP4CT.org, assist and train non-RD nutrition educators; collaboration in state capacity building with the State and local leaders and PSE interventions with retail food outlets, mentor student nutrition educators to support direct education. Salary and fringe = \$138,342.

Program Manager: (Coleman) coordinate the delivery of direct programming for Husky Reads and Healthy Beverages, Husky Nutrition On-the-Go and Husky Smart Shopping at retail stores and Farmers Markets and mentor student nutrition educators. Salary and fringe = \$44,793.

Evaluation and Impact: (Havens) Responsible for program evaluation framework, instrument development, data analysis, EARs database management and report writing. Salary and fringe = \$72,004.

Evaluation Support: (Wakefield) Responsible for program evaluation framework, instrument development, data analysis, EARs database management and report writing. Salary and fringe = \$24 (This total represents actual dollars paid from the FY 2022 carryover funds.)

Retiree Rehire (Furbish) – Responsible for program administration and budget monitoring as well as liaison between UCHC and UConn Storrs as

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well as communications and reporting with the Department of Social Services. Salary and Fringe: = \$6,034.50

Total annual salary and fringe = \$278,573.50

**Program materials and supplies \$9,655**

Personal Protective Equipment (PPE - masks), food safety gloves, stationary supplies, food and paper products for food demonstrations to support all direct education programs for Husky Programs. (\$900 per month for 10 months and \$327.25 for 2 months.)

**Personal Travel \$3,200**

Reimbursement for in-state travel at the federally approved rate of \$.625 mile– approximately 420 miles per month for three (3) staff Coleman, Quesada, Havens = \$3150 plus fees for parking \$5 x 10 meetings.

Total direct costs = \$291,428.50  
Indirect costs @ 26% = 75,771.00  
Total sub-award to UConn Health = \$367,200

Total Subaward minus carryover = \$367,200 - \$47,086 = \$320,114

***Non-capital equipment/office supplies (Purchased Services): \$8,423***

Website/Social media subscriptions and support for SNAP4CT digital platforms (see Template 2 for description of SNAP4CT)

- Adobe Creative Cloud subscription (\$865 per year) for SNAP4CT.org website development
- Weebly Web Hosting (\$253 per year)
- Weebly Grow package (\$300 per year)
- Mail Chimp (\$120 per year)
- Google Ad Words search engine optimization, Facebook boosts, Instagram boosts and You Tube boosts at \$500 per month (\$6,000 per year)
- Google Suite Administrative package (\$150 per year)
- Instagram links – LinkMyPhoto (\$60 per year)
- ESHA Food Processor for nutrient/recipe analysis (\$600)
- Postage (\$75 per year)

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### ***Nutrition Education Materials: \$14,929***

- 2 laptops @ \$1,800 each (total \$3,600) and 2 desks (\$3,600 for both desks) to support the Youth and Adult Caregivers Program Coordinator and School Based Program Coordinator. These staff members provide direct nutrition education as well as mentor and support student labor who provide direct education in the field. Their effort on the grant is 95% of their time providing direct education and 5% of their time for administrative grant support. The cost of desks represents less than 50% of the total furniture costs of the furniture that will be purchased. The remaining costs will be paid for by the University.
- Nutrition Education materials, tee shirts with UConn Husky Programs logo to identify Nutrition Educator volunteers and program supplies such as books, equipment for physical activities, MyPlate materials/posters (\$5,959)
- Stationary supplies and educational materials (\$1,770).

### ***Travel: \$31,830***

Total personal travel = \$3,640: Travel for Husky Programs will remain In-State. Per federally approved reimbursement mileage rates for Q1 (\$.625/mile) a round trip from Storrs to Hartford is 56 miles or \$35 per trip. (30 trips the first quarter of FY 2023 = 30 x \$35 = \$1,050. Per federally approved reimbursement mileage rates for Q2 – Q4 (\$.655/mile) a round trip from Storrs to Hartford is 56 miles or \$37 per trip. (70 trips for Q2 – Q4 = 70 x \$37 = \$2,590. Total personal mileage will support travel for 5 staff. Total personal mileage will support travel for 5 staff.

Van transportation \$25,939– rental from the Department of Community Outreach for hourly staff and Nutrition Educators/Physical Activity Program Leaders to program sites.

Rental costs per 7 passenger van from Storrs to Hartford for Q1 = \$65 + \$.625/mile for 56 miles (\$.625 x 56 = \$35) plus \$65 equals RT= \$100 per trip, the first quarter number of trips is estimated to be 65 (\$6,500)

Rental costs for Q2 – Q4 per 7 passenger van from Storrs to Hartford = \$65 + \$.655/mile for 56 miles ( \$.655 x 56 = \$37) plus \$65 equals RT= \$102 per trip, the number of trips for the remaining 3 quarters is estimated to be 190 (\$19,380) and parking at some sites ( \$59– parking ranges from \$4-8 based on duration of stay).

### **Out of State Travel \$2,251**

1 staff member to attend the Society for Nutrition Education and Behavior Annual Conference July 19 – 23, 2023 in Washington, DC.



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Registration: \$425, 4 nights hotel @ \$200/night: \$800 , Air \$535, meal per diem: \$300,  
Ground transportation: \$191

***Institutional memberships and subscriptions: \$1,000***

Membership to the Society for Nutrition Education and Behavior (SNEB) in order to participate in webinars and discussion groups and to share or learn about best practices for providing Nutrition Education and PSE related activities as they pertain to the SNAP population and communities served (\$1,000).

***Consulting Services: \$ 5,000:*** Carrie Graham Learning and Solutions, LLC.  
Consultant to provide support Husky Program's staff development using an equity-oriented framework. 20 hours @ \$250 per hour.

***Total direct costs: \$1,257,100 (FY 2023) + (\$92,845 Carryover)***

***Total indirect costs: \$243,619 (FY 2023) + (\$11,897 Carry-over)***

\* Cost Basis – IDC calculated at 26% of Modified Total Direct Costs (MTDC). MTDC = direct costs minus the total balance of the sub-award to UConn Health – (Carryover - \$92,845 – 47,086 = \$45,759) and (FY 2023 - \$1,257,110 – 320,114 = \$936,996)

***Total Federal funds: \$1,500,729***

***Actual unobligated balances (carry-over) from current FY to next FY, if any:  
\$104,742 (\$92,845 carry over with 26% indirect costs of \$11,897)***

***Total Federal funds including unobligated balance from previous FY: \$1,605,471***

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## Section C. Travel

### ***In-State Travel***

***Travel Purpose:*** Travel within CT is required in order for Husky Programs' staff to complete work directly associated with achievement of the SNAP-Ed goals and objectives. Round trip travel reimbursement will occur for supporting direct education, PSE change initiatives, attending meetings for collaboration and state partnership and capacity building activities.

### ***Travel destination (city, town or county or indicate local travel):***

Local travel from our offices at the UConn Storrs campus to Hartford sites for programming and PSE efforts, and to meetings with collaborators within CT.

***Total personal travel = \$3,640:*** Travel for Husky Programs will remain In-State. Per federally approved reimbursement mileage rates for Q1 (\$.625/mile) a round trip from Storrs to Hartford is 56 miles or \$35 per trip. (30 trips the first quarter of FY 2023 = 30 x \$35 = \$1,050. Per federally approved reimbursement mileage rates for Q2 – Q4 (\$.655/mile) a round trip from Storrs to Hartford is 56 miles or \$37 per trip. (70 trips for Q2 – Q4 = 70 x \$37 = \$2,590. Total personal mileage will support travel for 5 staff. Total personal mileage will support travel for 5 staff.

***Van transportation*** \$25,939– rental from the Department of Community Outreach for hourly staff and Nutrition Educators/Physical Activity Program Leaders to program sites.

Rental costs per 7 passenger van from Storrs to Hartford for Q1 = \$65 + \$.625/mile for 56 miles (\$ .625 x 56 = \$35) plus \$65 equals RT= \$100 per trip, the first quarter number of trips is estimated to be 65 (\$6,500)

Rental costs for Q2 – Q4 per 7 passenger van from Storrs to Hartford = \$65 + \$.655/mile for 56 miles ( \$.655 x 56 = \$37)plus \$65 equals RT= \$102 per trip, the number of trips for the remaining 3 quarters is estimated to be 190 (\$19,380) and parking at some sites (\$59– parking ranges from \$4-8 based on duration of stay).

***Number of staff traveling: 5***

***Cost of travel for this purpose: \$29,579***

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**Total In-State Travel Cost: \$ 29,579**

**Out-of-State Travel \$2,251**

1 staff member to attend the Society for Nutrition Education and Behavior Annual Conference July 19 – 23, 2023 in Washington, DC.

Registration: \$425, 4 nights hotel @ \$200/night: \$800, Air \$535, meal per diem: \$300, Ground transportation: \$191

**Travel Purpose:** Attending the SNEB annual conference provides the staff member the opportunity to learn about best practices and new research and methods of delivery with regard to nutrition education leading to promotion of positive nutrition and physical activity behaviors and PSE efforts. Additionally, it provides the opportunity to engage with other nutrition education professionals in sharing information to aid in our program development and education delivery methods and PSE activities.

**Travel destination (city and State): Washington DC**

**Number of staff traveling: 1**

**Cost of travel for this purpose: \$2,251**

**Total Out-of-State Travel Cost: \$2,251**

## Template 3: SNAP-Ed Staffing Plan – FFY23

Project Name: Husky Programs

Position Title Attach statement of work listing SNAP-Ed related job duties for each position	FTEs charged to SNAP-Ed Attach definition of FTE and basis for calculations	Percentage of SNAP-Ed Time Spent on Management/ Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery. Include all approaches described in Guidance Section 1	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
<b>Executive Director McGarry</b>	<b>Academic Year 12.50%</b>	<b>95%</b>	<b>5%</b>	<b>Salary \$ 21,573 Fringe \$10,312 Total \$31,885</b>
<b>Managing Director Evanovich</b>	<b>Academic Year 20.00%</b>	<b>75%</b>	<b>25%</b>	<b>Salary \$17,229 Fringe \$8,235 Total \$25,464</b>
<b>Managing Director Evanovich</b>	<b>Summer 66%</b>	<b>75%</b>	<b>25%</b>	<b>Salary \$18,952 Fringe \$4,169 Total \$23,121</b>
<b>Faculty DiStefano</b>	<b>Summer 25.00%</b>	<b>95%</b>	<b>5%</b>	<b>Salary \$7,891 Fringe \$1,736 Total \$9,627</b>
<b>Faculty Blackman-Carr</b>	<b>Summer 10.00%</b>	<b>95%</b>	<b>5%</b>	<b>Salary \$4,250 Fringe \$935 Total \$5,185</b>
<b>Impact and Evaluation TBH</b>	<b>August and September 100%</b>	<b>100%</b>	<b>0</b>	<b>Salary \$ 11,667 Fringe \$ 5,904 Total \$17,571</b>

<b>Faculty DeRosa</b>	<b>Summer 33.00%</b>	<b>50%</b>	<b>50%</b>	<b>Salary \$8,449 Fringe \$1,859 Total \$10,308</b>
<b>School-Based Programs Coordinator Bellamy-Mathis</b>	<b>Calendar Year 100%</b>	<b>20%</b>	<b>80%</b>	<b>Salary \$69,170 Fringe \$35,000 Total \$104,170</b>
<b>Creative Producer Condren</b>	<b>Calendar Year 75%</b>	<b>80%</b>	<b>20%</b>	<b>Salary \$45,675 Fringe \$23,112 Total \$68,787</b>
<b>Youth and Adult Caregivers Programs Coordinator O'Hare-Charles</b>	<b>Calendar Year 75%</b>	<b>20%</b>	<b>80%</b>	<b>Salary \$53,808 Fringe \$27,227 Total \$81,035</b>
<b>School-Based Programs Coordinator TBH</b>	<b>100% August and September</b>	<b>20%</b>	<b>80%</b>	<b>Salary \$ 10,000 Fringe \$ 5,060 Total \$ 15,060</b>
<b>Operations Support Staff, Villanuevo</b>	<b>Calendar Year 100%</b>	<b>95%</b>	<b>5%</b>	<b>Salary \$55,813 Fringe \$28,241 Total \$84,054</b>
<b>Post-Doc, Alonso- Restepo</b>	<b>Calendar Year 100%</b>	<b>50%</b>	<b>50%</b>	<b>Salary \$75,833 Fringe \$12,133 Total \$87,966</b>
<b>Program Assistant - TBH</b>	<b>September 100%</b>	<b>100%</b>	<b>0%</b>	<b>Salary \$ 6,287 Fringe \$ 3,237 Total \$ 9,524</b>

<b>L1 Nutrition Educators (2) Liz Dickerson and Madison Gonzales</b>	<b>Academic Year 75.00%</b>	<b>10%</b>	<b>90%</b>	<b>Salary \$38,690 Fringe \$6,190 Total \$44,880</b>
<b>L1 Nutrition Educators (2) Kendra Mattison and Aishah Malik</b>	<b>Academic Year 50.00%</b>	<b>10%</b>	<b>90%</b>	<b>Salary \$ 25,793 Fringe \$ 4,127 Total \$ 29,920</b>
<b>L1 Nutrition Educator (2) Zene Charlton and Kelly Halloran</b>	<b>Academic Year 25.00%</b>	<b>10%</b>	<b>90%</b>	<b>Salary \$ 12,897 Fringe \$ 2,064 Total \$ 14,961</b>
<b>L2 Nutrition Educator (1) Sandeep Dutta</b>	<b>Academic Year and Summer 50.00%</b>	<b>10%</b>	<b>90%</b>	<b>Salary \$23,241 Fringe \$3,719 Total \$26,960</b>
<b>L3 Nutrition Educator (1) Emma Zuk</b>	<b>Academic Year 75.00%</b>	<b>10%</b>	<b>90%</b>	<b>Salary \$ 22,631 Fringe \$ 3,621 Total \$ 26,252</b>
<b>Special Payroll</b>	<b>Calendar Year</b>	<b>5%</b>	<b>95%</b>	<b>Salary \$134,264 Fringe \$29,538 Total \$163,802</b>
<b>Student Labor</b>	<b>Calendar Year</b>	<b>5%</b>	<b>95%</b>	<b>Salary \$39,846 Fringe \$1,195 Total \$41,041</b>
			<b>Total Staffing Budget: Enter total for all salary, benefits, and wages from</b>	<b>Salary \$703,959 Fringe \$217,614 Total \$921,573</b>

			Federal dollars here.	
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Executive Director (McGarry – 12.5% academic year effort). Oversees Husky Programs mission and professional staff. Leads Impact Team.

Managing Director (Evanovich – 20% academic year and 66% summer effort). Manages Communications Team and oversees student employees and volunteers through UConn academic courses.

Faculty (DiStefano – 25% summer effort). Impact Team Member. Oversees physical activity evaluation across all programs and contributes to overall evaluation model.

Faculty (Blackman-Carr – 10.00% summer effort). Partnerships and Programming Team Member. Focus on direct education for adult family members/caregivers.

Faculty (DeRosa – 33% summer effort). Manages Student and Staff Development Team.

Impact and Evaluation – (TBH – 100% effort for August and September) responsible for Program Evaluation Framework, data analysis, N-PEARS implementation and report writing.

School-Based Programs Coordinator (Bellamy-Mathis – 100% calendar year effort). Directly oversees all school-based partnerships. Mentors Program Leaders.

Creative Producer (Condren – 75% calendar year effort). Member of Communications Team. Coordinates student and temporary staff on developing virtual content to support direct education and PSE efforts.

Youth and Adult Caregivers Programs Coordinator (O’Hare-Charles – 75% calendar year effort) Registered Dietitian providing direct delivery and directing nutrition education to adult caregivers. Mentors Program Leaders.

School based Program Coordinator (TBH – 100% for August and September) responsible for providing direct delivery and directing nutrition education to children. Mentors Program Leaders.

Operations Support Staff (Villanueva – 100% calendar year effort) Manages EDLR-based operations and serves as liaison to University Sponsored Programs Services for all grant related matters.

Post Doc (Alonso-Restrepo – 100% calendar year effort) Member of Student and Staff Development Team, instructor for undergraduate courses.

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Program Assistant – TBH – 100% for September (1 month only) – responsible to assist with PEARS onboarding and implementation.

L1, L2 and L3 Nutrition Educators/Physical Activity Program Leaders (non-RD) Academic Year  
2 10 hour/week Level I GAs full academic year - Mattison, Malik  
2 15 hour/week Level 1 GAs full academic year - Gonzales, Dickerson  
2 10 hour/week Level I GAs spring semester only - Charlton, Halloran  
1 10 hour/week Level II GA – Dutta fall/spring semesters and summer  
1 15 hour/week Level III GA -Zuk.

Direct delivery of nutrition education and physical activity programming using approved materials and selected sites with flexibility to adapt to varying needs of target audience.

Special Payroll To hire temporary labor for digital media support, Nutrition Educators and Physical Activity Program Leaders and Operations-Fiscal support/Liaison with Department of Social Services. We had increased staffing in the area of special payroll in order to hire back a staff of recent graduates who will be working full time to support the website and social media platform and to provide direct education to support the nutrition and physical activity programs during the months of May through September due to the retirement of Susan Coleman in June. Once students graduate, they no longer qualify for the student labor pool and are classified as Special Payroll employees. Additionally, we have increased the number of hours to support the Operations-Fiscal support/Liaison with Department of Social Services (retiree rehired employee Furbish who retired in the summer of 2022.)

Hourly Student Labor Staff. Support work of Nutrition Educators and Physical Activity Program Leaders



<b><u>Position/Name</u></b>	<b><u>Annual Salary</u></b>	<b><u># of Persons</u></b>	<b><u>FTE</u></b>	<b><u>Salary</u></b>
Executive Director/Jennie McGarry	\$172,587	1	12.50%	\$21,573
Managing Director/Justin Evanovich	\$86,143	1	20.00%	\$17,229
Managing Director/Justin Evanovich Summer	\$28,715	1	66.00%	\$18,952
Faculty/Lindsay DiStefano Summer	\$31,563	1	25.00%	\$7,891
Faculty/Loneke Blackman-Carr	\$42,503	1	10.00%	\$ 4,250
Impact and Evaluation / TBH	\$11,667	1	100%	\$ 11,667
Faculty /Danielle DeRosa	\$ 25,603	1	33.00%	\$8,449
School-Based Programs Coordinator /Patricia Bellamy	\$69,170	1	100.00%	\$69,170
Creative Producer /Joseph Condren	\$60,900	1	75.00%	\$45,675
Youth and Adult Caregivers Programs Coordinator/ O'Hare-Charles	\$ 71,744	1	75.00%	\$53,808
School-based Program Specialist/ TBH	\$ 10,000	1	100.00%	\$10,000
Operations Support Staff, Leslie Villanueva	\$55,813	1	100.00%	\$55,813
Post-Doc/Alonso-Restrepo	\$75,833	1	100.00%	\$75,833
Graduate Assistant - AY L1 Dickerson and Gonzales	\$25,793	2	75.00%	\$38,690
Graduate Assistant - AY L1 Mattison and Malik	\$25,793	2	50.00%	\$25,793
Graduate Assistant - AY L1 Charlton and Halloran	\$25,793	2	25.00%	\$12,897
Graduate Assistant - AY L2 Dutta (academic year and summer)	\$46,482	1	50.00%	\$23,241
Program Assistant, TBH	\$6,287	1	100.00%	\$6,287
Graduate Assistant - AY L3 Zuk	\$30,174	1	75.00%	\$22,631
Special Payroll	n/a	Multiple	n/a	\$134,264
Student Labor	n/a	Multiple	n/a	\$39,846

## **DIRECT PROGRAM STAFF – Fiscal Year 2023**

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**(a) Program Salaries**

**Total Program Salary amount from section (a)  
\$703,959**

<b>Position/Name</b>	<b>Fringe &amp;</b>	<b>Total Fringe</b>
Executive Director/Jennie McGarry	47.8%	\$10,312
Managing Director/Justin Evanovich	47.8%	\$8,235
Managing Director/Justin Evanovich Summer	22.0%	\$4,169
Faculty/Lindsay DiStefano Summer	22.0%	\$1,736
Faculty/Loneke Blackman-Carr	22.0%	\$ 935
Impact and Evaluation/TBH	50.6%	\$5,904
Faculty/Danielle DeRosa	22.0%	\$1,859
Program Specialist/Patricia Bellamy	50.6%	\$35,000
Program Media Producer/Joseph Condren	50.6%	\$23,112
Youth and Adult Caregivers Programs Coordinator /O'Hare-Charles	50.6%	\$27,227
School based Program Coordinator, TBH	50.6%	\$5,060
Operations, Villanueva	50.6%	\$28,241
Post-Doc/ Alonso-Restrepo	16%	\$ 12,133
Program Assistant, TBH	51.48%	\$3,237
Graduate Assistants – AY L1	16%	\$6,190
Graduate Assistants – AY L1	16%	\$4,127
Graduate Assistant – AY L1	16%	\$2,064

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Graduate Assistant - AY L2	16%	\$3,719
Graduate Assistant - AY L3	16%	\$3,621
Special Payroll	22.0%	\$ 29,538
Student Labor	3.0%	\$ 1,195

**b) Program Fringe**

**Total Program Fringe amount combined from section (b)  
\$217,614**

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**Total Program Salary and Fringe (amount from section (a) & (b) combined)  
\$921,573**

Section B. Project Costs

Federal Fiscal Year: 2023 State: CT

Sub-grantee Name: UConn Husky Programs

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits	\$ 37,949	\$ 883,624	
Contracts/Sub-Grants/Agreements	\$ 47,086	\$ 320,114	
Purchase Services	\$ 1,506	\$ 6,917	
Materials and Non-capital equipment	\$ 370	\$ 14,559	
Travel	\$ 3,684	\$ 28,146	
Consulting Services	\$ 1,250	\$ 3,750	
Institutional Memberships and Subscriptions	\$ 1,000		
<b>Total Direct Costs</b>	<b>\$ 92,845</b>	<b>\$1,257,110</b>	
Indirect Costs* (Indirect Cost Rate= 26% )	\$ 11,897	\$ 243,619	
Total Federal Funds			Leave blank
	\$104,742	\$1,500,729	
<b>Total Federal Funds Including Unobligated Balance from Previous FY</b>	Leave Blank	\$1,605,471	Leave Blank
Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank		

\* Cost Basis – IDC calculated at 26% of Modified Total Direct Costs (MTDC). MTDC = direct costs minus the total balance of the sub-award to UConn Health – (Carryover - \$92,845 – 47,086 = \$45,759) and (FY 2023 - \$1,257,110 – 320,114 = \$936,996)

Signature of Responsible Official:

Date: Rita M Stewart Digitally signed by Rita M Stewart  
Date: 2023.05.23 16:00:26 -04'00'  
Grants and Contracts Mgr, Pre-Award Services

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# Project 5 - UConn Healthy Family CT SNAP-Ed

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## MODULE 3: Project/Intervention Title: UConn Healthy Family CT SNAP- ED FFY 2022-2024 (Formerly Template 2: SNAP-Ed State Goals, Objectives, Projects, Campaigns, Evaluation, and Collaboration)

UConn Healthy Family CT SNAP-Ed continues to align with Connecticut’s SNAP-Ed goals and objectives with progress in our four projects reaching 5 of the 13 priority towns (**East Hartford, New Britain, Manchester, Willimantic, and Hartford**, with additional SNAP-Ed work in **Enfield, West Hartford, Bristol, Vernon, and New London County**). We have rich and robust community partnerships coupled with volunteer paraprofessionals and a team of experts who guide our projects, including community-based participatory research in health food equity (Dr. Kristen Cooksey-Stowers); network and systems analysis (Dr. Ran Xu); Communication Sciences (Dr. Carolyn Lin); community nutrition interventions (Dr. Kim Gans); pediatrics (Dr. Sharon Smith); and social media (Dr. Molly Waring). UConn Healthy Family CT delivers nutrition education coupled with policy, systems, and environmental change actions to improve access to healthy food to support healthy diets and energy consumption balanced with enjoyable physical activity that supports healthy body weight. We continue to utilize approaches that address food insecurity with chronic diseases risk while supporting equity, using multi-level approaches that couple PSE with nutrition education for underserved groups, and translate evidence-based information into culturally acceptable tailored nutrition education that is relevant to individuals and families.

We report our highlights of each project in the “Other Previously Developed Interventions” below

The second year of our three-year plan will continue to build on successful activities within our target communities to assess the affordable healthy food and physical activity environments that have been affected by the pandemic. We have identified food deserts and food swamps [1] and are working with community members to increase awareness and involve additional community stakeholders in groups (e.g., additional community’s HAT teams) to decrease food insecurity and improve consumption of healthy foods by SNAP recipients. This will also include assessing our target audiences’ awareness and understanding of online SNAP ordering, continuing to educate WIC audiences on redeeming USDA vouchers for fruits/vegetables, and doubling of EBT benefits at farmers markets to enhance access and purchasing power. We empower our audiences to improve diet quality within the context of budget strategies (e.g., pantry foods for adults to cook at home, recognizing local farmers’ produce in grocery stores and to be aware of “good buys”, healthy foods offered to kids in Title I school meals). We couple effective online and face-to-face nutrition education with opportunities for readily available social media platforms, accessible through Smartphones.

For FY 2023, the UConn Healthy Family CT SNAP-Ed will address the CT SNAP Ed goals 1 and 2 for delivery of direct and tailored nutrition education to 6,000 participants/

eligibles and goal 3 through our PSE work. Specific goals and objectives are listed with each of our 4 projects to reach SNAP participants/eligibles in our target communities.

**Project 1: Applying an Equity Framework to Increase Access to and Consumption of Affordable Healthy Food**

• **Brief description of year 2**

The Healthy Family CT SNAP-Ed plan is driven by the CT Needs Assessment and coordinated with the CT SNAP-Ed Implementing Agencies, multiple partners, and stakeholders throughout the state. We couple Policy, Systems & Environmental (PSE) changes with direct nutrition education to promote healthy weight, healthy eating, increased cooking, and increased physical activity among SNAP recipients and eligible adults and families with children. We complement evidence-based nutrition education and obesity prevention activities following the *Dietary Guidelines 2000-2025* at the individual/group levels as well as comprehensive/ multi-level interventions. This project yields high and cost-effective output via a team of UConn RDs and competent, trained volunteer paraprofessionals in synergy with partnering agencies/organizations’ needs.

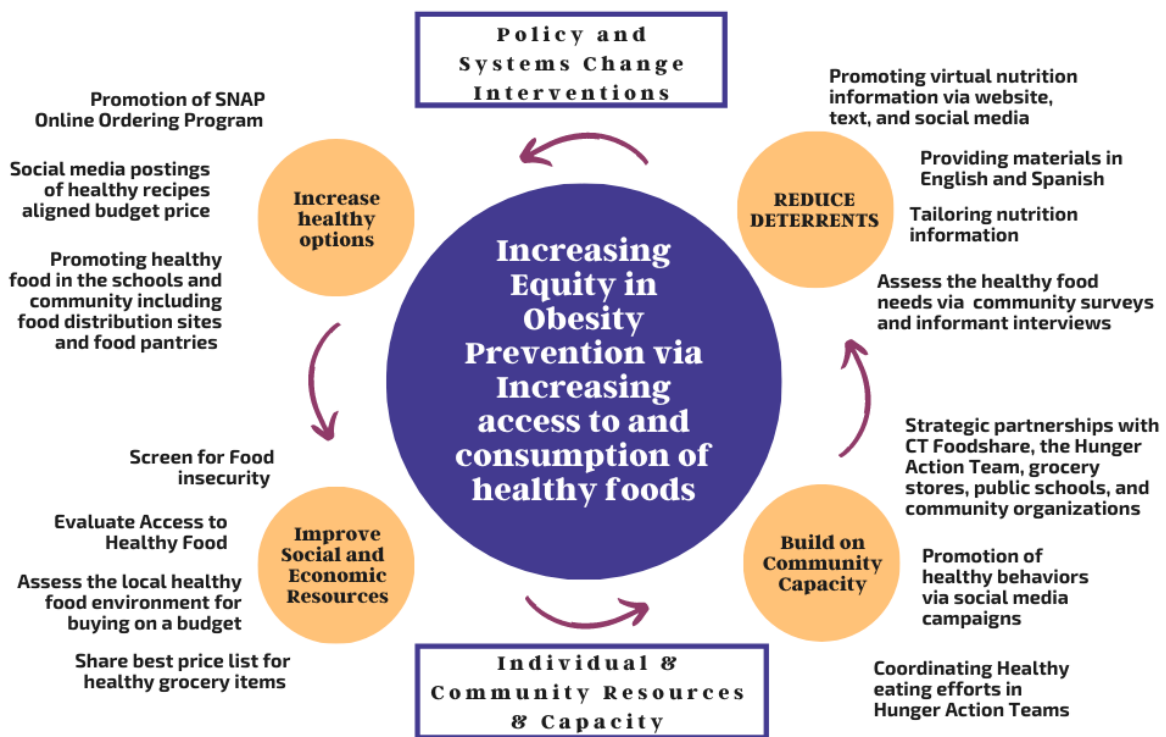


Figure 1: **UConn Healthy Family CT SNAP-Ed Equity Framework** for increasing access to affordable healthy food and obesity prevention (modified from [2]).

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- ***Link to SMART Objectives, SNAP-Ed evaluation framework, and key indicators***

This project addresses our SMART objectives via the modified Equity Framework (Figure 1) for increasing access to affordable healthy foods and preventing obesity [2] with multi-level interventions to connect all framework quadrants in **East Hartford** and **Willimantic**, with increasing reach in **Manchester, New Britain** and **New London County**. We collaborate with Dr. Kristen Cooksey-Stowers for Project 1 with her expertise (<https://alliedhealth.uconn.edu/faculty/cooksey-stowers-kristen/>) in equity and healthy affordable food environments. We aim to increase the effectiveness of our nutrition education efforts by working to increase access to affordable healthy food, improve diet quality and promote healthy weight for the target audience. Thus, outcomes achieved will drive our reach, effectiveness, and our direct nutrition education.

- **Years 1 to 3 according to Build on Community Capacity:** Become a collaborator, member, and active participant on Foodshare’s Hunger Action Teams (HAT) and other specific agencies (e.g., Grow Windham) in our target communities. The HATs, for example, combine membership across “at least five diverse sector representatives (who reach low-income audiences through their services) that address nutrition or physical activity-related community changes, such as policies, practices, or other elements of the framework” (SNAP-Ed Toolkit). We will document ST8 metrics a-d as appropriate.
- **Improve Social and Economic Resources:** Assess the affordable healthy food environment and disseminate findings to the target audience with amplification by our community partners. These findings will drive our direct nutrition education in Projects 2-4, matching healthy food environments and improvements to diet quality as well as to facilitate multi-sector changes as decided by the target communities (MT7-13, as appropriate).
- **Reduce Deterrents:** We will assess reach and engagement of the target audience through community partners, innovators, and social media analytics on Healthy Family CT Facebook, private Facebook, Instagram, and Twitter. We will use our online survey and tailored message programs (Projects 2, 3, 4) to assess awareness and educational needs for online SNAP purchasing program. We will use our social media and technology reach to assess adoption of techniques to improve access to affordable healthy foods (MT12,13).
- **Increase Affordable Healthy Options:** We will assess change in awareness, willingness to use, and use of the online grocery store ordering with EBT benefits to maximize their ability to purchase healthy food within their food budgets. We will work with SNAP recipients/eligibles and community partners to decrease barriers to online ordering, including coordinated delivery and addressing delivery costs. We will measure improvements in the agricultural sector to increase access to fruits and vegetables in the community (MT8).



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## Approaches:

We couple PSE changes with direct nutrition education to address each quadrant of the Equity Framework for increasing access to affordable healthy food, which in turn can help promote healthy eating, increased cooking at home, and healthy weights [3].

Build on Community Capacity: In each target community, we will continue to enhance our strategic partners who work toward increasing access to affordable healthy foods, including CT Foodshare and members of each community's Hunger Action Team such as nutrition professionals, Title 1 school foodservice and faculty members, case and client managers, members of the faith community, local businesses, town youth and social services, grocery stores, farmers, non-profit organizations (e.g., AmeriCorps, CT FoodCorps, End Hunger CT, Grow Windham), civic organizations, elected officials, and residents. This work aims to improve PSE interventions and outcomes to improve the ability of the target audiences to access affordable healthy food. Our partners work with us to amplify messages on affordable healthy food access and healthy diet and physical activity behaviors. Our collaborator, Dr. Ran Xu in the Department of Allied Health Sciences, will guide the levels of outcomes of our collaboration via network analysis.

Improve Social and Economic Resources: We continue the community assessments to determine the current resources available, including the availability of full-service grocery stores, price point of the top 100 healthy grocery items in the U.S. across stores, and analysis of the public transit routes available to access these local stores. In all online surveys—with modifications for children 10 years and older—we will screen for food security.

For adults, and responses of never, sometimes, or often true to these questions [4]:

- *Within the past month, we worried whether our food would run out before we could get money to buy more.*
- *Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more.*

For children ≥10 years of age, and responses of never, sometimes, or often true (modification of [5]):

- *I felt worried that our food at home would run out before we could get more.*
- *I ate less than I wanted because there wasn't enough food at home.*
- *I was hungry but didn't eat because there wasn't enough food at home.*

Reduce Deterrents: To reduce deterrents, we will gather real-time feedback from members of our target communities on nutrition-related resources desired and will tailor future materials to the needs of the community. We will gather feedback using weekly Facebook polls, especially with our private Facebook groups and shared throughout our social media platforms. Figure 2 shows a sample polling with our Healthy Family CT website that is similar to polling on our private Facebook groups. This feedback will inform us of what type of nutrition content desired for in-person and online as well as social media-based interventions, how to best provide this content, and what format would be most beneficial to participants to address their barriers to healthy eating.



Figure 2. Sample polling of nutrition education opportunities on Healthy Family CT website.

Finally, we will include strategies to combat those barriers. For example, online information shared include recipes, informational sheets, videos, and live virtual cooking demonstrations using ingredients found at pantries and food distribution sites.

**Increase Healthy Options:** Here we focus on increasing SNAP recipients/eligibles' options and knowledge of these options within their food budgets to spend smarter on healthy food. We facilitated a newly formed CT Nutrition Network group as a direct result of a coalition of nutrition professionals engaging this past year with the East Hartford HAT. The goal was to market online and available resources via community service providers engaged with multiple, multi-sector HAT groups. Our Healthy Family CT project will additionally market online resources and build private Facebook groups to assess need, share healthy food options, and deliver nutrition education to partnering community groups.

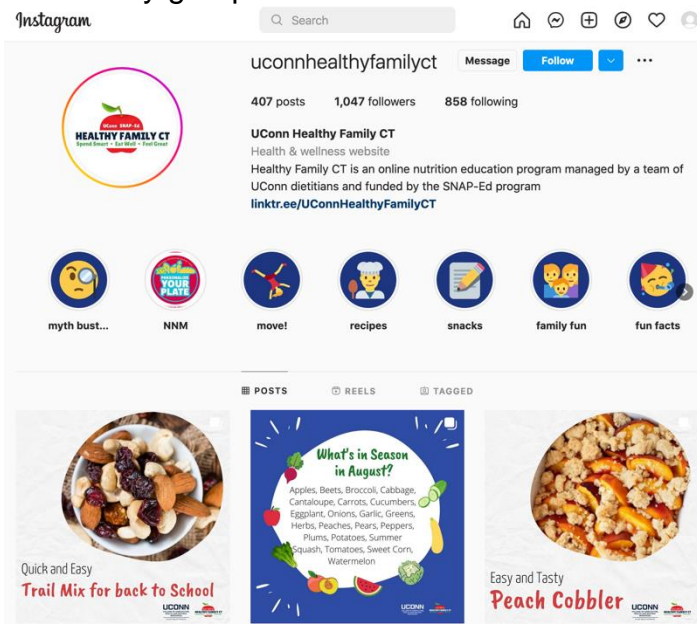


Figure 3. UConn Healthy Family CT Instagram page on August 10, 2022 (started February 2021).

Figure 3 shows an example of our Instagram page with a reach of 17K, a 42% increase in followers from July to August, 2022. We aim to build awareness of the SNAP Online Purchasing Program, which is a program that allows SNAP-eligible individuals to order groceries online using their EBT benefits. The premise of this program is to increase

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healthy options by reaching those unable to visit full-service grocery stores or living in food deserts/swamps. Using Roger's Diffusion of Innovation Theory [6], we will target and leverage persuasion through communication channels, including identifying innovators in the community, and evaluation of relative advantages, compatibility, minimizing complexity, and trying the online order. We will address barriers to online ordering including perceived lack of control over food selection, cost of delivery, and having educational material available in English and Spanish that couple online purchasing information with improving food resource management, and purchasing healthier foods aligned with the *Dietary Guidelines 2020-2025*. Also, we will work with community partners to increase other options for affordable healthy food access, maximizing buying power with EBT benefits, and increasing access to fruits and vegetables in the community and school setting.

We will share all project results with stakeholders online, including that community's Hunger Action Team, to encourage in-depth conversation on local food insecurity, and illuminate possible community-based solutions to improve access to healthy foods.

- ***Priority Population***

SNAP-Ed adults 18-64, seniors 65+, and agencies and community organizations that reach our priority population.

- ***Languages***

Project 1 will be offered in English, with the goal of all online and print materials to be offered in Spanish as well.

- ***Direct Ed and PSE settings***

The settings we intend to utilize to reach the above populations are where these SNAP eligibles live, work, shop: subsidized senior housing, Title I schools, grocery stores in our target communities, and urban pantries). Many meetings with community agencies are virtual or by telephone.

- ***Social Marketing Campaigns***

This project 1 does not implement a focused social marketing campaign.

- ***Evidence-base***

Analysis of locations with declining rates of obesity in children [7] showed that combining environmental change strategies to improve healthy food access via policy changes layered with nutrition education and messaging to promote healthier behaviors were key to obesity reduction successes. Successful environmental strategies need to reach multiple community settings, including schools and healthcare. However, there was the identified need to better address health disparities and promote equity.

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The equity framework for increasing access to affordable healthy food in Project 1 combines PSE strategies with individual and community capacity approaches and is a modification of an evidence-based model for obesity prevention [2]. An equity framework is advocated for increasing ability to address complex problems such as obesity that result from multiple spheres of influence on the individual being able to follow healthy behaviors [8]. Community collaborations and progress across all quadrants of the equity framework increased access to food and lessened food insecurity during the pandemic [9] as well as connected poor access to affordable healthy foods with SNAP benefits, community engagement, and sustainability [10]. SNAP-Ed associates with decreased risk of food insecurity [11]. Engaging SNAP participants in discussions about the healthy food environment, decreasing the perceived barriers to accessing this environment, and nutrition education is vital to obesity prevention efforts [12].

- ***SNAP-Ed tool kit Interventions***

For this project 1: no “Toolkit” interventions

- ***Other Previously Developed Interventions***

Through an equity framework and shared values with multiple collaborations, we have mapped food resources in **East Hartford** relative to bus routes with hours and contact information (<https://arcg.is/1PfemX0>). We are working with stakeholders on best ways to promote to increase the access to affordable, healthy foods. In **Willimantic**, we have strengthened collaborations with GROW Windham and the Windham Community Food Network (WCFN) agencies to assess perceived food resources and food security via anonymous survey of SNAP eligibles to map the food resources and distribute this resource at community events (*Feeding our Community: A Guide to Food Resources in Windham, CT*), increase the ability to utilize online grocery ordering with EBT benefits, and addressing transportation to food resources. In Eastern Connecticut, we are contributing to mapping the food system resources to distribute in a user-friendly format. In Enfield, we are coupling weekly nutrition education and family/kid friendly recipes to young families who are obtaining weekly groceries through the **ALICE** program (Asset Limited, Income Constrained, and Employed). In all these target low-income communities, we use organic amplification of our social media (Facebook, Instagram, Twitter) to promote evidence-based nutrition education, recipes, how to videos, and promoting access to healthy foods [13]. Our Healthy Family CT website (*Spend Smart, Eat Well, Feel Great*) <https://healthyfamilyct.cahn.uconn.edu> has gained the attention of CT coalitions such as the School Nutrition Association of CT and food service directors state-wide. Our platform of online resources, which includes fact-based information shared via our social media platforms ([www.facebook.com/uconnhealthyfamilyct](http://www.facebook.com/uconnhealthyfamilyct); <https://twitter.com/healthyfamilyct>; <https://www.instagram.com/uconnhealthyfamilyct>) serve as opportunities for food service directors to share key messages with their networks of families.

- **New Interventions**

For this project 1: No “new” interventions

**Project 2: Direct education to promote healthy diets in adults and older adults in connection with available, local affordable healthy food**

- **Brief description of year 2**

This project partners with community sites in our target communities/counties whose directors or health care personnel report the need to reach adult individuals. It includes tailored nutrition education coordinated with local, affordable, healthy food environments, locally grown produce in grocery stores, local farms, and food pantries. These partnerships create synergy in program delivery and assure reaching the target audiences with effective formats that meet their environmental situations and their learning needs.

- **Link to SMART Objectives, SNAP-Ed evaluation framework, and key indicators**

Our team engages adults and seniors with tailored nutrition education couched in MyPlate (“Start Simple with My Plate App”), the *Dietary Guidelines 2020-2025*, and our CT SNAP-Ed SMART Objectives. This project will continue to develop and maintain high quality partnerships that bring us in contact with SNAP eligibles in need of nutrition education. Our high quality, tailored and direct nutrition education will interactively utilize food models and displays (sugar in soda, fat test tubes, grocery store circulars for menu planning, product boxes for label reading), and include information about SNAP enrollment and our many online resources at <https://healthyfamilyct.cahnr.uconn.edu/>. Collaborations with Cooking Matters, we use their evaluated and approved curriculum and classes at no cost to SNAP-Ed. Our workshops typically utilize a registered-dietitian approved PowerPoint slide deck and traditional face-to-face presentation. Whether in-person or remotely delivered, we routinely end our sessions with a food/recipe demonstration and tasting to reinforce the lesson topic. We highlight food safety concepts and greater consumption of vegetables, fruits, or whole grains at all presentations. Overall, we aim in this project 2 to have at least 33% of our participants report knowledge gained and greater willingness to improve diet quality ((increased fruits, vegetables, whole grains, lean meats and decreased sugary beverages, saturated fats, high-sodium foods).

**Table 1. Healthy Family CT implementation for Project 2.**

Partner	Partner sites	Lesson Components & Implementation	Evaluation Yrs 1-3
Cooking Matters (CM), CM at the Store and grocery	– CM sites are variable dependent on funding. We aim to work in our targeted towns.	1. CM curriculum 2. CM Store Curriculum 3. Grocery stores: MyPlate “stations” or	Yr1. >33% of participants will report greater knowledge and confidence in food resource management (ST2) and safe food handling (ST4) and more



stores	– Grocery stores in our target towns of <b>Manchester, East Hartford, and Vernon</b>	small group tours to promote locally grown and value shopping for healthy foods.	cooking at home with safe food handling (MT2, 4), and greater consumption of healthy foods (MT1). Yr2. CM series have increased by two (ST7) (funding dependent) Yr 3. Pop up survey of participants/consumers will reveal that >33% purchase and consume locally grown and follow behaviors that increase their ability to spend SNAP on healthy foods (MT1, MT2).
Pantries. Food or Job Assistance Programs, Recovery Programs	1.Freshplace/Chrysalis Center, <b>Hartford</b> 2.MANNA, <b>Hartford</b> 3.Food Shelf/USDA Commodity Foods, <b>Enfield (EFS)</b> 4.CT Foodshare (target towns and additional target communities in CT) 5. Pantries in target communities (Hartford, Enfield) and additional pantry sites requested and coordinated with the CT SNAP-Ed implementing agencies. 6. <u>City of Hartford, Reentry Welcome Center</u>	1.Chrysalis Center pending grant to deliver nutrition ed to clients receiving hydroponically grown greens 2.Lessons at pantries developed based on MyPlate, DGA and PA Guidelines for Americans. Materials tailored to address client needs and reflect key informant interviews with site personnel 3.Recipes for mobile pantries distributed per CT seasonal produce 4.Supportive role to Enfield Food Shelf to supply nutrition education materials to recipients of Commodity Foods 5. Re-entry Welcome Center nutrition education will include PowerPoint slides, a pre-post survey and materials tailored to lesson topic	Yrs 1, 2 and 3. >33% of participants at our community sites who receive our nutrition education presentations will report knowledge and confidence in food resource management (ST2) and safe food handling (ST4) and more cooking at home with safe food handling (MT2, 4), and greater consumption of healthy foods (MT1) as well as increased motivation to move more (ST3). Yrs 1, 2 and 3. Pop up surveys at mobile sites will demonstrate that most clients utilize vegetable recipes and more cooking at home with safe food handling (ST4, MT4). Yrs 1, 2 and 3. Key informant interviews with EFS Commodity Food Program site director for feedback on recipient use of enclosed nutrition materials and recipes increasing confidence cooking at home following safe food handling (ST4, MT4).
Charter Oak Health Center	<b>Hartford</b>	1. Lessons developed based on MyPlate and DGA and PA	Yr1. >33% of participants will report greater confidence in (ST4), and more cooking at

		<p>Guidelines for Americans. Materials gathered to address client needs using key informant interviews with the site RD.</p> <p>2. Lessons consistently include a healthy snack demonstration and tasting</p> <p>3. In collaboration with COHC RD, interested clients will receive a phone call from a trained paraprofessional at an agreeable time for a 30 min. general nutrition lesson.</p>	<p>home with safe food handling (MT4), and greater consumption of healthy foods, especially fruits and vegetables (MT1) as well as willingness to move more (ST3).</p> <p>Yr2, 3. &gt;33% of participants will demonstrate knowledge and “action step” components of increased dietary quality, food safety, increased knowledge of food resource management, and increased physical activity via a written, electronic or oral survey (MT1- Yrs 2,3 &gt;33% of the clients receiving nutrition education from paraprofessionals will be able to correctly respond to at least 2 knowledge-based questions, and be willing to increase dietary quality via behavior change.</p>
Public housing/ Senior sites	<b>West Hartford, Vernon, New Britain, Manchester, Hartford, Willimantic, and Mansfield</b>	<p>1.Lessons developed based on MyPlate, DGA and PA Guidelines for Americans and seniors’ abilities (per site director). We include chair/stationary exercises.</p> <p>2. Materials utilized address client needs based on key informant interviews with site directors</p> <p>3.Lessons include a healthy snack demonstration and tasting</p>	<p>Yr 1. &gt;33% of participants will report greater confidence in food resource management knowledge, cooking at home with safe food handling, greater consumption of healthy foods, especially fruits and vegetables, as well as motivation to move more (ST 1-4)</p> <p>Yrs 2, 3. &gt;33% of participants will report sustained confidence in food-safe cooking at home, food resource management, and sustained behavior improvements for healthy eating and physical activity (MT1-4).</p>

- **Approaches (Direct, PSE or Social Marketing)**

This project utilizes both direct education and PSE. Over 20+ years our team has grown familiar with many sites and via key informant interviews with site directors and staff, we can couple Policy, Systems & Environmental (PSE) changes with direct nutrition

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education to promote healthy weight; improved dietary quality within a budget; empowering cooking at home; and focusing efforts to help families understand the importance of increased physical activity for themselves (adults, seniors).

- **Priority Population**

Adults 18-59; Seniors 60+

- **Languages**

Project 2 direct education will be offered in English, with the goal of having the direct education offered in Spanish through recruitment of Spanish speakers to our Nutrition Education Team and in coordinating with our collaborating agencies. We also strive to make all online and print materials to be offered in Spanish as well.

- **Direct Ed and PSE settings**

The settings for this Project 2 include brick and mortar pantries, mobile pantries, grocery stores in our targeted towns/counties, two recovery centers, a health care center in Hartford and eight public senior housing sites/senior center.

- **Social Marketing Campaigns**

This project 2 does not implement a focused social marketing campaign.

- **Evidence base**

Empowering adults to utilize affordable healthy foods to improve the quality of their diets and the diets of their families is key for obesity prevention [7]. SNAP-Ed improves the food security status of families with children whether these families participate in food assistance [14].

One way to empower adults is to increase their knowledge, confidence, and skills with food preparation. Our project extends the reach of *Cooking Matters* (CM). The CM approach improves confidence in food resource management and lessens worry about food running out in a 6-month quasi-experimental trial [15] and associates with improved diet quality in a controlled community-based trial with 6-month follow-up [16].

Nutrition education in grocery stores is effective to improve diet quality over 3-months according to a systematic review [17]. We reach SNAP-eligibles in grocery stores through collaboration with *CM at the Store*, grocery store tours for small groups, and store-supported RDs. Program evaluation of *CM at the Store* has shown positive impact from program evaluation [18]. Five weeks after a single tour, participants reported saving money on groceries because of using food management strategies, a greater level of food security, and purchasing healthier foods. The impact was greatest among SNAP participants. Participants of nutrition education in grocery stores reported increases in



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attitudes, perceived control, and intentions to consume fruits and vegetables [19]. Our own evaluation of grocery store nutrition education showed high satisfaction of the nutrition education by clients and grocery store administrators.

Our collaborations with pantries include food tastings of healthy products that are untypical or uninteresting to some cultures and those products that pantries have difficulty moving out (e.g., wheat bread for white; whole grain pasta for white; some vegetables; and ingredients in simple recipes to increase cooking at home). Offering nutrition education at food pantries increases diet quality of individuals and families [20]. From CT data, up to half of families who use food pantries have the double burden of food insecurity and chronic disease [21]. A feasible method to rank foods in food banks/pantries by nutritional criteria was implemented (Supporting Wellness at Pantries or SWAP). The goal of SWAP is to increase the supply and demand for healthier foods in food banks/pantries [21]. In a pre/post-test design, SWAP participants in CT improved their selection of healthy foods and decreased their selection of less healthy foods [22].

According to USDA, there has been a sharp increase in SNAP redemptions at farmers markets, including a 82% increase in Connecticut from 2013 to 2020 (<https://fns-prod.azureedge.us/sites/default/files/resource-files/FY2013-20combinedFM-DMFauthredemptions.pdf>). Mobile food pantries increase the access to fresh produce among low-income families who have limited means of transportation [23]. Our practice of coupling recipes with tastings of vegetables available at farmers markets and pantries can increase the preparation and consumption of these vegetables [24]. Based on our results and from others [25], social media is a very good way to interact with low-income families to tailor nutrition education and simple cooking tips to the foods that families like to prepare and to improve the relevance of nutrition education offerings on the Internet.

Lifestyle interventions delivered in primary care at a community health care site are effective at promoting weight loss for low-income adults [26]. In Project 2, we have a long-standing collaboration with a primary care site in Hartford, where we have access to SNAP recipients and eligibles. Via our presentations and presence, we promote affordable healthy food access and an increase in dietary quality. SNAP-Ed in multiple sessions also improves diet quality in low-income older adults [27].

- ***SNAP Ed tool kit Interventions***

Project 2 has supported the development and implementation of the “Supporting Wellness at Pantries (SWAP) using the HER Nutrition Guidelines for the Charitable Food System” as well as uses Cooking Matters.

- ***Other Previously Developed Interventions***

**In Hartford** we collaborated with long time partner Charter Oak Health Center to assist selected clients to improve dietary quality and overall health via foods they obtain from pantries, or purchase from the store to prepare. Clients additionally learned about simple lifestyle changes that could affect their health (moving more, selecting water as a

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beverage of choice, sleeping 7-8 hours per night). Clients elected to receive phone calls for half hour lessons from trained educators at agreed upon times. Pre and post format surveys were utilized over the phone. Post-test, over 50% of the participating clients correctly responded to knowledge-based questions; over 50% of the participating clients reported a willingness to add healthy foods to their daily diet for obesity prevention and to address concurrent medical issues like high cholesterol, high BP and a need to decrease sodium in the diet.

Collaboration with **West Hartford Fellowship** (independent senior living facility; over 50% SNAP recipients/eligibles) resulted in a 6-week nutrition education series called *Fresh Start*. A total of 17 West Hartford Fellowship residents enrolled and met once per week for one hour. Each class included a topic lesson and a food demonstration to reinforce, as well as fresh produce from a partnering farm distributed to participants each week. From week one to week six, 70% of the participants reported an increased liking for healthy foods (veggies, fruits, whole grains, low fat-foods, and lean protein foods) and a decrease in liking for less healthy foods (salty foods, refined grains, high fat foods, high fat meats, sweets, and sweet beverages).

- ***New Interventions***

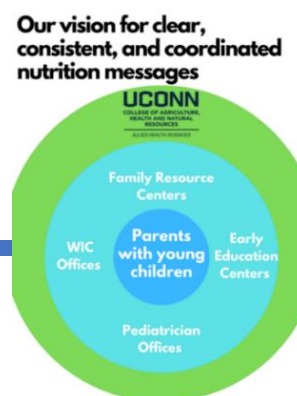
For this project 2: No “new” interventions

### ***Project 3: Addressing High Risk of Obesity in Young Toddlers and Preschoolers***

- ***Brief description of year 2***

This project strives to provide clear, coordinated and consistent messages on healthy feeding behaviors for toddlers and preschoolers that are tailored to parents across multiple points of contact (Figure 4) in our target communities (**East Hartford, Willimantic, Manchester, New Britain, Hartford, New London County**). We leverage technology for behavioral screening to deliver tailored messages to the individual parent/caregiver, provide face-to-face group education, and encourage further engagement with reinforcing information and interaction through private Facebook groups. The messages focus on identified dietary problems including sugary beverages, healthier snacking, increasing healthy food liking and consumption, and responsive feeding. In the preschool setting, we extend our work with classroom teachers to improve the preference for vegetables and to encourage their consumption in the classroom meals where they are served (Head Start). We will combine nutrition education with healthy food access to improve diet quality and promote healthy weight.

*Figure 4. Vision for Project 3 is to have evidence-based and consistent messages across points of contact on healthy feeding behaviors for young children.*



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• **Link to SMART Objectives, SNAP-Ed evaluation framework, and key indicators**

This education follows the new *Dietary Guidelines 2020-25* and *The Healthy Eating Research Feeding Guidelines for Infants and Young Toddlers: A Responsive Parenting Approach*, and our mixed methods study in one target community to encourage fruit and vegetable consumption, to avoid sugary beverage consumption, to offer appropriate portion sizes, and to encourage healthy eating for both young toddler/pre-school age children (and picky eaters) and adults/families.

*Tailored messages and coordination*

- Years 1, 2, and 3: Parents reached will report that the survey and message program is helpful and useful, and the majority will report willingness to make the target behavior change (ST1).
- Years 1, 2, and 3: Practitioners will report acceptability and usefulness of the messages to focus their counseling session and the program on the healthy feeding of their young children. (MT11b)

*Follow-up to tailored message program — social media, text options and goal setting.*

- Years 1, 2, and 3: Parents will report the goal setting session was helpful to increase their intentions toward healthy eating and to utilize the healthy food environment to extend their food budgets (ST1, ST2).
- Years 1, 2, and 3: Parents will report the online follow-up messages as helpful to behavior change through reinforcing the goals, assessing concrete action, providing additional motivation/reinforcing messages, including tips on common barriers, and providing resources to increase access to healthy food (MT1, MT2).
- Years 1, 2, and 3: Parents will report significant improvements in toddler feeding behaviors and/or young child's diet quality from pre- to post-intervention (MT1).

*Face-to-Face educational session:*

- Years 1, 2, and 3: ≥50% of the classrooms will have received a nutrition-related/sensory lesson with fresh vegetables tailored for preschoolers (ST1).
- Years 2 and 3: ≥25% of teachers will engage in a nutrition education lesson (train-the-trainer) on healthy eating, physical activity, and healthy environments to reproduce in their classrooms (MT5, MT6)
- Years 2 and 3: Parents report on willingness to engage in healthier feeding behaviors and diets for young children from our tailored online toddler feeding or online preschooler program [28,29] (ST1, ST3).
- Year 3: ≥50% of teachers will report improvements of preschoolers' lunch intake of fruits and vegetables by our simple weekly checklist [30] (MT1).

- **Approaches (Direct, PSE or Social Marketing)**

*Tailored messages and coordination* (Figure 5) involve two types of evidence-based, valid, and feasible surveys (online, English and Spanish). One assesses toddler feeding behaviors focused on sugary beverages, healthier snacks, and responsive feeding. The other, the

*Pediatric Adapted Liking Survey (PALS)* [29], assesses preschoolers' food/beverage consumption to calculate a diet quality index.

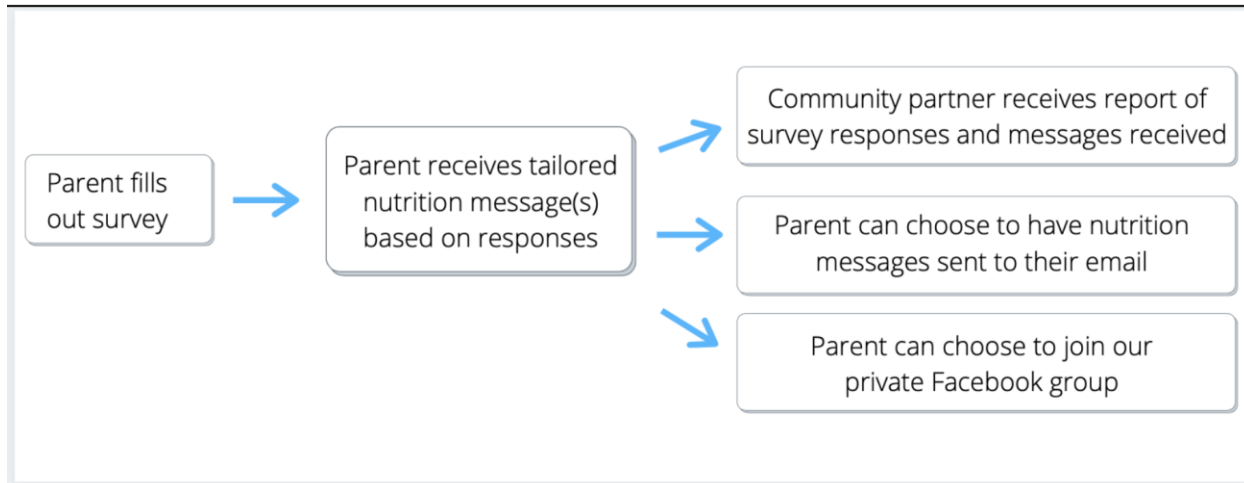


Figure 5. Healthy Family CT tailored message program to encourage healthy feeding behaviors and diets in young children, reaching parents and points of contact (healthcare, education centers, family resource centers, and WIC).

The messages follow multiple theories of behavior change including the *Elaboration Likelihood Model of Attitude Change* [31] and the 2-stage *Transtheoretical Model of Behavior Change* [32]. The messages are tailored to the parent in 3 ways:

- to reported deviations from guidance to motivate healthier behaviors or reported alignment with guidance to reinforce healthy behaviors,
- to the parent's learning style (autonomous or directed [33]) and,
- to achieve healthy toddler feeding following the *Theory of Planned Behavior* [34].

The messages to address the behaviors came from focus groups conducted in 2019 of families with young children in East Hartford. The toddler survey and a sampling of messages is on our website (<https://healthyfamilyct.cahnr.uconn.edu/kids-under-5/>). All online surveys assess the parent's perceived food insecurity and online provides information on accessing healthy food in their communities. Parents can opt to have the messages emailed or texted to their cell phones. Our work has found that families report the messages as relevant and helpful. From a survey of over 150 parents, nearly all said the survey was easy to complete and nearly 80% reported the messages as helpful. Online, and after receiving the tailored messages, parents reported the willingness to improve the target feeding behavior. Nearly all parents indicated that they are willing to change the three target behaviors (serving fewer sugary drinks, offering more fruits and vegetables for snacks, and letting their child decide how much to eat). In coordination with the points of contact, the messages parents receive are sharable electronically with a healthcare provider (e.g., Pediatrician, WIC) for reinforcement and to inform one-to-one goal setting sessions [28]. Importantly, responses from the online surveys drive content for direct and social media interventions and amplification by our community partners described in Project 1.

*Follow-up to tailored message program — social media, text options and goal setting.* From the tailored message program, parents are encouraged online to join a private Facebook group, which serves as direct intervention to share findings with parents from the local healthy food environment, offer recipes, encourage/motivate healthy feeding practices and consumption in young children, and supports engagement with fact-based information. Expertise from Drs. Molly Waring (social media interventions), Carolyn Lin (mhealth and communications expertise), and Kim Gans (community-based interventions) supported this effort.

The full parent follow-up aligns with the *Information-Motivation-Behavioral (IMB)* model, providing support through personal and social motivation and necessary skills to change health behaviors (Figure 6). An IMB-guided intervention lowered children’s sugary beverage consumption by boosting parents’ confidence in choosing healthier beverages and their motivation to make behavioral changes [35]. We will enroll parents into a brief motivational session with UConn Healthy Family CT RD and/or dietetics student for S.M.A.R.T. goal setting [36] and to reinforce fact-based healthy eating for young children. The session will take place via telephone or online platform (parent’s preference). Aligned with the *Dietary Guidelines 2020-2025*, these brief motivational sessions focus on behaviorally-focused strategies to improve the healthiness of toddler feeding as part of a multi-channel community approach to convey healthier toddler feeding messages, and allow active personal engagement by parents/caregivers. Parents who participate in this motivational session will receive weekly follow-up texts/emails for 4 weeks to: reinforce the goals; assess concrete action(s); provide additional motivation/reinforcing messages; include tips to common barriers; and provide additional resources on accessing healthy foods. Week 5 will involve a repeat of the toddler feeding survey or PALS to assess change in behaviors. Our RD/graduate student educator, Jaclyn Lerner, was awarded a fellowship from the Academy of Nutrition and Dietetics Foundation to fund incentives for parents to participate in the follow-up program (approved by UConn Internal Review Board).

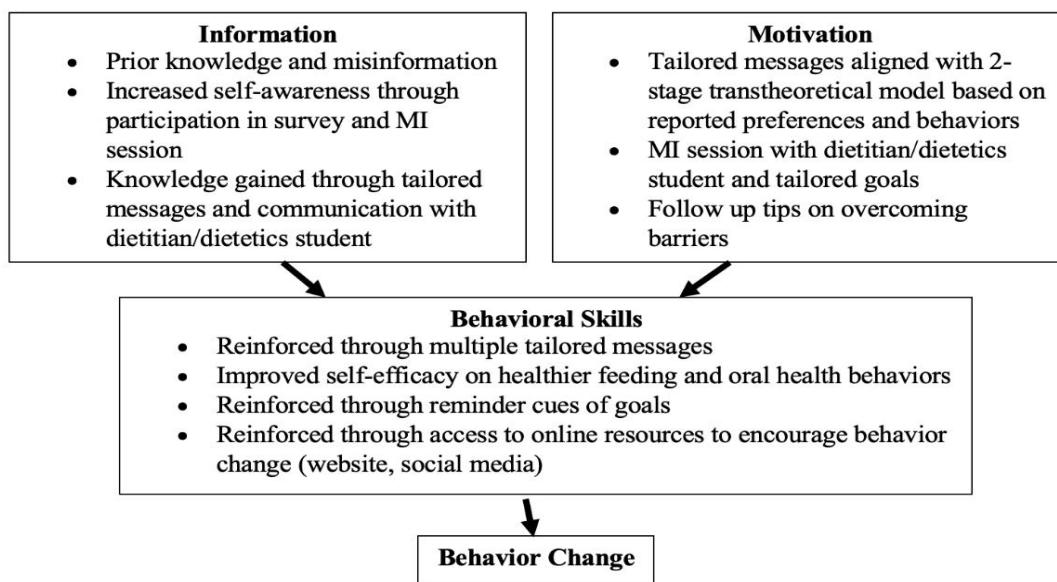




Figure 6. IMB model for our parent intervention to improve diet quality in young children.

*Face-to-Face educational session*—We place RDs and trained paraprofessionals in direct contact with young families, parents/caregivers, and children to encourage healthy eating behaviors. We conduct tailored direct nutrition education in the clinical waiting rooms (pediatric centers, WIC), childcare centers, or family resource centers as well as fruit and vegetable “sensory lessons” in the preschool classrooms, and brief contacts with parents/caregivers during pick-up/drop-off and school events.

- **Priority Population**

SNAP recipient/eligible families with young children.

- **Languages**

Project 3 direct education will be offered in English, with the goal of having the direct education offered in Spanish through recruitment of Spanish speakers to our Nutrition Education Team and in coordinating with our collaborating agencies. We also strive to make all online and print nutrition education to be offered in Spanish as well.

- **Project Outreach**

We will provide our stakeholders and points of contacts with printed materials to advertise access to our tailored message program, our website, social media, plus a nutrition education message (Figure 7).

**NUTRITION FOR PARENTS OF KIDS 5 AND UNDER**

Take this short survey to get personalized nutrition tips! Scan the QR code above to get started.

Visit our website, <https://healthyfamilyct.cahn.uconn.edu> or scan the QR code above for nutrition tips, healthy recipes, and much more!

Join our private Facebook group, Healthy Toddlers, to get nutrition tips from a Registered Dietitian! Type in this link: <https://www.facebook.com/groups/healthytoddlers> or scan the QR code above.

Balance your plate! Use MyPlate to create healthy meals and snacks. Aim for foods from each of the 5 food groups at your meals and 2 or more food groups for snacks. Go to [www.myplate.gov](http://www.myplate.gov) for more info!

This material was funded by USDA's Supplemental Nutrition Assistance Program (SNAP). This institution is an equal opportunity provider.

Figure 7. Sample postcard for points of contact of SNAP-eligible families of young children (tailored message program, website, private Facebook group, nutrition message)

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- **Direct Ed and PSE settings**

The Direct Education settings are a mixture of online, leveraging technology to provide tailored messages and interactions, and in educational settings to deliver interactive lessons with preschoolers, in coordination with teachers, and reaching parents.

- **Social Marketing Campaigns**

This project 3 does not implement a focused social marketing campaign.

- **Evidence base**

The Project 3 approaches are evidence-based. Numerous peer-reviewed scientific research and our evaluation studies have shown that interventions involving parents and teachers support development of healthy eating behaviors for promotion of healthy weight and reduction of the risk of obesity in young toddlers and preschoolers. Infants and young toddlers from low-income families have disparities in diet quality and nutrient intake compared with those from higher income families [37]. Guidance for healthy eating and feeding behaviors comes from the new *Dietary Guidelines 2020-2025* [38] and the *Robert Wood Johnson Foundation's Healthy Eating Research Program* in collaboration with the *USDA/CDC Pregnancy and Birth to 24 Months Project*. These sources provide evidence-based guidelines for feeding and for translating into nutrition education practices in the home, school and agencies reaching young toddlers [39].

There is great developmental brain plasticity when toddlers transition from breastmilk or formula and pureed foods to the family diet. Food preferences established at this age, lay the foundation for a lifetime of healthy or unhealthy eating. Toddlers must have continuous exposure to a variety of healthy solid foods of differing textures and tastes (including fruits/vegetables) to develop a preference and regularly consume healthy beverages (including water and plain milk), while limiting consumption of sugar-sweetened beverages, juices, sweets, and other nutrient poor foods. Early adoption of fruit/vegetable liking associates with more favorable weights later in childhood [40].

Low-income mothers report conflicting messages from pediatricians, nutrition programs, family members and friends [41]. While pediatricians' advice is highly trusted, well-child visits are often too brief to assess and address health needs, leaving limited time for nutrition guidance. Fueling the confusion, the Internet (and social media) inundates new parents with advice (often company-sponsored) that promotes nutritionally poor toddler products [42]. Although nutrition educators find mothers receptive to messages to improve their child's diet [43], messages must be tailored to the child-mother dyad, involve their peers, support their cultural wishes/preferences, and be consistent with messages from clinicians. As low-income parents seek online information via Smartphones, messages on recommended feeding practices must be short, cogent, and easily accessible by current and emerging social media [44].

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Our quantitative and qualitative research in East Hartford, CT identified toddler-feeding behaviors that deviate from recommendations including providing sugary beverages, offering unhealthy snacks, and lower levels of responsive feeding [45-47]. Over 50% of parents reported serving sweetened drinks to toddlers and 17% served sweetened milks. One-half served them in sippy cups for easy consumption and 63% in 8+ oz. cups. The majority also served their toddler unhealthy snacks, including sweets (55%), salty snacks (52%), and crackers (78%). Nonresponsive feeding (paying little attention or lacking engagement with the child) also was common. Only 13% reported that their child mostly/only decides how much to eat, and 55% reported that they make their child finish all food served sometimes/always.

We address these feeding behaviors that deviate from recommendations with our toddler feeding screener with tailored message program. This program has high parent usability and acceptability [28]. For example, the 42-item screener was offered to parents upon check-in for 1-4-year-old WIC nutrition education and mid-certification appointments. Through their Smartphones, parents could complete the screener and receive feeding messages (three tailored to screener responses and one general), opt to have the messages sent to their email, indicate willingness to address the target behaviors, and rate the acceptability of the screener and messages. In real-time, screener responses and messages were emailed to the nutritionist to help focus the counseling. Fifty-one parents completed the screener (completion time: ~12 minutes), with good variability in frequency of tailored messages received (37% SSB, 61% snacking, 69% responsive feeding) and high willingness to address the target behaviors (84% SSB, 97% snacking, 77% responsive feeding). Most affirmed ease in screener completion (86%), the messages as helpful (88%), and liking to receive more messages in the future (57%). We have further refined the screener to provide tailored messages to the feeding behavior as well as the barriers that parents report as hindering healthier feeding behaviors. The barriers were reported by low-income parents from 7 different focus groups (Haley Gershman MS RDN, Thesis in Health Promotion Sciences, 2021). We reach families with the tailored message program through multiple points of contact including healthcare, education centers, family resource centers, and WIC.

Social media interventions can improve health outcomes and reduce health inequities according to a meta-analysis [48]. We have shown that a private Facebook group across 41 low-income families with toddlers is acceptable and useful—parents responding to the online survey agreed the posts were useful and reported trying the recommendations to improve the healthiness of foods they offer their toddler.

Preschoolers also fall short of dietary recommendations with low intakes of fruits and vegetables and, according to the NHANES 2013 to 2016, 11.6% are obese [49]. Our sensory lessons with the preschoolers are grounded in scientific evidence. Sensory lessons with fruits and vegetables encourage preschoolers to taste [50,51], especially if this lesson is not during mealtime [52]. Nutrition education in childcare centers improves intakes of vegetables in the center as well as in the home from a randomized group study [53]. Our interventions have been refined and sustained over the years, which



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supports positive impact of SNAP-Ed interventions delivered in childcare centers on preschoolers' diet quality [54]. Our SNAP-Ed program has shown significant ability to improve diet quality and carotenoid status among preschoolers [30]. The diet quality measure was a simple liking survey [29] that was responsive to changes in the intervention and improvements in the carotenoid status measure [30].

- ***SNAP Ed tool kit Interventions***

We use the Healthy Drinks for Toddlers materials in our tailored materials.

- ***Other Previously Developed Interventions***

We have delivered an online program with tailored diet quality messages that addresses the need for healthier eating connected with oral health of young children for caregivers that is helpful and useful [55]. Over 140 caregivers reported the messages encouraged healthier behaviors they are willing to improve. The tailored message program informed goal setting in a follow-up, online motivational session for low-income caregivers. It was reported as easy and convenient to attend, was comfortable for them to talk about their children's nutrition, helped them think about why diet improvements were helpful, and supported their ability to set goals for positive changes in their children's diet quality [56]. We engaged over 60 caregivers in a private Facebook group [57] from Sept 2021 to April 2022, posting 5 times per week with evidence-based information to promote healthy diet and dental health in young children. Nearly 6 in 10 caregivers engaged in the group. Over 5 months, the polls (N=27) attracted the most engagement, Informational posts (N=38) received a median of 1.5 interactions and a median of 22 impressions per post. Posts sharing recipes had similar engagement with a median of 1 interaction and a median of 21 impressions per post. During the 2-week sampling period (n=10 posts), 58% of caregivers interacted with at least one moderator post.

- ***New Interventions***

For this project 3: No "new" interventions

***Project 4: Nutrition education partnership to improve diet quality and decrease obesity risk in children via school and healthcare settings***

- ***Brief description of year 2***

This project reaches children in school settings in our target areas (**East Hartford, Manchester, Bloomfield, Meriden, Willimantic, Enfield, and New London County**) and healthcare settings that reach children of income-disadvantaged families (e.g., CT Children's Medical Center (CCMC) and affiliated clinics). The project involves tailored messages to students in school settings [58] combined with low-intensity support of the school nutrition programs, wellness policies, and afterschool activities. Our pilot work in a single middle school shows these activities can improve dietary behaviors [59]. We will couple school-based interventions with partnerships to support the local food

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environment (FoodCorps) as well as outreach to families and health providers with our tailored message program and reinforcement [60].

• ***Link to SMART Objectives, SNAP-Ed evaluation framework, and key indicators***

*Tailored individual messages with low-intensity school-based program*

- Years 1, 2, and 3:  $\geq 70\%$  of children will report willingness to improve the healthiness of at least one diet and/or activity behavior. (ST1, ST3)
- Years 2 and 3: 50% of families who participate in the 4 to 6-week follow-up program will report that the children have improved at least one healthy diet or physical activity behavior. (MT1, MT3)
- Years 1, 2, and 3:  $\geq 50\%$  of children will participate in tasting new healthy food recipes for the school meals and vote on their favorite options. (ST1)
- Years 1, 2, and 3: Schools will optimize the menu offerings to the students' preferred choices. (MT5)
- Years 1, 2, and 3: Children will increase their liking for (pre-post online PALS) healthy foods on the school menus. (MT1)
- Years 1, 2, and 3: Children will increase their consumption of (plate waste) healthy foods and participation in the school meal programs. (MT1)

*Face-to-face group nutrition education*

- Years 1, 2, and 3:  $\geq 70\%$  of children will report willingness to improve the healthiness of at least one diet and/or activity behavior. (ST1, ST3)
- Years 1, 2, and 3:  $\geq 50\%$  of children will participate in tasting new healthy food recipes or snacks in afterschool lessons (ST1)

*Engaging the family and school-based health promotion programs*

- Year 1: By the end of year 1, one (1) new FoodCorps collaboration/district will be added to deliver MyPlate nutrition education during the school year with coordinated messages for the family. (ST8)
- Year 2: At least 2 FoodCorps collaborations/districts will have cafeteria tastings of 3 new vegetables with messages and recipes shared with the family (MT5)
- Years 2 and 3: Our SNAP-Ed participants (children and parents) will demonstrate willingness to eat sample foods offered during a class, and report improvements in nutrition knowledge, intent to change, consumption of school fruit and vegetable offerings, and eating more vegetables at home (ST1, MT1).

*Community partnerships to reinforce the local healthy food environment*

- –Years 1, 2, and 3: Our nutrition education collaboration with Willimantic CLiCK Community Kitchen and Garden will advance changes to the local food environment to make healthy choices practical and available to SNAP eligibles while increasing awareness and knowledge of dietary quality. (ST1; ST7; ST8)
- Years 1, 2, and 3: We will collaborate with the Windham Community Food Network (Grow Windham) to continue to survey community members (creates an

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exchange of ideas with community members) on food insecurity, local food assistance, fresh fruit and vegetable access, food cost, and community program ideas (ST5, MT5, MT10).

#### *Tailored messages in healthcare settings*

- Years 1, 2, and 3: ≥70% of children will report willingness to improve at least one diet and/or activity behavior. (ST1, ST3)
  - Years 2 and 3: 50% of families who participate in the 4 to 6-week follow-up program will report that the children have improved at least one healthy diet or physical activity behavior. (MT1, MT3)
  - Years 2 and 3: Increase the coordination between our school-based efforts and those with primary care physicians, including offering the PALS tailored message program and follow-up with families (MT11).
- ***Approaches (Direct, PSE or Social Marketing)***

In partnership with schools, our approaches will aim to follow the *Socio-Ecological Model* with low-intensity interventions adapted to the school needs from the options listed below. Our team presence and familiarity advance additional collaborations via school's health and wellness committees, parent-teacher organizations, and potential FoodCorps service members stationed in districts where our SNAP Ed recipients and eligibles live. These internal partnerships extend our work and support the school meals, wellness policies and community partnerships to reinforce the local healthy food environment.

- delivering tailored health promotion messages to the individual child;
- reinforcing healthy food and physical activity through fun, educational game (*Eat and Move as I Like* (<https://eatandmove.game.uconn.edu/>)).
- playing a role in school-wide message campaigns to motivate healthy eating and physical activity and encourage participation in and consumption of the healthy school meals;
- delivering tailored, age-appropriate, and face-to-face group nutrition education;
- supporting the school wellness policies;
- engaging with the family and school-based health promotion programs; and
- participating in community partnerships to reinforce the local healthy food environment.

In partnerships with healthcare settings, we also reach children through well-child visits or encounters with non-urgent care in coordination with healthcare providers.

#### *Tailored messages and low-intensity school-based program*

This component combines tailored nutrition education to individual school children to motivate healthier behaviors. The tailored messages drive school-wide message campaigns and activities to reinforce consuming the school breakfast and lunch. We aim to continue work in East Hartford middle schools, sharing components to schools in our other target communities (e.g., New London).

At the child-level, an online tailored message program will be delivered to each child at the beginning and end of the academic year [61]. This program combines the evidence-based PALS (feasible survey of usual diet and activity behaviors) [62] with tailored messages [60] that are acceptable and useful to children to motivate healthier diet and physical activities and engage school stakeholders in action on school wellness policies [61]. The messages were developed and tested through multiple interactions with—and feedback from children. The aim was to motivate and reinforce healthy nutrition and physical activities in a fun and acceptable way. After completing the PALS, children receive three messages (motivational and/or reinforcing) tailored to their average liking/disliking responses for food or activity groups. Aligned with a two-stage *Transtheoretical Model of Behavior Change* and criteria derived from a separate group of children (n=525), children receive one or multiple of the eight motivational messages if they report high liking for the “moderation” (e.g., sugary beverages, sedentary behaviors) groups or low liking for the “adequacy” groups (e.g., whole fruits, vegetables). Of the motivational messages, four messages aimed to reduce less healthy foods by replacing them with healthier options for salty snacks, sugary beverages, sweets, and sedentary behaviors, and four messages aimed to add healthier options to the diet, including vegetables, whole grains, dairy products, and fruits. Students also can receive one or multiple of the five reinforcing messages if they reported liking healthier food groups at a high enough level to trigger a message, including dairy products, fruits, vegetables, whole grains, and physical activity. For example, if the student reported above “really liking” the group of vegetables, they would receive the reinforcing message, *“Keep crunching on veggies! The more you eat the better – they’re pack with vitamins and fiber.”*

The CT SNAP-Ed needs assessment shows data from the PALS in 500+ middle schoolers and demonstrates need for nutrition education—the middle schoolers reported lowest liking for healthier foods and the school lunch and breakfast. Figure 8 shows sample messages and query on willingness for behavior change – 73% of middle schoolers (n=501) reported willingness to improve at least one target healthier behavior. Our team has IRB approval at UConn to offer the program and to link the child’s pre/post academic year PALS response to assess the impact of school-based nutrition education on improving the child’s diet and physical activity behavior

Fruits are packed vitamins making your skin glow and body grow! Eat fruits at most meals and snacks - add some fruit to your cereal or yogurt!



Please think about the message that you just received.



How much would you like to try eating fruit at most meals and snacks?

Figure 8. Sample tailored message that children would receive in response to lower liking of whole fruits with a follow-up question on the willingness to improve the target behavior, in this case, consuming more whole fruits [61].

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At the school-level, effective implementation of wellness efforts requires student buy-in and using their relevant ideas and insight [58,63]. Our school-wide campaigns will follow the *Self-Determination Theory* to motivate healthier behavior choices and engage students in activities to improve access and acceptance of school meals. Data from PALS will drive topics for school-wide action aligned with the school wellness policies and initiatives. Our school-wide efforts in Windsor, CT middle school involved children with breakfast and lunch menu offerings and school wide messages to promote school breakfast participation and reduction of school food waste [59]. Children were engaged throughout, voting for their favorite additions to the school meals and their favorite message(s), supporting feelings of connectedness, encouragement, and inclusion with their peers to create an environment of acceptability towards enhancing healthy behaviors. Figure 9 shows a sample school-wide message developed with middle schoolers' input and voted on as the favorite message between three choices [59].

We also offer an educational game that reinforces healthy eating and physical activity through game play, messages, and simple questions throughout the game ("*Eat and Move as I Like*" <https://eatandmove.game.uconn.edu/>) The game was developed via interaction with children, teachers, and community members via a seed grant from Foodshare of CT [59]. We have refined the game to simplify the messages and add a simple evaluation component at the end. We continue to refine the game through interactions with students and will market as a reinforcement of school-based and group nutrition education lessons. Impact on willingness to engage in healthier behaviors is measured online through self-report.

#### *Face-to-face group nutrition education*

Some school districts we work with (East Hartford, Meriden, Willimantic, Manchester, Enfield, New London County) have afterschool programs. Interactive and fun lessons are tailored to the developmental level of the schoolchildren and utilize a science-based framework and MyPlate for Kids. Following our lessons, we reinforce nutrition concepts with snack-food tastings and healthy behavior messages. Our PALS work and collaborative meetings with teachers, administrators, food service personnel and afterschool program site directors in each district will focus on nutrition topics most needed by students in the classroom and the afterschool programs: eating more fruits/vegetables, drinking fewer sugary beverages, and exercising to balance calories in and out. Lessons tailored to the groups (typically 8-10 year olds) are approved by SNAP-Ed RDNs and delivered onsite or if virtual lessons are desired, via PowerPoint slides.





*"Some kids need the food that is thrown away. Think twice before you toss!"*

*Figure 9. Sample school-wide message to promote decreasing food waste and indirectly supporting consumption of school meals developed and selected by middle schoolers [59].*

We also reach children over the summer months through **USDA Summer Meals** (<https://www.endhungerct.org/services/summer-meals/>). We engage with selected meal sites in our target towns (**East Hartford, Manchester, Enfield and expansion to New London County**). Our team will supply onsite nutrition education to SNAP recipients/eligibles for 1 hour, once/week from early July to mid-August, complying with the summer meal dates for the site. SNAP-Ed educators utilize *USDA MyPlate for Kids* and *Dietary Guidelines for Americans 2020-2025* to tailor simple and developmentally appropriate lessons to a wide age-range of children and their parents who are also onsite during summer meals. Handouts and information on how to enroll in SNAP are included.

#### *Engaging the family and school-based health promotion programs*

CT FoodCorps service members collaborate with us to: market/recruit child participants in classrooms and school cafeterias; implement nutrition education to children and their parents; enhance parent awareness of nutrition education programs; build and tend school gardens to reinforce SNAP-Ed principles and guidance; strongly support inclusion of high-quality local food into public school cafeterias through farm-to-school programs; and participate on school wellness committees to improve school meals, the school food environment and wellness policy implementation. FoodCorps collaborations occur primarily during the school year (September-November, February-April), dictated by the classroom and health education teachers' schedules, cafeteria set-up and schedules, as well as afterschool programming already in place.

#### *Community partnerships to reinforce the local healthy food environment*

*CLiCK, Willimantic*—A Collaboration with CLiCK Community Kitchen and Garden expands opportunities to provide education to SNAP-Ed recipients/eligibles and fuel changes to local environments to make healthy choices practical and available to

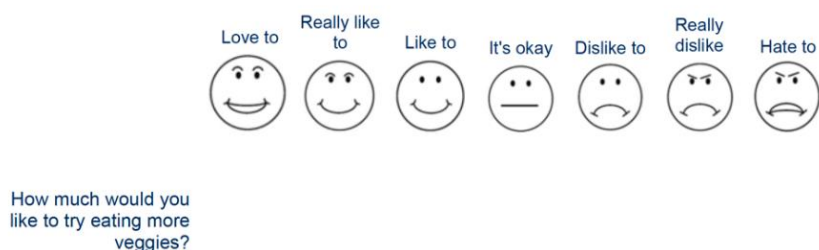
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individuals and families in the community (e.g., gardens, farmers markets). The UConn Healthy Family CT SNAP-Ed nutrition education team will deliver fun, interactive lessons in garden spaces following USDA MyPlate for Kids. Topics include decreasing sugary beverages, balancing calories in and out, including more fruits and vegetables in your snacks and meals, and choosing low-fat dairy at least 3 times per day.

### *Tailored messages in healthcare settings*

We have a long-standing, IRB-approved collaboration with the Connecticut Children’s Medical Center (CCMC) Pediatric Emergency Department (PED, Dr. Sharon Smith), healthcare staff, and UConn pre-med undergraduates to provide our evidence-based behavioral survey (PALS) with tailored messages and assess the children’s body mass index and waist circumference percentile [60]. Children and parents complete the program on PED-provided tablets. The children receive 3 tailored messages to motivate or reinforce healthier diet and physical activity behaviors, and for each, report on their willingness to make improvements on the target behavior as shown in Figure 10.

Please think about the message that you just received.



*Figure 10. Post message question to evaluate willingness to make changes in the message target behavior.*

The messages are followed with brief, motivational interviewing sessions for the child and parent dyad delivered by trained paraprofessionals, with reinforcing handouts [60], including “My Weight Ruler” with the child’s BMI% category in a culturally-relevant manner [64] and supportive positive messages (avoiding negative messages of dieting, restriction, or weight loss, which can result in poor outcomes). Parents who report food insecurity via the online survey will receive a text message with website links about SNAP, food security resources, and accessing healthy food online with EBT benefits. Families have the opportunity to participate in 4, online weekly follow-ups to reinforce messages with repeat PALS to assess behavior changes [65]. Participating parents receive one weekly message (email or text) for 4 weeks after the clinical visit. The last week will include a brief follow-up survey to assess action towards the recommended behavior change and satisfaction with the messages.

We also have collaboration with the CCMC primary care center in East Hartford (Dr. Nancy Trout) and will reach out to pediatric practices in our target communities.

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- **Priority Population**

SNAP-eligible families and their children (ages 2 to 18) reached in educational (school districts) and healthcare settings.

- **Languages**

Project 4 direct education will be offered in English, with the goal of having the direct education offered in Spanish through recruitment of Spanish speakers to our Nutrition Education Team and in coordinating with our collaborating agencies. We also strive to make all online and print nutrition education to be offered in Spanish as well.

- **Direct Ed and PSE settings**

Educational settings with high rates of free and reduced school meal participation as well as healthcare settings that reach high rates of public and state-supported health insurance.

- **Social Marketing Campaigns**

This project 4 does not implement a focused social marketing campaign.

- **Evidence-base**

The Project 4 approaches are evidence-based. Elevated rates of childhood obesity call for multi-tiered approaches, including prevention efforts in clinical settings [66]. Technology offers adolescents familiar communication channels to encourage accurate reporting and provide tailored messages. For middle schoolers in a school setting and coordinated with the child nutrition program over the last two academic years [61], we found that an online survey was useful and feasible for assessing students' diets and physical activity behaviors and providing tailored messages. Over 500 middle schoolers completed the pediatric-adapted liking survey (PALS) [62], including questions about sleep, school meals, and food security. The students reported survey acceptability and found it useful. PALS-response algorithms triggered healthy reinforcement/encouragement messages. Over 90% of students reported that they could do the survey easily themselves and 75% said that doing the survey made them think about what they do. Students received an average of 2-3 messages tailored to PALS responses—most frequent were reinforcing (*increasing water or whole grain consumption*) or encouraging (*drink water or eat fruit instead of sugary foods/beverages*). About 80% of students reported willingness to improve the target behavior of at least one message (e.g., drinking water instead of sweet drinks) and learning something new from the messages; 75% were open to receiving future messages. The survey results become the basis for tailored, school-wide nutrition education in coordination with the school meals [59].



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For FoodCorps, program evaluation by the Tisch Center for Food, Education and Policy [67] shows that >75% of schools with the presence of FoodCorps after one year had measurably healthier school food environments. In addition, students who participated in FoodCorps hands-on activities (cooking and gardening, activities to incorporate fruits and vegetables into their diets) tripled their consumption of fruits and vegetables. And, school systems with more resources in the FoodCorps activities showed greater outcomes. From a cluster randomized controlled trial, school gardening interventions need to be combined with school-based education to improve dietary quality of children [68]. These findings support our partnership with FoodCorps to increase their reach and develop greater child and family engagement with the program to achieve healthy diet and obesity prevention goals. There is theoretical support for the association between cooking more at home and prevention of chronic diseases [69].

Chronic illnesses have been targeted in the pediatric emergency department (PED), including screening, brief interventions and referrals [70-72]. Low-income adolescents and children who use PEDs have been shown to have unhealthy dietary behaviors and often do not obtain primary medical or preventive care [70]. Brief interventions for obesity treatment and prevention have successfully been accomplished in the PED [71]. We will continue our brief intervention in the PED for children being treated for non-urgent issues, combining communicating the BMI percentile with the evidence based My Weight Ruler [64] to parents and feasible screening of dietary and physical activity behaviors with the PALS. The PALS has proven feasible in a clinical setting (high response rate, excellent clinical-home test-retest reliability [73]. In usual care visits at CCMC PED [62], 925 children and parents completed the PALS. A Healthy Behavior Index constructed from the PALS responses was able to detect differences in healthiness in parent> child, gender (females>males), age (older> younger), health insurance (private>public), and community description of the family residence (higher income/food security>lower income/ food security).

The online PALS was useful and feasible for screening children's behaviors in a clinical setting and getting children to reflect on their behaviors [60]. Messages tailored to the child's likes appeared useful to encourage/reinforce behavior change. We found the PALS with tailored messages was acceptable and useful and could focus a brief motivational follow-up session.

- ***SNAP Ed tool kit Interventions***

We utilize SNAP-Ed toolkit materials coupled with our evidence-based interventions to target children.

- ***Other Previously Developed Interventions***

We have feasibly assessed diet, physical activity, and food security via an online platform and delivered tailored nutrition education messages to motivate healthier behaviors in 256 middle schoolers in New London This is the basis for programs to

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improve school meal consumption and school wellness in collaboration with school stakeholders and community members. In addition, we worked with tweens in classroom settings with *Eat and Move as I Like (EAMAIL—<https://eatandmove.game.uconn.edu/>)*, a fun, publicly-available online game to teach about MyPlate, providing information about healthy eating, encouraging self-reflection, and motivating healthier eating [74]. In one school setting, EAMAIL was administered to five, 30-minute classes involving 54 children (mean age=11.6 years; 75% female; 58% White), 105 users, and 1187 games played. All users responded to end game questions: 64% reported at least *Like it* to “*The game made me want to eat better*” and “*I would like to play the game again.*” From the post-game online survey, somewhat to strongly agreed was reported by 76% of children to learning about healthy eating and by 50% that the game was fun, had positive attributes (pace, challenge, flow), and that they would share their game experiences. Finally, we are in collaboration with physicians at Connecticut Children’s Medical Center (Drs. Sharon Smith and Nancy Trout) to offer nutrition education aligned with vouchers for fruits and vegetables (funded by a private corporation) to caregivers of children receiving healthcare in the Pediatric Emergency Department and who online report being food insecure.

- ***New Interventions***

For this project 4: No “new” interventions

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## MODULE 4: Evaluation Plans (Formerly Template 2: SNAP-Ed State Goals, Objectives, Projects, Campaigns, Evaluation, and Collaboration)

### Evaluation Plans

Our projects do not involve large-scale evaluation using SNAP-Ed funds. They primarily fall under typical project monitoring. The evaluation is aligned with the SNAP-Ed performance indicators and a comprehensive, Qualtrics web-based system to document direct and indirect nutrition education as well as comply with EARS reporting. This system is securely accessible anywhere via the Internet, has checks/balances/back-up systems for accurate program reporting and forecasting future program delivery. We are complying with the mandated changes that were implemented and continued since FY2017. Our team has secured funding from the USDA Hatch and the Academy of Nutrition and Dietetics Foundation to evaluate Projects 3 and 4. We continue to write grants to test if our SNAP-Ed activities improve healthy diet and physical activity for obesity prevention of SNAP recipients/eligibles.

**Name:** Process evaluation on Projects 1, 2, 3, and 4 will be a part of our evaluation plan

**Type:** Process

**Questions:** Process evaluation

- Our SNAP-Ed will be acceptable and effective to reach our target audience and valued by community partners.
- Combining face-to-face with online tailored education will increase our ability to reach SNAP-eligibles and families as well as increase our partnerships.
- Linking our website and social media platforms will increase our reach to local target communities and increase the ability to address our impact objectives.
- Marketing our SNAP-Ed through print and agency partners will increase our ability to reach SNAP-eligibles and families in our target communities.
- Work within our equity framework to increase access to healthy foods will expand the number of partnerships and ability to reach SNAP-eligibles in our community.
- Feasibility of evaluation methods will support participation of SNAP-eligibles.

**Approach – Process.** We will conduct process evaluation on projects 1, 2, 3, 4 with the following measures and data collection. For some, we will use UConn’s Qualtrics platform to administer customized online surveys for process evaluation, inclusive of our printed nutrition education materials (calendars, recipes, handouts, tip sheets).

- Interviews with community partners and key informants (ST8: Multi-sector Partnerships and Planning)
- Coordination of nutrition education messages with food distribution, across programs, and with other professionals reaching the target audience (ST8: Multi-sector Partnerships and Planning).
- Coordination of nutrition education messages and foods available or distributed (ST1: Healthy Eating; ST7: Partnerships)

- Orientation and direct observation of volunteer paraprofessionals by registered dietitians/nutrition educators.
- Group discussion, reflection, and feedback on nutrition education delivery between paraprofessionals, nutrition educators and community partners.
- Network and sharing best practices with nutrition educators (Academy of Nutrition and Dietetics, Cooperative Extension, EFNEP, Food Corp, SNAP-Ed Connection, End Hunger CT, and North/East SNAP-Ed implementing agencies in Land Grant Institutions (ST8: Multi-sector Partnerships and Planning).
- Tailored and literacy/language specific pre-post-activity surveys for select direct nutrition education activities to assure participant knowledge gained, increased motivation to change behavior, and high level of satisfaction and quality of the activity (ST1-4: Readiness and Capacity)
- Engagement of our nutrition education team in CT organizations and agencies that work toward obesity prevention for SNAP-eligibles (ST: Readiness and Capacity)
- Monitoring EARS data collection and reporting system via UConn Qualtrics.
- Did our program recruit new sites to deliver nutrition education or new partnering organizations? (ST7: Partnerships)

**Planned use:** We plan to share findings with local stakeholders via printed materials and our online platforms including our website and social media. We will use the results to improve our SNAP-Ed program quality and number reached.

**Approach – Outcome** We conduct feasible outcome evaluation on all our projects, including 1, 2, 3, and 4 using the following measures and data collection. The Department of Allied Health Sciences and at the University of Connecticut include interdisciplinary researchers who can provide guidance on all aspects of the projects that we propose, including engaging community for changing equity to healthy food access; network analysis; community-based interventions; leveraging community; mhealth; and social media to deliver effective interventions

UConn Healthy Family CT will continue to leverage Qualtrics, a robust online survey and data collection platform for evaluating the outcomes of our direct education. Qualtrics and linked text messaging system available through UConn is accessible via Smartphones, UConn tablets, and website (<https://healthyfamilyct.cahnr.uconn.edu>). Personal data is confidential and stored on a secure UConn server. Qualtrics allows UConn Healthy Family CT to administer customized online surveys to assess willingness to change diet and physical activity behaviors and pre/post responses to our tailored nutrition education presentations (hardcopy pre/post utilized when necessary per site). We plan to use social media platforms to reach SNAP-eligibles and evaluate response to nutrition education. Electronic data collection allows reaching parents in priority towns and partnering with non-SNAP-Ed obesity prevention activity. We will track data analytics on our collaborative social media efforts (Facebook, Instagram, Twitter) and our website.

Unless specifically funded by a companion grant, most of the evaluation is pre/post following assessing outcomes aligned with theories of behavior change.

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Aligned with the SNAP-Ed goals, we assess dietary intake and change in dietary intake with a proxy of intake, reported liking/disliking of foods, which has been shown in young children, children, and adults. Reported liking of foods and beverages is part of the broad taxonomy of dietary behaviors [1] that can serve as a proxy for what is consumed. Furthermore, the taste or liking of the taste and oral sensory properties of food are primary drivers of consumption [2], and there is growing recognition of how sensory nutrition influences health and response to dietary interventions [3].

Our work and others supports that simply asking children and adults what they like or disliked to eat as well as physical and sedentary activities provides a feasible tool for SNAP-Ed evaluation. The correlation between liking and reported intake can range from 0.52 to 0.67 [4]. However, liking is much easier to recall and takes much less skill and time to complete than recalling what was consumed, especially for children. We found that parents' reports on their preschoolers' liking for foods/ beverages can be formed into an index of diet quality that correlates with skin carotenoid status [5]. Older children can complete PALS by themselves to produce reliable food groups [6,7] and, when combined with physical activities and screen time, form a valid and reliable healthy behavior index [8]. In adults, survey-reported food likes/dislikes correspond with reported intake assessed by frequency survey/food records [4,9] as well as biomarkers of consumption [9-11]. Importantly, reported liking/disliking of foods and physical activities can detect changes in response to interventions to improve diet and physical activity behaviors in children [12] and adults [13]. Our work this last summer with non-SNAP-Ed funds and collaborations with Drs. Ock Chun and Mike Puglisi (UConn Nutritional Sciences) shows that food and beverage liking is a reasonable way to assess diet quality in low-income individuals for associating with the perceived food environment and showing the diet quality benefits of using online grocery ordering with EBT benefits (manuscript in preparation).

***Name: Project 1***

***Type:*** Short-term and medium-term outcomes

***Questions:*** The 3-yr SNAP-Ed plan will address these questions by quadrant each quadrant of the Equity Framework for increasing access to affordable healthy food, which in turn can help promote healthy eating, increased cooking at home, and healthy weights. Many of these questions address sectors of influence and align with policy, systems, and environmental approaches.

***Build on Community Capacity***

- Types and number of sectors and agency collaborations in target communities who advocate and work toward improving access to healthy food. (ST8a, STb)
- Sharing and implementing best practices for reaching the target audience and improving access to healthy food via collaboration with the Land Grant University-based SNAP-Ed program in the North/East. (ST8a, STb)
- Quality of collaborations consistent with the new PEARS reporting (Coalitions Work Evaluability Assessment Tool)

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(<https://uccalfresh.ucdavis.edu/sites/g/files/dgvnsk2286/files/inline-files/Coalitions%20tip%20sheet%20Final%208.14%200.pdf>). (ST8a, STb)

- Number of individuals in target communities screened online for food insecurity and we connect online with resources to access healthy foods. (ST1)
- Number and quality of social media partnerships to amplify our healthy food access and healthy behavior messages. (ST8a, STb)
- Active engagement of our partners and our SNAP-Ed influence by network analysis (Dr. Ran Xu, <https://alliedhealth.uconn.edu/faculty/xu-ran/>). (ST8c, STd)

### Improve social and economic resources

- Production and updates of online healthy food guides in target communities and dissemination via our website, text, and multiple social media channels. (ST1)
- Development, update, and dissemination of healthy food best price lists. (ST2)
- Increased awareness of healthy foods available and best prices by participant related to social media marketing through online surveying. (MT5)

### Reduce deterrents

- Identify marketing strategies that increase the reach of our SNAP-Ed resources for our target audience through key informant qualitative interviews (direct to the target audience, partnering agencies) in English and Spanish.
- Establish online methods to allow SNAP-eligibles to tailor the online information desired (e.g., face-to-face group, social media public, social media private, text).
- Employ best strategies to market our online SNAP-Ed resources through print, free media sources, and our community partnerships.
- Numbers of SNAP recipients/eligibles reached, including social media analytics, on healthy food access and obtaining this healthy food in the community.

### Increase healthy options

- Number of partners who amplify information about online SNAP ordering of food and engagement in social media pages involving online SNAP ordering.
- Increases in awareness and willingness to use online SNAP ordering.
- Change in online food ordering using SNAP-EBT in our target communities.
- Facilitate multi-sector changes as illuminated by the community assessment and decided by the target communities, that could include improved agricultural policies (MT-8), educational policies (MT-9), healthcare-community linkages (MT-11), social marketing through evidence-based social media (MT-12, 13).

### **Name: Project 2**

**Type:** Process as well as short-term and medium-term outcomes

**Questions:** The evaluation is aligned with the key performance indicators indicated below and a comprehensive web-based system to document direct and indirect nutrition education as well as comply with EARS reporting.

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### Cooking Matters (CM) and CM at the store and grocery stores

- New target area to deliver CM series (6 classes) and grocery store events. (ST8)
- Number of food/nutrition events (live or online) in collaboration with CM. (ST7)
- Social Media analytics: Numbers reached with nutrition “topic” postings via ShopRite (local) Facebook. (ST8)
- Improved confidence in and frequency of healthy and safe food preparation as measured by CM approved curriculum pre-post. (ST4)
- Increased confidence with knowledge of food resource management as measured by pre-post survey. (ST2)
- Ability to shop for and plan a healthy meal and increased willingness to prepare and consume a healthy diet (CM approved curriculum pre-post). (ST1)

### Mobile and Stationary Food Pantries

- The nutrition education team monitors the SWAP program in select pantries to help grade the healthiness of the pantry foods being shelved, and to reposition those food items placed errantly (ST7).
- Number of food/nutrition events or lessons in collaboration with pantries. (ST7)
- Numbers reached with online education sessions. (process)
- Numbers reached and satisfaction, via social media platforms. (ST8)
- Majority of participants (>50%) will report using recipes distributed by UConn SNAP-Ed to cook more at home with food-safe practices and increase dietary quality (ST1, ST4)

### Charter Oak Health Center (COHC)

- Number of food/nutrition events or lessons in collaboration with onsite RD (ST7).
- Numbers reached with education sessions. (process)
- Self-reported confidence in cooking more at home [14]. (ST1)
- Changes in diet quality from pre-post surveys [13]. (MT1)
- Healthy, positive changes in body weight and reduced sedentary behavior for those desiring to lose weight. (ST3)
- Continued COHC collaboration on cooking/nutrition education classes. (ST7)
- Majority of participants (>50%) will report increase in dietary quality, increase in physical activity, higher confidence in food resource management skills and cooking more at home using food-safe practices (ST1-4)

### Senior Housing

- Changes in knowledge for healthy eating and intent to improve dietary behaviors via simple pre-post survey tailored to class topic and participant literacy (ST1).

### **Name: Project 3**

**Type:** Proess as well as short-term and medium-term outcomes

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**Questions:** The evaluation is aligned with the key performance indicators indicated below and a comprehensive web-based system to document direct and indirect nutrition education as well as comply with EARS reporting.

Parent-reported acceptability and usefulness of the tailored message program to improve healthy toddler feeding behaviors

- Number of food and nutrition interactions (ST7).
- Numbers reached with online education (process)
- Number of interactions using interactive multi-media. (process)
- Online reporting in response about ease in completing the survey, the survey got them to think about improving their child's diet, willingness to improve the feeding behaviors of the child, and response to specific barriers to feeding healthier behaviors based on focus group responses from parents with toddlers [15]. (ST1)
- Number of families of toddlers recruited into the private Facebook group for continued engagement in nutrition education and support for accessing the healthy food environment and promoting healthy diets in toddlers. (process)

Practitioner-reported acceptability and usefulness of the tailored message program to improve healthy toddler feeding behaviors

- Online open-ended question to assess the practitioners' report on the program usefulness to improve goal setting toward healthier feeding behaviors and steps to overcome barriers to healthier diets in toddlers [15]. (MT11b)

Follow-up to tailored message program — social media, text, and goal setting.

- Number of food and nutrition interactions. (ST7)
- Numbers reached with online education. (process)
- Number of interactions using interactive multi-media. (process)
- Parents will online report about usefulness of the follow-up social media, text options, including suggestions to improve diet quality of young children and accessing the healthy food environment on a limited food budget [16]. (ST1, ST2)
- Willingness to make recommended diet behavior changes and utilize the healthy food environment from the S.M.A.R.T. goal setting [17]. (ST1, ST2)
- Increased confidence reported online to address barriers to achieving the S.M.A.R.T. goal toward healthier diet in the preschool and improving use of the healthy food environment, "How confident are you in your ability to start or continue this goal?" [18]. (ST1, ST2)
- Change in diet quality (increasing healthy foods and decrease less healthy foods) with our feasible and valid proxy of dietary intake in young children [5] that can show changes across an intervention [12]. (MT1)



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### Face-to-Face educational session

- Number of food/nutrition events or lessons in onsite staff collaboration (ST7).
- Numbers reached with educational sessions (process).
- Number of classrooms receiving nutrition-related/sensory lesson with fresh vegetables tailored for preschoolers (ST1).
- Number of teacher train-the-trainer sessions on healthy eating, physical activity, and healthy environments (MT5, MT6).
- Number of parents receiving post lesson letter home inclusive of nutrition messages aimed to increase dietary quality at home and reproduce the lesson or recipe demonstration at home
- Parents willingness to engage in healthier feeding and diets for young children from tailored online toddler feeding/preschooler program [5,15] (ST1, ST3).
- Year 3: ≥50% of the teachers will report improvements of preschoolers' intake of fruits and vegetables at the lunch by our simple weekly checklist [12] (MT1).

### ***Name: Project 4***

**Type:** Process as well as short-term and medium-term outcomes

**Questions:** The evaluation is aligned with the key performance indicators indicated below and a comprehensive web-based system to document direct and indirect nutrition education as well as comply with EARS reporting.

### Tailored individual messages, group education, and low-intensity school programs

- Number of schools willing to offer tailored health messaging program. (MT5)
- Number of food/nutrition events or lessons in onsite staff collaboration. (ST7)
- Numbers reached with education sessions. (process)
- Number of sessions using interactive multimedia. (process)
- Willingness to improve healthiness of ≥1 diet or activity behavior [17]. (ST1, ST3)
- Number of parents receiving post lesson letter home inclusive of nutrition messages aimed to increase dietary quality at home and reproduce the lesson or recipe demonstrated at home. (process)
- Change in diet quality and physical activity behaviors from our validated proxy of usual dietary and physical activity behaviors [8] that can show school-wide changes across a school year [19]. (MT1, MT3)
- Number of children tasting new healthy food recipes for the school breakfast programs and vote on their favorite options. (ST1)
- Plate waste to assess student response to improve menu offerings [20]. (MT5)

### Engaging the family and school-based health promotion programs

- Number of FoodCorps collaboration/district to partner of SNAP-Ed goals for children and reach to parents and family. (ST8)
- Number of cafeteria tastings of 3 new vegetables with messages and recipes shared with the family. (MT5)
- Number of children willing to eat sample foods offered during a class. (ST1)



- Change in nutrition knowledge and willingness to change diet and activity behaviors via simple post lesson survey to school children. (ST1, ST3)
- Consumption of school fruit and vegetable offerings and eating more vegetables at home by our simple online survey [7,17]. (ST1, MT1)

Community partnerships to reinforce the local healthy food environment

- Number of lessons held at CLiCK community garden. (process)
- Numbers reached with education sessions. (process)
- Change in nutrition knowledge and willingness to change behaviors of purchasing local foods and increasing intake of fruits and vegetables. (ST1)
- Number of community members surveyed on food insecurity, food cost, local food assistance, fresh fruit/vegetable access, and program ideas. (ST5, ST7)

Tailored messages in healthcare settings

- Numbers reached with education sessions. (process)
- Number of sessions using interactive multimedia. (process)
- Reported willingness to improve the healthiness of at least one diet and/or activity behavior [7]. (ST1, ST3)
- Families in the 4 to 6-week follow-up program will report that the children have improved at least one healthy diet or physical activity behavior [7]. (MT1, MT3)
- Coordination between our school-based and primary care efforts, including offering the PALS tailored message program and follow-up with families. (MT11)

**Prior Evaluation (Not funded by SNAP-Ed)**

UConn Healthy Family Connecticut Project has consistently conducted process and short/medium-term outcome evaluations toward stated SNAP-Ed CT state goals, following SNAP-Ed evaluation guidelines. Our approaches have been presented at scholarly meetings and published in the high-impact, peer-reviewed journals.

**Use of SNAP-Ed Evaluation Framework:**

Based on the SNAP-Ed framework, our projects address the following components:

	Readiness and Capacity (Short Term)	Changes (Medium Term)	Effectiveness and Maintenance (Long Term)
Individual	Goals and Intentions: ST1: Healthy Eating ST2: Food Resource Management ST3: PA and Reduced Sedentary Behavior ST4: Food Safety	Behavioral Changes:  MT1, 2, 3, and/or 4: Pre and post written or online surveys across a workshop (Projects 2, 3, 4) as well as across short-term interventions in Project	N/A

		3, and across a school year in Project 4.	
Environmental Settings	<p>Organizational Motivators:</p> <p>ST5: Need and Readiness</p> <p>ST6: Champions</p> <p>ST7: Partnerships</p>	<p>Organizational Adoption and Promotion:</p> <p>MT5: Partnerships &amp; collaborations in support of sites where SNAP recipients work, learn, and shop (schools, grocery stores, community gardens, pantries)</p> <p>MT5: Grow Windham, <i>CT Grown, Put Local on Your Plate</i> partnerships to increase access to fruits/vegetables and local foods</p> <p>MT5: Grow Windham, East Hartford HAT distribution of collaborative information increasing cost-efficient food access (EBT on-line How To)</p>	<p>Organizational Implementation and Effectiveness</p> <p>LT5: Nutrition Supports Implementation</p> <p>LT7: Program Recognition</p> <p>LT9: Leveraged Resources</p> <p>LT10: Planned Sustainability</p> <p>LT11: Unexpected Benefits</p>
Sectors of Influence	<p>Multi-sector Capacity: Following the GTE Framework in our target communities</p> <p>ST8 a, b: Number of and level of Multi-sector Partnerships and Planning</p> <p>ST8 c, d: Level of engagement and influence</p>	<p>Multi-sector Changes</p> <p>MT8: Agriculture (community gardens, partnerships with food access groups; farmers markets, CSAs)</p> <p>MT11: Health care clinical community linkages (pediatrics, health care sites, WIC, COHC, Community Network of CT Foundation (Cooking Matters), FoodCorps, pantries/mobiles for</p>	<p>Multi-sector Impacts</p> <p>LT12: Food Systems (Grow Windham increases access for residents to local foods)</p> <p>LT19: Community wide recognition programs (Grow Windham Food Resource Guide; East Hartford store/price/ bus mapping)</p>

		obesity prevention activities. MT 12 & 13: Media Practices (leveraging social media to reach SNAP participants)	
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## Template 4: SNAP-Ed Budget Information by Project

### Section A. Budget Summary for Sub-Grantee

#### ***Contracts/Grants/Agreements for nutrition education services:***

Provide the information below for each contract, grant, or agreement.

#### ***Name of sub-grantee:***

The University of Connecticut, Department of Allied Health Sciences: Supplemental Nutrition Assistance Program – Education: UConn Healthy Family CT SNAP-Ed Services Project

#### ***Total Federal funding, grant:***

\$20,661.38 carry-in + 361,482 + \$12,000 = \$394,143.38 for year 2 of a 3-year Connecticut plan.

#### ***Description of services and/or products:***

This project includes multi-level interventions with complementary organizational and institutional level approaches for nutrition education and obesity prevention in SNAP eligible and recipient school-aged children and their families (mostly women) primarily in Tolland, Windham, New London, New Haven, and Hartford counties, including the towns of Bristol, East Hartford, Enfield, Hartford, Manchester, Meriden, Middletown, New Britain, Norwich, Tolland, Willimantic, West Hartford, Windsor, and targeted towns in these counties covered by CT Foodshare Mobiles. We leverage a large group of trained nutrition education volunteer paraprofessionals to assist in the delivery of direct and indirect nutrition education.

#### ***Cost of specific services and/or products:***

The total cost is \$394,143.38 for year 2 as outlined in Template 4B and 4C from October 1, 2022 to September 30, 2023.

### Section B. Project Costs

For each sub-grantee, provide the Federal cost for each planned nutrition project. Provide a detailed breakdown that includes, at a minimum, the information contained in the following table. An Excel version of this form is available online at the SNAP-Ed Connection. Please note the clarification of some cost categories below in order to comply with the Agriculture Improvement Act of 2018.

#### ***Federal Fiscal Year: 2023***

#### ***State: CT***

Sub-grantee Name: Supplemental Nutrition Assistance Program – Education: UConn Healthy Family CT SNAP-Ed Services Project

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits	10,628.09	279,104	
Contracts/Sub-Grants/Agreements	0		
Non-Capital Equipment/ Office Supplies	200	2,040	
Nutrition Education Materials	3,650.45	10,681.50	
Travel	1,919.38	4,589	
Building/Space Lease or Rental	0		
Cost of Publicly-Owned Building Space	0		
Maintenance and Repair	0		
Institutional Memberships and Subscriptions	0		
Equipment and Other Capital Expenditures	0		
Total Direct Costs	16,397.92	296,414.50	0
Indirect Costs (Indirect Cost Rate= __26%__)	4,263.46	77,067.77	
Total Federal Funds	20,661.38	373,482	Leave blank
<b>Total Federal Funds Including Unobligated Balance from Previous FY</b>	Leave Blank	394,143.38	Leave Blank
Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank	0	

Signature of Responsible Official: \_\_\_\_\_

Date: \_\_\_\_\_

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**Budget narrative: \$279,104+\$10,628.09= \$289,732**

**Salary/Benefits: \$289,732** (from Year 1, 2% salary increases are budgeted for the project leader, 4% for graduate students, and 5% for the program specialist and RD Nutrition educator (special payroll). No increases are budgeted for summer laborers)

- RD Project Leader—4.77% FTE based on 40 hours/week (1 person/fringe rate 22%).
- RD Program Specialist—78.355% FTE based on 40 hours/week (1 person/fringe rate 47.8%).
- RD Nutrition Educator (special payroll, hourly)—51.43% FTE or 18 hours/week based on 35 hours/week (1 person/fringe rate 22%).
- RD Nutrition Educator (graduate student)—.25 FTE based on 40 hours/week [10 hours/week during 9-month academic year (16% fringe) and 136 hours in the 3 summer months (22% fringe)]. (Avelino)
- RD Nutrition Educator (graduate student)—.41 FTE based on 40 hours/week [20 hours/week during the fall and 10 hours/week during the spring academic semester (16% fringe) and 269 hours in the 3 summer months (22% fringe)]. (Killion)
- RD Nutrition Educator (graduate student)—.32 FTE based on 40 hours/week [10 hours/week during 9-month academic year (16% fringe) and 269 hours in the 3 summer months (22% fringe)]. (Corcoran)
- RD Nutrition Educator (graduate student)—.50 FTE based on 40 hours/week [20 hours/week during 9-month academic year (16% fringe) and 269 hours in the 3 summer months (22% fringe)]. (TBD)
- Graduate student nutrition laborer —.27 FTE based on 40 hours/week (3% fringe).
- Undergraduate dietetics student laborer—.11 FTE based on 40 hours/week (3% fringe)

**Contracts/Sub-Grants/Agreements: \$0**

**Non-capital equipment/office supplies: \$880+\$1,360 = \$2,240**

Supplies for conducting nutrition education, postage, and office management. This includes: \$479.96 yearly fee for Canva Pro graphic design platform for 4 users; \$38.04 Postage, \$32 Program Supplies, \$150 Training, and \$180 for 2 Android Tablets (without network plan) for collecting participant responses in the field.

Training for NPEARS and PEARS training

45 people				
Non-Cap Supplies \$13.22/person				595
Non-Cap Supplies Lunch \$17/person				765
Total cost				1360

**Nutrition Education Materials: \$3650.45+10681.50=\$14,332**

Purchase and reproduction of nutrition education materials including ink toner and paper, curricula, handouts for direct/indirect nutrition education programming, food and nutrition-related books to read to preschoolers/young children, promotional and



recruitment materials (e.g., postcards, flyers), nutrition education reinforcements costing less than \$5.00 each, and program supplies to deliver nutrition education presentations and demonstrations (e.g., food, tasting cups, folding tables, plastic bins to store and transport materials). Most nutrition education materials (handouts, recipes, tip sheets, etc.) will be reproducible in small orders within the Department of Allied Health Sciences ( $\leq 200$  copies; B&W @ .023/copy or color @ .07/copy). Postcards and other recruitment materials will be produced at UConn Document Production ( $> 200$  copies; B&W @ .08 and color @ .50 per double-sided copy) to keep project costs down. We will utilize appropriate free materials whenever possible.

Nutrition Education materials to provide clients/families – total of \$3900

Direct contacts—Budgeted at \$.50/contact (6000 planned) or \$3,000

Indirect contacts—Budgeted at \$.15/contact or \$900

Nutrition Education for demonstrations and presentations —total of \$3,421

MyPlate Plates for Young Children	\$4.20	225	\$945
MyPlate handouts/tear pads (English and Spanish)	\$13	70	\$910
Nutrition education for gardening	\$3.50	300	\$1050
Large Nutrition Education Posters	\$18	6	\$108
Various Nutrition Presentation/Display Items (fat test tubes, kids' games, food models, books, etc.)			\$408

Program supplies for nutrition education activities—total of \$525

(1) 8' x 8' pop-up canopy for farmers markets/outdoor events (\$115), (3) 4' folding tables for nutrition education events such as health fairs/farmers markets (\$160, \$53.30 each) and (1) UConn Healthy Family CT SNAP-Ed tablecloth for special events (\$250)

Program reinforcements —total of \$5,136

Aim to reach 2,568 participants at \$2 per participant cost, including costs of cutting board, vegetable brush, magnetic grocery pad, stickers, Healthy & Homemade wall calendars)

Food for demonstrations and tastings—total of \$1,350

Food - \$950; Food service utensils and supplies, as needed, for tastings and cooking demonstrations - \$400)

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***Travel: In-State Travel = \$1919.38+ 4589= \$6,508; \$0 Out-of-State Travel  
(Justification Template 4C)***

***Building/space lease or rental: \$0***

***Cost of publicly-owned building space: \$0***

***Maintenance and repair: \$0***

***Institutional memberships and subscriptions: \$0***

***Equipment and other capital expenditures: \$0***

***Total direct costs: \$312,812.42***

**Total indirect costs: \$81,331.32 (26%)**

***Total Federal funds: \$394,143.38***

***Estimated unobligated balances (carry-over) from current FY to next FY:  
\$20,661.38***

**Total Federal funds including unobligated balance from previous FY: \$394,143.38**

---

## Section C. Travel

### ***In-State Travel***

#### ***Travel Purpose:***

Travel is primarily for nutrition education staff to deliver nutrition education programs where SNAP recipients live and work, making them accessible and convenient. Program leaders meet periodically with collaborators and community agencies to consolidate efforts and target the audience most effectively.

#### ***Travel destination (city, town or county or indicate local travel):***

Travel in addition to direct delivery of nutrition education will be to meet with community partners, market programs, provide technical assistance and foster coordination and collaboration. Project Leader and part-time staff (other than volunteers) and up to 45 volunteer dietetics paraprofessionals (junior and senior undergraduates and dietetic interns) will conduct in-state travel for this project. Travel is charged only if the amount of mileage exceeds that from traveling to and from work or if travel is from the workplace. Only the paid nutrition education team will be reimbursed for travel expenses. Volunteers may be paid for parking charges. All in-state travel is conducted with private vehicles; car-pooling is encouraged.

#### ***Number of staff traveling:***

Only the paid nutrition education team (10 nutrition educators will be reimbursed for travel. Programming can run 6 days per week (Monday-Saturday) over 12 months.

#### ***Cost of travel for this purpose: \$6,508***

<b><i>Area Traveled</i></b>	<b><i>Round Trip</i></b>	<b><i># of Weeks</i></b>	<b><i># Per week</i></b>	<b><i>Staff</i></b>	<b><i>Total</i></b>
Windham County	16	36	1	2	1152
New London County	72	36	1	1	2592
New Britain/Bristol	78	12	1	1	936
Hartford County	52	36	2	1	3744
Tolland County	21	36	1	2	1512
				<b>Total Mileage</b>	9,936
				<b>Cost @.655/mi</b>	\$6,508

***Total In-State Travel Cost: \$6,508***

***Total Out-of-State Travel Cost: \$0***

## Template 3: SNAP-Ed Staffing Plan – FFY23

Project Name: *UConn Healthy Family CT SNAP-Ed FFY 2023*

Position Title Attach statement of work listing SNAP-Ed related job duties for each position	FTEs charged to SNAP-Ed Attach definition of FTE and basis for calculations	Percentage of SNAP-Ed Time Spent on Management/ Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery. Include all approaches described in Guidance Section 1	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
Project Leader—Valerie Duffy, PhD, RD \$158,465 9-month base salary, 22% fringe for summer only.	4.77% FTE (40 hrs/wk) (base + 3 mo. summer @ \$52,822); paid in summer only	30%	70% (approaches 1 & 2)	<b>\$12,299</b>
Program Specialist—Tina Dugdale MS RN RD CD-N \$76,938 11-mth salary, 47.8% fringe	78.355% of 11-mo appointment (40 hrs/wk) or 0.72 FTE	5%	95% (approaches 1 & 2)	<b>\$89,101</b>
Nutrition Educator – hourly (Donna Zigmont RD CD-N) Spec. Payroll \$44.97/hr, 22% fringe	18 hrs/wk, 52 wks/yr; 51.43% FTE based on 35 hrs/wk full time	20%	80% (approaches 1 & 2)	<b>\$51,352</b>
RD Nutrition Educator – grad student I (Daniela Avelino) 50% acad yr (\$25,794 base; 16% fringe) plus summer (22% fringe) @ \$33.07/hr	526 total hours (390 academic yr; 136 summer) 0.25 FTE	5%	95% (approaches 1 & 2)	<b>\$20,448</b>

Position Title Attach statement of work listing SNAP-Ed related job duties for each position	FTEs charged to SNAP-Ed Attach definition of FTE and basis for calculations	Percentage of SNAP-Ed Time Spent on Management/Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery. Include all approaches described in Guidance Section 1	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
RD Nutrition Educator – grad student II (Kate Killion) 75% acad yr (\$27,140 base; 16% fringe) plus summer (22% fringe) @ \$34.80/hr	854 total hours (585 academic yr; 269 summer) 0.41 FTE	5%	95% (approaches 1 & 2)	<b>\$35,036</b>
RD Nutrition Educator – grad student I (Amy Corcoran) 50% acad yr (\$25,794 base; 16% fringe) plus summer (22% fringe) @ \$33.07/hr	659 total hours (390 academic yr; 269 summer) 0.32 FTE	5%	95% (approaches 1 & 2)	<b>\$25,814</b>
RD Nutrition Educator – grad student I (TBD) 100% acad yr (\$25,794 base; 16% fringe) plus summer (22% fringe) @ \$33.07/hr	1049 total hours (780 academic yr; 269 summer) 0.5 FTE	5%	95% (approaches 1 & 2)	<b>\$40,774</b>
2 Dietetic graduate student laborers \$20/hr in the summer (3% fringe)	556 hours 0.27 FTE	10%	95% (approaches 1 & 2)	<b>\$11,454</b>
1 Undergraduate dietetic student laborer \$15/hr in the summer (3% fringe)	223.5 hours .11 FTE	5%	95% (approaches 1 & 2)	<b>\$3,454</b>

Position Title Attach statement of work listing SNAP-Ed related job duties for each position	FTEs charged to SNAP-Ed Attach definition of FTE and basis for calculations	Percentage of SNAP-Ed Time Spent on Management/Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery. Include all approaches described in Guidance Section 1	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
			Total Staffing Budget: Enter total for all salary, benefits, and wages from Federal dollars here.	<b>\$ 289,732</b>

---

## UConn Healthy Family CT SNAP-Ed Statement of Work

### FFY23

Project Leader (Valerie Duffy, PhD, RD)—For 30%, management/administrative, responsible all year long for overseeing staff; fiscal monitoring; assures compliance of SNAP-Ed funding and procedures in accordance with UConn, State and Federal requirements. In 70% of time, guiding program planning, evaluation and reporting, program monitoring, and staff coordination.

Program Specialist (Tina Dugdale, MS, RDN, RN, CD-N)—For 95%, delivery of nutrition education programs, supervise nutrition paraprofessionals, cooking demonstrations, meeting with site contacts to set up programming. For 5% of time in management/administration, schedule activities, coordinate volunteer dietetics paraprofessionals (junior and senior undergraduate, dietetic interns, graduate students); review program reports on EARS, time and effort, accounting for travel, attending meetings with community partners, market programs, provide technical assistance and foster coordination and collaboration.

Nutrition Educator Special Payroll (Donna Zigmont, RD)— In 20% management/administration, responsible for purchasing of nutrition education materials, monitoring of budget, oversight of EARS administration, assisting in the preparation of project annual report. For 80% in direct nutrition education, delivery of nutrition education programs, mentor nutrition paraprofessionals, and engage in cooking demonstrations.

Nutrition Educator Graduate Student (Daniela Avelino, Dietitian)—For 95%, deliver nutrition education programs, mentor nutrition paraprofessionals, meet with site contacts to set up programming. For 5%, management/administrative duties, schedule activities, assist in monitoring volunteer dietetics paraprofessionals (undergraduates and dietetic interns); submit program reports on EARS; program evaluation, time and effort, accounting for travel, attending meetings.

Nutrition Educator Graduate Student (Kate Killion, MPH, RD)—For 95%, deliver nutrition education programs, mentor nutrition paraprofessionals, meet with site contacts to set up programming. For 5%, management/administrative duties, schedule activities, assist in monitoring volunteer dietetics paraprofessionals (undergraduates and dietetic interns); submit program reports on EARS; program evaluation, time and effort, accounting for travel, attending meetings.

Nutrition Educator Graduate Student (Amy Corcoran, RD)—For 95%, deliver nutrition education programs, mentor nutrition paraprofessionals, meet with site contacts to set up programming. For 5%, management/administrative duties, schedule activities, assist in monitoring volunteer dietetics paraprofessionals (undergraduates and dietetic interns); submit program reports on EARS; program evaluation, time and effort, accounting for travel, attending meetings.

Nutrition Educator Graduate Student (TBD, RD)—For 95%, deliver nutrition education programs, mentor nutrition paraprofessionals, meet with site contacts to set up



programming. For 5%, management/administrative duties, schedule activities, assist in monitoring volunteer dietetics paraprofessionals (undergraduates and dietetic interns); submit program reports on EARS; program evaluation, time and effort, accounting for travel, attending meetings.

Graduate Student Laborer (TBA)– For 95%, deliver nutrition education programs, mentor nutrition paraprofessionals, meet with site contacts to set up programming. For 5%, management/administrative duties, schedule activities, assist in monitoring volunteer dietetics paraprofessionals (undergraduates and dietetic interns); submit program reports on EARS; program evaluation, time and effort, accounting for travel, attending meetings.

Undergraduate Student Laborer, nutrition education assistant (TBA)– Two undergraduate dietetics students will be hired as a summer nutrition educators for 95% to deliver nutrition education programs and conduct cooking demonstrations as well as assist in program evaluation and maintaining nutrition education materials/supplies. For 5%, submit program reports on EARS; program evaluation, time and effort, accounting for travel, attending meetings.

**DIRECT PROGRAM STAFF – FFY23**

**(a) Program Salaries**

<b><u>Position/Name</u></b>	<b><u>Annual Salary</u></b>	<b><u>No. of Persons</u></b>	<b><u>% funded in this contract (FTE)</u></b>	<b><u>Salary</u></b>
RD Project Leader/Duffy	\$ 158,465 at 9-month base + 3 months summer	1	4.771%	\$10,081
RD Program Specialist/Dugdale	\$76,938 11-month	1	78.355%	\$60,285
RD Nutrition Educator/Zigmont (hourly)	\$44.97/hour	1	51.43% 18 hr/wk, 52 wk/yr	\$42,092
RD Nutrition Educator – Graduate Student I/Daniela Avelino	\$42,989	1	50% Academic (10 hrs/week); 26% summer	\$17,395
RD Nutrition Educator – Graduate Student II/Kate Killion	\$45,234	1	75% Academic (20 hrs/week); 52% summer	\$29,719
RD Nutrition Educator – Graduate Student I/Amy Corcoran	\$42,989	1	50% Academic (10 hrs/week); 52% summer	\$21,793
RD Nutrition Educator – Graduate Student I/TBD	\$42,989	1	50% Academic (10 hrs/week); 52% summer	\$34,690
TBD Grad dietetic student laborers	\$20/hour	2	100.07% summer (556 total hours)	\$11,120
Undergraduate dietetics student laborer	\$15/hour	1	43% summer (223.5 hours)	\$3352.5
<b>Total program Salary amount from section (a)</b>				<b>\$230,527.5</b>



Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits	10,628.09	279,104	
Contracts/Sub-Grants/Agreements	0		
Non-Capital Equipment/ Office Supplies	200	2,040	
Nutrition Education Materials	3,650.45	10,681.50	
Travel	1,919.38	4,589	
Building/Space Lease or Rental	0		
Cost of Publicly-Owned Building Space	0		
Maintenance and Repair	0		
Institutional Memberships and Subscriptions	0		
Equipment and Other Capital Expenditures	0		
<b>Total Direct Costs</b>	<b>16,397.92</b>	<b>296,414.50</b>	0
Indirect Costs (Indirect Cost Rate= 26% )	4,263.46	77,067.77	
<b>Total Federal Funds</b>	<b>20,661.38</b>	<b>373,482</b>	Leave blank
<b>Total Federal Funds Including Unobligated Balance from Previous FY</b>	Leave Blank	<b>394,143.38</b>	Leave Blank
<b>Estimated Unobligated Balance from Current FY to Next FY, if any</b>	Leave blank	0	

Signature of Responsible Official: Ella Myles Digitally signed by Ella Myles Date: 2023.05.26 15:45:20 -04'00'

Date: \_\_\_\_\_

# DSS Budget

**Total Federal funding, grant:**

**\$54,206.00**

**Federal Fiscal Year: 2023**

**State: CT**

**Budget Narrative:**

**Salary/Benefits: \$4,605.17**

	Compensation Effective 07/01/23	REG Hourly Rate	Overtime Hourly Rate	Overtime Hours	OT Wages	Fringe Rate*	Fringe Exp	Est. Overtime PR Cost
<b>Coordinator 1</b>	4,118.26	51.48	77.22	10.00	772.20	75.60%	583.75	1,355.95
<b>Coordinator 2</b>	4,118.26	51.48	77.22	10.00	772.20	102.24%	789.47	1,561.67
<b>Coordinator 3</b>	3,363.93	42.05	63.08	10.00	630.80	108.08%	681.75	1,312.55
<b>Totals</b>				<b>30.00</b>	<b>2,175.20</b>		<b>2,054.97</b>	<b>\$ 4,230.17</b>
<b>Overhead** (OVH)</b>		<b>OVH Hourly Rate</b>		<b>Est. Prog. Hrs</b>				<b>Est. Prog. OVH Cost</b>
		12.50		30.00			<b>Indirect cost</b>	<b>\$ 375.00</b>

\* Fringe Rate based on actual fringe related payroll costs PPE 03/23/23, Check Date 04/06/23

\*\* Overhead hourly projection based on \$26,000 yearly budget amount per Full-Time Employee (FTE) per the Agency Cost Allocation Plan, estimating 2,080 hours (26 pay periods X80 per PP)

- Coordinator 1, 2 and 3 SNAP Public Assistance Consultants-SNAP Ed Coordinators (OT = overtime)– Oversee all aspects of the SNAP Ed program.

Added tasks onboarding and training on the PEARS.

**Total 4,230.17+ \$375.00 (indirect cost) =4,605.17**

**Contract: PEARS \$44,000.00**

Program Evaluation and Reporting System PEARS software subscription and onboarding and initial training. This pricing is based on creating and supporting 6 new organization (5 implementing agencies and state agency = 6) in PEARS and their users.

---

**Software Subscription \$34,000.00**

**Onboarding & Initial Training \$10,000.00**

**Total 34,000.00+10,000.00 =\$44,000.00**

**Travel: 5,600.00 See Section C below**

**Total direct costs: \$53,830.17**

Total indirect costs: **\$375.00**

**Total Federal funds: \$54,206.00 rounded up**

### **Section C. Travel – CT, DSS Estimated travel for FFY2023**

#### ***In-State Travel***

**Travel Purpose:** CT, Department of Social Services (DSS) has 5 implementing agencies (IAs) who conduct SNAP Ed activities throughout CT. Two activities are monitored per contractor, per FFY. In addition, two IAs are selected for full monitoring reviews, that requires us to conduct off site inventory and also budget reviews. The activities that are monitored by the SNAP Ed team are changed yearly, unless an activity is determined to be At risk, it is monitored again the following FFY.

#### ***Travel destination (city, town or county or indicate local travel):***

We have not selected which activities we will be monitoring or which IAs will be selected for full reviews in FFY23. All the activities that we monitor are in CT. Below is an estimate of travel cost with approximately 12 in person/off site reviews.

#### ***Number of staff traveling:***

3 DSS SNAP Ed coordinators/Public Assistance Consultants

#### ***Cost of travel for this purpose:***

12 Monitoring reviews =12x73.25 miles round trip = 879 miles x 65.5/miles=\$575.75

#### ***Total In-State Travel Cost:***

**\$575.75**

#### ***Out-of-State Travel***

**Travel Purpose:** Attended the 2023 ASNNA Conference, Arlington, Virginia. This conference provided a forum to collaborate and share current and future innovative strategies for the SNAP Ed program.

---

***Travel destination (city and State):***

2023 ASNNA Conference – Arlington, VA – February 6-9

***Number of staff traveling:***

2

***Cost of travel for this purpose:***

**\$5,024.00**-This amount is the estimated cost used for 2 staff to attend this conference.

Registration fee  $\$675.00 \times 2 = \$1,350.00$

3 nights lodging =  $\$443.00 \times 2 = \$886.00$

Airfare =  $\$975.00 + \$693.00 = \$1,668.00$  Note: (difference in cost due to purchasing at different times) =  $\$1,668.00$

Bags =  $\$60.00 \times 2$  ( $\$30.00$  each way) =  $\$120.00$

Meals =  $\$200.00 \times 2 = \$400.00$

Parking at the airport, transportation to and from airport and travel cost (mileage) to airport =  $\$100.00 \times 2 = \$200.00$

**Total cost for this conference = \$4,624.00**

**Membership SNEB fee =  $\$200.00 \times 2 = \$400.00$**

***Total Out-of-State Travel Cost:***

**\$5,024.00**

**Total in and out of state travel:**

**$\$575.75 + \$5024.00 = \$5,600.00$  rounded up**

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## **Appendices**

Appendix A-Indirect Cost Rate Letters and Fringe Information

Department of Public Health

University of Connecticut-Food Security

Hispanic Health Council

University of Connecticut Husky Programs

UConn University of CT-Healthy Family & Budget and Costing Guide

Appendix B – Conference Agenda

Appendix C - Template 5: SNAP Ed Plan Assurances

Appendix D – Template 6: SNAP Ed Signatures



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## Appendix A-Indirect Cost Rate Letters and Fringe Information

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH  
Acting Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**From:** Chukwuma Amechi, Section Chief, Fiscal Services (TSHC) *CA*  
**Date:** August 9, 2021  
**Subject:** Fringe & Indirect Rate for State Fiscal Year 2022

**FISCAL MEMORANDUM 22-01**

The Fiscal Year 2021-2022 Fringe Benefit Recovery rates are listed below. The following fringe benefit rate estimates should be used when applying for new positions on Federal and other Privates & Restricted Grants. These estimates are for planning purposes only. Actual fringe rates for existing positions should be used when applying for funding opportunities.

**Department of Public Health – Fringe Benefit Rate Estimates**  
**Fiscal Year 2022 (07/01/2021 – 06/30/2022)**

Code	Rate	Description
50410*	0.14%	Life Insurance
50420*	22.34%	Medical Insurance
50430**	0.15%	Unemployment Compensation
50441**	6.20%	Employer Share FICA -Social Security
50442**	1.45%	Employer Share FICA - Medicare
50471**	65.90%	Employer SERS Retirement Regular Employee

**Estimated Fringe Benefit Rate = 96.18%**  
**Total Indirect Cost Rate = 42%**

\* The fringe rate estimates for Life and Medical Insurance are calculated by Fiscal based on actual cost of share of employee premiums.

\*\* The fringe rate estimates for Unemployment Compensation, FICA Social Security, FICA Medicare, and SERS Retirement rates are based on the Connecticut Office of State Comptroller (OSC) Memorandum No. 2021-12.

The new estimated fringe rate reflects an increase of approximately 2.69% from the previous year's estimate due to increases in the unemployment compensation, retirement and medical rates.



Phone: (860) 509-7233 • Fax: (860) 509-7227  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 1066000798A9

DATE:06/22/2021

ORGANIZATION:

FILING REF.: The preceding

State of Connecticut Department of Public Health

agreement was dated

06/14/2016

410 Capitol Avenue

P.O. Box 340308

Hartford, CT 06134

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

**SECTION I: INDIRECT COST RATES**

RATE TYPES:      FIXED                  FINAL                  PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	07/01/2020	06/30/2024	42.00	All	All Programs
PROV.	07/01/2024	06/30/2026	42.00	All	All Programs

\*BASE

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

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ORGANIZATION: State of Connecticut Department of Public Health  
AGREEMENT DATE: 6/22/2021

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

Fringe benefits applicable to direct salaries and wages are treated as direct costs.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Accrued vacation and sick leave pay at retirement are not part of the normal cost for salaries and wages. These costs are included in the organization's indirect cost rate.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

A proposal based on fiscal year ending June 30, 2023, is due in our office no later than December 31, 2023. Proposal should be submitted electronically at the following email address: CAS-NY@psc.hhs.gov.



# Food Security



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Portfolio  
Cost Allocation Services

26 Federal Plaza, Room 3412  
New York, NY 10278  
PHONE: (212) 264-2069  
FAX: (212) 264-8478  
EMAIL: [CAS-NY@psc.hhs.gov](mailto:CAS-NY@psc.hhs.gov)

April 22, 2021

Ms. Patricia Casey  
Associate Vice President, Financial Operations and Controller  
University of Connecticut  
343 Mansfield Road, Unit 1074  
Storrs, CT 06269-1074

Dear Ms. Casey:

A negotiation agreement is being sent to you for signature. This agreement reflects an understanding reached between your institution and a member of my staff concerning the rates or amounts that may be used to support your claim for costs on grants and contracts with the Federal Government. The agreement must be signed by a duly authorized representative of your institution and emailed to me; retain a copy for your file. Our email address is [cas-ny@psc.hhs.gov](mailto:cas-ny@psc.hhs.gov). We will reproduce and distribute the agreement to awarding agencies of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

In consideration of this negotiation, the following was agreed to:

1. The carry-forward under-recovery of \$202,152 resulting from the settlement of your actual Professional fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2022.
2. The carry-forward under-recovery of \$280,064 resulting from the settlement of your actual Faculty fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2022.
3. The carry-forward over-recovery of \$(531,962) resulting from the settlement of your actual Graduate Assistants fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2022.
4. The carry-forward under-recovery of \$560,158 resulting from the settlement of your actual Special Payroll fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for fiscal years ending June 30, 2022 \$280,079 and June 30, 2024 \$280,079.
5. The carry-forward over-recovery of \$(2,047) resulting from the settlement of your actual Student Labor fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2022.
6. Your fringe benefit proposal for your fiscal year ending June 30, 2021 will be due by December 31, 2021.

Ms. Patricia Casey

-2-

April 22, 2021

An indirect cost rate proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 6/30/2022 is due in our office by 12/31/2022. If you are unable to submit your proposal by the prescribed date, you may request an extension. This request must be submitted prior to the due date of the proposal and must contain a justification for the extension and the date the proposal will be submitted. Please submit your next proposal electronically via email to [CAS-NY@psc.hhs.gov](mailto:CAS-NY@psc.hhs.gov). In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and returning it to me via email, along with the enclosed negotiation agreement.

Sincerely,

Darryl W.  
Mayes -S

Darryl W. Mayes  
Deputy Director  
Cost Allocation Services

Digitally signed by Darryl W. Mayes -S  
DN: cn=US, o=U.S. Government,  
ou=HHS, ou=PSC, ou=People,  
0.9.2342.19200300.100.1.1#20001316  
69, cm=Darryl W. Mayes -S  
Date: 2021.06.01 08:52:29 -0400

Enclosures

Concurrence:

  
Name

AVP Financial Operations / Controller  
Title

6/7/2021  
Date





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ORGANIZATION: University of Connecticut  
AGREEMENT DATE: 4/22/2021

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\*BASE

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

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ORGANIZATION: University of Connecticut  
AGREEMENT DATE: 4/22/2021

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The fringe benefits included in the rate(s) are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

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ORGANIZATION: University of Connecticut  
AGREEMENT DATE: 4/22/2021

---

(1) For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s), the off-campus rate will apply. Grants or contracts will not be subject to more than one indirect cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

(2) The Fringe Benefit rates include the following: Pension, Unemployment Compensation, Worker's Compensation, Health Services, Group Life Insurance, Social Security, and Medical Insurance.

(3) The following is a list of the locations to which the On-Campus indirect cost rate is applicable to:

Storrs - Main Campus  
Greater Hartford Campus:  
Hartford Branch  
School of Law  
School of Social Work  
School of Insurance  
Institute of Public Services

Southeastern Location:  
Groton, CT  
Southeastern Branch  
Marine Services Institute

Waterbury Branch, Torrington Branch, Stamford Branch

(4) Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

(5) A fringe benefit proposal based on actual costs for the fiscal year ended June 30, 2021 is due by December 31, 2021. A Facilities & Administrative cost proposal based on actual costs for the fiscal year ending June 30, 2022 is due by December 31, 2022.

This rate agreement updates fringe benefit rates only.

ORGANIZATION: University of Connecticut  
AGREEMENT DATE: 4/22/2021

**SECTION III: GENERAL**

**A. LIMITATIONS.**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost pools as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES.**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES.**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES.**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER.**

If any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected program, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:

University of Connecticut

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes - S

Digitally signed by Darryl W. Mayes - S,  
DN: cn=Darryl W. Mayes, o=U.S. Government, ou=HHS, ou=PHS,  
ou=Program, st=DC, email=D.W.Mayes@hhs.gov, c=US  
Date: 2021.06.01 08:11:23 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

4/22/2021

(DATE) '0201

HHS REPRESENTATIVE:

Edwin Miranda

Telephone:

(212) 264-2069

---

# Hispanic Health Council - HHC

## NONPROFIT RATE AGREEMENT

EIN: 061018979

DATE:09/10/2021

ORGANIZATION:

FILING REF.: The preceding  
agreement was dated  
07/31/2017

Hispanic Health Council, Inc.  
175 Main Street  
Hartford, CT 06106-

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

---

### SECTION I: INDIRECT COST RATES

RATE TYPES:      FIXED                  FINAL                  PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

#### EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2019	06/30/2021	25.00	On-Site	All Programs
PRED.	07/01/2021	06/30/2023	25.00	On-Site	All Programs
PROV.	07/01/2023	06/30/2026	25.00	On-Site	All Programs

#### \*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations) and subawards.

---

ORGANIZATION: Hispanic Health Council, Inc.

AGREEMENT DATE: 9/10/2021

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

Fringe benefits applicable to direct salaries and wages are treated as direct costs.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

PROPOSAL DUE

Your next indirect cost proposal based on actual costs for the fiscal year ending 06/30/2022 is due in our office by 12/31/2022.

EQUIPMENT

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$2,500.

ORGANIZATION: Hispanic Health Council, Inc.

AGREEMENT DATE: 9/10/2021

**SECTION III: GENERAL**

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Hispanic Health Council, Inc.

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes - S

Digital signed by Darryl W. Mayes - S  
DN: cn=Darryl W. Mayes - S, o=HHS, ou=Department of Health and Human Services, email=Darryl.W.Mayes@hhs.gov, c=US

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

9/10/2021

(DATE) 3444

HHS REPRESENTATIVE:

Douglas Molina

Telephone:

(212) 264-2069

**FRINGE BENEFITS RATES FOR FISCAL YEAR 2022**

Under Hispanic Health Council, Inc., fringe benefits must be paid for hours worked for all permanent full-time and part-time employees.

The fringe benefit rate is calculated based on a pool of fringe benefit costs (the numerator) and of a salary and wage base (denominator). The pool consists of costs for benefits provided to employees. A fringe benefit rate is created by dividing the cost pool by the base; this rate represents the percentage that must be multiplied by employee’ salaries and wages expended by sponsored grants.

As part of the normal cost for salaries and wages - vacation, holiday and sick leave and other paid absences- are claimed on grants and contracts. Separate claims are not made for the cost of these paid absences. Unpaid leave is not charged to grants and contracts.

The fringe benefit costs included in the rate are FICA, Worker’s Compensation, medical and dental plan, vision plan, unemployment insurance, and life insurance.

Full-time employee benefits rate of 31% is based on 30 or more hours work week based on the following calculation:

Component	Rate
FICA	7.65%
CT State Unemployment Insurance	6.8%
Worker’s Compensation	1.2%
Life Insurance	0.1%
Health Insurance (medical, dental and vision)	15.25%
Total	31.00%

For all eligible employees who work 30 hours or less per week, the fringe benefit rate of 13% is based on the following calculation:

Component	Rate
FICA	7.65%
CT State Unemployment Insurance	6.8%
Worker’s Compensation	1.2%
Life Insurance	0.1%
Total	31.00%

The approved fringe benefit rates must be used in all applications that request salary support for the fiscal year 2022.



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175 Main Street  
Hartford, CT 06106  
T 860.527.0836  
F 860.724.0437

590 Park Street  
Hartford, CT 06106  
T 860.522.5222  
F 860.522.6028

165 Miller Street  
Meriden, CT 06450  
T 203.634.6303  
F 203.630.7004

## University of Connecticut Husky Programs



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Portfolio  
Cost Allocation Services

26 Federal Plaza, Room 3412  
New York, NY 10278  
PHONE: (212) 264-2069  
FAX: (212) 264-5478  
EMAIL: [CAS-NY@psc.hhs.gov](mailto:CAS-NY@psc.hhs.gov)

April 22, 2021

Ms. Patricia Casey  
Associate Vice President, Financial Operations and Controller  
University of Connecticut  
343 Mansfield Road, Unit 1074  
Storrs, CT 06269-1074

Dear Ms. Casey:

A negotiation agreement is being sent to you for signature. This agreement reflects an understanding reached between your institution and a member of my staff concerning the rates or amounts that may be used to support your claim for costs on grants and contracts with the Federal Government. The agreement must be signed by a duly authorized representative of your institution and emailed to me; retain a copy for your file. Our email address is [cas-ny@psc.hhs.gov](mailto:cas-ny@psc.hhs.gov). We will reproduce and distribute the agreement to awarding agencies of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

In consideration of this negotiation, the following was agreed to:

- 
1. The carry-forward under-recovery of \$202,152 resulting from the settlement of your actual Professional fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2022.
  2. The carry-forward under-recovery of \$280,064 resulting from the settlement of your actual Faculty fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2022.
  3. The carry-forward over-recovery of \$(531,962) resulting from the settlement of your actual Graduate Assistants fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2022.
  4. The carry-forward under-recovery of \$560,158 resulting from the settlement of your actual Special Payroll fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for fiscal years ending June 30, 2022 \$280,079 and June 30, 2024 \$280,079.
  5. The carry-forward over-recovery of \$(2,047) resulting from the settlement of your actual Student Labor fringe benefit rate for fiscal year ended June 30, 2020 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2022.
  6. Your fringe benefit proposal for your fiscal year ending June 30, 2021 will be due by December 31, 2021.

An indirect cost rate proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 6/30/2022 is due in our office by 12/31/2022. If you are unable to submit your proposal by the prescribed date, you may request an extension. This request must be submitted prior to the due date of the proposal and must contain a justification for the extension and the date the proposal will be submitted. Please submit your next proposal electronically via email to [CAS-NY@psc.hhs.gov](mailto:CAS-NY@psc.hhs.gov). In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and returning it to me via email, along with the enclosed negotiation agreement.

Sincerely,

Darryl W.  
Mayes -S

Digitally signed by Darryl W. Mayes -S  
DN: cn=U.S. Government,  
ou=HHS, ou=PSC, ou=People,  
o=2342.19200100.100.1 1=20001316  
69, cn=Darryl W. Mayes -S  
Date: 2021.04.01 08:57:29 -0400

Darryl W. Mayes  
Deputy Director  
Cost Allocation Services

Enclosures

Concurrence:



Name

AVP Financial Operations / Controller

Title

6/7/2021

Date



---

ORGANIZATION: University of Connecticut  
AGREEMENT DATE: 4/22/2021

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\*BASE

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

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ORGANIZATION: University of Connecticut

AGREEMENT DATE: 4/22/2021

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**SECTION I: FRINGE BENEFIT RATES\*\***

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<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2020	6/30/2021	43.00	All	Professional
FIXED	7/1/2020	6/30/2021	43.00	All	Faculty
FIXED	7/1/2020	6/30/2021	15.50	All	Graduate Assistants
FIXED	7/1/2020	6/30/2021	19.50	All	Special Payroll
FIXED	7/1/2020	6/30/2021	2.40	All	Student Labor
FIXED	7/1/2021	6/30/2022	48.50	All	Professional
FIXED	7/1/2021	6/30/2022	45.50	All	Faculty
FIXED	7/1/2021	6/30/2022	15.70	All	Graduate Assistants
FIXED	7/1/2021	6/30/2022	22.00	All	Special Payroll
FIXED	7/1/2021	6/30/2022	3.80	All	Student Labor
PROV.	7/1/2022	Until amended	47.10	All	Professional
PROV.	7/1/2022	Until amended	41.40	All	Faculty
PROV.	7/1/2022	Until amended	18.20	All	Graduate Assistants
PROV.	7/1/2022	Until amended	20.40	All	Special Payroll
PROV.	7/1/2022	Until amended	4.00	All	Student Labor

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

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ORGANIZATION: University of Connecticut

AGREEMENT DATE: 4/22/2021

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The fringe benefits included in the rate(s) are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

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ORGANIZATION: University of Connecticut

AGREEMENT DATE: 4/22/2021

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(1) For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s), the off-campus rate will apply. Grants or contracts will not be subject to more than one indirect cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

(2) The Fringe Benefit rates include the following: Pension, Unemployment Compensation, Worker's Compensation, Health Services, Group Life Insurance, Social Security, and Medical Insurance.

(3) The following is a list of the locations to which the On-Campus indirect cost rate is applicable to:

Storrs - Main Campus  
Greater Hartford Campus:  
Hartford Branch  
School of Law  
School of Social Work  
School of Insurance  
Institute of Public Services

Southeastern Location:  
Groton, CT  
Southeastern Branch  
Marine Services Institute

Waterbury Branch, Torrington Branch, Stamford Branch

(4) Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

(5) A fringe benefit proposal based on actual costs for the fiscal year ended June 30, 2021 is due by December 31, 2021. A Facilities & Administrative cost proposal based on actual costs for the fiscal year ending June 30, 2022 is due by December 31, 2022.

This rate agreement updates fringe benefit rates only.



**SECTION III: GENERAL**

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost pools as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:

University of Connecticut

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

*Patricia E Casey*  
*Patricia E Casey*  
*AVP Financial Operations/ Controller*  
*6/7/2021*

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes - S

Digitally signed by Darryl W. Mayes - S  
DN: cn=Darryl W. Mayes - S, ou=HHS, ou=People, ou=PS, ou=20000111448, ou=Darryl W. Mayes - S  
Date: 2021.06.07 08:31:23 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

4/22/2021

(DATE) 7028

HHS REPRESENTATIVE: Edwin Miranda

Telephone: (212) 264-2069

- Proposal Dashboard**
- Proposal Prep & Submission**
  - Overview
  - Proposal Submission Policy & Due Dates
  - PI Eligibility
  - Procedures & Policy
  - Development
  - Budgeting
    - Overview
    - General Cost Principles
    - Budgeting & Costing
      - Budgeting & Costing Guide**
      - Salaries
      - Fringe Benefits
      - Other Direct Costs
      - Facilities and Administration (F&A) Costs
      - Cost Sharing
      - Budget Justification
  - Active and Pending Support
  - Foreign Collaborations
  - Submission
- Electronic Proposal Systems**
- Policies & Procedures**
- Forms**
- Budget Templates/Calculators**
- Uniform Guidance**
- Frequently Requested Information**
- Contacts**

## Budgeting & Costing Guide

### Fringe Benefits

- The University's fringe benefit rates are negotiated with its cognizant agency (DHHS) and are part of the University's F&A rate agreement. Rates beyond June 30, 2022 are estimates and are provided for budgeted purposes. Fringe benefits will be charged at the applicable rate at the time the cost is incurred. The Sponsored Program Fringe Benefit Rates are to be used when developing proposal budgets.
- The following language is required in all proposal budget justifications that include fringe benefit costs:  
 "The fringe benefit rates used in the proposal budget are based on the rates approved by the Department of Health and Human Services. An estimated cost escalation has been included in the out years per University budgeting guidance."
- The University rates provided below should be used when developing cost share budgets.

#### Sponsored Program Fringe Benefit Rates and Projections (%)<sup>1</sup>

Description	FY21	FY22	FY23*	FY24*	FY25*	FY26**
<b>Faculty</b>	43.0	45.5	47.8	48.5	49.5	50.5
<b>Professional/Classified</b>	43.0	48.5	50.6	51.5	52.5	53.5
<b>Special Payroll<sup>2</sup></b>	19.5	22.0	22.0	22.5	23.0	23.5
<b>Post Docs</b>	15.5	15.7	16.0	16.5	17.0	17.5
<b>Graduate Assistant, Academic Yr</b>	15.5	15.7	16.0	16.5	17.0	17.5
<b>Student Labor</b>	2.4	3.8	3.0	3.4	3.4	3.4

1. Rates refer to grant funding sources only. See the [Budget and Planning website](#) for non-grant rates.

2. Special Payroll Examples: Summer faculty, other state agency employees, state retirees, summer graduate students

\* FY23 – FY26 rates shown are projected estimates for budgeting purposes only.

\*\* FY26: Rates should remain flat for FY26 and later for budgeting purposes only.

#### University Fringe Benefit Rates and Projections (%)

Description	FY21	FY22	FY23	FY24	FY25	FY26
<b>Faculty</b>	51.3	51.3	51.3	52.3	53.3	54.3
<b>Professional</b>	76.8	79.0	79.0	80.0	81.0	82.0
<b>Classified</b>	105.3	108.0	108.0	109.0	110.0	111.0
<b>Special Payroll</b>	25.8	25.8	27.8	28.8	29.8	30.8
<b>Post Docs</b>	33.3	33.3	33.3	34.3	35.3	36.3

<b>Graduate Assistant, Academic Yr</b>	18.0	18.0	18.0	19.0	20.0	21.0
<b>Student Labor</b>	0.0	0.0	0.0	0.0	0.0	0.0

**Salaries**

- A 5% annual increase is recommended and should be applied to personnel salary projections for future budget years for all sponsors except NIH.
- A 3% annual increase is recommended and should be applied to personnel salary projections for future budget years for NIH.
- A 2% annual increase is recommended and should be applied to graduate assistant stipends (see below) for future budget years for all sponsors.

**Graduate Assistant Stipends**

A full time graduate assistant devotes one-half time to studies (approximately 20 hours per week) and one half-time to graduate assistant duties. During the summer, graduate assistants are put on special payroll and can work 40 hours per week. Refer to the [Graduate School website](#) for additional information regarding graduate assistants. If applying for an individual fellowship or training grant from NIH, refer to the [NRSA requirements](#) for stipend, tuition, and institutional allowance.

In accordance with the Graduate Employee Union Contract, the following stipends represent the minimum stipends for graduate assistants. *Estimates are for proposal development only!*

	<b>Calendar 50% (20 Hrs)</b>	<b>Academic 50% (20 Hrs)</b>	<b>Summer 3 Months (20 Hrs)</b>	<b>Summer 3 Months (40 Hrs)</b>	<b>Bi-Weekly Pay Periods</b>
<b>Stipends for Academic Year August 2021 – May 2022</b>					
<b>LEVEL I</b>	\$33,067	\$24,800	\$8,267	\$16,534	\$1,271.81
<b>LEVEL II</b>	\$34,794	\$26,096	\$8,699	\$17,398	\$1,338.24
<b>LEVEL III</b>	\$38,684	\$29,148	\$9,716	\$19,432	\$1,487.85
<b>Stipends for Academic Year August 2022 – May 2023</b>					
<b>LEVEL I</b>	\$34,390	\$25,793	\$8,598	\$17,196	\$1,322.69
<b>LEVEL II</b>	\$36,186	\$27,140	\$9,047	\$18,094	\$1,391.77
<b>LEVEL III</b>	\$40,232	\$30,174	\$10,058	\$20,116	\$1,547.38
<b>Stipends for Academic Year August 2023 – May 2024 (4% increase)</b>					
<b>LEVEL I</b>	\$35,766	\$26,825	\$8,942	\$17,884	\$1,375.62
<b>LEVEL II</b>	\$37,634	\$28,226	\$9,409	\$18,818	\$1,447.47
<b>LEVEL III</b>	\$41,842	\$31,382	\$10,461	\$20,922	\$1,609.31
<b>Stipends for Academic Year August 2024 – May 2025 (3.5% increase)</b>					
<b>LEVEL I</b>	\$37,018	\$27,764	\$9,255	\$18,510	\$1,423.77
<b>LEVEL II</b>	\$38,952	\$29,214	\$9,738	\$19,476	\$1,498.16
<b>LEVEL III</b>	\$43,307	\$32,480	\$10,827	\$21,654	\$1,665.66
<b>Stipends for Academic Year August 2025 – May 2026 (3% increase)</b>					
<b>LEVEL I</b>	\$38,129	\$28,597	\$9,532	\$19,065	\$1,466.50
<b>LEVEL II</b>	\$40,121	\$30,091	\$10,030	\$20,060	\$1,543.12
<b>LEVEL III</b>	\$44,607	\$33,455	\$11,152	\$22,304	\$1,715.66

#### Graduate Assistant Stipend Level Description:

- LEVEL I – Graduate assistants with at least the baccalaureate degree.
- LEVEL II – Experienced graduate assistants in a doctoral program with at least the master's degree or its equivalent in the field of graduate study. Equivalency consists of 30 graduate level content course credits of appropriate course work beyond the baccalaureate degree completed at the University of Connecticut, together with admission to a doctoral program.
- LEVEL III – For students with experience as graduate assistants who have at least the master's degree or its equivalent and who have passed the doctoral general examination.

Actual Semester Dates *(The months of June, July & August should be used for budgeting purposes for the summer period)*

† Please refer to the [Payroll website](#) for updated stipend information.

#### Post Doctoral Fellow Stipends

- Below are the current National Research Service Award (NRSA) Post Doctoral Fellow stipend levels that should be taken into consideration when preparing your proposal budget. These stipend levels must be used when applying to the NRSA for support. Stipend levels can also be found on the [NIH website](#) (effective 4/15/2022).
- Use of the stipend level which is consistent with the intended postdoctoral years of experience is recommended for use with other support sources, however, in accordance with University policy, the stipend level must at least be equal to the minimum NRSA rate.
- For more information, visit the [Graduate School Post Doc Policies](#).

Years of Experience	Stipend
0	\$54,840
1	\$55,224
2	\$55,632
3	\$57,852
4	\$59,784
5	\$61,992
6	\$64,296
7+	\$66,600

#### Student Labor Pay Scale

Student Labor and Work-Study are paid based on an established pay scale determined by the Office of [Student Employment](#). The rate of pay for a position is based on the skills and level of experience required for the position, regardless of whether earnings are paid through the work-study or student labor payrolls. The pay rate is determined by the hiring supervisor and is subject to approval by the student employment staff in the Office of [Student Financial Aid Services](#).

Class	Requirement	Pay Rate
I	The position does not require a specific degree of skill or prior work experience.	\$13.00
II	The position requires a reasonable degree of skill, prior experience and a fair amount of responsibility.	\$13.15 – \$14.35
III	The position requires a high degree of skill and entails an extensive amount of responsibility.	\$14.40 – \$16.35
IV	The position requires advanced skill, market/environmental demand, knowledge and/or training in a scientific, academic or specialized study.	\$16.40 – \$31.70

### **DHHS Salary Cap**

Effective January 2, 2022, the DHHS salary limitation for Executive Level II was increased to \$203,700. For additional information, please refer to NIH Notice: [NOT-OD-22-076](#). Note this salary cap applies to all [DHHS agencies](#).

### **USDA NIFA Salary Cap**

Effective January 2021, the USDA salary limitation for Executive Level IV was increased to \$172,500. For additional information, please refer to USDA NIFA [Agency Specific Terms and Conditions](#).

### **Facilities and Administrative (F&A) Costs**

Proposals submitted to Sponsored Program Services must use the appropriate F&A rate in accordance with the most recently negotiated rate agreement and University policy.

### **Federal & Corporate Rates**

	Rate Base*	07/01/18 – 06/30/19	07/01/19 – 06/30/20	07/01/20 – 06/30/21	07/01/21 – 06/30/22	07/01/22 – 06/30/23
<b>Research</b>						
On Campus	MTDC	59.5%	61.0%	61.0%	61.0%	61.0%
Off Campus <sup>(2)</sup>	MTDC	26.0%	26.0%	26.0%	26.0%	26.0%
<b>Instruction</b>						
On Campus	MTDC	57.0%	57.0%	57.0%	57.0%	57.0%
Off Campus <sup>(2)</sup>	MTDC	26.0%	26.0%	26.0%	26.0%	26.0%
<b>Other Sponsored Activities</b>						
On Campus	MTDC	35.0%	35.0%	35.0%	35.0%	35.0%
Off Campus <sup>(2)</sup>	MTDC	26.0%	26.0%	26.0%	26.0%	26.0%

The University's F&A Agreement, negotiated with the Department of Health and Human Services: [Cost/Indirect Cost Rate Agreement](#).

- F&A costs are calculated on Modified Total Direct Cost (MTDC) which is Direct Costs minus certain exclusions. Direct Costs include salary, fringe benefits, materials and supplies, travel, and the first \$25,000 of each subcontract, etc.
- Exclusions include equipment over \$5,000\*, rent, Specialized Service Facilities, fellowships, tuition, participant support costs and subcontract amounts beyond the first \$25,000 for each subcontract.

\*In order to be consistent with State classification standards, the dollar threshold for capitalization of equipment at UConn is \$5,000.

### **Off Campus Rate**

In accordance with our current F&A Rate Agreement:

*For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s), the off campus rate will apply. Grants or contracts will not be subject to more than one F&A rate. If more than 50% of a project is performed off campus, the off campus rate will apply to the entire project.*

The off campus indirect cost rate can be budgeted as follows:

- If rent is directly charged to the project.
- If more than 50% of all program activities are performed off campus. (We request written confirmation from the PI).
- If the sponsor specifically requires the off campus rate per the solicitation.

The on campus rate is normally applied whenever the University leases or pays for space costs that are not direct charged to a grant or contract.

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If you have questions, please contact your SPS Grants/Contracts Specialist.


### **Sponsor Stated Limits**

When the University collects F&A costs at less than the full federally negotiated rates, F&A costs are charged to Total Direct Costs (including equipment, participant support costs, subcontracts, etc.) unless otherwise stated in the sponsor guidelines.

Funding from state agency appropriations and local municipalities are charged a current reduced rate of 20%. F&A costs should be charged to Total Direct Costs.

### **Reduction of F&A on Projects Having a Total Cost of \$50k or Less**

To allow for more buying power on small sponsored projects and to help foster smaller awards which may lead to additional funding, F&A on new awards received after October 1, 2017 with total costs of \$50,000 or less, will be reduced to 20% or the difference between the full F&A rate and 20% will be distributed to the investigators F&A account. F&A costs are charged to Total Direct Costs (TDC) or Modified Total Direct Costs (MTDC) as required by the specific sponsor or solicitation.

Sponsored Program Services (SPS) has developed [guidance and FAQs](#) [.pdf](#)  on how this program will be implemented.

### **Animal Per Diem Rates**

Animal per diem rates are available on the [Animal Care Services website](#).



# Appendix B-Conference Agenda

## SNEB Annual Conference 2023 in Washington DC

### FEATURED JOBS

Chair, Department of  
Nutrition Sciences  
Birmingham, AL  
University of Alabama at  
Birmingham

Nutrition Education  
Assistant  
OK  
Oklahoma State University

Nutrition Education  
Assistant

2023 SNEB Conference Theme "Empowering Food Citizens:  
Together for Nutrition and Food Systems Transformation. Re-  
connect, Re-nourish, Re-inspire..."

by Yanory Hernández-Garbanzo, PhD, President-Elect, Society of Nutrition  
Education and Behavior

- July 20 - 23, 2023
- Hyatt Regency Washington on Capitol Hill
- 400 New Jersey Ave NW
- Washington, DC



**RECONNECT - REBUILD - REIMAGINE**



## ASNNA CONFERENCE 2023



What is ASNNA Resources News & Communications Events

### 2023 Conferences

In-Person Conference: Reconnect, Rebuild, Reimagine, Pentagon City Sheraton Hotel, Arlington, VA, February 7-9, 2023

[In-person Conference Agenda Download](#)

VIRTUAL WEBINAR: Wednesday, March 1, 2023

[Virtual Conference Agenda Download](#)

[Virtual Conference Video Recordings \(YouTube\)](#)





## Appendix C - SNAP Ed Plan Assurances

### Template 5: SNAP-Ed Plan Assurances

SNAP-Ed Plan Assurances	Yes	No
The State SNAP agency is accountable for the content of the State SNAP-Ed Plan and provides oversight to any sub-grantees. The State SNAP agency is fiscally responsible for nutrition education activities funded with SNAP funds and is liable for repayment of unallowable costs.	X	
Efforts have been made to target SNAP-Ed to the SNAP-Ed target population.	X	
Only expanded or additional coverage of those activities funded under the Expanded Food and Nutrition Education Program (EFNEP) are claimed under the SNAP-Ed grant. Approved activities are those designed to expand the State's current EFNEP coverage in order to serve additional SNAP-Ed individuals or to provide additional education services to EFNEP clients who are eligible for the SNAP. Activities funded under the EFNEP grant are not included in the budget for SNAP-Ed.	X	
Documentation of payments for approved SNAP- Ed activities is maintained by the State and will be available for USDA review and audit.	X	
Contracts are procured through competitive bid procedures governed by State procurement regulations.	X	
Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and OMB circulars governing cost issues.	X	
Program activities do not supplant existing nutrition education programs, and where operating in conjunction with existing programs, enhance and supplement them.	X	
Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.	X	
All materials developed or printed with SNAP Education funds include the appropriate USDA nondiscrimination statement and credit to SNAP as a funding source.	X	
Messages of nutrition education and obesity prevention are consistent with the Dietary Guidelines for Americans.	X	

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## Appendix D - SNAP Ed Signatures

### Template 6: SNAP-Ed Plan Signatures

#### Supplemental Nutrition Assistance Program Annual Plan for SNAP-Ed

*Federal Fiscal Year:2023*

*State Agency: State of Connecticut-Department of Social Services*

Date: 6/9/2023

**Reviewed By:** Daniel Giacomi, Interim Director

**Authorized Signature:** 

Date: 6/5/23

**Certified By:** Nicholas Venditto, CFO

**Authorized Signature:** 