

# Family Nutrition Education Program (FNEP)

## System/Environment: Individuals and Families

Inputs	Outputs			Outcomes	
	Activities	Participation	Initial	Intermediate	Long Term
<p><b>Financial Resources</b></p> <ul style="list-style-type: none"> <li>• Extension Funding</li> <li>• FSNEP/EFNEP</li> <li>• Public In-Kind and Private Cash</li> <li>• Private In-Kind</li> </ul> <p><b>Planning Processes</b></p> <ul style="list-style-type: none"> <li>• Program Planning</li> <li>• Social Marketing</li> </ul> <p><b>Materials</b></p> <ul style="list-style-type: none"> <li>• Curriculum</li> <li>• Educational Media</li> <li>• Campaign</li> </ul> <p><b>People</b></p> <ul style="list-style-type: none"> <li>• Expertise (funded, matched, other)</li> <li>• Accountability: Elected/ Appointed Officials</li> <li>• Intra-Institutional Commitment: Membership: Networks, Coalitions, Consortia, etc</li> </ul>	<p><b>Conduct education and deliver targeted messages on dietary quality using the following strategies:</b></p> <p><b>Direct Methods</b></p> <ul style="list-style-type: none"> <li>• Individual/One on One</li> <li>• Small Group</li> <li>• Large Group</li> </ul> <p><b>Indirect Methods</b></p> <ul style="list-style-type: none"> <li>• Newsletters</li> <li>• News Releases</li> <li>• Kiosks</li> <li>• Internet</li> </ul> <p><b>Media Campaign</b></p>	<p><b>Individuals/Households</b></p> <p><b>Direct Methods (# and %)</b></p> <ul style="list-style-type: none"> <li>• Counted: Gender, Ethnicity, Adult or Youth</li> <li>• Estimated</li> </ul> <p><b>Indirect Methods</b></p> <ul style="list-style-type: none"> <li>• Counted</li> <li>• Estimated</li> </ul> <p><b>Media Circulation</b></p> <p>For FSNEP, Evidence that participants represent Food Stamp households or those eligible for the Food Stamp Program.</p>	<p><b>Individuals gain awareness, knowledge and skills related to:</b></p> <ul style="list-style-type: none"> <li>• Improved attitudes about healthy eating</li> <li>• Increased knowledge of healthy food choices</li> <li>• Improved skill in selection of healthy foods</li> <li>• Improved skill in preparation of healthy foods</li> <li>• Increased awareness/ knowledge of benefits of physical activity (burn calories &amp; control weight, increased stamina, cardiovascular health, reduce risk of cancer, diabetes, improved personal appearance, etc.)</li> <li>• Increased awareness/ knowledge physical activity recommendations for health</li> </ul>	<p><b>Individuals incorporate skills; Change behaviors related to:</b></p> <ul style="list-style-type: none"> <li>• Increased adoption of healthy food practices</li> <li>• On-going use of healthy weight management practices</li> <li>• Adoption of recommended diet-related practices for disease prevention and management</li> <li>• Increased participation in regular physical activity</li> <li>• Family/individual participation in community events that increase physical activity</li> </ul>	<p><b>Individuals experience:</b></p> <ul style="list-style-type: none"> <li>• Decreased risk factors for nutrition-related health problems &amp; chronic diseases that are affected by diet and physical activity</li> <li>• Decreased incidence of complications of chronic diseases that are affected by diet and physical activity</li> </ul>

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<p>___% of (x) Individuals who demonstrate ability to:</p> <ul style="list-style-type: none"> <li>Plan menus and choose foods around Food Guide Pyramid (FGP) and Dietary Guidelines (DG)</li> <li>Adjust recipes and/or menus to achieve certain goals (reduced calories, fat, sodium, etc., or increased nutrients &amp; fiber)</li> <li>Select/use preparation and storage techniques to conserve nutrients or reduce fat, salt, or to improve taste</li> <li>Classify foods based on original source (plant or animal)</li> <li>Write a personal plan to adjust physical activity for health, fitness, weight control, etc.</li> </ul> <p>___% of (x) Individuals who indicate an intent to adopt one or more healthy food/nutrition practices.</p> <p>___% of (x) Individuals who indicate an intent to begin or increase physical activity</p>	<p>___% of (x) Individuals demonstrate adoption of practice by:</p> <p>Improved live style practices based on the Food Guide Pyramid &amp; Dietary Guidelines, such as</p> <ul style="list-style-type: none"> <li>Improved intake of food group servings</li> <li>Improve intake of selected nutrients and</li> <li>Improve behavior change related to decreased salt, fat, sugar and calories, or increased servings/variety of vegetables, fruits, whole grains, and low-fat milk.</li> <li>Decreased use of supplements</li> <li>Improved hydration state for physically active individuals</li> <li>Implementation of a personal plan to increase physical activity, such as increased time/frequency engaged in activity per day; actually beginning a specific activity such as walking, hiking, bicycling.</li> <li>Increased participation of individual/family in games and play that involve physical activity</li> <li>Reduction in time spent in sedentary activities (such as watching TV and playing video games)</li> </ul>	<p>Individuals show:</p> <ul style="list-style-type: none"> <li>Decreased # of chronic disease risk factors.</li> <li>Decreased # of chronic disease complications.</li> <li># (%) of individuals who achieved/maintained healthy weight</li> <li>* # (%) of individuals who achieved/maintained a moderately active lifestyle (30 minutes/day most days of the week)</li> </ul>

# Family Nutrition Education Program (FNEP)

## System/Environment: Community and Institutions

Inputs	Outputs			Outcomes	
	Activities	Participation	Initial	Intermediate	Long Term
<p><b>Financial Resources</b></p> <ul style="list-style-type: none"> <li>• Extension Funding</li> <li>• FSNEP/EFNEP</li> <li>• Public In-Kind and Private Cash</li> <li>• Private In-Kind</li> </ul> <p><b>Planning Processes</b></p> <ul style="list-style-type: none"> <li>• Program Planning</li> <li>• Social Marketing</li> </ul> <p><b>Materials</b></p> <ul style="list-style-type: none"> <li>• Curriculum</li> <li>• Educational Media</li> <li>• Campaign</li> </ul> <p><b>People</b></p> <ul style="list-style-type: none"> <li>• Expertise (funded, matched, other)</li> <li>• Accountability: Elected/ Appointed Officials</li> <li>• Intra-Institutional Commitment: Membership: Networks, Coalitions, Consortia, etc</li> </ul>	<p><b>Develop/expand community partnerships to identify opportunities and eliminate barriers related to dietary quality using the following strategies:</b></p> <ul style="list-style-type: none"> <li>• Community Assessment</li> <li>• Community Awareness Campaigns</li> <li>• Community Organizing</li> <li>• Community Integration of Services</li> </ul>	<p><b>Agencies/organizations addressing dietary quality concerns which target the Food Stamp population</b></p> <ul style="list-style-type: none"> <li>• Number of Partnerships by Type, Sector and Level (local, regional, statewide)</li> <li>• Number of Inter-Organization Agreements/MOUs</li> <li>• Number and Description of Community-Based Efforts</li> <li>• Number and Description of Integrated Service Plans</li> </ul>	<p><b>Communities/ Institutions gain:</b></p> <ul style="list-style-type: none"> <li>• Increased awareness among private and public sector leaders about nutrition-related challenges of low-income households/ individuals.</li> <li>• Increased involvement of community groups to address nutrition challenges/issues of low-income households</li> </ul>	<p><b>Communities/ Institutions:</b></p> <ul style="list-style-type: none"> <li>• Identify barriers and enhancements to improved community diet quality.</li> <li>• Develop and implement plans to improve diet quality.</li> <li>• Increased community activities/facilities that encourage physical activity</li> </ul>	<p><b>Improved dietary quality status:</b></p> <ul style="list-style-type: none"> <li>• Leaders/citizens are empowered to solve community food/nutrition challenges</li> <li>• Decreased community barriers to adoption of healthy nutrition practices.</li> </ul>

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## System/Environment: Community and Institutions

Outcome Indicators		
Initial	Intermediate	Long Term
<p><b>Communities/Institutions demonstrate increased:</b></p> <ul style="list-style-type: none"> <li>• Composition and # of community groups reporting discussions held on dietary quality challenges of low-income people in that locality</li> <li>• Composition and # of community groups who report a commitment to collaborate on strategies to address dietary quality and physical activity challenges</li> <li>• Composition and # of community groups involved in needs assessment &amp; program planning</li> <li>• Composition and # of community coalitions formed to address dietary quality and physical activity issues of low-income families or individuals</li> </ul>	<p><b>Communities/Institutions exhibit:</b></p> <ul style="list-style-type: none"> <li>• Increased # of referrals of low-income individuals between agencies to facilitate provision of nutrition education</li> <li>• Adoption of a feasible written plan to address challenges and barriers to dietary quality and physical activity by community groups/agencies</li> <li>• Evidence of concrete actions on implementing plan for improving dietary</li> <li>• Evidence of concrete actions on implementing plan for encouraging physical activity in a community (such as planned community games and competitions) or development of safe walking/bicycling trails.</li> </ul>	<p><b>Communities/Institutions reflect improvements such as:</b></p> <ul style="list-style-type: none"> <li>• More nutritious foods offered in schools or restaurants</li> <li>• Increased availability of certain foods in grocery stores or farmer's markets</li> <li>• Reduced challenges related to transportation of low-income individuals to grocery store, or food stamp and WIC offices</li> <li>• Larger number (percent) of food stamp and low-income individuals who report regular participation in physical activity.</li> </ul>

# Family Nutrition Education Program (FNEP)

## System/Environment: Social Structures, Policies or Practices

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	Activities	Participation	Initial	Intermediate	Long Term	
<b>Financial Resources</b> <ul style="list-style-type: none"> <li>• Extension Funding</li> <li>• FSNEP/EFNEP</li> <li>• Public In-Kind and Private Cash</li> <li>• Private In-Kind</li> </ul> <b>Planning Processes</b> <ul style="list-style-type: none"> <li>• Program Planning</li> <li>• Social Marketing</li> </ul> <b>Materials</b> <ul style="list-style-type: none"> <li>• Curriculum</li> <li>• Educational Media</li> <li>• Campaign</li> </ul> <b>People</b> <ul style="list-style-type: none"> <li>• Expertise (funded, matched, other)</li> <li>• Accountability: Elected/ Appointed Officials</li> <li>• Intra-Institutional Commitment: Membership: Networks, Coalitions, Consortia, etc</li> </ul>	<b>Create/revise social systems and public policies related to dietary quality using the following strategies:</b> <ul style="list-style-type: none"> <li>• Expert review/ comment on federal, state, and/or local public policies</li> <li>• Public Forums</li> <li>• Impact Seminars</li> <li>• Efforts to inform elected officials, food industry leaders (processors and retailers), farmers, educators, and other influential leaders</li> </ul>	<b>Systems and policies related to dietary quality having an impact on the population</b> <ul style="list-style-type: none"> <li>• Number and description of multi-sector efforts that include universities, government agencies, private sector, non-profit agencies and governing/ licensing boards.</li> <li>• Description of systems and policy change efforts.</li> </ul>	<b>Educators, media, other public and private representatives hold discussions re: policies, regulations, and industry practices that are barriers to dietary quality.</b>	<b>Educators, media, other public and private representatives work toward needed changes in laws, policies and practices.</b>	<b>Revision of laws, policies and practices related to dietary quality.</b>	
						<b>Outcome Indicators</b>
						<b>Identification and definition of:</b> <ul style="list-style-type: none"> <li>• Social/public policy issues/regulations and food industry practices that impact dietary quality and food availability for low-income families/ individual</li> <li>• Social/public policy issues and that create barriers to adequate physical activity (example: school policy for children affecting amount of physical activity in school).</li> </ul>