

**West Virginia's FFY 2023 SNAP-Ed State Plan
(Supplemental Nutrition Assistance Program–Education)
Implemented by: WVU Extension Service (WVUES)
WVU Research Corporation (WVURC)
10/01/22 – 09/30/23**

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Executive Summary

West Virginia has high rates of obesity and chronic disease. Primary contributors to those conditions, low intake of fruits and vegetables and high intake of sugar sweetened beverages, are prevalent across West Virginia, particularly in low income audiences. These behaviors make ideal targets as they are regularly assessed through BRFSS surveillance, are easily monitored for progress and align with the goals and strategies of West Virginia's strategic plan for combatting obesity and chronic disease.

To address the high rates of chronic disease more effectively and extend the impact of the efforts of SNAP-Ed and partners, WV SNAP Ed has relaunched the State Nutrition Action Council (SNAC). The council is made up of representatives of state level organizations including WVU Extension Service, Bureau for Public Health, DHHR, Office of EBT, Department of Education (Office of Child Nutrition, Office of Student Support and Wellbeing,), WIC, Department of Agriculture, Marshall University, Shephard University, Mountaineer Foodbank, Office of Child Nutrition, Save the Children, Turnrow Farm Collective, KEYS for Healthy Kids, WV Food and Farm Coalition, WIC, Oral Health Coalition, WVU Office of Health Services Research and West Virginia University of Parkersburg who will meet quarterly to work strategically on projects to address obesity, nutrition and chronic disease across the state.

Sugar Sweetened Beverage Consumption

The Rethink Your Drink campaign is an example SNAP-Ed outreach that already has been widely adopted by WVU Extension as well as outside agencies such as the Oral Health Coalition, WV dietitians, student groups, community organizations and all SNAP-Ed sub grantees. Continued implementation of the campaign along with direct education efforts has made an impact as a 4% drop in adult soda consumption among adults in West Virginia adults has occurred since the initiation of the campaign. SNAP-Ed will continue to provide support for widespread implementation of the campaign and ongoing monitoring of progress using validated surveys on sugar sweetened beverage consumption with both adults and youth participating in program outreach. In addition, FNP will collaborate with partners on installation of refillable water stations to increase access to water.

Physical Activity

Walking is an activity that is suitable for all ages and ability levels and could improve leisure time activity of WV residents if adopted. The FY2023 plan continues targeted physical activity programming around walking through walking challenges, walking groups and marketing of community locations for walking. This work has been enhanced through a partnership with Active Southern West Virginia and their *Community Captain* and *Walk with Ease* programs. Faculty with the West Virginia University College of Physical Activity and Sport Science (CPASS) will provide education and support for classroom physical activity interventions such as *Active Academics* and health educators and partners will continue to implement PSE changes such as *Active Pathways*.

Food Access

West Virginia has many challenges related to food access secondary to high rates of poverty and a rural landscape. West Virginia's farm economy is growing but still needs support. West Virginia exceeds the national average on number of farmers markets/population and is slightly under the national average for markets accepting SNAP. Farmers markets offer a solution to the limited access to fruits and vegetables around the state and using innovative methods such as increased marketing, mobile markets, voucher programs and school/childcare based markets, the local foods movement has grown in a way that is responsive to the needs of low-income families. A "SNAP Stretch" EBT doubling/tripling program, conducted by the WV Food and Farm Coalition in partnership with SNAP Ed, has resulted in growth of EBT purchases at farmers markets from \$14,000 in 2018 to \$981,000 in 2021. The program received additional funding through a special COVID grant to continue into 2023. Kids market programs are overwhelmingly popular and reached over 23,000 in FY2021. Kids Markets have been so successful, they are now sustained locally by schools or at the state level by Mountaineer Foodbank allowing SNAP-Ed outreach to expand into the retail environment. Kids Market @ the Store program takes the kids market model out of the school and into local businesses such as convenience stores, grocery stores, restaurants and even hardware stores. This expansion looks to increase accessibility to outreach, further engage parents and establish partnerships with local farmers and businesses. In FY2023, SNAP Ed is also expanding the partnership with WVU Parkersburg to include support from a newly launched agriculture education program. The partnership will link students with ready made markets through food access projects both as part of the curriculum and as independent producers.

The WVU Center for Resilient Communities has developed the Appalachian Food Justice Institute, recently funded by the USDA higher education policy initiative, to continue to train food advocates in healthy food access planning and raise up human resources to assist local partners in the advancement of food policy councils. In FY2023, CRC released new county profiles for each of the state's 55 counties with the hope of arming advocates with information needed to leverage support for municipal and county level food policy council to strengthen regional food system development. [NN County Profiles Web – WV FOODLINK \(wvu.edu\)](#) From June 1st 2021 – June 1st 2022, those who engaged with the WV FOODLINK platform did so primarily to access our county profiles (28%). The CRC continues to develop and build support for a proposal for a state-wide office of Community Food Security to be introduced in the 2023 legislature, to enhance SNAP Ed programming in the state and coordinate nutrition security programs across West Virginia's 55 counties. In FY2023, the CRC will maintain an updated database, visualized through the WV FOODLINK website, on food environments, nutrition assistance programs, and food system organizations engaging in enhancing access to nutritious foods across West Virginia.

School and Childcare Environments

Impacting the nutrition and physical activity behaviors of children offer the greatest potential for preventing obesity in the state. West Virginia has many opportunities for policy change in early childcare. The KEY 2 a Healthy Start Program continues to work with childcare centers to improve the health environment and in FY23, KEYS will utilize GO NAP SACC Modules for Infant-Toddler Physical Activity to collect data to contribute to the research need for evidence-based interventions for incorporating 60 minutes a day of physical activity in child care centers.

Linking Healthcare Partners and Prevention

Over the past 6 years, the WV SNAP-Ed Program has worked to expand its reach to additional sectors to improve outcomes and impact. Healthcare partners are vital to stemming the rising tide of obesity and diabetes in the state and have showed increased interest in partnering on prevention.

The WV CARDIAC Project helps to create a feedback loop between SNAP-Ed interventions and health outcomes through school-based BMI screening. Screening results will be used to target families and children for lifestyle education through SNAP-Ed, identify high risk sites in communities, inform community health advocates on health status at the school level to support need for PSE and results will be integrated into a database of SNAP-Ed outreach and intervention to determine effectiveness of programming. In FY2023, CARDIAC will resume in person screening in addition to expanding the use of the module for settings outside of WV public schools, like home/private school environments and community or health-center based programs. In addition, CARDIAC will lead efforts to integrate PE teachers into a coordinated screening, intervention and referral team.

Over the past 2 years, KEYS 4 HealthyKids has been leading efforts to create a network of champion healthcare providers who are trained to manage obesity and co-morbid conditions using 5210 assessment, motivational interviewing and innovative prescriptions. In FY23 KEYS will work to increase the number of providers who participate in this network and expand the number of sites that participate in innovative prescriptions for nutrition and physical activity. Additionally, KEYS will work to increase the number of providers who are screening for food security status and serve as an integrator to link the network of providers with SNAP-Ed programming to provide opportunities for linkage and referral, particularly for those identified through CARDIAC screenings.

The FARMacy program has continued to grow in WV and SNAP-Ed continues to support ongoing educational outreach to participants through direct education and coordination with clinics and farmers.

The WV SNAP-Ed Program provides quarterly updates to the Department and Health and Human Services through an electronic newsletter which summarizes the programming offered, reach and outcomes.

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

Needs Assessment Methodology

a. Existing Information

- US Census-American Community Survey (<https://www.census.gov/quickfacts/WV>)
- Workforce WV-Economic and Labor Market Information ([WorkForce West Virginia LMI \(workforcewv.org\)](http://WorkForce West Virginia LMI (workforcewv.org)))
- FRAC-Profile of Hunger, Poverty and Federal Nutrition Programs (https://frac.org/research/resource-library/state-of-the-states-profiles?post_type=resource&p=4483&state=West%20Virginia)
- West Virginia Center on Budget and Policy Priorities
https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_west_virginia.pdf
- USDA ERS [Education \(usda.gov\)](http://Education (usda.gov))
- West Virginia Department of Education Office of Child Nutrition-County Percent Needy Report
- Free and Reduced Lunch Statistics-West Virginia Education Information System (WVEIS)
- Child and Adult Care Feeding Program Statistics- WV Department of Education
- West Virginia Health Statistics Center-2013 Behavioral Risk Factor Assessment Report
- Robert Wood Johnson-State of Obesity Report
- Robert Wood Johnson-County Health Rankings and Roadmaps
- 2015 Dietary Guidelines
- USDHHS, CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity-Nutrition, Physical Activity and Obesity Data, Trends and Maps <http://www.cdc.gov/nccdphp/DNPAO/index.html>.
- *Addressing Obesity and Related Chronic Diseases: A Strategic Plan to Combat Obesity and Related Diseases in West Virginia*-WV Bureau for Public Health
- WV CARDIAC Project data <http://www.cardiacwv.org/>

Needs Assessment Findings

1. Demographic Characteristics of SNAP-Ed Target Audience in West Virginia

West Virginia is a comparatively low-income state. Many of our citizens can be defined as the working poor. There are 55 counties within WV and SNAP –Ed target populations can be found in each of them. Recent data collected support our efforts to target as many counties within the state as possible. Examples of this information include:

- Median household income in WV is \$46,711 (US Census, 2015-2019)
- 15.4 % of West Virginia households are classified as food insecure and 5.9% are classified as very low food secure (FRAC,2019)
- 16.2% of the population lives in poverty (USDA ERS, 2019)
- 20.1% of children live in poverty. (FRAC, 2019)
- WV's Unemployment Rate is 6.1% (Work Force WV, 2021)

Statistics related to SNAP

- SNAP serves 1 in 6 West Virginians, or 305,000 people. (CBPP, 2021)
- 59% of all WV SNAP participants are in families with children (CBPP, 2021)
- 32% of SNAP participants in WV are in working families (CBPP, 2021)
- In WV in 2018, 83% of households receiving SNAP had income below the poverty line and 39% of households were in deep poverty, with income below 50% of the poverty line (CBPP, 2021).
- West Virginia's SNAP-eligible working poor participation rate is 98%. (FRAC, 2017)
- 37% of SNAP households did not have any workers within their families in the past 12 months (American Community Survey, 2018).

School statistics

- 89% of WV counties across WV have free and reduced lunch rates of 50% or more
- 38% of counties have free and reduced rates greater than 60%
- West Virginia has the highest free and reduced student participation rate in the nation for the School Breakfast Program at 83.7%. (FRAC, 2020)
- 81.8% of WV students who participate in the NSLP qualify for free and reduced meals (FRAC, 2020).

Education

13.1% of West Virginians has less than a high-school education, 40.3% have completed high school and 20.6% have completed college. (USDA ERS, 2015-2019)

Primary language

English is the primary language in WV; only 2.5% of West Virginia's speak a language other than English at home. (US Census, 2014-2018)

2. State Specific Diet Related Health Statistics on Target Population

I. Obesity & Chronic Diseases

West Virginia ranks 4th highest in obesity in children ages 2-4 and 10-17 and 2nd in obesity among high school students. Adult obesity in West Virginia ranks 2nd in the nation and 2nd for chronic diseases such as diabetes and hypertension.

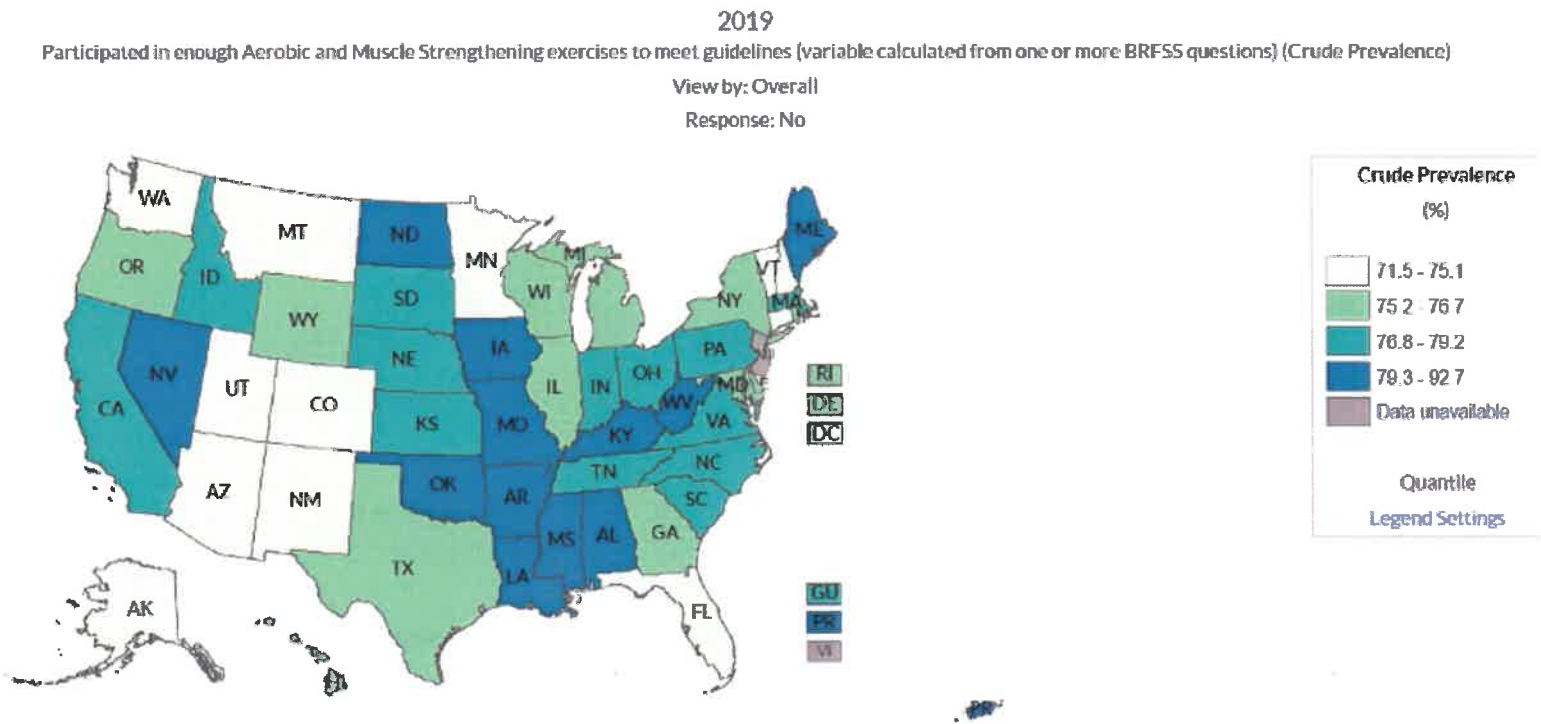


Source: The National Center for Health Statistics. "National Health and Nutrition Examination Survey: 2017-2018." Centers for Disease Control and Prevention
<https://stateofchildhoodobesity.org/states/wv/>

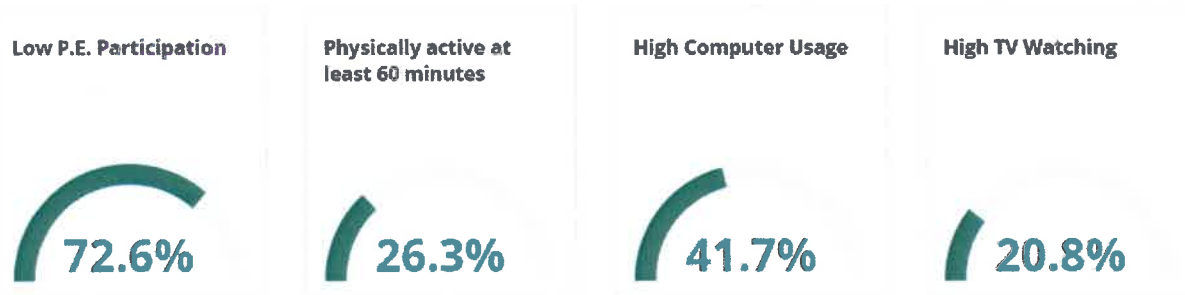
II. Physical Activity










The Centers for Disease Control and Prevention recommends adults do moderately intense physical activity 30 minutes a day for five days a week or vigorous intense physical activity 20 minutes a day for three days a week and do eight to 10 strength-training exercises, with 8 to 12

repetitions of each exercise twice a week. **According to the 2019 BRFSS survey**, only 17% of West Virginia adults participated in enough aerobic and muscle strengthening exercises to meet guidelines. The prevalence of physical inactivity was higher among females and those with limited incomes and education and increased with age.



When it comes to youth in the state, West Virginia is slightly above the national average for low PE participation (70.1%) and slightly below the national average for meeting physical activity recommendations of at least 60 minutes per day (26.1%), despite strong policies for physical education at all grade levels.



<p>State requires elementary school students to participate in physical education</p>		 Yes
<p>State requires high school students to participate in physical education</p>		 Yes
<p>State requires middle school students to participate in physical education</p>		 Yes
<p>State has statutes or regulations on Safe Routes to School</p>		 No
<p>State has adopted a complete streets policy</p>		 Yes

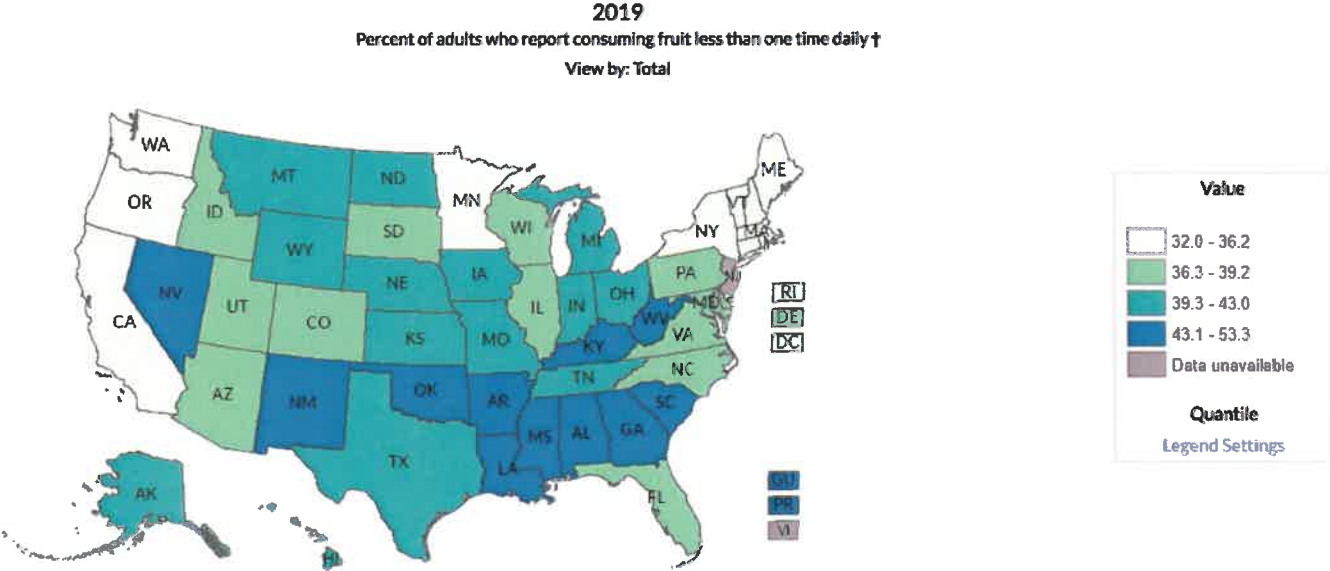
[State Obesity Data - The State of Childhood Obesity](#)

III. Dietary Behaviors

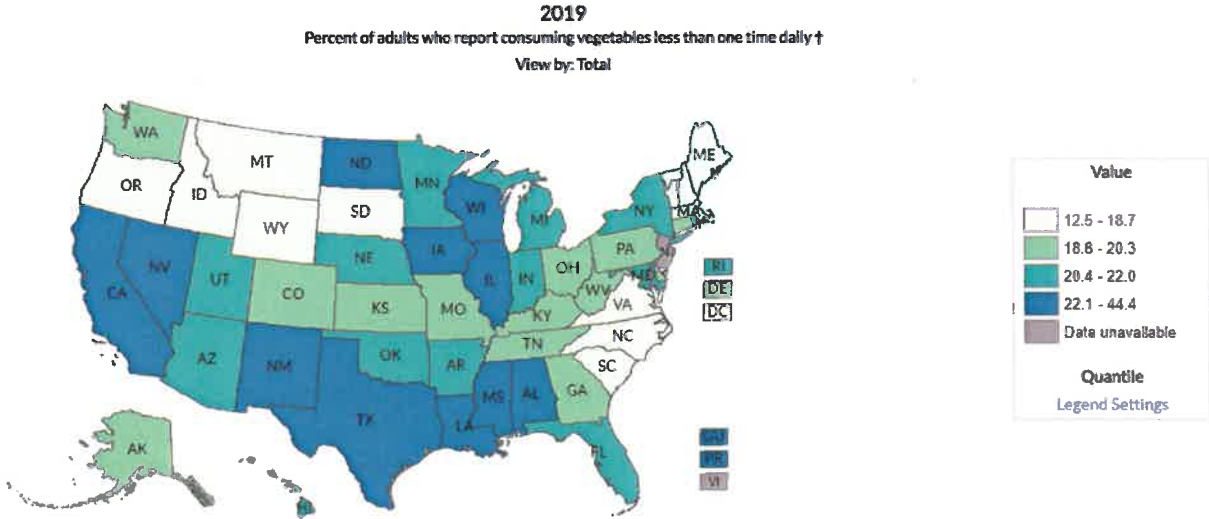
A. Fruit and Vegetable Consumption

The Dietary Guidelines for Americans recommend that adults consume two cups of fruits and two and a half cups of vegetables per day. The economic benefit of healthy eating is estimated to be \$114.5 billion per year in the United States. This benefit includes medical savings, increased productivity and the value of prolonged life.

In West Virginia in 2019, 46.3% of adults consumed FRUIT less than ONE TIME A DAY, up from 44.9% in 2017. In West Virginia in 2019, 19.8% of adults consumed VEGETABLES less



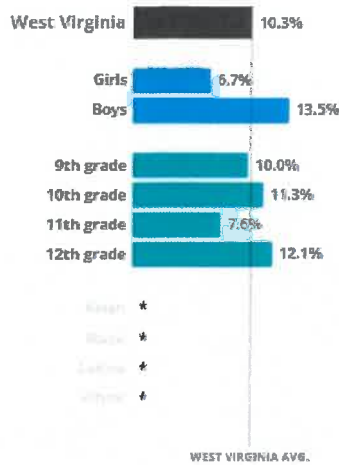
than ONE TIME A DAY, up from 18.3 in 2017.



Fruit and vegetable consumption among West Virginia high school students is also low, with 10.3% of students reporting no fruit consumption and 9.8% reporting no vegetable consumption in the 7 days prior to being surveyed as part of the Youth Risk Behavior Surveillance System (YRBSS).

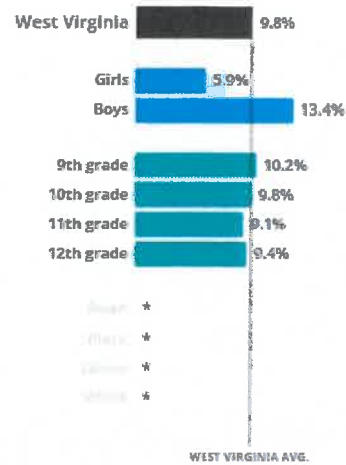
Low Fruit Consumption

Students who did not eat fruit or drink 100% fruit juices during the seven days before the survey



Low Vegetable Consumption

Students who did not eat vegetables (green salad, potatoes — excluding French fries, fried potatoes and potato chips — carrots or other vegetables) during the seven days before the survey



* Race/ethnicity data for individual states are not shown due to small sample sizes in the population. Note: The CDC uses the term Hispanic in their analysis. All races are non-Hispanic.

Nutrition Habits of U.S. High School Students - The State of Childhood Obesity

Barriers to regular consumption of fruits and vegetables include access to fresh produce, cost, perceived lack of preparation time and lack of cooking knowledge. Additionally, some Americans live in areas known as food deserts, where access to healthful foods is limited.

Populations of adults who report consuming more fruits and vegetables include:

- Women compared with men.
- Adults ages 18-44 than age groups 45-64 and 65 and older.
- Asian and Hawaiian/Pacific Islander adults compared with Hispanic adults.
- College graduates compared with high school graduates and those with less than high school education.
- Adults with an annual income of \$75,000 or higher than those with lower incomes.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed July 12, 2022]. URL: <https://www.cdc.gov/brfss/brfssprevalence/>.

The Centers for Disease Control and Prevention offers strategies for states and communities to improve access to fruits and vegetables, including:

- Adopting policies to ensure access to fruit and vegetable food service venues in worksites, hospitals and universities.
- Encouraging farm-to-institution programs in schools, hospitals, workplaces and childcare centers.

- Improving access to stores and markets that sell fruits and vegetables. States that have a higher density of healthy food retailers, farmers markets and acceptance of nutrition-assistance program benefits by farmers markets report higher consumption of fruits and vegetables.

CDC'S STATE INDICATOR REPORT ON FRUITS AND VEGETABLES, 2018

State	For Individuals and Families			For Children					Food System Support		
	Number of Farmers Markets per 100,000 Residents, 2017	Percentage of Farmers Markets Accepting WIC Farmers Market Nutrition Program Vouchers, 2017	State Policy on Food Service Guidelines, 2014	State ECE Licensing Regulations that Align with National Standards for Serving Fruits and Vegetables, 2016		State Farm to School or Farm to Early Care and Education Policy in Place, 2002-2017	Percentage of School Districts Participating in Farm to School Programs, 2014	Percentage of Middle and High Schools Offering Salad Bars, 2016	State Food Policy Council, 2018**	Number of Local Food Policy Councils, 2018	Number of Food Hubs, 2017
				Fruit	Vegetable						
National	2.7	30.8	10	9	3	47	41.8	44.8	32	234	212
West Virginia (WV)	5.1	35.5	No	No	No	Yes	82.5	82.1	Yes	0	4

West Virginia has adopted many strategies and approaches to ensure fruit and vegetable access for individuals and families. Adopting stronger policies for foods served in government owned/operated facilities, policies for fruits and vegetables served in early child care settings and expanding the number of local food policy councils and the number of food hubs are areas to expand and improve upon.

2018 State Indicator Report on Fruits and Vegetables.

<https://www.cdc.gov/nutrition/downloads/fruits-vegetables/2018/2018-fruit-vegetable-report-508.pdf>

B. Sugar Sweetened Beverage Intake

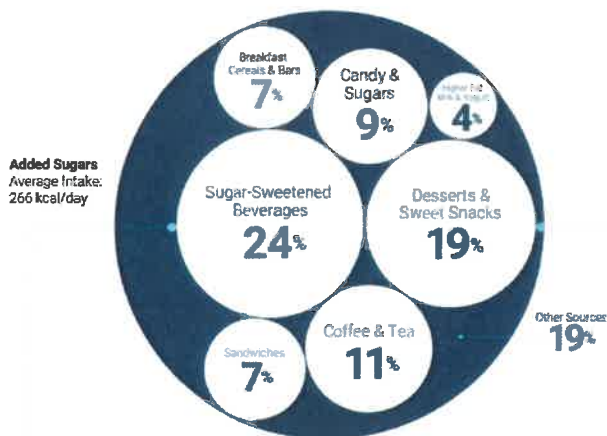
Added sugars account on average for almost 270 calories, or more than 13 percent of calories per day in the U.S. population. Intakes as a percent of calories are particularly high among children, adolescents, and young adults. The major source of added sugars in typical U.S. diets is beverages, which include soft drinks, fruit drinks, sweetened coffee and tea, energy drinks, alcoholic beverages, and flavored waters. Beverages account for 35% of all added sugars consumed by the U.S. population.

Prevalence of Daily Consumption of Sugar Sweetened Beverages (WVBRFSS, 2017)

The prevalence was higher in the following demographics:

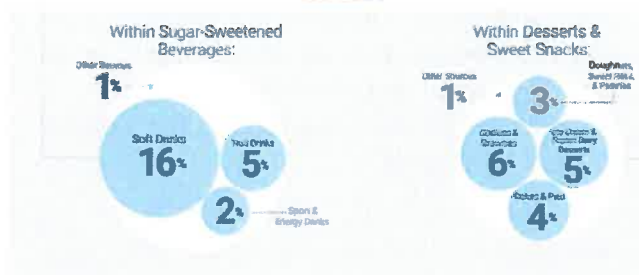
- Men (39.7%)
- Aged 18-24 (44.6%)
- Less than a high school education (48.4%)
- Income of less than \$15,000 (42.7%)

Top Sources and Average Intakes of Added Sugars: U.S. Population Ages 1 and Older



U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025, 9th Edition, December 2020.* Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

The results of the Youth Risk Behavior Survey (YRBS) indicate a steady decline in soda consumption among West Virginia high school students, however, the survey does not assess consumption of energy and coffee drinks which also contain large amounts of sugar and are increasing in popularity.



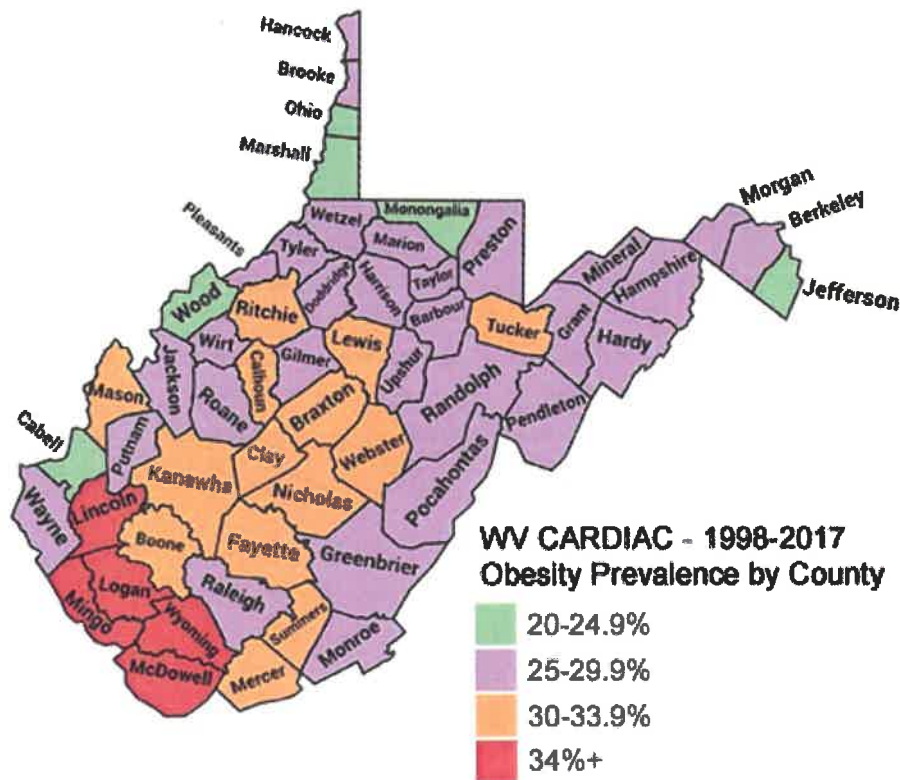
West Virginia 2007 – 2019 Results

Drank A Can, Bottle, Or Glass Of Soda Or Pop One Or More Times Per Day (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey) West Virginia, High School Youth Risk Behavior Survey								
Sex	Year	2007	2009	2011	2013	2015	2017	2019
Total		45.9 (41.1-50.7)	34.5 (30.5-38.7)	39.1 (34.5-44.0)	38.0 (34.9-41.2)	30.1 (27.6-32.7)	26.2 (24.0-28.5)	27.9 (24.6-31.5)
		1,379†	1,567	2,143	1,763	1,577	1,506	1,377
Female		40.6 (35.2-46.3)	33.3 (28.2-38.8)	35.6 (30.0-41.6)	33.7 (29.0-38.6)	26.4 (22.9-30.2)	21.4 (18.2-25.0)	22.9 (19.1-27.3)
		731	796	1,083	943	800	747	705
Male		50.8 (44.8-56.7)	35.7 (31.6-40.1)	42.6 (37.3-48.0)	42.5 (38.2-46.9)	33.7 (30.3-37.4)	30.1 (26.9-33.6)	32.3 (28.5-36.4)
		641	761	1,048	813	770	740	662

The West Virginia Coronary Artery Risk Detection in Appalachian Communities (CARDIAC) Project has provided 20 years of cardiovascular risk education and intervention among children aged 15 years and younger. Since 1998, more than **31,596** kindergarten, **112,085** second, **113,059** fifth, **1,030** ninth and **444** eighth graders have been screened through in the CARDIAC Project. An additional **5,414** parents and **1,525** school staff have received free fasting lipid profiles to assess their personal risk.

In FY 2020, of the fifth-grade students screened, **18.7%** of children were overweight and an additional **28.8%** were obese. Almost twenty-five percent (**24.8%**) had abnormal blood lipids, called dyslipidemia. A total of five percent (**5.4%**) of children had skin discoloration on the back of the neck (Acanthosis Nigricans) indicative of possible insulin resistance.

The COVID pandemic prevented the traditional CARDIAC screening in FY2021, but the CARDIAC team created an educational module which served to both collect self-reported BMI, physical activity and nutrition data and provide some education on those topics for those students participating. In FY2021, those students completing the module, 41% reported being overweight or obese. In FY2022, traditional CARDIAC screening resumed, however the educational module was also promoted and utilized. During FY2022, preliminary data shows the module was completed by 406 students, across 12 counties, and 17 schools.



3. Other Nutrition-Related Programs Serving Low-Income Persons

Expanded Food and Nutrition Education Program (EFNEP) combined with SNAP-Ed form the WV Family Nutrition Program (WV FNP). The relationship with EFNEP operates seamlessly in the field. The WV FNP uses a mixed staff model, employing both professional and paraprofessional nutrition outreach instructors (NOIs) and health educators (HEs) to deliver direct education and public health programming in counties across the state. However, it is important to note that SNAP-Ed and EFNEP program in WV function separately administratively. FNP maintains separate budgets and separate program reporting systems. This partnership has been in effect since 2002 and has resulted in effective and efficient shared resources. This partnership allows FNP to deliver a greater level of nutrition education to our target audience.

WV WIC improves the health of women, infants, and children in WV by providing quality nutrition and breastfeeding counseling and education. They operate the Farmers Market Nutrition Program; The Special Supplement Nutrition Program for Women, Infants, and Children; the Breastfeeding Promotion and Support Program; and the Pregnancy and Pediatric Nutrition Surveillance Systems (<http://ons.wvdhhr.org/>, accessed May 13, 2015).

The WV Office of Child Nutrition administers the USDA School Nutrition Programs throughout WV. School Nutrition Programs provide healthy, nutritious meals through the national School Lunch Program and School Breakfast Program to students in WV schools. Schools may also offer afterschool snacks to students participating in the educational and/or enrichment activities after the end of the school day. Schools that do not participate in the other meal programs may provide a daily serving of milk to students through the Special Milk Program. In low income areas, schools are encouraged to provide meals through the Seamless Summer Option, a streamlined approach to filling the nutrition gap during summer months (<https://wvde.us/student-support-well-being/child-nutrition/>, accessed July 12, 2022).

Facing Hunger Foodbank

The mission of Facing Hunger Foodbank is to help feed hungry people by providing food access, awareness and education in the service communities. Its vision is a community where everyone has access to adequate, safe and nutritious food. This is a lofty goal, especially since hunger is a harsh reality for 1 in 5 residents in WV. According to the US Census Bureau, two of the country's poorest countries, McDowell and Mingo, are found in the state and are in great need of services. Facing Hunger has partnerships with retail grocers, restaurants, farmers, civic organizations, private donors, and food manufacturers and processors. The agency serves a client base of 115,000 food insecure individuals, with over 37,000 being children. Facing Hunger serves individuals through their 220-member agencies in 12 WV counties. They also serve three KY counties and one in OH. In 2014, Facing Hunger distributed 5.2 million pounds of food, water, and fresh produce.

Mountaineer Food Bank

In 1981, Mountaineer Food Bank was created through the efforts of an anti-hunger coalition looking for ways to feed more people. They began creating relationships throughout the state and started the rural food delivery system in the Feeding America network. Mountaineer Food Bank

is the state's largest supplier of food and personal products for people in need of emergency assistance, serving over 500 programs in 48 counties in West Virginia. They provide food to soup kitchens, food pantries, day care centers, shelters, after school programs, Back Pack programs, and senior programs. They are charter members of Feeding America, a national organization dedicated to hunger relief. Their central location in Gassaway allows them to deliver, receive and collect food from all over the state in an efficient, timely manner.

SNAP-Ed Sub-grantees & Internal Partners

Center for Active Life (*Internal Partner*)

Faculty and staff in the Center for Active Life within CPASS are working with WV SNAP-Ed to re-launch the Coronary Artery Risk Detection in Appalachian Communities (CARDIAC) project in select counties across the state. The school-based screening assesses BMI in students in grades Kindergarten, 2nd and 5th. In addition, faculty at CPASS are providing professional development to teachers across the state on methods for increasing physical activity during the school day.

KEYS 4 HealthyKids

KEYS 4 HealthyKids (KEYS) has led efforts to improve the physical activity and nutrition environments of child care centers using the *Nutrition and Physical Activity Self-Assessment in Child Care (NAPSACC)* approach. They have created a Peer Learning Network of “graduated centers” that continue to implement quality improvement for nutrition, physical activity, gardening and parental engagement. KEYS also leads efforts to create a network of trained, champion healthcare professionals to link with prevention efforts and to serve as a referral for those screened through the CARDIAC project. SNAP-ED will be covering 0.5 FTE’s for the clinical-community coordinator for training and travel only, while KEYS has secured an additional community grant to cover training materials (the 5210 toolkit) and incentive for the 5210-prescription referral program.

Marshall University Dietetics Department

Students, faculty and educators provide direct nutrition education combined with gardening, retail, and physical activity initiatives. They also plan to explore and expand food security initiatives such as healthy food bank/pantry makeovers, healthy donation programs and backpack initiatives.

West Virginia University Center for Resilient Communities (*Internal Partner*)

Based in the Geography Program at WVU Morgantown, the Center for Resilient Communities conducts longitudinal social science research and mapping of community food security and health equity in all 55 counties of WV. They maintain a resource portal on food and nutrition called WVFOODLINK, train community advocates in food policy council development and healthy food access strategies in WV. For the past three years the Center for Resilient Communities has coordinated planning and policy workshops to train 350 food, agriculture, nutrition and health professionals to develop strategic initiatives to address food insecurity in their region, county or town. It also runs the Appalachian Food Justice Institute, a training program for students and community food practitioners to build capacities to engage in regional food system and anti-hunger interventions. In FY 2023, the CRC will 1)Continue to provide

support to the WV Food for All Coalition, 2) Publish 4 policy briefs that serve policy, systems and environmental (PSE) efforts led by SNAP Ed (e.g. Office of Community Food Security), 3) continue to map programming related to food, health and physical activity, 4) continue to facilitate food policy council trainings in support of the WV Hunger Caucus and Food for All coalition. Engage with low income people experiencing food insecurity to engage them in the design and development of programs and policies that improve food access through support for the Voices of Hunger WV initiative.

West Virginia Food and Farm Coalition

The West Virginia Food and Farm Coalition was launched by the West Virginia Community Development Hub in August 2010. Beginning in 2010, West Virginia communities contacted the Hub requesting food and farm information and resources. It soon became clear that to shape the economic landscape of local food would require resource and information sharing between individuals, farmers, governmental agencies, and businesses. At that time, limited communication and organization meant that divisions existed among communities and service organizations that hampered the development of the local food sector. Today, The West Virginia Food and Farm Coalition provides leadership to the local food and farm sector across the state of West Virginia by building a strong network equipped to GROW food and farm business, PROMOTE access to local foods, SHARE resources, as well as to MAP and CONNECT the local food sector, CHANGE agricultural policy, and TELL West Virginia's food and farm story statewide.

WV SNAC is made up of representatives from WVU Extension Service, Bureau for Public Health, DHHR, WIC, Department of Agriculture, WV State University, Marshall University, Sprouting Farms, KEYS for Healthy Kids, WV Food and Farm Coalition, WIC, Marshall University Oral Health, WVU Office of Health Services Research, American Heart Association, American Cancer Society and West Virginia University of Parkersburg.

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

The highest number of SNAP participants are concentrated in several urban areas around the state. Kanawha County has the highest number, followed by Berkeley, Cabell, Wood, Raleigh and Mercer. An additional youth position was added for Kanawha County and Berkeley County, previously covered only by .2 FTE by SNAP Ed, had a .8 FTE added at the end of FY2023 to better meet the needs of the population.

In addition to positions added to cover highly populated areas, 2 positions were added to provide coverage to 6 counties in the central part of the state that are rural and sparsely populated but also having high rates of poverty and health risk. The two positions will provide services to Lewis, Calhoun, Gilmer, Doddridge, Ritchie and Tyler Counties.

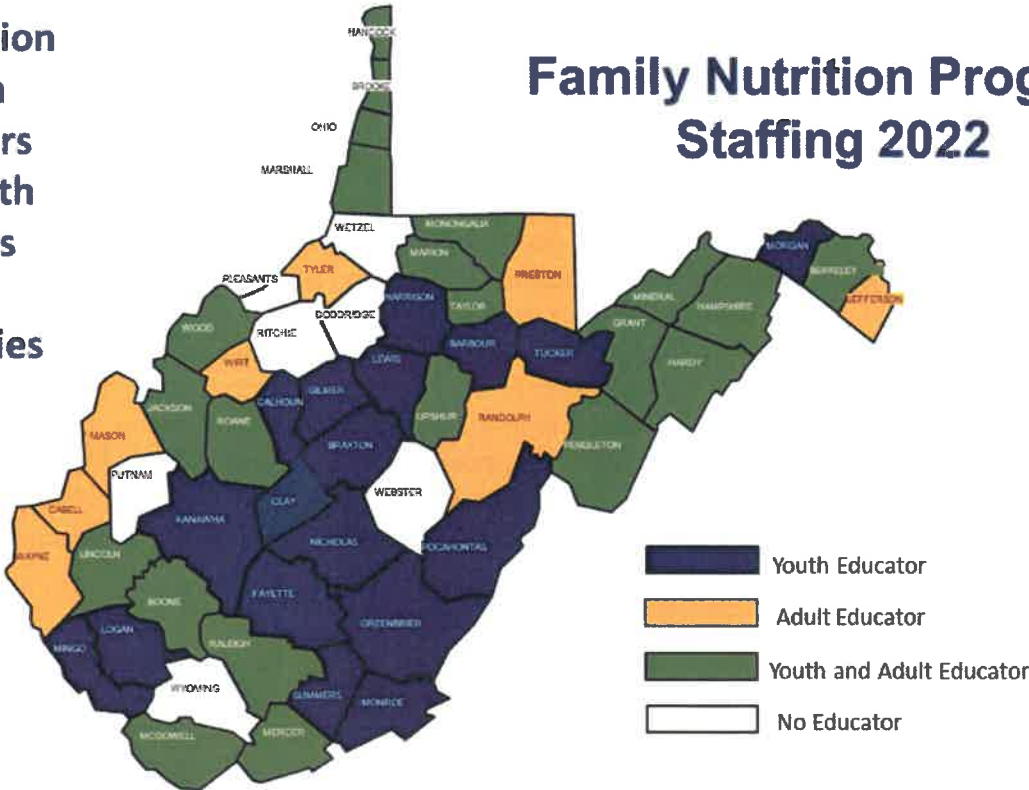
In addition to county personnel, a position focused on social media outreach has been added to continue to provide support for virtual programming that connects SNAP-Ed to individuals in the

community who may lack transportation or other means to participate in-person but can access the education and information via social media or other technology.

**40 Nutrition
Outreach
Instructors
and Health
Educators**

43 counties

Family Nutrition Program Staffing 2022



5. Implications of Needs Assessment Applied to 2023 SNAP-Ed Plan

West Virginia has high rates of obesity and chronic disease. Primary contributors to those conditions, low intake of fruits and vegetables and high intake of sugar sweetened beverages, are prevalent across West Virginia, particularly in low income audiences. These behaviors make ideal targets as they are regularly assessed through BRFSS surveillance, are easily monitored for progress and align with the goals and strategies of West Virginia’s strategic plan for combatting obesity and chronic disease.

To address the high rates of chronic disease more effectively and extend the impact of the efforts of SNAP-Ed and partners, WV SNAP Ed has relaunch the State Nutrition Action Council (SNAC). The council is made up of representatives of state level organizations including WVU Extension Service, Bureau for Public Health, DHHR, Office of EBT, Department of Education (Office of Child Nutrition, Office of Student Support and Wellbeing,), WIC, Department of Agriculture, Marshall University, Shephard University, Mountaineer Foodbank, Office of Child Nutrition, Save the Children, Turnrow Farm Collective, KEYS for Healthy Kids, WV Food and Farm Coalition, WIC, Oral Health Coalition, WVU Office of Health Services Research and West Virginia University of Parkersburg who will meet quarterly to work strategically on projects to address obesity, nutrition and chronic disease across the state.

Sugar Sweetened Beverage Consumption

The Rethink Your Drink campaign is an example SNAP-Ed outreach that already has been widely adopted by WVU Extension as well as outside agencies such as the Oral Health Coalition, WV dietitians, student groups, community organizations and all SNAP-Ed sub grantees. Continued implementation of the campaign along with direct education efforts has made an impact as a 4% drop in adult soda consumption among adults in West Virginia adults has occurred since the initiation of the campaign. SNAP-Ed will continue to provide support for widespread implementation of the campaign and ongoing monitoring of progress using validated surveys on sugar sweetened beverage consumption with both adults and youth participating in program outreach. In addition, FNP will collaborate with partners on installation of refillable water stations to increase access to water.

Physical Activity

Walking is an activity that is suitable for all ages and ability levels and could improve leisure time activity of WV residents if adopted. The FY2023 plan continues targeted physical activity programming around walking through walking challenges, walking groups and marketing of community locations for walking. This work has been enhanced through a partnership with Active Southern West Virginia and their *Community Captain* and *Walk with Ease* programs. Faculty with the West Virginia University College of Physical Activity and Sport Science (CPASS) will provide education and support for classroom physical activity interventions such as *Active Academics* and health educators and partners will continue to implement PSE changes such as *Active Pathways*.

Food Access

West Virginia has many challenges related to food access secondary to high rates of poverty and a rural landscape. West Virginia's farm economy is growing but still needs support. West Virginia exceeds the national average on number of farmers markets/population and is slightly under the national average for markets accepting SNAP. Farmers markets offer a solution to the limited access to fruits and vegetables around the state and using innovative methods such as increased marketing, mobile markets, voucher programs and school/childcare based markets, the local foods movement has grown in a way that is responsive to the needs of low-income families. A "SNAP Stretch" EBT doubling/tripling program, conducted by the WV Food and Farm Coalition in partnership with SNAP Ed, has resulted in growth of EBT purchases at farmers markets from \$14,000 in 2018 to \$981,000 in 2021. The program received additional funding through a special COVID grant to continue into 2023. Kids market programs are overwhelmingly popular and reached over 23,000 in FY2021. Kids Markets have been so successful, they are now sustained locally by schools or at the state level by Mountaineer Foodbank allowing SNAP-Ed outreach to expand into the retail environment. Kids Market @ the Store program takes the kids market model out of the school and into local businesses such as convenience stores, grocery stores, restaurants and even hardware stores. This expansion looks to increase accessibility to outreach, further engage parents and establish partnerships with local farmers and businesses. In FY2023, SNAP Ed is also expanding the partnership with WVU Parkersburg to include support from a newly launched agriculture education program. The

partnership will link students with readymade markets through food access projects both as part of the curriculum and as independent producers.

The WVU Center for Resilient Communities has developed the Appalachian Food Justice Institute, recently funded by the USDA higher education policy initiative, to continue to train food advocates in healthy food access planning and raise up human resources to assist local partners in the advancement of food policy councils. In FY2023, CRC released new county profiles for each of the state's 55 counties with the hope of arming advocates with information needed to leverage support for municipal and county level food policy council to strengthen regional food system development. [NN County Profiles Web – WV FOODLINK \(wvu.edu\)](#) From June 1st 2021 – June 1st 2022, those who engaged with the WV FOODLINK platform did so primarily to access our county profiles (28%). The CRC continues to develop and build support for a proposal for a state-wide office of Community Food Security to be introduced in the 2023 legislature, to enhance SNAP Ed programming in the state and coordinate nutrition security programs across West Virginia's 55 counties. In FY2023, the CRC will maintain an updated database, visualized through the WV FOODLINK website, on food environments, nutrition assistance programs, and food system organizations engaging in enhancing access to nutritious foods across West Virginia.

School and Childcare Environments

Impacting the nutrition and physical activity behaviors of children offer the greatest potential for preventing obesity in the state. West Virginia has many opportunities for policy change in early childcare. The KEY 2 a Healthy Start Program continues to work with childcare centers to improve the health environment and in FY23, KEYS will utilize GO NAP SACC Modules for Infant-Toddler Physical Activity to collect data to contribute to the research need for evidence-based interventions for incorporating 60 minutes a day of physical activity in child care centers.

Linking Healthcare Partners and Prevention

Over the past 6 years, the WV SNAP-Ed Program has worked to expand its reach to additional sectors to improve outcomes and impact. Healthcare partners are vital to stemming the rising tide of obesity and diabetes in the state and have showed increased interest in partnering on prevention.

The WV CARDIAC Project helps to create a feedback loop between SNAP-Ed interventions and health outcomes through school-based BMI screening. Screening results will be used to target families and children for lifestyle education through SNAP-Ed, identify high risk sites in communities, inform community health advocates on health status at the school level to support need for PSE and results will be integrated into a database of SNAP-Ed outreach and intervention to determine effectiveness of programming. In FY2023, CARDIAC will resume in person screening in addition to expanding the use of the module for settings outside of WV public schools, like home/private school environments and community or health-center based programs. In addition, CARDIAC will lead efforts to integrate PE teachers into a coordinated screening, intervention and referral team.

Over the past 2 years, KEYS 4 HealthyKids has been leading efforts to create a network of champion healthcare providers who are trained to manage obesity and co-morbid conditions

using 5210 assessment, motivational interviewing and innovative prescriptions. In FY23 KEYS will work to increase the number of providers who participate in this network and expand the number of sites that participate in innovative prescriptions for nutrition and physical activity. Additionally, KEYS will work to increase the number of providers who are screening for food security status and serve as an integrator to link the network of providers with SNAP-Ed programming to provide opportunities for linkage and referral, particularly for those identified through CARDIAC screenings.

The FARMacy program has continued to grow in WV and SNAP-Ed continues to support ongoing educational outreach to participants through direct education and coordination with clinics and farmers.

The WV SNAP-Ed Program provides quarterly updates to the Department and Health and Human Services through an electronic newsletter which summarizes the programming offered, reach and outcomes.

In FY2023, KEYS 4 HealthyKids will be leading efforts to create a network of champion healthcare providers who are trained to manage obesity and co-morbid conditions using 5210 assessment, motivational interviewing and innovative prescriptions. Additionally, KEYS will work to increase the number of providers who are screening for food security status. KEYS will also serve as an integrator to link the network of providers with SNAP-Ed programming to provide opportunities for linkage and referral, particularly for those identified through CARDIAC screenings.

KEYS will connect clinical and community systems together by building a Clinical-Community Collaborative consisting of clinical and public health professionals and community organizations and members. The Collaborative's primary goal is to serve as a bridge to connect clinical and community systems together. The Collaborative will not only serve to increase resources for patients and families, but also to increase awareness of where providers can refer patients so they can receive these resources. By addressing knowledge of and availability of resources, a greater impact will be made on the health of the communities where people live, learn, work, play, and pray

The Champion providers and community partners will meet monthly, currently via zoom, with the newly established Clinical-Community (C³) Collaborative. Project ECHO for Pediatric Obesity will be offered monthly to increase knowledge of pediatric obesity screening, prevention, and referral for health care professionals. Provider training, in partnership with the WV American Academy of Pediatrics, is scheduled for the WV AAP Spring Meeting. Providers will be incentivized to participate by using the training/implementation to meet requirements for Quality Improvement (QI) and Maintenance of Certification for MOC part 2 (knowledge self-assessment) and part 4 (QI) credits.

KEYS will partner with the University of Charleston Physician Assistant Students to get them involved in volunteer activities with KEYS and to increase their knowledge regarding implementing policy, systems, and environmental changes in their prospective fields

The WV SNAP-Ed Program provides quarterly updates to the Department and Health and Human Services through an electronic newsletter which summarizes the programming offered, reach and outcomes.

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

State Agency Goals and Objectives

Goals below are based on the Healthy People 2030 goals which have been established at the National Level but are currently under development in West Virginia. Once the West Virginia specific Healthy People 2030 goals are identified, baseline and target numbers will be integrated.

Fruit & Vegetable Consumption

Healthy People 2030 Goal: NWS-08: Increase consumption of dark green vegetables, red and orange vegetables, and beans and peas by people aged 2 years and over

Healthy People 2030 Goal: NWS-06: Increase fruit consumption by people aged 2 years and over

Objectives:

- Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.9 to 3.5 by the end of the grant period.
- Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by the end of the grant period 2023.
- Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 9.2% to 15% by the end of the grant period.
- Provide support to 12 Early Child Education centers to implement PSE changes to increase physical activity.
- Support kids' farmers markets in at least 20 elementary schools and 25 childcare centers by the end of fiscal year 2023.
- Increase EBT/SNAP redemptions at farmers markets by 10% by the end of the grant period.
- Integrate West Virginia "Foods of the Month" program into at least 50 schools and 20 summer camps by the end of the grant period.

Sugar Sweetened Beverage Consumption

Healthy People 2030 Goal: NWS-10: Reduce consumption of added sugars by people aged 2 years and over

Objectives:

- Decrease the prevalence of daily consumption of soda or pop among West Virginia high school students from 26.0% to 20.0% by 2023.
- Decrease the prevalence of daily consumption of sugar-sweetened beverages among West Virginia adults from 35.9% to 34% by 2023.
- Support statewide Rethink Your Drink campaign via radio, digital, TV, web, social media and direct education outlets and in collaboration with community and healthcare partners by end of the grant period
 - Support efforts to increase access to water through installation of 10 refillable water bottle stations in schools and communities by the end of the grant period.
 - Provide support to 12 Early Child Education centers to implement PSE changes in foods and beverages served to children.

Physical Activity

Healthy People 2030: PA-05: Increase the proportion of adults who do enough aerobic and muscle-strengthening activity

Objectives:

- Increase the prevalence of leisure-time exercise among West Virginia adults from 71.3% to 75.0% by the end of the grant period.
 - Support establishment of walking challenges

Healthy People 2030 Goal: PA-09: Increase the proportion of children who do enough aerobic physical activity.

Objectives:

- Increase the number of children aged 6 to 13 years who exercised, played a sport, or participated in physical activity for at least 60 minutes every day during the past week.
- Offer Comprehensive School Physical Activity /Active Academics online professional development module to WV teachers, targeting CARDIAC counties – promoted by the Center for Active WV
- Collaborate with WV universities to offer a virtual informational session on the Active Academics online resource to promote physical activity and health in the classroom (activeacademics.org) to pre-service teachers

HP2030: PA-R01: Increase the proportion of child care centers where children aged 3 to 5 years do at least 60 minutes of physical activity a day. (Research Status high-priority public health issue that doesn't yet have evidence-based interventions developed to address it.)

Objectives:

- Provide support to 12 Early Child Education centers to develop and/or adopt policies to implement food service guidelines/nutrition standards and/or policies to increase physical activity.

Healthy People 2030 Goal: ECBP-D07: Increase the number of community organizations that provide prevention services

Objectives:

- Provide technical assistance and oversight in measuring height and weight to determine BMI, in schools in 25 counties by the end of the grant period.
- Establish referral system for families of children identified at high risk and match with community-based interventions and classes by the end of the grant period.
- Provide support for dissemination of health screening results and referrals by the end of the grant period.
- Train at least 10 providers in the 5210 Pediatric Obesity Clinical Decision Support Chart *(shared support from SNAP-Ed and external funding)*
- Create a network of “champion” practices or providers who are trained in obesity prevention/treatment and who actively support or engage in PSE outreach in their practices.

Healthy People 2030 Goal: NWS-01: Reduce household food insecurity and hunger

Objectives:

- Support “healthy donation drives” for 6 food pantries and backpack programs by the end of the grant period.
- Release a new five-year state of food access report and accompanying food policy council development curriculum in 2023
- Train a minimum of 75 food policy advocates in the development of food advisory councils by the end of fiscal year 2023
- Continue to update and maintain WV FOODLINK
- Publish and Disseminate a State of Food Access Report by November 2022
- Continued development and support of local/county food policy councils, in-person and remote trainings for community food system practitioners on an as needed basis through the Nourishing Networks Curriculum.

Description of Projects/Interventions

Social Marketing

- I. Rethink Your Drink
- II. Food of the Month
- III. Grow This!

Physical Activity

- IV. School and Community Walking Promotion

School and Childcare Environments

- V. Active Classrooms
- VI. Edible Gardens
- VII. NAPSACC

Food Access

- VIII. Local Food Policy Council
- IX. Farmers Markets
- X. Food Pantry
- XI. Retail (New Area of Intervention)

Direct Education

- XII. Adult Nutrition Education
- XIII. Youth Nutrition Education

Healthcare Clinical-Community Connections

- XIV. WV CARDIAC Project
- XV. Champion Providers

I. Rethink Your Drink

Heathy People 2030 Goal: NWS-10: Reduce consumption of added sugars by people aged 2 years and over

Objectives:

- Decrease the prevalence of daily consumption of sugar-sweetened beverages among West Virginia adults from 35.9% to 34% by 2023
- Decrease the prevalence of daily consumption of soda or pop among West Virginia high school students from 26.0% to 20.0% by 2023

b. Audience

- Adults and children residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Children (Pre-K-12) in schools, childcare centers and 4-H camps located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)
- Low income males eligible for SNAP, aged 18-24

c. Food and Activity Environments

The social marketing campaign will utilize digital media strategies which allow for the campaign to reach a targeted audience based on age, income, gender and physical location. The technology allows for individuals looking for information on beverages to be “tagged” to receive the Rethink Your Drink advertisements or “geofencing” can be used to target individuals living in or visiting certain areas. The social media campaign will be complemented by direct education efforts, targeting adults and children to hydration challenges and integration of Rethink Your Drink educational and promotional materials within nutrition classes and at community events.

d. Project Description

The Rethink Your Drink campaign has been incorporated into existing nutrition education classes for adults and youth over the past 7 years. In adult classes, fruit infused water tastings are made available during at least one class session in the series and participants receive fruit infused water recipes and an infuser water bottle. It is estimated 1000 adults will participate in Rethink Your Drink education in FY2023 as a part of SNAP Ed/EFNEP nutrition education classes.

In 2023, we plan to continue support of a 5-day “Rethink Your Drink Water Week” in select schools, childcare centers and summer camps including 4-H. The components of the water week include daily morning announcements, homeroom lessons, signing and displaying of a Rethink Your Drink pledge poster, display of “What Color is Your Wee” hydration charts in bathrooms, fruit infused water stations at lunch, “Sugar shocker posters” in cafeteria, Hydration tracker poster and a water fun day finale. The students will also can create a Rethink Your Drink musical greeting card that plays the West Virginia Rethink Your Drink jingle. The content of the “Water Week” will be modified for implementation in summer camps as well. The key messages are identifying sugar on food labels, health benefits of water and media influences on beverage behavior. The Rethink Your Drink program mascot, Quench, will also visit school locations to serve as an ambassador for healthy beverage choices in students. In childcare and early elementary (K-2) classes, “Potter the Otter” books will be used as a supplemental educational activity and educational enhancement. Educational materials and activities are free and downloadable from the www.pottertheotter.com. Students will receive water bottles as an educational enhancement to support drinking water. It is estimated at least 10,000 students will participate in the “Water Week” in FY 2023.

Rethink Your Drink educational activities are also offered at community events, health fairs and festivals in qualifying schools and communities. Fruit infused water tastings and water

recipes are offered. A matching game where participants match a generic beverage container with the number of sugar packets is used to educate participants on sugar content of beverages. It is estimated at least 20,000 individuals will participate in community-based Rethink Your Drink educational activities in 2023.

With increased focus on healthcare clinical-community linkages, it is planned that the Rethink Your Drink messages will also begin to be more heavily disseminated through health care partners through distribution of materials by healthcare providers and promotion of water through posters or availability of fruit infused water in waiting rooms.

Rethink Your Drink is also shared through social media, a website and digital marketing. The digital marketing will drive individuals to a Rethink Your Drink website with educational messages and information. A Facebook social media campaign will also provide educational messages around healthy beverage behavior and highlight community events and activities associated with the campaign. Benedum Foundation, in partnership with the Oral Health Coalition, has funded a website <https://rethinkyourdrinkwv.com>. The site provides an interactive “healthy beverage finder” which allows people to research their current drink choice and find healthy alternatives. It also provides a way for people to “join the movement” by requesting resources available through WVU Extension and SNAP-Ed.

Policy, systems and environmental changes to support increased access to water are also a part of the Rethink Your Drink efforts. Policy changes will occur at the school level and include increased flexibility in water refill and restroom breaks and allowing water bottles filled with water into every classroom. Environmental changes at the school level include installation of filtered water bottle stations (*funded with external grants*) that children are more likely to use than traditional water fountains. In 2023, the Oral Health Coalition, with support from the Sisters Health Foundation, schools in 8 counties in the Mid-Ohio Valley will be receiving new fountains. WVU Extension and partners have committed to providing support for direct education and community outreach as a part of the partnership.

e. Evidence Base

Rethink your Drink is a social marketing and educational campaign targeting decreased consumption of sugar sweetened beverages. It was featured in the May, 2014 SNAP-Ed Toolkit for Obesity Prevention and is designated as evidence based.

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
MT1 Healthy Eating Behavior Change	MT 1i. Drinking milk MT 1g. Drinking water MT 1h. Drinking fewer SSB My child drinks soda or sugared drinks. (no sub-indicator) My child drinks soda ___ times/day (no sub-indicator) My child drinks sport drinks or sugared drinks ___ times/day (no sub-indicator) How often do you drink X beverage (times per week/day and amount per time)	EFNEP Nutrition Education Surveys (3rd-8 th) Healthy Kids 3-5 year olds-modified EFNEP Food Behavior Checklist Bev Q-15
MT5. Nutrition Supports Adopted	MT5a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating MT5b. Total number of policy changes MT5c. Total number of <u>systems</u> changes MT5d. Total number of environmental changes MT5f. Reach	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention. A list of core interview questions will be developed for use by WVU and all of their subcontractors in order to report consistent data across all sites.
MT11 Health Care Clinical-Community Linkages	Number of healthcare/clinical settings in eligible census tract locations that modify their environment to include Rethink Your Drink and sugar-sweetened beverage messaging through placement of posters, events, brochures, patient discussions, etc Report number and proportion of SNAP-Ed eligible who are assumed to have benefited from the improved healthcare environment AND Total audience who encounter the improved health care environment on a regular basis.	Interviews with healthcare representatives to confirm the uptake of the environmental change, learn of unexpected benefits or spin-offs and recommendations for modifications. Interviews with healthcare representatives to collect number of SNAP-Ed eligible who regularly visit their health care/clinical location.
MT 12 Social Marketing	MT 12a. Number of counties with campaign MT 12b. # of people who received on-the-ground, direct or indirect education/promotion as part of social marketing campaigns: Number and Percent of SNAP-Ed eligible who when aided recall reducing sugar-sweetened beverage consumption prevention messaging	Recall Survey administered to a sample of SNAP-Ed eligible.

g. Use of Existing Educational Materials

Potter the Otter A Tale About Water. FIRST 5 Santa Clara County. A book in English/Spanish that encourages children to drink water. The books will be purchased for use by childcare and K-2 classrooms and provided to individual students as an educational enhancement. Books are less than \$1 each and meet guidelines for educational enhancement.

h. Development of New Educational Materials

N/A

II. Food of the Month

Healthy People 2030 Goal: NWS-08: Increase consumption of dark green vegetables, red and orange vegetables, and beans and peas by people aged 2 years and over

Healthy People 2030 Goal: NWS-06: Increase fruit consumption by people aged 2 years and over

Objectives:

- Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 9.2% to 15% by the end of the grant period.
- Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.9 to 3.5 by the end of the grant period.
- Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by the end of the grant period.
- Integrate West Virginia “Foods of the Month” program in at least 50 schools and 20 summer camps by the end of the grant period.

b. Audience

- Adults and children residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Children (Pre-K-12) in schools, childcare centers and 4-H camps located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)
- Low income males eligible for SNAP, aged 18-24

c. Food and Activity Environments

WV Food of the Month is a campaign to increase consumption of locally grown fruits and vegetables by WV adults and youth by integrating targeted educational, promotional and taste testing opportunities into existing nutrition education and outreach activities.

d. Project Description for Educational Strategies

Harvest of the Month programs in several states have been included in the SNAP-Ed Obesity Prevention Toolkit as strategies that integrate social marketing, nutrition education and PSE change with the goal of influencing healthy eating behaviors.

In response to data from a statewide Smarter Lunchroom assessment in 2017 which indicated many schools were not offering taste testing opportunities for targeted food items, a WV “Food of the Month” campaign was developed. The Food of the Month calendar is developed in collaboration with local farmers to highlight foods that are in season and produced in large quantities in the state. The Food of the Month campaign has been consistently integrated into all SNAP-Ed direct nutrition education programming and educators include demonstrations, taste testing and education about the targeted food items during regular nutrition education outreach.

A “Food of the Month” agreement has been created to share with Child Nutrition Directors or food service directors at targeted youth sites. The agreement includes support for a school wide taste testing, promotional materials, nutrition education and connections to local suppliers from SNAP-Ed in exchange for agreement from the food service director to put the targeted food item on the menu, preferably procured from a local producer. In addition to nutrition education, education and activities on growing targeted items has been integrated where applicable.

Social media components for the campaign are being developed and include educational videos featuring local farmers and recipe demonstration videos.

e. Evidence Base

- There is some evidence that taste testing fruits and vegetables as part of a multi-component intervention increases fruit and vegetable consumption among children, adolescents, and adults ([Snelling 2017*](#), [Knai 2006*](#), [Burchett 2003*](#), [French 2003](#), [Davis 2009*](#), [Ciliska 2000*](#), [CDC-MS FFVP](#)).
- Exposure to and taste tests of fruits and vegetables have been shown to increase liking and consumption of fruits and vegetables among children overall ([Cooke 2007*](#)), and may positively increase children’s healthy eating behaviors over the long-term ([DeCosta 2017](#)).
- Taste testing combined with cooking demonstrations in small food stores can increase healthy food purchasing and willingness to try unfamiliar foods among consumers of all ages ([Gittelsohn 2012](#)).
- Hands-on approaches that include taste testing such as cooking demonstrations and gardening activities are more effective than nutrition education alone to encourage children to taste unfamiliar foods ([DeCosta 2017](#)). Experts suggest involving students in

food preparation decisions and offering different cooked preparations may improve palatability, increase tasting, and sustain consumption over time, especially for vegetables (Snelling 2017*, Colas 2013*, Schindler 2013*).

- When taste testing is part of a multi-component intervention, students’ preference for and consumption of fruits and vegetables have been shown to increase (Burchett 2003*, French 2003, Davis 2009*).

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
MT5. Nutrition Supports Adopted	MT5a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating MT5b. Total number of policy changes MT5c. Total number of <u>systems</u> changes MT5d. Total number of environmental changes MT5f. Reach	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention. A list of core interview questions will be developed for use by WVU and all of their subcontractors in order to report consistent data across all sites.
MT 12 Social Marketing	MT 12a. Number of counties with campaign MT 12b. # of people who received on-the-ground, direct or indirect education/promotion as part of social marketing campaigns:	Recall Survey administered to a sample of SNAP-Ed eligible.

g. Use of Existing Educational Materials

h. Development of New Educational Materials

- N/A

III. Grow This!

Healthy People 2030 Goal: NWS-08: Increase consumption of dark green vegetables, red and orange vegetables, and beans and peas by people aged 2 years and over

Healthy People 2030 Goal: NWS-06: Increase fruit consumption by people aged 2 years and over

Objectives:

- Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 9.2% to 15% by the end of the grant period.
- Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.9 to 3.5 by the end of the grant period
- Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by the end of the grant period.

b. Audience

- Adults and children residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Children (Pre-K-12) in schools or childcare centers located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)

c. Food and Activity Environments

Grow This! is a campaign to promote home gardening that includes both direct education and social media outreach through a Facebook page.

d. Project Description

Grow This! is a social media campaign that aims to promote gardening to low income adults and youth across WV. The campaign was started in 2018 as the result of a brainstorming session among local community leaders and health advocates who felt promoting and celebrating gardening as part of West Virginia's Appalachian heritage could address multiple health disparities including those related to nutrition and mental health. The campaign has steadily grown from an audience of around 4,000 annually to over 27,000 in FY2020. The COVID-19 pandemic necessitated reaching people virtually and the established Grow This! Facebook resulted in a quick and easy transition from face to face gardening support to a virtual platform.

The campaign offers two ways for individuals to participate. In person gardening education and promotion events where individuals can plant seeds and learn about crops and virtual participation through the Facebook platform. Individuals signing up via Facebook complete a short survey including demographic information, reason for joining the challenge, intended use of produce, gardening expertise level and method of gardening. Participants receive a small amount of sample seeds (funded by external grants for those not meeting SNAP eligibility), and educational support for nutrition and gardening activities. Individuals or teams that document their challenge by posting updates when they plant, cultivate and harvest their crop will be eligible to receive prizes.

The campaign focuses on 3-4 targeted crops each year so education and marketing can be consistent statewide and often crops for Grow This! coincide with foods promoted through the Food of the Month campaign. Promoting gardening as a simple, low cost and fun activity is

important. For the novice gardener or those who have never had an interest in gardening, a quick demonstration using a novel approach may be the push they need to give it a shot.

The Grow This! Garden Kiosk offers an interactive gardening opportunity through a self-contained planting station equipped with the seeds, soil, plant-able pot, water and printed care instructions for the targeted items in the garden/marketing challenge. The kiosk is brought to community events in low income communities to provide individuals with an opportunity to work with SNAP educators on planting one of the targeted crops.

e. Evidence Base

- Gardening increases vegetable consumption among children, perhaps due to increased access to vegetables and decreased reluctance to try new foods (Langellotto 2012*, Scherr 2013, McAleese 2007*, Rauzon 2010, Ratcliffe 2011*, Parmer 2009*).
- Garden-based nutrition intervention programs have also been shown to increase health-related knowledge, willingness to taste, and preference for fruits and vegetables (Kararo 2016*, Cotugna 2012*, Robinson-O'Brien 2009*, Blair 2009*, Ozer 2007*, Koch 2006, Morris 2001, Morris 2002*, Morgan 2010, Gatto 2012*, Jaenke 2012*, Dirks 2005)

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
MT1 Healthy Eating Behavior Change	Fruit Consumption (no indicator) (Times/day) (youth) Vegetable consumption (no indicator) (youth) (Times/day) My child eats vegetables. [MT1d] My child eats fruit. [MT1c] MT1l. Fruits (cups/day) (adults) MT1m. Vegetables (cups/day) (adults)	EFNEP Nutrition Education Surveys (6 th -8 th) Healthy Kids 3-5-year old-modified EFNEP Food Behavior Checklist
MT5. Nutrition Supports Adopted	MT5a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating MT5b. Total number of policy changes MT5c. Total number of <u>systems</u> changes MT5d. Total number of environmental changes MT5f. Reach	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention. A list of core interview questions will be developed for use by WVU and all of their subcontractors in order to report consistent data across all sites.

Indicator Code & Name	What is Measured	Measurement Tool
MT 12 Social Marketing	MT 12a. Number of counties with campaign MT 12b. # of people who received on-the-ground, direct or indirect education/promotion as part of social marketing campaigns:	Recall Survey administered to a sample of SNAP-Ed eligible.

g. Use of Existing Educational Materials

h. Development of New Educational Materials

N/A

IV. School and Community Walking Promotion

Healthy People 2030: PA-05: Increase the proportion of adults who do enough aerobic and muscle-strengthening activity

Objectives:

- Increase the prevalence of leisure-time exercise among West Virginia adults from 71.3% to 75.0% by the end of the grant period.
- Support establishment of walking challenges in at least 5 schools and 1 community by the end of the grant period.

b. Audience

- Adults and children residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Children (K-12) in schools located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)

c. Food and Activity Environments

In both school and community interventions, the goal is to increase walking by providing participants with social support through integration of walking groups and challenges at schools, with community groups and within adult nutrition education classes.

d. Project Description

Participants will be engaged in walking challenges and will track steps using pedometers or other methods. Additionally, efforts will be made to use walking as way to increase physical activity of students before, during and after the school day.

e. Evidence Base

- There is strong evidence that community-based social support interventions for physical activity increase physical activity and physical fitness among adults (CG-Physical activity, Kouvonen 2011).
- There is strong evidence that streetscape design improvements increase physical activity, particularly when implemented as part of a multi-component intervention (CG-Physical activity, Brownson 2006, CETRT, CDC MMWR-Khan 2009).
- Community-wide physical activity campaigns have been shown to increase participant knowledge about exercise and physical activity as well as their intention to be physically active. Such campaigns can also reduce risk factors for cardiovascular disease (CG-Physical activity)

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
MT3 Physical Activity and Reduced Sedentary Behavior	Mt3f: Walking steps during period assessed	Pre/Post step counts using pedometers
MT6. Physical Activity and Reduced Sedentary Behavior Supports	MT6a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for physical activity or reduced sedentary behavior MT6b. Total number of policy changes MT6c. Total number of <u>systems</u> changes MT6d. Total number of environmental changes MT6e. Total number of promotional efforts for a PSE change	Direct observation, photographic evidence and interviews. A list of core interview questions will be developed for use by WVU and all of their subcontractors in order to report consistent data across all sites.

g. Use of Existing Educational Materials

N/A

h. Development of New Educational Materials

N/A

V. Active Classrooms

Healthy People 2030 Goal: PA-09: Increase the proportion of children who do enough aerobic physical activity.

Objectives:

- Increase the number of children aged 6 to 13 years who exercised, played a sport, or participated in physical activity for at least 60 minutes every day during the past week.
- Offer Comprehensive School Physical Activity /Active Academics online professional development module to WV teachers, targeting CARDIAC counties – promoted by the Center for Active WV
- Collaborate with WV universities to offer a virtual informational session on the Active Academics online resource to promote physical activity and health in the classroom (activeacademics.org) to pre-service teachers

b. Audience

- Children (K-8) in schools located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)

c. Food and Activity Environments

Interventions including active hallways and Active Academics will be used in targeted low-income elementary schools to increase in-school physical activity time.

d. Project Description

Experts recommend that classroom physical activity be provided multiple times throughout the day, in brief periods of five minutes or more, to K-12 students; activities should not replace recess or physical education ([CDC-Classroom strategies 2018](#)). Physically active classrooms are generally considered to be a low or no-cost approach to increasing students' physical activity ([CDC-Youth PA 2009](#), [AHA-Physically active schools](#)).

Active Academics® is a resource for classroom teachers to provide practical physical activity ideas that can be integrated into regular classroom content areas. Get students "up and moving" while still engaged in the academic learning process. Standards-based activity ideas utilize the Common Core Standards as well as national standards and it offers a variety of activities for PreK - 5th grade classrooms including:

- Active lesson ideas to enhance the learning of content in math, reading / language arts, health, physical education, science and social studies.
- Classroom Energizers that are simple ideas to give students a "moving break" from classroom activities.
- Recess and lunchtime break activities that are appropriate for large groups in large spaces and take little instruction.

- Physical Education enhancement activities for the classroom teacher.

SNAP Educators have been trained in implementation of Active Academics in the classrooms where they are providing nutrition education. In addition, faculty in the College of Physical Activity and Sports Science plan to offer trainings to teachers in select counties to encourage its use. The engagement of teachers in ActiveAcademics will be tracked through the online system which can provide data on the location and frequency of log-ins.

A statewide initiative to ensure classroom teachers have the tools and knowledge to successfully integrate physical activity into the classroom and to provide active recess/activity breaks is will be undertaken in FY2023 for 25 counties. All 25 counties will be given the opportunity to host The 3-hour professional development workshop for classroom teachers and administrators (up to 50 per county), led by WVU experts in physical activity integration in the schools and by *Active Academics*® certified trainers. The workshops will focus on teaching classroom teachers how to increase physical activity in the classroom, both by including movement in standards-based content to support learning in core subject areas, and by providing five minute “energizer breaks” throughout the school day. Additionally, information in the organization and content of effective recess that facilitates movement in unstructured and semi-structured play opportunities will be provided.

In addition to implementation of Active Academics, educators will work with select schools to install active pathways on school playgrounds. Active pathways are created using stencils and paint on outdoor surfaces. The active pathways lead children through a series of activities such as jumping, bending, stretching, bouncing or walking on tip toe. The pathways have been used not only to increase physical activity but also to improve focus and as a redirecting strategy for behavioral issues.

e. Evidence Base

- There is strong evidence that physically active classrooms increase physical activity levels for students ([Barr-Anderson 2011*](#), [Norris 2015*](#), [Kibbe 2011*](#), [Bartholomew 2011*](#), [Donnelly 2011*](#), [Martin 2017*](#)) and moderately improve their on-task behavior and academic achievement ([Bedard 2019](#), [Bartholomew 2011*](#), [Donnelly 2011*](#)).
- Classroom activity breaks modestly but consistently increase students’ physical activity levels ([Barr-Anderson 2011*](#), [Norris 2015*](#), [Bailey 2015*](#)), on average, by 19 minutes of moderate to vigorous physical activity (MVPA) per school day ([Bassett 2013*](#)).
- Teacher-implemented classroom-based physical activity interventions have been shown to increase physical activity among elementary school students; the interventions appear to equally benefit both genders and may prevent decreases in physical activity among older students ([Calvert 2018*](#)).
- Multi-component programs, such as a Comprehensive School Physical Activity Program (CSPAP), which includes physically active classrooms and active recess, may increase physical activity over the long term; a study of low income elementary schools suggests a CSPAP improves students’ cardio-respiratory endurance and gross motor skills over two years ([Brusseau 2018*](#)).

- Students participating in classroom-based physical activities that incorporate academic concepts have significantly greater improvements in on-task behavior than students in other classrooms (Mahar 2011*). In some studies, students in physically active classrooms show greater improvements in their standardized test performance than their peers (Donnelly 2011*, Kibbe 2011*). Classroom-based physical activity interventions are also associated with improvements in cognitive skills and attitudes (e.g., attention, concentration, memory, or mood) (CDC-School PA 2010).
- Classroom teachers can be trained to effectively lead physically active classrooms in a relatively short time (Mahar 2011*).

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
MT3 Physical Activity and Reduced Sedentary Behavior	MT3e. Recess, lunchtime, classroom, before/after school physical activities (school activities—non-PE	# of minutes of physical activity
MT6. Physical Activity and Reduced Sedentary Behavior Supports	MT6a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for physical activity or reduced sedentary behavior MT6b. Total number of policy changes MT6c. Total number of <u>systems</u> changes MT6d. Total number of environmental changes MT6e. Total number of promotional efforts for a PSE change	Direct observation, photographic evidence and interviews. A list of core interview questions will be developed for use by WVU and all of their subcontractors in order to report consistent data across all sites.

g. Use of Existing Educational Materials

N/A

h. Development of New Educational Materials

N/A

VI. Edible Gardens

Healthy People 2030 Goal: NWS-01: Reduce household food insecurity and hunger

Objectives

- Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 9.2% to 15% by the end of the grant period.
- Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.9 to 3.5 by the end of the grant period
- Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by the end of the grant period.
- Provide continued support to funded school and community gardens and establish an additional 5 child care, 5 school and 1 community garden by the end of fiscal year 2023.

b. Audience

- Adults and children residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Children (Pre-K-12) in schools or childcare centers located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)

c. Food and Activity Environments

Edible garden projects facilitate connections between locally grown produce and low-income audiences by increasing accessibility of fruits and vegetables. These efforts complement direct education programming, which aims to increase individual's knowledge of how to select and prepare produce. School and community gardening activities will further connect participants with agriculture, but with hands on approach. By learning how to grow their own vegetables, SNAP participants have greater opportunity to gain food security by establishing their own food source.

d. Project Description

Texas Learn, Grow, Eat, Go! curriculum will be used as the primary nutrition education curriculum in elementary/middle school classrooms in schools or community programs with an existing edible garden so nutrition education can be better integrated with garden activities. For younger audiences, the Grow It, Try It, Like It curriculum will be used instead. SNAP educators will work with WVU Extension agriculture faculty to provide support to growing activities.

In adult audiences, educators will integrate gardening activities into classes and will help to establish gardens at sites such as drug recovery centers and other community locations that serve low income families. Adult educators collaborate with WVU Families and Health Extension faculty to offer food preservation and canning education in coordination with nutrition education.

Edible gardens serve as an environmental change in childcare, school or community settings that can support greater consumption of fruits and vegetables by increasing individual's

knowledge and attitudes about fruits and vegetables. In addition, the garden serves as an opportunity for increased access as produce grown in the gardens can be used for taste tests, be integrated into food service offerings, be sent home with students or be donated to local food assistance organizations. Gardens also serve as a learning tool that can ensure fruit and vegetable accessibility by providing the environment for teaching skills around growing, preparing and preserving one’s own foods.

e. Evidence Base

- There is strong evidence that school gardens increase children’s vegetable consumption and willingness to try new vegetables (Langellotto 2012, [Scherr 2013](#), Ratcliffe 2011, Parmer 2009, McAleese 2007, [Murphy 2003](#)).
- Gardening increases vegetable consumption in children; research suggests this may be because it increases access to vegetables and decreases children’s reluctance to try new foods (Langellotto 2012, [Scherr 2013](#), McAleese 2007, [Murphy 2003](#), Ratcliffe 2011, Parmer 2009).
- Garden-based nutrition intervention programs have also been shown to increase health-related knowledge, willingness to taste, and preference for fruits and vegetables in schools around the country (Cotugna 2012, Robinson-O’Brien 2009, Blair 2009, Ozer 2007, [Koch 2006](#), [Morris 2001](#), Morris 2002, [Morgan 2010](#), Gatto 2012, Jaenke 2012, [Dirks 2005](#)).
- Students participating in a school garden program as part of a multi-component intervention that includes activities such as farm to school, farmers’ visits to schools, taste testing, field trips to farms, and in-class lessons have greater increases in fruit and vegetable knowledge, preference, and intake than students participating in school gardens alone (Evans 2012a).

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
ST5 Need and Readiness	ST5a. Number and types of PSE trainings SNAP-Ed staff and SNAP-Ed partner organizations have completed	Direct observation and interviews with site personnel on presence of fruit/vegetable garden
MT5. Nutrition Supports Adopted	MT5a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating MT5b. Total number of policy changes MT5c. Total number of <u>systems</u> changes MT5d. Total number of environmental changes MT5f. Reach	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention. A list of core interview questions will be developed for use by WVU and all of their subcontractors in order to report consistent data across all sites.

Indicator Code & Name	What is Measured	Measurement Tool
MT 12 Social Marketing	MT 12a. Number of counties with campaign MT 12b. # of people who received on-the-ground, direct or indirect education/promotion as part of social marketing campaigns	Participation in Grow This! activities at community events and through social media.

g. Use of Existing Educational Materials

Learn, Grow, Eat, Go curriculum. Texas A&M

Grow It, Try It, Like It curriculum.

h. Development of New Educational Materials

N/A

VII. GO NAP-SACC

HP2030: PA-R01: Increase the proportion of child care centers where children aged 3 to 5 years do at least 60 minutes of physical activity a day. (Research Status high-priority public health issue that doesn't yet have evidence-based interventions developed to address it.)

Objectives:

- Provide support to 12 Early Child Education centers to develop and/or adopt policies to implement food service guidelines/nutrition standards and/or policies to increase physical activity.
 - Utilize GO NAP SACC Modules for Infant-Toddler Physical Activity and Farm 2 ECE.

b. Audience

- Children 5 and under attending childcare centers located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children qualify for CACFP reimbursable meals.

c. Food and Activity Environments

GO NAP SACC is an evidence-based program and quality improvement initiative which engages child care and preschool centers in assessing current nutrition and physical activity practices, policies and environments. Then center directors and staff set goals and identify strategies for improving these practices, policies, and environments for obesity prevention.

d. Project Description

“Key 2 a Healthy Start” is a quality improvement project in early care and education programs to prevent childhood obesity through nutrition and physical activity policy and environmental changes. It includes the use of an evidence-based self-assessment, three 1-day workshops and 1:1 technical assistance for each center to meet their healthy goals and support to improve the nutrition and physical activity environments for children. Child care centers will be recruited by word of mouth, local directors’ meetings and referrals from Early Childcare Education (ECE) Division who provides licensing and trainings. A peer learning network will be created so that programs can support each other, and problem solve throughout the process.

Child care centers that have participated in the NAP-SACC self-assessment with KEYS 4 HealthyKids in previous years will become a part of the peer learning network. As a member of the peer learning network, child care centers will receive technical assistance on goal setting, creating healthy childcare policies, grant writing, team building, production and on-site gardening with garden-based learning, menu review, and connections with appropriate community partners. At least one in person peer learning network meeting will take place with options for conferencing and 1:1 meeting as needed.

Peer learning network child care centers will also be given the opportunity to participate in Kids’ Pop-up markets. These markets will provide locally grown fresh produce access to children at each participating center. Each child will also be provided with a reusable market bag. Food tastings will be provided at each market, highlighting fresh foods that are available for purchase at that time. As part of the sustainability plan, farmers will have the ability to accept SNAP and SNAP Stretch as forms of payment for additional produce.

WVU Extension Family Nutrition Program health educators will relate to participating centers to provide ongoing support for nutrition education for parents and students, as well as provide food tasting for the markets.

To provide integration into state level professional development, ECE health educators and nurse health consultants from each Resource & Referral Region will co-develop program recognition for successful child care centers, as well as provide additional technical support. Each center demonstrating best practices under an intervention will receive incentives related to intervention; for example, GO NAP SACC Infant/Toddler Physical Activity intervention would receive CHOOSY PA toolkits and portable physical activity equipment.

e. Evidence Base

The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) tool is the evidence-based, quality improvement initiative being used to assessment programs’ policies, practices, and environments regarding nutrition and physical activity. NAP-SACC is endorsed by the Center for Disease Control (CDC), and the American Academy of Pediatrics.

- There is strong evidence that nutrition interventions in preschool and child care improve children’s diets (Larson 2011) and that physical activity interventions improve their activity levels (Larson 2011, Ward 2010).

- Policy and environmental interventions can also make preschool and child care more conducive to physical activity. Researchers recommend that centers train teachers in integrating physical activity into learning in order to most effectively increase children’s physical activity (Ward 2010).
- CHOICES cost-effectiveness analysis compared the costs and outcomes of integrating *Key 2 a Healthy Start* into Tiered Reimbursement over 10 years versus the costs and outcomes of not implementing the intervention. This model assumes that 44% of licensed child care centers will participate in Tiered Reimbursement and thus participate in *Key 2 a Healthy Start*. Results show that 593 cases of childhood obesity could be prevented at a cost of \$69.80 per child. (Jeffrey J, Giles C, Flax C, Cradock A, Gortmaker S, Ward Z, Kenney E. *West Virginia Key 2 a Healthy Start Intervention* [Issue Brief]. West Virginia Department of Health and Human Resources, Charleston, WV, and the CHOICES Learning Collaborative Partnership at the Harvard T.H. Chan School of Public Health, Boston, MA; April 2018)

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
ST5 Need and Readiness	ST5a. Number and types of PSE trainings SNAP-Ed staff and SNAP-Ed partner organizations have completed ST5b. Organizations or sites that have conducted a needs assessment or environmental scan focused on SNAP-Ed priority areas	NAP SACC self-assessment tool
MT5. Nutrition Supports Adopted	MT5a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating MT5b. Total number of policy changes MT5c. Total number of <u>systems</u> changes MT5d. Total number of environmental changes MT5f. Reach	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention.
MT6. Physical Activity and Reduced Sedentary Behavior Supports	MT6a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for physical activity or reduced sedentary behavior MT6b. Total number of policy changes MT6c. Total number of <u>systems</u> changes MT6d. Total number of environmental changes MT6e. Total number of promotional efforts for a PSE change	Direct observation, photographic evidence and interviews.
LT5. Nutrition Supports Implementation	LT5a. Number of organizations/sites with multi-level/multicomponent interventions LT5b. Site/organization names and additional components	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention.

LT6. Physical Activity Supports Implementation	LT6a. Number of organizations/sites with multi-level/multicomponent interventions LT6b. Site/organization names and additional components LT6c. Number of organizations/sites with at least one PSE change and improved physical activity environment assessment scores	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention.
LT7 Program Recognition	LT7a. Number of program recognition awards received, by setting	Recognition of WV NAPSACC Champion Child Care Centers by highest best practice scores

g. Use of Existing Educational Materials

LEAP of Taste nutritional Standards. West Virginia Office of Child Nutrition
 I am Moving, I am Learning. Choosy Kids
 MyPlate. USDA
 Preventing Childhood Obesity book of standards for child care centers
 Grow It, Try It, Like It
 Learn, Grow, Eat and Go!

VIII. Food Policy Councils

Healthy People 2030 Goal: NWS-01: Reduce household food insecurity and hunger

Objectives

- Publish and Disseminate a state of food access report and accompanying food policy council development curriculum in 2023
- Continue to update and maintain WV FOODLINK
-
- Continued development and support of local/county food policy councils, in-person and remote trainings for community food system practitioners on an as needed basis through the Nourishing Networks Curriculum.
- Continue to develop support to establishing Mountaineer Food Bank - Turnrow Appalachian Farm Collective synergies to bring together emergency and local food networks to improve food access points.

b. Audience

- Adults and children residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Diverse community members and leaders interested in improving food access in their communities.

c. Food and Activity Environments

Improving food access in low income communities requires an organized and coordinated approach by both members of the community and by a diverse group of food and nutrition leaders. Establishing food policy councils is one way to foster collective assessment and decision

making about food access needs to ensure that all members, including those with limited resources, have access to safe, affordable and nutritious food. Selection of target communities for food policy councils has been based on community need and readiness of that community to engage in the work. To date the WVU Center for Resilient Communities, in collaboration with SNAP-Ed, has hosted a series of workshops to advance food policy councils in West Virginia which trained 350 participants. In 2023 we aim to train 75 more food policy advocates in the establishment of local food policy councils in WV. Food policy council development is currently underway in Monongalia, Ohio, Preston, Taylor and Calhoun counties.

d. Project Description

To promote the establishment of local food policy councils the WVU Center for Resilient Communities has created “Nourishing Networks” a training program that introduces healthy food access planning strategies and decision-making tools to participants. The Nourishing Networks curriculum educates participants in the practice of community food security assessment including problem identification, asset mapping, and cooperative strategic planning. Participants are broken into small teams and over the course of 6 hours they identify key healthy food access barriers, evaluate potential assets (human, organizational, etc.) to address those barriers, and develop strategic initiatives to mobilize those assets to address the problem. The workshops enable participants to collectively generate an analysis of 50-60 barriers to healthy food access, 70-80 community assets, and develop proposals for 6-8 new healthy food access initiatives for their locality or county. The educational curriculum builds collective decision-making capacity among food, agriculture, nutrition and health advocates and to foster the kinds of knowledge and practice that engender long-term food policy council development.

The goal of Nourishing Networks and the development of food policy councils is to promote systems change through collective decision-making and planning. The six Nourishing Networks workshops in 2018-19 resulted in the training of 200 participants in healthy food access planning strategies and provided them with the necessary tools (data, maps, analysis) to carry forward the development of effective initiatives in the communities where they establish food policy councils. This train-the-trainers program is intended to enhance the growth of “systems change leaders” within the SNAP-Ed program and lead to a more rapid expansion of collaborative healthy food access planning and local food policy council development.

e. Evidence Base

Food policy councils have shown to be effective at spearheading efforts to support PSE changes at the state, county and local levels in the United States. Food policy councils tend to serve as a forum for issue identification, enhancing coordination between sector partners, evaluating or influencing policy, launching, promoting or experimenting with new programs intended to improve access and consumption of healthy foods (Harper et al, 2009). According to the Johns Hopkins University Center for Livable Futures in 2018 there were 341 FPCs in North America (Bassrab et al, 2019). In the United States, forty-seven states have at least one food policy council (Bassrab et al, 2019). Sixty-three percent of all FPCs prioritize policy interventions focused on PSE changes related to increasing healthy food access (Bassrab et al, 2019).

There are currently only a handful of county or municipal level food policy councils in West Virginia. Since 2017, the WVU Center for Resilient Communities has trained 300+ food advocates in healthy food access planning and assisted local partners in the advancement of food policy councils in Fayette, Calhoun, Wood, Wetzel, Logan and Wayne Counties through its Nourishing Networks training program. These councils in-formation have launched school and senior pop-up markets, produce-prescription programs, double bucks programs at farmers markets, and helped formulate state-level policy proposals to expand afterschool and summer feeding programs and a healthy food crop block grant to incentivize production of local foods for food access initiatives in these counties. In September 2019, the Center for Resilient Communities trained its first cohort of 35 Food Policy Council leaders from 9 counties to stimulate further food policy council development. In 2021 we presented the Nourishing Networks curriculum to 75 vistas working on community food security initiatives across the state and continue to train WVU students interested in long term engagement in food systems work to effectively facilitate these workshops.

The following are examples of how food policy councils can influence change:

- The Cleveland-Cayahoga Food Policy Council established in 2007 sponsored a “Regional Food Congress” in to foster better communication between government agencies, established and beginning farmers, food processors, consumers and businesses. They have also lobbied for critical city ordinances to improve access to healthy food and recreational infrastructure (Walsh et al., 2015)\
- The Baltimore Food Policy Initiative a collaborative infrastructure to understand and address inequity in healthy food access and to increase access to healthy, affordable foods in urban food deserts. This initiative evolved into a program of the Planning Office in Baltimore and takes an interagency approach to increasing access to healthy, affordable food. With each agency lending its expertise, the City now supports food access strategies and implements programs and policies with multi-sector support. (Santo et al., 2014)
- The FPC Governor’s Council on Food Security in Nevada wrote and advocated for legislation in 2015 requiring schools to serve breakfast after the bell. This requirement resulted in the largest percentage increase nationwide in participation in the school breakfast program among children who qualify for free and reduced meals. (Bassarab et al., 2019).
- In West Virginia West Virginia Food and Farm Coalition (WVFFC) with the research assistance of the Food Justice Lab and other affiliated partners, launched the Food for All Campaign, a policy platform focused on legislative change in food security, local food systems and healthy food access. In 2018 this initiative established the first "hunger caucus" in the legislature. In 2021 a bi-partisan food insecurity working group was formed to review the state of food access, public and private nutrition enhancement programs in the state and identify effective ways to disburse CARES and ARPA funds to advance the coordination of efforts. One bill considered was an Office of Community Food security which would integrate with existing SNAP Ed efforts at the state level.

Bassarab, Santo, and Palmer. 2019. "Food Policy Council Report 2018." Center for Livable Future. Johns Hopkins University.

Harper, Shattuck, Holt-Giménez, Alkon, Lambrick. 2009. "Food Policy Councils: Lessons Learned." Food First: Institute for Food and Development Policy

Santo, Yong, and Palmer. 2014. "Collaboration meets opportunity: The Baltimore Food Policy Initiative." *Journal of Agriculture, Food Systems, and Community Development*, 4, pp.193—208.)

Walsh, Taggart, Freedman, Trapl, Borawski. 2015. "The Cleveland–Cuyahoga County Food Policy Coalition: “We Have Evolved.” *Preventing Chronic Disease*; 12: 140538.)

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
ST8 Multi-sector Partnerships and Planning	Number of Communities with Local Food Policy Councils established with diverse partners who primarily serve low-income persons. Report: <ul style="list-style-type: none"> • Types and number of organizations/individuals represented • Documented level of integration of the council • Level of influence of SNAP-Ed Number of statewide task force with representation by SNAP-Ed that agree to develop a plan for improving nutrition or physical activity practices or standards.	Qualitative data collection through content analysis of meeting minutes, key informant interviews and/or focus groups.

g. Use of Existing Educational Materials

N/A

h. Development of New Educational Materials

The WVU Food Justice Lab has developed a Nourishing Networks curriculum and county-level workshop report for each of the workshop events held since 2017. In 2023 the WVU Food Justice Lab intends to publish this curriculum and training materials for the education of SNAP-Ed health educators and other community-based health and nutrition leaders.

IX. Farmers Markets

Healthy People 2030 Goal: NWS-08: Increase consumption of dark green vegetables, red and orange vegetables, and beans and peas by people aged 2 years and over

Healthy People 2030 Goal: NWS-06: Increase fruit consumption by people aged 2 years and over

Healthy People 2030 Goal: NWS-01: Reduce household food insecurity and hunger

Objectives:

- Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 9.8% to 10.3% by 2023.
- Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by 2023.
- Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.9 to 3.5 by 2023.
- Support kids' farmers markets in at least 20 elementary schools and 25 childcare centers by the end of fiscal year 2023.
- Participating markets will see a 10% increase in EBT/SNAP redemptions by the end of the grant period
- Participating markets will have a 10% increase in sales using other payment methods by the end of the grant period.

b. Audience

- Adults and children residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Children (Pre-K-12) in schools or childcare centers located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)

c. Food and Activity Environments

Farmers market projects facilitate connections between locally grown produce and low-income audiences by increasing accessibility of fruits and vegetables. These efforts compliment direct education programming, which aims to increase individual's knowledge of how to select and prepare produce. Limited income individuals may face additional barriers to accessing local produce due to cost or lack of transportation so innovative strategies to overcome these barriers such as produce prescriptions, kids' markets, mobile markets or fresh produce boxes may be required to impact those audiences.

d. Project Description

West Virginia exceeds the national average on number of farmers markets/population and is slightly under the national average for markets accepting SNAP. Farmers markets offer a solution to the limited access to fruits and vegetables around the state and using innovative methods such as increased marketing, mobile markets, voucher programs and school/childcare

based markets, the local foods movement has grown in a way that is responsive to the needs of low-income families. A “SNAP Stretch” EBT doubling/tripling program, conducted by the WV Food and Farm Coalition has continued to grow as the distribution of the P-EBT cards broadened the audience of participants and encouraged more farmers and retail establishments to accept EBT payments. WVFFC in partnership with SNAP-Ed, submitted for another round of funding for SNAP Stretch through the GusNip program, this time integrating a Kids Market @ the Store approach, where local produce will be distributed at small convenience stores and other local outlets. The WVFFC will provide training and technical assistance to farmers markets to ensure the program is implemented as designed and recruit additional markets to accept SNAP benefits.

Through a grant from the Walmart Foundation awarded to WV FNP and partners, “SNAP Stretch”, kids markets and FARMacy programs will be taking place in 10 counties over the next two years. The funding will support SNAP Stretch for up to \$5,000, funding for SNAP/EBT equipment for 10 farmers/markets, kids markets for 2000 kids and FARMacy programming for up to 60 patients for each county over the two years.

As able, instructors will conduct classes and demonstrations at farmers markets. SNAP educators integrate education about local produce and shopping at farmers markets into their existing nutrition education classes. In addition to bringing the farmers to schools and childcare settings to work with children, we also propose to coordinate markets for parents at schools and childcare centers to allow for greater accessibility and the ability to provide nutrition education, demonstrations and tasting opportunities with parents.

The farmers market initiatives proposed are changes to the current system for which farmers markets operate. While support will continue to be provided to existing farmers markets through promotional and educational activities, efforts will also be made to alter the current system through which farmers operate. Instead of requiring the consumer to go to the market, the market will instead come to the consumer through established networks of schools and childcare centers. In a similar manner, WIC vouchers will be provided in coordination with a market to encourage redemption. A statewide promotional campaign impacts the message environment around farmers markets and local food.

e. Evidence Base

- There is some evidence that farmers markets increase access to healthy foods, especially fresh fruits and vegetables (McCormack 2010, Young 2011, Sallis 2006, Larsen 2009, Freedman 2013, and Freedman 2011a).
- Establishing farmers markets or stands is a suggested strategy to increase fresh produce in food deserts ([CDC-Food deserts](#), [UW IRP-McCracken 2012](#)) and to increase fresh fruit and vegetable consumption ([CDC-Fruits and vegetables 2011](#), [CDC DNPAO-Farm](#)). Additional evidence is needed to confirm effects.
- Farmers markets can increase fruit and vegetable consumption in low income communities (Evans 2012, Racine 2010, Ruelas 2012).
- In many studies, farmers markets have been associated with increases in fresh produce purchases and self-reported increases in fruit and vegetable consumption ([CDC-Olmsted](#)

County MN, Crompt 2012, Blanck 2011, Alberti 2008, Ruelas 2012, USDA-Ragland 2011, USDA-Brantley 2002).

- A study of low income women in Los Angeles, for example, found that farmers market participants had a greater increase in fruit and vegetable consumption than grocery store shoppers and non-participants (Herman 2008). However, education efforts may need to accompany markets to substantially impact consumption (Fitzgerald 2011); relatively little is known about the effects of environmental change alone on eating patterns (Young 2011, Sallis 2006).

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
ST7 Organizational Partnerships	ST 7a. # of Active Partnerships ST 7b. Type of Partnerships	Qualitative data collection through content analysis of meeting minutes and attendance records of meetings. Key informant interviews with council members to identify activities, barriers, and success factors and outcomes.
MT8 Agriculture	Increase in Number and Percent of Farmers Markets or Direct Market farmers who accept SNAP EBT during assessment period.	Data on number of Farmers Markets and Direct Farmers who accept EBT retrieved from WV DHHR and USDA.
	Increase in the amount of WIC redemptions at farmers markets and/or direct market farmers during assessment period.	Data on amount of WIC redemptions from farmers markets and/or direct famers will be collected from the WV WIC office.
	Number of mobile farmers markets or direct market farmers who are located on eligible school property or add school related functions/events during the period assessed. Report number and proportion of SNAP-Ed eligible who are assumed to have benefitted from the improved health care environment change AND Total audience who encounter the improved health care environment on a regular basis.	Interviews with mobile farmers markets/direct farmers to capture locations, dates, and times and to confirm the uptake of the change in food access environment, learn of unexpected benefits and needed improvements/modifications. Direct observation of number of SNAP-Ed eligible who visited mobile farmers markets/direct market farmers locations and are assumed to have benefitted from the food access improvement.

MT11 Health Care Clinical-Community Linkages	<p>Number of healthcare/clinical settings in eligible census tract locations that modify their environment to include Rethink Your Drink and sugar-sweetened beverage messaging through placement of posters, events, brochures, patient discussions, etc.</p> <p>Number of healthcare/clinical settings in eligible census tract locations that support Pharmacy/Produce Prescription programs.</p> <p>Report number and proportion of SNAP-Ed eligible who are assumed to have benefitted from the improved healthcare environment AND Total audience who encounter the improved health care environment on a regular basis.</p>	<p>Interviews with healthcare representatives to confirm the uptake of the environmental change, learn of unexpected benefits or spin-offs and recommendations for modifications.</p> <p>Interviews with healthcare representatives to collect number of SNAP-Ed eligible who regularly visit their health care/clinical location.</p>
MT 12 Social Marketing	Number and Percent of SNAP-Ed and/or WIC eligible who when aided recall farmers market access messaging targeted to SNAP-Ed and WIC audiences.	Recall Survey administered to a sample of SNAP-Ed and/or WIC eligible within eligible census tracts

g. Use of Existing Educational Materials

West Virginia University Extension Garden calendar. http://anr.ext.wvu.edu/garden_calendar

h. Development of New Educational Materials

N/A

X. Food Pantries

Healthy People 2030 Goal: NWS-01: Reduce household food insecurity and hunger

a. Objectives

- Support “healthy donation drives” for 6 food pantries and backpack programs.
- Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 9.4% to 15% by 2023.
- Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.9 to 3.5 by 2023.
- Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by 2023.

b. Audience

- Adults and children residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Children (Pre-K-12) in schools or childcare centers located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)

c. Food and Activity Environments

Food pantry projects facilitate opportunities to provide nutrition education and more nutrient dense food choices to limited income individuals. Currently, many foods donated and provided to pantries through the two food banks that serve WV are high in fat, sodium, and added sugars and are highly processed. There are limited lean protein and high fiber food sources. When healthier options are available, participants sometimes avoid these foods due to limited knowledge of preparation techniques or the benefits associated with these healthy foods.

d. Project Description

SNAP educators and partners will work with West Virginia's two food banks to improve the nutrient density of both donated foods and those selected and utilized by food pantry customers. There will be a focus on foods provided to WV children as part of the backpack program. First, educators will modify existing materials to be utilized during food drives to collect more healthy food items. Two sets will be developed; one specifically for backpack foods and another for general donation drives. These will provide information on the importance of nutrient dense foods and give examples of high-quality foods to donate. The benefits of this will be two-fold. Not only will limited income individuals, especially hungry children, benefit from healthier food options, but those donating will also receive education on nutrient density that may improve their diets.

Additionally, there are many times healthy food options are available from food banks but are not chosen by pantries for distribution. Investigation into the matter found that these foods are not purchased by pantries because their limited income clients will not choose these options. This is usually because they are not familiar with the food, its health benefits, or appropriate preparation techniques. SNAP educators will work with food banks and food pantries to distribute education sheets for available healthy foods, which include nutrition information and easy to prepare recipes. These can then be distributed to pantries and shared with limited income individuals. Staff will also work with banks to implement nutrition policies, which shape the purchase and distribution of healthier foods.

The Mountaineer Foodbank has adopted the "kid market" approach when distributing donated foods and has obtained funding from multiple sources to purchase and distribute produce to kids in several counties throughout the state. SNAP Educators partner with Mountaineer Foodbank to host the markets by handling the logistics around planning dates/times for the markets and for gathering volunteers to help support the markets.

Finally, as part as a grant award to WVFNP from the Walmart Foundation, 20 food pantries in 10 counties will receive funding to purchase cold storage to allow for gleaning and distribution of fresh produce. The sites will collect information on the amount of food collected and distributed.

e. Evidence Base

Food banks serve as a lifeline for the food insecure. They collect, store, and distribute food, food banks and play a vital role in maintaining and improving the health of the nation's low-income, food insecure residents. Food insecurity does not exist in a vacuum. Many of these individuals have diet related health conditions, such as obesity and overweight. Many food banks have had success in implementing nutrition policies to combat these problems. (Kappagoda, 2014)

Feeding America distributes 3.4 billion pounds of food a year and is working to increase access and distribution of Foods to Encourage (F2E), which is fruits, vegetables, whole grains, lean protein and low-fat dairy. Currently, 67% of foods distributed to food banks are among those considered F2E. (Feeding America, 2016)

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
ST5 Need and Readiness	<p>ST5a. Number and types of PSE trainings SNAP-Ed staff and SNAP-Ed partner organizations have completed</p> <p>ST5b. Organizations or sites that have conducted a needs assessment or environmental scan focused on SNAP-Ed priority areas</p>	Oregon Food Bank’s Healthy Pantry Options Scorecard
MT5. Nutrition Supports Adopted	<p>MT5a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating</p> <p>MT5b. Total number of policy changes</p> <p>MT5c. Total number of <u>systems</u> changes</p> <p>MT5d. Total number of environmental changes</p> <p>MT5f. Reach</p>	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention.

g. Use of Existing Educational Materials
 Recipes/materials from Feeding America

h. Development of New Educational Materials

Adaptation of existing food donation materials to reflect West Virginia specific seasonality and culture.

XI. Retail

Objectives

- Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 9.4% to 15% by 2023.
- Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.9 to 3.5 by 2023.
- Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by 2023.
- Decrease the prevalence of daily consumption of sugar-sweetened beverages among West Virginia adults from 35.9% to 34% by 2023.

a. Audience

- Adults and children residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Adults receiving SNAP benefits

b. Food and Activity Environments

Adopt a Shop will facilitate opportunities to increase community demand and availability of healthier foods and beverages in retail stores. Currently, there are limited healthy and fresh options available for purchase at smaller stores. Providing healthier options and meal ideas will allow consumers healthier, less expensive meal options that are readily available.

c. Project Description

Nutrition educators will work with local stores in counties served to identify corner stores, supermarkets, small retail stores or mobile fruit and vegetable vendors interested in in healthier food and beverage options. There will be a focus on small retail stores that accept EBT benefits. The program will help recognize importance of community support for building relationships with local retailers and increasing demand and availability of healthier food and beverage options.

Educators will meet with store owners/managers to identify a store interested in working with the program. An assessment will be completed on store inventory and environment. Upon completion of assessment changes will be proposed to the owner/manager. Nutrition educator will conduct activities to support the store and promote its healthier offering and encourage customer involvement. Activities to be conducted but not limited to: Meal of the Week, where a meal will be highlighted with items available to purchase at the store and recipe card will be available.

d. Evidence Base

- Fry, Christine, Zoe Levitt, Amy Ackerman, and Hannah B. Laurison, “Health on the Shelf,” ChangeLab Solutions, March 2013. Available at http://changelabsolutions.org/sites/default/files/Health_on_the_Shelf_FINAL_20130322-web.pdf.
- Gittelsohn, Joel, Megan Rowan, and Preeti Gadhoke, “Interventions in Small Food Stores to Change the Food Environment, Improve Diet, and Reduce Risk of Chronic Disease,” Preventing Chronic Disease, Vol. 9, no. 59 (2012). Available at www.cdc.gov/pcd/issues/2012/11_0015.htm.
- New York City Center for Economic Opportunity, “Shop Healthy NYC!: Implementation Guide,” New York City Department of Health and Mental Hygiene, 2013. Available at <https://www1.nyc.gov/assets/doh/downloads/pdf/pan/shop-healthy-implementation-guide.pdf>.
- United States Department of Agriculture, 2016. Healthy Corner Stores: Making Corner Stores Healthier Places To Shop. Washington DC.

- Siedenburg, Kai, Brianna A. Sandoval, Heather Wooten, et al., “Healthy Corner Stores Q&A,” Healthy Corner Stores Network, February 2010. Available at http://thefoodtrust.org/uploads/media_items/healthy-corner-stores-q-a.original.pdf.

e. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
ST5 Need and Readiness	ST5a. Number and types of PSE trainings SNAP-Ed staff and SNAP-Ed partner organizations have completed ST5b. Organizations or sites that have conducted a needs assessment or environmental scan focused on SNAP-Ed priority areas	Shop Healthy NYC! Scorecard (Adaptation)
MT5. Nutrition Supports Adopted	MT5a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating MT5b. Total number of policy changes MT5c. Total number of <u>systems</u> changes MT5d. Total number of environmental changes MT5f. Reach	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention.

f. Use of Existing Educational Materials

Healthy Corner Stores: Making Corner Stores Healthier Places to Shop
Shop Healthy NYC!

g. Development of New Educational Materials

Recipes for “Food of the Week”
Adaption of Shop Healthy NYC! Scorecard

XII. Adult Nutrition Education

a. Related State Objectives

Objectives:

- Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 9.2% to 15% by the end of the grant period.
- Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.9 to 3.5 by the end of the grant period.
- Decrease the prevalence of daily consumption of sugar-sweetened beverages among West Virginia adults from 35.9% to 34% by 2023.

- Increase the prevalence of leisure-time exercise among West Virginia adults from 71.3% to 75.0% by the end of the grant period.

b. Audience

- Adults residing in census tract areas where at least 50% of people have gross incomes equal to or less than 185% the Federal Poverty Level
- Pregnant or emancipated youth eligible for SNAP benefits
- Adults receiving SNAP benefits

c. Food and Activity Environments

Projects such as food pantry makeovers, community gardens, local food councils, community walking challenges, farmers markets and Rethink Your Drink modify the environment of individuals to provide support for making behavior changes encouraged in nutrition education classes.

d. Project Description

In the adult FNP direct education program, instructors will use many techniques to teach the SNAP-eligible target population. The adult program of FNP places an emphasis on experiential learning so that participants can understand and apply the concepts they have learned. The food demonstrations that are conducted with each lesson are the center of the learner model utilized. FNP participants learn the basics of healthy food preparation. Key educational messages taught are consistent with the most current Dietary Guidelines.

Our series approach to teaching food preparation and basic nutrition education will be conducted weekly over a period of 6-8 weeks to provide our participants with consistent reinforcement of key messages. This strategy provides participants with a solid foundation of food preparation and cooking skills that can be replicated in the home. In certain instances, the instructor may extend the class series to include topics relevant to a group of participants such as a parent group who needs additional guidance on feeding their children.

Additionally, FNP conducts numerous one-time only lessons in farmers markets, food pantries, community centers, churches, public health offices, and other appropriate venues where most participants qualify as the SNAP-Ed target audience.

Focusing recruitment efforts from other USDA nutrition assistance programs such as SNAP, EFNEP, and WIC will ensure that we are specifically recruiting women with young children into our adult programs. Public schools often refer parents of children who participate in Head Start Programs or free/reduced lunch programs to FNP's adult classes. Our main recruiting and marketing efforts will occur in WIC offices, DHHR offices, food pantries, farmers markets, low income work sites and public housing communities. To add to our goal of reaching young mothers and children we will recruit students who are enrolled in parenting classes in high schools that are SNAP-eligible. We will also recruit pregnant teens into our class series. These contacts along with the rural nature of West Virginia afford our program greater levels of trust from prospective participants. We are currently pursuing advertising SNAP Ed program by

showing videos with programming information in DHHR offices. A flyer offering program information has also been shared with DHHR administration to facilitate advertising of programming.

The coordination of our direct education program along with our public/community program will be used to produce positive outcomes in policy, systems and environmental changes for our adult participants.

e. Evidence Base

Curriculum Title	Evidence-Base	Additional Information
<i>Eating Smart, Being Active</i> by Colorado State University (WVU Extension Service)	Research-Based	<ul style="list-style-type: none"> • This curriculum is based on the latest research in health and nutrition for the most current Dietary Guidelines for Americans and MyPlate. • A review of the curriculum was published in the September/October 2010 issue of the <i>Journal of Nutrition Education and Behavior (JNEB)</i> and has been accepted for inclusion in the online resource center, SNAP-Ed Connect. • Several evaluation studies have been conducted to assess the curriculum’s effectiveness. The curriculum was also reviewed for behavior change outcomes by comparing it to behavior changes of prior EFNEP curricula in five other states. <i>Eating Smart, Being Active</i> generally produced better outcomes than the curricula previously used.
<i>Teen Cuisine</i> by Virginia Tech (WVU Extension Service)	Emerging	<ul style="list-style-type: none"> • This curriculum has been used and evaluated by Virginia Tech for four years. We are the only other state that has adopted it. We will evaluate it through the use of pre/post-assessments and teacher feedback surveys.
<i>Nutrition Education Aimed at Toddlers (NEAT)</i> by Michigan State University (WVU Extension Service)	Research-Based	<ul style="list-style-type: none"> • Nutrition Education Aimed at Toddlers (NEAT) was piloted with Early Head Start parents and caregivers with control group trials to compare attitudes, knowledge and practices and interest in nutrition change. • The curriculum uses an evidence-based approach for nutrition education. The curriculum uses research evidence, based

		<p>on the USDA recommendations, and the American Academy of Pediatrics.</p> <ul style="list-style-type: none"> Focus groups conducted on rural, low income parents, and adult caregivers of toddlers helped to determine the content, shape the format, and design the curriculum.
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f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
MT1 Healthy Eating Behavior Change	Fruit Consumption (no indicator) (Times/day) Vegetable consumption (no indicator) (Times/day) MT 1i. Drinking milk MT 1g. Drinking water MT 1h. Drinking fewer SSB My child eats vegetables. [MT1d] My child eats fruit. [MT1c] My child drinks soda or sugared drinks. (no sub-indicator) My child drinks soda ___ times/day (no sub-indicator) My child drinks sport drinks or sugared drinks ___ times/day (no sub-indicator) MT1l. Fruits (cups/day) MT1m. Vegetables (cups/day)	EFNEP Nutrition Education Surveys (6 th -8 th) Healthy Kids 3-5 year olds-modified EFNEP Food Behavior Checklist 24-hr dietary recall self-report
MT2 Food Resource Management	MT 2g. Not run out of food before month's end MT 2h. Compare prices before buying foods MT 2j. Shop with a list MT 2b. Use Nutrition Facts on food label to make food choices	EFNEP Food Behavior Checklist
MT3 Physical Activity and Reduced Sedentary Behavior	Mt3f: Walking steps during period assessed	Pre/Post step counts using pedometers

g. Use of Existing Educational Materials (All in English)

- Eating Smart Being Active*: Baker, S; Sutherland, B; Mitchel, R; McGirr, K; Diker, A. Colorado State University.

Curriculum will be taught in the English language. Materials needed will be the cost of curriculum for newly created positions (one). Worksheets and handouts include weekly goal sheets and which help participants to review key points in the lesson, which need to be reprinted when supplies run out. Lesson enhancements are tools to help participants adopt behaviors

presented in the lesson. Examples include a vegetable brush for the fruit and vegetable lesson and a food thermometer for the protein/food safety lesson. Estimated cost: \$2000.

2. *Nutrition Education Aimed at Toddlers (NEAT)*: Horodynski, M; Hoer, S; Coleman, G; Contreras, D; Arndt, MJ; Stommel, M. Michigan State University.

Curriculum will be taught in the English language. Each lesson includes a food preparation and tasting activity using moderately priced foods. Evaluation instruments for this curriculum will be an adult and toddler 24 hour food recall. There is no charge for the curriculum. The enhancement items given to each participant to reinforcement the lesson is approximately \$3.00 per participant. Estimated Cost: \$2000.

3. *Teen Cuisine*: Carrington, A.C., Margheim, L. Virginia Cooperative Extension Service, Virginia Tech, Virginia State University.

Curriculum will be taught in the English language. This curriculum will be used in high school parenting classes to help teens to become self-sufficient in the kitchen while learning healthy habits to last a lifetime. *Teen Cuisine* will be evaluated utilizing the EFENP assessment tool designed for 6th-8th and 9th-12th grade students. The enhancement items given to each participant to reinforce the lesson is approximately \$3.00 per participant. Estimated cost: \$2000.

FNP will also utilize publications from USDA MyPlate and the most current Dietary Guidelines for Americans. All publications will include the USDA non-discrimination statement and SNAP-Ed disclaimer.

h. Development of New Educational Materials

No new educational materials will be developed in FFY 2023.

XIII. Youth Nutrition Education

a. Related State Objectives

- Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by 2023.
- Decrease the prevalence of daily consumption of soda or pop among West Virginia high school students from 26.0% to 20.0% by 2021.
- Increase the prevalence of daily physical activity for at least 60 minutes among public high school students from 31.0% to 45.0% by the end of the grant period.

b. Audience

- Children (K-12) in schools or summer programs located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)

c. Food and Activity Environments

Projects such as school gardens, school-based farmers markets, school wellness, healthy concessions, NAPSACC, walking challenges, Smarter Lunchrooms and Rethink Your Drink are aimed at modifying the school and community environments to support students application of lessons and concepts taught in nutrition education classes.

d. Project Description

During the school year, instructors partner with local school boards, school administrators and teachers to provide in-class nutrition education at to students from Pre-K-12. A majority of education is focused at early elementary aged students. After-school programs, while less frequent, are also outlets for education services. Youth programming also includes summer camping activities. We provide nutrition education in from independent day camps, conducted solely by the instructor, to partnership programs where the instructor teaches at a previously established summer activity.

Curricula topics meet many of the WV Department of Education’s Content Standards and Objectives in the areas of health, wellness, math, reading, science, language arts and 21st Century Learning skills. School-based programs are conducted with a series approach, allowing for repetition and reinforcement of key concepts. The *Show Me Nutrition* curriculum utilized for these efforts consists of multiple lessons conducted over a 6-8 week period for students in PreK-5th grade. Preschool students are taught twice per week, over a series of three weeks. Instructors also often work with participating teachers to assign mid-week activities, which reinforce concepts between presentations. We revisit targeted schools to deliver the course to subsequent grade levels, allowing for corroboration of key concepts from year to year. We strongly believe this approach of continual reinforcement provides youth participants the opportunity to develop a solid knowledge base of proper nutrition and physical activity.

School, Family and Community Environment

SNAP-Ed educators provide additional educational opportunities for school staff and parents by participating in health and wellness fairs sponsored by the schools. Educators provide a brief activity, tasting demonstration and educational handouts based on the theme of the event.

In order to more directly engage parents with the nutrition lessons and information provided in youth classes, a Facebook page and parent texting program will be rolled out in 2018. Those methodologies are ideal because they allow for monitoring of engagement of parents.

e. Evidence Base

Curriculum Title	Evidence -Base	Additional Information
<i>Show Me Nutrition</i>	Practice-Based,	<ul style="list-style-type: none"> <i>Show Me Nutrition</i> uses an evidence-based approach for nutrition education. The curriculum integrates the best research evidence, based

(University of Missouri)	Evidence-Based	<p>on the 2010 Dietary Guidelines, with the best available practice-based evidence.</p> <ul style="list-style-type: none"> • It uses meaningful interventions for the target audience based on more than 20 years of program delivery in Missouri. Behaviorally-focused activities engage students in the classroom, and they have opportunities to taste both unfamiliar and familiar foods that are prepared in new ways. • Relevant motivators and reinforcements are used. The intensity and duration of the <i>Show Me Nutrition</i> curriculum provides an opportunity for multiple exposures to nutrition education messages. • WVU Extension has been using this curriculum since 2006. We have eight years of practice-based evidence to support its use, including pre/post- assessments and teacher feedback surveys.
<i>Teen Cuisine</i> (Virginia Tech)	Emerging	<ul style="list-style-type: none"> • This curriculum has been used and evaluated by Virginia Tech for four years. We are the only other state that has adopted it. We will evaluate it through the use of pre/post- assessments and teacher feedback surveys.
<i>Learn! Grow! Eat! Go!</i> (Texas A&M University)	Practice-Based Evidence-Based	<ul style="list-style-type: none"> • This curriculum is an adaptation of the Health and Nutrition in the Garden Junior Master Gardener curriculum that includes garden activities, vegetable tastings, recipe demonstrations and parent engagement activities. • It was tested using a school level, randomized control trial. The study evaluated the impact of the curriculum on 12 core behaviors including both adult and child behaviors. Implementation of the curriculum resulted in significant changes in the following behaviors: child vegetable consumption; vegetable preference; intake of sugar sweetened beverages; physical activity; parent availability/accessibility of sugar sweetened beverages in the home; parent/child interactions of gardening together; preparing food together and being physically active together. • Significant increases were also seen in self-efficacy and knowledge of fruits, vegetables, beverages and science.
<i>Dig In! Standards Based Nutrition Education from the Ground Up</i>	Practice-Based Evidence-Based	<ul style="list-style-type: none"> • Created in partnership between USDA FNS and the National Gardening Association. • Each lesson offers connections to the garden, learning activities can be done with or without a large garden in place. You can also teach lessons in sequence or split them up over the course of the school year (for example, teaching some lessons in the fall and the others in the spring). • Each lesson meets education standards in one or more of the following subjects: Science (National Academy of Sciences), English Language

		Arts (Common Core State Standards Initiative), Math (Common Core State Standards Initiative), Health (American Cancer Society)
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f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
MT1 Healthy Eating Behavior Change	Fruit Consumption (no indicator) (Times/day) (youth) Vegetable consumption (no indicator) (youth) (Times/day) MT 1i. Drinking milk MT 1g. Drinking water MT 1h. Drinking fewer SSB My child eats vegetables. [MT1d] My child eats fruit. [MT1c] My child drinks soda or sugared drinks. (no sub-indicator) My child drinks soda ___times/day (no sub-indicator) My child drinks sport drinks or sugared drinks ___times/day (no sub-indicator) MT1l. Fruits (cups/day) (adults) MT1m. Vegetables (cups/day) (adults)	EFNEP Nutrition Education Surveys (6 th -8 th) Healthy Kids 3-5-year old-modified EFNEP Food Behavior Checklist Bev Q-15
MT3 Physical Activity and Reduced Sedentary Behavior	Mt3f: Walking steps during period assessed	Pre/Post step counts using pedometers

g. Use of Existing Educational Materials

All curricula listed in section “f.” above are written and taught in English. Materials needed will be the cost of curriculum for newly created positions. Worksheets and handouts include weekly newsletter to help participants and caregivers review key points in the lesson, which need to be reprinted when supplies run out. Lesson enhancements are tools to help participants adopt behaviors presented in the lesson such as MyPlate placemats.

h. Development of New Educational Materials

FNP does not plan to develop any new materials or curricula nor incur any expenses related to the creation of new materials during FFY 2023.

XIV. WV CARDIAC Project

Healthy People 2030 Goal: ECBP-D07: Increase the number of community organizations that provide prevention services

Objectives

- Provide technical assistance and oversight in attaining height and weight measurements to determine BMI, in schools in 25 counties by the end of the grant period. (Any measures other than height and weight, and analysis of medical data, will be conducted by medical students and other staff who are not funded by SNAP-Ed)
- Establish referral system for families of children identified at high risk and match with community-based interventions and classes by the end of the grant period.
- Provide support for dissemination of health screening results by the end of the grant period.
- Coordinate with Health Educators and KEYS4Healthy Kids to create a system for coordinated screening, intervention and referral teams made up of the school nurse, PE teacher, health educator and clinician.
- Provide schools in the 25 designated CARDIAC counties with educational resources and professional development to increase physical activity participation in the school setting by the end of the grant period.

b. Audience

- Children (K-5) and their parents and personnel in schools located in census tracts where 50% of incomes are equal to or less than 185% the Federal Poverty Level OR where at least 50% of children receive free and reduced priced meals OR in schools participating in the Community Eligibility Provision (CEP)

c. Food and Activity Environments

For 20 years, the WV CARDIAC Project has successfully conducted health screenings in schools in all WV counties. Because children spend the largest part of each day in school, it is the most accessible and trusted environment to garner parent-consented participation from children. Current literature supports increased healthy lifestyle interventions in the school setting, including before, during, and after school.

d. Project Description

The WV CARDIAC Project began in 1998 and quickly became the first statewide initiative to conduct school-based health screenings in school-age children, primarily those in the 5th, 2nd, and K grades. The WV CARDIAC Project provides the largest data set of children's health status of any state in the country. Over the past 18 years, CARDIAC has screened over 220,000 students (K, 2, 5, 8,9) in the school setting in all 55 counties in West Virginia. Compared to other surveillance data sets, such as NHANES which screens about 1% of the population, the

CARDIAC Project consistently screens 30-40% of all 5th grade children in our state, and approximately 80% of kindergarten and 2nd grade students.

For each child screened, results are sent to parent-identified primary care providers. For example, across the 2016-17 school year, 1706 letters were mailed to WV physicians informing them of a child’s health status as identified by the CARDIAC screenings. In addition to informing WV parents and family physicians about an individual child’s health status, CARDIAC Project data are used to measure progress in our state on children’s health, inform state and local agencies on county and regional status, and justify the need in WV for external grants and other funding opportunities.

Financial support by the West Virginia legislature has been a key factor in assuring sustainability because it has funded the operational cost of conducting the program, until July 2017. This support by SNAP-Ed would provide an opportunity to continue as one of the most robust comprehensive public health programs in West Virginia and across the nation. All biometric measurements other than height and weight (for the purpose of determining BMI), will be done by medical students and other CARDIAC staff, and will not be funded by SNAP-Ed.

e. Evidence Base

- The CARDIAC Project has well-documented evidence of success (Elliott et al, 2018).
- Nearly half of WV children are overweight or obese, and many have not been identified or given advice by their physicians. School-based screenings are recognized as a viable approach to risk factor identification, particularly if results are shared with the child’s health care provider (Demerath et al, 2003).
- Children’s health screening reports that include BMI sent to parents have been shown to have a positive effect on parents’ management of their children dietary habits and physical activity (Harris and Neal, 2009).
- Having a robust risk factor screening program of children in our state can help to influence state public health policy (Cottrell et al, 2013).
- Researchers and national organizations are calling for increased physical activity opportunities in schools, including before, during and after school, to ensure children can meet the national recommendations of 60 or more minutes of physical activity a day, and to improve the health of our children. (American Alliance for Health, Physical Education, Recreation & Dance, 2013; Centers for Disease Control, 2013; Cook & Kohl, 2013).

f. Key Performance Measures/Indicators

Indicator Code & Name	What is Measured	Measurement Tool
MT 11. Health Care Clinical-Community Linkages	MT11a. Community resource capacity to deliver preventive services MT11b. Number of health centers that provide screening and follow-up for:	Survey of community organizations in a given jurisdiction to assess the number and type of community preventive resources and the extent to which they are able to meet the community’s

Indicator Code & Name	What is Measured	Measurement Tool
	<ul style="list-style-type: none"> •Food security status •Adolescent weight status •Adult weight status 	<p>nutrition, physical activity, or obesity prevention needs.</p> <p>Conduct in-depth interviews or observations of community resource providers and prepare a narrative of the availability of community resources linked with health centers.</p>
MT6. Physical Activity and Reduced Sedentary Behavior Supports	<p>MT6a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for physical activity or reduced sedentary behavior</p> <p>MT6b. Total number of policy changes</p> <p>MT6c. Total number of <u>systems</u> changes</p> <p>MT6d. Total number of environmental changes</p> <p>MT6e. Total number of promotional efforts for a PSE change</p>	Direct observation, photographic evidence and interviews.

g. Use of Existing Educational Materials

- WV CARDIAC Project protocols and procedures, including description of project to parents and students, consent procedures, data collection protocols (SNAP-Ed funded staff will only measure BMI), and reporting.
- Web-based educational resource for teachers, ActiveAcademics.org
- Current nutrition and physical activity resources provided by the county Youth Health Educator

h. Development of New Educational Materials

- NA

XV. Champion Providers

Healthy People 2030 Goal: ECBP-D07: Increase the number of community organizations that provide prevention services

Objectives

- Train at least 10 providers in the 5210 Pediatric Obesity Clinical Decision Support Chart by the end of the grant period
- Recruit Champion providers to participate in the 5210 Rx Intervention “prescribing” produce and physical activity Rx.
- Create a network of “champion” practices and providers who are trained in obesity prevention/treatment and who actively support or engage in PSE outreach in their practices by the end of the grant period.

a. Audience

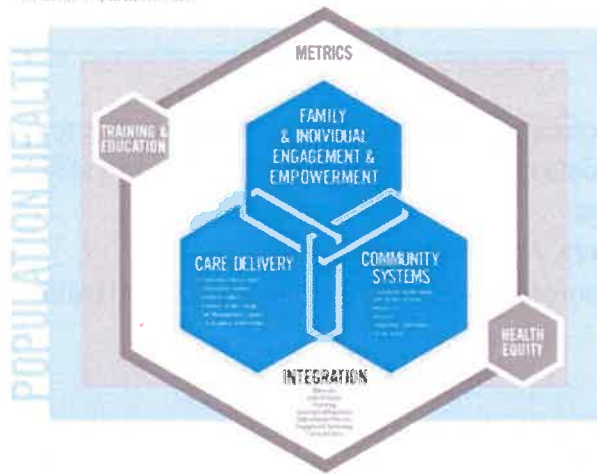
Federally qualified health centers, free clinics and health care providers in practices serving large percentages of Medicaid/CHIP patients.

b. Food and Activity Environments

Health care providers play an important role in improving the population’s health. They are the most trusted source of health information for many individuals and can play an important part in not only connecting individuals to community resources but also advocating for policies that improve the health environment. The Clinical-Community Integration Framework offers a model through which to better connect patients, healthcare providers and community systems through use of integrators, training and education. SNAP-Ed partners and educators can serve as integrators and a source of referral for nutrition education. SNAP-Ed can also engage healthcare providers in implementation of PSE outreach or in advocacy efforts.

CLINICAL-COMMUNITY INTEGRATION TO ACHIEVE HEALTHY PEOPLE & COMMUNITIES:

A FRAMEWORK TO OPTIMIZE THE PREVENTION AND TREATMENT OF OBESITY AND IMPROVE POPULATION HEALTH
People are more likely to engage in a healthcare system integrated within their community where settings and resources reinforce healthy behaviors, provide person-centered care, and undergo continuous evaluation and improvement. Stakeholders recognize their interdependency and act in a coordinated and collaborative fashion to improve health and achieve health equity. This drives behavior change and ultimately leads to prevent and manage obesity and improve population health.



The alignment of SNAP-Ed with healthcare providers can also create greater focus on health equity as a part of a healthcare provider’s assessment and treatment strategies by bringing more attention to issues of food security and policies that impact access to food and healthcare. The figure illustrates the tight linkages among family and individual engagement and empowerment, care delivery, and community systems. The interlocking systems influence and are influenced by the broader context of population health, where national, state, and local policies shape supportive environments and choices. Training and education are included in the outer ring because the knowledge and skill set of health care and community-based professionals determine the effectiveness <https://nam.edu/a-model-framework-that-integrates-community-and-clinical-systems->

of the integrated system.
[for-the-prevention-and-management-of-obesity-and-other-chronic-diseases/](#)

Health equity, also included in the outer ring, is a priority that influences all health outcomes, especially because obesity disproportionately affects ethnic minorities. Successful implementation of the model addresses health equity at every level of the framework. Success will be measured by metrics that are acceptable and agreed on by all the parties included in the model. Because integration requires partnerships and collaboration, measures should also determine the success of these interactions.

d. Project Description

The overall goal of this outreach is to create a network of “champion” providers who integrate with and support SNAP-Ed outreach by:

- Implement 5210 Pediatric Obesity Clinical Decision Support Chart and motivational interviewing protocol.

- Assess food security as part of regular care with the 2-question screener from AAP and FRAC
- Implement innovative Rx Programs (5210 Rx) for nutrition and physical activity in collaboration with SNAP educators and partners.
- Serving as a referral source for children identified as “at risk” through CARDIAC screenings.
- Actively engage in referrals to SNAP education.
- Reinforce health messages in their practices/clinics by displaying SNAP-Ed materials such as Rethink Your Drink or Food of the Month.
- Advocate for policies which create healthier environments in schools, childcare centers and improve access to food and physical activity opportunities.

The Champion providers and community partners will meet monthly, currently via zoom, with the newly established Clinical-Community (C³) Collaborative. Project ECHO for Pediatric Obesity will be offered monthly to increase knowledge of pediatric obesity screening, prevention, and referral for health care professionals. Provider training, in partnership with the WV American Academy of Pediatrics, is scheduled for the WV AAP Spring Meeting. Providers will be incentivized to participate by using the training/implementation to meet requirements for Quality Improvement (QI) and Maintenance of Certification for MOC part 2 (knowledge self-assessment) and part 4 (QI) credits.

5210 Pediatric Obesity Clinical Decision Support Chart

This flip chart provides clinicians with point-of-care guidance on the assessment, prevention, and treatment of obesity for children older than 2 years. Includes full-color illustrations throughout providing health care professionals practical support and guidance to help improve care and outcomes for overweight youth.



- Step-by-step prevention, assessment, and treatment interventions for the overweight and obese child developed by the Centers for Disease Control
- 15-minute obesity prevention protocol
- Hypertension evaluation and management guidelines
- Growth charts spanning birth to age 20 years -- including body mass index-for-age percentiles
- Blood pressure levels for boys and girls
- Coding information for obesity-related health services
- Next Steps child weight reduction and management strategies

Providers trained in the program will be engaged to participate in further integration with SNAP-Ed programs as outlined above as well as being assessed for implementation of the 5210 outreach in the clinic.

e. Evidence Base

- A Model Framework That Integrates Community and Clinical Systems for the Prevention and Management of Obesity and Other Chronic Diseases (Dietz et al., 2015).
- Amed, S., Shea, S., Pinkney, S., Wharf Higgins, J., & Naylor, P. J. (2016). Wayfinding the Live 5-2-1-0 Initiative-At the Intersection between Systems Thinking and Community-Based Childhood Obesity Prevention. *International journal of environmental research and public health*, 13(6), 614. doi:10.3390/ijerph13060614
- Polacsek M, Orr J, Letourneau L, Rogers V, Holmberg R, O'Rourke K, Hannon C, Lombard KA, Gortmaker SL. Impact of a primary care intervention on physician practice and patient and family behavior: keep ME healthy—The Maine Youth Overweight Collaborative. *Pediatrics*. 2009;123; S258–S266.

Indicator Code & Name	What is Measured	Measurement Tool
MT1 Healthy Eating	<p>MT1. Number or percentage of participants reporting a healthy eating behavior during the period assessed, the frequency, type of behavior(s), or cups of fruits and vegetables consumed:</p> <p>Throughout the day or week: MT1c. Ate more than one kind of fruit MT1d. Ate more than one kind of vegetable</p> <p>Frequency: MT1g. Drinking water MT1h. Drinking fewer sugar-sweetened beverages (e.g., regular soda or sports drinks)* MT1i. Consuming low-fat or fat-free milk (including with cereal), milk products (e.g., yogurt or cheese), or fortified soy beverages</p>	<p>EFNEP Nutrition Education Surveys 5210 Healthy Habits Questionnaires</p>
MT3: Physical Activity and Reduced Sedentary Behavior	<p>Increased Physical Activity, Fitness, and Leisure Sport MT3b. Physical activity when you breathed harder than normal (moderate-vigorous physical activity)</p> <p>Reduced Sedentary Behavior MT3g. Television viewing MT3h. Computer and video games</p>	<p>EFNEP Nutrition Education Surveys 5210 Healthy Habits Questionnaires</p>

MT5: Nutrition Supports	<p>MT5a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating</p> <p>MT5c. Total number of systems changes</p>	Direct observation, photographic evidence and interviews.
MT6: Physical Activity and Reduced Sedentary Behavior Supports	<p>MT6a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for physical activity or reduced sedentary behavior</p> <p>MT6c. Total number of systems changes</p>	Direct observation, photographic evidence and interviews.
MT 11. Health Care Clinical-Community Linkages	<p>MT11b. Number of health centers that provide screening and follow-up for:</p> <ul style="list-style-type: none"> • Food security status • Adolescent weight status • Adult weight status <p>MT11c. Number of health centers that give families innovative prescriptions or vouchers for:</p> <ul style="list-style-type: none"> • Fruits and vegetables • Physical activity <p>MT 11d. Number of nonprofit hospitals with community benefit programs focused on community health or obesity prevention in SNAP-Ed eligible communities, and program characteristics, including funding.</p>	<p>Direct observation, photographic evidence and interviews.</p> <p>Survey of community organizations in a given jurisdiction to assess the number and type of community preventive resources and the extent to which they can meet the community’s nutrition, physical activity, or obesity prevention needs.</p> <p>Conduct in-depth interviews or observations of community resource providers and prepare a narrative of the availability of community resources linked with health centers.</p>
LT5. Nutrition Supports Implementation	<p>LT5a. Number of organizations/sites with multi-level/multicomponent interventions</p> <p>LT5b. Site/organization names and additional components</p>	Direct observation, photographic evidence and interviews to confirm uptake, learn of unexpected benefits, course-correct and improve the intervention.
LT9: Leveraged Resources	<p>LT9a. Staff (number of full-time equivalents [# FTE])</p> <p>LT9b. Funding (total dollars spent)</p> <p>LT9c. In-kind support including the value of: Physical contributions such as dedicated space, new equipment, etc. Partnership activities and contributions Leader and/or champion activities and contributions Volunteer staffing time (hours) Communication activities designed to continue awareness and support for the program (number of activities)</p>	Survey of provider practices, organizations, and partners of the Clinical Community Collaborative.

Evaluation Plans

a. Name: Policy, System and Environmental Change Interventions

b. Type: Formative, Process, Outcome

Formative

Farmers Market Statewide Campaign

A diverse audience including farmers, local food movement leaders, educators and limited income consumers will be recruited to provide input into the development of a statewide campaign to promote farmers markets through a collaborative effort of WV Food and Farm Coalition, WV Farmers Market Association and WV SNAP-Ed.

Walking Promotions

Integration of walking programs, particularly engaging youth and adult participants in assessing community environments, is new to WV SNAP-Ed in 2018. Interviews and surveys will participants will guide the development and integration of this new educational activity into programming.

Food Pantry

Key informant interviews with food pantry directors and surveys with pantry clients will be used to guide the development of educational and promotional materials.

NAP-SACC:

Key informant interviews with child nutrition directors and day care directors will be carried out to determine interest/needs in regard to incorporating healthy options. Surveys of community members, school staff and students will be carried out to determine which healthy options would be most desirable to add to offerings.

WV CARDIAC Project

As protocols are being developed and Youth Health Educators are being trained to oversee CARDIAC health screenings in their respective counties, interviews and surveys will provide qualitative feedback to assess effectiveness and improve the process.

- Similarly, the tracking system for school interventions will be developed, piloted, and feedback gathered to improve functionality and data collection.

Process

All proposed projects will incorporate process evaluation designed to capture/measure indicators listed in Appendix A: West Virginia SNAP Education Framework

Outcome

The Rethink Your Drink Campaign will be measured for impact on intent to change and changes to SSB and water consumption in adults and children exposed to marketing or educational components of the campaign.

The number of schools, grades, and students who participate in CARDIAC screening will be collected and reported. Aggregate scores for Body Mass Index (BMI) will be evaluated and reported by county, school, and grade level. Individual health screening results and further recommendations will be sent to parents, and primary care providers, if identified by the parent. Number of teachers using educational resources provided such as Active Academics.org and others will be tracked.

c. Questions

The questions that are proposed to be answered by the programming include:

- Can an informed, targeted social marketing campaign focused on increased SNAP/WIC participation at farmers markets be effective at increasing SNAP/WIC redemption at the market?
- Is an educational and social marketing campaign targeting reduced SSB consumption effective at changing knowledge, attitudes and/or behavior in low income audiences in West Virginia?
- Can physical activity levels in adults and children be increased through implementation of school and community-based walking challenges?
- Will connecting youth and adults with resources for identifying community locations to walk further increase physical activity levels?
- Can local food councils be established and sustained in low income communities with limited food access?
- Can educational materials and “healthy food drive” promotions drive increased access to and consumption of healthier foods at food pantries?
- Are school and childcare based farmers markets a feasible strategy for increasing access to locally grown produce in low income audiences? Can they help to increase SNAP/WIC participation in farmers markets?
- Will implementation of NAP-SACC assessments and training lead to policy change in preschools and daycares in low income communities?
- Are school/community gardens effective at increasing fruit and vegetables accessibility and consumption in low income audiences?
- Can Smarter Lunchroom and NAP-SACC interventions create environmental changes in preschool/school environments which encourage students to make healthier choices?
- Can establishment of Food Policy Councils help foster the adoption of PSE changes that support greater access to healthy foods?

- Can health screening data be collected on 75% of K, 2nd, and 5th graders in designated counties?
- Can a school-based health risk screening and referral system effectively engage families and health care providers to increase prevention activities and decrease health risk?
- Are healthy lifestyle educational resources provided to the schools being utilized by teachers?
- Can physicians/clinics be better integrated with community resourced through training and creation of a “champion” network?
- Can a team of a PE teacher, school nurse, health educator and clinician be formed to address obesity in youth identified in school based BMI screening?

d. Approaches

Mostly qualitative techniques such as interviews and surveys will be used to collect evaluation data on PSE projects.

e. Planned use

The evaluation data gathered will be used to inform further development and implementation of programming.

f. Prior Evaluation

Implementation for the above-mentioned public health programming is ongoing, thus, previous evaluations have not been completed.

g. Use of the SNAP-Ed Evaluation Framework

The SNAP-Ed Evaluation Framework is integrated throughout the plan with indicators being measured at all levels and across multiple sectors.

a. Name: Direct Education

b. Type of Evaluation: Formative, Process, Outcome

Formative

None

Process Evaluation:

For youth programming questionnaires provided to teachers garner feedback on program implementation. The evaluations include questions such as, “Do you feel children are more aware of nutrition?”, “Do you feel children will be willing to try new foods?”, and “Was the

curriculum appropriate for use in your classroom?” Program design is re-evaluated on an annual basis, depending on the results of this process.

Teaching observations are conducted by the extension specialist for each instructor during new employee training and in the field, while instructors are conducting direct education classes. Additionally, supervising extension agents are required to conduct a minimum of two teaching observations per year. Teaching observations provide practical information regarding how information learned during new employee training, at annual in-services, or provided to instructors through one-on-one coaching is used in actual classroom practice.

Outcome Evaluation:

The EFNEP behavior checklist (a student matched pre-/post- assessment) will be used to evaluate the impact of the elementary school-based “Show Me Nutrition” curriculum in 3rd- 5th grade and the Teen Cuisine curriculum in 6th-8th grade. The surveys are focused on assessing behavior change related to fruit, vegetable, water and SSB consumption. Changes in behavior of PreK-2nd grade students will be assessed using a modified Healthy Kids survey. The survey is completed by parents who will report on their observed changes in eating behaviors of children. The same survey will be used with parents participating in classes using the NEAT curriculum.

The adult project utilizes an entry/exit form to determine knowledge gain and behavior change in adults enrolled in direct education classes. Demographic data along with a behavior checklist and 24-hour recall are collected pre/post the nutrition education class series. This pre-and post-instrument is used to assess the behavioral indicators on a six-point Likert Scale (0, Does Not Apply-5 Almost Always Applies). The computed numbers are used for Federal reporting purposes. The Behavior Checklist is also used in conjunction with the twice administered 24-hour food recall. Further, a post-course survey asks participants questions to assess their understanding of materials, the practical use of the information provided, and the program delivery. This information is useful to help individual instructors be aware of their strengths and weaknesses of their presentations.

The results of our evaluations are used to further enhance the program and make necessary programmatic changes and updates.

c. Questions

- Can implementation of an evidence-based curriculum impact healthy eating behavior in adult and youth class participants?

d. Approaches

Modified Healthy Kids survey (PreK-2) (Adult/NEAT)

EFNEP Behavior Checklist (3rd-12th grade)

Behavior Checklist/24 Hour recall (Adult/ESBA)

e. Planned use

Results of the pre/post tests will be used to assess individual instructor performance with helping participants change behavior and aggregate changes in behavior program wide.

f. Evaluation

The most recent year of evaluation was FFY 2016.

g. Use of the Snap-Ed Evaluation Framework.

Using pre/post questionnaires, we will assess the following indicators:

MT1. Behavior Change

MT1d. Variety of vegetables

MT1h. Consumption of SSB

MT1g. Water consumption

MT1i. Milk consumption

MT1m. Vegetable consumption

MT1l. Fruit consumption

MT2. Food Resource Management

MT2h. Compared prices before buying foods

MT2j. Shopped with a list

Coordination of Efforts

SNAP-Ed continues to find effective partnerships and collaborations. Current partnerships are categorized two ways according to the internal and external partnership to WVUES.

A. Internal

West Virginia University Extension program units provide support and collaboration to the WV Family Nutrition Program (FNP). Partnerships with the 4-H and Energy Express programs provide opportunities for teaching during the summer. FNP's internal partnership with EFNEP maximizes the reach of our nutrition education program. Leveraging the two funding sources allows Federal dollars to be utilized to produce the most impact possible on eating and physical activity behaviors of low income WV residents. EFNEP instructors (NOIs) and SNAP-Ed instructors (HEs) are generally not located within the same county and in instances where they are, their roles are differentiated between youth-serving vs. adult-serving.

The Center for Active WV in the WVU College of Physical Activity and Sport Sciences is a newly developed Center whose vision is to increase the physical activity levels of both children and adults in our state to meet or exceed the national physical activity recommendations (2008 Physical Activity Guidelines for Americans, CDC) and to, therefore, improve the health and quality of life of all West Virginians. The purpose of the Center for ActiveWV is to provide the needed infrastructure, funding, research, and programming to successfully impact the health of WV citizens across the lifespan. The goal of ActiveWV is to provide the infrastructure necessary to stimulate and coordinate innovative research and outreach efforts related to physical activity and education, health, and prosperity, in collaboration with multi-disciplines within the University, and with other agencies, organizations, businesses, and educational institutions throughout the state of WV.

Key Roles are as follows:

- Collaborate with WVU Extension Service faculty to oversee award distribution of funding, personnel, and implementation of objectives.
- Provide technical assistance and oversight in conducting health screenings, including BMI, blood pressure, AN, and family history, in schools in 20 counties where WVU Extension Service Youth Health Educators currently reside and work for the county extension programs.
- Provide training and technical assistance to Youth Health Educators in health screening procedures and data collection.
- Provide schools in the 25 designated counties with educational resources to increase physical activity participation in the school setting.
- Develop and implement an online tracking system to gather data on screenings and interventions.

West Virginia University Center for Resilient Communities

Based in the Geography Program at WVU Morgantown, the Center for Resilient Communities conducts longitudinal social science research and mapping of community food security and health equity in all 55 counties of WV.

Key Roles are as follows:

- Release a five-year state of food access report and accompanying food policy council development curriculum in 2023
- Train a minimum of 75 food policy advocates in the development of food advisory councils by the end of fiscal year 2023.

B. Sub-awards

KEYS 4 HealthyKids (KEYS) is a multi-sector collaborative affiliated with CAMC Health Education and Research Center based in Charleston with the mission of reducing childhood obesity. The director is a pediatrician with Charleston Area Medical Center (CAMC). KEYS staff coordinates obesity prevention efforts in child care centers statewide. Goals are accomplished through policy, system and environmental change that make the healthy choice the

easy choice for kids and their families. Obesity prevention and treatment initiatives will be utilized for linking clinical and community systems. Key roles are as follows:

- Facilitate a continuous quality improvement process for WV child care centers in nutrition, garden and physical activity practices, policies and environments for primary pediatric obesity prevention.
- Pediatric provider and practice quality improvement training and ongoing technical assistance utilizing the 5-2-1-0 Pediatric Obesity Clinical Decision Support Chart and the 5-2-1-0 community referral Rx (prescription). Examples of such Rx include FNV Rx for local produce or physical activity Rx to a park or local recreational facility.

Marshall University Department of Dietetics is in Huntington. The program is administered by Dietetics faculty and carried out by undergraduate students, graduate dietetic interns and paid staff. The program provides youth direct education and PSE support in Putnam, Cabell, Lincoln and Kanawha counties. Their key roles are as follows:

- Food Pantries (MT5, STS5)
 - Lead efforts to develop nutrition education materials for pantry staff and clients to promote use of nutrient dense food items.
 - Lead development of materials for “Healthier Food Drive” efforts targeted for general donations and school backpack programs. NEP will work with local food pantries, businesses, churches and organizations such as Marshall University Student Association of Nutrition and Dietetics to promote the food drives and utilize for collection sites as well. Throughout the year NEP will participate in a minimum of four food drives throughout the four counties we service.
 - NEP will provide support to local food pantries by helping create a healthier food pantry along with providing food demonstrations and tastings with food commonly found in pantries and monthly food boxes. Recipes will also be provided. In addition to leading healthier food pantries initiatives, NEP will also work with school backpack programs to provide literature, recipes and an inexpensive meal where food items will be collected during food drives to send home for students to consume during the weekend.
 - Marshall NEP has a presence in many food pantries in our service area. In order to better address the impact of changes integrated into pantries, Marshall will use a Smarter Pantry scorecard developed by the program similar to ones used for Smarter Lunchroom. There were no appropriate pre-existing assessment tools to meet the program’s needs.
- School Wellness (ST5, MT5, MT3, MT6)
 - Food of the Month (FOM) will provide exposure to healthy and nutritious foods to students in schools served. Opportunities to try foods and learn more about featured monthly foods introduced throughout the school year.

- Based on needs identified by schools, collaborate with SNAP educator to offer RYD, Smarter Lunchroom, school garden, walking or school-based market interventions. Partnerships with Marshall University Sustainability Department and Marshall University Department of Public Health are being established to further the efforts in school wellness and gardening.
- Rethink Your Drink (ST1, MT1)
 - Integrate RYD campaign into direct education activities. A one-week water pledge will be completed by students. NEP will participate in Water Week in all four counties served. School-wide RYD initiative throughout the school year including lessons, videos, challenges and water bottle distribution.
 - Utilize social media to promote and educate health message in regards to RYD.
- Physical Activity (MT3, MT6)
 - Initiate new walking programs and walking challenges in all counties served. NEP will continue to incorporate messages about physical activity into direct education curriculum.
 - Introduce and provide sensory pathways into a minimum of one school in each county. Sensory pathways will encourage movement throughout the school day.
- Direct Education (ST1, ST5, MT1, MT3, MT5)
 - Teach kindergarten, first and second graders a series of seven, thirty-minute lessons throughout all counties served. Curriculum from *Show Me Nutrition, Team Nutrition and Learn, Grow, Eat, Go* will be used as the foundation for the lessons. Each lesson will focus on MyPlate and the five different food groups. Lessons will also include information on physical activity, hand hygiene, reading a book from the Accelerated Reading list and provide a tasting from the food group being taught each week. Lessons will be taught by four registered dietitian educators and eleven graduate dietetics intern students.
- Retail (ST5, MT5)
 - Healthy food options are limited for purchase at small retail stores. Providing healthier options and meal ideas will allow consumers healthier and less expensive meal options that are readily available. NEP will collaborate with WV Food and Farm Coalition and WV University Extension to deliver WV Kids Market @ The Store program throughout the state.

West Virginia Food & Farm Coalition, Inc. (WVFFC) will provide technical expertise related to the following goals of the WVU SNAP-Ed program.

- Provide training and technical assistance to West Virginia farmers markets and on-farm stands to enable them to accept SNAP benefits (MT8a-1, MT8a-2)
- Expand SNAP Stretch – a project designed by the WVFFC and WVU SNAP-Ed to match SNAP dollars spent at farmers markets at a 1:1 ratio and if participants have children SNAP dollars are matched at 1:2 ratio. (MT8b)
- Provide technical assistance to community leaders and assist them in establishing farmers markets in low-income communities. (MT8d)
- Provide coordination and structure Food for All. Food for All is an active coalition of partners and grassroots supporters focused on increasing food access and equity through state policy and system change. (ST8a, ST8b, ST8c, MT7c, MT8e, LT12a)
- Develop and connect local food retailers to the local supply chain so that they can supply healthy, fresh food items (LT12b,c,f)
- Partner with community leaders to mobilize the community ensuring greater food equity and access to quality food systems. (LT12d)

West Virginia University-Parkersburg will provide educational programming and professional development in Wood, Roane, Jackson, Ritchie, Pleasants, Wirt, and Doddridge counties through the Partnerships Project Professional Development Schools as well as other low-income schools in our network.

Direct Education

- Provide Professional Development on nutrition, obesity prevention, and strategies for improving childcare and school environments for teacher candidates and faculty in the education program as well as faculty in limited income schools
- Maintain and update lending library (Partnership Education Center- PEC) with nutrition and physical activity educational resources to be used by Student Teachers/ Residency Teachers in limited income schools
- Provide representation on local school committees and boards to promote healthy school environments and other leadership teams in the school settings
- Provide mini-grant opportunities to schools to support physical fitness and nutrition goals through the purchase of materials and supplies
- Provide nutrition and physical activity educational resources
- Provide support to schools to complete needs assessments
- Offer support for implementation of Rethink Your Drink (RYD), Smarter Lunchrooms, school gardens, walking programs, activity grids (stenciled sidewalks to promote activity) or school-based interventions based on needs identified by schools and leadership teams
- Offer awareness and support for Pop-Up Markets at participating locations

C. Multi-Sector Partnership

To address the high rates of chronic disease more effectively and extend the impact of the efforts of SNAP-Ed and partners, the WVU Center for Resilient Communities and SNAP-Ed facilitated the development of a new West Virginia nutrition, physical activity and obesity plan entitled “Take Back Our Health WV!” which is rooted in the SNAP-Ed Evaluation Framework. This initiative evolved from the existing State Nutrition Action Council (SNAC) and is made up of representatives from WVU Extension Service, Bureau for Public Health, DHHR, WIC,

Department of Agriculture, WV State University, Marshall University, Sprouting Farms, KEYS for Healthy Kids, WV Food and Farm Coalition, WIC, Marshall University Oral Health, WVU Office of Health Services Research, American Heart Association, American Cancer Society and West Virginia University of Parkersburg who will meet quarterly to work strategically on projects to address obesity, nutrition and chronic disease across the state. Using the principles of collective impact, the WVU Center for Resilient Communities utilized working groups to identify evidence-based actions to address three goals; 1) to increase fruit and vegetable consumption, 2) to increase physical activity, and 3) to decrease sugar sweetened beverage consumption in West Virginians. Built upon the SNAP-Ed policy, systems, environment-focused approach, the plan encompasses individual, community and institutional change. Mutually reinforcing activities are integrated into menus of action delivered through a social marketing campaign that is designed to empower and harness the power of communities across West Virginia. In 2023 we will launch the Take Back Our Health WV! initiative and begin gathering data and evaluating impacts across all coalition partners.

Food-For-All is an active coalition of partners and grassroots supporters focused on increasing food access and equity through state policy and system change. Food-For-All activities include building an active coalition, creating policy recommendations, and drafting sample legislation. As part of Food-For-All, WV Food and Farm Coalition hosts a one-day summit to provide the opportunity to join an action team fighting against hunger in West Virginia.

Template 3: SNAP-Ed Staffing Plan

(Please note that some or all figures have been rounded for grant purposes)

WVU Extension and Internal Partners

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
Operations Coordinator	.75	100	0	\$36,182
Adult Program Specialist	.50	75	25	\$50,666
Biostatistician	.05	50	50	\$8,977
Health Educator/Outreach Instructor – 20	1	20	80	\$1,077,954
Multimedia Specialist	.50	100	0	\$30,750
Nutrition Outreach Instructors - 1	1	50	50	\$30,853
Nutrition Outreach Instructors -11	.20	20	80	\$92,059
Program Coordinator	1	75	25	\$78,600
Program Manager	.25	75	0	\$15,990
Public Health Specialist, (PI)	1	75	25	\$107,922
Social Media Specialist	1	100	0	\$58,950
Public Health Specialist – Program Evaluator	.70	100	0	\$4,218
(WVU) Research Assistant Professor	.40	25	75	\$40,672
(WVU) CRC Graduate Research Assistant	.50	25	75	\$21,800
(WVU) CRC Undergraduate Assistant	.33	0	100	\$5,080

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
Operations Coordinator	.75	100	0	\$36,182
Adult Program Specialist	.50	75	25	\$50,666
Biostatistician	.05	50	50	\$8,977
Health Educator/Outreach Instructor – 20	1	20	80	\$1,077,954
Multimedia Specialist	.50	100	0	\$30,750
Nutrition Outreach Instructors - 1	1	50	50	\$30,853
Nutrition Outreach Instructors -11	.20	20	80	\$92,059
Program Coordinator	1	75	25	\$78,600
Program Manager	.25	75	0	\$15,990
Public Health Specialist, (PI)	1	75	25	\$107,922
Social Media Specialist	1	100	0	\$58,950
Public Health Specialist – Program Evaluator	.70	100	0	\$4,218
(WVU) CRC Community Food Security Coordinator – Ohio	.50	25	75	\$14,022
(WVU) CARDIAC Project Manager	1	50	50	\$67,650
(WVU) CARDIAC Project Co-Director	.20	50	50	\$27,399
(WVU) CARDIAC Project Co-Director	18.4	50	50	\$20,007

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
Operations Coordinator	.75	100	0	\$36,182
Adult Program Specialist	.50	75	25	\$50,666
Biostatistician	.05	50	50	\$8,977
Health Educator/Outreach Instructor – 20	1	20	80	\$1,077,954
Multimedia Specialist	.50	100	0	\$30,750
Nutrition Outreach Instructors - 1	1	50	50	\$30,853
Nutrition Outreach Instructors -11	.20	20	80	\$92,059
Program Coordinator	1	75	25	\$78,600
Program Manager	.25	75	0	\$15,990
Public Health Specialist, (PI)	1	75	25	\$107,922
Social Media Specialist	1	100	0	\$58,950
Public Health Specialist – Program Evaluator	.70	100	0	\$4,218
(WVU) CARDIAC Project Technology Specialist & Evaluator,	11.7	75	25	\$10,521
(WVU) CARDIAC Project Intervention Specialist	11.6	75	25	\$10,128
(WVU) CARDIAC Graduate Assistant	1	75	25	\$27,032

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
Operations Coordinator	.75	100	0	\$36,182
Adult Program Specialist	.50	75	25	\$50,666
Biostatistician	.05	50	50	\$8,977
Health Educator/Outreach Instructor – 20	1	20	80	\$1,077,954
Multimedia Specialist	.50	100	0	\$30,750
Nutrition Outreach Instructors - 1	1	50	50	\$30,853
Nutrition Outreach Instructors -11	.20	20	80	\$92,059
Program Coordinator	1	75	25	\$78,600
Program Manager	.25	75	0	\$15,990
Public Health Specialist, (PI)	1	75	25	\$107,922
Social Media Specialist	1	100	0	\$58,950
Public Health Specialist – Program Evaluator	.70	100	0	\$4,218
			Total Staffing Budget: Enter total for all salary, benefits, and wages from	\$1,837,433

Statement of Work:

Please note: WVU Employees are indicated by (WVU) beside their title and are in italics

Operations Coordinator (WVU): Provide high level office support including clerical and secretarial duties, scheduling travel arrangements, proofing and preparing documents and other records, as well as assisting the faculty and staff of FNP. Serves as grant administrator and human resources for FNP. Auditing and processing state and research corporation expenditures, managing day to day funding activities for SNAP-Ed and EFNEP.

Adult Program Specialist (WVU): Oversee the adult direct education program. Work with adult Health Educators and Nutrition Outreach Instructors to ensure they are reaching potential with programming opportunities in their community. Provide oversight concerning curriculum, expenses, scope of work for the fiscal year, and feedback regarding direct education and public health programming.

Biostatistician (WVU): Evaluate outcomes and impacts of public health nutrition activities using statistical analysis and report results to the PI and administrative team for dissemination to the public, partners and funders.

Health Educator/Outreach Instructor(WVURC) (20): Provide nutrition education programs that help individuals, families, and their communities maximize and maintain healthy lifestyles. Provide direct education using an assigned curriculum, as well as public health programming, to limited resource families, youth, teens, and adults to encourage healthy eating and daily exercise. These positions are funded entirely by SNAP-Ed.

Multimedia Specialist(WVU) : Develop and implement social media strategy and content for various media platforms. Showcase valuable programming, research and resources to people and communities in West Virginia and on a national stage. Create, edit and implement digital storytelling using video and photography for use on Web, social media and other digital media.

Nutrition Outreach Instructor(WVU) (1): Teaching Public Health in their counties, paid 100% by SNAP-Ed.

Nutrition Outreach Instructor(WVU) (11): Dedicating 7.5 hours each week, paid by SNAP-Ed, to include Public Health in their counties.

Program Coordinator(WVU) : Will assist with public health programming support as needed. He/she will assist with ordering materials and supplies, distribution of items to county level personnel, logistics for public health activities and trainings as well as assistance with public health data collection.

Program Manager (WVURC): Will manage public health programming. He/she will assist with ordering materials and supplies, distribution of items to county level personnel, logistics for public health activities and trainings as well as assistance with public health data collection.

Public Health Specialist (PI) (WVURC) : Develop and deliver objective, research-based educational programs in areas of community and public health nutrition to meet the needs of diverse audiences. Evaluate outcomes and impacts of public health nutrition activities and report results. Oversee FNP projects related to public health nutrition including training faculty and staff, collecting and reporting data, and completing federal and state reports. This position is funded entirely by SNAP-Ed.

Social Media Specialist (WVURC): Develop and implement social media strategy and content for various media platforms. Create, edit and implement digital storytelling using video and photography for use on Web, social media and other digital media.

Public Health Specialist - Program Evaluator(WVU) : The Program Evaluator will provide support to the PI for designing program evaluation strategies for WVUFNP programs, assessing programs outcomes and impacts and packaging evidence-based programs for dissemination and replication by other SNAP-Ed agencies.

Research Assistant Professor, Center for Resilient Communities (WVU): Provides policy analysis support and support for educating SNAP-Ed staff and partners on policy outreach strategies and advocacy.

Graduate Research Assistant, Center for Resilient Communities (WVU): Provides administrative, outreach and research support to Food Justice Lab in the WVU Center for Resilient Communities.

Undergraduate Research Assistant, Center for Resilient Communities (WVU): Provides research and GIS tech support to Food Justice Lab in the WVU Center for Resilient Communities.

Community Food Security Coordinator, Center for Resilient Communities (WVU): Provides support for establishment of local food policy council in Ohio County, coordinating across organizations improving food access there and engaging directly with people experiencing food insecurity.

Project Manager, CARDIAC(WVU): The Project Manager oversees the management of Project objectives, initiatives, resources, and deliverables. This position supports the data management needs of the CARDIAC Project by providing leadership in data collection, quality assurance, entry, analysis, and dissemination of results. This position also serves as the lead communicator for the Project, managing/developing promotional materials, recruitment materials, content for website and social media outlets, and other communication efforts as needed. The Manager oversees all CARDIAC health screenings in the schools, conducted by WVU Extension Youth Health Educators, and is responsible for distribution of screening results to parents, school administrators, and other stakeholders.

Project Co-Directors (2), CARDIAC(WVU): The project directors will oversee all project operations. Responsibilities will include but are not limited overseeing health screenings and data management, overseeing and contributing to development and implementation of physical activity interventional strategies, oversee community outreach, training of Youth Health Educators and coordinator, and overseeing communication efforts including website updates, social media posts, and other marketing activities. Both co-directors are currently faculty members at WVU CPASS and their SNAP-Ed salaries will cover 15% of each of their salaries. The PI will supervise the Project Manager, the Community Outreach Coordinator, and the Graduate Assistant. The Co-PI will work closely with the Extension Health Educators.

Project Technology Specialist and Evaluator, CARDIAC(WVU): Both project evaluators will collaboratively work to evaluate the overall project, including the health screenings, the success of various aspects of the project (i.e. project delivery by HEs, interventional strategies) and will provide input in the selection, evaluation instruments/methods, analysis, and reporting. His expertise in technology will also lead the team in the development and/or implementation of related technological resources and interventions for children and families. This position will also contribute to school-based intervention implementation.

Project Intervention Specialist and Evaluator, CARDIAC(WVU): Both project evaluators will collaboratively work to evaluate the overall project, including the health screenings, the success of various aspects of the project (i.e. project delivery by HEs, interventional strategies) and will provide input in the selection, evaluation instruments/methods, analysis, and reporting. Her expertise in children's physical activity and physical education will lead the team in developing and implementation new educational materials for children and their families that they can do at home. This position will also contribute to school-based intervention implementation.

Graduate Assistant, CARDIAC(WVU): This Graduate Assistant will work with the project team to develop and disseminate family resources on both the Active Academics website and the WV CARDIAC Project website. The family resources will include educational materials, and practical ideas for increasing physical activity and healthy eating at home. The GA will locate resources, develop content, oversee delivery methods, assist with social media and web content, and maintain interventional resources for children and families. This GA may also be asked to help with health screenings in schools, workshops, and nutrition and physical activity interventional strategies in the schools and/or communities, and data entry.

Fringes for all WVURC FTE positions are 31%, WVU FTE positions (*noted with (WVU) in italics*) are 23%, Graduate Student positions (*noted with (WVU) in italics*) are 9%, Student Worker positions are 1.70% (noted with (WVU) in italics) as designated by West Virginia University's Federally Negotiated Indirect Cost Rate Agreement.

Sub-Grantee Staffing

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 Direct Service	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
KEYS Director	.20	60%	40%	\$47,264
KEYS Project Coordinator 1	.25	10%	90%	\$16,399
KEYS Clinical Coordinator	.5	10%	90%	\$75,511
Marshall Director	1	75%	25%	\$75,167
Marshall Nutrition Educators	4	20%	80%	\$201,145
Marshall Principal Investigator	.25	90%	10%	\$21,821
Marshall Coordinator (3)	.25	100%	0%	\$7,520
Marshall Administrative Assistant	.5	100%	0%	\$20,097
Marshall Budget Officer	.1	100%	0%	\$4,476
WV Food and Farm Coalition Executive Director	.20	50%	50%	\$21,000
WV Food and Farm Coalition SNAP Stretch Director	.40	25%	75%	\$32,120
WV Food and Farm Coalition WVRGN Director	.30	0%	100%	\$16,060
WV Food & Farm SNAP Stretch Program Assistant	.136	0%	100%	\$6,570

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 Direct Service	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
KEYS Director	.20	60%	40%	\$47,264
KEYS Project Coordinator 1	.25	10%	90%	\$16,399
KEYS Clinical Coordinator	.5	10%	90%	\$75,511
Marshall Director	1	75%	25%	\$75,167
Marshall Nutrition Educators	4	20%	80%	\$201,145
Marshall Principal Investigator	.25	90%	10%	\$21,821
Marshall Coordinator (3)	.25	100%	0%	\$7,520
WV Food & Farm Coalition Foodshed Coordinator –	.50	0%	100%	\$32,850
WVU Parkersburg Liaison to Public Schools	.50	10%	90%	6,400
WVU Parkersburg Instructors (2)	.40	20%	80%	\$17,000
WVU Parkersburg PEC Employees	.50	10%	90%	\$8,000
WVU Parkersburg Agriculture Director	.2	80%	20%	\$1,120
WVU Parkersburg Ag Student Worker	.1	0	100%	\$980

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 Direct Service	SNAP-Ed Salary, Benefits, and Wages Federal dollars only
KEYS Director	.20	60%	40%	\$47,264
KEYS Project Coordinator 1	.25	10%	90%	\$16,399
KEYS Clinical Coordinator	.5	10%	90%	\$75,511
Marshall Director	1	75%	25%	\$75,167
Marshall Nutrition Educators	4	20%	80%	\$201,145
Marshall Principal Investigator	.25	90%	10%	\$21,821
Marshall Coordinator (3)	.25	100%	0%	\$7,520
			Total Staffing Budget: Enter total for all salary, benefits, and wages from Federal dollars here.	\$606,158

KEYS Director (0.20)- The project director is responsible for the leadership and direction of the entire initiative as well as support for the collaborating partners. The project director is responsible for conducting the workshop trainings for each for the child care centers, training additional site advisors and the clinical training for champion providers.

KEYS Project Coordinator (0.25) – The project coordinator leads the child care initiative and statewide early care and education partnerships. She is responsible for working alongside the director to train child care center staff and provide technical assistance in meeting policy and environmental improvements within the child care center. She is responsible for facilitating continuous quality improvement through the Peer Learning Network of child care centers that have completed the initiative.

KEYS Clinical Coordinator (0.5) –The clinical coordinator will lead the healthcare clinical-community initiative. The role includes training and education of providers on quality and process improvement around obesity assessment, prevention and treatment. The role also serves as an integrator between clinical and community systems.

KEYS FTE/Fringe:

FTE = full time employee status based on a 40-hour work week.

Fringe Rate – 26.24%

Marshall University Research Corp Nutrition Education Director: Masters level Registered/Licensed Dietitian will manage programs and daily routine purchases for the program. He/she schedules MU project staff and assists with recruitment, hiring, training and evaluation. Additionally, he/she provides nutrition education in schools, conducts site visits, and prepares educational materials. Fringe rate at 28.07%

Marshall University Research Corp Nutrition Educators: Four (4) Registered/Licensed Dietitian (RD eligible or Internship eligible acceptable) Nutrition Educators (three, ten-month employees and one twelve-month employee), will provide nutrition education in schools, conduct site visits, prepare educational materials, participate in evaluation and provide PSE in schools and communities served. Fringe rate at 28.07%

Marshall University Principal Investigator: The Principal Investigator will oversee the project as a part of his/her function as Chair of the Department of Dietetics. He/she will be responsible for the oversight of budget, hiring and personnel management and will oversee implementation of nutrition education in schools. He/she will guide the Coordinators and ensure that nutrition education staff provides programming in schools as intended and oversees evaluation activities. His/her salary reflects the portion of time dedicated to the project. The PI will contribute 25% of time during his/her nine-month appointment to the SNAP-Ed program. Fringe rate at 21.387%

Marshall University Research Corp Project Coordinators: Three (3) Masters/Doctoral level Registered/Licensed Dietitians will be responsible for the quality control of SNAP-Ed programs in schools within Cabell, Kanawha, Lincoln and Putnam counties. They will recruit principals and other school staff as well as monitor graduate student activities and participate in evaluation. The Coordinators will contribute 0.75% of their time during their nine-month appointment to the SNAP-Ed program. Fringe rate at 21.38%

Marshall University Administrative Assistant: He/she will be responsible for assisting the Nutrition Education Director in purchasing program supplies (food, paper supplies, education materials, and reinforcements) and prepares professional reports, publications, and presentations

and all other duties assigned by the Director. They will contribute 50% of his/her time to the SNAP-Ed program. Fringe rate at 16.39%

Marshall University Budget Officer: The Budget Officer will contribute 10% of his/her time to the SNAP-Ed program. He/she will be responsible for all financial matters pertaining to the grant, including personnel, purchasing, travel, and preparation of financial reports. Fringe rate at 21.38%

Marshall Fringe Rates:

- Full Time Faculty & Staff at Marshall University is 21.38%
- Full-Time Faculty & Staff at Marshall University Research Corp is 28.07%
- Part Time Staff at Marshall University Research Corporation is 16.39%

West Virginia Food and Farm Coalition Executive Director: Director is responsible for supervising the project and associated staff and facilitating the Food for All Coalition. He/She will also be responsible for the financial management of the sub-award and all reporting.

West Virginia Food and Farm Coalition SNAP Stretch Director: The SNAP Stretch Director is responsible for expanding and implementing SNAP Stretch programming, including data collecting, and developing additional funding for SNAP Stretch incentives.

West Virginia Food and Farm Coalition West Virginia rural Grocer Network (WVRGN) Director: The director is responsible for assisting local communities in setting up farmers markets, enabling markets to accept SNAP, and provide technical assistance on farm to community events such as farm to table dinners, local foods festivals, community-supported agriculture serving low-income communities, and connecting growers, markets with resources, and conducting outreach to enroll more marketing into SNAP Stretch.

West Virginia Food and Farm Coalition SNAP Stretch Program Assistant: Assist the SNAP Stretch program director in processing SNAP Stretch data, correcting forms, and developing SNAP Stretch reports.

West Virginia Food and Farm Coalition Foodshed Coordinator – Pocahontas County
Responsible for traveling throughout Pocahontas County and delivering SNAP-Ed curriculum and food demonstrations.

WVUP Director: \$ 0.00

Director is the Dean of the Education Division at WVUP. The Dean will be responsible for overseeing the continuation of the SNAP-Ed grant and work with schools/organizations applying for SNAP-Ed grant funding. The Director is a full professor with a Masters in Curriculum and Instruction and a Ed. D in leadership and technology. The Dean has ongoing connections to local public schools having extensive experience planning and implementing professional development for regional teachers

and enrichment activities for local public-school students over the last 22 years in the partnership project.

WVUP Instructors: \$ 17,000 (\$8,500 per Instructor)

The Instructors/Professors are faculty members in the Education Division at WVUP. Both have experience at the local level in providing professional development to teachers and Teacher Candidates/Residency. Both will be hands-on in working with schools to provide services. Both have experience planning events with local public schools and a current working relationship. These positions will start October 1, 2023 and conclude August 31, 2023.

WVUP Professional Education Center Employees (PEC): \$ 8,000

The Partnership Education Center (PEC) is located on the campus of WVUP. The center contains physical activity and nutrition education materials for use by student teachers/ Residency teachers, teacher candidates, WVUP faculty, and local public-school teachers and administrators. PEC employees help with the organization of new and existing materials which are SNAP-Ed related, assist interested people in checking in and checking out available materials, and support interested individuals in how to incorporate materials into educational offerings for qualifying schools. Also, PEC employees will provide hands-on support in working with schools during related Snap Education projects and activities.

WVUP Liaison- to Public Schools/ WVUP/ SNAP-ED: \$ 6,400

Will serve as assistant/liaison for the Director and Instructors in the implementation of SNAP Education projects. The Liaison will assist with projects in the agricultural areas as needed. In addition, the Liaison will assist in any type of project work associated with SNAP Education and with the promotion of SNAP Education. This position will start October 1, 2023 and conclude May 31, 2023.

WVUP Agriculture Director: \$1,120

Will provide oversight to production of vegetables as part of the educational curriculum for the to serve agriculture outreach programs such as Kids Markets and Kids Market @ the Stores in the Mid-Ohio Valley region.

WVUP Agriculture Student Worker: \$980

Stipend for an agriculture student worker to grow produce for educational outreach programs such as Kids markets and Kids Market @ the Store for the Mid-Ohio Valley region.

Template 4: SNAP-Ed Plan Budget Information by Project

Section A

1a. Name of Sub-Grantee: CAMC Institute, KEYS 4 HealthyKids

1b. Total Federal Funding, grant: \$195,076

1c. Description of services and/or products:

- Nutrition and Physical Activity in Child Care (NAP SACC) in Child Care Centers
 - Facilitate child care centers through GO NAP SACC initiative to improve the nutrition, garden and physical activity practices, policies and environments for primary pediatric obesity prevention with a focus on the following:
 - GO NAP SACC Farm 2 ECE
 - GO NAP SACC Infant – toddler Physical Activity
 - Lead training efforts in coordination with WVUES faculty.
 - Lead technical assistance efforts with support from WVUES SNAP educators.
 - Based on needs identified by centers, collaborate with SNAP educator to offer RYD, healthy celebrations, school gardens, walking paths or center-based market interventions.
- Edible gardens
 - Lead efforts to establish gardens and garden-based learning in childcare settings of centers participating in the Peer Learning Network
- Kids' Pop-up Markets
 - Facilitate Kids' Pop-up markets at child care centers in order to provide increased exposure and access to fresh fruits and vegetables
 - Host Kid's Pop-up markets at end of week for produce access on weekends for food insecure children and families.
 - Provide food tastings at each market with support from WVUES SNAP educators and ECE health educators and nurse health consultants to increase exposure to locally grown produce available at the markets
- Rethink Your Drink
 - Provide support for integration of policy, system and environmental change into child care center and school RYD direct education
 - Recruit middle and high school students to actively participate in RYD activities and PSE change within their school and neighboring elementary schools
 - Coordinate with WVU Oral Health Coalition on RYD messages and social marketing
- Health Care Clinical-Community Linkage
 - Pediatric provider and quality improvement training and ongoing technical assistance utilizing the 5-2-1-0 Pediatric Obesity Clinical Decision Support Chart and the 5-2-1-0 community referral Rx (prescription). The 5-2-1-0 Rx written by the pediatric provider will link obesity prevention and treatment directly to community resources. Examples of such Rx include FNV Rx for local produce or physical activity Rx to a park or local recreational facility
 - KEYS 4 HealthyKids staff will serve as an integrator between participating practices and community resources addressing nutrition quality, healthy food access, food insecurity, and physical activity opportunity

- Connect clinical and community systems together by building a Clinical-Community Collaborative consisting of clinical and public health professionals and community organizations and members. The Collaborative’s primary goal is to serve as a bridge to connect clinical and community systems together. The Collaborative will not only serve to increase resources for patients and families, but also to increase awareness of where providers can refer patients, so they can receive these resources. By addressing knowledge of and availability of resources, a greater impact will be made on the health of the communities where people live, learn, work, play, and pray
- Partnering with the University of Charleston Physician Assistant Students to get them involved in volunteer activities with KEYS and to increase their knowledge regarding implementing policy, systems, and environmental changes in their prospective fields

1d. Cost of specific services and/or products

	Expenses*	Carry-in from Previous FY	Current FY Budget	Non-Federal Support
1	Salary/Benefits	--	136,174	
2	Contracts/Sub-Grants/Agreements**	--	12,000	
3	Non-Capital Equipment/Supplies	--	1,000	
4	Materials	--	1,500	
5	Travel	--	4,765	
6	Building/Space	--		
7	Maintenance	--		
8	Equipment and Other Capital Expenditures	--		
9	Total Direct Costs	--	155,439	
10	Indirect Costs (Indirect Cost Rate =25.5%)	--	39,637	
11	Total Federal Funds	--	195,076	
12	Estimated Funds Carry-over from Current FY to Next FY		0	0

Salary & Benefits (Personnel Services)

Project Name: KEYS 4 Healthy Kids				
1. Position Title	2. FTEs charged to SNAP-Ed	3. Description of Job Duties		4. SNAP-Ed Salary, Benefits, and Wages
*Attach statement of work listing SNAP-Ed-related job duties for each position.	**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, including all approaches described in Guidance Section 1	<i>Federal Dollars only</i>
Director	.20	60%	40%	\$47,264
Project Coordinator 1	.25	10%	90%	\$16,399
Clinical Coordinator	.5	10%	90%	\$75,511
Total				\$136,174

Salary/Benefits: Total \$136,174

KEYS Director (0.20) - The project director is responsible for the leadership and direction of the entire initiative as well as support for the collaborating partners. The project director is responsible for conducting the workshop trainings for each for the child care centers, training additional site advisors and the clinical training for champion providers.

KEYS Project Coordinator (0.25) – The project coordinator leads the child care initiative and statewide early care and education partnerships. She is responsible for working alongside the director to train child care center staff and provide technical assistance in meeting policy and environmental improvements within the child care center. She is responsible for facilitating continuous quality improvement through the Peer Learning Network of child care centers that have completed the initiative.

KEYS Clinical Coordinator (0.5) –The clinical coordinator will lead the healthcare clinical-community initiative. The role includes training and education of providers on quality and process improvement around obesity assessment, prevention and treatment. The role also serves as an integrator between clinical and community systems.

KEYS FTE/Fringe:

FTE = full time employee status based on a 40-hour work week.

Director (0.20) – The director’s time is divided between clinical practice and SNAP-Ed public health initiatives, therefore only 0.20 of her time is spent on this initiative. Fringe rate at 26.24%.
\$90/hour for a total of \$37,440

Project Coordinator (0.25) – The project coordinator salary is funded by SNAP-Ed as well as other public health funding organizations, together totaling 1 FTE. Fringe rate at 26.24%.
\$24.98/hour for a total of \$12,990

Physician Assistant Clinical Coordinator (0.5) – The Physician Assistant Clinical Coordinator salary is funded by SNAP-Ed for .5 FTE. Fringe rate at 26.24%.
\$55.23/hour for a total of \$57,439

Salary Total: $\$37,440 + \$12,989 + \$57,439 = \$107,689$

Fringe Total: $\$107,689 \times 26.24\%$ fringe = $\$28,305$

Overall Salary/Benefits Total: $\$136,174$

Contracts/Sub-Grants/Agreements/Consultation Services: Total \$12,000

KEYS will hire a garden coordinator to provide support to Farm 2 ECE, pop-up kids markets and garden/garden-based learning at childcare centers participating in the NAP SACC (\$5,000); one summer VISTA (\$2,000); and consultant for natural learning environments (\$5,000). Total cost is \$12,000.

Non-Capital Equipment/Supplies: Total \$1,000.00

General office supplies (printer ink, pens, markers, post-it, paper clips, binders, etc.) - \$500

Presentation materials including flip charts, name tags, tent cards, and flash drives - \$500

Materials: Total \$1,500

Materials and incentives for workshops to include garden materials, pop-up market materials, nutrition materials, and physical activity materials for 15 sites x \$100 per site = \$1,500

A. In-State Travel

1. How attendance will benefit SNAP-Ed program goals and objectives.

The travel is for workshops/trainings/conferences KEYS 4 HealthyKids is presenting and hosting for the SNAP-Ed eligible child care centers enrolled in Key 2 a Healthy Start and Peer Learning Collaborative. The workshops are where the childcare centers develop policy and environmental goals to meet best practices for obesity prevention in their centers.

Site visits to participating child care centers –The travel to the child care centers by KEYS staff will provide on-site technical assistance to meet the policy goals, as well as pop-up kids’ markets.

Site visits to participating medical offices – The travel to the medical offices, where the champion providers are located, by KEYS staff will be for provider trainings and site visits.

2. Justification of need for travel

Statewide depending on location and preferences of participating childcare/medical offices.

3. Travel destination (city, town or county or indicate local travel)

Statewide depending on location and preferences of participating childcare/medical offices.

4. Number of staff traveling

Three

5. Cost of travel for this purpose

In-State Travel: Total \$4,765

Train-the-trainer workshops for NAP SACC and/or provider training:

Hotel rooms at \$150 per day x 3 people x 3 workshops = \$1350

Meals- \$51 per day x 3 people x 3 workshops = \$459

Transportation to all participating childcare centers and medical offices, Total- 1,100 miles at \$0.62 per miles =\$682

In-state site visits- 15 centers x 2 per center x \$0.62 per miles and approximately 90 miles per site = \$1,674

Conference registration for virtual conferences: \$200 x 3 staff= \$600

B. Out of State Travel

None budgeted

Indirect Costs

25.5% is the CAMC approved rate for indirect costs.

2a. Name of sub-grantee: Marshall University

2b. Total Federal funding, grant: \$551,839

2c. Description of services and/or products:

- Food Pantries (ST1, ST5, MT1, MT5)
 - Lead efforts to develop nutrition education materials for pantry staff and clients to promote use of nutrient dense food items.
 - NEP will provide support to local food pantries by helping create a healthier food pantry “Smarter Pantry” along with providing food demonstrations and tastings with food commonly found in pantries and monthly food boxes. Recipes will also

be provided. In addition to leading healthier food pantries initiatives, NEP will also work with school backpack programs to provide literature, recipes and an inexpensive meal where food items will be collected during food drives to send home for students to consume during the weekend.

- Marshall NEP has a presence in many food pantries in our service area. In order to better address the impact of changes integrated into pantries, Marshall will use Smarter Pantry scorecard developed by the program similar to ones used for Smarter Lunchroom. There were no appropriate pre-existing assessment tools to meet the program's needs.

- School Wellness (ST5, MT3, MT5, MT6, MT12)
 - Food of the Month (FOM) will provide exposure to healthy and nutritious foods to students in schools served. Opportunities to try foods and learn more about featured monthly foods introduced throughout the school year. Tastings will be provided in addition to existing tasting opportunities during nutrition education lessons.
 - Based on needs identified by schools, collaborate with SNAP educator to offer RYD, school garden, walking or school-based market interventions. Partnerships with Marshall University Sustainability Department and Marshall University Department of Public Health are being established to further the efforts in school wellness and gardening.

- Edible Gardens (ST5, MT5)
 - Provide hands on education in school and community gardens. Students and community members will be given the opportunity to receive education on edible gardening, opportunities to grow and receive produce and participate in food demonstrations and tastings with foods harvested from gardens.

- Rethink Your Drink (ST1, MT1, MT5)

- Integrate RYD campaign into direct education activities. A one-week water pledge will be completed by students. NEP will participate in Water Week in all four counties served. School-wide RYD initiative throughout the school year including lessons, videos, challenges and water bottle distribution.
- Utilize social media to promote and educate health message in regards to RYD.
- Physical Activity (ST3, MT3, MT6)
 - Initiate new walking programs and walking challenges in all counties served. NEP will continue to incorporate messages about physical activity into direct education curriculum.
 - Introduce and provide sensory pathways into a minimum of one school in each county. Sensory pathways will encourage movement throughout the school day.
- Direct Education (ST1, MT1, MT3)
 - Teach kindergarten, first and second graders a series of seven, thirty minute lessons throughout all counties served. Curriculum from *Show Me Nutrition, Team Nutrition and Learn, Grow, Eat, Go* will be used as the foundation for the lessons. Each lesson will focus on MyPlate and the five different food groups. Lessons will also include information on physical activity, hand hygiene, reading a book from the Accelerated Reading list and provide a tasting from the food group being taught each week. Lessons will be taught by four registered dietitian educators and eleven graduate dietetics intern students.
- Retail (ST1, ST5, MT1, MT5)
 - Healthy food options are limited for purchase at small retail stores. Providing healthier options and meal ideas will allow consumers healthier and less expensive meal options that are readily available. NEP will collaborate with WV Food and Farm Coalition and WV University Extension to deliver WV Kids Market @ The Store program throughout the state.
 -

Provide direct education to K-2 students in qualifying elementary schools in 4 counties

Expenses*	Current FY Budget	Non-Federal Support
Salary/Benefits	\$329,797	
Contracts/Sub-Grants/Agreements**	\$500	
Non-Capital Equipment/Supplies		
Nutrition Education Materials	\$68,962	

Travel	\$28,359	
Building/Space	\$21,397	
Equipment and Other Capital Expenditures	\$0.00	
Total Direct Costs	\$449,015	
Indirect Costs*** (Indirect Cost Rate=22.9%)	\$102,824	
Total Federal Funds	\$551,839	
Estimated Funds Carry-over from Current FY to Next FY, if any****	0	

2d. Cost of specific services and/or products:

BUDGET JUSTIFICATION

SALARIES: \$260,511

Mary Kathryn Gould, EdD, Principal Investigator: 25% effort (9 month)

The Principal Investigator will oversee the project as part of his/her role as a professor in the Department of Dietetics. He/she will be responsible for the oversight of budget, hiring and personnel management and will oversee implementation of nutrition education in schools. He/she will guide the Coordinators and ensure that nutrition education staff provides programming in schools as intended and oversees evaluation activities. His/her salary reflects the portion of time dedicated to the project.

Project Coordinators:

Kelli Williams, EdD: 2.5% effort (9 month)*

Mallory Mount, EdD: 2.5% effort (9 month)*

Amy Gannon, EdD: 2.5% effort (9 month)*

Doctoral level Registered/Licensed Dietitians will be responsible for the quality control of SNAP-Ed programs in schools within Cabell, Kanawha, Lincoln and Putnam counties. They will recruit principals and other school staff as well as monitor graduate student activities and participate in evaluation..

Alicia Fox, MS, Nutrition Education Director: 100% effort

Registered/Licensed Dietitian will manage programs and daily routine purchases for the program. she will schedule MU project staff and assists with recruitment, hiring, and evaluation. She will provide nutrition education in schools, conducts site visits, and prepares educational materials. Additionally, will manage collection of financial and evaluation documentation for reports and budgets.

Nutrition Educators:

Anthony Bowen, 100% effort

Brandi Sentz, 100% effort

Kathrine Clark, 100% effort

Rachel Sallade, 100% effort

Full-Time Nutrition Educators:

Three Registered/Licensed Dietitian (RD eligible or Internship eligible acceptable) Nutrition Educators (ten-month employees), will provide nutrition education in schools, conduct site visits, prepare educational materials, and participate in evaluation. One twelve-month employee will be involved in conduct some programming as ten-month employees as well as participate in summer community education and PSE efforts.

Lisa Harrold, Budget Officer, 10% effort *

She will be responsible for all financial matters pertaining to the grant, including personnel, purchasing, travel, and preparation of financial reports.

Tonya Parker, Administrative Assistant: 100% (part-time)

She will be responsible for assisting the Nutrition Education Director in purchasing program supplies (food, paper supplies, education materials, and reinforcements) and prepares professional reports, publications, and presentations and all other duties assigned by the Director.

*Staff with less than 100% SNAP effort are Marshall faculty (A. Gannon, M. Mount, K. Williams) that will provide assistance to NEP via quality control of SNAP-Ed programs, recruit schools and principals to promote program, monitor activities and participate in program evaluation. Marshall staff (L. Harrold) will assist weekly with grant financial matters including travel, purchasing and personnel. These positions are necessary for program execution but do not warrant a full or part-time position.

FRINGE: \$69,286

Fringe has been calculated using Marshall University's federally negotiated fringe rates which are as follows:

21.38% full-time MU \$5,950 (Williams, Gould, Mount, Gannon, Harrold)

28.07% full-time MURC \$60,562 (Fox, Bowen, Sentz, Clark, Sallade)

16.39% part-time MURC \$2,775 (Parker)

Project Name: Marshall University

1. Position Title*	2. FTEs** charged to SNAP-Ed	3. Description of Job Duties		4. SNAP-Ed Salary, Benefits, and Wages <i>Federal Dollars only</i>		
*Attach statement of work listing SNAP-Ed-related job duties for each position.	**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, including all approaches described in Guidance Section 1	Salary	Fringe Benefits	Total
Director	1	75%	25%	\$58,692	\$16,475	\$75,167
NEP Educator-Cabell County	1	20%	80%	\$37,854	\$10,626	\$48,480
NEP Educator-Putnam County	1	20%	80%	\$36,761	\$10,319	\$47,080
NEP Educator-Lincoln County	1	20%	80%	\$45,373	\$12,736	\$58,109
NEP Educator-Kanawha County	1	20%	80%	\$37,071	\$10,406	\$47,477
NEP Principal Investigator	.25	90%	10%	\$18,072	\$3,846	\$21,821
NEP Coordinator	.025	100%		\$2,150	\$460	\$2,610
NEP Coordinator	.025	100%		\$1,802	\$385	\$2,705
NEP Coordinator	.025	100%		\$2,092	\$447	\$2,205
NEP Administrative Assistant	.5	100%		\$16,929	\$2,775	\$20,097
NEP Budget Officer	.1	100%		\$3,716	\$794	\$4,476
Total				\$260,511	\$69,286	\$329,797

CONTRACTUAL: \$500
 Consultation Services:

A non-University consultant to be charged with maintaining computer program that would include: the evaluator tools, data collection tools, and compilation of data tools and summary of results for the program. This information will be used for program improvements and end-of-the-year report for FY2023.

SUPPLIES: \$68,962

Office Supplies: \$2,500 (*\$208/month x 12 months*)

General office supplies are needed to maintain administration of the program (i.e. copy paper, markers, folders, ink cartridges, cables, label maker, laminator, laminating sheets, laser printers, fax machine, stapler, rolohex, filing needs, office small wares, scissors, pens, pencils, paperclips, staples, etc.).

Program Supplies: \$48,084 (*\$4,007 /month x 12 months*)

Food costs \$14,520

Food will be required to provide “hands on” activities and food tasting experiences involving participants in experiential learning activities. Light nutritious samples provided to reinforce healthy eating messages. The budgeted cost based on the numbers of encounters anticipated including expansion to new schools in counties served and increased food costs due to inflation.

Nutrition Education Materials and Reinforcements \$33,564

Estimates for all the expenditures above are based off of previous years expenditures and anticipated outreach.

Nutrition education materials and reinforcements used in classroom “hands on” activities. Teachers and other support staff will receive additional nutrition materials to continue education beyond initial interventions. The budgeted cost based on the numbers of encounters anticipated including the addition of schools in two counties.

Software License Agreement: \$252 (*\$21/month x 12 months*)

Software license agreement

Computer Supplies: \$1,000 (*\$83/month x 12 months*)

In order to implement nutrition education effectively, computer supplies (i.e. laptops, desktop computer, iPads, etc.) as well as support devices (i.e. printers, mouse and back-up hard drives) are needed.

Cellular Phone Stipends: \$5,580

\$2,700 (\$90/month x 4 FT employees x 10 months)

\$720 (\$60/month x 1 PT employee x 12 months)

\$2,160 (\$90.00/month x 1 FT employee x 12 months)

A cellular phone stipend is necessary for program staff to maintain contact with each other and schools when away from the office. Phone will only be used for business purposes in accordance to policy. Cellular phone services should include unlimited texting (as some areas of WV have weak signals for calls but enough to send/receive text messages), nationwide service area (in the event that program

staff are out of state attending conferences), and internet capability to maintain communication via email.

Printing/Binding: \$500

Allow for printing on leased copier and outside printing through Marshall University Printing Service, or competitive company, for large-scale reproduction of documents (i.e. pre- and post-evaluation tools). The rental of the copy machine cost is allocated on a separate line under "Other" for \$4,368. The cost of printing copies is determined based on prior year's totals with adjustments for changes in the new grant year service are numbers.

Internet Service: \$192 (*\$16/month x 12 months*)

Usage of new University system

Line and Equipment: \$738 (*\$61.50/month x 12 months*)

Allow for charges for landline telephones in offices occupied by staff for the effective use of time and resources in the offices.

Rental of Copy Machine: \$4,366 (*\$364/month x 12 months*)

Cost of leasing a color copier on contract with Marshall University for the effective running of the office by having the ability to copy educational materials in house (i.e. educational handouts, posters, displays, etc.) A code specific to SNAP-Ed is used to ensure costs are specific to SNAP-Ed programming.

Printing: \$5,000

Allow for printing on leased copier through Superior Office Service or competitive company, for large scale reproduction of documents (i.e. pre- and post-evaluation tools). Estimation of cost based of of previous years expenditure.

Meeting Expense: \$750

Costs associated with employee and faculty meetings throughout the year (approximately 7 meetings throughout the year). Allows for purchase of supplies and training materials.

TRAVEL: \$28,359

In-state travel: \$25,004 (*3,572 miles x 14 travelers = 50,008 total miles x \$0.50/mile*) (mileage) at \$.50 per mile is for 4 dietetic staff and 11 dietetic interns.

Provide educational events to approximately 5,500 kindergarten, first, and second grade students. This is done through book reading, other education activities, food sampling, and incentives. Travel to and from various assigned county schools to provide education, food sampling and, incentives to motivate kindergarten, first, and second grade students to develop good nutrition and activity habits. Travel to and from stores to purchase local items for sampling and preparation of such in designated locations. Travel to and from pantries and retail stores within service area to provide PSE services. Mileage increased due to addition of schools and twelve-month employee providing programming throughout the summer months.

Local travel to: Cabell, Putnam, Lincoln and Kanawha county elementary schools, as well as local shopping markets and community centers.

Out-of-state travel: \$3355

FT Staff and Faculty will be able to attend professional meetings related to nutrition education throughout the year (i.e. Regional Conferences hosted by Extension and national meetings, such as the Academy of Nutrition and Dietetics annual meeting and ASNNA). Costs reflect registration, travel, lodging, and meals and will be according to policies and procedures established. Participation will be limited according to current SNAP-Ed policy. Costs will be shared with department cost recovery.

Travel destination (city and State):

Washington D.C.

Hotel: \$807.00 Mileage: \$406.00 Meals: \$288.00

Number of staff traveling:

Two team members

Travel destination (Washington, DC)

Hotel: \$1,135.00 Mileage: \$406 Meals: \$314.00

Number of staff traveling:

Two team members

Total Out-of-State Travel Cost: \$3,355

BUILDING/SPACE RENTAL: \$21,397 (*\$1,783.08/month x 12 months*)

Rental of Office space from the Department of Dietetics for use by staff.

TOTAL DIRECT COSTS: \$449,015

FACILITIES & ADMINISTRATIVE (INDIRECTS): \$102,824

F & A has been calculated using Marshall University's federally negotiated rate of 22.9% MTDC for *off-campus, other sponsored projects*. As per MTDC, the Building/Space Rental expense has been excluded from the cost base.

TOTAL REQUEST (Total Directs + Indirects): \$551,839

3a. Name of sub-grantee: West Virginia Food and Farm Coalition

3b. Total Federal funding, grant: \$137,349

3c. Description of services and/or products:

West Virginia Food & Farm Coalition, Inc. (WVFFC) will provide technical expertise related to the following goals of the WVU SNAP-Ed program.

I. Expansion of SNAP and Nutrition Incentives

- Expansion of SNAP and Nutrition Incentives
 - MT8a-1, MT8a-2: Provide training and technical assistance to West Virginia farmers markets and on-farm stands to enable them to accept SNAP benefits

- Support a total of 48 different locations in accepting SNAP and SNAP Stretch for healthier, local food options
 - MT8b: Expand SNAP Stretch – a project designed by the WVFFC and WVU SNAP-Ed to match SNAP dollars spent at farmers markets at a 1:1 ratio, participants who have children SNAP dollars are matched at 1:2 ratio, and seniors over the age of 60 are provided with a 1:2 ratio of match dollars.
 - Provide training and technical assistance on project implementation with the individual farmers markets, on-farm stands, CSA programs, and mobile markets
 - Partner with relevant statewide and local partner organizations to increase SNAP sales at participating SNAP/SNAP Stretch farmers markets and on farm stands.
 - Collect all associated data.
 - MT8d: Provide technical assistance to community leaders and assist them in establishing farmers markets in low-income communities.
 - LT14a, LT14d, and LT14e: Through data collection and analysis completed semi-annually from all participating farmers markets, on-farm stands, CSA programs, mobile markets, and retail locations partners will be informed of:
 - LT14a: Total dollars spent by SNAP participants at farmers markets and direct marketing farmers during the period assessed. Anticipated growth will come from both the expansion of firms providing these incentives and from the outreach completed to educate consumers in each community.
 - LT14d: Percentage of total farmers market sales from nutrition assistance benefits (SNAP, WIC cash value vouchers Farmers Market Nutrition Program, Senior Farmers Market Nutrition Program)
 - LT14e: Total dollar value of incentives redeemed by SNAP participants for purchase of targeted food items at farmers markets during the period assessed
- Coalition Development and Policy
 - ST8a, ST8b, ST8c, MT7c, MT8e, LT12a: Coordination and structure Food for All. Food for All is an active coalition of partners and grassroots supporters focused on increasing food access and equity through state policy and system change.
 - ST8a: Ensure multi-sector representation and document roles and resources for primary partners. Grow the number of partners that are actively engaged in Food for All.
 - ST8b: Maintain active engagement among partners in order to develop policy strategy and action teams for each Food for All goals.
 - ST8c: Convene 2023 Food for All Summit to mobilize partner organizations and interested individuals around agreed upon goals.
 - MT8e: Educate Food for All partners and participants about improvements or changes to food access policies as a result of the 2022 WV legislative session.
 - LT13c. Educate local governments about opportunities in funding nutrition services and nutrition education through COVID-19 funding.

- Expansion of Retail Interventions and Outreach
 - LT12b, LT12c: WVFFC will provide technical assistance on long-term food system changes.
 - Participate development of system-wide changes in planning, financing, sourcing, distribution, marketing, and stakeholder participation that can contribute to the reduction of food insecurity.
 - MT12b: Complete Individual Outreach Plans (IOPs) with firms to collect demographic information and create tailored print and social media marketing plans.
 - LT12b: Develop a local aggregation/distribution hub for the purposes of supporting a mobile market, Go Growercy!, in McDowell, Co.
 - LT12c Develop a local retailer learning cohort, the Rural Grocer Network, for the purposes of supply chain access and bulk purchasing
 - Partner with Mountain People’s Co-op to coordinate bulk purchasing initiatives and training
 - LT12f: Connect local food retailers to the local supply chain so that they can supply healthy, fresh food items
 - Develop new local food retailers
 - Enroll new retailer or existing retailers in SNAP Stretch
 - Partner with local retailers to participate in WVU Extension Kids Market @ the Store programming
 - LT12d: WVFFC will also partner with community leaders to mobilize the community ensuring greater food equity and access to quality food systems. The local policy, system and environmental changes may include:
 - ongoing Farm to Table and community placemaking events
 - development of farmers markets
 - increase in the number of growers and amount of locally food grown
 - local policies to encourage agricultural entrepreneurs
 - land use ordinances to increase food production
 - connections between growers and consumers to increase economic opportunities
 - access to non-fixed equipment to local retailers through the Rural Grocer Network Revolving Equipment Fund to increase food access points and more sustainable grocery entities

	Expense	Carry-in from Previous FY	Current FY Budget	Non-Federal Support
1	Salary/Benefits		\$108,600	
2	Contracts/sub-grant Agreements			
3	Non-Capital Equipment/Supplies			

4	Materials		\$5,000	
5	Travel		\$11,263	
6	Building/Space			
7	Maintenance			
8	Equipment and other Capital Expenditures			
9	Total Direct Costs		\$124,863	
10	Indirect Costs		\$12,486.30	
11	Total Federal Funds		\$137,349.30	
12	Estimates funds carry-over from current FY to next FY if any		\$0	

4d. Cost of specific services and/or products

\$108,600 Salaries/Benefits

- \$32,850 Foodshed Coordinator in Pocahontas Co.: Coordinator is responsible for traveling throughout Pocahontas Co. and delivering SNAP Ed. Curriculum and food demonstrations.
 - .50 FTE at a base salary of \$45,000 = \$22,500
 - 46% fringe rate for a .50 FTE = \$10,350
- \$32,120 SNAP Stretch Director: The SNAP Stretch Director is responsible for expanding and implementing SNAP Stretch programming, including data collecting, and developing additional funding for SNAP Stretch incentives.
 - .40 FTE at a base salary of \$55,000 = \$22,000
 - 46% Fringe rate for .40 FTE = \$10,120
- \$21,000 Executive Director: Director is responsible for supervising the project and associated staff and facilitating the Food for All Coalition. She will also be responsible for financial management of the sub award and all reporting.
 - .205 FTE at a base salary of \$73,940 = \$14,788
 - 42% fringe rate for .20 FTE = \$6,212
- \$16,060 WV Rural Grocer Network Director: The director is responsible for assisting local communities in setting up farmer’s markets, enabling markets to accept SNAP, and provide technical assistance on farm to community events such as farm to table dinners, local foods festivals, community supported agriculture serving low-income communities, and connecting growers, markets with resources, and conducting outreach to enroll more marketing into SNAP Stretch.
 - .2 FTE at a base salary of \$55,000 = \$11,000
 - 46 % fringe rate for .2 FTE = 5,060
- \$6,570 SNAP Stretch Program Assistant: Assistant the SNAP Stretch program director in processing SNAP Stretch data, correcting forms, and developing SNAP

Stretch reports.

- .10 FTE at base salary of \$45,000 = \$4,500
- 46% fringe rate for .10 FTE = \$2,070

\$5,000 Materials

\$3,000 Materials for Printing/Office Supplies for promotional materials related to SNAP Stretch programming, farm to community events, Food for All participant handouts/booklets, and policy materials for grassroots organizing, etc.

\$2,000 in food items and materials for Foodshed Coordinator to teach education lesson, conduct demonstrations.

\$11,263 Travel:

- In-State \$5,311 travel to partnering communities and sites to aid in implementation of projects. Travel is reimbursed at \$0.46 per mile or the cost of a rental vehicle, whichever is determined to be the lesser
- Out-of-State \$3,452 travel to attend and present the results of collaboration to professional organizations
- \$2,500 for Foodshed Coordinator to travel through Pocahontas Co. conducting education and demonstrations

A. In-State Travel

1. Travel Purpose

WVFFC SNAP Stretch Coordinator, special projects coordinator, communications coordinator, executive director, occasional field staff (foodshed coordinators, will travel to the 54 participating farmers markets across West Virginia to provide technical assistance and training for SNAP Stretch and markets that are interested in utilizing SNAP at their farmers market.

Travel is also necessary to local communities to provide technical assistance and training for food access and food equity focused projects.

2. How travel benefits SNAP-ed

Communities, especially those that utilize volunteers, often senior citizens, often need hands on assistance to be successful in the project that they're undertaking. Additionally, because of funding, certain types of data need to be collected at the community-level and communities need hands on training to collect the data. Additionally, Communities need to be able to build relationships with the organizations and agencies that they're working with. Travel allows community members and volunteers to build trust that will lead to long-term implementation of strategies for food and nutrition access as the coalition of SNAP Ed partners implement program such as SNAP Stretch. Attending farmers markets and meeting groups in-person builds that trust and show that the WVFFC genuinely cares in assisting groups and will consistently be onsite. Travel also helps the WVFFC conduct due diligence checks on the SNAP Stretch program to maintain compliance with program rules.

Additionally, the foodshed coordinator will travel throughout Pocahontas Co. to conduct SNAP Ed. Demonstrations and deliver curriculum.

3. Travel destination (city, town or county or indicate local travel)

Statewide, to all counties, in addition to the following communities:	Glennville, WV	Boomer, WV
	Petersburg, WV	Wardensville, WV
	Grantsville, WV	Warwood, WV
Alderson, WV	Lewisburg, WV	Weirton, WV
Arnettsville, WV	Martinsburg, WV	New Martinsville, WV
Philippe, WV	Princeton, WV	Wheeling, WV
Barboursville, WV	Morgantown, WV	White Sulphur Springs, WV
Berkeley Springs, WV	Union, WV	Huntington, WV
Bridgeport, WV	Franklin, WV	Williamson, WV
Wellsburg, WV	Pleasants, WV	Wyoming County, WV
Chloe, WV	Marlinton, WV	Big Chimney, WV
Charles Town, WV	Linwood, WV	Weston, WV
Cheat Lake, WV	Parkersburg, WV	Ranson, WV
Clarksburg, WV	Hurricane, WV	Fort Gay, WV
Clay, WV	Harrisville, WV	Welch, WV
West Union, WV	Ronceverte, WV	Elkins, WV
Fairmont, WV	Shepherdstown, WV	
Beckley, WV	Sissonville, WV	
Oakhill, WV	Spencer, WV	
Fayetteville, WV	Sutton, WV	
	Davis, WV	

4. Number of staff traveling – In-state

10 - WVFFC staff: SNAP Stretch Director, WVRGN Director, communications coordinator Executive Director, 5 foodshed coordinators (field staff), SNAP Stretch Program Assistant.

5. Cost of travel for this purpose

Travel is reimbursed at the federal rate, which is currently, \$0.585 per mile or if the costs are lesser, a vehicle is rented, and fuel is reimbursed.

Total In-State Travel Cost = \$7,811

B Out-of-State Travel

Travel Purpose

The purpose of this travel is to allow for travel to workshops and/or conferences that shares the work that is has been done as part of the collaboration. Exchanging learning outcomes among other in similar work helps train staff in conducting better projects and creates an opportunity for shared learning amongst those completing this work.

Travel Destination

See table below

Number of Staff Traveling -out of state

Five - SNAP Stretch Director, WVRGN Director, Executive Director, Stretch Program Assistant, Foodshed Coordinator, Pocahontas Co.

Total Out-of- State Travel Cost = \$3,452

Purpose of Travel	Location	Item	Rate	Cost
National Food Policy Conference TBA	Washington, DC	Rental Car and fuel	Rental car-\$60/day x 3 days = \$180 Fuel - \$180 roundtrip	\$360
		Hotel	\$180/night x 1 room (2 persons) x 2 nights	\$360
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 3 days	\$276
National Sustainable Agricultural Coalition Summer Meeting	Kansas City, MO	Flights	Approx. \$550 X 2 Staff	\$1100
		Hotel	\$180/night x 2 room (2 persons) x 3 nights	\$1080
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 3 days	\$276
Total Out of State Travel				\$3,452
Local travel	See list of WV towns above.	Mileage	8549 miles@.585/mile	\$5,001

		Rental Car and fuel	Rental car-\$60/day x 12 days= \$720 Fuel - \$80 per trip x 12 trips= \$960	\$1680
		Hotel	\$180/day x 1 room x 5 individual overnight trips	\$900
		Per Diem (meals and incidentals)	\$46/day x 1-person x 5 days	\$230
Total Local (in state) Travel				\$7811
			TOTAL	\$11,263

Indirect: \$12,486.30

The de minimis minimum rate of 10% has been applied since WVFFC is a nonprofit organization does not yet hold a negotiated indirect cost rate agreement

5a. Name of sub-grantee: West Virginia University-Parkersburg

5b. Total Federal funding, grant: \$92,520

5c. Description of services and/or products:

WVU Parkersburg will provide educational programming and professional development in Wood, Roane, Jackson, Ritchie, Pleasants, Wirt, and Doddridge counties through the Partnerships Project Professional Development Schools as well as other low-income schools in our network.

Direct Education

- Provide Professional Development on nutrition, obesity prevention, and strategies for improving childcare and school environments for teacher candidates and faculty in the education program as well as faculty in limited income schools
- Maintain and update lending library (Partnership Education Center- PEC) with nutrition and physical activity educational resources to be used by Student Teachers/ Residency Teachers in limited income schools
- Provide representation on local school committees and boards to promote healthy school environments and other leadership teams in the school settings
- Provide mini-grant opportunities to schools to support physical fitness and nutrition goals through the purchase of materials and supplies
- Provide nutrition and physical activity educational resources
- Provide support to schools to complete needs assessments
- Offer support for implementation of Rethink Your Drink (RYD), Smarter Lunchrooms, school gardens, walking programs, activity grids (stenciled sidewalks to promote activity) or school-based interventions based on needs identified by schools and leadership teams
- Support integration of Agriculture education program outputs into food access outreach projects such as Kids Markets.

Expenses	Current FY budget	Non-Federal Support
Salary/ Benefits	35,820	
Contracts/ Subcontracts/ Agreements	2,000	
Non-Capital Equipment and Supplies	30,000	
Materials	6,180	
Travel	1,000	
Building/ Space		
Maintenance		
Equipment and Other Capital Expenditures		
Total Direct Costs	75,000	
Indirect Costs (Indirect Cost Rate= .20)	15,000	
Total Federal Funds	90,000	

5d. Cost of specific services and/or products

Salaries/Benefits: \$ 35,820

Director: \$ 0.00

Director is the Dean of the Education Division at WVUP. The Dean will be responsible for overseeing the continuation of the SNAP-Ed grant and work with schools/organizations applying for SNAP-Ed grant funding. The Director is a full professor with a Masters in Curriculum and Instruction and a Ed. D in leadership and technology. The Dean has ongoing connections to local public schools having extensive experience planning and implementing professional development for regional teachers and enrichment activities for local public-school students over the last 22 years in the partnership project.

Instructors: \$ 17,000 (\$8,500 per Instructor)

The Instructors/Professors are faculty members in the Education Division at WVUP. Both have experience at the local level in providing professional development to teachers and Teacher Candidates/Residency. Both will be hands-on in working with schools to provide services. Both have experience planning events with local public schools and a current working relationship. These positions will start October 1, 2023 and conclude August 31, 2023.

Professional Education Center Employees (PEC): \$ 8,000

The Partnership Education Center (PEC) is located on the campus of WVUP. The center contains physical activity and nutrition education materials for use by student teachers/ Residency teachers, teacher candidates, WVUP faculty, and local public-school teachers and administrators. PEC employees help with the organization of new and existing materials which are SNAP-Ed related, assist interested people in checking in and checking out available materials, and support interested individuals in how to incorporate materials into educational offerings for qualifying schools. Also, PEC employees will provide hands-on support in working with schools during related Snap Education projects and activities.

Liaison- to Public Schools/ WVUP/ SNAP-ED: \$ 6,400

Will serve as assistant/liaison for the Director and Instructors in the implementation of SNAP Education projects. The Liaison will assist with projects in the agricultural areas as needed. In addition, the Liaison will assist in any type of project work associated with SNAP Education and with the promotion of SNAP Education. This position will start October 1, 2023 and conclude May 31, 2023.

Fringe Benefits: \$ 4,420

An estimated rate of 26% is added for the Instructors. Professional Education PEC Center employees and the Liaison position are non-benefits eligible students.

WVUP Agriculture Director: \$1,120

Will provide oversight to production of vegetables as part of the educational curriculum for the to serve agriculture outreach programs such as Kids Markets and Kids Market @ the Stores in the Mid-Ohio Valley region.

WVUP Agriculture Student Worker: \$980

Stipend for an agriculture student worker to grow produce for educational outreach programs such as Kids markets and Kids Market @ the Store for the Mid-Ohio Valley region.

Contracts / Subcontracts / Agreements: \$ 2,000

Funding to pay for guest speakers on nutrition and physical activity for professional development or outreach to schools. We will also assign faculty members to the leadership teams of the 22 partnership schools to collaborate on joint ventures that support the health and academic well-being of students. Some of the leadership teams will involve school safety, children's well-being, etc. The focus of these assignments will be to build working relationships with public school faculty while imparting the concept of a healthy life choice (both physically and mentally) for children.

Non-Capital Equipment & Supplies: \$ 30,000.00

Funding up to \$1,500 per site, at up to 20 sites, will be awarded to schools to support physical fitness and nutrition education goals through the purchase of materials and supplies. These awards will be based on needs determined through stakeholder interviews and site needs assessments.

Materials: \$ 6,180.00

- Rethink Your Drink supplies (Water bottles, pledge cards, books, stickers, posters, shipping) for classroom teachers mentoring student teachers from WVUP
- Printed Materials for programming (Folders, posters, handouts, logo items)
- Office Supplies/Partnership Education Center (paper, copies, paper clips, binder clips, staples, tape, pens, pencils, etc.)
- Provide promotional materials

Travel: \$ 1,000.00

- Travel to attend and present the results of this collaboration to professional organizations
- Travel, meals, and lodging at the annual SNAP-Ed Conference in Charleston, WV
- Travel to local schools and markets for purposes of SNAP-Ed grant or project work

Indirect Costs: \$ 15,000.00

WVUP will collect 20% indirect costs

Project Name: West Virginia University of Parkersburg				
Position Title*	FTEs** charged to SNAP-Ed	Description of Job Duties		SNAP-Ed Salary, Benefits, and Wages
		Percentage of SNAP-Ed Time Spent on Management/ Administrative Duties	Percentage of SNAP-Ed Time Spent on SNAP-Ed delivery,	<i>Federal Dollars only</i>
Director	0.00	20%	5%	\$ 0
Instructors	0.40	20%	80%	\$ 17,000
PEC Employees	0.50	10%	90%	\$ 8,000
Liaison	0.50	20%	80%	\$ 6,400
Total				\$ 31,400

Template 4: SNAP-Ed Plan Budget Information by Project Section B

4a. Name of sub-grantee: WVU Extension

4b. Total Federal funding, grant: \$3,816,095

c. Description of services and/or products:

Expenses	Unobligated Balances (Carry-over) from Previous FY	Current FY Budget	Non-Federal Support
Salary/Benefits		\$1,837,433	
Contracts/Sub-Grants/Agreements		\$976,784	
Non-Capital Equipment/ Office Supplies		0	
Nutrition Education Materials		\$309,354	
Travel		\$86,000	
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		3,209,571	
Indirect Costs (Indirect Cost Rate=26%)		606,524	
Total Federal Funds		3,816,095	Leave blank
<i>Total Federal Funds Including Unobligated Balance from Previous FY</i>	Leave Blank		Leave Blank
Estimated Unobligated Balance from Current FY to Next FY, if any	Leave blank		

Budget narrative:

Salary/Benefits:

\$1,434,105 Salary

Salary expenses for the fifty-one (51) SNAP-Ed personnel that will participate in SNAP-Ed programming and administration for FY23. Current salaries were used to calculate the salary costs for the project. For vacant positions, an average salary of previously filled position salaries were used for this budget.

\$403,328 Fringe

This amount is included in the total above for fringe benefits costs for all personnel using the current WVU Research Corp fringe benefit rate of 31% for full time employees, WVU fringe benefit rate of 23% for full time employees and 9% for Graduate Students and 1.70% for Student Workers. These dollars include money for FICA, retirement, health insurance, Workers' Compensation, unemployment insurance, and childcare.

WVU Research Corp Full-Time Employee Fringe Benefits	31% of \$1,010,249 = \$313,177
1. <u>Social Security/Medicare:</u>	7.20% of \$1,010,249 = \$72,738
2. <u>Workers' Compensation:</u>	0.14% of \$1,010,249 = \$1,414
3. <u>Unemployment Compensation:</u>	0.60% of \$1,010,249 = \$6,061
4. <u>Insurance:</u>	17.07% of \$1,010,249 = \$172,450
5. <u>Retirement:</u>	5.04% of \$1,010,249 = \$50,917
6. <u>Terminated Annual Leave Payout:</u>	0.95% of \$1,010,249 = \$9,597

WVU Full-time Employee Fringe Benefits	23% of \$374,061= \$86,034
1. <u>Social Security/Medicare:</u>	6.93% of \$374,061= \$25,922
2. <u>Worker's Compensation:</u>	0.26% of \$374,061= \$973
3. <u>Unemployment Compensation:</u>	0.26% of \$374,061= \$973
4. <u>Insurance:</u>	9.14% of \$374,061= \$34,189
5. <u>Retirement:</u>	5.97% of \$374,061= \$22,331
6. <u>Terminated Annual Leave Pay-out:</u>	0.44% of \$374,061= \$1,646

Graduate Assistant Fringe Benefits	9% of \$44,800 = \$4,032
1. <u>Social Security/Medicare:</u>	0.6% of \$44,800 = \$269
2. <u>Workers' Compensation:</u>	0.26% of \$44,800 = \$116
3. <u>Insurance:</u>	8.09% of \$44,800 = \$3,624

Undergraduate Fringe Benefits	1.70% of \$4,995 = \$85
1. Social Security/Medicare:	1.44% of \$4,995 = \$72
2. Worker's Compensation:	0.26% of \$4,995 = \$13

Contracts/Sub-Grants/Agreements: \$976,784

(4) subcontracts (Retain copies of agreements on site)

- \$195,076 KEYS 4 Healthy Kids (CAMC)
- \$551,839 Marshall University
- \$137,349 WV Food and Farm Coalition
- \$92,520 WVU Parkersburg

Sub-grantees have been chosen based on the ability to deliver programming in areas that are underserved by WVUES programming. A listing of each sub-grantee is provided on Template 4, Section A. Detailed budget information for each subcontractor can be found following this narrative and in Template 4 Section C.

Provide the technical assistance for website and social media development and maintenance. Also develop and monitor an online tracking system for gathering data on intervention efforts in schools by county Youth Health Workers, and on completion of CARDIAC screenings in 20 counties.

Non-capital equipment/office supplies:

Nutrition Education Materials:

\$309,354 is the amount requested for FY23 supplies:

\$3,945 Nutrition Education Materials:

- \$828 postage to mail educational materials
- \$984 printer ink and toner, markers, folders, filing items, copy paper, laminators, presentation pads to make educational handouts, brochures and other educational materials
- \$172 electronic media equipment for filming educational videos
- \$1,961 Tables, WVU Extension tablecloths and display items used for pop up markets and educational displays

\$500 ASNNA Dues

Annual dues required to participate in the Association of State Nutrition Network Administrator Association (ASNNA) to cover membership for up to (5) personnel. This will allow WVUES to network and share experiences from other SNAP-Ed implementing states.

\$243,360 Health Educator Supplies (\$7,605 x 32 Educators)

Costs for supplies and materials needed to deliver educational programming in counties and communities. Items may include pens, paper, copy and printing, postage, food preparation materials, food tasting supplies and samples, disposable paper and plastic products for lessons and other expendable supplies necessary to conduct classes, demonstrations and events, recruit participants, and communicate effectively with the target audience.

\$49,408 Direct Education Class Enhancements (\$1,544 x 32 Educators)

Nutrition education enhancements and reinforcements will be used in classrooms and during community programming to provide incentives and positive feedback to participants. Items include Walking DVD's, pedometers, measuring cups, cutting boards, colanders, grocery lists, refrigerator thermometers, MyPlate plates, placemats, push pops, Potter the Otter books, water bottles, market bags, pens, pencils, stickers. All items will adhere to policies and procedures for per person limits on enhancements.

\$8,167 Training

Expenses Training programs are provided yearly for Nutrition Outreach instructors and Health Educators, County Extension Agents, community partners, and the administrative office staff. The purpose of the training is to inform and educate the staff regarding current curriculum changes, updated research, programming revisions, new policies, nutrition topic amendments, and other professional development subjects.

35-40 participants for a 3-day training session

- \$1,962 meetings space services: AV cart with surge protectors, extension cord and screen, Flip chart package with stand, paper and markers, handheld wired microphone, set up and Break down
- \$1,885 Lunch and Snacks: Lunch and snacks provided in a buffet style that includes, salad bar, soups, pastas, bread, seasonal vegetables, all day beverage, popcorn, trail mix, and fruits, vegetarian and food allergens meals
- \$3,000 Lodging (30 rooms x 1-night x \$100 each),
- \$763 Awards Ceremony
- \$557 Supplies, name tags, pens, markers, highlighters, flip charts

\$4,000 New computers

Three (3) replacement laptops for staff. Laptops being replaced due to warranty expiration.

Travel:

\$86,000 Travel

\$86,000 In-state travel:

- Mileage 137,600 miles @ \$0.625

In-state travel is necessary for health educators, Center for Resilient Communities, WV Cardiac and statewide administrative staff to implement SNAP-Ed programming. To recruit and teach nutrition education to groups of limited-resource families and youth, and implement public health initiatives, travel reimbursement is made available to destinations throughout West Virginia counties implementing SNAP-Ed programming. State administrative and supervisory staff also travel throughout WV as needed to maintain oversight, build relationships, and ensure programmatic integrity. Additional in-state travel for training and professional development is required for outreach and administrative personnel to state abreast of emerging topics, build collaborations, become informed about new policies/procedures, and increase knowledge, skills and abilities to successfully implement SNAP-Ed and public health programming statewide. More information on in-state travel can be found on Template 4, Section C.

Total direct costs:

The modified total direct costs used to calculate the indirect cost expenses is **\$3,209,571**. Modified direct costs include salary, fringe benefits, supplies, travel costs and the first \$25,000 of each of the (4) subcontracts.

Total indirect costs:

\$606,524 is the total indirect costs and the indirect cost rate is 26%.

Total Federal funds:

The total request for FY23 is **\$3,816,095**

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 Federal funds including unobligated balance from previous FY:

Indicate the total amount of Federal funding to be used in your State Plan. *This should include any unobligated balance from the previous FY.*

Section C. Travel

Travel expenditures are a variable cost. To be considered for funding, the request should provide a direct and clear link to providing quality SNAP-Ed programming for the target audience.

States are reminded that they may use a portion of their SNAP-Ed allocation for State agency travel for the same purpose. Total Travel Cost (In- and Out-of-State) per project to be entered as line 5 of budget summary (Template 4).

Provide the following information for all travel included in your SNAP-Ed budget:

In-State Travel

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

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

Statewide travel will be incurred across all (55) West Virginia counties. All travel will be reimbursed per West Virginia University's approved travel policy and procedures. The current mileage reimbursement rate used is \$0.585/mile. GSA per diems for West Virginia are used for hotel/meal reimbursement.

Number of staff traveling: 38

Cost of travel for this purpose: To deliver educational programming, supplies, produce and materials to counties across the state to promote healthier eating habits and lifestyle.

Total In-State Travel Cost:

\$34,170 will be needed for daily/weekly educator travel throughout the state.

The In-State travel costs are for Health Educators, Nutrition Outreach Instructors and Administrative Staff.

- \$34,170 Mileage – 54,672 miles @ \$0.625

Out-of-State Travel

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:

Estimated funds carry-over from current FY to next FY, if any: Please note that funds cannot be carried over into the next Federal FY if the funds are in the last year of their two-year period of performance.

*Provide narrative describing all expenses. **Retain copies on site. ***Provide assurance that the indirect cost rate is an approved rate (Appendix C).

****Please note that funds cannot be carried over into the next Federal Fiscal Year if the funds are in the last year of their 2-year period of performance.

Signature of Responsible Official: _____

Date: _____

Template 5: SNAP-Ed Plan Assurances

State Agency completion only: To assure compliance with policies described in this Guidance, the SNAP-Ed Plan shall include the following assurances. Mark your response to the right.

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 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	

Template 6: SNAP-Ed Plan Signatures

Supplemental Nutrition Assistance Program Annual Plan for SNAP-Ed

State Agency: West Virginia Department of Health and Human Resources

Date:

Federal Fiscal Year: 2023

Certified By: _____.

Date: August 15, 2022

SNAP STATE AGENCY FISCAL REVIEWER

Certified By: Yvonne Buchner 8/15/2022.

Date: August 15, 2022