# Michigan Nutrition Network at MSU Extension
# 2009/2010 Year-End Report

**Reporting Period: October 2009 – September 2010**

Agency

Name, Title, and Contact Information for Project Coordinator

Title of Project

Project Goal(s):

Project Objectives(s):

**Please respond to each question/statement below and complete the information requested in each table.**

1. Interventions
    a. Describe what you have done, how often, where (using the chart below), and for whom.

**Please provide a written description of the projects you have carried out from October 1, 2009 to September 30, 2010. The description should include the title of the project, how often project related activities were carried out, and with which populations. The venue for project activities may be indicated in the chart on page 2 (site type).**

Example:
*County X provided nutrition education at 5 taste testing events to 290 potentially SNAP-Ed individuals at the X Community Farmers Market. Each taste testing event lasted 4 hours and used material a, material b and material c. Additionally, county x held a garden based nutrition education series class for 25 SNAP eligible youth between the ages of 6 and 12 years using the x garden based curriculum. 10 sessions were held, each lasting 1.5 hours.*

i. If your project took place in school buildings, be sure to indicate the percent eligibility for free/reduced-price school meals for each school (http://www.michigan.gov/documents/oct01_14648_7.pdf)

**Comment [A1]:** Please include the name of the school and the percent eligibility for free/reduced-price in the chart. Please see example.

| School Name | % eligible for free and reduced-price lunch |
|---|---|
| ***Sadie F. Adams Elementary School*** | ***84%*** |
| | |

Identify the types and quantity of sites where you provided nutrition education. Each individual site only needs to be reported once. For example, if you delivered a program at the First Street Church and four programs at the Second Street Church these locations would count as two (2) churches. Report the number of unduplicated sites (locations), without regard to the number of programs provided at each site.

| Site Type | # of Unduplicated Sites |
|---|---|
| Adult Education & Job Training Sites | |
| Adult Rehabilitation Sites | |
| Worksites | |
| Community Centers | |
| Elderly Service Centers | |
| Emergency Food Assistance Sites | |
| Extension Offices | |
| Farmers Markets | |
| Food Stamp Offices | |
| Food Stores | |
| Public Housing | |
| Individual Homes | |
| Libraries | |
| Churches | |
| Public/Community Health Centers | |
| Public Schools | |
| Head Start Programs | |
| Other Youth Education Sites (includes Parks and Recreation) | |
| Shelters | |
| WIC Programs | |
| Other: (Please Specify) | |
| Other: (Please Specify) | |
| Other: (Please Specify) | |
| Other: (Please Specify) | |

**Comment [A2]:** Report each site only once regardless of the number of times you delivered nutrition education at a particular site.
Example: 4 nutrition classes at Good Food Garden would count as 1.

**Comment [A3]:** Remember to indicate the name of the school and the % eligibility for free and reduced priced lunch above in Section 1.a.i.

**Comment [A4]:** Please make sure that you do not use this category if the site can fit into an above category. For example: If a farmers market is held in the parking lot of a community health center, please mark community health center instead of Other (Parking Lot).

2. List all materials used and/or developed.
    a. If you have developed any materials and/or have photos, send two copies of each with your report.

**Comment [A5]:** Materials include fact sheets, brochures, newsletters, calendars, videos, websites, postcards, flyers, health communication campaigns, etc.

**If you used a nutrition education/promotion material in SNAP-Ed related programming (purchased with SNAP-Ed funds) that *somebody else* produced, please list in the table below**

| Title | Author(s) |
|---|---|
| *Ex. Fruit and Veggies – More Matters* | *CDC; Produce for Better Health* |
| | |
| | |

**If *your organization developed* a nutrition education/promotion material for use in SNAP-Ed related programming (purchased completely or partially with SNAP-Ed funds), please list in the table above *and* send *one* electronic copy with the final report.**

**If your organization has any photographs of nutrition education events, classes, etc. paid for completely or partially with SNAP-Ed funds, please send one electronic copy with final report. You do not need to send every photograph ever taken; however, one or two of each event, class, etc., if available, would be great.**

    b. If you have developed a logo for your project (or already had one), send an electronic copy with your report (on a disc or via email).

**Please send an electronic copy of the logo that you have created for your project. Some local advisory groups like to brand their project and put the same image and colors on every promotional material that is sent to project participants. Here are some examples of logos created for projects:**

Report the TYPE(S) of EDUCATIONAL MATERIALS used in your project.

| | Indirect Participation | |
|---|---|---|
| **Method** | **# Unduplicated Items** | **# People (Unduplicated) Receiving Items** |
| Fact Sheets/Pamphlets/Newsletters | | |
| Posters | | |
| Calendars | | |
| Promotional Materials w/Nutrition Message | | |
| Websites | | |
| Electronic (e-mail) Materials/Info Distribution | | |
| Videos/CD Rom | | |
| Other (Specify) | | |
| Other (Specify) | | |
| Other (Specify) | | |

**Comment [A6]:** 1 unduplicated item = 1 educational material.
Examples
1.1 pedometer = 1 item
2.1 pedometer and 1 in-house created trail map (created using SNAP-Ed funds) = 2 items
1 pedometer distributed at the famers market and the same pedometer distributed at the community garden = 1 item

**Comment [A7]:** An individual can only be counted once.
Examples
1.1 pedometer is distributed to 8 people who attend a series class. # of people receiving promo material with nut. Ed message = 8.
2. 1 pedometer and a 1 daily recipe calendar is distributed to 8 people who attend a series class. # of people receiving promo material with nut. Ed message = 8 and # of people receiving calendar = 8.
3.1 person from the original series class attends a second series class with 7 other people where the same exact materials are distributed. The person from the original series class cannot be counted a second time. Therefore, the total # of people receiving calendars for Oct. – April = 15 (8+7).
Do your best to track these numbers. It may not be as simple as I am describing.

3. Outcomes
   a. Describe what happened as a result of your project. Can behavior change or knowledge gain be documented or inferred?

**Provide a brief narrative of the overall outcomes of your project. If behavior change or knowledge gain can be documented or inferred, please explain how and why these changes can be documented or inferred. Please see below for an example:**

*Behavior change can be documented as a result of the 8 week series class held Good Food Community Garden. According to a pre- and post-test survey, 50% of program participants were able to increase their fruit/vegetable intake by at least 1 serving per day and their physical activity level by 30 minutes per week.*

*Additionally, participation in activities increased due to staff outreach and program advertisement. Behavior change can be documented and inferred through counts of the number of participants at each event and through first-hand accounts from program participants. As a result of a mailing to WIC clients, individuals from this population began to participate in a nutrition education series class taught at the weekly farmers market.*

*Many adult participants of the one-time cooking demonstrations acknowledged "the need to balance proper nutrition and physical activity". Youth who participated in the nutrition education series class were able to vocalize the benefits of healthy eating as well as demonstrate healthy lifestyle choices related to both physical activity and nutrition.*

b. Include outcomes from both formative and summative research efforts if available (data from surveys, focus groups, interviews, etc.).

**Please include evaluation results (include numbers and percents) in this area. Also, please attach a copy of the evaluation tool used.**

**PLEASE NOTE: If you used SOPARC, the Farmers Market or Community Garden evaluation tool, you do not need to attach a copy; however, if you added nutrition or physical activity promotion/education questions please send the questions asked.**

4. Project Reach
   a. Describe the demographics of the audience(s) you reached (age, gender, and race) (using the charts below).
   b. Indicate the total number of contacts that you made (using the chart below)
      i. A contact is an encounter with an individual. You can have more than one contact per individual. For example, if you taught a series of lessons to an individual and met five different times, then this would equal five contacts.
   c. Indicate the total number of people that you reached (using the charts below)
      i. This refers to the number of individual people that you made contact with, either one-on-one, in training, through newsletter distributions, etc.
   d. Indicate the total number of FSP eligibles that you reached (using the charts below).

Please provide information for your program participants for as many of the following demographic characteristics as possible. NOTE: Actual numbers are preferred but if they are not available you can use estimates. Please indicate whether the numbers are actual or estimates…in the space provided. (Double click box and change the default value from *not checked* to *checked*.)

AGE of Program Participants ☐ Actual ☐ Estimates

**Comment [A8]:** You know exactly how many people participated because they were tracked in some way.

**Comment [A9]:** Please indicate how you estimated the number of participants.

| Participants | # of Food Stamp Eligibles | # of non-Food Stamp Eligibles | Total # of Participants |
|---|---|---|---|
| Less than 5 Years | | | |
| 5 – 17 Years | | | |
| 18 – 59 Years | | | |
| 60 Years or More | | | |
| All Ages Combined | | | |

Race and ethnicity is collected based on the categories established by the 2000 Census. This chart provides space for reporting single race, more than one race, and for dividing all the results by Hispanic/Latino ethnicity. Do the best you can to report the race and ethnicity of the participants you serve. Race and ethnicity total should equal the total number of participants identified in the AGE table above.

RACE AND ETHNICITY ☐ Actual ☐ Estimates

Comment [A10]: Please see above for instructions

| | | Number of Hispanic or Latino Participants by Race | Number of Non-Hispanic/Latino Participants by Race | Total by Race |
|---|---|---|---|---|
| Individuals Reporting ONLY ONE RACE | American Indian or Alaska Native | | | |
| | Asian | | | |
| | Black or African American | | | |
| | Native Hawaiian or Other Pacific Islander | | | |
| | White | | | |
| | | | | |
| Individuals Reporting MULTIPLE RACES | American Indian or Alaska Native and White | | | |
| | Asian and White | | | |
| | Black or African American and White | | | |
| | American Indian or Alaska Native and Black | | | |
| | ALL Others Reporting More Than One Race | | | |
| | | | | |
| | TOTAL by Ethnicity | | | |

*Contacts* represent the number of times you interact with *each* individual your program serves. For example, if I participate in your program, and there are eight times during the course of the program that we have some kind of nutrition education contact – I would count as 8 contacts.

CONTACTS with Program Participants ☐ Actual ☐ Estimates

| **Contacts** | **Contacts w/Participating Food Stamp Eligibles** | **Contacts w/Participating non-Food Stamp Eligibles** | **Total Contacts w/Participants** |
|---|---|---|---|
| Less than 5 Years | | | |
| 5 – 17 Years | | | |
| 18 – 59 Years | | | |
| 60 Years or More | | | |
| All Ages Combined | | | |

*Nutrition education* is defined in the Guidance as a SET of learning experiences designed to facilitate the voluntary adoption of the desired behavior. This item asks for information on those learning experiences – how many times did you interact with the participant, for how long, and were any of the interactions by telephone or computer?

INTERACTIONS with Participants ☐ Actual ☐ Estimates

| **Interactions** | **Number of Interactions** | **Time Range Per Interaction (in Minutes)** | **% Delivered by Telephone or Computer** |
|---|---|---|---|
| Single Interaction (for Promotion) | | | |
| 2 to 4 Interactions | | | |
| 5 to 9 Interactions | | | |
| 10 or More Interactions | | | |

Report the SIZE OF THE AUDIENCE reached through COMMUNICATION AND EVENTS

| **Communication/Event** | **Estimated # of FSNE Eligible People Reached** | **Source of Support Materials for Campaign/Event** |
|---|---|---|
| Nutrition Education Radio Interviews | | |
| Nutrition Education TV Interviews | | |

**Comment [A11]:** This box is confusing because it actually refers to how you estimated the # of FSNE eligible people reached. See below for the source numbers:
1 = commercial market data on audience size (Example: # of people in certain census tracts that are part of a newspaper reader area)
2 = survey of target audience (Example: An actual count based on surveys distributed at an event or to populations that may have heard/seen the communication)
3 = visual estimate
4 = other (please indicate)

| | | |
|---|---|---|
| Nutrition Education Articles in Newspaper | | |
| Signage | | |
| Community Events/Fairs – in which you participated | | |
| Community Events/Fairs – you only sponsored | | |
| Other | | |

5. Collaborators/Partners
    a. List the partners that collaborated on your project.
    b. Indicate if partners contributed time/service, goods, and/or money to your project.

**Comment [A12]:** Should include all organizations that helped to deliver SNAP-Ed related programming.

**Comment [A13]:** Provide the type of support each partner provided. If helpful, you can put everything in the chart.

| Name of Partner Organization | Type of Support (if applicable) |
|---|---|
| *Ex. University of Michigan* | *Volunteer time* |
| *Ex. MSU Extension* | *Staff Time* |
| *Ex. Lowes* | *$500* |

6. Budget
    a. State Match: Document budgeted vs. actual
    b. Federal Award: Document budgeted vs. actual

**Comment [A14]:** Should be the amount that your organization originally promised in match when the MNN application was submitted in April 2009

**Comment [A15]:** Should be the actual amount that was contributed in match for the entire FY2009-2010

**Comment [A16]:** Should be the amount that your organization requested for SNAP-Ed funding when the MNN application was submitted in April 2009

**Comment [A17]:** Should be the actual amount that was spent to carry out SNAP-Ed related activities in FY2009-2010

7. Challenges, Successes, and Next Steps
    a. Identify factors that made your project difficult or that made your project work well. Would you do anything differently next time? If you were not able to meet your goals/objectives, describe why.

**Provide a brief narrative reflecting on the positive and difficult aspects of the SNAP-Ed project. If your project faced any barriers, please describe how you worked to overcome them. Please describe what you will do differently next year and why. Also, make sure to state why your goals and objectives were not met and how you plan to change the project in the future in order to achieve goals/objectives.**

    b. What are your next steps now that your Collaborative Partner has ended? Will your project be sustained?

**Provide a brief narrative on how you plan to sustain, grow, and expand SNAP-Ed projects that were carried out in FY2009-2010.**

8. Other feedback for feedback to the Michigan Nutrition Network?

**If you have any feedback for MNN, please provide it here. I will include your feedback in the final report that I submit to MNN. Also, please provide any feedback to MDCH as the Local Advisory Group project administrator.**

9. List any equipment you purchased with SNAP-Ed funds (including office equipment, computers, computer peripherals, equipment used to conduct food tasting and demonstrations, etc.)

**Please provide this information even though you have already submitted the inventory report. This equipment report includes more than just electrical appliances. I am including a chart below:**

| **Equipment/Appliance** | **Make (if applicable)** | **Model Number (if applicable)** | **Serial Number (if applicable)** | **Date of Purchase** |
|---|---|---|---|---|
| *Ex. Blender* | *Cuisenart* | *MBB518* | *ABCDE11* | *12/1/2008* |
| | | | | |
| | | | | |
| | | | | |

**Return by Monday, October 4, 2010 to:**

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