

# FY22 Evaluation Report

*An Emerging Dance of Equity, Empathy, & Engagement*



THE UNIVERSITY OF ARIZONA  
COLLEGE OF AGRICULTURE & LIFE SCIENCES  
**Nutritional Sciences  
& Wellness**





# Local Implementing Agencies



## Authors

Anvi Bhakta, MS  
 Laurel Jacobs, DrPH, MPH  
 Theresa LeGros, MA  
 Kathryn Orzech, PhD

## Design & Layout

Theresa LeGros, MA







## Contributors

Angela Dybas  
 Gregory Goodman, MS  
 Julie Kennedy

*“The only way to make sense out of change is to plunge into it, move with it, and join the dance.”*

-Alan Watts

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## Common Acronyms

<b>ADHS</b>	Arizona Department of Health Services
<b>ATT</b>	<i>Around the Table</i> curriculum
<b>CE</b>	Community Engagement
<b>COVID</b>	Coronavirus Disease
<b>DE</b>	Direct Education
<b>EBT</b>	Electronic Benefit Transfer
<b>ECE</b>	Early Care & Education
<b>FNMP</b>	Farmers Market Nutrition Program
<b>FY</b>	Fiscal Year (Oct 1st – Sept 30th)
<b>KAN-Q</b>	Kids' Activity & Nutrition Questionnaire
<b>LIA</b>	Local Implementing Agency
<b>LWP</b>	Local Wellness Policy
<b>NSLP</b>	National School Lunch Program
<b>PA</b>	Physical Activity
<b>PSE</b>	Policy, Systems & Environmental
<b>SARN</b>	Semi-Annual Report Narrative
<b>SEEDS</b>	SNAP-Ed Electronic Data System
<b>SET</b>	AZ Health Zone State Evaluation Team
<b>SFSP</b>	Summer Food Service Program
<b>SIT</b>	AZ Health Zone State Implementation Team
<b>SLM</b>	Smarter Lunchrooms Movement
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SNAP-Ed</b>	SNAP-Education
<b>TIA</b>	Trauma-Informed Approaches
<b>UA</b>	University of Arizona
<b>USDA</b>	United States Department of Agriculture
<b>WellSAT</b>	Wellness School Assessment Tool
<b>WIC</b>	Women, Infant, & Children Program

## Acknowledgements

We thank the AZ Health Zone for supporting this FY22 evaluation:

**Cristina Konnecke, AZ Health Zone Administrator**

Jennie Altman, *Community Nutrition Specialist*

Roel Ayala, *Local Agency Liaison*

Stacy Beauregard, *Operations Coordinator*

Susan Briody, *Social Marketing Manager*

Melisha Bryant, *Early Childhood Specialist*

Jessica Davenport, *Food Systems Specialist*

Kathryn Faull, *School Systems Specialist*

Mayra Gomez, *Community Programs Manager*

Marlinda Haudley, *Tribal Liaison*

Therese Neal, *Operations Manager*

Bianca Valenzuela, *Program Integrity Liaison*

Jacques Watson, *Active Living Specialist*

Erin Raczynski, *Office Chief, Community Innovations*





# Executive Summary

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The AZ Health Zone (Arizona SNAP-Ed) seeks to increase healthful nutrition and physical activity behaviors among SNAP participants and eligibles through community-based policy, systems, and environmental (PSE) approaches and direct education (DE). This report describes results from the [AZ Health Zone](#) program evaluation in Fiscal Year 2022 (FY22), which focused primarily on Local Implementing Agencies' (LIA) community-based progress in year two of a five-year program cycle.

**TRAUMA-INFORMED APPROACHES (TIA).** In interviews, 15 SNAP-Ed participants shared broadly positive experiences with the *Around the Table* trauma-informed curriculum, including *increased mindfulness, improvements in several food skills, and positive changes to family eating habits*. In other interviews, 15 LIA managers suggested mixed TIA implementation progress within their teams, and generally positive or neutral perceptions of TIA at the upper levels of their organizations.

**COMMUNITY ENGAGEMENT (CE).** A focus group with 11 LIA staff who made substantial FY22 progress in CE described *consulting with residents* and *considering residents as leaders* as two key areas of accomplishment. They also expressed the importance of making a sustained commitment, devoting substantial time, maintaining a consistent community presence, and building trusted relationships for successful CE, as well as the need for rural tailoring.

**COMMUNITY FOCUS ON ACTIVE LIVING.** LIAs supported active living PSEs in 40 communities and evaluated six coalitions (n=72 members). *Mean scores were high for seven of the 22 success factors assessed and low for just one factor*. For the five coalitions assessed in FY20 and FY22 (n=58 members), the mean scores for five factors decreased significantly, due primarily to COVID challenges.

**COMMUNITY FOCUS ON FOOD SYSTEMS.** LIAs supported food systems PSEs in 47 communities and evaluated two food systems coalitions (n=13 members). *Mean scores were high for just one of the 22 success factors assessed and low for three factors*. From FY20 and FY22, the mean scores for six factors decreased significantly, though the small evaluation sample limited analysis and interpretation.

**CHILDHOOD FOCUS ON SCHOOL SYSTEMS.** From FY20-22, *Local Wellness Policy (LWP) comprehensiveness and strength improved among SNAP-Ed supported school districts*, with medium to large effect sizes for policy strength (n=20 policies). Schools that partnered with LIAs to complete the Smarter Lunchroom Movement (SLM), a four-step process to improve the cafeteria environment, had a *significant increase in their total mean SLM score*, with a large effect size (n=7 policies).

**CHILDHOOD FOCUS ON EARLY CARE & EDUCATION (ECE) SYSTEMS.** LIAs in 13 of Arizona's 15 counties reported 29 active partnerships with ECE providers and 17 active partnerships with regional or community-level groups. *Over two-thirds of LIAs' narrative reports related to ECE Systems described strong relationships with ECEs, centered around PSE or multilevel changes*.

**INDIVIDUAL FOCUS ON ADULTS & YOUTH.** For the 40 adults who completed the evaluated *Around the Table* lesson series, *mean scores for fruit intake and food skills increased significantly*. Third through eighth graders exposed to multilevel, school-based interventions reported *higher levels of physical activity in districts with stronger and more comprehensive LWPs* (n=248 students).

Together, these findings suggest that many LIAs made progress with their community action plans in a year still impacted by COVID. They also reflect a deepening integration of the AZ Health Zone's TIA and CE principles into LIAs' community-focused support.



# Introduction

The US Department of Agriculture’s Supplemental Nutrition Assistance Program Education ([SNAP-Ed](#)) supports community-based interventions, including nutrition education, to *increase the likelihood that SNAP-eligible families can and will choose healthful dietary and physical activity behaviors and reduce related health disparities.*

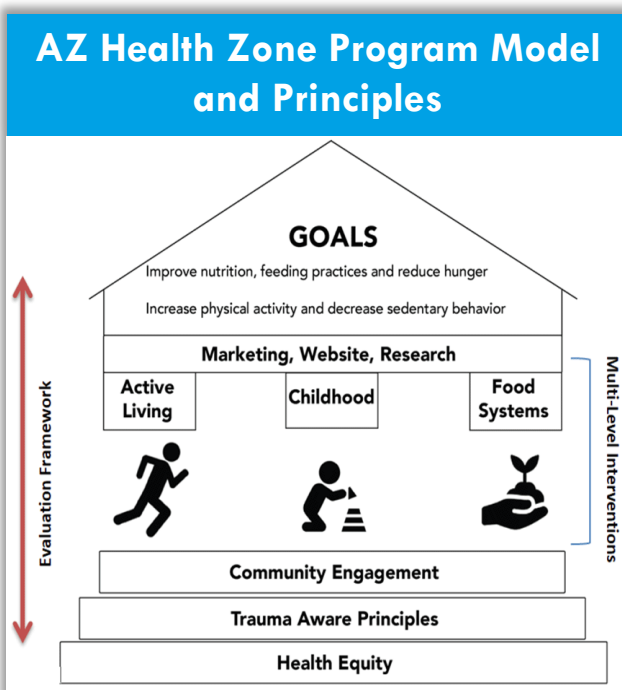
Arizona SNAP-Ed operates as the [AZ Health Zone](#) to coordinate implementation of the program’s goals with state partners and Local Implementing Agencies in each of Arizona’s 15 counties.

## Statistics Note

We include p-values and effect sizes in this report. P-values tell us whether a difference is *statistically significant*, and effect sizes tell us the *magnitude* of differences. [Meaningful real-world change](#) may or may not be reflected in p-values. For reference, the [standard interpretation](#) of Cohen’s d effect size is: **0.20**=small effect, **0.50**=medium effect, and **0.80**=large effect.

The AZ Health Zone program is based upon an evidence-based, equity-focused model (at [left](#)). This model integrates the provision of direct education with the implementation of diverse policy, systems, and environmental initiatives at the local and regional levels, including community engagement and trauma-informed approaches. Social marketing is a third component of the program model: It uses media campaigns and marketing materials to reach residents in SNAP-eligible communities.

An [evaluation of the AZ Health Zone program](#) is carried out externally by the University of Arizona School of Nutritional Sciences and Wellness for each five-year program cycle. This report describes annual evaluation findings in alignment with the USDA’s national [SNAP-Ed Evaluation Framework](#). Throughout the report, relevant outcome indicators from the Framework are highlighted in gray and bracketed (e.g., [\[MT1\]](#)).



The AZ Health Zone State Evaluation Team uses 5 **EVALUATION STANDARDS** to inform each phase of the SNAP-Ed evaluation:

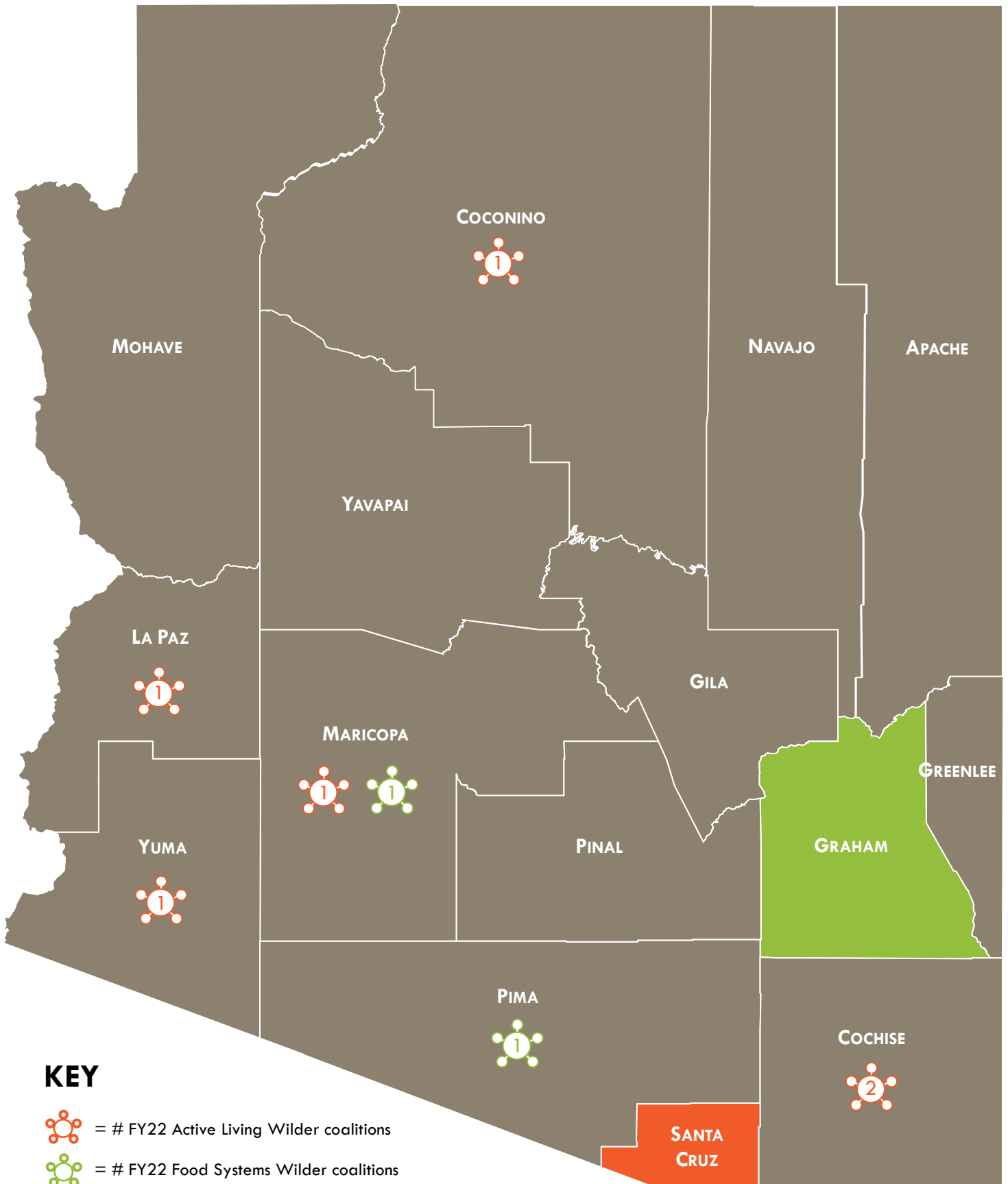
**Utility.** Be responsive to priority users’ needs & provide meaningful products.

**Feasibility.** Design practical, realistic, & contextually appropriate evaluations.






**Equity.** Incorporate equity & trauma-informed principles into evaluation, engaging priority users at multiple levels whenever possible.

**Accuracy.** Use methods, designs, & analyses that are valid, reliable, & trustworthy.

**Consistency.** Perform repeated measurements of SNAP-Ed indicators across time.



**KEY**

-  = # FY22 Active Living Wilder coalitions
-  = # FY22 Food Systems Wilder coalitions
-  = Worked in Active Living
-  = Worked in Food Systems
-  = Worked in Active Living & Food Systems



# Community Focus

## AZ Health Zone Active Living & Food Systems Strategies



Support the **development of the built environment** to increase access to and use of community infrastructure(s)



Increase the **usability of and access to physical activity (PA) resources** and community programming



Support the **production, distribution, and availability of food** to increase access and consumption of healthy foods

### Community Level Evaluation

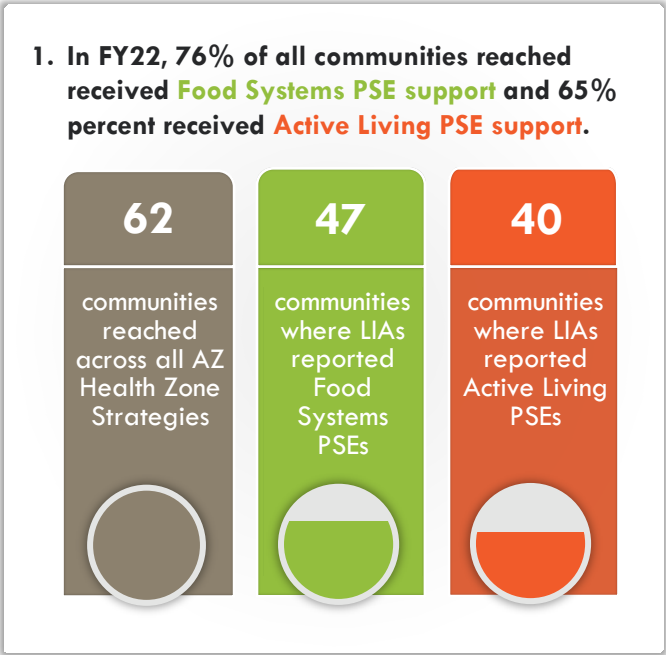
In FY22, the AZ Health Zone State Evaluation Team (SET) evaluated community-based Active Living and Food Systems strategies using the Wilder Collaboration Factors Inventory (Wilder)—a measure of coalition effectiveness [ST8]. Beyond coalitions, we analyzed data from Arizona’s SNAP-Ed Electronic Data System (SEEDS) and Local Implementing Agency (LIA) Semi-Annual Report Narratives (SARNs) to further explore progress with multiple AZ Health Zone Active Living and Food Systems activities [MT5-8].

### Community Reach

In FY22, LIAs used SEEDS to report AZ Health Zone support for 62 communities across Arizona. **Figure 1** shows that, out of the 42 communities where LIAs reported any Active Living work, 40 were reached with policy, systems, and environmental (PSE) activities such as meetings, events, and/or trainings. Similarly, of the 48 communities where LIAs reported any Food Systems work, 47 were reached with PSE activities.

### Community Coalitions

This year, four LIAs shared Wilder survey weblinks with eight partner coalitions in six counties (see **Chapter Map**): six active

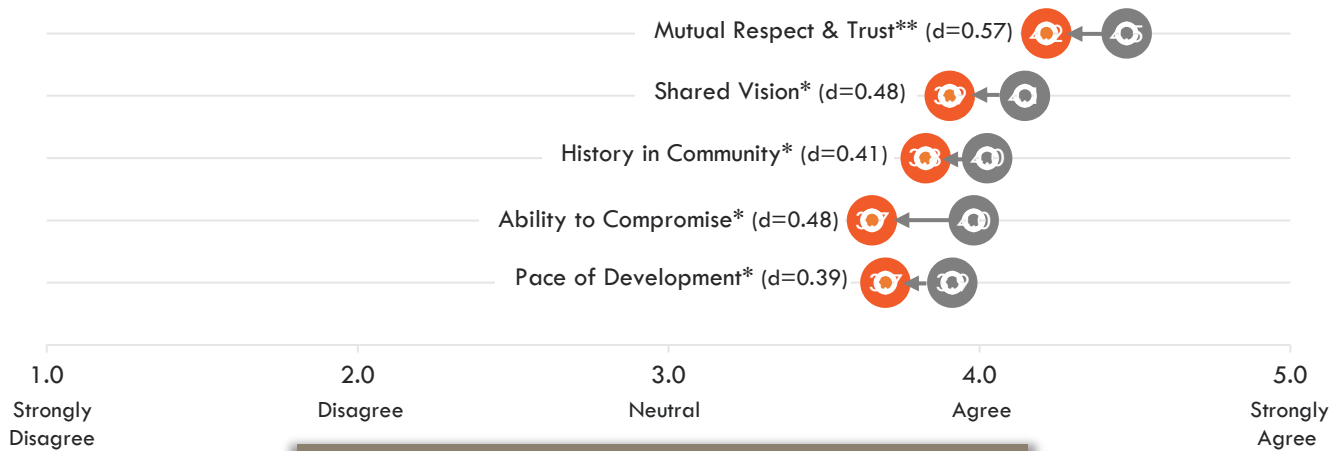


living coalitions (n=72 members) and two food systems coalitions (n=13 members). All of these but one—a new active living coalition—also participated in the FY20 Wilder assessment, enabling the analysis of change over time.

**About the Wilder.** The Wilder inventory asks coalition members to rate 44 items on a scale from 1 (strongly disagree) to 5 (strongly agree). Ratings determine Wilder scores for 22 success factors linked to coalition effectiveness.

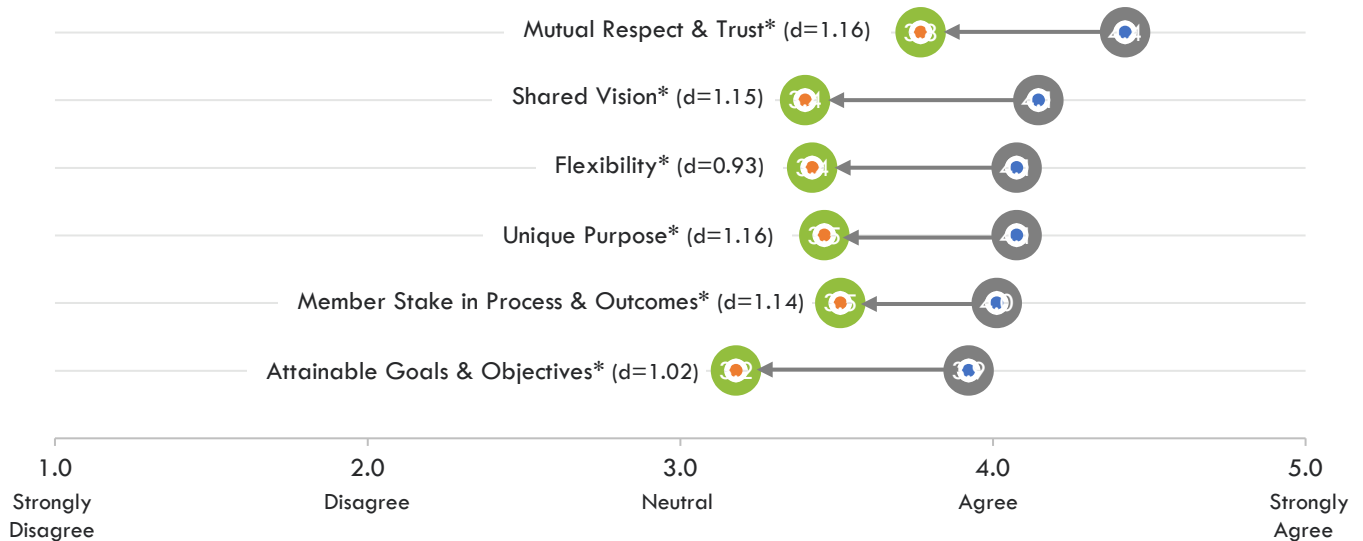
**How Did Coalitions Change?** From FY20 to FY22, the mean scores for five active living coalition factors decreased significantly, with small to medium effects (Figure 2). Similarly, the mean scores for six food systems coalition factors decreased significantly, in this case with large effects (Figure 3). Of note, only two food systems coalitions (n=13 members) were re-evaluated in FY22; the low sample size limited our ability to understand food system coalition changes over time.

**2. For the five active living coalitions evaluated in FY20 and FY22, the mean scores for 5 of 22 success factors decreased significantly (n=58 members). No other factor scores changed significantly.**



\*p<0.05, \*\*p<0.01, effect sizes reported as Cohen's d

**3. For the two food systems coalitions evaluated in FY20 and FY22, the mean scores for 6 of 22 success factors decreased significantly (n=13 members). No other factor scores changed significantly.**





Factor decreases may have been more pronounced given the lower number of Wilder inventories completed than were originally planned: LIAs shared that coalition meetings were interrupted, or altogether cancelled, due to COVID. For active living coalitions, LIAs used SARNs to describe delayed progress—often born of systemic COVID conditions—that led coalitions to focus on rebuilding relationships and trust with communities. They also shared challenges in aligning organizational and community member visions, and difficulty addressing community needs within the scope of SNAP-Ed work. One food system coalition experienced a notable drop in participation due to COVID, internal relationship problems, and lack of direction.

**Strong & Weak Success Factors.** In FY22, the six evaluated active living coalitions had higher mean scores than the two evaluated food systems coalitions across all 22 coalition success factors [ST8]. This pattern was also seen in FY20. Moreover, both coalition types

Two LIAs worked with the Maricopa County Food Systems Coalition (MarCo) to overcome COVID-related barriers:



One LIA described the Wilder’s role in helping the coalition to better understand itself and stimulate conversations around their coalition’s effectiveness.



The other LIA provided funding for an outside mediator and development team to co-identify key coalition issues and find a sustainable path forward.

had the highest mean scores for *collaboration is in the coalition’s self-interest* and the lowest mean scores for *sufficient resources and time* (Figures 4a and b), consistent with previous Wilder findings from FY16, FY18, and FY20.

More work is needed to understand why food systems coalition members have regularly rated their coalitions lower than active living coalition members. Low scores for *ability to compromise* and *appropriate cross-section of members* suggest that food systems coalitions may struggle with the broad scope of potential activities they *could* address, with COVID conditions generating even more uncertainty.

**4a. For the six active living coalitions evaluated in FY22, 7 of the 22 success factors assessed had high mean scores, and just 1 factor had a low mean score (n=72 members).**

**HIGH SCORING FACTORS  $\geq 4$**  (on a scale of 1-5)



**LOW SCORING FACTOR  $\leq 3$**  (on a scale of 1-5)



**4b. For the two food systems coalitions evaluated in FY22, just 1 of the 22 success factors had a high mean score, and 3 had low mean scores (n=13 members).**

**HIGH SCORING FACTOR  $\geq 4$**  (on a scale of 1-5)



**LOW SCORING FACTORS  $\leq 3$**  (on a scale of 1-5)



In FY22, the mean scores for all 22 success factors were higher for the active living versus food systems coalitions. The highest and lowest scoring factors were the same for both coalition types.

## Two Success Stories

“All of the Active Living PSE work in this community comes from AZ Health Zone involvement in the Be Healthy! Sierra Vista coalition. We reached out to the manager of the City Parks department, [who] attended several coalition meetings. We followed up these meetings with conversations about where she could see the coalition supporting existing efforts to promote and improve physical activity resources. **The manager and staff then began to understand that there was opportunity to work together [with the coalition].**”

-UA Cooperative Extension, Cochise

“AZ Health Zone staff continue to run the Healthy South Tucson coalition. Since returning to in-person meetings, substantial changes in the community are happening because of this coalition. For example, one of the topics at the June meeting was the lack of streetlights in the community, preventing children from playing outside at night and adults from feeling safe to walk. The mayor was in attendance and took this information back to City of South Tucson facilities. **Within a week, the streetlights were being worked on and are now close to being complete.**”

-UA Cooperative Extension, Pima

## Active Living

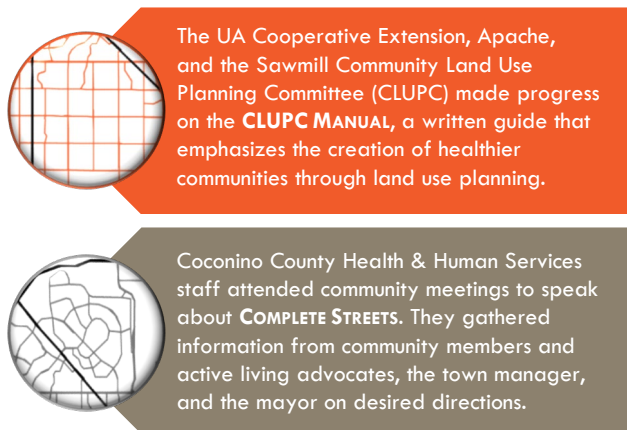
**Built Environment.** This year, LIAs used SEEDS to report 77 Built Environment actions (Figure 5). This was only 7% of the 1,156 Active Living actions reported.

**Active Living Policy.** Although no LIA reported any policy changes in FY22, work toward policy outcomes [MT7] continued in Apache, Coconino, and Maricopa counties (Figure 6).

5. In FY22, LIAs reported just 77 SEEDS actions across the five Built Environment activities.



6. These two more rural LIAs engaged in Built Environment Policy work.



**Development of Parks, Trails & Other Resources.** Three LIAs supported this activity in FY22.



The Yavapai County Community Health Services was especially active, facilitating the Trails Working Group of the regional Verde Front Collaboration—a robust group of cities, towns, community members, and National Forest and State Park representatives. This year, the LIA also began to re-establish their connection with the Yavapai Apache Nation around wellness, including discussions about establishing trails throughout tribal lands.

**Active Transportation.** In FY22, two LIAs relied on government and neighborhood association partners [ST7] to move forward with two Active Transportation initiatives:

**Addressing Barriers to Safe Walking.** The Maricopa County Department of Public Health worked with two neighborhood associations on two pedestrian safety efforts to install speed bumps for slowing traffic near a school and within a neighborhood.

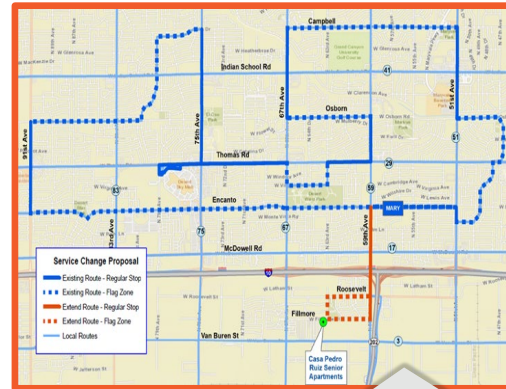
**Addressing Barriers to Bike Share and e-Scooter Use.** The UA Cooperative Extension, Pima, partnered with the Tucson Department of Transit & Mobility to engage the community in their exploration of micro-mobility barriers. Pilot data from a farmers market event helped refine survey questions and potential sites to reach SNAP-eligible respondents.

**Walking, Biking & Transit.** LIAs in four counties supported this activity in FY22. The AZ Health Zone in Yavapai focused on bike-ability and Bike to Work through a longtime collaboration with the Cottonwood Bicycle Advisory Council. The AZ Health Zone in Pima and Mohave offered technical assistance around regional transit: In Mohave, the LIA assisted the Western Arizona Council of Governments’ distribution of a regional transit plan survey to residents, and in Pima, the LIA provided input to the City of South Tucson on the Tucson Norte-Sur Transit Corridor Project. Transit support in Maricopa included community-based advocacy; the LIA worked with the Si Se Puede Neighborhood Association (SSPNA) to support residents in navigating city meetings and procedures, including help with language

translation. In doing so, the Phoenix City Council heard SSPNA members’ voices and ultimately approved the route extension (**Success Story**).

### Success Story

The Maricopa County Department of Public Health supported a transit change that linked community members to fresh foods, libraries, clinics, and a community center [MT6].



**“The inauguration of the new circulator extension route was held at Casa Pedro Ruiz Senior Housing on April 18, 2022. The City of Phoenix Public Transit Department staff delivered a presentation to residents to explain the route and how to check bus schedules with the Valley Metro App. SSPNA leadership and the Casa Pedro Ruiz Coordinator continue educating about the route by promoting group grocery shopping and field trips to Desert Sky Mall.”**

*-Maricopa County Department of Public Health*

**Usability of & Access to PA Resources.** In FY22, LIAs reported 1,079 PA Resources actions in SEEDS (Figure 7). This made up 93% of the 1,156 Active Living actions reported.

**7. LIAs reported 1,079 SEEDS actions across the four PA Resources activities in FY22.** Shared Use Agreements are not shown below due to the very small number of actions (2).

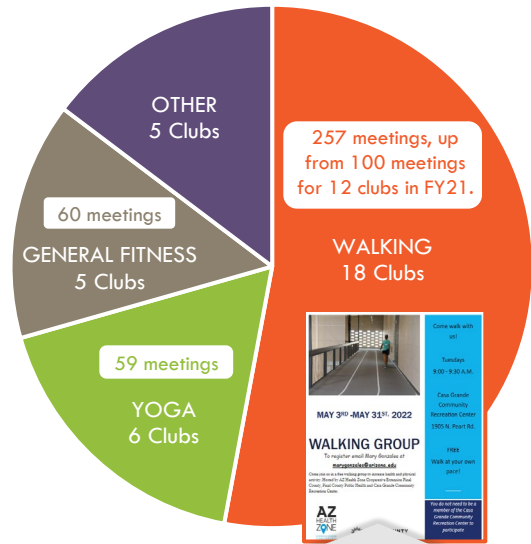


**Shared Use.** Less than 1% of all SEEDS actions addressed *Shared Use*. Beyond SEEDS, we explored school districts’ Local Wellness Policies for evidence that shared use agreements—in which the community can use schools’ PA facilities outside of school hours—were included. Of the 35 policies assessed, only 5 (14%) *required* schools to offer community access, however 14 (40%) *encouraged* schools to do so [MT7].

**Social Support Networks.** This year, LIAs in nine counties supported PA clubs, known as social support networks due to their dual function to promote PA and provide a community of support. Of the 34 AZ Health Zone-supported clubs, 11 (32%) were in rural Apache County and 7 (21%) were in urban Maricopa County. Walking groups were the most popular (**Figure 8**).

**Facilitators & Barriers.** The three most common Active Living facilitators shared by LIAs in their narrative reports were: *aligning SNAP-Ed with the community’s interests, coalition networks & strong partnerships, and opportunities for outdoor PA*. The four most common barriers were *the weather, COVID conditions, LIA & partner staff turnover, and the slow pace of trust-building with partners*.

**8. Most of the 34 AZ Health Zone-supported PA clubs [MT6, LT6] focused on walking in FY22.**



“We had a new participant join last week. She wanted to attend months back but felt she ‘would be in the way of the serious walkers’ since she uses a walker. After her first session, she shared that **she loves that there are all types of walkers, and she wasn’t the only one walking with an assisted device.**”

-UA Cooperative Extension, Pinal

“The City of Sierra Vista Parks Department is focused on a few entertainment-type and family events. **This [need to build trust necessitates] a slower process and has required us to take another step back into more event-focused activities rather than immediately being able to partner on PSE level work.**”

-UA Cooperative Extension, Cochise

**Success Story**

In Globe-Miami (population 9,000), AZ Health Zone staff integrated the Stairizona Urban trail into their Heart and Soles’ walking group activities. For the group’s 30 miles in 30 days challenge, a quarterly winner received a free 3-month membership to a local gym.



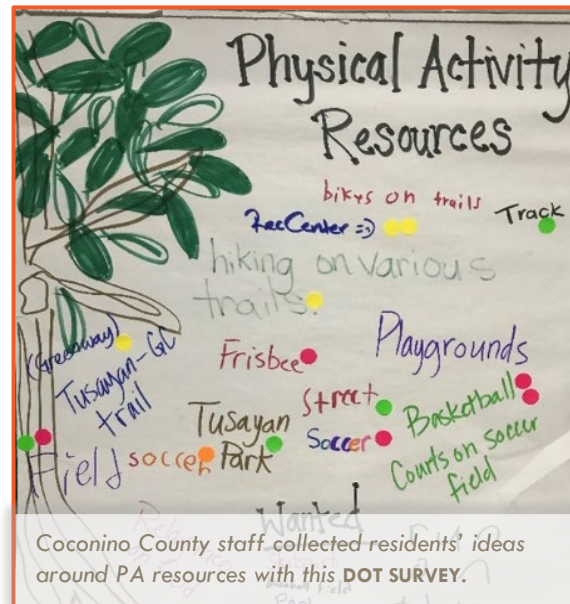
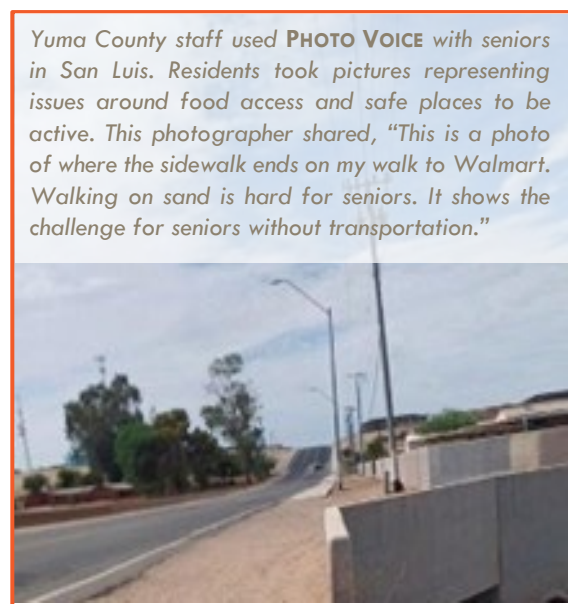
“The Stairizona Urban Trail is completing the third segment of their trail system. **Our 30 in 30 walking club participants are using the completed staircases for an increased challenge [LT6].** Since beginning [this] challenge in October 2021, 38 participants have turned in their mileage trackers – I call this a win!”



## Community Engagement in Active Living & Food Systems

The AZ Health Zone encourages *Community Engagement* by LIAs following the International Association for Public Participation’s [Spectrum of Public Participation](#). In FY22, LIAs used SEEDS to report nearly 700 Active Living and Food Systems *Community Engagement* actions (see **Figure 5**, **Figure 7**, & **Figure 9**). However, the data were difficult to interpret given the high level of misreporting other AZ Health Zone activities as *Community Engagement*.

In SARNs, LIAs shared a variety of methods used to **CONSULT, INVOLVE, and COLLABORATE WITH** SNAP-eligible residents around Food Systems and Active Living. The most common methods were structured or casual chats during events; getting feedback at community meetings and town halls; and collecting visual data using dot surveys, graffiti walls, and open-ended questions. Photo Voice was less used but produced compelling results.



Providing Arizona WIC participants with fresh fruits and vegetables from local farmers markets

WIC families are eligible for \$30 worth of farmers market coupons. Limit one coupon book per family. *First come first served.*

- 1 Link your eWIC card to the EzWIC app on your phone or mobile device.
- 2 Bring your eWIC card and mobile device to a participating farmers market.

The UA Cooperative Extension, Cochise, engaged in **COMMUNITY MEETINGS** to learn from residents who use SNAP-EBT and WIC: Barriers to shopping at the local farmers market included transportation difficulty and the high cost of food.





## Food Systems

This year, LIAs used SEEDS to report a total of 1,502 Food Systems actions. *Gardens* were the most reported activity, representing 39% of all Food Systems actions, and *Farmers and Growers* were the least, representing 3% (Figure 9).

### 9. In FY22, LIAs reported over 1,500 SEEDS actions across the five Food Systems activities.



**Gardens.** Five LIAs in nine counties supported *Gardens* in FY22. Of their 587 actions, 86% (506) were characterized as sustaining—versus creating new—gardens. The majority (52%) of the garden actions this year took place at community, school, and Early Care & Education (ECE) sites, followed by individual homes or public housing sites (10%) and community/recreation centers (9%).

In SARNs, LIAs most often described their *Gardens* supports as providing sites with gardening materials and technical assistance, leading onsite trainings and workshops, assisting with sustainability planning [LT10], and delivering adult and youth garden-focused direct education (DE).

**Barriers.** COVID-related restrictions (e.g., on-site visitation limitations and garden closures) were significant barriers early in the fiscal year. However, as these restrictions eased in many communities, other commonly reported challenges to *Gardens* support included:

- 🔒 Lack of volunteer or site champion support to maintain or improve gardens.

## Two Success Stories



### Activating Holistic Community Spaces

“Re-allocated [gardening] funds will lead to a multipurpose space with new garden beds, shade, and a walking path that will be installed around the perimeter to promote active living in the community. **The garden will include space to host gatherings, farm stands, classes, and more.** School district staff and parents have been involved in the process and have incorporated wellness plans around it.”

-UA Cooperative Extension, Maricopa

### Making Cultural Connections

“The head chef came outside to check on the progress once the garden was planted and was wiping tears away. She shared, ‘I have been wanting a garden, I just don’t have the time. This is beautiful. There are even marigolds!’ She shared that **the marigolds were a great connection for the Hispanic community** in the neighborhood, an important piece of Día de Los Muertos.”

-Coconino County Health & Human Services



- 🔒 Challenges promoting community awareness of and interest in established gardens.
- 🔒 Time needed to revitalize gardens due to the lack of maintenance during COVID closures.
- 🔒 Staff turnover at partnering intervention sites.

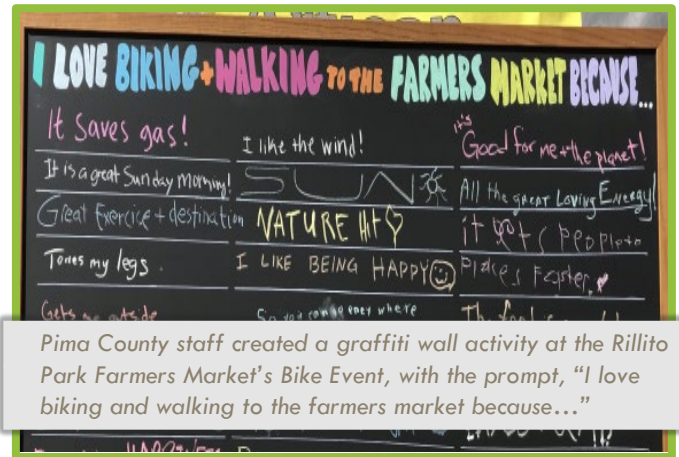
**Food Retail.** Five LIAs in eight counties supported *Food Retail*, representing 5% of all Food Systems actions (see **Figure 9**). From FY21-22, the number of reported Electronic Benefit Transfer (EBT)/Double Up Bucks actions grew by 74%, more than any other type of Food Systems action. By intervention site, most *Food Retail* work was at farmers markets (45%) and WIC locations (11%).

**Farmers Markets.** In FY22, LIA staff worked with nine farmers markets on PSE change and materials distribution to increase SNAP benefit redemptions, Double-Up Bucks, and Farmers Market Nutrition Program (FMNP) vouchers [MT8]. Farmers markets also offered an opportunity for LIAs to engage with and obtain feedback from community members (**Figure 10**). For example, the LIA in Pima County worked with the Tucson Community Access, Referral, Education, & Service and the Santa Cruz Farmers Market to develop and pilot an FMNP proxy program. Volunteer proxies for eight seniors who were unable to

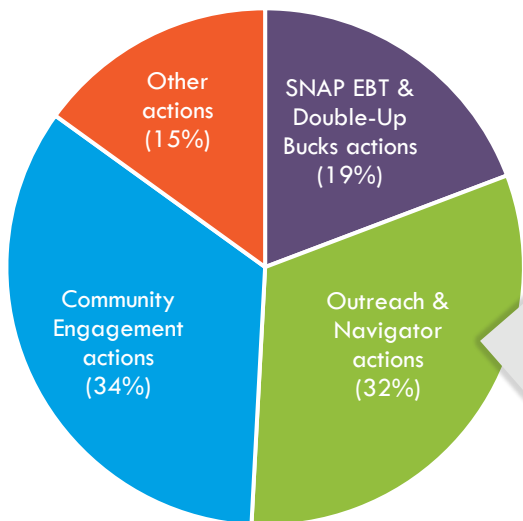
attend the market purchased produce for the seniors using their FMNP coupons. The information gained from the pilot will inform their FY23 program sustainability plan.

**Barriers.** Vendor set up fees continued to inhibit grower participation in markets this year. Two LIAs reported challenges from community members about farmers market program redemptions:

- 🔒 Lack of knowledge of how redemptions work.
- 🔒 Misconceptions about produce cost and the target audience for the market.
- 🔒 Limited farmers market dates and times.
- 🔒 Lack of transportation to the market.



**10. Most FY22 SEEDS actions reported for farmers markets (n=73) reflected Community Engagement and Outreach to increase on-site SNAP, FMNP, and Double-Up Bucks redemptions.**



“Janice assists the pantry director with the Commodity Senior Food Program by filling out the ‘yellow card’ for the seniors—which can also be utilized for the Farmers Market Nutrition Program (FMNP). In assisting residents to redeem benefits, Janice supported the Farmers Market to achieve:

- Redemption for WIC vouchers: \$875.00
- Senior vouchers: \$4,155 in 2021, \$6,800 in 2022
- Increased utilization of the Double-up Bucks Program”

-Gila County Health Department

**Food Access.** In FY22, seven LIAs in 12 counties supported *Food Access*, representing 24% of all Food Systems actions (see **Figure 9**). Compared to FY21, LIAs reported more SEEDS actions across each of the AZ Health Zone’s three *Food Access* activity tracks (**Figure 11**), likely due to the easing of COVID-related restrictions.

**11. From FY21 to FY22, LIAs reported an increased number of Food Access SEEDS actions across all intervention settings (“tracks”).**



“[We] completed the Healthy Food Pantry Assessment Tool (HFPAT) and reported the results to the board of directors during the semiannual board meeting. **Recommendations based on the HFPAT results [inspired] the board to create a plan.** Areas of opportunity for the food pantry include offering nutrition education for both volunteers and participants, creating a written operations and policy manual, and providing additional services for participants.”

-Coconino County Human & Health Services

**Food Banks & Pantries.** LIAs in 11 counties reported work in food banks and pantries. PSE and PSE-supporting work facilitated more trauma-informed pantry design and policy practices, the promotion of existing resources, and needs identification. LIAs shared several accomplishments in their narratives:

- ✓ Environmental changes included adding shelf talkers/placards near foods and creating visually appealing foods displays [MT5].
- ✓ Recipe cards and nutrition focused newsletters were created and distributed in food boxes.

- ✓ One LIAs worked with a pantry to develop operational policies, and another supported a pantry in taking steps toward a client-choice food distribution model [MT5].
- ✓ LIAs delivered cooking classes and DE courses in partnership with pantries.

**Farmers & Growers.** In FY22, two LIAs in four counties supported *Farmers and Growers*; the two LIAs in Maricopa County reported 76% of this work. Of the 51 reported SEEDS actions, 80% were meetings where LIAs identified various multisector collaborations to support local farmers and growers [ST8]. SARN strengths included descriptions of how this work supported emergent opportunities as well as accomplishments:

- ✓ The UA Cooperative Extension, Pima, shared a potential community-supported agriculture program to be developed with local growers from the International Rescue Committee.
- ✓ The Maricopa County Department of Public Health engaged with stakeholders to develop a GIS map for identifying gaps in support for local farmers and growers. The map also aimed to help educate the public and policy makers about the local systems of food production, water use, and the economy.
- ✓ The UA Cooperative Extension, Maricopa, partnered with Pinnacle Prevention to host two urban agriculture workshops for small growers and farmers in the Phoenix area. The workshops focused on bringing produce to local markets, food safety, and post-harvest management.



“Participants expressed gratitude for the introduction to food safety and things to consider when preparing to distribute food safely to their community. **This workshop also provided a space for our team to connect with farmers and growers in our communities.**”

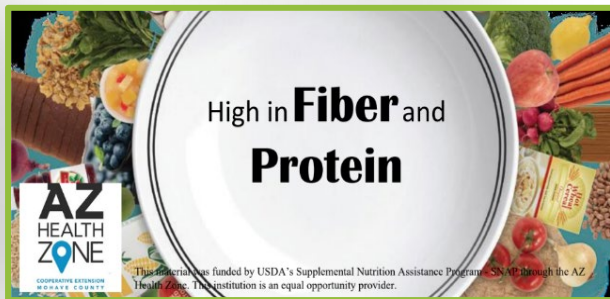
-UA Cooperative Extension, Maricopa



## Two Success Stories Spotlighting Rural Pantries

“Our staff provides technical assistance to the Grand Canyon Food Pantry manager, such as how to display food items to look like a grocery store. As the food bank is in a historic building, even the smallest changes must be approved by the National Park Service. **To be trauma informed, our staff continues to advocate for the removal of the cell bars and the latitudinal height marker [the building was once a jail] while educating volunteers on the importance of being trauma informed and removing potential triggers.** For now, the height marker was covered by colorful posters.”

-Coconino County Human & Health Services



“The director of the food bank pointed out that the clients do not always know how to prepare unfamiliar vegetables, fruits, and dried goods, and expressed that he would like assistance with bridging that gap in knowledge for the food bank clients. **We worked with the food bank director to create shelf-talkers and placards to support available foods at the food bank.** The shelf-talkers and placards were laminated and will be placed on shelves or in areas visible to clients when they shop in the food bank. Recipes cards will be displayed next to the placards for ideas on how to prepare unfamiliar foods.”

-UA Cooperative Extension. Mohave

# The AZ Health Zone’s Community Engagement: “We were making the road by walking”

The COVID pandemic had a significant impact on Local Implementing Agencies’ (LIAs’) plans to incorporate more community engagement (CE) into their programming. As some operations began to normalize in FY22, opportunities to integrate residents’ needs and voices into programmatic decision-making became increasingly available—a direction that aligned with the AZ Health Zone’s guiding principles (see [page 2](#)).

In their FY22 report narratives, eight LIA units described substantial progress implementing CE activities along the [Spectrum of Public Participation](#). At the year’s end, 11 staff from seven local units in six counties participated in a focus group with the State Evaluation Team to discuss their CE progress:



The UA Cooperative Extension, Cochise team met with residents during one of several community forums in the town of Sierra Vista.

## LIA focus group participants described engagement activities across the Spectrum of Public Participation model. Most activities (47%) aligned with the Consult level.

### Consult

*Listening to residents’ feedback*

“We had a wellness night at a school, with a booth for every focus area. We asked [interactive] questions at each booth, to gauge where community members were at...that was really a good way to **get a baseline of what was going on** and to engage with residents.”

### Involve

*Reflecting residents’ feedback in decision-making*

“I asked *Seed to Supper* participants, ‘What would you like to grow in your gardens,’ knowing that three of them had a community garden plot coming up. And **the town ended up going off the list we generated** [to provide plants for the community garden plots].”

### Collaborate

*Partnering with residents on each aspect of decision-making*

“The **community members decided** whether they wanted to have an in-person or virtual facilitation training, [and] if they wanted to have a group training or individual workshops. **They were also responsible for the outreach promoting the training.**”

### Empower

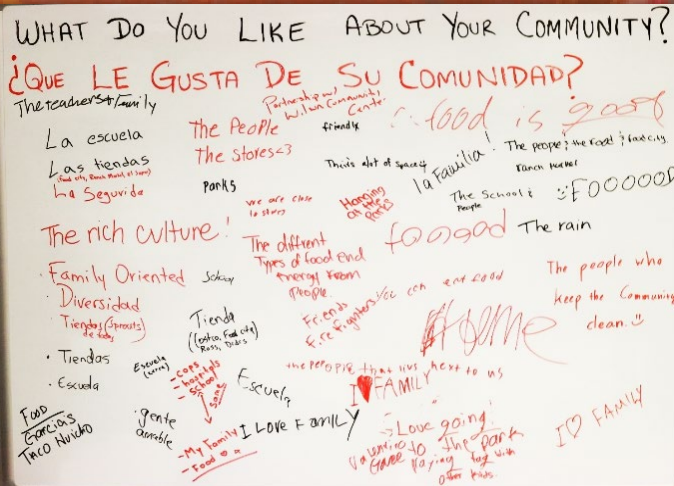
*Implementing what residents decide*

“We provided an opportunity [with a supporting grant] to the community to generate ideas, and then vote on which would be funded. We convened an opportunity for voting, and then **the projects that were selected and prioritized by the community were funded with that budget.**”



## Residents as Leaders

Three LIAs described residents as leaders in CE collaboration. Residents' roles ranged from program champion to assuming leadership roles with active living initiatives and community trainings. One staff remarked, "the residents did such a fabulous job...they've all gone through training and tried on the hat of facilitator. They seem to be comfortable with that, and anxious to practice."



The UA Cooperative Extension, Maricopa, consulted residents in the Phoenix Wilson neighborhood on community assets and needs.

## Staff described key steps for a smooth COMMUNITY ENGAGEMENT DANCE.



**Make a sustained commitment to CE**

**Devote substantial time to CE activities**

**Maintain a consistent community presence**

**Build trusted CE partnerships**

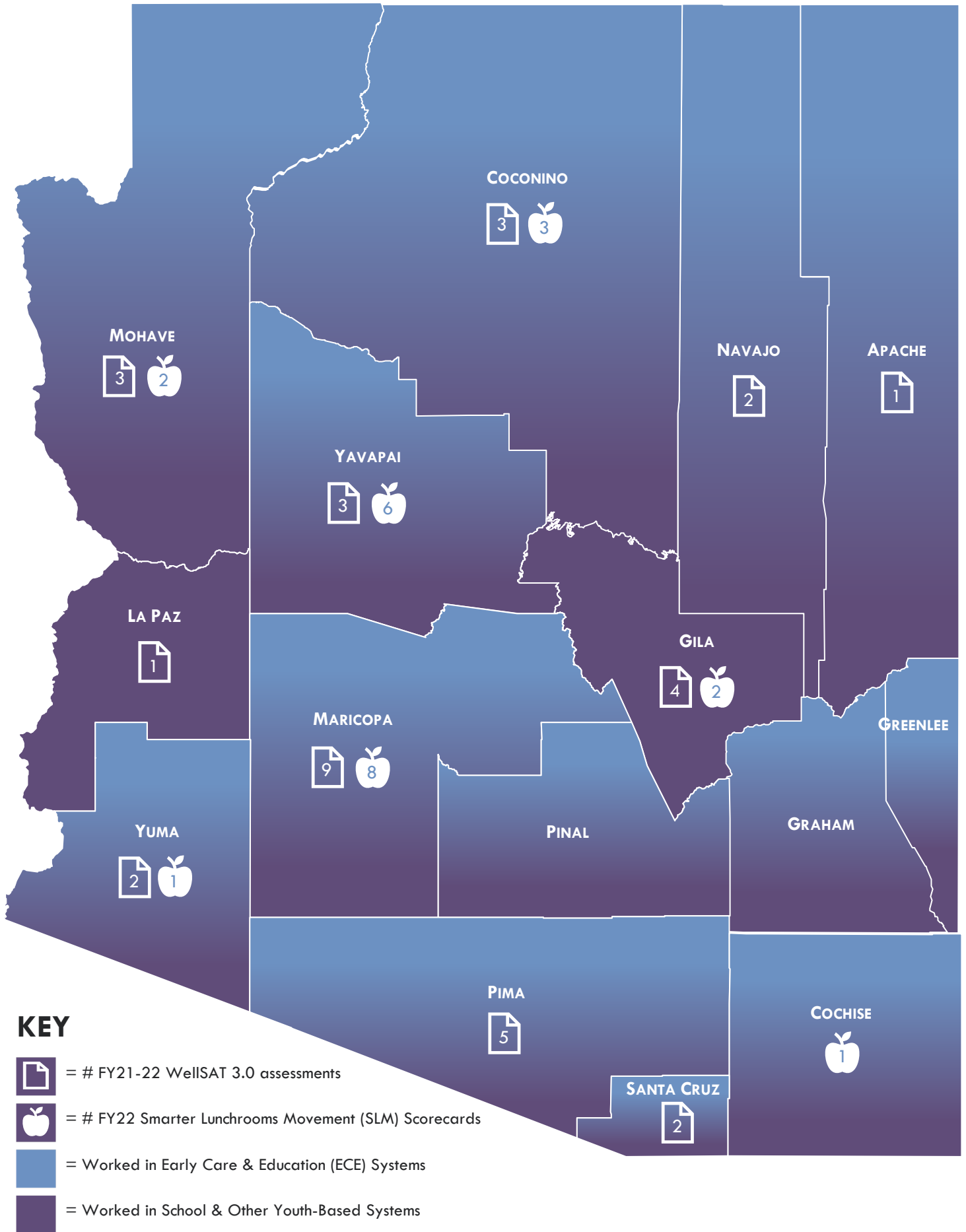
## Rural Engagement is Different

Two rural staff described their unique CE assets and challenges. Partners wearing multiple hats can super-charge CE initiatives because "it's the same 10-12 people" often doing this work. Conversely, a single gatekeeper in a community can block CE from starting or progressing.





## Recommendations from LIA Staff

- ❁ **Offer additional resources** for staff who are new to CE, such as "how-to [resources] or a bank of questions" for activities like focus groups.
- ❁ **Create a CE focus area**, because "it is very time consuming...it takes a lot of planning and adapting...the whole goal of it is you're trying to get information to design your program so that it is community-informed, and you can't do that when you're already running the program."
- ❁ **Clarify CE policies** on what is allowable and what flexibilities may exist, and "make sure it's being blasted across multiple places, so you hit everyone who might be doing this work, and make that piece a little more transparent."
- ❁ **Provide residents doing CE with payment and/or appropriate resources**: "They are not paid staff but are doing this work on a volunteer basis. The challenge is to identify and develop strong community partners to find ways to channel resources directly to [residents]. It's about ensuring that our community members are informing the work, that they are leading the work, and that they are making sustainable differences over time. And there's not really a clear way to channel those resources to them without a lot of struggle."





**KEY**

-  = # FY21-22 WellSAT 3.0 assessments
-  = # FY22 Smarter Lunchrooms Movement (SLM) Scorecards
-  = Worked in Early Care & Education (ECE) Systems
-  = Worked in School & Other Youth-Based Systems

# Childhood Focus

## AZ Health Zone Childhood Strategies



Support the development, implementation, and evaluation of policies that promote nutrition and physical activity in **Early Care & Education (ECE)-Based Systems**



Support the development, implementation, and evaluation of policies that promote nutrition and physical activity in **School & Other Youth-Based Systems**

### Evaluating Early Care & Education (ECE)-Based Systems

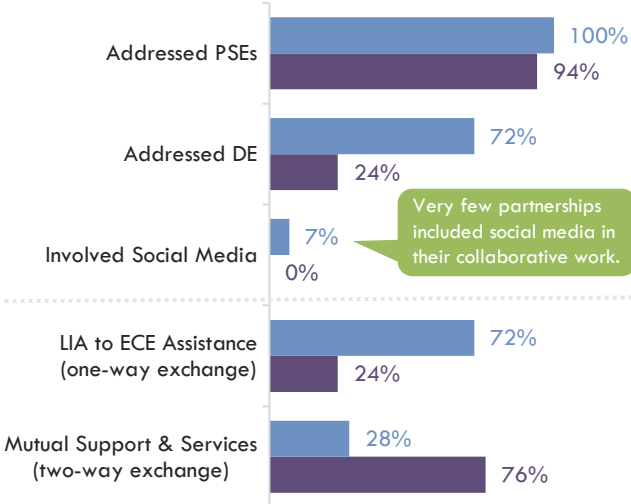
Six AZ Health Zone Local Implementing Agencies (LIAs) worked in ECE-Based Systems in FY22. The State Evaluation Team (SET) combined data from the SNAP-Ed Electronic Data System (SEEDS) and Semi-Annual Report Narratives (SARNs) to evaluate progress in LIA-ECE partnerships, *Learning Collaboratives, Community Coordination, and Community Engagement* [ST6-8, LT8].

#### LIA Partnerships with ECEs

**SEEDS.** In FY22, LIAs in 13 of Arizona’s 15 counties reported 29 active partnerships with ECE providers and 17 active partnerships with regional or community-level groups such as [First Things First](#) and [Chicanos Por La Causa](#) [ST7<sub>a</sub>]. While both reported partnership types involved policy, systems, and environmental (PSE) change, partnerships with regional or community organizations were less likely to focus on direct education (DE) and more likely to include the mutual exchange of services like expert support or resource sharing (**Figure 12**).

**SARNs.** LIAs in 13 counties shared their ECE progress in 68 SARNs. Of these, 42 (62%) provided information about the depth of the LIA’s relationship with the ECE provider [ST7<sub>b</sub>]. As illustrated in **Figure 13**, relationship depth varied widely—even within the same counties

**12. Compared to LIA-ECE provider partnerships (n=29), reported partnerships between LIAs and regional or community organizations (n=17) were more likely to involve the mutual exchange of support and services.**



or communities. Indeed, the same LIA staff often related differently to different ECE providers, reflecting (1) the many layers of socio-ecological systems that influence these relationships and (2) the dynamic nature of organizational partnerships across time.

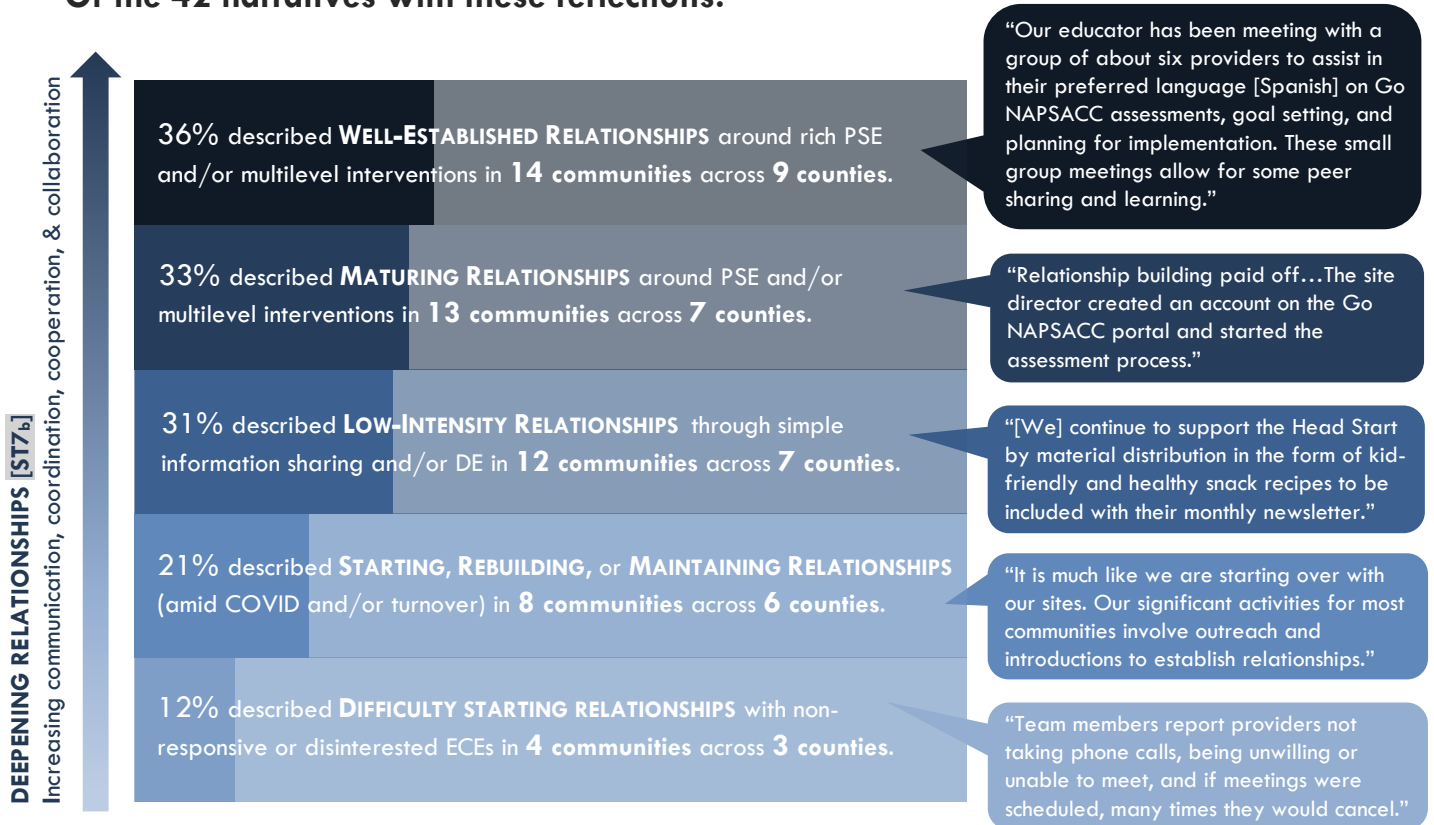
Most narratives offered evidence that LIA-ECE provider partnerships have progressed in a way that aligns with the AZ Health Zone’s program model: *Two-thirds of the reports described strong relationships centered around PSE or multilevel changes* (see **Figure 13**). This also aligns with the SEEDS findings in **Figure 12** showing that most partnerships addressed PSEs and many also addressed DE.

However, LIAs in seven counties described more superficial supports with certain partner ECEs, including event tabling and dropping off books, recipes, or other materials. Some LIAs described lower-intensity support as a helpful way to respond to ECE need or preference:

“One strength of the UA Cooperative Extension, Cochise, and Chicanos Por La Causa relationship is that we are seen as a community expert on resources and are the primary partner they reach out to when support is needed—even if that need is low.”  
*-UA Cooperative Extension, Cochise*

In other cases, it was unclear whether the LIA considered this limited support as having accomplished their planned work, or if they were going to leverage the brief encounter to deepen the relationship, for example: “[We] had a table and handed out flyers, distributed water bottles, and set up a bean bag toss game...It was a success, with [us] and fellow participants running out of incentives and informational materials before the scheduled end time.”

**13. LIAs reflected upon their relationships with ECE partners in their FY22 report narratives. Of the 42 narratives with these reflections:**

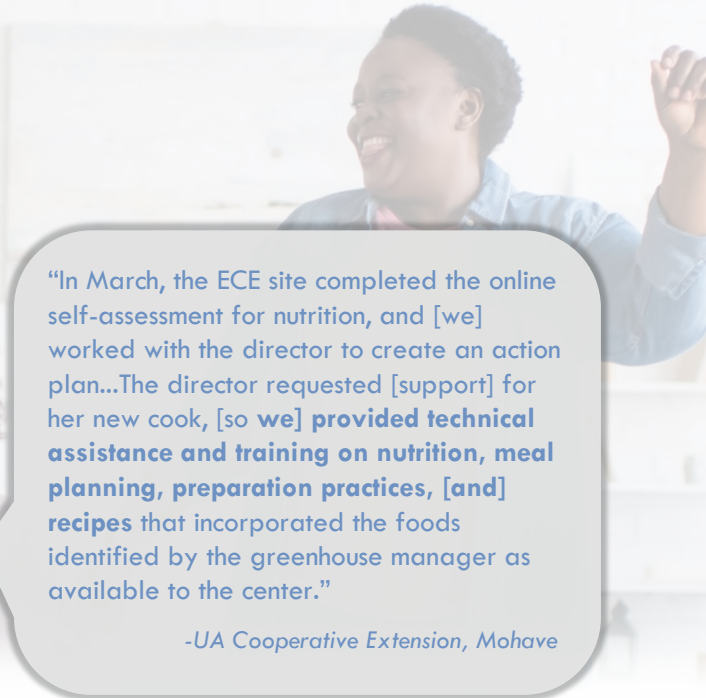




### Three Success Stories

The AZ Health Zone promotes the Go NAPSACC improvement process for enhancing ECEs' nutrition and physical activity PSEs. [Go NAPSACC's digital platform](#) also bolsters partnerships by helping LIAs and ECEs to communicate and collaborate. In FY22, LIAs in Mohave, Yuma, and Graham counties shared Go NAPSACC-related accomplishments in SARNs [ST7c].

In Mohave County, after pandemic restrictions were lifted, the UA Cooperative Extension reconnected with the Fort Mojave Child Care Center. LIA staff deepened the partnership by using the dual language Go NAPSACC resources to support the English-speaking director and the Spanish-speaking cook.




"In March, the ECE site completed the online self-assessment for nutrition, and [we] worked with the director to create an action plan...The director requested [support] for her new cook, [so we] **provided technical assistance and training on nutrition, meal planning, preparation practices, [and] recipes** that incorporated the foods identified by the greenhouse manager as available to the center."

-UA Cooperative Extension, Mohave

"The AZ Health Zone in Yuma has continued to support our ECE partners through **intentional and targeted technical assistance, resources, and training**. We are working with the director of Estrellita Child Care to complete Go NAPSACC assessments and action planning. [Based on the Infant & Child Physical Activity] assessment, she selected adult-led physical activity as a goal. We led her through a tour of the Go NAPSACC site, provided staff development training on Active Play, [and] led the teachers through some of the fun physical activities. They really enjoyed learning and practicing the games. After the training, we met...to help them create an adult-led physical activity schedule with their favorite *Active Play* games for site teachers to incorporate into daily activities.

"Recently, Estrellita had its first site visit and evaluation [by the First Things First Program]. **The director was thrilled to receive a 4-star rating and expressed that she could not have achieved this without our help.** She has set her sights now on getting a 5-star rating and is continuing to work on implementing best practices through Empower and Go NAPSACC."

-Yuma County Public Health Services District



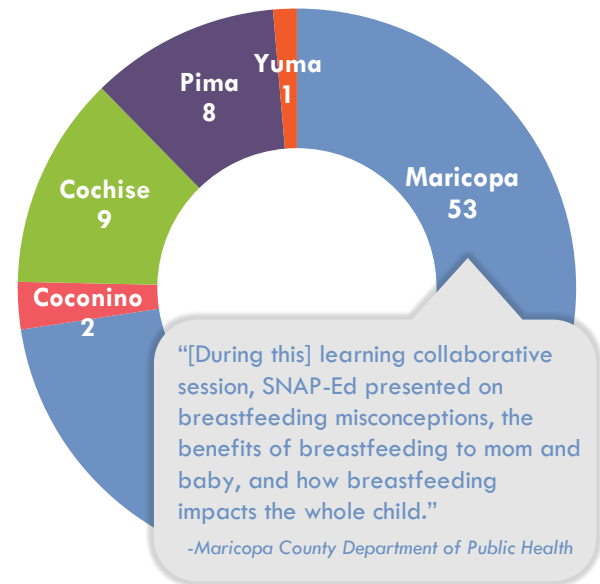
"Five ECE centers in the Safford community are enrolled in Go NAPSACC and have completed at least one assessment. This platform has been a real game changer in early childhood, as it allows LIA staff to access assessments, results, and training completed by ECE partners. **This website has made it easier to tailor the type of support the Go NAPSACC Technical Assistant Consultant provides to each center.** [We share] resources on a monthly basis to ECE centers utilizing the website 'tips and resources.' Providing these materials allows us the opportunity for in-person check-ins [while] following their COVID guidelines...While we occasionally communicate through email, **in-person has been most effective, giving rise to new opportunities for Empower and Go NAPSACC support.**"

-UA Cooperative Extension, Graham

## Learning Collaboratives

In FY22, LIAs reported 73 unduplicated *Learning Collaborative* actions [ST7<sub>a</sub>] in SEEDS (Figure 14): 78% were meetings, and 21% were trainings. The AZ Health Zone describes *Learning Collaboratives* as “participating in Nemours and other coalitions and councils to build communities of practice.” This year, all *Learning Collaborative* actions were related to the Nemours Foundation “Better Together” grant [ST7<sub>b</sub>], a three-year funding opportunity that brought ECEs and their partner LIAs together around Go NAPSACC’s improvement process (note: this grant ended in June 2022). One action described an LIA’s participation in the nascent, statewide effort to recreate Go NAPSACC’s learning collaborative structure within the AZ Health Zone.

14. Most of the 73 *Learning Collaborative* activities reported in SEEDS were concentrated in Maricopa County.



“The biggest challenge with the Nemours Learning Collaborative was that **all trainings have been conducted virtually**. We have managed to do in-person check-in visits, which is an improvement over last year. Another big challenge during this learning collaborative session is that the **childcare centers are extremely short staffed** which makes it very hard for them to participate.”

-Maricopa County Department of Public Health

*Challenges.* LIAs in Apache, Maricopa, and Pima counties used their FY22 SARNs to describe the continued negative impact of COVID specific to *Learning Collaboratives*—often in combination with another persistent barrier, lack of ECE capacity. LIAs in Apache, Cochise, and Navajo counties also described ECEs engaged in learning collaboratives that had *no need for AZ Health Zone support to progress their Go NAPSACC goals* [ST7<sub>c</sub>]: “While we were able to successfully recruit [the ECE] into the Nemours Learning Collaborative, the site has not needed any follow-up.”

## Success Story

The Maricopa County Department of Public Health partnered with multiple providers during Nemours. LIA staff reached groups of ECEs during collaborative sessions and then intensified individual ECE support through follow-up visits like those quoted here [ST7<sub>d</sub>].

“[To help the ECE reach Infant & Child Physical Activity goals], we offered different portable play equipment, a mirror climbing structure, and yoga cards, and gave staff ideas on how to implement these in the classroom.”

“[To help the ECE reach Child Nutrition goals], SNAP-Ed provided taste testing ideas. Madison Christian is now doing ‘Test Kitchen Tuesday’ with children trying new colorful fruits and veggies, and the children provide feedback to help with menu changes.”

## Community Coordination

This year, LIAs reported 55 unduplicated *Community Coordination* actions [ST7-8] in SEEDS (Figure 15): 91% were meetings, and 9% were events. Many actions involved tribes (35%) and First Things First (18%).

*Community Coordination* is defined by the AZ Health Zone as “coordinating with community partners such as ECE providers, organizations, and service providers to support shared PSE goals.” Similar to [FY21 findings](#) for *Community Coordination* in School Systems, most LIAs who described this activity in their SARNs met the spirit of the AZ Health Zone definition: Five LIAs in 12 communities shared community-level collaborations that had clear PSE goals held in common by all partners [ST7-8]:

“ [We] partner with First Things First, three elementary school districts, two family resource centers, and the City of Phoenix Head Start to **promote free meals for children** up to age 18 in three SNAP-Ed communities. **Together, the group is currently revisiting our goals and setting actions.**”

-Maricopa County Department of Public Health

This year, all LIAs who reported *Community Coordination* in SEEDS elaborated in their SARNs. Other LIAs—who may have accurately reported their ECE Systems actions under other SEEDS activities—offered narrative descriptions that also met the AZ Health Zone’s *Community Coordination* criteria. For example:

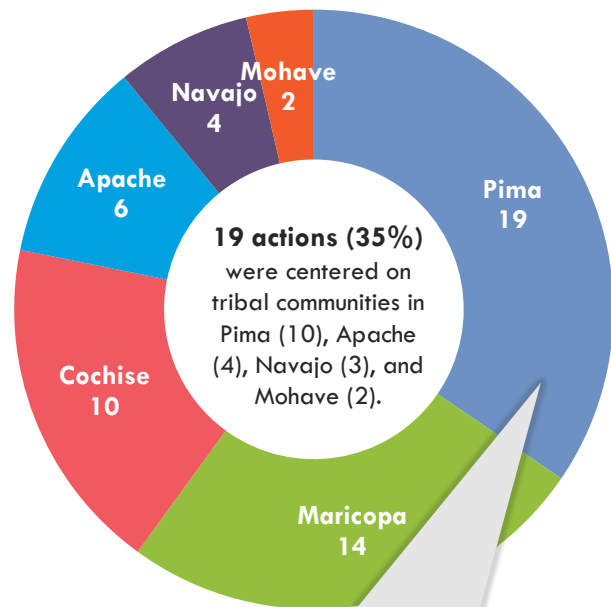


In Yuma, the LIA worked with an ECE partner and the Women, Infant, & Children (WIC) program to **enhance the breastfeeding environment**.



Both LIAs in Yavapai County worked with Nature Niños, where over 17 partner organizations collaborated to **promote nature trails to families with young children** (see the *Success Story*).

15. Most of the 55 *Community Coordination* activities reported in SEEDS were concentrated in the more urban **Pima** and **Maricopa** Counties. Over a third of *Community Coordination* actions were with tribal communities.



“ “[We] participated in two coalitions supporting childhood PSEs...as the Pima County lead in the Arizona Farm to ECE workgroup and as a participant in the Health Advisory Committee facilitated by Child Parent Centers.”

-UA Cooperative Extension, Pima

*Can Strong Partnership Be the Shared Goal?* As with School Systems in FY21, many narratives shared how LIAs fostered ongoing, open-ended *Community Coordination* without (yet) having a clearly defined PSE goal. This led us to ask: *Does the partnership itself qualify as a shared PSE goal?*

LIAs’ efforts to establish and maintain general relationships—captured by the USDA’s ST7-8 indicators—were often described as vital to developing more specific PSE goals in the future. LIAs fostered relationships with First Things First to enhance their ability to coordinate general ECE support and allow for the evolution of specific goals. For some LIAs,



this meant one-on-one conversations with a local Child Care Health Consultant. For others, it meant regional coordination with a First Things First team. Relationships with tribal organizations were especially important: Trust building and consistent communication were foundational to later co-identifying emergent issues and co-planning to develop and address PSE goals.

“Specific to *Community Coordination*, staff remain in contact, through email, with partner organizations including the Navajo Nation Head Start, the Chinle Service Unit Health and Promotions Team, and Public Health Nutrition, in efforts to ensure that relationships remain strong so that all PSE level activities related to Childhood, including ECE, can resume when possible.”

-UA Cooperative Extension, Apache & Navajo

*Community Coordination and Organizational Reciprocity.* The mutual exchange of services among organizational partners—i.e., organizational reciprocity—is inherent to successful *Community Coordination* around common goals. In FY22, LIAs in seven counties offered rich narrative descriptions of two or more agencies sharing information, exchanging services, and responding to each other’s expressed needs. The PSE goals varied from site-based (e.g., new garden installation at an ECE center) to community-wide initiatives (e.g., “establish regional teams that work to ensure families with young children can access food and nutrition support in their community”). Regardless of the goal’s breadth, *organizational reciprocity was pivotal to making progress.* Beyond reports of clear reciprocity, many LIAs mentioned their participation in interagency partnerships, but the contributions of partner organizations to the *Community Coordination* effort was unclear.

**16. LIAs described broad, systemic, and interrelated barriers that threatened their efforts at *Community Coordination*.**



“It has been challenging to reach [partners] over the past few years due to the pandemic, staffing changes, and a refocus on community goals. [We] hope...the [physical activity] trainings will help build back community ties and re-establish trust with us.”

-UA Cooperative Extension, Mohave

*Challenges.* As with other ECE Systems activities, SARNs included general LIA descriptions of how COVID had a negative influence on *Community Coordination* attempts, sometimes exacerbating the persistent barriers of staff turnover and limited capacity (Figure 16). A few of the narratives suggested that COVID and/or ECE and LIA turnover intensified the LIA’s need to rebuild relationships reported earlier in Figure 13.

Interestingly, LIAs did not use SARNs to share specific examples of *how* these challenges worked to inhibit their planned *Community Coordination* activities. Instead, they referenced broad barriers to explain their general difficulty doing, and therefore reporting, *Community Coordination* under the applicable SARN section. However, when LIAs described interagency coordination around specific goals, *the PSE goals appeared to have emerged from these barriers.* For example, in areas where COVID conditions intensified food insecurity, the *Community Coordination* reported to reduce food insecurity was especially timely.



## Success Story

The Nature Niños initiative was established in late 2020 with the help of both LIAs in Yavapai County. It continued to thrive in FY22, drawing new partner organizations [ST8] and media attention [LT8] as the program rolled out 12 child-centered nature play events in 12 months.

### What is Nature Niños?

The [City of Prescott](#) describes Nature Niños as “a free community program for families with children ages 0-8 in the Greater Prescott Area.”

“We work with a diverse array of community partners—from early childhood specialists to recreation managers, to environmental interpretation and education specialists. Our goal is to evaluate trails and green space for family accessibility, advocate for improvements, and build resources to help families achieve access to the healthy outdoor time they deserve.”

-Nature Niños, Prescott Living Magazine

## How Do They Do It?

### Community Coordination! [ST8]

“The [Nature Niños] collaborative initiative was spearheaded [in 2020] by a core development team from three agencies: the UA Cooperative Extension, Yavapai; the City of Prescott Recreation Services Department; and the Yavapai County Community Health Services to encourage families with young children to build a positive relationship with the outdoors and be physically active.

“[Today,] new organizational partnerships are tracked...to maximize partner communication and equitable access to all initiative documents. Since the core development team finalized the [trails] assessment and developed the first communication resources, there have been 17 new organizations and/or agencies that have become Nature Niños partners. New partners include First Things First, Arizona Children’s Association, the Community Nature Center, Prescott College, GEM Environmental, Prescott Unified School District, Prescott Farmers Market, Prescott Public Library, and WIC. These partnerships have significantly expanded the outreach of the initiative by sharing print materials in offices and social media posts. They also increased the quality and capacity of the events through donations of staff and volunteer time, incentives, education materials, developmentally appropriate activity design and facilitation; activity supplies, educational consultations, point-of-decision prompts, printing, and more.”

-UA Cooperative Extension, Yavapai



Nature Niños was highlighted in at least two print media articles [LT8a], including this Spring 2022 edition of Prescott Living Magazine.

### Growing Media Coverage [LT8]

Nature Niños fosters an extensive social media presence to reach families and community partners. According to the UA Cooperative Extension, Yavapai: “Four main marketing and education delivery systems are used: in-person at events, two social media platforms, a webpage, and print resources in target locations. Focusing on accessibility and inclusivity, all communications are available in both Spanish and English, the two primary languages of this community.”

From Sept 2021- Feb 2022, Nature Niños posts reached 27,704 Facebook accounts and 5,217 Instagram accounts [LT8].

## Community Engagement

*"Dance is for everybody. I believe that the dance came from the people and that it should always be delivered back to the people."*

-Alvin Ailey, Dancer & Activist

The AZ Health Zone describes *Community Engagement* as "engaging residents in SNAP-Ed-eligible communities in the program's process and planning, using **CONSULTING, INVOLVING, and COLLABORATING** techniques." This activity is unique in that it is also one of the three AZ Health Zone guiding principles.

In FY22, there was limited evidence for *Community Engagement* in the ECE Systems strategy. LIAs reported only 13 unduplicated SEEDS actions in six counties, four of which did not meet the AZ Health Zone's definition. For example, two actions were noted as, "Delivered Spanish *Color Me Healthy* inserts at Head Start." Moreover, few LIAs shared narratives around ECE-based *Community Engagement*, nearly half of which were difficult to evaluate (**Figure 17**).

### 17. Of LIA's nine references to *Community Engagement* in their FY22 narrative reports,

5 were clearly aligned with the AZ Health Zone's definition of *Community Engagement*

"[We] **CONSULT WITH THE LOCAL PARENT COMMITTEE**, which meets monthly, to plan and schedule activities with the Head Start families."

"[We] applied Motivational Interviewing... to **INCORPORATE [STUDENTS'] ANSWERS** while gardening with students." (see **Success Story**)

"At the events, we ask participants to fill out evaluations...Also, the Barriers to Nature survey will **COLLECT INFORMATION FROM THE COMMUNITY.**"

"To have **COMMUNITY INPUT PRIOR TO CREATING RECIPES**...we surveyed 7 previous *Around the Table* participants to share their preferences."

"We suggested creating a survey to give parents an **OPPORTUNITY TO PROVIDE FEEDBACK ON POLICIES AND PRACTICES**...most families need paper surveys, so we provided those. Chicanos Por La Causa shared these out to participants and collected them for us."

4 were not described in enough detail to assess alignment with the AZ Health Zone definition

"[We] were able to schedule parent meetings...**TO MOTIVATE PARENTS TO BE INVOLVED** in health initiatives."

"...**THROUGH COMMUNITY ENGAGEMENT AND CURRENT RELATIONSHIPS**, [we] suggested two community grants..."

"[We met] with the director...to discuss the possibility of resuming support of *Nutrition & Feeding Practices* with **AN EMPHASIS ON PARENT ENGAGEMENT.**"

"...meetings included...parent/caregiver representatives. [We] had the **OPPORTUNITY FOR COMMUNITY ENGAGEMENT WITH THESE CAREGIVERS.**"



“COVID restrictions and staff shortages are still struggles within ECE centers. **Not being permitted to enter ECEs really poses challenges for Community Engagement...**

Parents and guardians of children attending these centers are not permitted to enter. This results in a disconnection between [our LIA] staff, ECE staff, and families within this community.”

-UA Cooperative Extension, Graham

*Challenges.* Similar to the findings for *Learning Collaboratives* and *Community Coordination*, LIAs in nine counties described COVID and ECE staff shortages as (sometimes interconnected) barriers to *Community Engagement*. Unique to *Community Engagement*, these challenges worked indirectly to inhibit progress: Because the ECE provider played a “gatekeeper” role, COVID protocols and staffing issues limited LIAs’ ability to reach ECE families.

## Success Story

The UA Cooperative Extension, Pima, shared a compelling narrative around ECE partnership [ST6, ST7<sub>b,c</sub>] and *Community Engagement* with the Pasqua Yaqui tribal community. Their story highlights the power of cultural practices for holistic wellness and how trusted partners can share their unique strengths to deepen their collective impact.

“The Pasqua Yaqui Head Start, Ili Uusim Mahtawapo, had closed for COVID protocols and building renovations... However, their doors reopened in October 2022, allowing [us] to resume in-person gardening support and programming. This partnership has been a priority for our team...**[We] are fostering a deep relationship with Pasqua Yaqui Head Start staff members and families, as well as the Pasqua Yaqui community.** [We] have a staff member visit weekly to build trust, discuss priorities, and [talk about] ways to make the garden more culturally relevant...”

“...After planting, smudging was performed as a ceremonial blessing—a Pasqua Yaqui tradition...The garden is not only being used for traditional ceremonial gardening, but also as therapeutic engagement for students having a difficult time in the classroom. [W]e asked questions such as, ‘What are your favorite things to do in the garden?’ and incorporated their answers while gardening with students.”

“While finishing [a gardening] lesson, the Head Start Garden Supervisor presented us with a work-in-progress book he wrote called *The Lonely Pumpkin and the Very Scary Scarecrow*. [We] have been honored to be the farmer in the book, and to be invited to one of the tribe’s spiritual ceremonies.”

-UA Cooperative Extension, Pima

## Evaluating School & Other Youth-Based Systems

All seven AZ Health Zone Local Implementing Agencies (LIAs) worked in School & Other Youth-Based Systems in FY22. The State Evaluation Team (SET) assessed *Policy Revision & Communication* by analyzing the quality of written Local Wellness Policies (LWPs) [ST5<sub>b</sub>, MT5<sub>a-b</sub>, MT6<sub>a-b</sub>] using the Rudd Center for Food Policy & Obesity’s WellSAT 3.0. We also evaluated *Nutrition Practices & Environment*—specifically the school lunchroom environment [ST5, MT5<sub>a-d</sub>]—using the Smarter Lunchrooms Movement (SLM) Scorecard. Where relevant, we referenced LIAs’ Semi-Annual Report Narratives (SARNs) for qualitative information to elucidate quantitative results.

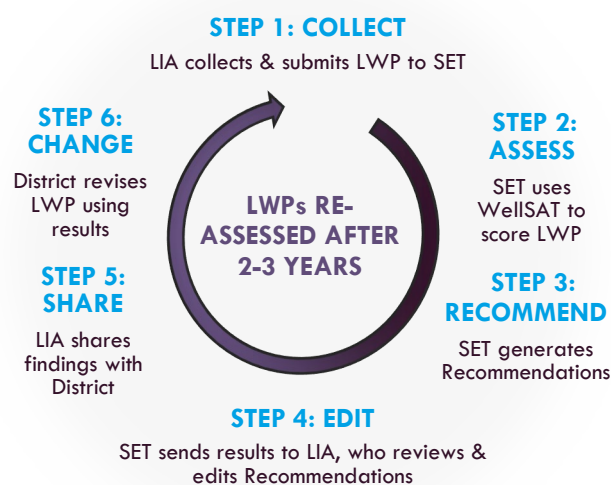
**WellSAT 3.0.** During FY21-22, LIAs supported LWP review and revision with their partner districts and schools across 11 of Arizona’s 15 counties. The SET used the WellSAT 3.0 to evaluate the 35 policies submitted by LIAs between October 2020 and July 2022.

*The WellSAT Cycle of Improvement.* The WellSAT 3.0, available online, assesses the quality of written policies across six sections, including how well policies meet federal requirements. The tool provides section and total scores for comprehensiveness and strength that range from 0 (the lowest) to 100 (the highest): *Comprehensiveness* measures whether a policy addresses an item, and *strength* measures how well the policy addresses it.

In addition to measuring SNAP-Ed indicators, the WellSAT 3.0 is integral to the AZ Health Zone’s LWP improvement cycle (Figure 18). Using this cycle, we asked: *How did policies*

*change for districts and schools that partnered with SNAP-Ed?* This year, we report changes in WellSAT 3.0 scores for policies that were scored twice, once in FY20 and again in FY22.

### 18. The WellSAT Cycle of Improvement for Local Wellness Policies (LWPs)



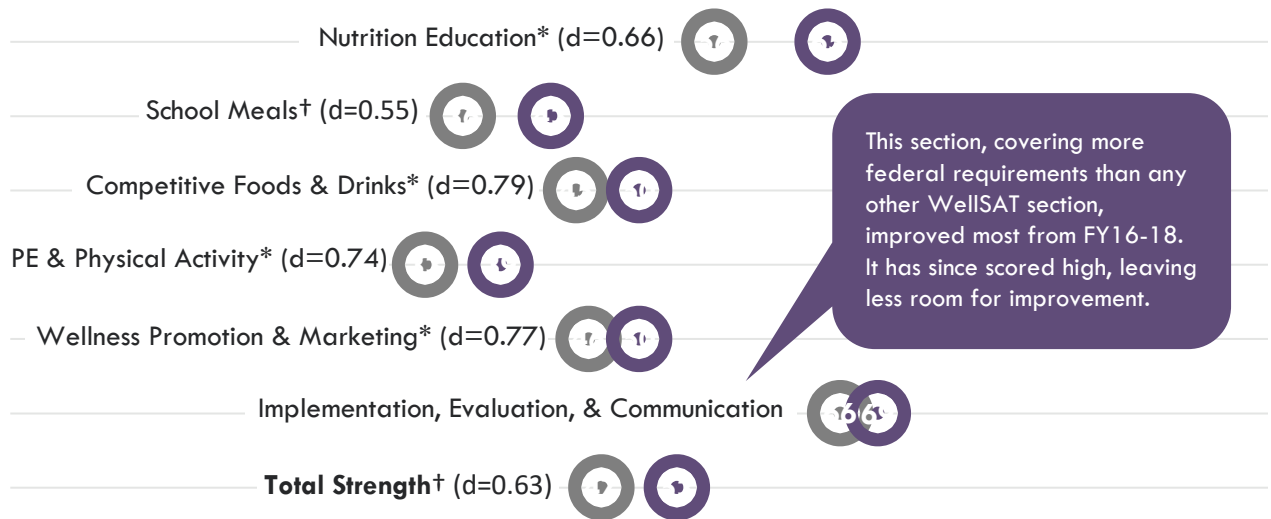
### Success Story

In preparation for future participation in the National School Lunch Program (NSLP), an elementary school district Superintendent worked with the UA Cooperative Extension, Mohave, to compose and assess a new wellness policy. The WellSAT results revealed the LWP to be very comprehensive!

“The Superintendent explained that he would like to write the policy that could be reviewed and finalized by a wellness team. [We] worked closely with the Superintendent and other school staff, providing technical assistance, observing school practices, and speaking to individual staff members to capture wellness activities and goals they would like to include in their policy. In March, a draft policy was created based on their unique situation and loosely follows a model wellness policy.”

- UA Cooperative Extension, Mohave

**19. From FY20 to FY22, mean strength scores increased significantly across most WellSAT sections, with medium to large effect sizes (n=20).** Scores ranged from 0 (worst) to 100 (best).



†0.05<p<0.10, \*p<0.05, effect sizes reported as Cohen's d

*How Did Scores Change?* We scored 20 matched LWPs in FY20 and FY22. Comprehensiveness and strength scores improved across all sections, resulting in total score increases [MT5<sub>a-b</sub>, MT6<sub>a-b</sub>]. In particular, most increases in policy strength had medium to large effect sizes (Figure 19). In practice, these increases reflect the strengthening of policy language, for example by making optional strategies required or vague statements more specific.

*The USDA's Smart Snacks Standards.* The USDA's 2016 Final Rule for LWPs requires Local Education Agencies to include Smart Snacks

nutrition standards for all competitive foods and beverages sold outside of school meals. It also calls for policies to restrict food and beverage *marketing* to only those items that meet the Smart Snacks standards. As shown in Figure 19, two of the three most improved WellSAT sections were focused on Smart Snacks: Competitive Foods & Drinks and Wellness Promotion & Marketing.

Moreover, districts serving grades K-8 saw greater improvements in the mean strength of Competitive Foods & Beverages than districts serving grades K-12 (Figure 20). One likely

**20. In FY20 and FY22, K-8 Districts (n=7) had more comprehensive and stronger COMPETITIVE FOOD & BEVERAGE POLICIES than K-12 Districts (n=13).** Across time, the mean strength of K-8 policies also increased more than the mean strength of K-12 policies, widening the policy gap.



†0.05<p<0.10



contributor is that the Arizona Nutrition Standards only apply Smart Snacks to grades K-8. Therefore, when elementary (K-8) school district policies adopt the Arizona Nutrition Standards, they automatically apply Smart Snacks to all grades served. In contrast, K-12 districts who adopt the Arizona Nutrition Standards miss Smart Snacks in high schools. Together with the FY21-22 narrative reports and [mixed methods findings from prior years](#), these patterns suggest that federal and state policies continue to influence the local policies of AZ Health-Zone supported districts.

“[T]he superintendent, food service, and principal are moving forward with... **updating the Local Wellness Policy to meet Arizona Department of Education and USDA requirements.** Using the WellSAT 3.0 results, the superintendent requested our LIA staff work alongside the food service director and principal in making changes.”

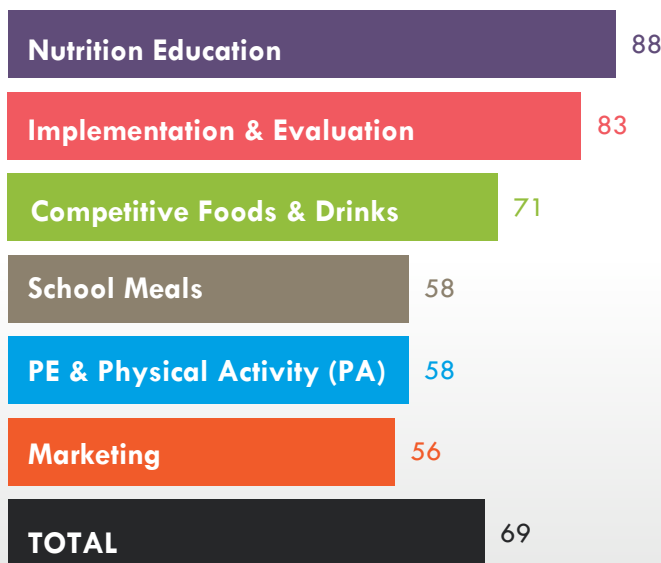
-Coconino County Health & Human Services

*A Snapshot in Time.* In FY21-22, we assessed a total of 35 LWPs. **Figures 21a** and **b** provide mean section and total WellSAT 3.0 scores for these policies. Scores varied by topic and were consistent with the cross-sectional findings reported in FY20: Nutrition Education and Implementation, Evaluation & Communication scored the highest, while School Meals, PE & Physical Activity, and Wellness Promotion & Marketing scored the lowest.

Considering these results with the changes in scores reported earlier, it appears that Local Education Agencies who partner with the AZ Health Zone have begun to strengthen their policy language around the low-scoring topics of Wellness Promotion & Marketing and PE & Physical Activity. However, School Meal policy language has shown little improvement since FY20 and continues to score relatively low.

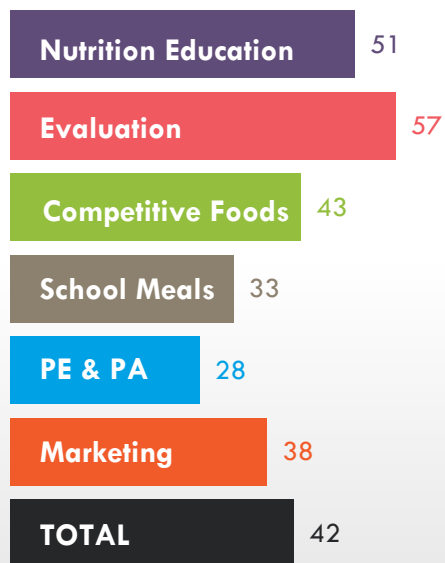
**21a. Mean comprehensiveness scores varied by section for the 35 LWP assessed in FY21-22.**

Nutrition Education scored the highest, and Wellness Promotion & Marketing scored the lowest.



**21b. Mean strength scores showed room for improvement across all sections (n=35).**

PE & Physical Activity and School Meals scored especially low.



## Success Story

“Crane District’s LWP was assessed again this project year. [We] met with the Food Service Director to review the results. He was pleased that **the LWP continues to score as exemplary**, and we celebrated this success with him acknowledging the effort and support he has put into the policy and its implementation throughout the District.”

- Yuma Public Health Services District

In Yuma County, the AZ Health Zone worked with a District that already had a high-scoring wellness policy to consider a new recommendation: using state-specific resources, they discussed adding language to clarify that physical activity would not be withheld as a form of punishment. The LIA also supported the Smarter Lunchrooms Movement (SLM) with a district school, catalyzing new interest in nutrition education for teachers. The LIA reported, “We shared their school District’s LWP with them, and the goals set out in that document, to help them appreciate how their [SLM] efforts were also supporting the overall [policy] goals of the District.”

## Equity Moves



This year, we analyzed WellSAT data for potential equity gaps between Local Education Agencies with the highest and lowest rates of free-and-reduced-price lunch (FRPL) enrollment. Those with the highest FRPL enrollment were found to have slightly *higher* mean total, comprehensiveness, and strength scores than those with the lowest FRPL rates—a finding that suggests **no equity gap in LWP quality based on FRPL status**. This may indicate that the National School Lunch Program requirements for LWPs play an important role in encouraging Local Education Agencies to develop and maintain their policies.

**The SLM Scorecard.** This year, LIAs supported 23 schools that elected to participate in the SLM’s four-step path to enhance their lunchroom environments (**Figure 22**). All 23 schools completed the Step 1 Scorecard, assessing which of the SLM’s 60 PSE activities were already being implemented in their schools. After completing Step 1, seven schools moved through the entire SLM process and completed the Step 4 Scorecard, measuring the newly implemented SLM changes.

## 22. The SLM includes 4 steps for improving lunchrooms.

1. **SPOT!** Complete the baseline SLM Scorecard.

2. **PLAN!** Develop an action plan based on Step 1.

3. **DO!** Enact the Step 2 action plan.

4. **PROVE!** Complete a follow-up SLM Scorecard.

*How Did Scores Change?* On average, the total SLM score, and numerous section scores, improved by Step 4 with large effect sizes (Figure 23). The mean Student Involvement score, which began notably lower than other sections, increased significantly, closing the gap between that and other sections. This suggests that schools adopted new strategies to engage students in lunch-related activities.

Two sections saw little change. Move More White Milk scores began and remained relatively high, and School Community Involvement maintained a moderate score over time. Of note, while some SLM activities in these sections are less resource intense, others require a commitment to larger, systemic changes that may be more difficult to

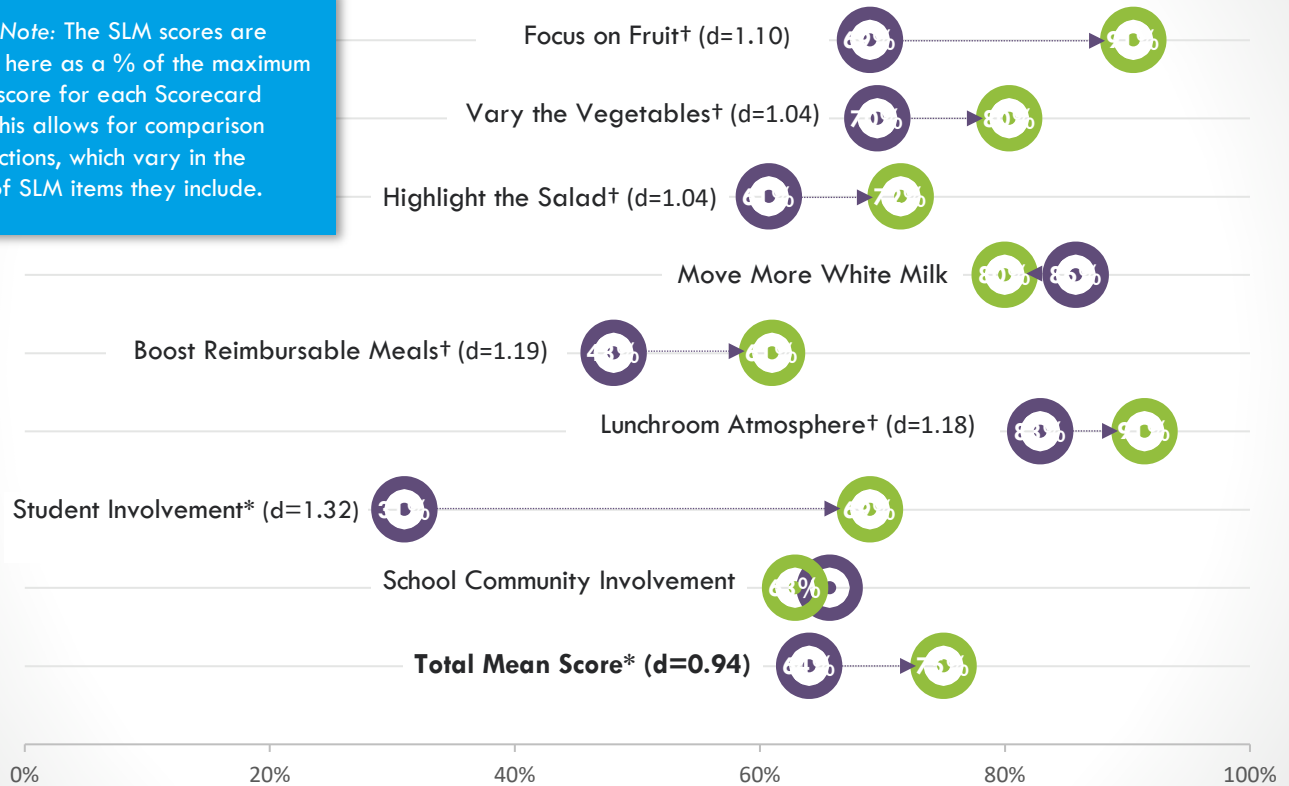
“The Food Service Director utilized skills and ideas learned in [our] Smarter Lunchrooms training and meetings to further **involve students in planning for and tasting fresh, local—and often new—foods**, strengthening the Farm Fresh Fridays project done in partnership with the AZ Health Zone and Echoing Hope Ranch.”

-UA Cooperative Extension, Cochise

implement (e.g., working with procurement to adjust white and/or flavored milk orders, scheduling recess before lunch, initiating new community partnerships).

**23. From Step 1 to Step 4 of the SLM, Student Involvement had the highest mean score increase (n=7).** Move More White Milk and School Community Involvement showed little change.

*Statistics Note:* The SLM scores are reported here as a % of the maximum possible score for each Scorecard section. This allows for comparison across sections, which vary in the number of SLM items they include.



†0.05 < p ≤ 0.10, \*p ≤ 0.05, effect sizes reported as Cohen's d



*Progress with Step 1 Scorecards.* In FY22, LIAs reported a growing enthusiasm for the SLM. Multiple narratives described schools—and even entire districts—working with LIAs to complete the Step 1 Scorecard. For example:

“[Our LIA] staff met with the Food Service Director and all food service staff to give an SLM overview and get the team’s feedback. **The staff welcomed the idea of the SLM [and were] very excited to get started!...**[We] returned to the school the following week to complete the [Step 1] Scorecard for the elementary and secondary school lunchrooms.”

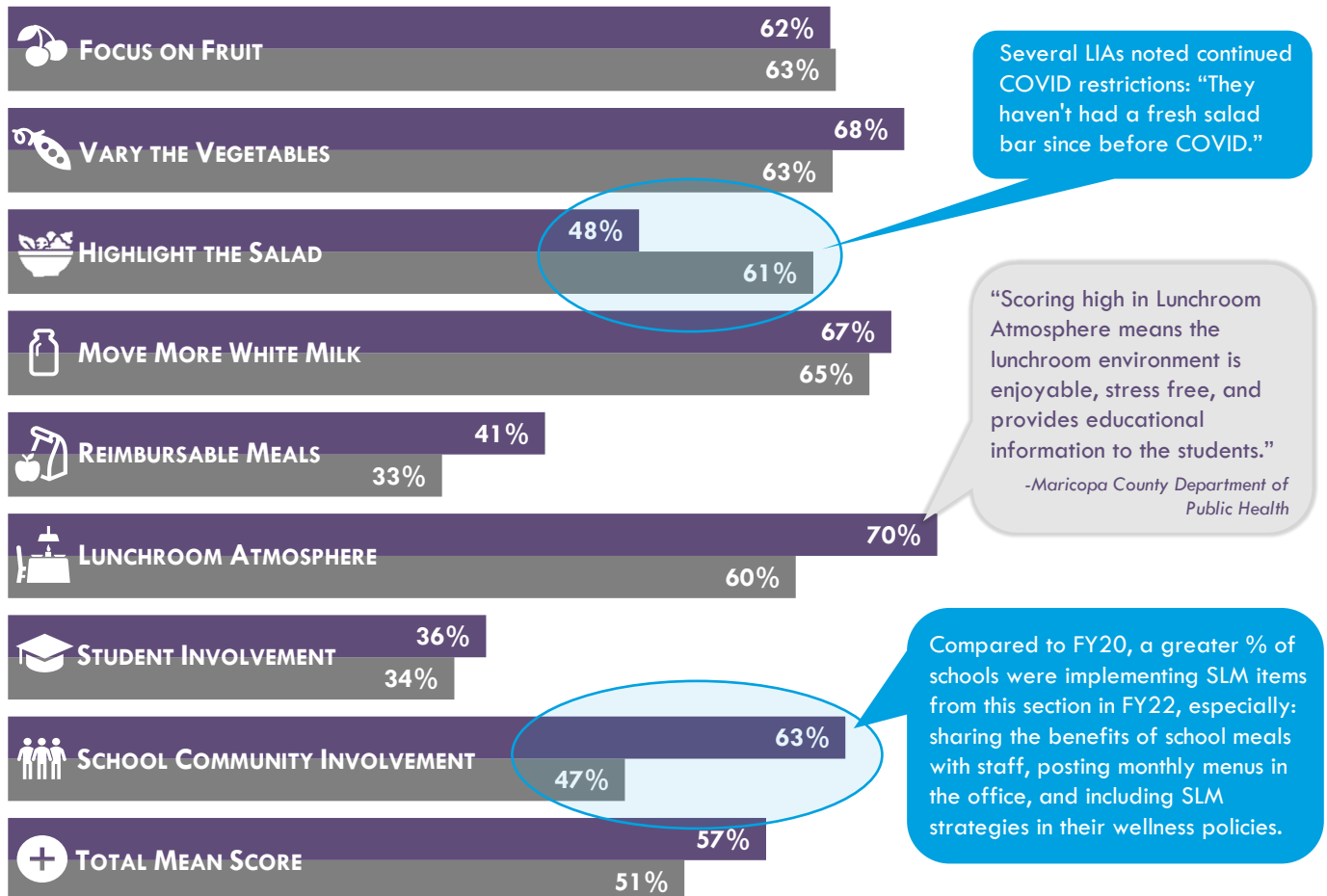
-UA Cooperative Extension, Mohave

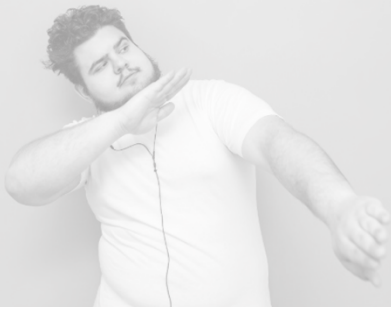
Mean scores for the 23 schools that completed the Step 1 Scorecards varied by section. Scores were largely similar to FY20, with two notable exceptions for Highlight the Salad and School Community Involvement (**Figure 24**).

In both years, the average Step 1, or pre-intervention, scores were relatively low for Student Involvement and Boost Reimbursable Meals. Because the AZ Health Zone has adopted *Community Engagement*—including student engagement—as a guiding principle and School Systems Activity, LIAs may be uniquely poised to support the SLM’s Student Involvement strategies. Indeed, **Figure 23** provides early evidence that schools are newly integrating activities to involve students.

**24. The total mean score for the Step 1 SPOT! Scorecards was somewhat higher in FY22**

**(n=23) compared to FY20 (n=34).** Many section scores were similar across years. COVID-related changes to lunchroom protocols contributed to the notably lower Highlight the Salad score, while a combination of PSE strategies contributed to the notably higher School Community Involvement score.





*Tailored Interventions & the SLM Scorecard.*  
The SLM recognizes that not all of its 60 evidence-based interventions are applicable, feasible, or even desirable for all schools. Total SLM scores of just 26 (43% of the maximum possible score) allow lunchrooms to achieve “silver” award status, and total scores of 46 (77% of the maximum) allow them to achieve “gold” award status.

**AWARD LEVEL**



**Bronze 15-25**

Great job! This lunchroom is off to a strong start.



**Silver 26-45**

Excellent. Think of all the kids that are inspired to eat healthier!



**Gold 46-60**

This lunchroom is making the most of the Smarter Lunchroom Movement. Keep reaching for the top!

This aligns well with the AZ Health Zone’s program model, which encourages LIAs to identify and respond to contextual variation in partners’ needs and desires. For the schools that completed Step 1 (see **Figure 24**), many were already at or near silver status. Thus, partners can select the SLM activities deemed most relevant and attractive for their unique school community—ignoring the least relevant or appealing activities—and still reach the highest award level. Indeed, many of the seven schools that worked with LIAs to complete the entire SLM process met the gold-level criteria by achieving a score of at least 46.

The Maricopa County Department of Public Health purchased water decals for schools to support the Lunchroom Atmosphere.



*Two Success Stories*



*Improving the lunchroom environment was my number one priority this year, and I'm happy to say we've done it. Our kids love seeing us and we love seeing them! I brought back Lucky Tray Day on Fridays and I play Disney music every morning. Our breakfast is up 60% from last year! We make lunch fun, too, by greeting kids and learning their names. I also decorate and change my bulletin board for every holiday/season. Lunch is up 50% from last year, so I would say we're making an impact!*

*-Katie Effa, Cafeteria Manager*

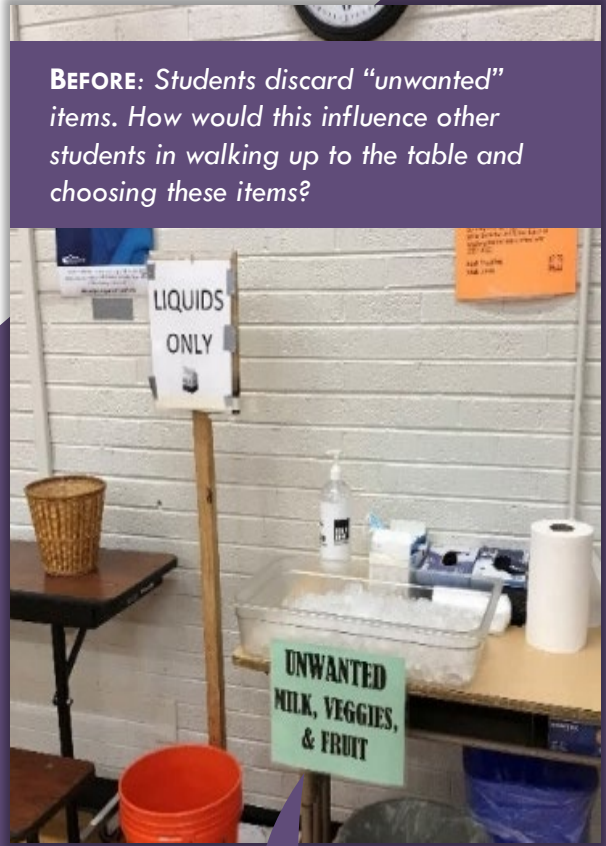
“Madison School District had a great year implementing the Smarter Lunchrooms Movement (SLM)...The SLM is also included in the Local Wellness Policy goals, with the expectation that all schools will show improvement at the end of the school year...SNAP-Ed has been providing monthly follow-up on each section of the Scorecard throughout the school year. This quote from one of the cafeteria managers shows the impact of the SLM.”

*-Maricopa County Department of Public Health*

“[We] completed the Smarter Lunchrooms Movement (SLM) post-assessment [with Kinsey Elementary School] at the end of March. The pre-assessment was completed prior to schools closing to in-person learning for the COVID pandemic and with a different food service company. The [Step 4 Scorecard] occurred during the first day of transition returning to more self-serve options...Although this was technically the [Step 4 Scorecard], LIA and food service staff saw it as a ‘mid-assessment’ to regroup and restart, especially as the schools continue to transition to a more open food service model. Staff are diligently trying to meet with food service staff to create SLM action steps for the ‘Plan It’ portion of SLM, not only for Kinsey Elementary but for all district schools. [Meanwhile], LIA staff provided laminated nutrition posters and updated signage to reflect trauma-informed approaches, changing the ‘unwanted’ food to a ‘share table.’ [The AZ Health Zone also] reinforces the SLM through direct education lessons.”

- Coconino County Health & Human Services

**BEFORE:** Students discard “unwanted” items. How would this influence other students in walking up to the table and choosing these items?



**BEFORE**



**AFTER**



A bright, attractive poster highlights the self-serve fruit & veggie cart.

**AFTER:** How might students’ views of these items change with a Hot Shots Share Table? Is it easier for students to approach the table and select an item?





# Managers on Trauma-Informed Approaches in their Agencies:

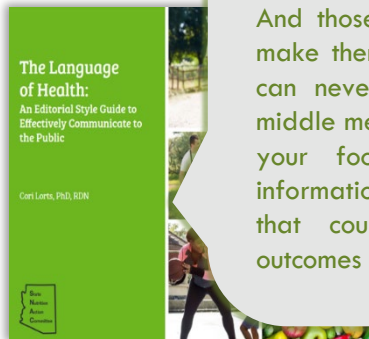
## “It’s a cruise ship, not a rowboat—it takes a long time to turn”

Since FY21, the AZ Health Zone has implemented trauma-informed approaches (TIAs), providing professional development and encouraging—without requiring—uptake by local implementing agencies (LIAs). In FY22, we interviewed 15 managers in 12 counties about their teams’ and organizations’ TIA experiences.

Interviewees were evenly divided among those with *5 or fewer years*, *6-10 years*, and *more than 10 years* of managerial experience. Four interviewees worked in the more urban Pima and Maricopa counties, while 11 operated in mostly rural counties.

### Managers Emphasized the Language of Health

Over half of the LIA managers interviewed (9) described using concepts aligned to the *Language of Health* guide—developed by the AZ Health Zone’s State Nutrition Action Committee—with their SNAP-Ed staff, other agency colleagues, and community partners and coalitions. Six said they or their staff used the guide in youth or adult direct education, at times seeking a balance with SNAP-Ed’s core emphasis on healthy food messaging.

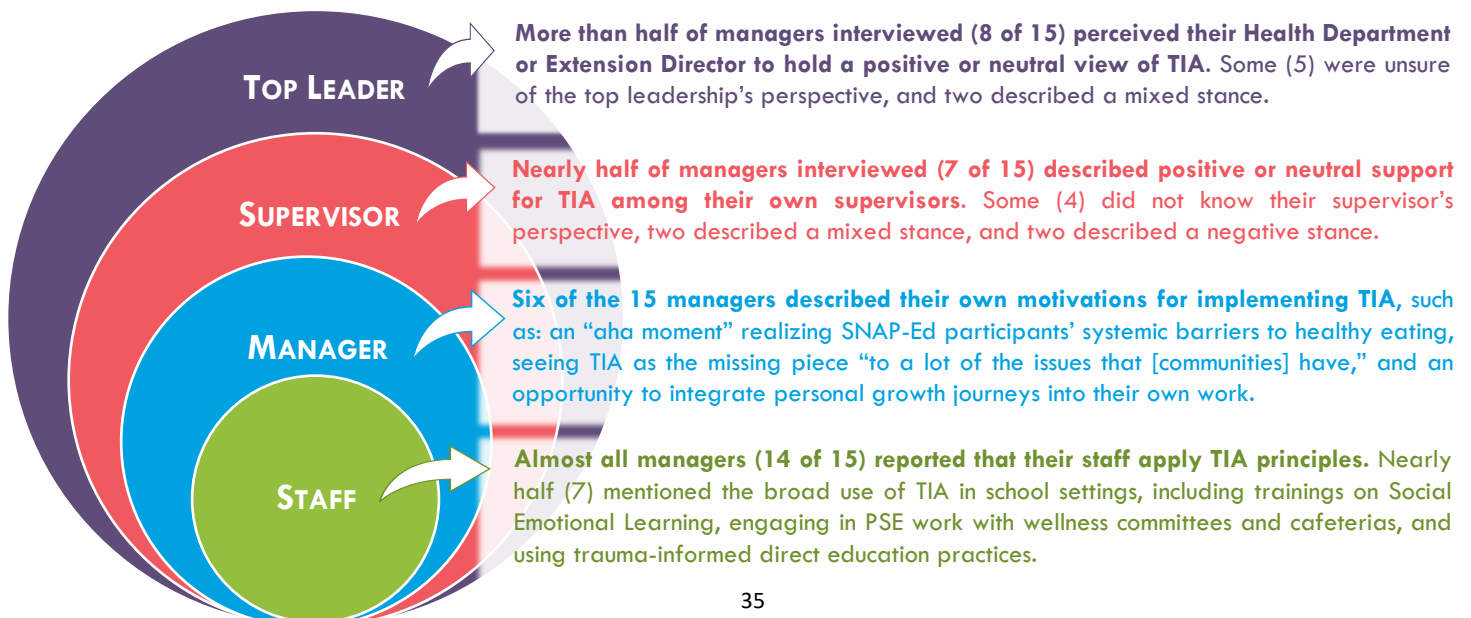


“I still personally don't feel like all foods have to be labeled healthy or unhealthy. They're still foods that support your body. And those that maybe don't, that doesn't make them bad or negative or mean you can never have them...So where is the middle message of 'I'm not shaming you for your food choices, but I also have information that could support your health, that could help you avoid negative outcomes in the future'?”

-Rural Manager

### Setting the Stage for TIA:

#### How did interviewees perceive support for TIA at distinct levels of their organization?



## TIA in Lockstep with Community Engagement

“These conversations come up in communities whether we like it or not.” – Urban Manager

“Our [resident engagement initiative] is one of the things that...will enable us to really engage with our community, people that are underserved and don't have a voice...[the initiative] will benefit the work we do in TIA.”

-Rural Manager

“People, partners, folks from the university approach a lot of our team to talk to the communities that we service. [We have] to really take a step back and say ‘Okay, but why [do you want to reach this community]? And what are the [residents] getting out of it?’ So, a little bit of gatekeeping...We cannot invite folks in that may re-inflict or bring up trauma.”

-Urban Manager

Four managers made unprompted remarks connecting TIA with community engagement, underscoring the relationship between these two AZ Health Zone guiding principles. The managers described how their team’s community engagement and TIA work was mutually reinforcing. According to interviewees, this meant listening to and responding to community needs for things like language interpretation services, offering compensation to community engagement participants, and crafting focus group questions in a trauma-informed way. Additionally, one manager described using their team’s trusted relationships within their communities to alternately buffer and advocate for residents, depending on the potential for community voice and/or harm.

### Concerns Persist About Triggering Trauma

A third of managers (5) continued to express concern around triggering trauma, for example, “**what if [participants] ask questions and get really in depth, and that [leads to a] counselling-type thing.**” One manager reflected concerns about “the issues that [the *Around the Table* curriculum] could possibly bring up, [and staff] not being able to answer them, and [participants] not staying because they got uncomfortable.” Two others framed the sentiment around uncertainty and caution, with one stating that “when [staff] were exposed to the first year of [TIA trainings], they all became very unsure of themselves, and they were hesitant to do things.” Managers who expressed these concerns were less likely to report their ongoing participation in the TIA training offerings during interviews.

### Keeping Pace Through Expanded Training

Managers commonly requested additional trainings on wide-ranging topics, from basic TIA training that was “a step below” what was initially offered to more in-depth training on topics like Adverse Childhood Experiences and Social Emotional Learning. Three rural managers requested tailored TIA training and content for tribal communities, one noting “**my staff [got] feedback that [*Around the Table*] is good but it does not address the scope of historical trauma.**” Conversely, three other rural managers described a perceived lack of resonance between their communities’ values and some TIA concepts, especially related to historical and cultural issues. Further exploration of the need for tailored rural trainings may help support staff and managers’ application of TIA principles in their communities.

## Beyond Manager Interviews, the LIA Staff Survey Finds Continued Support for TIA



A participant cooks in a trauma-informed *Around the Table* workshop taught by the UA Cooperative Extension, Cochise.

In FY21-22, we asked all LIA staff to complete an online survey that assessed TIA progress around training, perceptions, and experiences. About a third of all LIA staff (n=32) completed a matched “pre” (or baseline) and “post” survey. What changed?



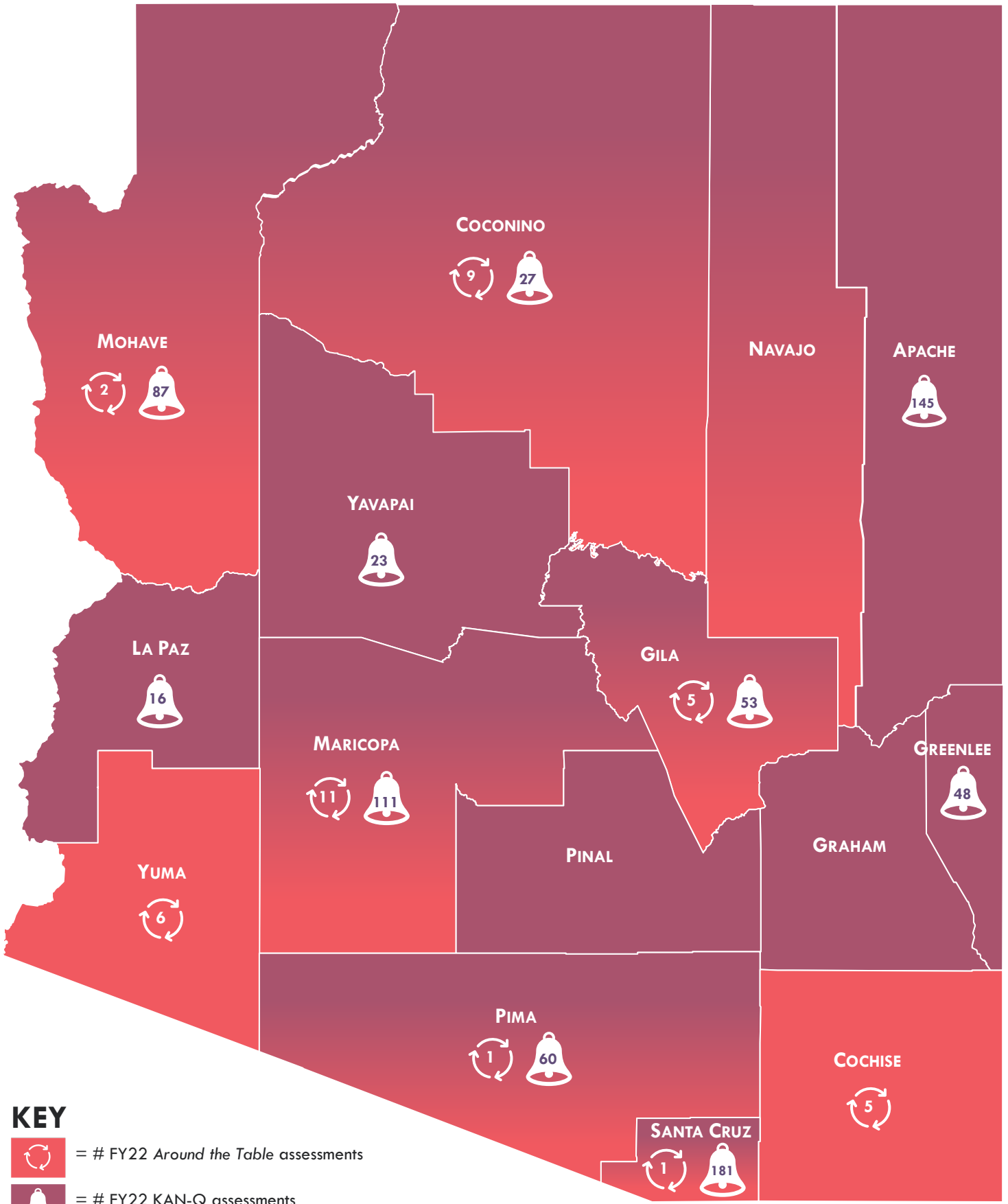
**TIA KNOWLEDGE** (from 3.9 to 4.4 out of 5,  $p < 0.001$ ,  $d = 0.65$ ) and **SELF-EFFICACY** (from 4.8 to 5.8 out of 7,  $p < 0.001$ ,  $d = 0.71$ ) improved the most across time. This may be related to the extensive TIA training opportunities offered between pre and post.







**RESPONDENTS’ POSITIVE BELIEFS** were high at pre (6.2 out of 7) and remained stable. Results may have been limited by self-selection bias: LIA staff who chose not to participate in TIA may have been less likely to complete the survey.



**IN-AGENCY SUPPORT FOR TIA** was mixed: perceived co-worker and supervisor support increased, while organizational support decreased. This contrasts with the interview findings (above), which more often showed positive or neutral TIA receptivity within organizations.



**KEY**

-  = # FY22 Around the Table assessments
-  = # FY22 KAN-Q assessments
-  = Worked in Adult Direct Education
-  = Worked in Youth Direct Education (see School Systems map for PSE work)



# Individual Focus

## AZ Health Zone Adult & Youth Individual Focus



**Direct Education (DE)** is assessed for adults who are actively engaged in the learning process with an evidence-based intervention/curriculum in group settings



**Multilevel interventions** are assessed among school-aged youth participating in AZ Health Zone programs through schools and other youth-based systems

### Individual Level Evaluation

With adults, the AZ Health Zone assessed *Healthy Eating* [MT1] and *Food Resource Management* [MT2] behaviors using the *Around the Table (ATT) Nourishing Families* survey. The ATT is a six-workshop, trauma-informed curriculum. With youth, we assessed *Healthy Eating* [ST1, MT1] and *Physical Activity and Reduced Sedentary Behavior* [ST3, MT3] using the AZ Health Zone *Kids' Activity and Nutrition Questionnaire (KAN-Q)*. The KAN-Q was administered once in Spring 2022 for a snapshot in time of students' knowledge, attitudes, and behaviors. This allowed for our cross-sectional analysis of how SNAP-Ed school-based, multilevel interventions related to student-level outcomes and will later inform patterns over time.

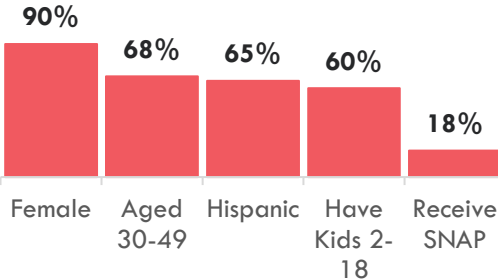
**"The ATT [curriculum] supports our efforts to empower families for success and self-sufficiency through knowledge and skills around nutrition, resource management, food preparation, and stress management and creates opportunities for strengthening social support and community engagement."**

*-Yuma County Public Health Services District*

### Adult Direct Education (DE)

In FY22, four Local Implementing Agencies (LIAs) in eight counties taught the ATT workshop series paired with surveys. They collected 40 matched pre-post surveys (**Figure 25**). Seven respondents (18%) received SNAP benefits, down from FY21, when 36% of adult DE survey participants reported SNAP participation. Nineteen (48%) chose to complete a Spanish survey.

**25. Most ATT participants were female, aged 30-49, Hispanic, and had children in their household (n=40).**



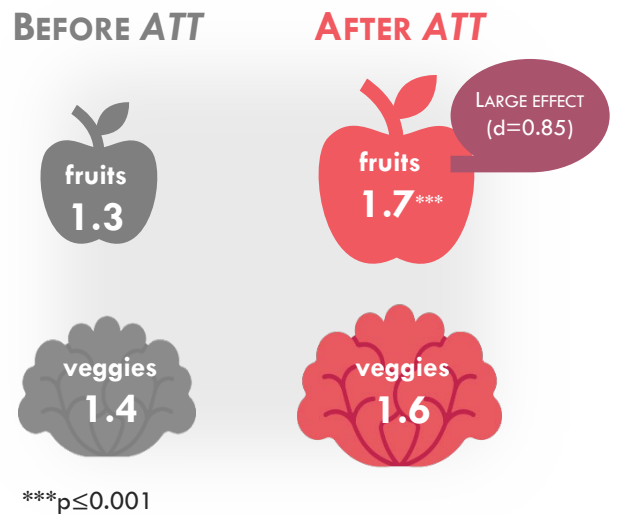
**Personal Nutrition Habits.** The *ATT* results for Personal Nutrition Habits—one of the six *ATT* survey sections—were generally positive.

**Fruits & Vegetables.** The fruit and vegetable results [MT1<sub>l,m</sub>] in **Figure 26** show that, after the *ATT* series, class participants’ mean reported fruit consumption increased significantly. At post, 47% of participants reported eating more fruits, and only 6% reported eating fewer. Vegetable consumption increased, but not significantly: 27% percent of respondents reported eating more vegetables at post, while 18% ate fewer. Comparing SNAP recipients to non-recipients, SNAP recipients consumed more fruits and vegetables. This suggests that SNAP recipients may have been better able to purchase and consume fruits and vegetables (see **Equity Box**).

**Whole Grains.** After the *ATT* series, “yesterday” whole grain intake improved [MT1<sub>j</sub>]: Over a third of participants (37%) ate more whole grain breads and tortillas, and nearly a quarter (24%) ate more whole grain quinoa, oatmeal, rice, and pasta.

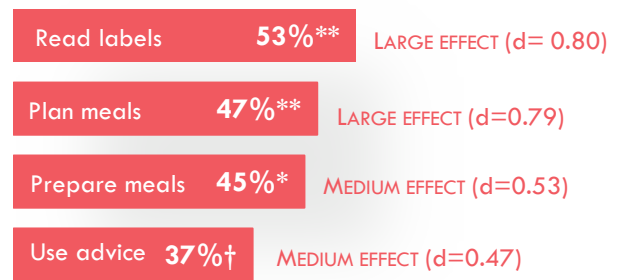
**Healthy Beverages.** Beverage choices improved after the *ATT* series [MT1<sub>g,h</sub>]. From pre to post, 49% of respondents drank fewer sugary drinks per week ( $p \leq 0.01$ ,  $d = 0.75$ ), and 36% increased their “yesterday” water intake ( $p \leq 0.10$ ,  $d = 0.46$ ).

**26. Adults who completed the ATT series reported eating significantly more fruit per day [MT1<sub>i</sub>].**



**Food Resource Management.** The *ATT* Food Skills survey section measured improvements in *Food Resource Management* [MT2]. **Figure 27** highlights the four items that improved most: label reading, meal planning, preparing a healthy meal with few ingredients, and using nutrition advice to prepare balanced meals. Other Food Skills did not change significantly: shopping with a grocery list [MT2<sub>j</sub>], planning how much food to buy, knowing one’s grocery budget, comparing prices, and keeping basic items on hand. However, at pre, over half (56%) of participants already said they were somewhat good or good at these skills.

**27. These Food Skills [MT2] improved most from pre to post (n=40).**

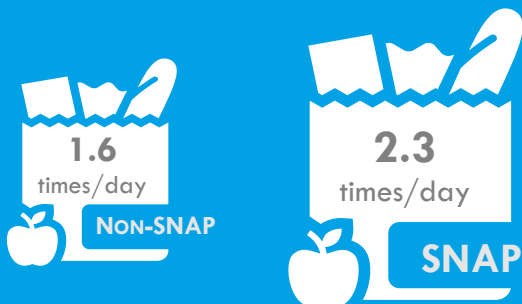


† $0.05 < p < 0.10$ , \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , effect sizes reported as Cohen’s d

**A Potential Equity Gap<sup>a</sup>**

At post, SNAP recipients reported higher daily fruit and vegetable intake than non-recipients.

**EQUITY GAP SCORE = 1.5**



<sup>a</sup> An equity gap score helps us to understand how some groups may experience different conditions. The score is calculated by dividing the highest average outcome by the lowest across groups. A value greater than 1.0 may indicate an equity gap. The ideal score of 1.0 denotes no difference between groups.

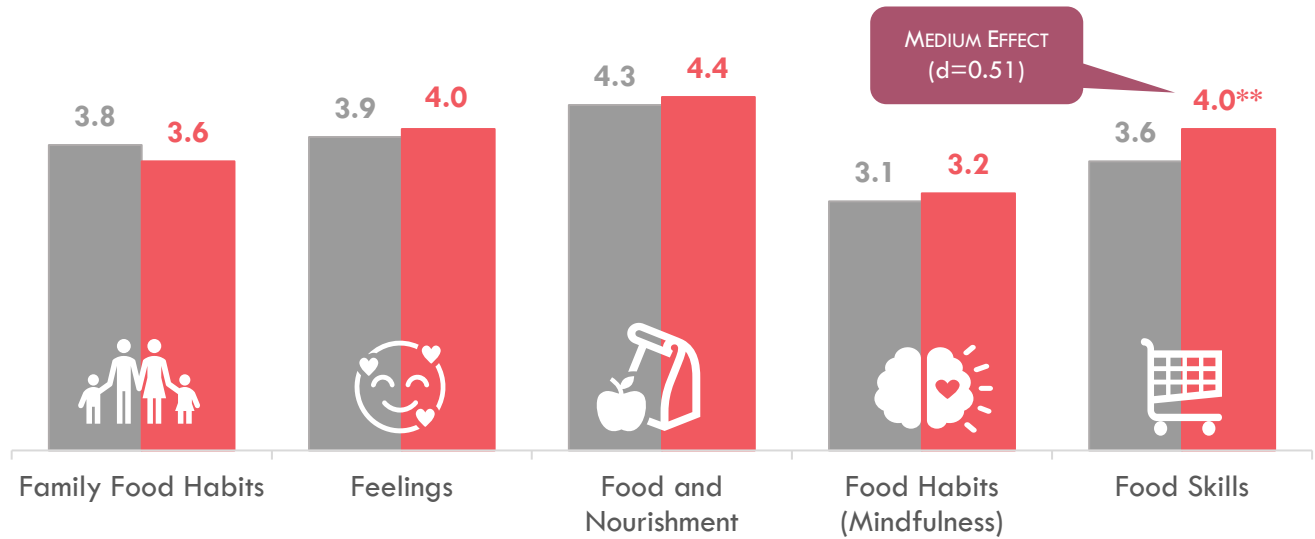
**Other Section Outcomes.** From pre to post, mean scores increased for four of the five *ATT* survey sections shown in **Figure 28**, with statistically significant increases in Food Skills. These results suggest that LIA staff offered the curriculum in a manner consistent with its trauma-informed design. Compared to FY21, when Feelings showed the most dramatic increase, the FY22 gains in Food Skills and some Personal Nutrition Habits may reflect LIAs' growing facilitation skills: *ATT* facilitators seem to have built on participants' comfort and confidence to support sustainable, food-related behavior change.

"I feel like **you're not talking at us; we're just having a discussion.**"

-*ATT* Participant

**28. Mean scores for four of these five *ATT* survey sections improved from PRE to POST.**

Scores ranged from 1 (worst) to 5 (best).

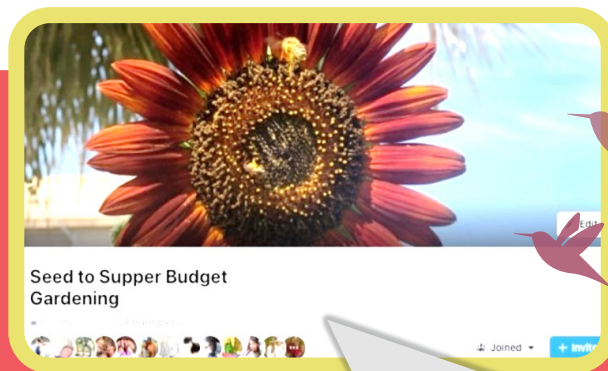


\*\*p<0.01, effect sizes reported as Cohen's d

*Success Story*

Beyond the evaluated *ATT*, LIA staff taught three other AZ Health Zone-approved **curricula that supported their community-level PSE work:**

- **MyPlate for My Family**, a nutrition and physical activity curriculum designed for parents
- **Seed to Supper**, a gardening curriculum that bridges growing food with food consumption.
- **Eat Smart Live Strong**, a nutrition and physical activity curriculum designed for seniors.



"The online *Seed to Supper* has gone well. My gardening partner from the Extension office and I have **been helping people with their home gardens** here in Parker, and that has been exciting. We offer the *Seed to Supper* course twice a year, Spring and Winter. People who take the course seem to really like it. We also started a **Facebook group for participants who took the Seed to Supper course**. We post upcoming gardening events and help when people post questions."

-*UA Cooperative Extension, La Paz*

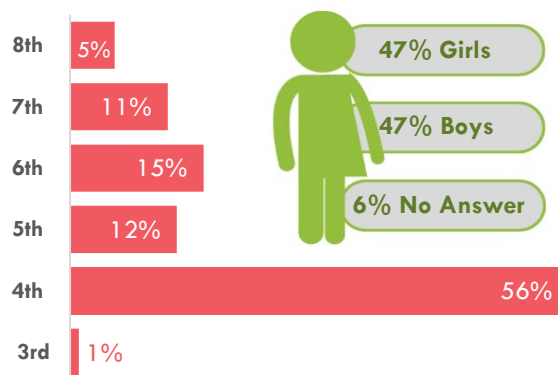


## Multilevel Interventions in Schools

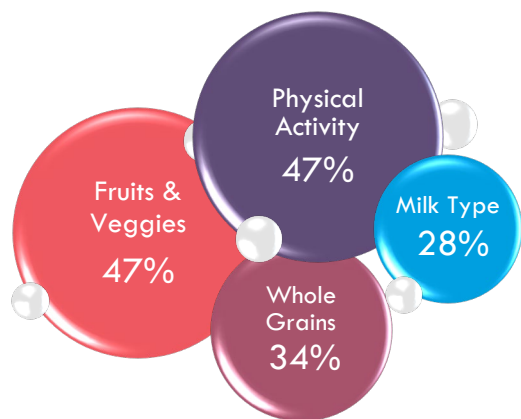
**Cross-Sectional Analysis.** In Spring FY22, five LIAs in 10 counties administered KAN-Q surveys in schools where they supported DE, PSE, and multilevel (DE + PSE) interventions. **Figure 29** shows demographics for the 751 students who participated.

**Knowledge.** Students were assessed on their knowledge of the USDA Dietary Guidelines for fruits and vegetables [ST1<sub>g,h</sub>], whole grains [ST1<sub>i</sub>], milk type [ST1<sub>j</sub>], and physical activity [ST3]. In FY22, fewer than half of all students were familiar with any guideline (**Figure 30**).

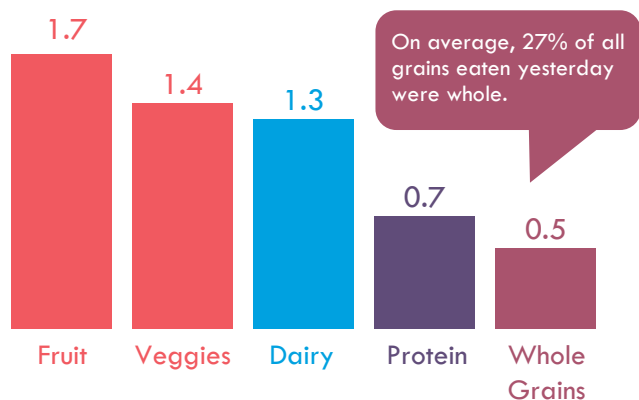
**29. Most students who completed the KAN-Q were in the 4<sup>th</sup> grade. Girls and boys were equally represented (n=751).**



**30. More students knew the USDA Guidelines for fruits & vegetables and physical activity than for whole grains or milk type.**



**31. On average, students reported eating fruit the most “times yesterday” and whole grains the least.**



**Attitudes.** Student’s attitudes toward MyPlate food categories and physical activity were rated on a scale of 1 (really don’t like) to 5 (really like). On average, students most enjoyed fruit (4.7) [ST1<sub>a</sub>] and physical activity (4.5) [ST3<sub>a</sub>]. Attitudes were generally positive for low-sugar beverages (3.9) [ST1<sub>i</sub>] and vegetables (3.8) [ST1<sub>b</sub>]. Students least enjoyed whole grains (3.7) [ST1<sub>d</sub>] and low-fat milk (3.7) [ST1<sub>e</sub>].

**Nutrition Behaviors.** Students’ consumption of MyPlate foods were reported as “times per day yesterday.” **Figure 31** shows that, on average, all food groups were eaten less than twice “yesterday” [MT1<sub>a,e,j,l,m</sub>]. If times per day acted as a proxy for servings, students may not be meeting MyPlate recommendations. However, it is unclear if this measure underestimated daily intake. In future years, we will explore how well “times per day” aligns with servings.

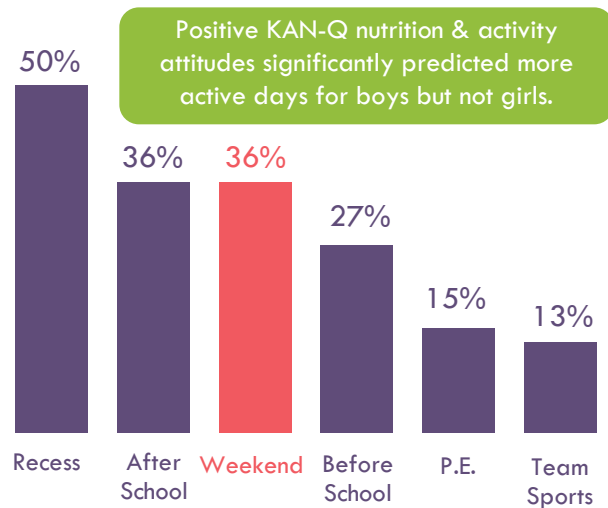
For beverages, students reported consuming about one sugary drink per day, and they drank four to five times more water than sugary beverages [MT1<sub>g,h</sub>]. On average, students reported drinking dairy milk 1.3 times “yesterday,” primarily whole (24%) or 1%/fat-free (23%). Of note, 15% of students said they drank non-dairy milk alternatives or did not drink milk.

**Physical Activity Behaviors.** In FY22, students reported doing an average of 10.2 weekly physical activity bouts [MT3] and were most active during recess (**Figure 32**). Higher numbers of weekly physical activity bouts were associated with greater water consumption, higher knowledge scores, and more positive attitudes among boys.

### Success Story

A classroom teacher shared with the UA Cooperative Extension, Graham, that an AZ Health Zone-approved curriculum sparked interest in broader PSE changes. Together, these multilevel interventions have influenced the students' nutrition and physical activity behaviors:

**32. The % of students active for 3+ weekdays was highest for recess and lowest for team sports.** About a third of students were active during both weekend days.



*“The Healthy Classrooms, Healthy Schools program is powerful. The emphasis on making healthy choices with food and activity is integrated into our classroom curriculum. Students and teachers have become more conscientious about practicing healthy choices. We have even included it in our [classroom] writing [activity,] ‘How to Make a Healthy Meal.’ When choosing prizes and planning parties, we have healthy snacks available. MyPlate is a permanent fixture in our classroom. The students have made commitments to spend more time moving as well. In fact, they are holding me to my goal of walking with them during recess.”*

*-Third-grade teacher in Graham County*

### TAPPING INTO EQUITY

The National School Lunch Program (NSLP) offers free- or reduced-price lunch (FRPL) to income-eligible students. Assuming that eligible families complete the available FRPL applications, schools' FRPL rates can act as a proxy for a school community's relative income. We explored KAN-Q data for potential equity gaps among students in schools with varying FRPL rates.

We compared results for schools in the highest FRPL quartile (>86%, n=4) with those in the lowest (≤57%, n=3). No clear equity gaps were found for students' nutrition- or physical activity-related outcomes. This suggests that, for at least this small sample, the NSLP system—including its regulatory components—may help to address wellness-related equity issues in Arizona schools.

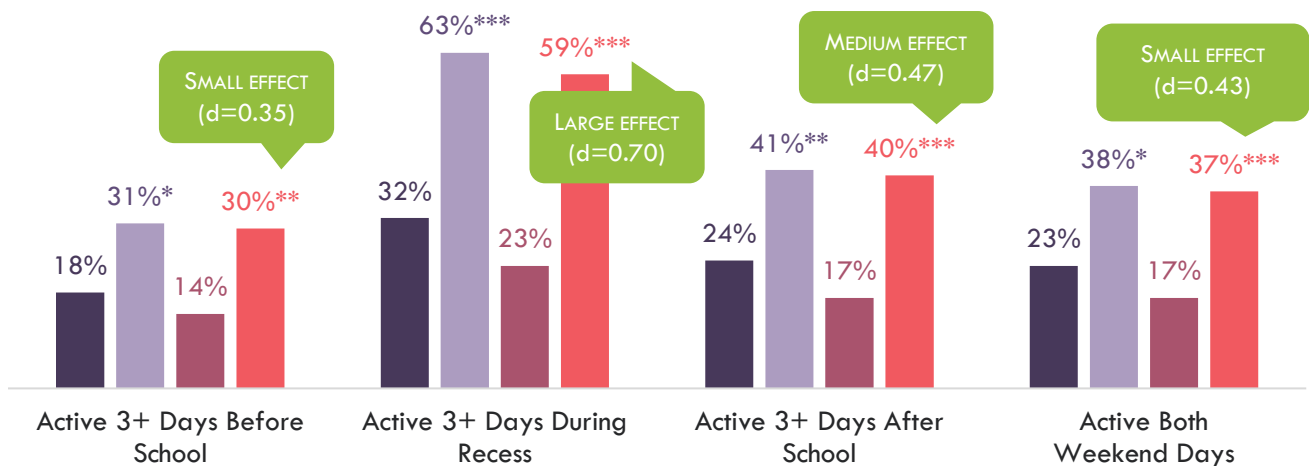
**How Did District- and School-Level PSEs Relate to KAN-Q Outcomes?** In FY22, we compared the KAN-Q results with findings from two PSE evaluations: the WellSAT 3.0 (page 27) and the Smarter Lunchroom Movement (SLM) Scorecard (page 30). In this early exploration phase, we asked, do student outcomes vary in schools with more comprehensive and/or stronger Local Wellness Policies (LWPs)? Are outcomes different for students attending schools that chose to participate in the SLM versus non-participating schools?

**Policy and KAN-Q Outcomes.** We analyzed KAN-Q outcomes for students in two groups: those who attended districts with higher quality LWPs (total comprehensiveness and strength scores *at or above* the mean) and those who attended districts with lower quality LWPs (total comprehensiveness and strength scores *below* the mean). There were no notable differences in students' knowledge between these groups. Most attitude scores were also similar for students regardless of LWP quality, though students in districts with more comprehensive policies had more positive attitudes toward physical activity (4.6 vs. 4.2,  $p \leq 0.001$ ,  $d = 0.48$ ).

We found modest between-group differences in some behaviors, most notably physical activity. *The percent of students active 3+ days per week, or on both weekend days, was higher in schools with more comprehensive and stronger wellness policies (Figure 33).* More specifically, students' number of total active bouts increased as the WellSAT's Physical Education & Physical Activity scores increased for both comprehensiveness ( $p \leq 0.001$ ,  $d = 0.40$ ) and strength ( $p \leq 0.01$ ,  $d = 0.37$ ).

Finally, we explored how students' self-reported physical activity varied by WellSAT scores for (1) elementary school recess and (2) before-and-after school physical activity programs. On average, students reported more recess bouts in districts with higher recess policy scores (3.0 vs. 2.5,  $p \leq 0.10$ ,  $d = 0.21$ ). They also reported a higher average number of activity bouts before and after school, including team sports, in districts with higher policy scores for before-and-after-school physical activity programs (5.3 vs. 4.2,  $p \leq 0.05$ ,  $d = 0.33$ ). The small effect sizes for these differences makes sense given that district policies are farther removed from students' daily routines than school-level systems and environments.

**33. The % of very active students was greater in districts with MORE COMPREHENSIVE versus LESS COMPREHENSIVE policies.** More students were also active in districts with STRONGER versus WEAKER policy language (n=248).



Note: Statistical significance indicates between-group differences for LOW vs. HIGH COMPREHENSIVENESS AND LOW vs. HIGH STRENGTH. Effect sizes are Cohen's d for between-groups differences in STRENGTH. \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$



In future years, as more LWPs are assessed with the WellSAT 3.0, we will explore these relationships further by examining more item-specific policy scores (e.g., for the availability of potable water) against target nutrition behaviors (e.g., times drank water yesterday).

**SLM Participation.** In FY22, we also examined the KAN-Q data between non-SLM schools and schools who completed an SLM Scorecard (Step 1 of the SLM). Our goal was to begin to explore whether SLM schools were more engaged in wellness-related activities that influenced students' knowledge, attitudes, and/or behaviors.

The KAN-Q results for knowledge and total attitudes were similar across both groups—we only detected a minor difference in low-fat milk attitude. There were two notable between-group differences in students' self-reported behaviors:

**Students' average water, sugary drink, and dairy intake were significantly higher in SLM versus non-SLM schools.** More data is needed to understand how, if at all, beverage intake relates to SLM participation.

**Students attending SLM schools were generally more active than students attending non-SLM schools.** On average, youth in SLM schools reported more weekly activity bouts during recess (3.0 vs 2.6,  $p \leq 0.05$ ,  $d = 0.15$ ), after school (2.4 vs 2.0,  $p \leq 0.05$ ,  $d = 0.15$ ), and on weekends (1.4 vs 1.2,  $p \leq 0.05$ ,  $d = 0.17$ ) than youth attending non-SLM schools. Conversely, students in non-SLM schools reported more weekly activity bouts doing team sports (1.1 vs 0.8,  $p \leq 0.01$ ,  $d = 0.21$ ). Again, more work is needed to understand how, if at all, SLM participation related to students' physical activity patterns.

We plan to revisit these emerging patterns between the SLM and students' behaviors after LIAs support schools through the SLM's full, four-step change process. In future years, we will examine how specific nutrition and physical activity behaviors relate to the adoption of SLM strategies that target those behaviors (e.g., is the adoption of the SLM's "recess before lunch" strategy associated with students' activity during recess?).

## Success Story

In rural Greenlee County, the UA Cooperative Extension supported **the synergistic dance between policy and direct education.** The Duncan Unified School District's Local Wellness Policy scored high for Nutrition Education in FY22 and highlighted the role of SNAP-Ed:

"Grades K-5 receive education in nutrition through the AZ Health Zone educator. The evidenced-based curricula are age-appropriate and [include] a **nutrition and/or gardening curriculum taught in conjunction with the school gardens.**"



A proud third grader shows off the beet tops

"The third-grade students planted beets, one of the featured vegetables in *The Great Garden Detective* curriculum. Many students had never tasted beet tops and didn't even know they were edible. They washed them, twisted off the leaves, and put them into a bowl to make the recipe, reserving a few leaves to try before tasting the recipe with other ingredients. **After seeing the excitement and hearing positive comments from their classmates, the few reluctant tasters eventually tried everything!**"

-UA Cooperative Extension, Greenlee

# The AZ Health Zone’s Trauma-Informed Curriculum:

## “It was connected to more than just nutrition”

Since FY21, the AZ Health Zone has focused its evaluation of adult direct education on the *Around the Table (ATT) Nourishing Families* curriculum (see [pages 38-40](#) for survey results). In addition to the *ATT* survey, we invited *ATT* attendees from around the state to participate in an interview after their last class. The purpose? To gauge participants’ perceptions of this newly adopted trauma-informed curriculum, and to learn about their class experiences. In FY22, 15 *ATT* participants—all women with children at home—agreed to participate, with seven interviewed in English and eight in Spanish.

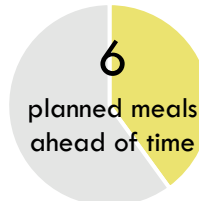


**Food Skills.** All 15 interviewees described an *increase or maintenance* of SNAP-Ed prioritized food skills after taking the *ATT* series:

“[Now] I spend half an hour to make a list, and it takes away the stress of the whole week.”



“I’ve tried to have a clearer idea of the cost or what I am going to spend before I go to the store now.”



E.g., How much salt or sugar is in this?



### How was *ATT* different from other curricula that participants have experienced?

“I’ve taken other nutrition classes, but not like this one. I liked that we talked a lot in this class about the experiences of others. The other [classes are] a lot of information, information, information, and this class gave us a chance to express ourselves.”

“With *ATT*, it wasn’t just about nutrition. It was about mindfulness, about yourself, and we did an activity, self-help/self-care, and the cooking demo. We talked about nutrition, about the benefits. I think it was more hands-on, and visual too. [There] was a little bit of everything mixed in, how many grains you need a day, etc. I liked this one because it was not just about [nutrition].”

“[*ATT*] was better. That’s part of the reason why I wanted to check it out, because I saw that it was connected to more than just nutrition—there’s stress touched on, there was family touched on, there’s community, there were traditions, there’s a whole bunch of stuff that was beyond nutrition...It was better because of the way that [the instructor] taught it, the way that she interacted with the participants and the subject matter.”

## Changing Family Eating Habits

Changes to nutrition behaviors were mentioned as a positive benefit that 14 participants took from the class. Having their kids participate more in helping to prepare meals and eating together at the table were described not only as “a change for the family” around eating, but also that they felt their children responded positively: “they ate [all of the ATT salad recipe]. It was great and went really well.”



Participants learn and cook together during the UA Cooperative Extension, Cochise’s ATT session.

Participants described their ATT class experiences in ways that align with the [CDC’s guiding principles for Trauma-Informed Approaches](#).

SAFETY	TRUST & TRANSPARENCY	PEER SUPPORT	COLLABORATION & MUTUALITY	VOICE & CHOICE	HISTORICAL & CULTURAL ISSUES
<p>“The instructor spent basically the entire first lesson trying to establish connection and relationship and safety with all of us.”</p>	<p>“The instructor was able to say, ‘here’s a rule, but I personally also have a hard time following this,’ so she made it very personal and genuine.”</p>	<p>“I really like how everybody participated giving their own [ideas]... getting everyone’s different opinions on how they shop and things like that.”</p>	<p>“I had the deer in headlights look [during the hands-on cooking], and this other lady says, ‘I don’t like to grate,’ and I’m like, ‘hello, grating will be great – you chop, we’ll switch’ and then we did, and I felt [happy].”</p>	<p>“When it was time to make a recipe, [the instructors] asked, ‘What do you all want to add to [the pizza]?’...At home, I put bell pepper, pineapple, cheese— one that was much lower in fat. But they’d tell us, ‘You can add whatever you want.’”</p>	<p>“I think if you can establish a healthy relationship with food and associate the traditions and cultures around food which are very prevalent in a lot of families... [It is] very important.”</p>

## A Dance of Mindfulness and Food

Seven interviewees shared that ATT’s emphasis on the stress and food connection was applicable to their lives. One participant noted, “I liked the [activity] about eating mindfully the most, because you could say it was my addiction to food, or if I was stressed or had anxiety, I wanted to eat something...Now I eat what I want to eat, I enjoy the food, mindful of what I am eating.” The mindful breathing and imagery activities were especially helpful for some participants, and several mentioned using these with their families: “The [soup] bowl breathing, that you have to breathe and imagine you’re smelling the food, that was one of my favorites. I’m also teaching it to my children. It has worked for us because...if they’re a bit mad or sad, we breathe instead of grabbing a bag of chips.”

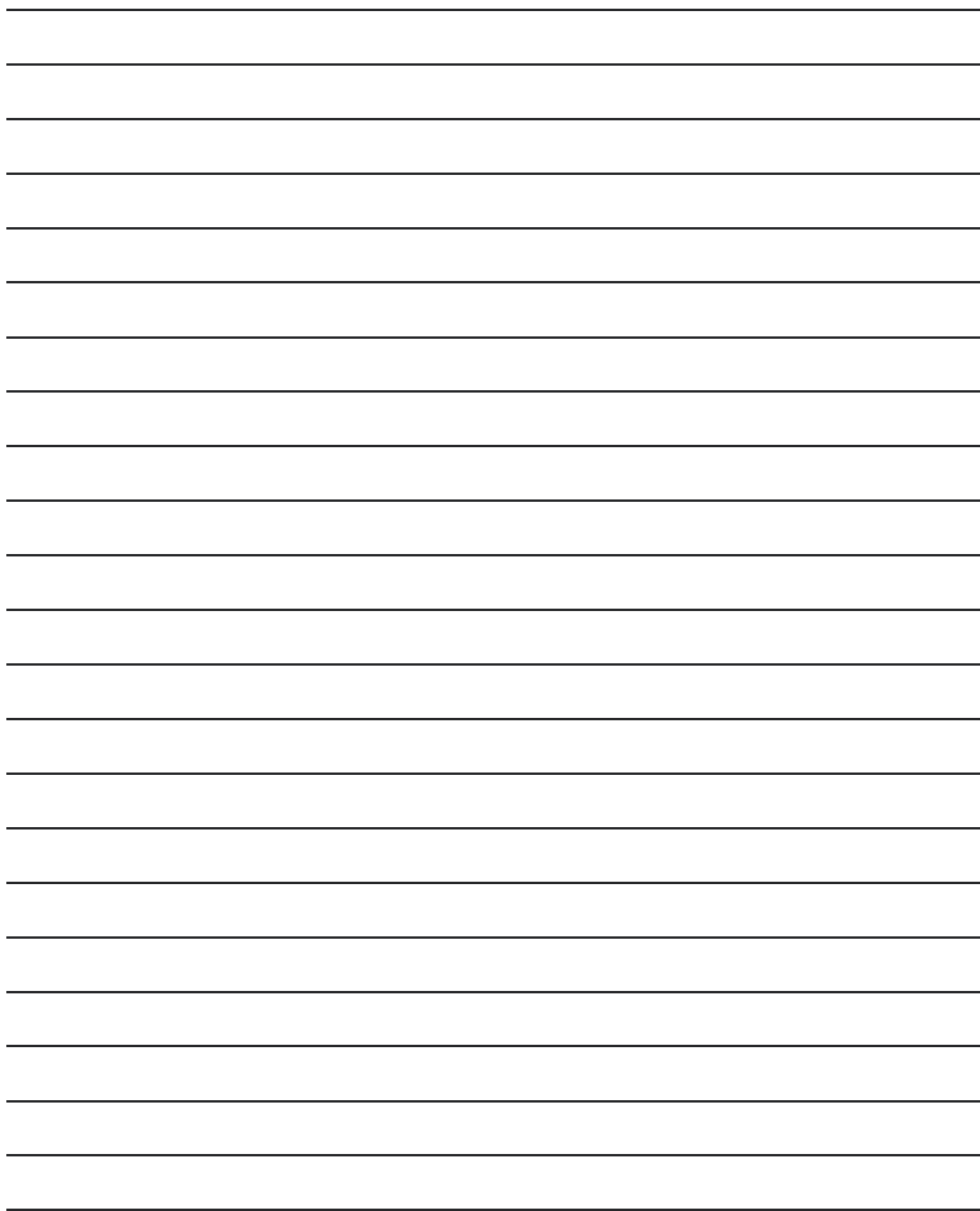


Image source: Leah’s Pantry

Soup bowl imagery and visualization activities are used in the ATT curriculum to encourage participants to explore mindfulness.







# AZ HEALTH ZONE

This report was prepared by the AZ Health Zone State Evaluation Team, operating out of the University of Arizona School of Nutritional Sciences & Wellness. Select quotes were de-identified or edited for clarity. Suggested citation: Jacobs L, LeGros T, Orzech K, Bhakta A. AZ Health Zone FY22 Annual Evaluation Report: *An Emerging Dance of Equity, Empathy, & Engagement*.

This project was funded by the [AZ Health Zone](#) and approved by the ADHS Human Subjects Review Board. The recommendations included herein are those of the authors and should not be construed as the official position of the ADHS. SNAP-Ed is the education arm of the USDA's Supplemental Nutrition Assistance Program (SNAP). The USDA is an equal opportunity employer. Available from: <https://nutritioneval.arizona.edu/results>.



THE UNIVERSITY OF ARIZONA  
COLLEGE OF AGRICULTURE & LIFE SCIENCES  
**Nutritional Sciences  
& Wellness**

January 2023