

## **Steps to Health FY21 Internal Report**

### **SNAP-Ed Program Overview**

The Supplemental Nutrition Assistance Program-Education (SNAP-Ed) serves limited resource individuals and families nationwide. SNAP-Ed is funded by the United States Department of Agriculture and, in North Carolina, works in collaboration with the NC Department of Health and Human Services, Division of Social Services. The goal of SNAP-Ed is to assist those eligible for food assistance to make the healthy choice the easy choice. SNAP-Ed works to help participants make healthful choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans.

North Carolina State University's SNAP-Ed program is called Steps to Health. Fiscal year 2021 (FY21) was the 14<sup>th</sup> year of implementing Steps to Health. Direct education programs, all with the ultimate goal of promoting positive behavior change related to nutrition and physical activity, were delivered by North Carolina Cooperative Extension Family & Consumer Sciences (FCS) agents, 4-H Youth Development agents, and Steps to Health Nutrition Educators. Virtual, recorded, and hybrid options were made available to educators to deliver programs as pandemic protocols continued across the state.

In FY21 and well into the second year for the pandemic, reaching children at in-school settings was very challenging. In-person education was extremely limited, and making space for virtual delivery (recorded sessions or live virtual classes) met with the challenges of bandwidth and virtual connection, inconsistent attendance, and difficult classroom management. The data in this report is based on matched surveys received for each program.

During FY21 Steps to Health reached 1,273 participants (1,031 youth and 242 adults) at 78 sites and made 8,421 educational contacts across North Carolina. Additionally, Steps to Health promoted policy, systems, and environmental (PSE) change initiatives across 53 sites and communities receiving direct education by providing site-specific resources and engaging site leadership. Communities continue to work to increase food security and expand school meals, and Steps to Health provides support for policy, system, and environmental change initiatives to help North Carolinians make the healthy choice the easy choice. Twenty-seven sites initiated change strategies that impacted 17,203 North Carolinians by increasing healthy food options, increasing physical activity opportunities, and encouraging healthy choices.

Additionally, messages to support healthy eating and physical activity made 4,511,420 impressions on social media, and through social marketing implementation of digital messages and in-store signage.

We look forward to implementing programs in face-to-face settings in the coming year. Over the past two years, we have been able to pivot programming for online, virtual, and hybrid delivery. We have increased the number of educational videos available to participants enrolled in programs, and who visit our public website, and provided educational posts through social media. In FY21, we plan to have all of our school-based programs on a digital platform for in-school use and the efficiency of classroom management. An exciting STEAM-based curriculum for 3rd grade will be piloted in the Spring of 2022. We will also roll out digital media specific to Steps to Health and help North Carolinians to make the healthy choice the easy choice.

### **Steps to Health School-Based Project**

The foundation of the Steps to Health School-Based Project is direct education for youth and school programs that reach SNAP-eligible pre-K and school-aged children and their families. All programs are interactive, incorporating hands-on activities, worksheets, games, taste tests and food demonstrations, and discussion. All participants receive educational extenders to assist them and their families in implementing and encouraging behavior change.

Color Me Healthy for SNAP-Ed is a nine-session nutrition education program that uses the Color Me Healthy curriculum to create an enhanced sensory-rich experience through taste tests and additional educational strategies. A total of 481 students participated in the program at 20 sites and schools. Attendance was taken at each session to identify 3,799 educational contacts.

The Steps to Health 2nd/3rd Grade Program is a nine-session nutrition education program that encourages students to explore healthy foods from MyPlate and to practice proper hand washing. A total of 143 students completed pre- and post- surveys in the program at 5 school sites. Attendance was taken at each session to identify 1,688 educational contacts. Virtual education proved challenging for taking attendance and receiving completed surveys.

Virtual learning provided challenges in tracking attendance and receiving completed surveys for participants. Kids Club is an eight-session program that teaches nutrition through physical activity. A total of 340 students participated in the program at 12 sites. Attendance was taken at each session to identify 1,676 educational contacts.

To complement direct education and promote behavior change at home, parents and caregivers of children participating in Steps to Health youth and school programs received indirect education through family-oriented parent handouts. Handouts included activities and recipes, and extended the key messages taught in the classroom into the home. Children with Spanish-speaking parents received parent handouts in Spanish.

## **Key Performance Measures**

Based on the SNAP-Ed Evaluation Framework, key measures on the individual level determine the extent to which programming improved direct education participants' healthy eating and physical activity. Short term (ST) indicators measure goals and intentions. Medium term (MT) indicators measure behavioral changes.

Key individual indicators for Steps to Health direct education in schools:

- ST1: Healthy Eating Intentions
- MT1: Healthy Eating Behaviors
- MT3: Physical Activity Behaviors

On the environmental settings level of the framework, the focus is on measuring PSE changes and complementary promotional strategies in SNAP-Ed qualified sites and organizations. These changes may include the adoption and implementation of a new or enhanced organizational practice, rule, or procedure that makes healthy choices easier and more desirable. Short term (ST) indicators measure organizational readiness and capacity. Medium term (MT) indicators measure organizational adoption and promotion. Long term (LT) indicators measure organizational implementation and effectiveness.

Key organizational indicators for Steps to Health School-Based programs include:

- ST1: Healthy Eating
- MT1: Healthy Eating Behaviors
- MT3: Physical Activity & Reduced Sedentary Behaviors
- ST5: Need and Readiness
- ST6: Champions
- ST7: Partnerships
- MT5: Nutrition Supports
- MT6: Physical Activity and Reduced Sedentary Behavior Supports
- LT5: Nutrition Supports Implementation
- LT6: Physical Activity Supports Implementation

Overall objectives for Steps to Health direct education:

- By September 30, 2021, 50% of participants in a Steps to Health school or community-based program will improve dietary habits and increase physical activity as reported by pre- and post-surveys.
- By September 30, 2021, 50% of participants in a Steps to Health community-based program will show improvement in making healthy food choices as reported by pre- and post-surveys.

### **Evaluation Activities and Instruments**

The Steps to Health youth and school programs used outcome evaluations. Outcome evaluations were conducted using the following instruments:

- Classroom teachers completed a one-time feedback form at the end of the program to report any observed changes in students' eating and physical activity behavior.
- Parents completed and returned a one-time parent feedback form to report observation of their child's behavior change at home.
- Pre-surveys and post-surveys of students in the 2nd/3rd grade, and Kids Club programs were used to measure behavior before and after programming. Pre-surveys and post-surveys were matched to measure self-reported behavior change. Wilcoxon Signed-Rank tests were performed to test for statistical significance.

### **Individual level: School-Based Program Outcomes**

#### **Overall Outcomes**

- 29% of participants improved their healthy eating behaviors.
- 47% of participants improved their physical activity behaviors.
- 46% of participants showed improvement in food choices.

#### **Youth Behavioral Change**

The following indicators focus on how closely youth eating and physical activity behaviors align with the recommendations in the 2020-2025 Dietary Guidelines for Americans (Tables 1, 2, and 3).

***Table 1: Behavioral Change as Reported on Student Pre- and Post-Surveys of 2nd/3rd Grade***

Indicator	Outcomes	Program	Pre-Survey: Mean	Post-Survey: Mean	Percent Youth with Pre-to Post Survey Improvement
MT1g	Drink more water	2nd/3rd	3.4	3.5	23.3%
MT1h	Drink less soda	2nd/3rd	2.55	2.41	26.7%
MT1i	Eat or drink more low-fat dairy	2nd/3rd	2.84	2.92	29.5%
MT1l	Eat more fruit	2nd/3rd	2.78	2.75	27.3%
MT1m	Eat more vegetables	2nd/3rd	2.5	2.51	24.7%
MT2b	Use nutrition facts label	2nd/3rd	2.04	1.95	25.3%
MT3a	More active	2nd/3rd	3.54	3.51	18.5%

**Table 2: Behavioral Change as Reported on Pre- and Post-Surveys of Kids Club Participants**

Indicator	Outcomes	Program	Pre-Survey: Mean	Post-Survey: Mean	Percent Youth with Pre-to Post Survey Improvement
MT1g	Drink more water	Kids Club	3.38	3.36	22.1%
MT1l	Eat more fruit	Kids Club	2.58	2.53	19.8%
MT1m	Eat more vegetables	Kids Club	2.67	2.66	27.6%
MT3a	More active	Kids Club	3.25	3.15	23.9%
MT3g	Less screen time	Kids Club	2.85	2.9	35.0%

**Table 3: Behavioral Change as Reported by Teachers of Color Me Healthy Participants**

Indicator	Outcome Measures	Audience/Program	Percent Change Based on Parent Observation
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ST1g	Willingness to eat vegetables	Color Me Healthy	41%
ST1h	Willingness to eat fruit	Color Me Healthy	50.5%
MT3a	More active	Color Me Healthy	52.4%

## Qualitative Observations & Feedback

### ***Parent Feedback on Steps to Health School-Based Project***

- “Sage is excited about what she has learned and looks to share her new found knowledge with us. She is a bit of a picky eater so we still have work to do in getting her to try new fruits and veg. This program is a great start”
- “Her eating habits have changed for the better ”
- “He is educating parents and siblings on the importance of eating healthy and exercising. Thanks for educating the children early on healthy eating and recipes. ”

### **Steps to Health Community-Based Programs**

Adult and family direct education programs that reach SNAP-eligible adults, older adults, and families form the foundation of the Steps to Health Community-Based programs. All programs are interactive, incorporating hands-on activities, worksheets, games, taste tests, food demonstrations, and discussion. Every participant receives educational extenders to assist in adopting and sustaining behavior change.

Take Control is a six-session chronic disease prevention program that provides strategies to help adults manage their health through nutrition. Program sites included community health centers, public housing communities, senior nutrition sites, Job Corps, and faith communities. A total of 242 adults participated in the program. Faithful Families, Thriving Communities is a separate program from NC State University that can be taught under Steps to Health. Steps to Health Educators and faith-based site Lay Leaders are trained to co-deliver the Faithful Families curriculum. Attendance was taken at each session to identify a total of 1,258 educational contacts.

The Steps to Health Community-Based Program builds on and enhances direct education by providing site-specific resources and engaging site leadership to address PSE change. Appropriate strategies, tips, and interventions for addressing policies and environments that support the healthy eating and increased physical activity messages of Steps to Health programs were utilized at participating congregate nutrition sites and faith communities.

Adults who participated in Steps to Health program had the following outcomes:

- 53% of adult participants used the nutrition labels when shopping.
- 54% of adult participants improved their healthy eating behaviors by increasing the amount of fruits they consumed.
- 55% of adults showed an increase in the amount of whole grains they consumed.
- 49% of adult participants improved their physical activity behaviors.

### **Evaluation activities and instruments**

The Steps to Health adult and family-based programs use outcome evaluation. Outcome evaluations were conducted using the following instruments:

- Pre-surveys and post-surveys were used to measure food and physical activity behaviors prior to and after programming. Pre-surveys and post-surveys were matched to measure self-reported behavior change. Wilcoxon Signed-Rank tests were performed to test for statistical significance.
- Food pantry and healthy food retail baseline assessments were completed with site management. Follow-up assessments will be completed on an on-going basis. Nutrition educators conducted multiple interviews with site management and made direct observations to capture PSE changes.

### Individual Level: Direct Education Outcomes

#### Adult Participant Overall Outcomes

- 53% of adult participants used the nutrition labels when shopping.
- 54% of adult participants improved their healthy eating behaviors by increasing the amount of fruits they consumed.
- 55% of adults showed an increase in the amount of whole grains they consumed.
- 49% of adult participants improved their physical activity behaviors.

**Table 5: Adult Participant Behavioral Change(N=180)**

Indicator Code	Outcome Measures	Pre-Survey Mean	Post - Survey Mean	Percent of Adults with Improvement Pre to Post-Survey
MT1c	Eat a variety of fruit	2.97	3.32	42.3%
MT1d	Eat a variety of vegetables	3.47	3.78	37.7%
MT1g	Drink water	4.41	4.52	16.9%
MT1h	Drink regular soda	2.04	1.91	24.6%
MT1i	Consume low-fat dairy	2.18	2.5	36.2%
MT1j	Choose whole grains	3.21	3.66	55.4%
MT1l	Total cups of fruit daily	3.394	4.153	54.6%
MT1m	Total cups of vegetables daily	4.267	4.92	42.3%
MT2a	Choose healthy foods	2.56	2.81	39.0%

MT2b	Use Nutrition Facts label	3.03	3.58	46.9%
MT2e1	Select foods with less saturated fat	2.73	3.26	46.9%
MT2e2	Select foods with less added sugar	2.89	3.37	43.1%
MT2e3	Select foods with less salt	3.01	3.61	45.4%
MT2g	Worry food will run out	3.56	2.58	17.7%
MT2h	Compare prices when shopping	3.56	3.57	26.9%
MT2i	Adjust meals to be budget-friendly	3.23	3.4	35.4%
MT2j	Shop with a grocery list	3.42	3.62	37.7%
MT3a	Amount of physical activity daily	2.02	2.59	49.2%
MT3c	Include strength training	2.55	2.98	35.4%

**Table 6: Adult Participant Food Resource Management behavior change (N=180)**

### **Organizational Level: Policy, Systems, & Environmental Change**

#### **Overall Outcome**

- Three (50%) of participating early-child care sites reported at least one change made in writing or practice to improve or strengthen access or appeal for healthy eating and/or physical activity.

#### **PSE Trainings (ST5a)**

Sixty-six Cooperative Extension Agents and staff participated in a three-day PSE Academy that was financially supported by the State FCS Program Leader and NC State Cooperative Extension. Speakers from Tennessee and Kentucky shared the successful initiatives in their state which helped motivate North Carolina Agents to engage in PSE work. Regional Nutrition Extension Associates (RNEAs) built on the enthusiasm by meeting monthly with FCS Agents to help build collaborative efforts in counties and provide technical support for initiatives.

Our PSE toolkits were completely revised during FY21 to provide better ease of use and implementation by agents in the field. Extension agents engaged with schools, school health advisory groups, and school staff to identify opportunities for PSE initiatives. In communities, partnerships evolve from community wellness committees, food councils, coalitions, faith communities, and advisory groups for community sites. Early Childhood Education sites use the online Go NAPSACC program to assess, and guide changes they can implement in the site. Steps to Health collaborates with EFNEP to provide a comprehensive approach at Head Start sites where nutrition education is paired with PSE initiatives.

Cooperative Extension Agents also led training modules at sites to help partners learn how to support new food environments and policies in their sites. Schools are offered three 30-minute trainings for teachers and staff. The goal of the trainings is to equip participants with the knowledge and skills they need to create healthy food and physical activity environments; be healthy role models for students; and implement non-food rewards and classroom energizers.

### Partnerships (ST7 & MT8)

Steps to Health partnered with sites and organizations at the local and state levels to facilitate PSE change in schools and early care and education centers across NC. At the local and state level, Steps to Health partnered with the Salvation Army, Telamon Corporation (Head Start Center), Washington Terrace public housing community, and various food pantries.

At the state level, Steps to Health continues to partner with North Carolina Cooperative Extension, the NC Division of Public Health, NC Expanded Food and Nutrition Education Program (EFNEP), the Farm to Early Care and Education (ECE) workgroup, and the Farm to School Network.

### Overall PSE Change Across Settings

Listed below (Table 3) shows the number of school-based sites reporting activities at various stages of PSE change work.

Table 3: School-based Sites Reporting PSE Change Work

Type of Setting	Engagement		Assessment	System		Environmental		Promotional	
	Sites introduced to PSE efforts	Sites where change efforts were made	Sites Conducting Assessment, Indicating a Need for Change	System changes implemented		Environmental changes implemented		Promotional changes implemented	
			ST5b	MT5	MT6	MT5	MT6	MT5	MT6
Early Care and Education Centers	13	4	13	8	1	10	0	0	0

**Table 4: Total number and type of PSE changes adopted at school-based sites**

		Type of Setting		
		Early Care and Education Centers	After School Site	
<b>Nutrition Supports</b>	Total sites that made at least one change in writing or practice		1	3
	Total policy changes	MT5b	0	0
	Total systems changes	MT5c	2	6
	Total environmental changes	MT5d	5	5
	Total promotional changes	MT5e	0	0
	Total reach	MT5f	30	1600
<b>Physical activity</b>	Total sites that made at least one change in writing or practice		0	0
	Total policy changes	MT6b	0	0
	Total systems changes	MT6c	0	1
	Total environmental changes	MT6d	0	0
	Total promotional changes	MT6e	0	0
	Total reach	MT6f	0	100

**Organizational level: Policy, Systems, and Environmental Change**

**Overall Outcomes**

- By September 30, 2021 50% of participants at PSE targeted sites will improve dietary habits and increase physical activity as reported by pre and post surveys.

**PSE Trainings (ST5a)**

Sixty-six Cooperative Extension Agents and staff participated in a three-day PSE Academy that was financially supported by the State FCS Program Leader and NC State Cooperative Extension. Speakers from Tennessee and Kentucky shared the successful initiatives in their state which helped motivate North Carolina Agents to engage in PSE work. Regional Nutrition Extension Associates (RNEAs) built on the enthusiasm by meeting monthly with FCS Agents to help build collaborative efforts in counties and provide technical support for initiatives.

### **Partnerships (ST7 & MT8)**

Steps to Health actively partnered with sites and organizations on the local and state level to facilitate PSE change in communities across NC. At the local level, Telamon Head Start, Wake County Salvation Army, Wake County Housing Authority - Capital Towers, Washington Terrace, Brunswick County Schools, and Allegheny County Schools

At the state level, Steps to Health partnered with North Carolina Cooperative Extension, NC Expanded Food and Nutrition Education Program (EFNEP), Faithful Families Eating Smart and Moving More, Food Bank of Central & Eastern North Carolina, NC Healthy Food Retail Collaborative, North Carolina Department of Agriculture & Consumer Services, and Eat Smart, Move More, North Carolina.

### **Key Partnerships and Highlights**

Coordinated efforts with EFNEP have provided opportunities to blend multi-level direct education and PSE implementation at housing sites and food pantries to better serve target audiences. This year, the number of sites reached due to these coordinated efforts and started work on initiatives that will continue in FY22.

Brunswick County Schools (BCS) has consistently been a key partner with the Brunswick County Center of N.C. Cooperative Extension. For years, local schools have teamed up with Extension to provide 4-H programming and SNAP-Ed programming, like Steps to Health and the Expanded Food and Nutrition Education Program, to schools with a high percentage of limited-resource students. Adaptability has proven to be a necessary skill that the Extension office and BCS have used to transform the way partner meetings and policy, system, and environmental (PSE) changes are approached. The trust between the two organizations and mutual interest in improving the health and well being of BCS students has allowed opportunities to provide trainings for PE Teachers and other staff, make water the beverage of choice for students and staff, connect students to their food through school gardens, and encourage healthy habits through videos and pictures displayed in the cafeteria at lunch and breakfast.

### **Wake County Housing Authority**

Steps to Health and EFNEP collaborated to provide direct education and PSE initiatives with Wake County Housing Authority. Despite challenges with organizing and implementing programs during COVID, a relationship with new management at the Washington Terrace housing community has been maintained, enabling oversight of the community garden and food pantry, while anticipating future programming needs. Steps to Health provided the community with fresh apples for NC Crunch Day and performed an in-person and virtual walk audit at this site. Steps to Health has maintained a strong relationship with Washington Terrace over the past several years. By offering programming and PSE activities on a continual basis, we continue to build a partnership that instills trust.

Steps to Health was able to organize a walk audit with the help of dietetic interns and the team at Capital Towers. The audit included representatives from project management, Capital Towers property management, and Legacy Healthcare multi-site management. This audit identified numerous areas for improvement and these findings were communicated to the DHIC Economic Development Initiative, for funding to address site needs, with the help of the

Steps to Health team. Needed improvements included speed bumps, crosswalks, uneven sidewalks, sidewalk access ramps, and curb and asphalt repair. Unfortunately, the DHIC Economic Development Initiative did not approve funding for these improvements. However, Capital Towers was able to make some of the improvements on its own. This partnership has assisted Capital Towers to better serve their residents by improving their quality of life through access to safer environmental infrastructure and roadways surrounding their buildings, which will serve to increase physical activity as well as allow for safer and better access to public transportation.

Steps to Health and EFNEP collaborated to administer in-person and virtual direct education programming and PSE initiatives targeted at youth at the Wake County Salvation Army. Through this partnership, each participant attending nutrition education classes received eight pounds of produce from the Central and Eastern Food Bank of North Carolina. During the past year, a Sunshine Health and Wellness Committee was initiated, with staff and community members. This group implemented a garden initiative for the site and the surrounding community. The committee will soon survey the community to better understand the current health issues in order to plan projects that will create solutions. Currently, interest remains in establishing a non-perishable food pantry, a nutrition corner, and a continuation of community gardens. The Salvation Army participated in Walk to School Day, NC Crunch Day, received ChopChop magazines, and was involved in a sugar-sweetened beverage focus group. Steps to Health has sustained a relationship with Salvation Army over the past four years and continuously connects with on-site individuals to communicate community health and wellness needs and to assess the efficacy of our programs.

A strong relationship with Telamon Head Start provided the opportunity for Steps to Health to deliver Color Me Healthy through both in-person and virtual platforms to the Telamon Head Start sites in Cary, Knightdale, and Southeast Raleigh YMCA over the past year. Telamon staff at these sites also attended Take Control classes either in-person or virtually. Over the past year, PSE initiatives at these sites include implementing walking challenges, making water the beverage of choice, and increasing the variety of fruits and vegetables offered. Collaboration with Farm to ECE introduced a gardening initiative at the Cary and Knightdale sites. The Cary and Knightdale sites participated in a National Walk to School Day, and an NC Crunch Day. Telamon sites also continued to receive ChopChop magazines. Additionally, sites are provided with simple recipes and fun nutrition education activity sheets with foods delivered to families during COVID. UNC Dietetic Interns have also developed Public Health training videos for Telamon staff.

**Table 7: Community Sites Reporting PSE Initiatives**

	Engagement	Assessment	System	Environmental	Promotional
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Type of Setting	Sites introduced to PSE efforts	Sites where change efforts were made	Sites conducting Assessment, indicating a need for change	System changes implemented		Environmental changes implemented		Promotional changes implemented	
			ST5b	MT5	MT6	MT5	MT6	MT5	MT6
Community Sites	40	23	40	34	1	33	0	1	0

**Table 8: Total number and type of PSE changes adopted at community sites**

Types of PSE Changes Adopted		Community Center, Housing, and Faith Sites	Food Pantry, Food Retail, Farmers Market, Community Gardens sites	
<b>Nutrition Supports</b>	Sites reporting at least one change implemented	9	14	
	Total policy changes	MT5b	2	0
	Total systems changes	MT5c	8	26
	Total environmental changes	MT5d	6	27
	Total promotional changes	MT5e	0	1
	Total reach	MT5f	4683	10,720
<b>Physical activity</b>	Total sites that made at least one change in writing or practice	1		
	Total policy changes	MT6b	0	0
	Total systems changes	MT6c	1	0
	Total environmental changes	MT6d	0	0
	Total promotional changes	MT6e	0	0

	Total reach	MT6f	100	0
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### Promotional changes

Promotional changes at food pantries included signage and client education on healthy eating using recipe cards, handouts, and taste tests. Much of this work was facilitated by partnerships between Steps to Health, the pantries, and the corresponding food bank. Complementary strategies were implemented at all pantries that made at least one PSE change. This included staff education on basic nutrition and client nudging (using signage and product placement to make the healthy choice the easy choice), client and community education through taste tests, broader involvement through partnerships with food banks supplying the pantries, and marketing. The partnerships built with these sites were especially important as Steps to Health collaborated to distribute a food resource deck of cards at the beginning of the pandemic.

At community housing sites and pantries, community gardens are maintained and provide education with signage. Direct education opportunities were expanded to the community to learn more about healthy options in the garden and in the food pantry.

### Social Marketing

**Project 1:** Steps to Health implemented an advertising initiative in partnership with the Produce Marketing Association (PMA) and Food Lion using PMA's ***Eat Brighter! Campaign***. ***Eat Brighter!*** is a branded social marketing campaign that was created in collaboration with the Children's Television Workshop and uses Sesame Street characters to increase purchase and consumption of fruit and vegetables.

The overall purpose of the *Eat Brighter!* campaign was to conduct a social marketing campaign to improve the likelihood that Supplemental Nutrition Assistance Program (SNAP)-eligible recipients in North Carolina and/or those who meet the general low-income standard (i.e. greater than 50% of persons have household incomes of less than 185% of the Federal Poverty Guidelines residing in the Greenville Digital Marketing Area (DMA), with an emphasis on Pitt and Craven counties, will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and U.S. Department of Agriculture (USDA) food guidance.

The Steps to Health Social Marketing program targeted SNAP-Ed eligible caregivers with at least one child 10 years of age or younger in Steps to Health participating counties. Participants were reached through the Steps to Health Social Marketing *Eat Brighter!* Campaign, a Point-of-Purchase (POP) social marketing campaign delivered in the retail food outlet setting. Consumer-focused marketing pieces such as signage, posters, social media, and digital marketing were used. These marketing pieces helped reinforce the POP social marketing messages at participating Food Lion stores.

In terms of respondents' *Eat Brighter!* campaign recall and receptivity, two unaided recall questions were asked to determine whether they had seen the *Eat Brighter!* campaign materials in their Food Lion stores. Most respondents were not able to recall seeing campaigns with any of these *Eat Brighter!* Sesame Street characters (92.3%) or taglines (84.4%) from the campaign. Approximately 5% (4.7%) of all respondents recalled seeing a campaign that featured Sesame Street characters, and 4% (3.9%) were able to identify the *Eat Brighter!* campaign tagline. There were no notable differences between respondents affiliated with intervention or control stores.

After participants had an opportunity to review the ad during the online survey, they responded to a series of seven receptivity items that were used to assess overall thoughts about the ad on a scale from 1 ("strongly disagree") to 5 ("strongly agree"). All participants were asked to review and react to the sample campaign advertisement. Most respondents said they liked the ad ("agree" or "strongly agree", and it would grab their attention (57.5% for each). Approximately two in five participants (41.7%) said the ad was worth remembering. More than one-third (35.6%) said the ad was convincing, and they trusted the ad (34.5%). However, less than a third said the ad would motivate them to think about what their family eats (31.2%) and less than a quarter said the ad would motivate them to buy or get fruits and vegetables for their family (24.1%).

**Project 2:** Formative evaluation for a sugar-sweetened beverage (SSB) consumption campaign among youth to reduce SSB consumption. We gathered information about attitudes, beliefs, and behaviors related to SSB consumption among North Carolina youth, 11 – 17 years of age, through virtual focus groups.

In terms of the results from the youth focus groups, among those participants who responded, 10 youth had only positive opinions of sodas, 17 youth had only negative opinions, and 12 youth had both positive and negative opinions. Positive opinions were centered on liking the taste and thinking of special times when they have an opportunity to drink them. Negative opinions were focused on associated health risks. Some participants acknowledged that they aren't good for you, but suggested that they are okay to drink sometimes.

The phrases "sugar-sweetened beverages" and "sugary drinks" brought the following products to mind: soda, energy drinks, milk, orange juice, apple juice, fruit flavored beverages, sports drinks, milkshakes, slushies, green tea, sweet tea, chocolate milk, Pepsi (diet and regular), caramel. There was a general consensus that added sugar and artificial sweeteners made a beverage a "sugary drink". Many youth participants mentioned that sugary drinks should only be had on occasion (e.g., at a birthday party). Youth participants said that they chose sugary drinks over other beverages because they get tired of water, want to drink something different

or with more flavor, want something sweet, need energy in the morning when they go out to eat or for a special occasion, and when nothing else is available. Several youth participants mentioned parents preferring water or restricting soda consumption; however, a couple of participants mentioned that their parents drink soda. In contrast, some youth participants noted that their friends and peers like drinking sugary drinks (particularly soda). Some participants said their friends drink less sugary drinks than they do; many participants said their friends drink more, and a few participants said their friends drink about the same amount.

Youth participants mentioned the risks from drinking sugary drinks, including acne; diabetes; tooth decay and cavities; kidney, gallbladder, and stomach issues; headaches; heart issues (from energy drinks); and dementia. Very few youth participants mentioned any benefits from drinking sugary drinks; those that did mention that they provided energy, replaced electrolytes and tasted good.

In terms of where to get information on SSB and message preferences, youth were mixed on whether they paid attention to advertising. Youth saw advertising about health topics at the doctor's office, school, and cafeteria and on television and social media such as YouTube and Instagram. Advertising with catchy music, humor, athletes, and/or bright colors was likely to catch the youths' attention. The youth had several ideas for designing messages to inform other people their age about avoiding sugary drinks. Youth suggested that the campaign should focus on the damage sugar has on health both in the short-term (staining your teeth and cavities) and long-term (diabetes and organ damage).

Results from the *Eat Brighter!* social marketing campaign and the formative research with youth on their perceptions of SSB consumption will be used to inform the development of a statewide SNAP-Ed social marketing campaign. FY22 will serve as the planning year for this campaign and FY23 will begin implementation of a statewide SNAP-Ed social marketing campaign.