

Welcome to the SNAP-Ed Steps to Health Better Food Better Health program or in Spanish, Mejores Alimentos para una Mejor Salud. This webinar is one component of the Facilitator training that you will be required to complete on your checklist.

We are delighted that you will be working as a Facilitator under the guidance of the Cooperative Extension Family and Consumer Sciences Agent.

My name is -----, and I am a Nutrition Associate with the the SNAP-Ed Steps to Health Team in Raleigh and will be hosting this webinar.

Adult & Youth Facilitator Notebook



Welcome to, Bienvenidos a

Mejores Alimentos para una Mejor Salud

2017

**A Nutrition, Physical Activity, and Food Resource
Management Program for Latino/Hispanic Families**

Steps to Health



Curriculum for Latino/Hispanic families by North Carolina State University (NCSU) Faculty
Co-authors: Jacquelyn W. McSwilland, PhD and Carolyn Bird, PhD

You may have already received your Facilitator notebook and looked through it. It will be helpful to have it handy during this training.

Agenda



1. Program Introduction
2. Facilitator Roles and Responsibilities
3. Session Overview
4. Facilitator Contract and Payment
5. Civil Rights Training

Here is the Agenda for this training. I will introduce the program, review the Facilitator roles and responsibilities, go through the program sessions, review Facilitator hiring and payment procedures and conclude with our mandatory Civil Rights Training.

Better Food 
Better Health

Mejores Alimentos 
para una **Mejor Salud**

**PROGRAM
INTRODUCTION**

SNAP-Ed



- Supplemental Nutrition Assistance Program-Education (SNAP-Ed)
- Federal nutrition education program
- Targets low-income individuals and families receiving or eligible to receive benefits

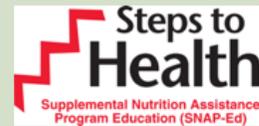


Let us begin by giving some background on the Supplemental Nutrition Assistance Program Education also known as SNAP-Ed. It is a Federal nutrition education program targeted toward low-income individuals who either receive SNAP benefits (formerly known as Food Stamps) or are eligible to receive benefits.

The goal of SNAP-Ed is to improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPlate.

NC State University SNAP-Ed

- The North Carolina State University SNAP-Ed Program is called Steps to Health
- Taught by NC Cooperative Extension Agents
- 8 SNAP-Ed Steps to Health Programs



North Carolina State University's SNAP-Ed program is called Steps to Health.

SNAP-Ed Steps to Health Programs are taught by NC Cooperative Extension Agents.

There are 8 SNAP-Ed Steps to Health programs and Better Food Better Health is one of them.

The Program

- One of the 8 NCSU SNAP-Ed Steps to Health Programs
- Developed originally for low-income Spanish-Speaking Hispanic/Latino Families
- There is a version for English-Speaking Families
- A nutrition, physical activity and food resource management curriculum



The Better Food Better Health/Mejores Alimentos para una Mejor Salud program was originally developed for low-income Spanish-Speaking Hispanic/Latino Families in North Carolina because North Carolina has a large Hispanic population with high rates of obesity and diabetes. This is the program that you will be a Facilitator for.

There is also a version of the program for English-Speaking families as obesity and nutrition-related chronic disease are a concern for many people in the state.

The program seeks to address these issues with its nutrition, physical activity and food resource management curriculum.

The Audience

- Adults/Parents and children divided into **2 groups**:
 - Adults/Parents + Youth (age 12 and older)
 - Children ages 4-11



During the program, families are divided into two groups.

One groups consists of adults, parents and youth (ages 12 and older) and children ages 4-11 are in another group.

Overview of Program Sessions

- Two curricula for Adult & Youth and Child:
 - Series of 6 sessions each
 - 120-minute sessions
- Groups meet separately
- Groups come together for the physical activity portion and food demonstration

The participants are divided by age because the program has two separate curricula; one for for Adult&Youth and the other for Children.

As the Adult & Youth Facilitator, you will deliver the curriculum to adult and youth participants in Spanish under the supervision of the Cooperative Extension FCS agent.

There may also be a Child Facilitator working with the program who will lead the child activities.

The program consists of a series of 6 sessions each lasting approximately 120 minutes. For those of you who are returning Facilitators, the number of sessions did increase from 5 to 6 this year.

Program Session Format

Session components	Participants
Arrival and Physical Activity*	All together
Discussion/PowerPoint/ Goal Setting	Separate adults and youth from children
Food Demonstration	All together

Everyone meets together at the beginning of each session for the physical activity portion. Then the two groups meet separately.

While you lead the discussion with the adult & youth participants, the Child Facilitator will be leading the child activities.

Then the two groups come together for the food demonstration and taste test at the end of the session.

Since both groups come together for the physical activity portion and food demonstration, Facilitators will assist the Cooperative Extension FCS Agent during those activities.

Program Session Order

Session	Adult & Youth Curricula	Child Curricula
1	Make Mealtime a Family Time	A Healthy Plate at the Table, Corn and Beans
2	Families Getting Healthy Together (Preventing or Delaying Chronic Diseases)	Strawberries and Dairy
3	Fruits and Vegetables Take My Plate	Lemons and Broccoli
4	Let's Do It Right: Make half your grains whole	Apples, Celery and Whole Grains
5	Why Are We Eating More? (Portion Distortion)	Tomatoes and Onions
6	Our Family's Health Comes First	Carrots and Raisins

Here is a table that outlines the 6 program sessions. You may notice that the the child activities for each session relate to what the adult and youth are discussing in their curriculum.

That is why it will be important to teach the session in order, so all family members are receiving consistent nutrition messages each week.

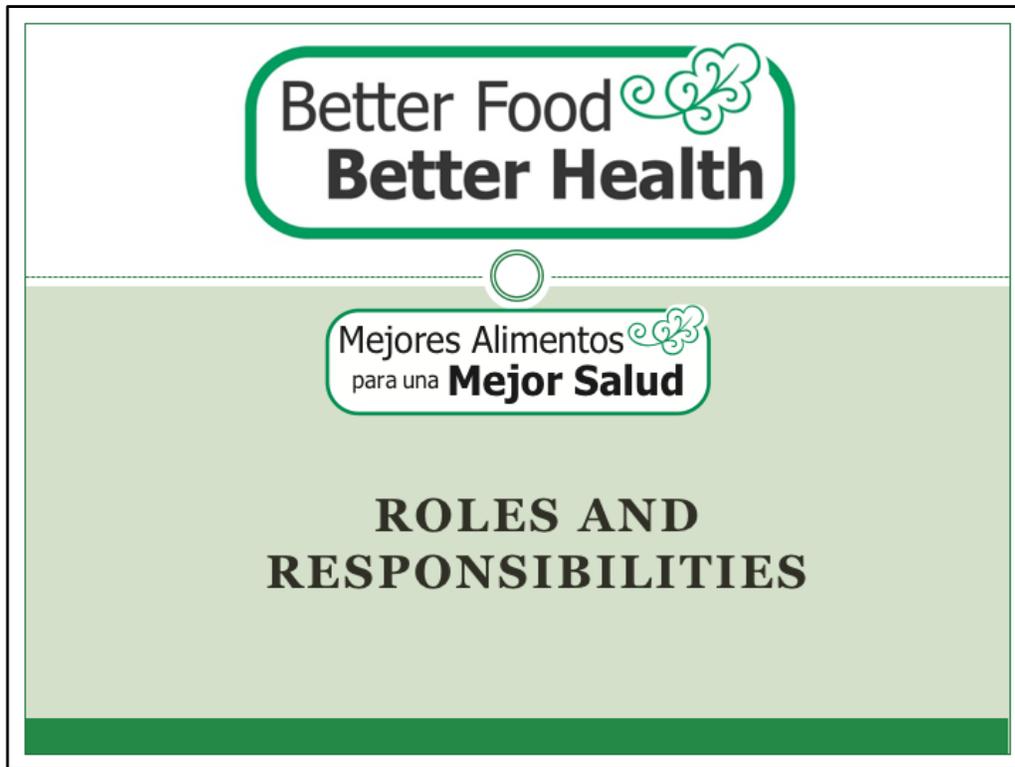
Program Objectives

- Children and Youth will increase their willingness to try more fruits and vegetables and be more active
- Adults will improve their behavior related to the nutrition, physical activity and food resource management messages.

While we expect that the sessions will be enjoyable for participants, the program also has objectives that we would like to see the participants achieve. For the children and youth, we would like to see an increase in their willingness to try more fruits and vegetables and be more active.

For adults, we would like to see an improvement in their behavior related to nutrition, physical activity and resource management. So, participants will be filling out evaluation surveys and forms during the program.

We will go over these forms later.



In this section, we will go into more detail about your roles and responsibilities as a Facilitator.

What is a Better Food Better Health Facilitator?

- Someone who helps a Family & Consumer Sciences (FCS) Agent/Nutrition Educator to deliver the BFBH program.
- A team partner who connects the agent with Latino audiences.
- A team partner who becomes a “temporary educator” under the FCS Agent’s/Nutrition Educator’s guidance



More than likely as you are attending this training, you have been selected as a Better Food Better Health Facilitator. There will probably 2 Facilitators in your county; you and the other will be the Child Facilitator.

In your role as a Bilingual Adult & Youth Facilitator, you will help the Family and Consumer sciences (FCS) Agent/Nutrition Educator deliver the program in Spanish and you will serve as a team partner who connects the Agent/Nutrition Educator with Hispanic/Latino audiences in your county.

When the program starts, all that you need to lead discussions will be provided to you.

You will become a “temporary educator” teaching one of these two curricula under the guidance of the Cooperative Extension FCS Agent/Nutrition Educator.

Role of Facilitator



- Meet with the FCS Agent with whom you are working to clarify your role and responsibilities.

In this training, we will go over the main responsibilities that you will have as a Facilitator.

In addition, all Facilitators will need to meet with the FCS Agent under whom they are working to clarify their specific roles and responsibilities during the program.

Role of Facilitator



Responsibility	Role of Agent	Role of Facilitator/ Second Agent
Recruit a Facilitator/Second Agent	X	
Secure program location	X	Assist
Recruit participants	X	X
Weekly follow-up with participants using the Agent Log	X	Assist
Shop for session supplies	X	
Session preparation – thoroughly review the PowerPoints and child activities, count educational extenders (sessions 1, 2 and 6), plan and pack any props you may need	X	X
Lead the physical activity	X	Assist
Lead the PowerPoint presentation and discussions	X	X
Lead the child activities		X
Prepare for and conduct the food demonstration	X	Assist
Ensure completion of all participant forms	X	Assist
Turn in all forms and reimbursement requests	X	
Complete Leader Feedback forms for each session	X	X
Participate in regular feedback with Steps to Health staff	X	

-7-

In your Facilitator Notebook, on page 7, you will find this table. Let's take a few seconds, so that you can locate it.

I'll highlight the suggested roles and responsibilities. Remember to please work under the guidance of the FCS Agent.

Recruiting Participants

- **Must target low-income Spanish-Speaking Families**
- Work with the Agent to develop a plan for recruiting participants (Agent has target # of participants)
- Be mindful of this number when recruiting

- Will you be working with:
 - 1) A Pre-existing group i.e. ESL class at the community college or church OR
 - 2) A group that is to be built?



One role that you will have as a Bilingual Facilitator in the program is to help recruit participants. Do you remember the target audience?
Low-income Spanish Speaking Families.

The Agent that you are working with may already have a recruitment plan but may need your assistance. There is a target number of participants that the Agent is trying to reach so please be mindful of that when recruiting.

As a Facilitator, you are a link between the Agent and the local Hispanic/Latino community. Are there community partners that you can connect the Agent with?

Recruitment can be challenging so, working with contacts that you already have may be more effective. Personal interactions such as face-to-face contact or phone conversations are important when working with the Latino community; just relying on flyers or signs or standing in front of a store will also be less effective than working with your contacts.

You may also want to start with a pre-existing group with community partners. If that does not work, you may have to build a group. After Session 1 though – no new participants may join.

If you are going to build a group, these are some places to consider when working with the County Extension FCS Agent to recruit participants from the target audience:

- Schools with 50% or more free and reduce lunch participation
- Health Departments
- Faith Community
- Non-profit organizations
- Latino/Mexican grocery stores in low-income neighborhoods

Recruitment is fundamental because without participants, there can be no program!

Considerations in Recruiting Participants

- Recruiting Latino Partners may be different
- Time of Year
- Actual Program Time and Day
- Location
- New participants for returning counties
- Sufficient planning time



Here are some more considerations to keep in mind during recruitment.

The time of year and the actual time of the program will impact participants. An early class during the school year may mean that fewer children will participate.

A location that is easy to get to will help reduce the transportation barrier that participants may have.

New participants should be recruited, not those who may have participated last year.

The image shows a 'Facilitator Contact Log' form. It features a green header with a white circle on the left. The main title 'Facilitator Contact Log' is in a white box on the left. Below it, a white box contains the text 'Participant Recruitment and Follow-up'. The right side of the form has two identical log tables. Each table is preceded by the title 'Facilitator Contact Log' and a line for 'Name of Family'. The tables have three columns: 'Person Contacted', 'Date Contacted', and 'Issues'. At the bottom, there are logos for 'Steps to Health' and 'NC COOPERATIVE EXTENSION'.

We have provided you with a Facilitator Log; you will find it behind the program introduction. It is entirely for your use and does not need to be turned in.

You can use it to keep track of participants as you recruit them. Also during recruitment, you can use it to give an estimate of number of participants to the Agent before Session #1 to help the Agent .This helps the Agent prepare enough supplies and materials for the session.

Also use the log to follow-up with participants after each session.

Q & A



Is this statement true or false?

Only mothers can participate in the program.

A. True

B. False

Here is a question for you: Is this statement true or false?
Only mothers can participate in the program.

Q & A



Answer: **B. False**

- ✓ The Better Foods Better Health (Mejores Alimentos para una Mejor Salud) program is for low-income Hispanic/Latino families and their children: mothers and fathers are welcome to participate in the program.

The answer is B. False.

The Better Foods Better Health/Mejores Alimentos para una Mejor Salud Program is for low-income Hispanic/Latino families and their children: mothers and fathers are welcome to participate in the program.

Prepare for Sessions

- **Adult and Youth Facilitator:** Thoroughly review the PowerPoint presentation BEFORE the session
- Make reminder calls
- Help the Agent to plan and pack any props that may be needed

Another responsibility that you will have is to prepare for sessions.

There are some things that need to be done before a session begins.

Before the sessions, it is essential that you review what you will be presenting. Thoroughly review each sessions PowerPoint slides beforehand.

Make reminder calls and follow-up with participants to see if they will attend the session and how they are progressing.

The Agent may need your help to pack props or supplies for the each session.

Lead the Sessions

Adult & Youth Facilitator

- Lead the PowerPoint presentation and discussions*



*under the guidance of the Cooperative Extension FCS Agent

As the Adult & Youth Facilitator, you will lead the Adult and Youth discussion using the supplied PowerPoint presentation with talking points.

If questions arise, you will need to direct questions to the Agent and interpret accordingly.

The County Extension FCS Agent always will be present during the sessions in the event you need assistance.

Other Responsibilities



You may have to **assist** the Agent with:

- the Physical Activity portion of the sessions
- the Food Demonstration
- making sure all participant forms are complete
- taking attendance

These are some things you may have to assist the Agent with:

- the Physical Activity portion
- the Food Demonstration, and
- making sure all participant forms are complete
- Taking attendance at each session

Q & A



Question:

- Which of the following may be my responsibility as a Facilitator? (you can choose more than one)
 - A. Help the Agent to recruit participants
 - B. Prepare for Sessions
 - C. Lead Session Discussions
 - D. Reminder Calls to Participants
 - E. Answer participants' nutrition questions during the session

Here is another question: Which of the following may be my responsibility as Facilitator?

- A. Help the Agent to recruit participants
- B. Prepare for Sessions
- C. Lead Session Discussions
- D. Reminder Calls to Participants
- E. Answer participants' nutrition questions during the session

Q & A

Answer: **A, B, C, D**

As a Facilitator you will

- ✓ Help the Agent to recruit participants
- ✓ Prepare for Sessions
- ✓ Lead Session Discussions
- ✓ Reminder Calls to Participants

The answer is A, B, C, and D. As a Facilitator you will

- ✓ Help the Agent to recruit participants
- ✓ Prepare for Sessions –the Adult and Youth Facilitator will review the PowerPoint Presentation and the Child Facilitator will review the Child activities BEFORE the sessions
- ✓ Lead Session Discussions under the supervision of the Agent.
- ✓ Reminder Calls to Participants between after sessions

But, you do not have to answer participants questions about nutrition. The Agent will be present to answer questions and you will then translate.



Okay, let's just take a few seconds to get up and stretch before we look at how the sessions are laid out in your notebook.

Adult & Youth Facilitator Notebook

- Introduction
- Session guides and layout
- Program forms, handouts, worksheets
- Facilitator feedback forms
- PowerPoint script

Now, we will look at how the sessions are laid out in your facilitator notebook.

If you open the notebook, you will find an introduction. Please read through these pages to get better acquainted with the curriculum.

The introduction provides more detail on the background of the program, session format, content, and delivery.

There is also information on recruitment of low-income Latino/Hispanic families, the target audience of the program.

You will then notice 6 tabs labeled for each session that contain the educational materials for them.

For each session, there is a session guide that outlines the objectives of each session, the supplies needed and the guide. You will work under the guidance of the Agent to gather the supplies that you need for each session.

You will then see forms, handouts, and worksheets for each session.

You have the Leader Feedback form that you will need to complete after each session.

Finally, you have the PowerPoint script that you will use to lead the session discussion. The PowerPoints have all directions and instructions for you to lead the session, instructions on how to administer forms, and set goals with participants.

Better Food Better Health Session Order

Session	Adult & Youth Curricula	Child Curricula
1	Make Mealtime a Family Time	A Healthy Plate at the Table, Corn and Beans
2	Families Getting Healthy Together (Preventing or Delaying Chronic Diseases)	Strawberries and Dairy
3	Fruits and Vegetables Take My Plate	Lemons and Broccoli
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5	Why Are We Eating More? (Portion Distortion)	Tomatoes and Onions
6	Our Family's Health Comes First	Carrots and Raisins

Here is a table of the session titles and order again from the program introduction in your notebook. Now, we will look behind the Tab for Session 1.

Adult and Youth Facilitator Notebook



Let's look behind the Tab for Session #1 Session Guide.

- **Session Guide**
 - Objectives
 - Supplies by Program
 - Curriculum Guides by Program



Let's give you a moment to flip to Tab #1 and locate the Session Guide. Do you see the session heading 'Make Mealtime a Family Time'?

The Session guide will outline the objectives of the session. If you turn the page, you will see that it also outlines the supplies by curriculum and the curriculum guide for each session.

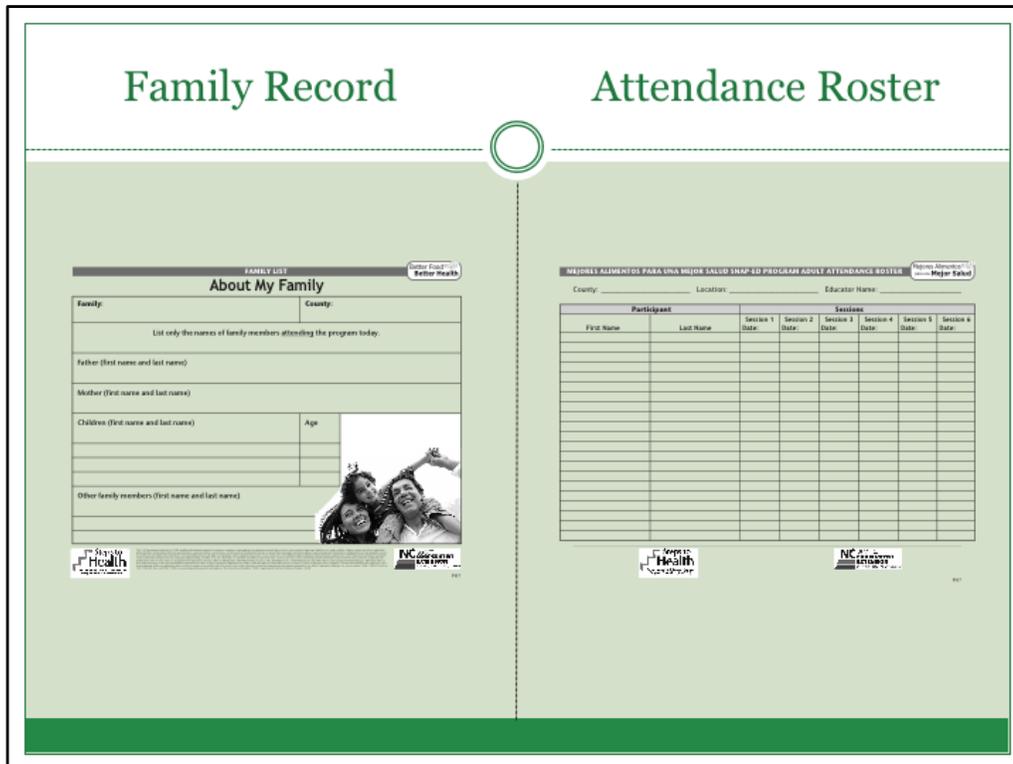
Session 1: Sample Handouts, Worksheets

- Facilitator Log
 - Family Record
 - Enrollment Form
 - Consent Form
 - Adult Survey 1
 - Attendance Roster
- Program Schedule
 - '10 Tips' for Setting Good Examples' handout
 - Soccer Balls
 - Leader Feedback form



After the Session Guide are all the handouts, worksheets, and forms needed for that session. For Session #1, I'll go through all of the handouts, worksheets and forms because they are pretty important. As a Facilitator, you may have to help the Agent distribute and collect some of these forms. You will also need to fill out the Leader Feedback Form at the end of each session.

In your notebook, you have copies of the forms participants receive, the Agent will have the actual forms that are handed out to participants.



The first form that you will see is the Family Record. One family member fills this record out for only family members attending that session.

After Session#1, you and the Agent might use the Family Record to fill out the Attendance Roster and also update your Facilitator Log. The Attendance roster just like it says will be used in the other sessions to keep track of who is present. Your or the Agent will take attendance, the participants don't just check off their names.

Notice that for the Attendance Roster, the Participants First and Last Name should be written down. Also, the date of each session should be written down as well as the county, location and Agent name.

Adult Enrollment Form

Enrollment Form

Steps to Health
Better Food Better Health

Name: _____ Today's Date: (month) / (day) / (year)

County: _____

Location: _____

1. Please select your gender: Female Male

2. Are you Hispanic or Latino? Yes No

3. How do you identify yourself? (Check all that apply)

Native Indian/Alaska Native Black/African American White

Asian Native Hawaiian/Pacific Islander

4. In which age group do you fit? (Check only one.)

Less than 18 years old 18-25 26-34 35-44 45-59 Over age 60

5. Do you currently receive (SNAP) benefits (Food Stamps)? Yes No

6. How many people live with you in the same house or apartment? (Check only one.)

I live alone I live with 2 other people I live with 4 other people

I live with 1 other person I live with 3 other people I live with 5 or more people

7. How much money comes into your household per month (Gross Income)? (Check only one.)

Less than \$1,980/month \$1,980-\$2,670/month \$2,671-\$3,360/month \$3,361-\$4,050/month \$4,051-\$4,740/month More than \$4,740/month

Formato de Inscripción

Steps to Health
Better Food Better Health

Nombre: _____ Fecha: (mes) / (día) / (año)

Condado: _____

Ubicación: _____

1. ¿Cuál es su sexo? Mujer Hombre

2. ¿Eres de origen hispano, latino o español? Sí No

3. ¿Cuál es su raza? (Marque [x] uno o más casillos)

Nativo Americana o Nativo de Alaska Nativo de Hawaii o de otras islas del Pacífico

Asiático Negro o Africanoamericano

Blanco / Caucásico

4. ¿Cuánto años tiene usted? (Marque [x] una casilla)

Menor de 18 años 18-25 26-34 35-44 45-59 Más años 60

5. ¿Usted o sus niños reciben beneficios de alimentos del programa SNAP (tarjeta de SNAP/EBT)? Sí No

6. ¿Cuántas personas viven con usted en la misma casa? (Marque [x] una casilla)

Vivo solo Vivo con 3 personas más

Vivo con 1 persona más Vivo con 4 personas más

Vivo con 2 personas más Vivo con 5 personas o más

7. ¿Cuál es su ingreso familiar mensual (ingreso bruto: antes de impuestos)? (Marque [x] uno casillo)

Menos de \$1,980 al mes \$1,980-\$2,670 al mes \$2,671-\$3,360 al mes \$3,361-\$4,050 al mes \$4,051-\$4,740 al mes Más de \$4,740 al mes

After that we have Participant Forms: Enrollment Forms, Consent Forms, an Adult Survey Forms.

Remember in the introduction, we talked about the need to evaluate the Better Food Better Health program. These forms help us to do that. They are in both English and Spanish.

The Adult Enrollment form is double-sided.

Consent Form

HOJA DE AUTORIZACIÓN

Nombre del Programa: Programa Mejores Alimentos para una Mejor Salud

Investigador: Jacquelyn W. McClelland, PhD, Universidad Estatal de Carolina del Norte

Información: Usted ha sido invitado a participar en un programa enfocado a la alimentación saludable, la administración del costo de los alimentos, y a mantenerse físicamente activo. El objetivo de este programa es reducir su riesgo de sufrir alguna enfermedad crónica proporcionándole estrategias para asegurar a mejorar su salud. Si usted decide participar en este programa, se le pedirá hacer lo siguiente:

1. Llenar una hoja de inscripción y una encuesta para determinar las áreas en las cuales usted necesita mayor información.
2. Participar en seis sesiones educativas de 2 horas cada una en las cuales se hablará sobre nutrición, actividad física y administración del costo de los alimentos.
3. Desarrollar un plan personal sobre cómo le gustaría mejorar sus habilidades o cambiar sus hábitos para reducir el riesgo de sufrir de alguna enfermedad y trabajar para lograr lo menos una de las metas en su plan.
4. Permitirnos tomar fotografías, videos y/o grabar audio de usted y su familia durante su participación en el programa con el propósito de mostrarle a otras personas los tipos de actividades e interacciones que ocurren. Si usted está de acuerdo en que se tomen fotos o videos de usted y su familia, se graben audios y se muestren a otras personas, por favor escriba sus iniciales aquí: _____

Confidencialidad: La información que usted nos proporcione será estrictamente confidencial. La información será guardada. Será usado solamente por las personas que tienen a cargo el programa a menos que usted nos de su autorización por escrito para hacer lo contrario. No se hará referencia alguna que pueda relacionarlo con este programa.

Riesgos: Para entender el éxito del programa, le hacemos algunas preguntas sobre sus opciones de alimentos y sus comportamientos o hábitos en relación a la actividad física y compra de alimentos. No se prohiben en ningún tipo de riesgo que pueda causar penas, vergüenza, incomodidad o dolor.

Beneficios: Como resultado de su participación en este programa, esperamos que usted y su familia aprendan estrategias y habilidades para mejorar sus hábitos de alimentación, compra de alimentos y actividad física. Se ofrecen pruebas de alimentos y material educativo para ayudarlo y mantenerlo a mantener hábitos saludables en su vida que pueden reducir el riesgo a sufrir de una enfermedad crónica.

Compensación: Ninguna.

Contacto: Si tiene alguna pregunta con respecto al programa, contacte a Jacquelyn W. McClelland en la siguiente dirección: NC State University, Box 7606, Raleigh, NC 27695-7606 o llame al teléfono (919) 515-9148.

Si usted no ha sido tratado o atendido en la manera que se describe en esta hoja, o si sus derechos como participante en este programa han sido violados contacte al Dr. Arnold Bell, Presidente del Comité de Revisión Institucional para el Consejo de las Ciencias de la Salud Humana en Investigación, Box 7514, NC State University, Raleigh, NC 27695 o llame al (919) 515-4620 o al Dr. Matthew Rowland, Asistente Vice-Chancellor, Research Administration, Box 7514, NC State University, Raleigh, NC 27695, (919) 515-2148.

Participación: Su participación y la de su familia en este programa es voluntaria. Si usted decide participar, podrá retirarse del programa en cualquier momento sin ninguna penalización. Si usted deja el programa antes de que se complete la recolección de datos, la información en su encuesta será destruida.

Autorización: He leído completamente esta hoja y entiendo la información que aquí se menciona. He recibido una copia de este documento. Mi familia y yo estamos de acuerdo en participar en este programa.

Firma del participante: _____ Fecha: _____
Fecha de nacimiento: Mes _____ Día _____ Año _____
Firma del investigador: _____ Fecha: _____

Usted puede retirar su consentimiento en cualquier momento. Si usted decide participar, podrá retirarse del programa en cualquier momento sin ninguna penalización. Si usted deja el programa antes de que se complete la recolección de datos, la información en su encuesta será destruida. He leído completamente esta hoja y entiendo la información que aquí se menciona. He recibido una copia de este documento. Mi familia y yo estamos de acuerdo en participar en este programa.



INFORMED CONSENT FORM

Title of Program: Better Food Better Health Program

Investigator: Jacquelyn W. McClelland, PhD, North Carolina State University

Information: You are invited to participate in an educational program focused on healthy eating, food cost management, and being physically active. The purpose of this program is to lower your risk of chronic disease by providing you with strategies to help you manage your health. If you decide to participate in this program, you will be asked to do the following:

1. Complete an enrollment form and survey to determine the areas for which you need the most information.
2. Participate in six 2-hour nutrition, physical activity, and food cost management education sessions.
3. Develop a personal plan of how you would like to improve your skills or change habits to lower your risk of disease and work toward accomplishing at least one goal in your plan.
4. Allow us to photograph, videotape and/or audiotape you and your family as you participate in the program for the purpose of showing others the fun activities and interactions that occurred. If you agree to have your and your family's picture taken, voice audio-taped or image videotaped and shown to others, please initial here: _____

Confidentiality: The information that you give us will be strictly confidential. It will be stored securely. It will be used only by persons conducting the program unless you give permission in writing to do otherwise. No reference will be made which could link you to the program.

Risks: To understand the success of the program, we will ask a few questions about your food choices and physical activity and food shopping behaviors. We will not put you at any risk of embarrassment, discomfort, or harm.

Benefits: As a result of participating in the program, we expect that you and your family will be informed of strategies and skills to improve your eating, food shopping, and physical activity patterns. These tests and educational extenders will be provided to assist with empowering and motivating you to sustain healthy lifestyle patterns that can decrease your risk of chronic disease.

Compensation: None.

Contact: If you have questions about the program, contact Jacquelyn W. McClelland at NC State University, Box 7606, Raleigh, NC 27695-7606, (919) 515-9148. If you have not been treated according to the descriptions in this form, or your rights as a participant in this program have been violated in this project, you may contact Dr. Arnold Bell, Chair of the IRB for the Use of Human Subjects in Research, Box 7514, NC State University, Raleigh, NC 27695; (919) 515-4620 or Dr. Matthew Rowland, Assistant Vice Chancellor, Research Administration, Box 7514, NC State University, Raleigh, NC 27695, (919) 515-2148.

Participation: Your and your family's participation in this program is voluntary. If you decide to participate, you may withdraw from the program at any time without penalty. If you withdraw before the data collection is completed, your survey information will be destroyed.

Consent: I have read and understand the above information, I have received a copy of this form, I and my family agree to participate in this program.

Participant's Signature: _____ Date: _____
Date of Birth: Month _____ Day _____ Year _____
Investigator's Signature: _____ Date: _____

Usted puede retirar su consentimiento en cualquier momento. Si usted decide participar, podrá retirarse del programa en cualquier momento sin ninguna penalización. Si usted deja el programa antes de que se complete la recolección de datos, la información en su encuesta será destruida. He leído completamente esta hoja y entiendo la información que aquí se menciona. He recibido una copia de este documento. Mi familia y yo estamos de acuerdo en participar en este programa.



The Consent form is on carbon paper. There is an English and Spanish version available. Participants keep the yellow page.

Adult Survey 1

Adult Survey 1



Name: _____ Today's Date: _____
month day year

County: _____ Location: _____

- On average, how many total cups (use your fist as a measure of a cup) of fruit do you eat each day? Count all that you eat whether in a combination dish or by itself.
 0 1/2 1 1 1/2 2 2 1/2 3 3 1/2 4 or more
- On average, how many total cups (use your fist as a measure of a cup) of vegetables do you eat each day? Count all that you eat whether in a combination dish or by itself.
 0 1/2 1 1 1/2 2 2 1/2 3 3 1/2 4 or more
- How often do you drink water (count tap, bottled, or sparkling water)?
 Never Once in a while Once each day Twice each day 3 or more times a day
- How often do you drink regular (not diet) soda?
 Never Once in a while Once each day Twice each day 3 or more times a day
- How often do you use 1% milk, skim milk, and/or low-fat yogurt?
 Never Once in a while Once each day Twice each day 3 or more times a day
- Do you eat more than one kind of fruit each day (apple, peach, berries, etc)?
 Never Seldom Sometimes Most of the time Almost always
- Do you eat more than one kind of vegetable each day (carrots, corn, green beans, etc)?
 Never Seldom Sometimes Most of the time Almost always
- When deciding what to eat, how often do you think about healthy food choices?
 Never Seldom Sometimes Most of the time Almost always
- How often do you use the "Nutrition Facts" on the food label to make food choices?
 Never Seldom Sometimes Most of the time Almost always
- How often do you read food labels to select foods with less salt or sodium?
 Never Seldom Sometimes Most of the time Almost always

Encuesta Adulta 1



Nombre: _____ Fecha: _____
month day year

Condado: _____ Ubicación: _____

- En promedio, ¿cuántas tazas (utilice el puño de su mano como referencia) para medir una taza de fruta come usted cada día? Cuente toda la fruta que come ya sea en un platillo que contenga fruta o la fruta que come por sí sola.
 0 1/2 1 1 1/2 2 2 1/2 3 3 1/2 4 o más
- En promedio, ¿cuántas tazas (utilice el puño de su mano como referencia) para medir una taza de verduras come usted cada día? Cuente todas las verduras que come ya sea en un platillo que contenga verduras o las verduras que come por sí solas.
 0 1/2 1 1 1/2 2 2 1/2 3 3 1/2 4 o más
- ¿Con qué frecuencia toma agua (incluye agua de la llave, embotellada, mineral o con gas)?
 Nunca A veces Una vez al día Dos veces cada día 3 Times o más veces cada día
- ¿Con qué frecuencia toma refresco o soda (no de dieta)?
 Nunca A veces Una vez al día Dos veces cada día 3 Times o más veces cada día
- ¿Con qué frecuencia elige leche con 1% de grasa, descremada, y/o yogur bajo en grasa?
 Nunca A veces Una vez al día Dos veces cada día 3 Times o más veces cada día
- ¿Con qué frecuencia come más de un tipo de fruta al día (manzana, melocotón, bayas, u otras frutas)?
 Nunca Raramente Algunas veces La mayoría de la veces Siempre
- ¿Con qué frecuencia come más de un tipo de vegetal al día (zanahoria, maíz tierno, u otros vegetales)?
 Nunca Raramente Algunas veces La mayoría de la veces Siempre
- ¿Cuándo usted decide que alimentos comer, con qué frecuencia piensa en alimentos saludables?
 Nunca Raramente Algunas veces La mayoría de la veces Siempre
- ¿Con qué frecuencia usa usted las recomendaciones nutricionales en las etiquetas para escoger los alimentos?
 Nunca Raramente Algunas veces La mayoría de la veces Siempre
- ¿Con qué frecuencia lee información nutricional para elegir alimentos sin sal o con menos sal?
 Nunca Raramente Algunas veces La mayoría de la veces Siempre

Here is an Adult Survey 1 that is completed at Session 1. It is double-sided. There is an English and Spanish version available.

Program Schedule



SESIÓN 1 Mejores Alimentos para una Mejor Salud

Calendario del Programa Mejores Alimentos para una Mejor Salud

Sesión	Tema	Fecha	Hora
Sesión 1	Hagan que las comidas sean tiempos dedicados a la familia	_____	_____
Sesión 2	Familias mejorando su salud	_____	_____
Sesión 3	Frutas y verduras llenen a mi plato	_____	_____
Sesión 4	Hagámoslo bien: Que la mitad de los granos que consuma sean enteros	_____	_____
Sesión 5	¿Por qué estamos comiendo más?	_____	_____
Sesión 6	La salud de nuestra familia es primero	_____	_____

¿Qué podemos hacer en mi familia y yo para estar más sanos?

¿Qué pueden hacer los padres/adultos?

En el programa Mejores Alimentos para una Mejor Salud, vamos a discutir las estrategias para tener una familia más saludable. Mientras comenzamos el programa hoy, considere las siguientes preguntas. Al escribir sus respuestas podrá seguir su progreso a lo largo del programa.

¿Qué razones tiene para pensar saludable?

¿Qué preocupaciones tiene acerca de cómo come su familia?

¿Cuáles son los cambios que desea hacer para vivir un estilo de vida sano?

Visite las páginas web de nuestro programa y nuestros asociados para encontrar más consejos y recursos sobre cómo vivir un estilo de vida saludable para usted y su familia.

www.ncstepstohealth.org
www.ncfamilieseatingbetter.org

LIKE us on Facebook at "Steps to Health, NCSU SNAP-Ed"






SESSION 1 Better Food Better Health

Better Food Better Health Program Schedule

Session	Title	Date	Time
Session 1	Make Mealtimes a Family Time	_____	_____
Session 2	Families Getting Healthy Together	_____	_____
Session 3	Fruits and Vegetables Take My Plate	_____	_____
Session 4	Let's Do It Right: Make half your grains whole	_____	_____
Session 5	Why Are We Eating More?	_____	_____
Session 6	Our Family's Health Comes First	_____	_____

What Can My Family and I Do to be More Healthy?

What Can Parents/Adults Do?

In the Better Food Better Health Program, we will discuss strategies for getting healthy together as a family. As we begin the program today, consider the following questions. By writing down your answers, you can keep track of your progress throughout the program.

What reasons do you have for being healthy?

What concerns do you have about how your family eats?

What are some changes that you want to make to live a healthy lifestyle?

Visit our program and partner web pages to find more tips and resources on how to live a healthy lifestyle for you and your family.

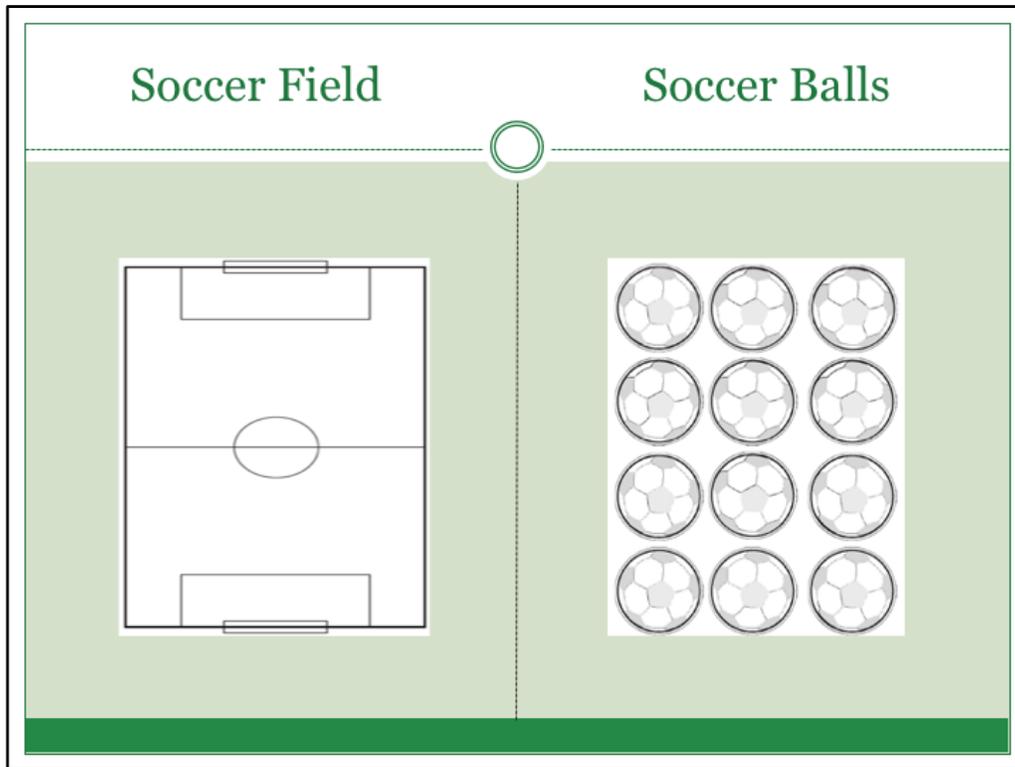
www.ncstepstohealth.org
www.ncfamilieseatingbetter.org

LIKE us on Facebook at "Steps to Health, NCSU SNAP-Ed"




After that, is the Program schedule where session dates and times will be noted. There is an English and a Spanish version. Participants take this home in order to remind them of when and at what time the session are.

Also, there are some questions on this that participants will think about and write down their answers during the session.



Next, we have soccer balls for goal setting.

Participants will get a larger soccer field to use throughout the program. They will write a goal on 1-2 balls each week.

When participants set goals, the following they review them and if they make progress or meet their goals they move the balls along the soccer field.

Leader Feedback Form

SESSION 1 Mujeres Almorzas **Mejor Salud**

FCS Agent or Facilitator Name: _____
County Name: _____

Leader Feedback Form

We ask that you complete a Leader Feedback Form after completing each session of the curriculum. Please answer the following questions honestly and constructively. Feedback about the curriculum is very important in helping us to improve the quality of the program.

Curriculum Presented: Mujeres Almorzas para una Mejor Salud

1. What was the average length of time required preparing for each session?
____ Less than 1 hour ____ 3 - 4 hours
____ 1 - 2 hours ____ More than 5 hours

2. What was the average length of time required presenting sessions to participants?
____ Less than 110 minutes ____ 120 - 140 minutes
____ 110 - 120 minutes ____ 140 - 160 minutes

3. How would you rate the length of the session and amount of content presented?
____ Too short ____ Too long ____ Neither

4. Were the session plans easy to navigate and understand? Yes No
If no, please explain: _____

5. Was there any information not provided in the session plans that would have been helpful?
 Yes No
If yes, please explain: _____

6. Do you feel the Tacos Tacos/Food Demonstrations enhanced the session objectives? Yes No
If no, please explain: _____

7. Did you make reminder phone calls to participants?
 Yes No

PLEASE TURN THE PAGE OVER TO COMPLETE THE FORM

The last form we have is the Leader Feedback Form. You will complete a Leader Feedback form after each session. Please write your name and county on these forms. There are 2 sides.

Forms, Forms, Forms. There are a lot of forms here because it is the first session.

Better Food Better Health PowerPointPoints

- PowerPoint Presentation in English and Spanish
- Talking Points/Script are in the Notes Section
- Italicized font are directions for the Facilitator
(not to be read aloud)

After these forms and handouts are the Power Points. The Adult and Youth Curriculum Guide nicely illustrates what PowerPoint slides correspond to the session components and supplies.

The PowerPoint Presentations are both English and Spanish. You will lead the discussion with the Spanish slides.

The slides have talking points in the Notes section that you will follow. So, again, all that you need to lead the Adult and Youth group discussion is in the PowerPoint presentation.

Now, if you look at the notes, you will notice sometimes there is Italicized font. These are directions for you and not to be read aloud. So, for example if in the notes script you see *pass out forms to participants* italicized, you do not need to read that out loud. That is for you to know that you have to pass out forms to participants.

¿Por qué es importante llevar un estilo de vida saludable?

Esta discusión no debe durar más de 5 minutos.

Como ya mencionamos lo que hacemos o lo que nuestras familias hacían en nuestro país natal son muy diferentes a la cultura aquí en los Estados Unidos. Estos pequeños cambios de comer más alimentos no saludables y no mantenerse activo con el tiempo pueden tener un gran impacto en nuestra salud.

Pensando en cómo se hacían las cosas, o lo que nuestras familias hacían en casa, en nuestro país de América Latina, que puedan ser diferentes de la cultura en los Estados Unidos, ¿por qué es importante para nosotros como Latinos/Hispanos y nuestras familias a tener un estilo de vida saludable?

Después de una breve discusión, pase a la siguiente diapositiva para continuar con un resumen.

This is what the slide and talking points notes look like.

There will be a combination of the Facilitator lecturing and also a time when the Facilitator can ask the audience questions. If there is a question or concern from either the Facilitator or the audience, the Facilitator should refer to the Agent and interpret as necessary.

En las 6 sesiones, habrá una demostración y prueba de alimentos. Las recetas provienen de este libro de recetas de nuestro programa. Usted recibirá su copia del libro de recetas en nuestra última Sesión 6.

Aquí tiene un adelanto del mismo. El libro tiene consejos sobre cómo conseguir que sus hijos participen en la cocina y unas recetas fáciles para que ellos participen.

When each session discussion is over, the two groups will come together for the food demonstration and taste test.

The program has a cookbook and the session recipes comes from it. At the end of the program, participants will get their own copy of the cookbook as an educational extender.







Salsa de Frijol Negro con Maíz

El libro de recetas del programa - página 8

Ingredientes

1 taza de frijoles negros enlatados (sin sal)

1 taza de maíz enlatado (sin sal)

1 taza de tomates enlatados (sin sal)

1 taza de jitomates enlatados (sin sal)

1 taza de cebolla enlatada (sin sal)

1 taza de ajo enlatado (sin sal)

1 taza de cilantro fresco picado

1/2 taza de comino molido

1/2 taza de jugo de limón

1/2 taza de ajo en polvo

1/2 taza de cilantro seco picado o bien, 1 cucharadita de cilantro seco (puede usar perejil como sustituto)

1/2 cucharadita de comino molido

Rinde 24 raciones,
Tamaño de la ración: 1/2 de taza

Ingredientes

- 1 frasco de salsa (16 onzas)
- 1 lata (15.5 onzas) de frijoles negros sin sal, escurridos o enjuagados
- 1 lata (15.5 onzas) de granos de elote sin sal, escurridos o bien, 1 1/2 tazas de granos de elote congelados
- 1 lata (14.4 onzas) de tomates cortados en trocitos, bajos en sodio, escurridos
- 2 cucharadas de jugo de limón
- 1/2 de cucharadita de ajo en polvo
- 2 cucharadas de cilantro fresco picado o bien, 1 cucharadita de cilantro seco (puede usar perejil como sustituto)
- 1/2 cucharadita de comino molido

Información nutricional por cada ración
35 calorías, Total de grasa 0g, Grasa saturada 0g, Proteína 1g, Total de carbohidratos 8g, Sodio 190mg

Hoy estamos haciendo una salsa de frijoles negros y de maíz. Este es un plato de acompañamiento rápido, fácil y saludable. También puede servirse con un arroz integral o una ensalada para hacer una comida. Si la hace antes de tiempo y la mantiene tapada en el refrigerador, puede usarla en los 2-3 días siguientes. *El Facilitador puede explicar a los participantes de qué se trata la demostración de alimentos.*

Siempre lávese las manos antes de empezar a preparar alimentos. *El Facilitador*

In session 1, the recipe is Black Bean and Corn Salsa. The Agent will have the supplies ready, and the Power Point scripts walks you through how to prepare the dish.

Adult & Youth Sessions 2-5



- Similar format as Session 1
 - PowerPoint
 - Handouts & Worksheets
- Begin with a physical activity
- End with Goal Setting and Food Demonstration
- Educational extenders given to participants (sessions 1, 2 and 6)
- Leader Feedback Form



Sessions 2-5 have the same format as Session #1. Session 2 has one activity that is new this year, so I will go over it with you.

Remember that you have to prepare for each session **BEFOREHAND** by reading through the PowerPoint presentation.

There are no forms in sessions 2 through 5, just handouts and worksheets. We will look at the session 2 worksheet as an example.

The sessions begin with everyone together for the physical activity portion.

After the physical activity component, the groups split up.

The Adult & Youth Facilitator will use the PowerPoint presentation to lead the discussion using the provided handouts and worksheets.

The sessions end with Goal Setting and the Food Demonstration.

You also have the Leader Feedback Form to complete.

Serious Consequences of Diabetes Activity

Serious Consequences of Diabetes Activity

Pass around the tinted, non-prescription glasses smeared with butter or margarine to let participants try on.

These glasses represent blindness, one of the health problems related to high blood sugar. Allow enough time for all participants to try them on.

Pass around the work gloves for participants to try on and then touch the cotton balls.

Actividad sobre las consecuencias graves de la diabetes

Haga circular los lentes sin tintura o graduación untados con mantequilla o margarina para que los participantes se los prueben.

Estos lentes representan la ceguera, uno de los problemas de salud relacionados con el nivel alto de azúcar en la sangre. Deje tiempo suficiente para que todos los participantes se los prueben.

Haga circular los guantes de trabajo para que los participantes se los prueben y luego toquen las bolas de algodón.

Session 2 is “Families Getting Healthy Together: Preventing or Delaying Chronic Diseases). The main disease that is discussed in this session is diabetes.

This year, there is a new session activity where participants see what it is like to experience two serious consequences of diabetes.

Most of the materials that you need for this activity are in a diabetes kit and the Agent will supply you with some additional supplies for this activity and session.

The Power Points have instructions on what to do and when.

You will spread butter on the glasses that participants try on so they can feel what it is like to have their vision impaired by diabetes. You will hand out the work gloves from the kits and the participants will compare touching cotton balls with and without the gloves to understand the consequences of peripheral neuropathy. Also, you will have some clear straw or tubes filled with play dough from the diabetes kits to help participants visualize the damage that the disease has on blood vessels

Lo dulce 'cuesta'/Sweetness 'Costs' Worksheet

SESIÓN 2

**Better Food™
Better Health**

Sweetness 'Costs'

Women should get no more than 6 teaspoons or 24 grams of sugar each day, and most men no more than 9 teaspoons of sugar. To determine the number of teaspoons in your food use this formula: grams of sugar ÷ 4 = teaspoons of sugar.
For example: 8 grams of sugar ÷ 4 = 2 Teaspoons of sugar.

Store-bought brownie (with icing) Calorías: 470 Gramos de Azúcar: 58 Teaspoons of Sugar: _____ Costo: \$2.25	Homemade brownie box mix (1 box = \$1.99 and makes 20 brownies) 120 per brownie 4.25 \$0.10 per brownie
---	---

Calculate the teaspoons of sugar in each brownie and fill in the blanks.

Which brownie is a healthier choice? _____

Which brownie saves the most money? _____

Overall which brownie would you choose and why? _____

Store-bought sweet tea 32 ounce Calorías: 240 Gramos de Azúcar: 60 Teaspoons of Sugar: _____ Costo: \$1.00	Homemade unsweetened iced tea 30 ounces (using 3 tea bags) 0 0 \$0.25
--	--

Calculate the teaspoons of sugar in each tea and fill in the blanks.

Which tea is a healthier choice? _____

Which tea saves the most money? _____

Overall which tea would you choose and why? _____

Sweetness costs because extra sugar can cause weight gain leading to obesity and diabetes. These diseases in the long run will cost a lot of money. By making foods at home you can control the amount of sugar in your food. Making food at home also allows you to control the cost. Eat meals at home more often and use less sugar in your cooking and baking.

SESIÓN 2

**Mejores Alimentos™
Mejor Salud**

Lo dulce 'cuesta'

La mayoría de las mujeres no deben consumir más de 6 cucharaditas de azúcar al día y la mayoría de los hombres no deben consumir más de 9 cucharaditas de azúcar. Para determinar el número de cucharaditas de azúcar en una ración, use esta fórmula: gramos (g) de azúcar ÷ 4 = cucharaditas de azúcar.
Por ejemplo: 8 g de azúcar ÷ 4 = 2 cucharaditas de azúcar.

Brownie o pastel de chocolate con betún/ cobertura de la tienda Calorías: 470 Gramos de azúcar: 58 Cucharaditas de azúcar: _____ Costo: \$2.25	Caja de mezcla para preparar brownies o pastel de chocolate (preparado en casa) (51.99/caja) hace 20 brownies 120cal/brownie o cuadrito de pastel 4.25 \$0.10/brownie o cuadrito de pastel
---	--

Calcule el número de cucharaditas de azúcar en cada brownie o pastelito de chocolate y llene los espacios en blanco.

¿Cuál brownie o pastel de chocolate es la opción más saludable? _____

¿Cuál brownie o pastel de chocolate le ahorra más dinero? _____

En general, ¿cuál brownie o pastel de chocolate elegiría y por qué? _____

Té helado dulce mediano comprado 32 onzas Calorías: 240 Gramos de azúcar: 60 Cucharaditas de azúcar: _____ Costo: \$1.00	Té helado preparado en casa sin azúcar 30 onzas (usando 3 bolsitas de té) 0 0 \$0.25
--	---

Calcule el número de cucharaditas de azúcar en cada té y llene los espacios en blanco.

¿Cuál té es la opción más saludable? _____

¿Cuál té le ahorra más dinero? _____

En general, ¿cuál té elegiría y por qué? _____

Lo dulce 'cuesta' porque el azúcar adicional puede hacer que aumentemos de peso y esto puede resultar en obesidad y diabetes. Estas enfermedades con el tiempo le costarán mucho dinero. Al preparar los alimentos en casa, usted puede controlar la cantidad de azúcar que consume. Preparar los alimentos en casa también le ayuda a controlar su costo. Coma en casa con más frecuencia y use menos azúcar cuando cocine y hornee.

Let's look quickly at an example of a session worksheet. Participants will work on worksheets during the session discussion – the PowerPoint presentation will tell you when to hand them out. For Session #2, the Worksheet is "Sweetness 'Costs'". You have English and Spanish versions of them.

There is also a '10 Tips' handout for participants' in session 2 and a water bottle educational extender to encourage substituting water for sugar-sweetened beverages to maintain good hydration.

Session 6: Our Family's Health Comes First

- Begin with Physical Activity
- Linda, Are You Sure You Want That Snack? Worksheet
- Beach Ball Review Game
- Adult Survey 2 and Youth Post-Survey
- Parent Feedback Form (separate one for each child)
- My Action Plan (adults only)
- Graduation Certificate
- Leader Feedback Form
- Power Point Presentation
- Carrot & Raisin Salad Recipe
- Cookbook educational extenders
- Sharing successes & cultural objects and pot luck*



Now Let's turn to the Tab for Session #6. The topic is 'Our Family's Health Comes First'. This is the last session of the program and just like Session #1, it has more components so we will go over them in more detail.

As always, the session will start with physical activity.

Behind the tab, we have the Session 5 Guide.

Then you should have the forms, handouts, and worksheets for the session and your PowerPoint presentation notes which you will use to lead the Session.

Let's take a look.

Linda, Are You Sure You Want That Snack? Worksheet

SESIÓN 6 Mejores Alimentos
—Mejor Salud

Linda, ¿estás segura que quieres comer eso?

Linda tiene hambre y está pensando qué refrigerio o snack comer. A ella le gustaría quemar las calorías de lo que come saliendo a caminar (0.5 millas por hora). Ella sólo tiene 20 minutos disponibles para caminar. ¿Qué alimentos o snack debe comer ella para poder quemar las calorías durante su caminata?

<input type="checkbox"/> Un durazno o una naranja chica 60 calorías cada una = 12 minutos	<input type="checkbox"/> Una orden chica de papa fritas 230 calorías = 47 minutos
<input type="checkbox"/> Galletas Graham (2 cuadros/galletas) 130 calorías = 27 minutos	<input type="checkbox"/> Una orden grande de papas fritas 500 calorías = 100 minutos (1 hora y 42 minutos)
<input type="checkbox"/> Una zanahoria grande 30 calorías = 6 minutos	<input type="checkbox"/> Una malvada de vainilla de McDonald's (peso de 22 lb. oz.) 860 calorías = 170 minutos (2 horas y 50 minutos)
<input type="checkbox"/> 1 plátano grande (14oz) 125 calorías = 26 minutos	<input type="checkbox"/> Galletas (4 galletas) 400 calorías = 96 minutos
<input type="checkbox"/> Galletas de tipo bajas en grasa (2 galletas) 90 calorías total = 18 minutos	<input type="checkbox"/> 1 2% oz. de refresco o soda tipo Cola 172 calorías = 35 minutos
<input type="checkbox"/> Cereal (1 taza) 100 calorías = 20 minutos	

SESSION 6 Better Food
—Better Health

Are You Sure You Want That Snack?

Linda is hungry and considering which snack to eat. She would like to burn off the calories from the snack by doing some brisk walking (0.5 miles per hour). She only has 20 minutes to walk. Which snacks could she eat in order to burn off the calories during her brisk walk?

<input type="checkbox"/> A small peach or small orange 60 calories each = 12 minutes	<input type="checkbox"/> Small order of French Fries 230 calories = 47 minutes
<input type="checkbox"/> Graham Crackers (2 sheets) 130 calories = 27 minutes	<input type="checkbox"/> Large order of French Fries 500 calories = 100 minutes (1 hour and 42 minutes)
<input type="checkbox"/> 1 large carrot 30 calories = 6 minutes	<input type="checkbox"/> Vanilla Shake (22 lb. oz. cup) 860 calories = 170 minutes (2 hours and 50 minutes)
<input type="checkbox"/> 1 large banana 125 calories = 26 minutes	<input type="checkbox"/> Cookies (4 cookies) 400 calories = 96 minutes
<input type="checkbox"/> Fat-free Fig Cookies (2 cookies) 90 calories total = 18 minutes	<input type="checkbox"/> 1 2% oz. Cola, soda beverage 172 calories = 35 minutes
<input type="checkbox"/> Cereal (1 cup) 100 calories = 20 minutes	

After the Session 6 Guide, you should see the Linda Are Your Sure You Want That Snack? Worksheet. There is an English and Spanish version.

Participants will work on this worksheet during the Facilitator-lead discussion. As always, the PowerPoint presentation will indicate when to do this.

Beach Ball Review Game

1. Toss the ball to someone
2. Whoever catches the ball answers a question
3. The question you get is guided by the color under your right thumb when catching the ball



There is a fun activity in Session 6; the Beach Ball Review Game which aims to help participants synthesize all of the information that they have learned during the Better Food Better Health program.

It works like this: a participant will toss the multicolored beach ball to someone. Whoever catches the ball answers a question. The question that the person gets is guided by the color under the right thumb when catching the ball. There will be a list of questions by color.

You have the questions and answers in your notebook.

Adult Survey 2

Adult Survey 2



Name: _____ Today's Date: _____
(month) (day) (year)

County: _____ Location: _____

- On average, how many total cups (use your fist as a measure of a cup) of fruit do you eat each day? Count all that you eat whether in a combination dish or by itself.
 0 1/2 1 1½ 2 2½ 3 3½ 4 or more
- On average, how many total cups (use your fist as a measure of a cup) of vegetables do you eat each day? Count all that you eat whether in a combination dish or by itself.
 0 1/2 1 1½ 2 2½ 3 3½ 4 or more
- How often do you drink water (count tap, bottled, or sparkling water)?
 Never Once in a while Once each day Twice each day 3 or more times a day
- How often do you drink regular (not diet) soda?
 Never Once in a while Once each day Twice each day 3 or more times a day
- How often do you use 1% milk, skim milk, and/or low-fat yogurt?
 Never Once in a while Once each day Twice each day 3 or more times a day
- Do you eat more than one kind of fruit each day (apple, peach, berries, etc)?
 Never Seldom Sometimes Most of the time Almost always
- Do you eat more than one kind of vegetable each day (carrots, corn, green beans, etc)?
 Never Seldom Sometimes Most of the time Almost always
- When deciding what to eat, how often do you think about healthy food choices?
 Never Seldom Sometimes Most of the time Almost always
- How often do you use the "Nutrition Facts" on the food label to make food choices?
 Never Seldom Sometimes Most of the time Almost always
- How often do you read food labels to select foods with less salt or sodium?
 Never Seldom Sometimes Most of the time Almost always

Encuesta Adulta 2



Nombre: _____ Fecha: _____
(mes) (día) (año)

Condado: _____ Ubicación: _____

- En promedio, ¿cuántas tazas (útilice el puño de su mano como referencia para medir una taza) de fruta come usted cada día? Cuente toda la fruta que come ya sea en un platillo que contenga fruta o la fruta que come por sí sola.
 0 1/2 1 1½ 2 2½ 3 3½ 4 ó más
- En promedio, ¿cuántas tazas (útilice el puño de su mano como referencia para medir una taza) de verduras come usted cada día? Cuente todas las verduras que come ya sea en un platillo que contenga verduras o las verduras que come por sí solas.
 0 1/2 1 1½ 2 2½ 3 3½ 4 ó más
- ¿Con qué frecuencia toma agua (incluye agua de la llave, embotellada, mineral o con gas)?
 Nunca A veces Una vez al día Dos veces cada día 3 Tres o más veces cada día
- ¿Con qué frecuencia toma refresco o soda (no de dieta)?
 Nunca A veces Una vez al día Dos veces cada día 3 Tres o más veces cada día
- ¿Con qué frecuencia elige leche con 1% de grasa, descremada, y/o yogur baja en grasa?
 Nunca A veces Una vez al día Dos veces cada día 3 Tres o más veces cada día
- ¿Con qué frecuencia come más de un tipo de fruta al día (manzana, melocotón, bayas, u otras frutas)?
 Nunca Raramente Algunas veces La mayoría de lo veces Siempre
- ¿Con qué frecuencia come más de un tipo de vegetal al día (zanahoria, maíz/ajotes, u otras vegetales)?
 Nunca Raramente Algunas veces La mayoría de lo veces Siempre
- ¿Cuándo usted decide que alimentos comer, con que frecuencia piensa en alimentos saludables?
 Nunca Raramente Algunas veces La mayoría de lo veces Siempre
- ¿Con qué frecuencia usa usted las recomendaciones nutricionales en las etiquetas para escoger los alimentos?
 Nunca Raramente Algunas veces La mayoría de lo veces Siempre
- ¿Con que frecuencia lee información nutricional para elegir alimentos sin sal o con menos sal?
 Nunca Raramente Algunas veces La mayoría de lo veces Siempre

In Session 1, we had an Adult Survey 1 and now for the final session #6, we have Adult Survey 2 that participants need to complete for evaluation purposes. There is an English and Spanish version available.

Youth Post-Survey





**Youth
Post-Survey**

SESSION 6



First Name: _____ Last Name: _____
 Date of Birth: _____
 Date: _____ County: _____

1. What was your favorite part of the program?
2. What was your least favorite part of the program?
3. What did you learn about healthy eating?
4. What did you learn about whole grains?
5. What did you learn about being active?
6. Since participating in the program, what changes have you made with the foods that you eat?
7. Since participating in the program, what changes has your family made in the way you cook and eat meals?
8. Do you have any other feedback or anything you'd like to share?





In Session #6, we also have a Youth post-Survey that youth participants need to complete for evaluation purposes. There is only an English version.

Parent Feedback Form

SESIÓN 6 Mejores Alimentos para una Mejor Salud

Mejores Alimentos para una Mejor Salud

Nombre del padre o de la madre: _____
 Nombre completo del niño(a): _____
 Condado: _____

Hoja de Comentarios para los Padres

Por favor llene la siguiente hoja por cada niño que haya participado en el programa Mejores Alimentos para una Mejor Salud. Nos gustaría saber sus comentarios y opinión para ayudarnos a saber qué tan bien funcionó nuestro programa. Por favor conteste las siguientes preguntas honesta y constructivamente (críticas positivas).

1. ¿Qué tan beneficioso cree usted que fue este programa para su niño?
 a. No fue beneficioso
 b. Fue un poco beneficioso
 c. Si fue beneficioso
 d. Fue muy beneficioso
 e. Fue demasiado beneficioso

2. Por favor indique si está muy en desacuerdo, en desacuerdo, de acuerdo o muy de acuerdo con lo siguiente:

	Muy en desacuerdo	En desacuerdo	De acuerdo	Muy de acuerdo
Participar en el programa Mejores Alimentos para una Mejor Salud ha mejorado la disposición de mi niño a comer frutas frescas.				
Participar en el programa Mejores Alimentos para una Mejor Salud ha mejorado la disposición de mi niño a comer (probar) verduras.				

3. ¿Ha notado algún otro cambio positivo en su niño con respecto a la alimentación saludable y/o la actividad física? Sí No

Si respondió sí, por favor especifique: _____

¡Muchas gracias!

SESIÓN 6 Better Food Better Health

Better Food Better Health

Parent's Name: _____
 Child's Full Name: _____
 County: _____

Parent Feedback Form

Please complete the following form for each child who participated in this program, Better Food Better Health. We would like to get your feedback to help us determine how well our program worked. Please answer the following questions honestly and constructively.

1. How beneficial do you think the program was for your child?
 a. Not beneficial at all
 b. Somewhat beneficial
 c. Beneficial
 d. Very beneficial
 e. Extremely beneficial

2. Please indicate whether you strongly disagree, disagree, agree or strongly agree with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
Participating in the Better Food Better Health Program has improved my child's willingness to taste fruits.				
Participating in the Better Food Better Health Program has improved my child's willingness to taste vegetables.				

3. Have you seen any other positive changes in your child in regard to healthy eating and/or physical activity? Yes No

If yes, please explain: _____

Thank you!

Parents also will need to complete Feedback Forms for each of their children that participated in the program.

My Action Plan (Adults Only)

SESIÓN 6 Mejores Alimentos para una Mejor Salud

Mi Plan de Acción (MAP)

Nombre: _____ Fecha de Nacimiento (DD-MM-AAAA): _____
 Condado: _____ Fecha: _____

Por favor círculo su respuesta.

Como resultado de mi participación en este programa, planeo hacer lo siguiente:

	No	Tal vez	Si	Ya lo hago
1. Leeré los etiquetas de información nutricional para elegir alimentos más saludables.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Comeré 2 tazas de fruta cada día.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Comeré 2 tazas de verduras cada día.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Usaré menos grasa, azúcar o sal en mis alimentos.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Comeré o tomaré menos alimentos o bebidas azucarados tales en azúcar.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Haré que la mitad de los granos que consumo sean enteros.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Mantendré un peso saludable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Me mantendré físicamente activo por lo menos 30 minutos cada día.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Compraré alimentos saludables en oferta para ahorrar dinero.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Controlaré las porciones para ahorrar dinero y calorías.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Sustituiré las bebidas azucaradas por agua para reducir mi consumo de azúcar.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Sustituiré la carne por verduras en algunas comidas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Prepararé snacks o refrigerios saludables en casa.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Intentaré probar productos con la marca de la tienda en lugar de otros nombres conocidos para ahorrar dinero.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Haré que las comidas sean tiempos dedicados a la familia.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Otras cosas que planeo hacer como resultado de este programa:

Steps to Health **NC COOPERATIVE EXTENSION**

SESIÓN 6 Better Food for Better Health

My Action Plan (MAP)

Name: _____ Date of Birth: _____
 County: _____ Today's Date: _____

Please circle your response.

As a result of this program, I plan to do the following:

	No	Maybe	Yes	Already do
1. I will read the Nutrition Facts Labels to choose healthier food products.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. I will eat 2 cups of fruit each day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. I will eat 2 cups of vegetables each day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. I will use less fat in my food.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. I will eat or drink less sugar foods or beverages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. I will make half my grains whole.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. I will maintain a healthy weight.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. I will be physically active at least 30 minutes each day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. I will buy healthy foods on sale to save money.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. I will use portion control to save money and calories.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. I will replace sugary drinks with water to reduce my sugar intake.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. I will replace meals with vegetables for some meals to save money.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. I will prepare healthy snacks at home.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. I will try store brands instead of name brands to save money.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. I will make mealtime family time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other things I plan to do as a result of this program include:

Steps to Health **NC COOPERATIVE EXTENSION**

Adults will complete a My Action Plan (carbon paper) that gets them to plan what positive behavior changes they can make in the future.

Carrot and Raising Salad Food Demo

Ensalada de zanahoria y pasitas
El libro de recetas del programa – página 18

Ingredientes:

- 2 tazas bien servidas de zanahoria rallada
- 1/4 de taza de trocitos de piña en su jugo, escurrida
- 1/4 de taza con pasitas
- 3 cucharadas de yogur bajo en grasa de vainilla

Información nutricional por cada ración:
60 calorías, Total de grasa 0g, Grasa saturada 0g, Proteína 1g, Total de carbohidratos 14g, Sodio 45mg

Vamos a preparar una ensalada de zanahoria y pasitas. This dish is great as a snack or side dish. Utilizaremos zanahorias como la verdura y pasas como la fruta en esta receta ya que esto fue lo que sus niños aprendieron el día de hoy.

Siempre lávese las manos antes de empezar a preparar alimentos. *El Facilitador deberá lavarse las manos también.*

Necesitamos 2 tazas bien servidas de zanahoria rallada y añadimos 1/4 de taza de trocitos de piña en su jugo, escurrida, (el azúcar no es necesario), 1/4 de taza con pasitas, y 3 cucharadas de yogur bajo en grasa de vainilla. Mezcle bien todos los ingredientes y refrigere.

There is a food demo for the final session 6 and if the Agent deems it appropriate, the final session might include a healthy pot luck where participants bring in food from a program recipe or a recipe from their native country modified to be healthy and share successes and cultural objects.

Participants will also receive the program cookbook as an educational extender.

Graduation Certificate



Mejores Alimentos para una Mejor Salud
¡Felicidades!

Usted ha completado el programa Mejores Alimentos para una Mejor Salud.

Para promover tener una mejor salud y ahorrar dinero, asegúrese de continuar haciendo lo siguiente:

- Comer menos grasa y azúcar
- Mantenerse activo(s) todos los días
- Comer más frutas todos los días
- Comer más verduras todos los días
- Hacer que la mitad de los granos que consume sean enteros.
- Comprar alimentos saludables y nutritivos en oferta
- Obtener más raciones utilizando el método de control de porciones
- Sustituir bebidas altas en azúcar por agua
- Sustituir la carne por verduras en algunas comidas
- Planear los alimentos con anticipación
- Hacer que las comidas sean tiempos dedicados a la familia.

Fecha: _____ Instructor: _____

Steps to Health | Mejores Alimentos para una Mejor Salud | NC Cooperative Extension



Better Food Better Health
Congratulations!

You have completed the Better Food Better Health program.

To promote your best health and save money, be sure to continue to:

- Eat less fat and sugar
- Maintain a healthy body weight
- Be active everyday
- Eat more fruits each day
- Eat more vegetables each day
- Make half your grains whole
- Buy healthy foods on sale
- Use portion control
- Replace sugary drinks with water
- Replace meat with vegetables at some meals
- Plan meals ahead
- Make mealtime a family time

Date: _____ Instructor: _____

Steps to Health | Better Food Better Health | NC Cooperative Extension

Participants will receive a Graduation Certificate with their names on it.

Session #6 Leader Feedback Form



SESSION 6 **Mejores Alimentos para una Mejor Salud**

FCS Agent or Facilitator Name: _____
County Name: _____

Leader Feedback Form

We ask that you complete a Leader Feedback Form after completing each session of the curriculum. Please answer the following questions honestly and constructively. Feedback about the curriculum is very important in helping us to improve the quality of the program.

Curriculum Presented: Mejores Alimentos para una Mejor Salud

1. What was the average length of time required preparing for each session?
____ Less than 1 hour ____ 3 - 4 hours
____ 1 - 2 hours ____ More than 5 hours

2. What was the average length of time required presenting sessions to participants?
____ Less than 15 minutes ____ 120 - 140 minutes
____ 15 - 30 minutes ____ 140 - 160 minutes

3. How would you rate the length of the session and amount of content presented?
____ Too short ____ Too long ____ Neither

4. Were the session plans easy to navigate and understand? Yes No
If no, please explain _____

5. Was there any information not provided in the session plans that would have been helpful?
 Yes No
If yes, please explain _____

6. Do you feel the Taste Tests/Food Demonstrations enhanced the session objectives? Yes No
If no, please explain _____

7. Did you make reminder phone calls to participants?
 Yes No

PLEASE TURN THE PAGE OVER TO COMPLETE THE FORM 

And you will complete the Final Leader Feedback form.



In this section, we will go over your Facilitator Contract and payment.

Facilitator Contracting

- Facilitators are **contractors**
 - Not employees on the payroll
 - No taxes are withheld from payment
 - Income is reported on Form 1099-Misc
 - Applicants need to complete:
 - An Instruction Agreement
 - W9 Form (if new)
 - Vendor ACH Enrollment Form
 - Background Check
 - Better Food Better Health Facilitator Training (checklist)
- Mail to SNAP-Ed Steps to Health Office

As a Facilitator, you are a contractor NOT an employee on the payroll. Taxes will not be withheld from your paycheck. Your income will be reported to the IRS as nonemployee compensation on Form 1099-Misc.

If you have not done so already, you will need to complete an Instruction Agreement which is the contract, a W9 Form, if you were not a Facilitator previously, a Vendor ACH Enrollment Form (to have your payment electronically transferred into your account), and a background check. The County Extension FCS Agent that you will be working with will provide you with these forms and once completed, will mail them to the SNAP-Ed Steps to Health Office for processing.

You will also need to complete all of the required Facilitator training components in their entirety before you begin.

Facilitator Contracting

Instruction Agreement



W9 Form



Vendor ACH Enrollment Form



Background Check

Send to:

Ariel Fischer—SNAP-Ed Steps to Health Grant Monitor
Department of Agricultural and Human Sciences
North Carolina State University
516 Brickhaven Drive, Box 7605
Raleigh, NC 27695

Pause

Facilitator Payment

- Payment for Contract Service is issued at the end of your program.
 - \$18/hour for up to 34 hours of work
 - \$0.545/mile for a maximum of 320 miles (\$174.40)
- You complete the Facilitator Detailed Timesheet after all 6 sessions and a Mileage Log.
- Send these with the Reimbursement Cover sheet to the SNAP-Ed Steps to Health Office no later than **August 31, 2018.**

You will be paid at the end of your program. You are guaranteed \$18/hour for up to 34 hours of work for the entire program. Again, you are only guaranteed payment for up to 34 hours. So, please be mindful of your time. You will be paid for completing this training and this goes toward those 34 hours.

With this in mind, you might need to work with your agent to plan your work schedule.

A Facilitator Detailed Timesheet will be provided to you where you track your hours for each session including prep time and the actual class time.

You will also keep track of your program-related mileage using a mileage log. You will be reimbursed at \$0.545/mile for a maximum of 320 miles or \$174.40.

At the end of all 6 sessions, the Facilitator Detailed Timesheet and the Mileage Log will be sent to the SNAP-Ed Steps to Health office by no later than August 31th, 2017. The Agent will approve/sign off on these.

Facilitator Detailed Time Sheet



NAME: _____

Address: _____

Facilitator Detailed Timesheet

Directions: Please complete after each of the 6 sessions are delivered. Submit no later than August 31, 2016.

DATE	DESCRIPTION OF SERVICE	NUMBER OF HOURS
Pre-Program Preparation	Facilitator training	
	Participant recruitment (if applicable)	
Session 1	Weekly follow-up with participants (if applicable)	
	Preparation	
	Program Delivery	
Session 2	Weekly follow-up with participants (if applicable)	
	Preparation	
	Program Delivery	
Session 3	Weekly follow-up with participants (if applicable)	
	Preparation	
	Program Delivery	
Session 4	Weekly follow-up with participants (if applicable)	
	Preparation	
	Program Delivery	
Session 5	Weekly follow-up with participants (if applicable)	
	Preparation	
	Program Delivery	
Session 6	Weekly follow-up with participants (if applicable)	
	Preparation	
	Program Delivery	

Please check (✓) the appropriate box indicating your Facilitator position:

Adult & Youth Facilitator (NOTE: will be paid for a maximum of 34 hours at a rate of \$18/hour)

Child Facilitator (NOTE: will be paid for a maximum of 23 hours at a rate of \$15/hour)

Please calculate your total hours, rate, and total dollar amount

TOTAL NUMBER OF HOURS: _____ RATE: _____ x \$15/hr or \$18/hr (circle one) TOTAL: = \$ _____

Facilitator Signature: _____

Agent/Nutrition Educator Signature: _____

Steps to Health Program Coordinator Signature: _____

PT14

*The SNAP-Eat Steps to Health Office will add \$60 to your Total to compensate you for your time spent completing.

This is what the Facilitator Detailed Timesheet looks like. Notice there is a section to count time for training and recruitment before the program begins and that for each session, you can break down your time for follow-up with participants, session preparation and delivery of the sessions. You will check the box that indicates your Facilitator position and then calculate your total hours, rate and total dollar amount for reimbursement.

Also notice that you and the Agent will sign this before sending it in.

Mileage Log

○

COUNTY: _____
 TRAVELER: _____
 Program: Better Food Better Health

FACILITATOR TRAVEL LOG

Trip #	Travel Date	Location Name Start	Location Address Start	Location Name End	Location Address End	Miles

TOTAL MILES: _____ x \$0.545 a mile = TOTAL AMOUNT: \$ _____

This is what the Mileage Log looks like.

You log your mileage by writing the trip #, the date of travel, the starting and the ending location name and address and the number of miles you travelled. Please note the bottom line, which will ask you for your total miles and your total reimbursement.

Facilitator Payment

○

Facilitator Detailed Timesheet + Mileage Log

Send no later than August 31, 2018 to:

Ariel Fischer—SNAP-Ed Steps to Health Grant Monitor
Department of Agricultural and Human Sciences
North Carolina State University
516 Brickhaven Drive, Box 7605
Raleigh, NC 27695

So to recap,

You or the Agent will need to send in your completed instruction agreement, a W9 Form (if not a returning Facilitator), your completed Vendor ACH Enrollment Form, and your background check to the SNAP-Ed Steps to Health Office before you start working.

During the program, you will track your time and mileage. At the end of the program, these forms are signed and sent to the SNAP-Ed Steps to Health Office no later than August 31, 2018.