CHES/MCHES Competencies

• Identify and analyze factors that influence health behaviors (Competency 1.4.1)
• Identify priority populations, partners, and other stakeholders (Competency 2.1.1)
• Demonstrate how programs align with organizational structure, mission, and goals (Competency 5.4.1)
• Develop policies to promote health using evidence-based findings (Competency 7.3.6)
THE PROBLEM
Fruit and Vegetable Consumption

- Fewer than 1 in 10 American adolescents and adults consume recommended amounts of fruits and vegetables
- 43.2% of adults consume fruit less than one time daily
- 23.7% of adults consume vegetables less than one time daily
Physical Activity

- **50.8%** of adults achieved at least 150 minutes of moderate intensity physical activity per week
- Time and competing interests
- Limitations imposed by the built environment making it difficult to engage in physical activity
  - Lack of safe places to be active and limited access to parks
  - Lack of sidewalk, streetlights, and bike trails
Obesity

- Lack of a healthy diet and physical inactivity contribute to obesity
- **35.2%** of adults are overweight
- **30.5%** of adults are obese

Source: CDC (Adapted from Yale University Rudd Center for Food Policy and Obesity)
Food Insecurity

• The lack of consistent access to adequate food resulting from the lack of money and other resources during the year (USDA)
• SNAP is designed to reduce food insecurity
• Affects 1 in 6 U.S. households
• 23% of the adults living in Georgia are food insecure
• 67% of children eligible for free or reduced lunch
Food Environment

• Food Deserts
  – Geographic areas (urban or rural) where residents’ access to affordable, healthy, fresh food options is limited or nonexistent due to the absence of grocery stores within convenient traveling distance
  – 25-30 million Americans live in food deserts (USDA)
  – Generally rely on fast food restaurants, convenience stores, and gas stations
  – Limited access to affordable, healthier foods makes it difficult to consume a healthier diet and can have adverse effects on health
THE SOLUTION
A Social-Ecological Model for Food & Physical Activity Decisions

The Social-Ecological Model can help health professionals understand how layers of influence intersect to shape a person’s food and physical activity choices. The model below shows how various factors influence food and beverage intake, physical activity patterns, and ultimately health outcomes.

Department of Public Health

• Reversing the obesity epidemic is a SHARED responsibility
  – Georgia SHAPE
  – Eat.Move.Talk!
  – WIC
  – MCH
  – Growing Fit
  – School Health Summits
  – Georgia Working on Health
  – SNAP-Ed
What is SNAP-Ed?

• Supplemental Nutrition Assistance Program Education
  – Nutrition education component of the Food Stamp program
• Funded by USDA FNS
• Target population includes:
  – SNAP participants
  – Low-income individuals who qualify to receive SNAP benefits or other means-tested Federal assistance programs (Medicaid, TANF, etc.)
  – Individuals residing in communities with a significant low-income population
History of Nutrition Education in SNAP

USDA provides oversight for accountability and supports continual program improvement in partnership with the 54 State Agencies and over 120 diverse State Implementing Agencies. The 2010 Healthy, Hunger-Free Kids Act established nutrition education as a permanent component of SNAP entitled the Nutrition Education and Obesity Prevention Grant Program. USDA provides oversight and supports through its annual SNAP-Ed Guidance, approval of state plans and annual budgets, the Education and Administrative Reporting System (EARS), regular on-site management evaluations, and annual reports. Training and technical assistance are provided through its seven Regional Offices and new technical assistance aids like SNAP-Ed Strategies & Interventions: An Obesity Prevention Toolkit for States, the Regional Centers of Excellence in Nutrition Education, and the Western Region Office Evaluation Framework for which an Interpretive Guide is in preparation. For more information, see snapped.fns.usda.gov.

124 SNAP-Ed State Implementing Agencies ran statewide initiatives as partners with their SNAP State Agency. 45,000+ low-resource community sites received SNAP-Ed service.

State Implementing Agencies include Cooperative Extensions, non-profit organizations, state and local health departments, universities, and Indian Tribal Organizations.

1981
Farm Bill authorized nutrition education in Food Stamps (FSNE) as an optional State Administrative Expense, qualifying states to claim federal cost-share (matching funds).

1992
7 states conducted FSNE

1995-97
22 states received USDA planning grants to establish FSNE social marketing nutrition networks through federal cost-share.

2004
50 states and DC conducted FSNE.

2008
Farm Bill changed Food Stamps to the Supplemental Nutrition Assistance Program (SNAP). FSNE became SNAP-Ed.

2010
Healthy, Hunger-Free Kids Act established SNAP-Ed as the Nutrition Education and Obesity Prevention Grant Program in the Farm Bill; eliminated the state/local cost-share; aligned eligibility with other means-tested assistance programs; added physical activity, community and public health approaches; required evidence-based interventions.

2014
124 SNAP-Ed State Implementing Agencies ran statewide initiatives as partners with their SNAP State Agency. 45,000+ low-resource community sites received SNAP-Ed service.
SNAP-Ed Goal

• 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 the USDA food guidance.
SNAP-Ed Focus

• Implementing strategies or interventions, among other health promotion efforts, to help the SNAP-Ed target audience to establish healthy eating habits and a physically active lifestyle;

• Primary prevention of diseases to help the SNAP-Ed target audience that has risk factors for nutrition-related chronic disease, such as obesity, prevent or postpone the onset of disease by establishing healthier eating habits and being more physically active.
The SNAP-Ed Guiding Principles characterize FNS’s vision of quality nutrition education and address the nutrition concerns and food budget constraints faced by those eligible for SNAP.

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<tr>
<td>1. Serve SNAP participants and low-income individuals eligible to receive SNAP benefits or other means-tested Federal assistance programs</td>
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<tr>
<td>2. Include nutrition education and obesity prevention services that combine educational strategies with environmental supports to facilitate healthy food and physical activity choices. SNAP-Ed services are delivered through multiple venues and involve activities at the individual, community, and appropriate policy levels</td>
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<td>3. Impact nutrition-related behaviors of the overall SNAP low-income population by targeting households with SNAP-Ed eligible women and children</td>
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<td>4. Use evidence-based, behaviorally focused interventions concentrated on a small set of outcomes using educational, marketing and environmental approaches</td>
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<td>5. Maximize reach by coordinating and collaborating with a variety of stakeholders at the local, regional, state and national levels through publicly or privately-funded nutrition intervention, health promotion, or obesity prevention strategies</td>
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<tr>
<td>6. Define and put into practice the specific roles and responsibilities of local, regional, state and national SNAP agencies and nutrition education providers</td>
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**WHAT is SNAP-Ed achieving?**

- Increases in fruit and vegetable consumption and physical activity by participating low-income children and adults (Johnson et al., 2013; Sexton & Chipman, 2013).

- Increases in dietary intake of fiber, calcium, iron, and other key nutrients needed for a healthier diet (Johnson et al., 2013; Sexton & Chipman, 2013).

- Unprecedented gains in statewide fruit and vegetable consumption by low-income residents using social marketing nutrition networks (Foerster & Gregson, 2011).

- Decreases in new cases of overweight among elementary children in a large urban school district (Foster et al., 2008).

- Increases in food resource management skills and decreased the instance of food shortage before the end of the month (Kaiser et al., 2015).

- Promotes stronger methods and best practices for nutrition education (Lovett, Sherman, & Barno, 2011)

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**We Protect Lives.**
SNAP-Ed Across Georgia

Sub-Recipients:

**Georgia Department of Public Health (DPH):**
- Mission statement is as follows: "To prevent disease, injury and disability; promote health and well-being; and prepare for and respond to disasters."
- Uses SNAP-Ed funds to support health districts to work with employers and communities to build and expand Worksite Wellness programs and develop and sustain Community Gardens.

**University of Georgia:**
- Offers in-person and online classes, including Food Talk, Food Talk: Better U, Food Talk: Farmers Market, Food eTalk: Better U.
- Uses social marketing for FNV and direct to promote education opportunities offered by UGA.
- Focuses on policy, systems, and environmental change interventions through Healthy Child Care Georgia in early childcare settings.

**Open Hand Atlanta:**
- Offers Cooking Matters, evidence-based nutrition education for adults, kids, teens, and parents.
- Includes Cooking Matters at the Store for Parents and Cooking Matters at the Store for WIC Parents to give hands-on learning experiences on how to get the most nutrition on a tight budget.
- Uses a Health Retail marketing campaign called "Are you Hungry for Healthy?" as well as social marketing to promote MARTA markets.
- Includes FVRx, a fruit and vegetable prescription program partnering with Wholesome Wave Georgia to provide nutrition education to program participants.

**HealthMPowers:**
- "Empowering Healthy Choices in Schools, Homes, and Communities"
- A three-year school-wide intervention promoting nutrition, education, and physical activity in childcare, elementary schools, and secondary schools.
- Trains school staff and parents on child nutrition and physical education and implements in-school events and assemblies to educate students on nutrition and physical education.
- Reaches communities through the Out-of-School-Time program to provide training to youth development professionals to give 30 minutes of physical activity to every child they serve.
- Using community-based interventions through healthy retail.

Improving 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 the USDA food guidance.

We Protect Lives.
What is SNAP-Ed?
The nutrition education arm of the Food Stamp Program. Our goal is to empower low-income families to make healthy food choices and choose physically active lifestyles.

How does SNAP-Ed work?
Georgia partners with organizations across the state to teach nutrition education and create environments where making the healthy choice is easier in places where families live, work, learn, shop and play.

Locations
820 Locations
77 Counties
participating counties in blue

SNAP-Ed Partners: HealthMPowers, University of Georgia, Open Hand Atlanta

8,657 Classes hosted
137,336 Participants reached
HealthMPOwers

63% of students improved aerobic capacity
79% maintained or improved a healthy weight

University of Georgia

74% of participants planned to eat more fruit or vegetables after attending Food Talk Farmers Market lesson
53% of surveyed Georgians reported buying more fruits and vegetables after being exposed to the UGA SNAP-Ed FNV Campaign.

Open Hand Atlanta

87% Improvement in Food Self Sufficiency: Planning meals, making a grocery list, and comparing unit prices
82% of participants are more confident with basic cooking skills including cutting fruits and vegetables, measuring out ingredients, reading recipes, ability to purchase to healthy meals.

We Protect Lives.
Reduce adult obesity by focusing on developing healthy environments in worksites and communities utilizing evidence-based interventions.
Strategic Approaches

• Approach One:
  – Individual or group-based direct nutrition education, health promotion, and intervention strategies

• Approach Two:
  – Comprehensive, multi-level interventions at multiple complementary organizational and institutional levels
    • Individual
    • Interpersonal (family, friends, etc.)
    • Organizational
    • Community
    • Public policy or societal
  – Policy, systems, and environmental changes
    • Worksite policies
    • Community gardens

We Protect Lives.
Overall Goal

As a result of the two strategic approaches being implemented, we hope to see—

- Increased access to fruits and vegetables
- Increased consumption of fruits and vegetables
- Increased physical activity and reduction of sedentary behaviors
- Policy, systems, and environmental changes to create more supportive nutrition environments
- Reduction in obesity rates
Community Garden Interventions

• Community garden workgroups
  – Capacity-building
  – Local champions
  – Community collaborations and partnerships
• Growing Communities toolkit
• Establish community gardens in eligible locations
• Monthly direct nutrition education sessions
  – Pick It, Try It, Like It
Benefits of SNAP-Ed Community Gardens

- Increased access to fruits and vegetables
- Increased fruit and vegetable consumption
- Decreased food insecurity (families learn how to stretch their SNAP benefits)
- Increased physical activity
- Reduced obesity rates
- Catalyst for neighborhood and community development

Raised beds in Southwest Public Health District
Community Garden Locations

- Icebox Urban Farm
- Richmond County Health Department
- Incubator Gardens at the Clubhouse
- Master’s Table Teaching Gardens
- Blueberries for Ms. Willie Initiative (Harrisburg Community)
- Bill Miller Community Center
- Carver Community Center
- Jackson Heights Community Center
- Thornton Community Center

- Clayton County Board of Health
- Clayton County HeadStart
- Paradise Center
- Heritage Gardens of Tattnall
- Heritage Gardens of Waycross
- Beach High School
- Groves High School
- Dublin City Hall
- Susie Dasher Elementary School
- Storehouse Pantry (Helms College)
- Bayvale Elementary School
Worksite Wellness Interventions

• Worksite health committee
  – Capacity-building
  – Guide and support program
  – Wellness champion
• Monthly direct nutrition education sessions
  – Harvest of the Month
• Stairwell usage
• Water consumption
• Connections to mobile farmer’s markets
• Encourage implementation of policy, systems, and environmental changes
  – Healthy Meeting policy (Nutrition)
  – Physical Activity policy
Work Healthy Georgia Toolkit

- Guide worksites in developing or improving worksite health policies
- Provides the following:
  - Step-by-step instructions on developing health-related policies and programs
  - Methods of engaging employees throughout policy development and implementation
  - Sample language for worksite health policies
Benefits of Worksite Wellness

• Reduces direct and indirect related costs due to poor health of employees
• Reduce absenteeism
• Reduces job-related injuries
• Improves employee health and productivity
• Improves employee recruitment and retention

• Nutrition education
  – Learn how to stretch food dollars and reduce food insecurity
• Connections to mobile farmer’s markets and nutrition policies
  – Increase access to fresh fruits and vegetables and consumption
• Encourage stairwell usage
  – Increase physical activity
Worksite Locations

• Augusta Recreation & Parks Department
• Telamon Corporation
• Tattnall County Library
• Concerted Services
• Childer’s Family YMCA
• Enmarket
• Coastal Georgia Area Community Action Authority, Inc.
SNAP-Ed Success

• 20 Community Gardens
• 7 Worksites
• Nutrition Education Reach: 442
• Adding additional worksites

Community garden in Coastal Health District
Community garden in South Central Health District
Community garden in Southwest Health District
Community garden in South Central Health District
Nutrition education session at Icebox Urban Farms in East Central Health District
HOW TO GET INVOLVED
Webinars

- 2nd Thursday of every month
  - 12:00-1:00 pm
- http://www.r4phtc.org/snap-ed/
- Presentations from partners
  - Georgia Tech’s EmployersLikeMe program
  - Atlanta Community Food Bank
  - American Community Gardening Association
  - Georgia Organics
  - Public Health Institute
SNAP-Ed Connection

- Online resource for State and local SNAP-Ed programs
  - https://snaped.fns.usda.gov/
  - SNAP-Ed webinars
  - E-Bulletin subscription
  - Nutrition Education materials and program information
SNAP-Ed Funded Public Health Districts

• Public Health districts can share information about their programs and upcoming nutrition education sessions
  – Clayton
  – Coastal
  – East Central
  – South Central
  – Southeast
  – Southwest

• Local SNAP-Ed providers do the following:
  – Deliver nutrition education and obesity prevention strategies and interventions to the SNAP audience
  – Help the SNAP-Ed audience understand the importance of consuming fruits and vegetables and managing their food resources
  – Use appropriate evidence-based PSE strategies and interventions to reach the SNAP-Ed population
  – Build relationships and collaborate with other local service providers and nutrition education and obesity prevention programs
SNAP-Ed Implementing Agencies

• HealthMMPowers
  – https://healthmpowers.org/

• Open Hand Atlanta
  – https://openhandatlanta.org/

• UGA Extension
Resources on Community Gardening

• Community Garden Resources, American Community Gardening Association (ACGA)
  – https://communitygarden.org/resources/

• Community Gardens, Atlanta Community Food Bank
  – https://acfb.org/about/our-programs/community-gardens

• How to Start a Community Garden, Georgia Organics
Resources on Worksite Wellness

• Worksite Health, DPH
  – https://dph.georgia.gov/working-on-health

• Workplace Health Promotion, CDC

• Wellness Council of America, WELCOA
  – https://www.welcoa.org/

• Workplace Health, American Heart Association
  – http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/Workplace-Health-Solutions_UCM_460416_SubHomePage.jsp
Questions?
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