SOUTHEAST REGION

2017 SNAP-Ed

OUTCOME REPORT

SNAP Supplemental Nutrition Assistance Program

PUBLIC HEALTH INSTITUTE

CENTER FOR WELLNESS AND NUTRITION
Education | Training | Advocacy | Evaluation

PREPARED BY: PUBLIC HEALTH INSTITUTE CENTER FOR WELLNESS AND NUTRITION

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ABSTRACT

BACKGROUND

In March 2015, the Centers for Disease Control and Prevention (CDC) funded the Public Health Institute Center for Wellness and Nutrition (PHI CWN) to facilitate a learning community to support and expand the Supplemental Nutrition Assistance Program Education (SNAP-Ed) public health and innovative strategies as funding increased across the region. The Food and Nutrition Service (FNS) Southeast Region includes eight states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

The aims of this study were to use evaluation data collected during the federal fiscal year (FFY) 2017 to:

1) compare the percentage of participants meeting recommendations for healthy eating and food resource management behaviors at each implementing agency (IA) before and after a SNAP-Ed evidence-based program has been implemented.

2) measure the policy, systems, and environmental changes (PSE) that are adopted by the IAs.

METHODS

Data were provided by 25 SNAP-Ed IAs from all eight states in Southeast Regional Office. Data were collected in FFY 2017 using pre- and post-tests for healthy eating and food resource management behavior indicators (n=37,814 pre-test, n=33,247 post-test). Standard meta-analysis was used to conduct statistical tests of the differences between pre- and post-tests.

Data were collected using direct observation, interviews with key informants, repeated assessments or surveys, and photographic evidence for PSE. Sites submitted data on PSE changes using a standardized, Microsoft Excel template. Descriptive analyses were conducted to calculate the number of PSE changes and the reach of those changes.

RESULTS

Results from pre- and post-tests show that participants in SNAP-Ed programs in the Southeast Region are statistically significantly more likely to meet the recommendations from the Dietary Guidelines for Americans for healthy eating behaviors and have positive food resource management behaviors after participating in the program, compared to before.

To complement direct education, a total of 642 PSE changes reached 782,231 people in the Southeast Region. The highest number of PSE changes were environmental changes (n=322), followed by systems changes (n=225), and policy changes (n=95).

CONCLUSION

SNAP-Ed direct education in the Southeast Region is associated with significant improvements in self-reported healthy eating and food resource management behaviors among adult, teen, and child participants. Furthermore, the improvements in individual behaviors are complemented by PSE changes throughout the region that reach up to 782,231 individuals.

INTRODUCTION

The Supplemental Nutrition Assistance Program Education (SNAP-Ed) delivers a combination of evidence-based nutrition education and policy, systems and environmental change supports (PSEs) designed to promote healthy eating and active living in low income communities.

SNAP-Ed is administered by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS). The FNS Southeast Region includes eight states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. This region has some of the lowest rates of fruit and vegetable consumption and physical activity among adults and teens, and the highest obesity rates for adults, teens, and children in the nation.[1] At the same time, the region has high rates of poverty, with rates ranging between 15% and 21% of the total population.[5] The Southeast also has 9,498,576 SNAP participants (as of June 2017),[6] the largest share of SNAP participants of all the FNS regions.[3] Therefore, the Southeast holds potential as a region where SNAP-Ed programming can impact a large number of residents to improve their health behaviors.

Since March 2015, the Public Health Institute Center for Wellness and Nutrition (PHI CWN) has facilitated a learning community to support and expand SNAP-Ed public health and innovative strategies. The Southeast Learning Community was a partnership between PHI CWN, USDA Southeast Regional Office (SERO), CDC, state SNAP-Ed agencies, and 25 implementing agencies (IAs) and their partners. The IAs deliver SNAP-Ed throughout the SERO region and include universities, non-profit organizations, and faith-based organizations.

In Federal Fiscal Year 2018, SERO and PHI CWN conducted a comprehensive, regional study to measure the outcomes of SNAP-Ed. The foundation of the study's methodology was the USDA FNS SNAP-Ed Evaluation Framework which outlines indicators for SNAP-Ed evaluations.[2] The SNAP-Ed Evaluation Framework Interpretive Guide was released by FNS in 2016 and provides a standardized method to report outcome evaluation findings from its programs across the country. The study's aims were to:

1) examine the percentage of participants meeting recommendations for healthy eating and food resource management behaviors before and after participating in SNAP-Ed programs.

2) measure the PSE changes that were adopted by the IAs. SNAP-Ed requires states and IAs to use practice-based or evidence-based interventions in their programming. Our study contributes evidence related to the impact these interventions may have across an FNS region.

METHODS

Using a facilitated process involving decision makers from across the SERO region, three common indicators were selected as the focus of the current study. All SERO IAs were required to submit data collected during FFY 2017. All states except Mississippi submitted data on all three indicators. Within each of the three indicators, specific measures were also selected, which constitute the metrics of this study. IAs submitted their data for MT1, MT2, and MT5 using a standardized Excel template.

Table 1. Indicators and definitions

Indicator Metric*	Definition
Healthy Eating Behaviors (MT1)	
MT1c	Ate more than one kind of fruit throughout the day or week
MT1d	Ate more than one kind of vegetable throughout the day or week
MT1g	Drinking water more frequently
MT1h	Drinking fewer sugar-sweetened beverages
MT1i	Consuming low-fat or fat-free milk (including with cereal), milk products (e.g. yogurt or cheese), or fortified soy beverages
MT1l	Cups of fruit consumed per day
MT1m	Cups of vegetables consumed per day
Food Resource Management (MT2)	
MT2a	Choose healthy foods for my family on a budget
MT2b	Read nutrition facts labels or nutrition ingredients lists
MT2g	Not run out of food before month's end
MT2h	Compare prices before buying foods
MT2i	Identify foods on sale or use coupons to save money
MT2j	Shop with a list
Policy, Systems, and Environmental Changes/Nutrition Supports (MT5)	
MT5b	Total number of policy changes
MT5c	Total number of systems changes
MT5d	Total number of environmental changes
MT5f	Reach-Total potential number of persons who encounter the improved environment or are affected by the policy change on a regular basis and are assumed to be influenced by it

* As defined in the SNAP-Ed Evaluation Framework

Data were collected using pre- and post-test for healthy eating (MT1) and food resource management (MT2) behavior indicators (n=37,814 pre-test, n=33,247 post-test). At every site, data were collected on the first day of the intervention (pre-test) and the last day of the intervention (post-test). Data on healthy eating and food resource management were collected using validated survey questions completed by participants. Because the survey questions used to collect data from each IA varied, each survey question used was evaluated by PHI evaluation team staff to determine whether it met the criteria in the SNAP-Ed Interpretive Guide. If it met the criteria, the responses were recoded by the IAs so that they could be standardized across sites using guidelines developed by PHI. Standard meta-analysis was used to conduct statistical tests of the differences between pre- and post-tests.

Data for PSE changes were collected using direct observation, interviews with key informants, repeated assessments or surveys, and photographic evidence, as recommended by the SNAP-Ed Evaluation Framework. IAs submitted their data using a standardized Microsoft Excel template which was provided with drop-down menus for PSE changes and promotion categories.

FINDINGS

Results from pre- and post-tests show that participants in SERO SNAP-Ed programs were statistically significantly more likely to meet the recommendations from the Dietary Guidelines for Americans 2015-2020 for healthy eating behaviors and have positive food resource management behaviors after participating in the program, compared to before.

MT1: HEALTHY EATING BEHAVIORS

SNAP-Ed in the Southeast Region was associated with significant improvements in both of the primary outcomes of this study: eating more than one kind of fruit (MT1c) and more than one kind of vegetable (MT1d), throughout the day or week. When combined, data from all eight states indicated that participants in SERO's SNAP-Ed programs were more likely to consume more than one kind of fruit and more than one kind of vegetable after the SNAP-Ed interventions than before. Overall, participants were about 10% more likely to report eating more than one kind of fruit and 14% more likely to report eating more than one kind of vegetable after the intervention.

Findings were significant and positive for the following secondary outcomes for healthy eating behaviors: drinking water frequently, drinking fewer sugar-sweetened beverages, consuming low-fat and fat-free milk, increasing mean cups of fruit per day, and increasing mean cups of vegetables per day. Participants were about 4% more likely to report drinking water frequently and 10% more likely to report drinking sugar-sweetened beverages less frequently after the intervention. Participants were also about 9% more likely to report consuming low-fat or fat-free milk and milk products after the interventions, compared to before. Overall, reported fruit consumption increased by about 0.36 cups and vegetable consumption increased by about 0.22 cups after the interventions.

Subsequent analyses revealed that results for each of the specific metrics for MT1 differed by state (Table 2). Results of analyses were significant and positive for at least three of the seven specific metrics for all states but Mississippi. Results of the analyses for Kentucky revealed significant results for all specific metrics.

Table 2. States in the Southeast region that had statistically significant positive results in healthy eating behaviors after SNAP-Ed programs were implemented in FFY 2017

Indicator	Description	Southeast Region	AL	FL	GA	KY	MS	NC	TN	SC
MT1c	Ate more than one kind of fruit throughout the day or week	✓	✓	✓	✓	✓		✓	✓	
MT1d	Ate more than one kind of vegetable throughout the day or week	✓	✓	✓		✓		✓	✓	✓
MT1g	Drinking water frequency	✓	✓	✓	✓	✓			✓	
MT1h	Drinking sugar-sweetened beverages less frequently	✓	✓	✓		✓			✓	
MT1i	Consuming low-fat or fat-free milk	✓	✓	✓	✓	✓		✓	✓	✓
MT1l	Cups of fruit consumed per day	✓		No data	✓	✓	No data	✓	No data	✓
MT1m	Cups of vegetables consumed per day	✓	✓	No data	✓	✓	No data	✓	No data	✓

When healthy eating behaviors were examined by age group, children, teens, adults and seniors all reported significant and positive improvements in four or more specific metrics (Table 3). Notably among adults and seniors, all seven-metrics improved after participation in SNAP-Ed interventions.

Table 3. States in the Southeast region that had statistically significant positive results in healthy eating behaviors after SNAP-Ed programs were implemented in FFY 2017

Indicator	Description	Children	Teens	Adults	Seniors
MT1c	Ate more than one kind of fruit throughout the day or week	✓	✓	✓	✓
MT1d	Ate more than one kind of vegetable throughout the day or week	✓	✓	✓	✓
MT1g	Drinking water frequency	✓		✓	✓
MT1h	Drinking sugar-sweetened beverages less frequently	✓	✓	✓	✓
MT1i	Consuming low-fat or fat-free milk	✓		✓	✓
MT1l	Cups of fruit consumed per day		✓	✓	✓
MT1m	Cups of vegetables consumed per day			✓	✓

MT2: FOOD RESOURCE MANAGEMENT BEHAVIORS

Findings were significant and positive for the food resource management behavior secondary outcomes. Specifically, participants in SERO's SNAP-Ed programs were more likely after participating in SNAP-Ed interventions to choose healthy foods for their families on a budget, read nutrition facts labels, have increased food security (as defined by not running out of food before month's end), compare prices before buying foods, identify foods on sale, and shop with a list, compared to before.

Overall, participants were 42% more likely to report choosing healthy foods for their families on a budget after the interventions. Participants were also 74% more likely to report reading nutrition facts labels or ingredient lists, 27% more likely to report not running out of food before month's end, and 29% more likely to report comparing prices before buying foods, after the interventions, compared to before. Participants were 11% more likely to report identifying foods on sale or using coupons to save money. Finally, participants were also 47% more likely to report shopping with a list after the interventions.

Follow-up analyses revealed that all states that provided data on food resource management showed significant pre-post improvements on three or more behaviors (Table 4). Results for Georgia indicated that participants reported improvements in all six food resource management behaviors after participating in SNAP-Ed programming, compared to before.

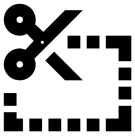
Table 4. States in the Southeast Region that had statistically significant positive results in food resource management after implementing SNAP-Ed programs, FFY 2017

Indicator	Description	Southeast Region	AL	FL	GA	KY	MS	NC	TN	SC
MT2a	Choose healthy foods for my family on a budget	✓	✓	✓	✓	✓	No data	✓	✓	✓
MT2b	Read nutrition facts labels or nutrition ingredients lists	✓	✓	✓	✓	✓	No data	✓	✓	✓
MT2g	Not run out of food before month's end	✓			✓	✓	No data	✓	✓	✓
MT2h	Compare prices before buying foods	✓	✓	✓	✓	✓	No data		✓	
MT2i	Identify foods on sale or use coupons to save money	✓	✓	✓	✓	No data	No data			
MT2j	Shop with a list	✓	✓	✓	✓	✓	No data	✓	✓	

Analyses by age group (Table 5) revealed that for each of the three age groups for which food resource management is addressed in SNAP-Ed programming, one or more behaviors improved at post-test, compared to pre-test.

Table 5. Age-categories that had statistically significant positive results in food resource management after implementing SNAP-Ed programs in the Southeast Region, FFY 2017

Indicator	Description	Teens	Adults	Seniors
MT2a	Choose healthy foods for my family on a budget	No data	✓	✓
MT2b	Read nutrition facts labels or nutrition ingredients lists	✓	✓	✓
MT2g	Not run out of food before month's end	No data	✓	
MT2h	Compare prices before buying foods	No data	✓	✓
MT2i	Identify foods on sale or use coupons to save money		✓	✓
MT2j	Shop with a list	No data	✓	✓



MT5: PSE CHANGES/NUTRITION SUPPORTS

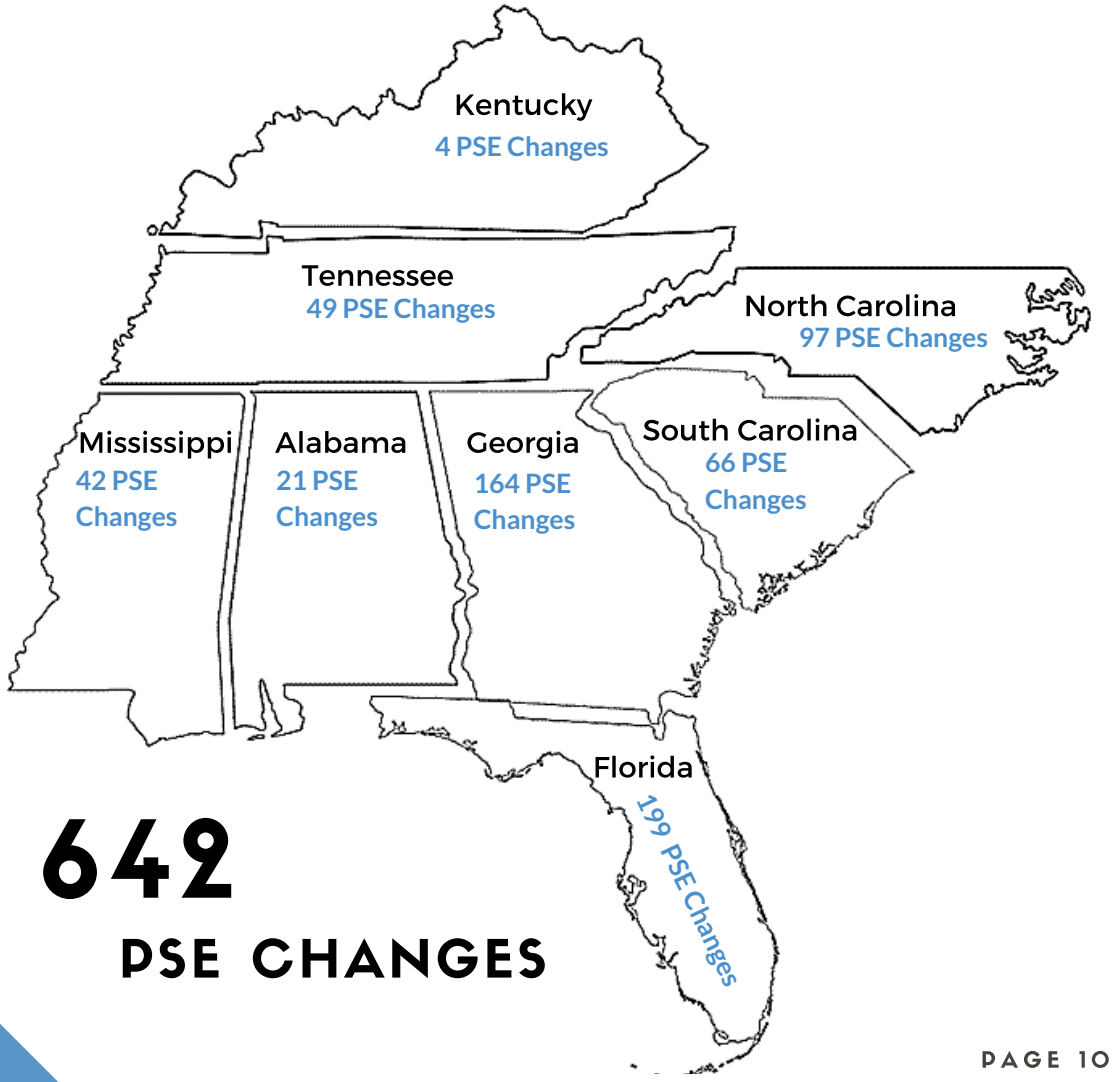
PSE changes were documented using direct observation, interviews with key informants, repeated assessments or surveys, and photographic evidence.

A total of 642 PSE changes reached an estimated 782,231 people. The highest number of PSE changes was among environmental changes (*n*=322), followed by systems changes (*n*=225), and policy changes (*n*=95). These PSE changes were supported by 469 promotional changes.

SNAP-Ed PSEs take place in six different domains: places where people eat, learn, live, play, shop, and work. The highest number of PSE changes was reported in the learn domain (*n*=371), and the lowest number of PSE changes was reported in the play domain (*n*=21).

The most common environmental changes reported were edible gardens (*n*=235) and improvements in layout or display of food, such as Smarter Lunchrooms (*n*=31). The most common systems changes reported were prioritizing farm-to-table and fresh or local produce (*n*=61) and improved child feeding practices (*n*=28). The most common policy changes reported were implementing school wellness or child care wellness policy (*n*=17) and establishing or improving a nutrition policy (*n*=12).

PSE changes were reported in every SERO state. Florida reported the highest number of PSE changes (*n*=199), and Kentucky reported the lowest number of PSE changes (*n*=4). Within each state, Florida (*n*=161), Georgia (*n*=115), Kentucky (*n*=4), and North Carolina (*n*=55) implemented the highest number of PSE changes in the learn domain. Notably, Kentucky's only PSE changes were made in the learn domain. Mississippi implemented the highest number of PSE changes in the eat domain (*n*=21). South Carolina implemented the highest number of PSE changes in the live domain (*n*=12). Alabama implemented the highest number of PSE changes in the work domain (*n*=6).

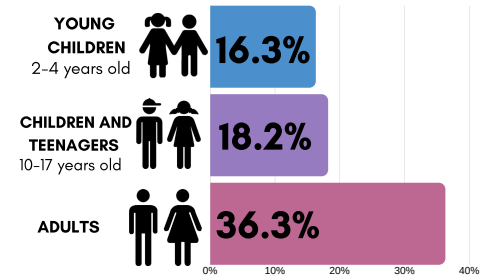


ALABAMA 2017 Impacts

SNAP-Ed Eligible Demographics Less than 185% Federal Poverty Level* (FPL)	
Total	1,636,636 **(34%)**
Ages (<185% FPL)	
Children <6 years old	168,984 **(50%)**
Children 6-17 years old	315,875 **(43%)**
Adults 18-65 years old	923,204 **(32%)**
Adults 65 years and older	228,573 **(29%)**

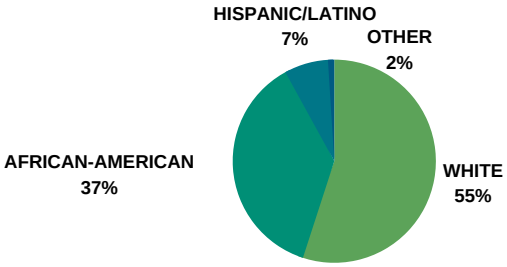
U.S. Census Bureau Demographic Table (C17002)

ALABAMA'S OBESITY RATES



The State of Obesity: Better policies for a healthier America (stateofobesity.org)

RACE/ETHNICITY (<185% FPL)



U.S. Census Bureau Demographic Table B17024
*does not include individuals who =185% FPL

After participating in SNAP-Ed programs, participants reported statistically significant improvements in:

- Eating more than one kind of fruit throughout the day or week.
- Eating more than one kind of vegetable throughout the day or week.
- Drinking water more frequently.
- Drinking sugar-sweetened beverages less frequently.
- Drinking low-fat or fat-free milk.
- Choosing healthy foods for their families on a budget.
- Reading nutrition labels.
- Comparing prices before buying.
- Identifying foods on sale or using coupons.
- Shopping with a list.
- Consuming more fruits per day.

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

TOP POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGES:

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

1. Focused on environmental changes
2. Edible gardens (establish, reinvigorated or maintain food gardens)
3. Increased shelf space/amount/ variety of healthy options
4. Healthier vending machine initiatives (e.g., access to healthier foods and beverages)

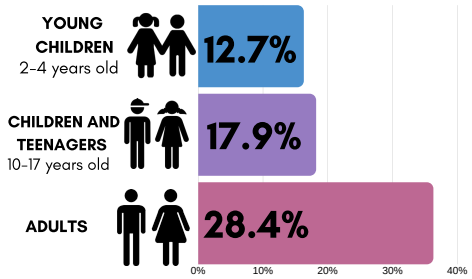
This material was funded by USDA's Supplemental Nutrition Assistance Program – SNAP.
This institution is an equal opportunity provider.

FLORIDA 2017 Impacts

SNAP-Ed Eligible Demographics Less than 185% Federal Poverty Level* (FPL)	
Total	6,486,575 **(32%)**
Ages (<185% FPL)	
Children <6 years old	599,050 **(45%)**
Children 6-17 years old	1,172,011 **(42%)**
Adults 18-65 years old	3,576,653 **(29%)**
Adults 65 years and older	1,138,861 **(27%)**

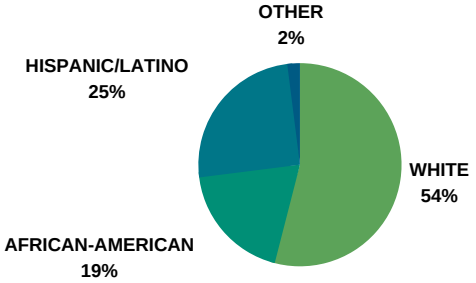
U.S. Census Bureau Demographic Table (C17002)

FLORIDA'S OBESITY RATES



The State of Obesity: Better policies for a healthier America (stateofobesity.org)

RACE/ETHNICITY (<185% FPL)



U.S. Census Bureau Demographic Table B17024
*does not include individuals who ≥185% FPL

After participating in SNAP-Ed programs, participants reported statistically significant improvements in:

- Eating more than one kind of fruit throughout the day or week.
- Eating more than one kind of vegetable throughout the day or week.
- Drinking water more frequently.
- Drinking sugar-sweetened beverages less frequently.
- Drinking low-fat or fat-free milk.
- Choosing healthy foods for their families on a budget.
- Reading nutrition labels.
- Comparing prices before buying.
- Identifying foods on sale or using coupons.
- Shopping with a list.

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

TOP POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGES:

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

1. Focused on environmental and system changes
2. Edible gardens (establish, reinvigorated or maintain food gardens)
3. Improvements in free water access, taste, quality, smell or temperature
4. Prioritized farm-to-table/increase in fresh or local produce

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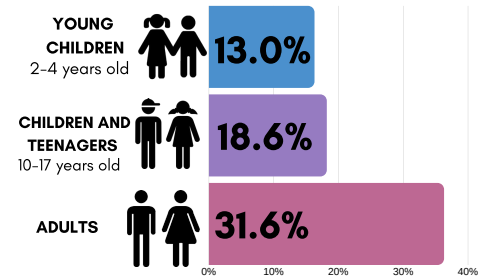
This institution is an equal opportunity provider.

GEORGIA 2017 Impacts

SNAP-Ed Eligible Demographics Less than 185% Federal Poverty Level* (FPL)	
Total	3,217,721 **(32%)**
Ages (<185% FPL)	
Children <6 years old	348,509 **(45%)**
Children 6-17 years old	688,183 **(40%)**
Adults 18-65 years old	1,794,462 **(28%)**
Adults 65 years and older	386,567 **(28%)**

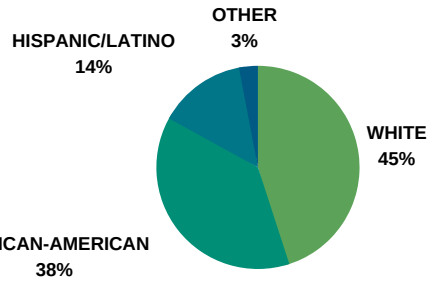
U.S. Census Bureau Demographic Table (C17002)

GEORGIA'S OBESITY RATES



The State of Obesity: Better policies for a healthier America (stateofobesity.org)

RACE/ETHNICITY (<185% FPL)



U.S. Census Bureau Demographic Table B17024
*does not include individuals who ≥185% FPL

After participating in SNAP-Ed programs, participants reported statistically significant improvements in:

- Eating more than one kind of fruit throughout the day or week.
- Consuming more fruits per day.
- Consuming more vegetables per day.
- Not running put of food before the month's end.
- Drinking low-fat or fat-free milk.
- Choosing healthy foods for their families on a budget.
- Reading nutrition labels.
- Comparing prices before buying.
- Identifying foods on sale or using coupons.
- Shopping with a list.
- Drinking water more frequently.

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

TOP POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGES:

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

1. Improvements in hours of operation/time allotted for meals or food services
2. Improvements in free water access, taste, quality, smell or temperature
3. School wellness or child care wellness policy implemented
4. Improved child feeding practices (e.g. served family style, adults role model healthy behaviors, etc.)

This material was funded by USDA's Supplemental Nutrition Assistance Program – SNAP.
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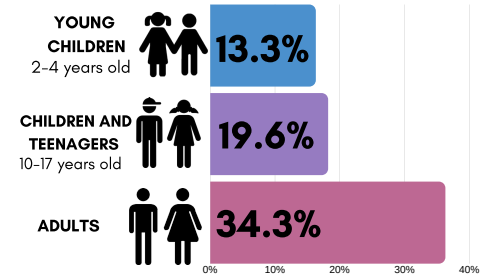
KENTUCKY 2017 Impacts

SNAP-Ed Eligible Demographics Less than 185% Federal Poverty Level* (FPL)	
Total	1,453,036 **(34%)**
Ages (<185% FPL)	
Children <6 years old	143,916 **(45%)**
Children 6-17 years old	266,232 **(40%)**
Adults 18-65 years old	837,666 **(32%)**
Adults 65 years and older	205,222 **(30%)**

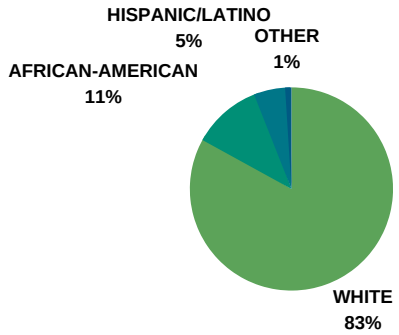
U.S. Census Bureau Demographic Table (C17002)

KENTUCKY'S OBESITY RATES



The State of Obesity: Better policies for a healthier America (stateofobesity.org)

RACE/ETHNICITY (<185% FPL)



U.S. Census Bureau Demographic Table B17024
*does not include individuals who =185% FPL

After participating in SNAP-Ed programs, participants reported statistically significant improvements in:

- Eating more than one kind of fruit throughout the day or week.
- Eating more than one kind of vegetable throughout the day or week.
- Consuming more fruits per day.
- Consuming more vegetables per day.
- Drinking water more frequently.
- Drinking sugar-sweetened beverages less frequently.
- Choosing healthy foods for their families on a budget.
- Comparing prices before buying.
- Identifying foods on sale or using coupons.
- Shopping with a list.

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

TOP POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGES:

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

1. Established or improved a nutrition policy
2. Edible gardens (establish, reinvigorated or maintain food gardens)
3. School wellness or child care wellness policy implemented
4. Change in/improved menus (variety, quality, offering lighter fares)

This material was funded by USDA's Supplemental Nutrition Assistance Program – SNAP.
This institution is an equal opportunity provider.

MISSISSIPPI 2017 Impacts

SNAP-Ed Eligible Demographics Less than 185% Federal Poverty Level* (FPL)	
Total	1,124,714 **(39%)**
Ages (<185% FPL)	
Children <6 years old	106,706 **(50%)**
Children 6-17 years old	239,187 **(49%)**
Adults 18-65 years old	622,996 **(36%)**
Adults 65 years and older	155,825 **(35%)**

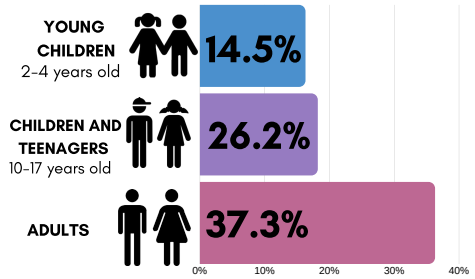
U.S. Census Bureau Demographic Table (C17002)

After participating in SNAP-Ed programs, participants reported statistically significant improvements in:

- Drinking water more frequently.
- Drinking sugar-sweetened beverages less frequently.

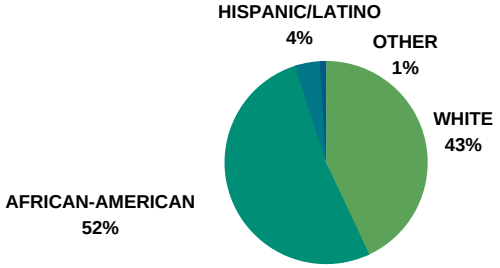
Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

MISSISSIPPI OBESITY RATES



The State of Obesity: Better policies for a healthier America (stateofobesity.org)

RACE/ETHNICITY (<185% FPL)



U.S. Census Bureau Demographic Table B17024
*does not include individuals who =185% FPL

TOP POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGES:

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

1. Focused on environmental changes
2. Edible gardens (establish, reinvigorated or maintain food gardens)
3. Improvements in layout or display of food (Smarter Lunchrooms, work-site cafeterias)

This material was funded by USDA's Supplemental Nutrition Assistance Program – SNAP.
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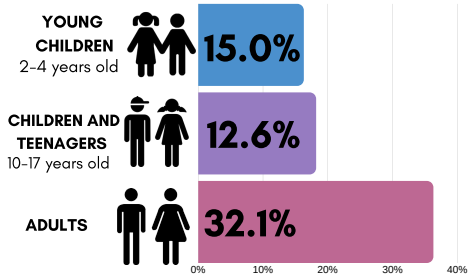
NORTH CAROLINA 2017 Impacts

SNAP-Ed Eligible Demographics Less than 185% Federal Poverty Level* (FPL)	
Total	3,110,536 **(31%)**
Ages (<185% FPL)	
Children <6 years old	313,048 **(44%)**
Children 6-17 years old	611,091 **(39%)**
Adults 18-65 years old	1,749,241 **(28%)**
Adults 65 years and older	437,156 **(28%)**

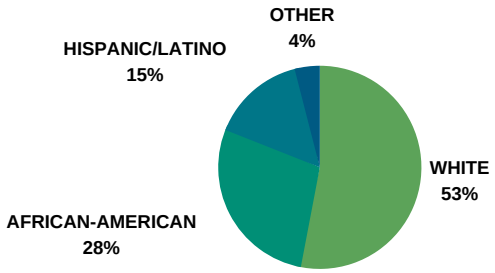
U.S. Census Bureau Demographic Table (C17002)

NORTH CAROLINA'S OBESITY RATES



The State of Obesity: Better policies for a healthier America (stateofobesity.org)

RACE/ETHNICITY (<185% FPL)



U.S. Census Bureau Demographic Table B17024
*does not include individuals who =185% FPL

After participating in SNAP-Ed programs, participants reported statistically significant improvements in:

- Eating more than one kind of fruit throughout the day or week.
- Eating more than one kind of vegetable throughout the day or week.
- Consuming more fruits per day.
- Consuming more vegetables per day.
- Shopping with a list.
- Choosing healthy foods for their families on a budget.
- Reading nutrition labels.
- Not running put of food before the month's end.

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

TOP POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGES:

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

1. Focused on policy, system and environmental changes
2. Edible gardens (establish, reinvigorated or maintain food gardens)
3. Established or improved nutrition policy
4. Improved child feeding practices (e.g. served family style, adults role model healthy behaviors, etc.)

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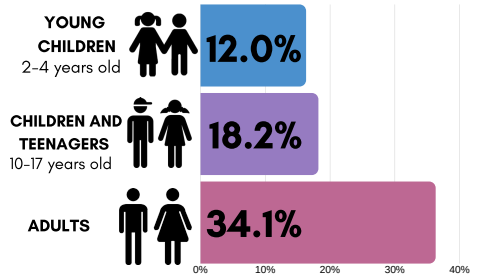
SOUTH CAROLINA 2017 Impacts

SNAP-Ed Eligible Demographics Less than 185% Federal Poverty Level* (FPL)	
Total	1,604,838 **(33%)**
Ages (<185% FPL)	
Children <6 years old	161,697 **(48%)**
Children 6-17 years old	317,488 **(43%)**
Adults 18-65 years old	901,190 **(31%)**
Adults 65 years and older	224,463 **(26%)**

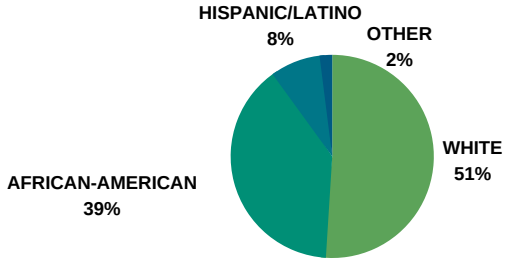
U.S. Census Bureau Demographic Table (C17002)

SOUTH CAROLINA'S OBESITY RATES



The State of Obesity: Better policies for a healthier America (stateofobesity.org)

RACE/ETHNICITY (<185% FPL)



U.S. Census Bureau Demographic Table B17024
*does not include individuals who ≥185% FPL

After participating in SNAP-Ed programs, participants reported statistically significant improvements in:

- Eating more than one kind of vegetable throughout the day or week.
- Consuming more fruits per day.
- Consuming more vegetables per day.
- Drinking low-fat or fat-free milk.
- Choosing healthy foods for their families on a budget.
- Reading nutrition labels.
- Not running put of food before the month's end.

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

TOP POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGES:

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

1. Focused on policy, system and environmental changes
2. Edible gardens (establish, reinvigorated or maintain food gardens)
3. School wellness or child care wellness policy implemented
4. Implement novel distribution systems to reach high-risk population (e.g. home delivery of the elderly, farmers' markets)

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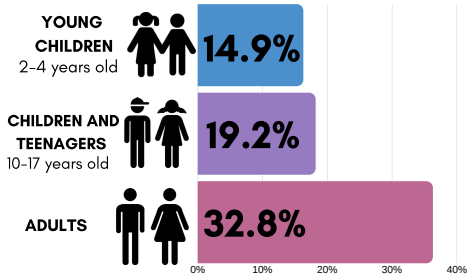
TENNESSEE 2017 Impacts

SNAP-Ed Eligible Demographics Less than 185% Federal Poverty Level* (FPL)	
Total	2,084,060 **(32%)**
Ages (<185% FPL)	
Children <6 years old	212,387 **(45%)**
Children 6-17 years old	411,364 **(41%)**
Adults 18-65 years old	1,175,684 **(29%)**
Adults 65 years and older	284,625 **(27%)**

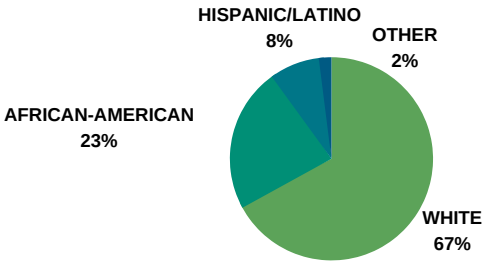
U.S. Census Bureau Demographic Table (C17002)

TENNESSEE'S OBESITY RATES



The State of Obesity: Better policies for a healthier America (stateofobesity.org)

RACE/ETHNICITY (<185% FPL)



U.S. Census Bureau Demographic Table B17024
*does not include individuals who ≥185% FPL

After participating in SNAP-Ed programs, participants reported statistically significant improvements in:

- Eating more than one kind of fruit throughout the day or week.
- Eating more than one kind of vegetable throughout the day or week.
- Drinking water more frequently.
- Drinking sugar-sweetened beverages less frequently.
- Drinking low-fat or fat-free milk.
- Choosing healthy foods for their families on a budget.
- Reading nutrition labels.
- Comparing prices before buying.
- Not running put of food before the month's end.
- Shopping with a list.

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

TOP POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGES:

Southeast Regional SNAP-Ed Outcome Evaluation, FFY 17

1. Standards for healthier food policy in other setting
2. Edible gardens (establish, reinvigorated or maintain food gardens)
3. Change in/improved menus (variety, quality, offering lighter fares)
4. Prioritized farm-to-table/increase in fresh or local produce

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DISCUSSION

This study's results show that SNAP-Ed programs in the USDA's Southeast region are associated with significant improvements in self-reported healthy eating behaviors and food resource management behaviors. These improvements are complemented by PSE changes throughout the region.

Residents of the Southeast experience some of the highest rates of obesity and unhealthy dietary behaviors in the nation. Our findings suggest that SNAP-Ed programs are one way to promote better health for Southeasterners by educating residents about healthy eating and food resource management.

Our analyses detected a more comprehensive impact of SNAP-Ed programs in some states, compared to others, as evidenced by more pre-post improvements. The pattern of results provides an opportunity for FNS to leverage states' expertise to provide targeted technical assistance to those states and IAs whose efforts can be strengthened.

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Alabama Department of Public Health
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University of Florida Extension Family Nutrition Program

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HealthMPowers
Open Hand Atlanta
The University of Georgia College of Family and Consumer Sciences

KENTUCKY

Kentucky Cabinet for Health and Family Services
Kentucky State University
University of Kentucky Nutrition Education Program

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University of South Carolina School of Public Health

TENNESSEE

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University of Tennessee Agricultural Extension Service

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Southeast Regional Office

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(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

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