

Federal Fiscal Year

2024

**GEORGIA SNAP-ED OUTCOME
EVALUATION REPORT**



Contents

- Executive Summary 3
- Background 4
- Methods 6
 - Participants and Procedure..... 6
 - Program Activities 6
 - Direct Education..... 6
 - Policy, Systems, and Environmental (PSE) Changes 7
 - Social Marketing 8
- Results..... 8
 - Program Activities 8
 - Direct Education..... 10
 - Race and Ethnicity Data Disaggregation..... 17
 - Policy, Systems, and Environmental (PSE) Changes 17
 - Social Marketing 23
- Conclusions 27
- Recommendations..... 28
- References 29
- Appendix I 30
- Appendix II 31
- Appendix III..... 35
- Appendix IV..... 37
- Appendix V 38

Executive Summary

The Georgia Division of Family & Children Services in collaboration with five implementing agencies (IAs) across Georgia – Hand, Heart + Soul Project, HealthMPowers, Open Hand Atlanta, the Georgia Department of Public Health, and the University of Georgia – execute Supplemental Nutrition Assistance Program Education (SNAP-Ed) programs each year. The goal of SNAP-Ed is to improve the likelihood that those eligible for the Supplemental Nutrition Assistance Program (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. In Federal Fiscal Year (FFY) 2024, nutrition education classes and policy, systems and environmental (PSE) changes were conducted with communities to improve the health of low-income Georgians. Social marketing campaigns were also implemented across Georgia with messaging to support healthy eating and active living.

Combined results of Georgia's FFY2024 evaluation of its adult direct education interventions indicated that Georgia's SNAP-Ed programming was associated with positive improvements in adults' self-reported healthy eating and food resource management behaviors. Adults demonstrated significant improvements across the following healthy eating and food resource management behaviors:

- Eat more than one kind of fruit (MT1c)
- Eat more than one kind of vegetable (MT1d)
- Drink fewer sugar-sweetened beverages (both for fruit drinks, sport drinks or punch and soda) (MT1h)
- Cups of fruit consumed per day (MT1l)¹
- Read nutrition facts labels or nutrition ingredients lists (MT2b)
- Not running out of food before the month's end (MT2g)
- Shop with a list (MT2j)

Comparing prices before buying foods (MT2h) and cups of vegetables consumed per day (MT1m) did not show statistically significant increases in FFY2024.

In addition to direct education, the implementing agencies reported that a total of 376 policy, systems, and environmental changes – 267 nutrition changes, 64 physical activity changes, and 45 combined nutrition and physical activity changes – were applied at 174 sites across Georgia to promote healthy eating and active living. Long-term PSEs were also implemented as multi-component interventions (LT5a/LT6a), with 95% multi-component implementation for nutrition PSEs (n=126) and 100% for physical activity PSEs (n=63).

Ten social marketing campaigns were also conducted across the state to improve nutrition and physical activity behaviors, with impressions totaling 36 million.

¹ Cups of fruit consumed per day had significant improvements but had a negligible effect size. This means that the difference was so small, that it may not have practical implications in the real world.

Background

The Georgia Division of Family & Children Services in collaboration with five implementing agencies (IAs) across Georgia – Hand, Heart + Soul Project, HealthMPowers, Open Hand Atlanta, the Georgia Department of Public Health, and the University of Georgia – execute Supplemental Nutrition Assistance Program Education (SNAP-Ed) programs each year. The goal of conducting SNAP-Ed curriculum is to improve the likelihood that those eligible for the Supplemental Nutrition Assistance Program (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. In Federal Fiscal Year (FFY) 2024, nutrition education classes, policy, systems and environmental (PSE) changes, and social marketing campaigns were implemented in communities across the state to improve the health of low-income Georgians.

During FFY2024, Georgia SNAP-Ed program focused on five priority goals that included:

1. Improve access to inclusive SNAP Nutrition Education classes for SNAP-Ed-eligible communities;
2. In partnership with SNAP-Ed eligible participants, improve policy, environments, and systems, that nurture healthy eating and active living;
3. Expand opportunities for authentic community engagement in program planning, implementation, evaluation, and sustainability;
4. Improve healthy eating, active living, and food resource management skills;
5. Improve skill-sharing, collaboration, and capacity-building opportunities between State Implementing Agencies and Local Implementing Agencies.

To address these goals, the SNAP-Ed program has invested in a variety of programs including:

Georgia SNAP-Ed Priority Goal	Programs Addressing Priority Goals
Improve access to inclusive SNAP Nutrition Education classes for SNAP-Ed-eligible communities	<ul style="list-style-type: none"> • Workforce assessment of racial equity across Implementing Agencies. • Diversity, Equity, Inclusion, and Accessibility (DEIA) rubric
In partnership with SNAP-Ed eligible participants, improve policy, environments, and systems, that nurture healthy eating and active living	<ul style="list-style-type: none"> • Cooking Matters for Healthcare Partners/Produce Prescription Program/ PRX • Farm to Early Child Education (ECE) Programming • Cooking Matters for Childcare Professionals • Community Gardens • Food Policy Councils • Social Marketing Campaign • Healthy Child Care Georgia

	<ul style="list-style-type: none"> • Social Marketing Food Talk/Food Talk: Better U • Social Marketing Drink Water, Georgia • 4-H Youth Program • Farm Rx PSE Program • Food Bank PSE • Physical Activity Park Signage Project • Playground Project • Produce Powerhouse Party Project • Drink Water, Georgia Decal Project • Empowering Healthy Choices in Schools, Homes and Communities- Early Care and Education • Empowering Healthy Choices in Schools, Homes and Communities- K-12 Schools • Empowering Healthy Choices in Schools, Homes and Communities-Out of School Time • Farm to Early Care and Education and Farm to School
<p>Expand opportunities for authentic community engagement in program planning, implementation, evaluation, and sustainability</p>	<ul style="list-style-type: none"> • Community Advisory Board • Student Health Advocate Program • Community Listening Sessions • Youth Advisory Board • Clayton Collaborative • Community Champion Program
<p>Improve healthy eating, active living, and food resource management skills</p>	<ul style="list-style-type: none"> • Cooking Matters • Healthy Retail • Cooking Matters at the Store • Cooking Matters at WIC Clinics • Food Talk • Food Talk Better U • Food Talk Farmers Market • Food eTalk and Food eTalk Better U
<p>Improve skill-sharing, collaboration, and capacity-building opportunities</p>	<ul style="list-style-type: none"> • SNAP-Ed statewide convenings • Monthly Professional Development Trainings

between State Implementing Agencies and Local Implementing Agencies	<ul style="list-style-type: none">• Technical Assistance Meeting
---------------------------------------------------------------------	--------------------------------------------------------------------------------

Georgia's SNAP-Education programs support almost 30 projects. Although, the scope of scale of evaluation efforts for each project is different, the focus for this report is limited to the assessment of pre-post behavior change in adults (over the age of 18) who participated in direct education interventions, the evaluation of the policy, systems, and environmental (PSE) changes, and assessment of the social marketing campaigns implemented by Georgia IAs in FFY2024

Methods

Participants and Procedure

Participants were from the SNAP-Education eligible population in Georgia and were at or below 185% of the federal poverty level. Each implementing agency delivered direct education programming for varying age groups including children, teens, adults, and seniors. Age group and other demographic information are reported by IAs with direct-education survey response data. For direct education, only adults over the age of 18 were included in the analysis.

Program Activities

Data about program activities that were entered into the Program Evaluation and Reporting System (PEARS) were aggregated across IAs to report the number of direct education participants, format of class, curricula used and languages of classes. The settings of direct education interventions (e.g. early care and education, schools, etc.) were also reported.

Direct Education

Direct nutrition education is an approved SNAP-Education intervention that teaches about healthy eating and active living to income eligible participants (individuals living on less than 185% of the federal poverty level). Direct education can be conducted in-person or virtually and qualifies as direct education if four sessions are conducted with a minimum of 20 minutes per session. Data collection methods vary across IAs – some administer electronic surveys, whereas others administer paper surveys. For direct education, self-reported eating behaviors were measured through a comparison of pre- and post-test surveys. IAs administered a pre-test survey to participants at the beginning of the direct education program and a post-test survey at the end of the program. Participants' responses to questions on these two surveys were compared to determine whether there were significant changes in self-reported dietary consumption as measured by responses to questions related to healthy eating behavior (MT1) and food resource management (MT2) indicators (Table 1). All paired pre-post direct nutrition education data that were reported through PEARS by the Georgia IAs using the FY2024 adult survey with common questions were included in the sample for analysis.

Table 1. SNAP-Ed Evaluation Framework Indicators Relevant to the Direct Education Interventions

Relevant Indicator	Description
MT1c	Eat more than one kind of fruit throughout the day or week
MT1d	Eat more than one kind of vegetable throughout the day or week
MT1h	Drink fewer sugar-sweetened beverages (soda & fruit drinks, sport drinks or punch)
MT1l	Cups of fruit consumed per day
MT1m	Cups of vegetables consumed per day
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
MT2j	Shop with a list

In FFY2024, IAs used a common survey instrument for adults to capture data related to MT1 and MT2. In FFY2022, the common survey instrument was initially implemented across the four Georgia IAs. The common tool is adapted from UC Davis' Food Behavior Checklist and Cooking Matters surveys.

Additionally, only questions related to topics that are covered in the class curriculum were included in the analysis. To facilitate this, the Public Health Institute Center for Wellness and Nutrition (PHI CWN) developed a template for each IA to complete that outlined the curricula being used and which topics and relevant indicators are covered by each.

Policy, Systems, and Environmental (PSE) Changes

Medium- and long-term policy, systems and environmental changes were reported by each IA and summarized at the state-level. Descriptive statistics were analyzed for all reported PSEs that were in the implementation, maintenance, and/or follow-up and monitoring phase.

Table 2. SNAP-Ed Evaluation Framework Indicators Relevant to PSE Interventions

SNAP-Ed Indicator	Description
MT5b/MT6b	Total number of policy changes
MT5c/MT6c	Total number of systems changes
MT5d/MT6d	Total number of environmental changes
MT5f/MT6f	Reach: Total potential number of persons who encounter the improved environment or are affected by the policy change on a regular (typical) basis and are assumed to be influenced by it.
LT5a/LT6a	Total number of sites or organizations that implemented a multi-component and multi-level intervention with one or more changes in MT5/MT6 (site or organizational adoption of PSE changes and promotion) and one or more of the following additional components:

	<ul style="list-style-type: none"> • Evidence-based education • Marketing • Parent/community involvement • Staff training on continuous program and policy implementation
LT5b/LT6b	Total number of components per site or organization, and types of components implemented during the period assessed

Social Marketing

Social marketing data were reported by each IA and summarized at the state-level, which included the name of the campaigns, topics covered by each campaign and assets related to each campaign. SNAP-Ed indicators assessed for social marketing are in Table 3.

Table 3. SNAP-Ed Evaluation Framework Indicators Relevant to Social Marketing

SNAP-Ed Indicator	Description
MT12a	Number of statewide social marketing campaigns conducted during the reporting period
MT12b	Number of total media impressions and reach

Results

Program Activities

In total, 680 direct education interventions reached 39,898 participants at 356 sites across Georgia in FFY2024 (Table 4).

Table 4. Total Number of Direct Education Participants by Implementing Agency

Implementing Agency	Number of child participants < 18 years n (%)	Number of adult participants 18+ n (%)	Number of participants ages unknown n (%)	Number of total participants n(%)
Georgia Department of Public Health	0	541	23	564
Hand, Heart + Soul Project	602	43	0	645
HealthMPowers	28,663	82	29	28,774
Open Hand Atlanta	251	1,199	133	1,583
The University of Georgia College of Family and Consumer Sciences	40	7,894	398	8,332
TOTAL	29,556	9,759	583	39,898

Figure 1 shows the ages of the 39,898 Georgia SNAP-Ed direct education participants in FFY2024.

Figure 1: Ages of Georgia SNAP-Ed Direct Education Participants

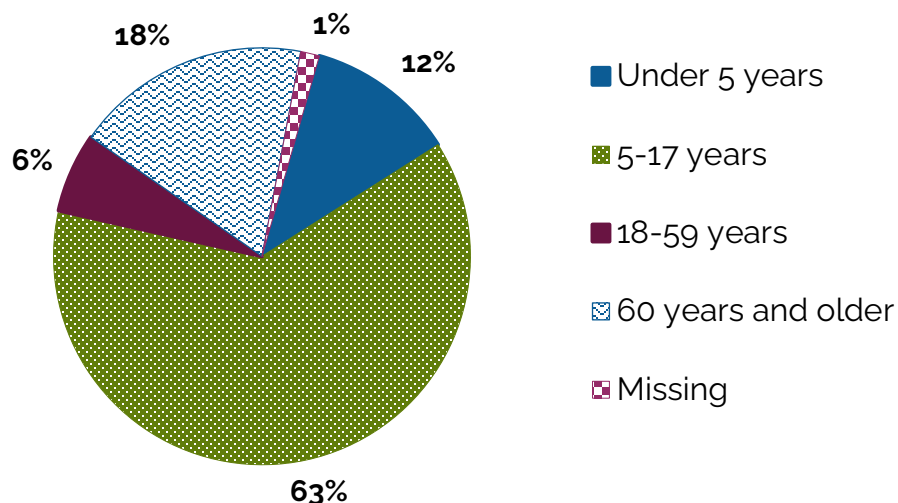


Table 5 and Table 6 show the race and ethnicity among the entire SNAP-Ed eligible population in Georgia (U.S. Census Bureau, 2022) as well as race and ethnicity for direct education participants and participants that had at least one pre-post survey question for the statewide analysis.

Table 5. Race: SNAP-Ed Eligible Population and Direct Education Participants

Race	Total Eligible SNAP-Ed Participants n (%)	Total Direct Education Participants [^] n (%)	Direct Education Participants with at least one pre-post survey question n (%)
American Indian or Alaska Native	20,144 (0.7%)	256 (0.6%)	5 (0.8%)
Asian	97,962 (3.2%)	575 (1.4%)	7 (1.1%)
Black or African American	1,244,396 (41.1%)	25,170 (63.1%)	322 (49.3%)
Native Hawaiian or Pacific Islander	3,874 (0.1%)	65 (0.2%)	3 (0.5%)
White	1,279,990 (42.3%)	4,981 (12.5%)	259 (39.7%)
Multiracial	203,627 (6.7%)	ND*	14 (2.1%)
Some Other Race alone (*census category)	178,733 (5.9%)	ND*	ND*
Preferred not to say or missing data	ND*	9,006 (22.6%)	43 (6.5%)
TOTAL	3,028,726 (100%)	ND*	653 (100%)

*ND= No data for category

[^]This category does not add to 100%, as participants could select more than one race.

Table 6. Ethnicity: SNAP-Ed Eligible Population and Direct Education Participants

Ethnicity	Total Eligible SNAP-Ed Participants n (%)	Total Direct Education Participants n (%)	Participants with at least one pre-post survey question n (%)
Hispanic / Latino	452,693 (14.9%)	7,297 (18.3%)	32 (4.9%)
Non-Hispanic / Non-Latino	2,576,033 (85.1%)	31,092 (77.9%)	513 (78.6%)
Preferred not to say or missing data	ND*	1,509 (3.8%)	108 (16.5%)
TOTAL	3,028,726 (100%)	39,898 (100%)	653 (100%)

*ND= No data for category

In FFY2024, most direct education interventions were in-person (n=661, 97.2%) versus virtual (n=18, 2.6%) or hybrid in-person/virtual (n=1, 0.1%). Also, most interventions were conducted in English (n=655, 96.3%) versus in Spanish (n=12, 1.8%) or in both English and Spanish (n=13, 1.9%). Direct education interventions took place at a total of 28 settings, with the top settings in Table 7.

Table 7. Direct Education Settings

Setting	n (%)
Schools	175 (25.7%)
Early care and education facilities	123 (18.1%)
Faith-based centers	86 (12.6%)
Before and after-school programs	39 (5.7%)
Community organizations	37 (5.4%)
Community and recreation centers	35 (5.1%)
Health care clinics and hospitals	35 (5.1%)
Homes/public housing sites	21 (3.1%)
Extension offices	20 (2.9%)
Libraries	13 (1.9%)

Direct Education

Results showed statistically significant increases among adult participants for most measured *SNAP-Ed Evaluation Framework* indicators:

- Eat more than one kind of fruit (MT1c)
- Eat more than one kind of vegetable (MT1d)
- Drink fewer sugar-sweetened beverages (both for fruit drinks, sport drinks or punch and soda) (MT1h)
- Cups of fruit consumed per day (MT1l)²
- Read nutrition facts labels or nutrition ingredients lists (MT2b)
- Not run out of food before the month's end (MT2g)
- Shop with a list (MT2j)

² Cups of fruit consumed per day had significant improvements but had a negligible effect size. This means that the difference was so small, that it may not have practical implications in the real world.

Comparing prices before buying foods (MT2h) and cups of vegetables consumed per day (MT1m) did not show statistically significant increases in FFY2024. Data tables for participants meeting guidelines at pre- and post-test are located in Appendix I.

MT1c. Eat more than one kind of fruit.

A significant increase was found for adults in the frequency of consuming more than one kind of fruit each day (Figure 2). At pre-test, 27.9% met guidelines; and at post-test, 36.2% of respondents met guidelines of eating more than one kind of fruit “often” or “always”.

Figure 2. Did you eat more than one kind of fruit each day?

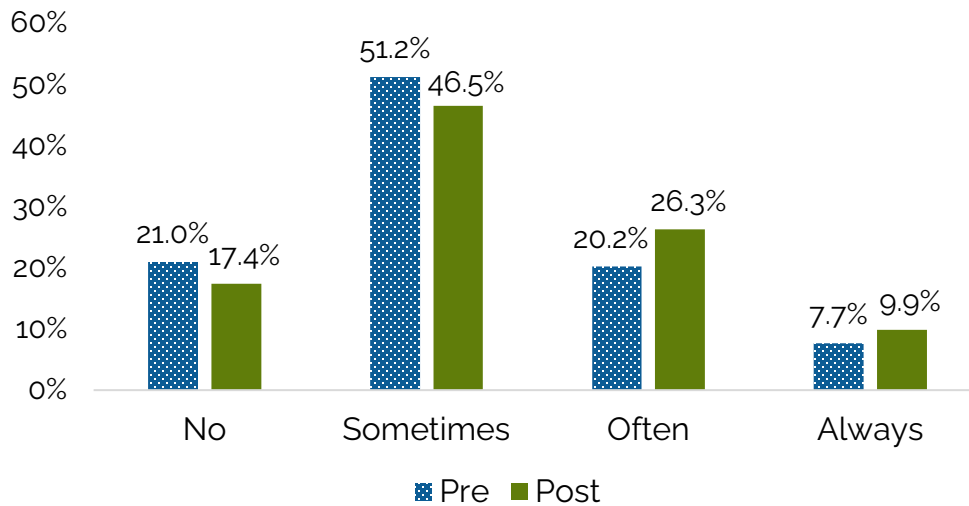


Figure 2: Wilcoxon signed-rank test ($n = 639$, $z = 4.45$, $r=0.18$ (medium), $p < 0.001$)

MT1d. Eat more than one kind of vegetable

A significant increase was found for adults in the frequency of consuming more than one kind of vegetable each day (Figure 3). At pre-test, 43.2% met guidelines; and at post-test, 47.4% of respondents met guidelines of eating more than one kind of vegetable “often” or “always”.

Figure 3. Did you eat more than one kind of vegetable each day?

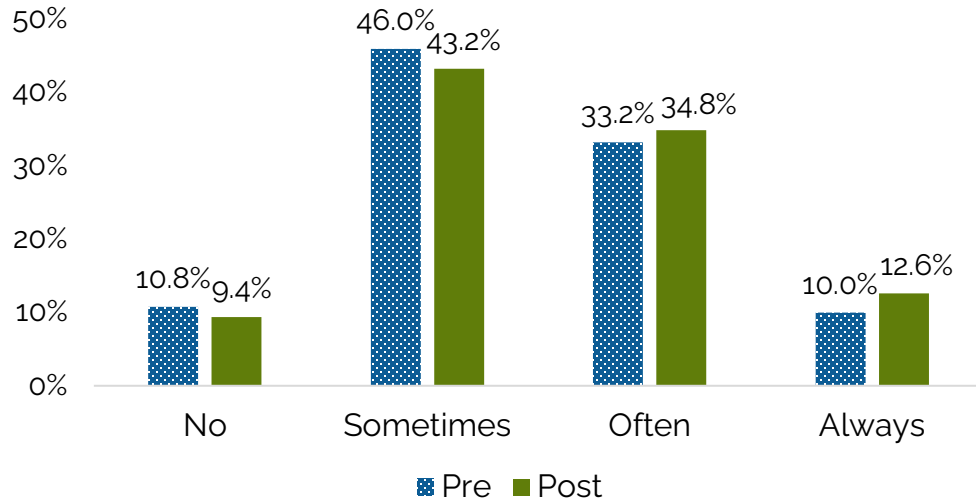


Figure 3: Wilcoxon signed-rank test ($n = 620$, $z = 2.39$, $r=0.10$ (small), $p = .02$)

MT1l. Cups of fruit consumed per day

There was a significant increase in the average number of cups of fruit participants reported consuming each day, with a mean of 0.99 cups pre-survey to 1.09 cups post-survey (Figure 4). However, the effect size of MT1l was negligible. At pre-test, 14.9% of respondents met guidelines; and at post-test, 17.3% met guidelines of eating two or more cups of fruit daily.

Figure 4. Fruit: How much do you eat each day?

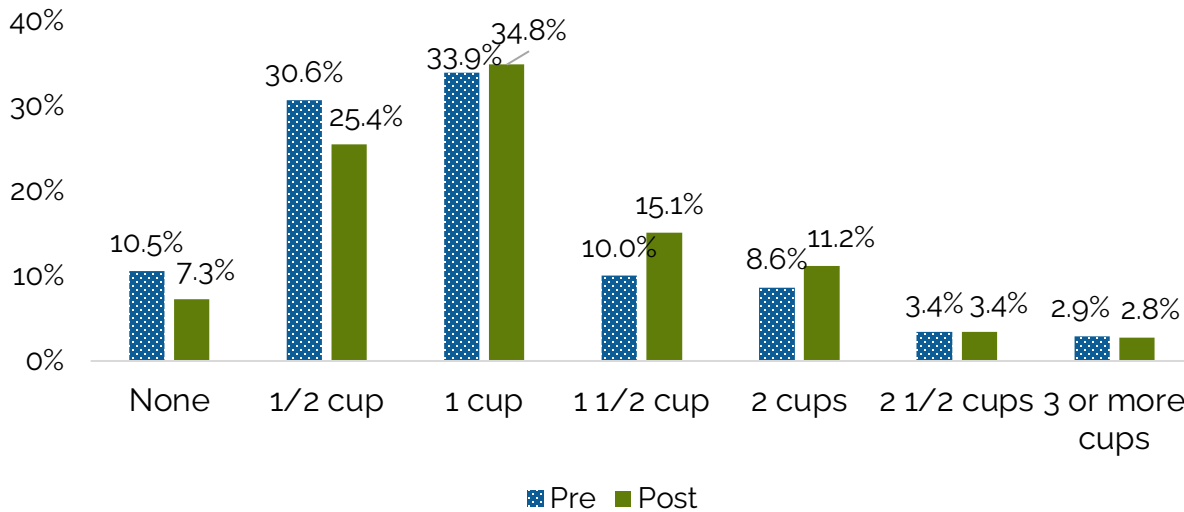


Figure 4: Paired-samples t-test, $n=617$, $p<0.001$; pre-test ($M=0.99$, $SD = 0.70$) post-test ($M=1.09$, $SD = 0.68$), $r=0.15$ (negligible)

MT1m. Cups of vegetables consumed per day

There was not a significant increase in the number of cups of vegetables that adults reported consuming each day, with a mean of 1.23 cups pre-survey to 1.26 cups

post-survey. At pre-test, 7.8% of respondents met guidelines; and at post-test, the percent decreased with 7.2% meeting guidelines of eating 2.5 or more cups of vegetables daily.

Figure 5. Vegetables: How much do you eat each day?

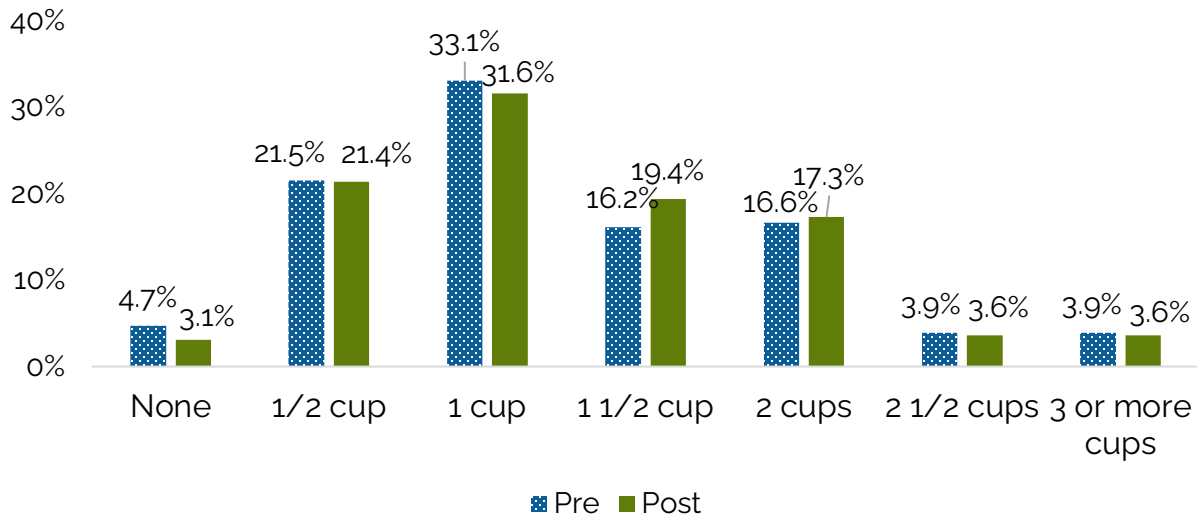


Figure 5: Paired-samples *t*-test, $n=613$, $p=0.31$; pre-test ($M=1.23$, $SD = 0.71$) post-test ($M=1.26$, $SD = 0.68$), $r=0.04$ (negligible)

MT1h (a-b). Drink fewer sugar-sweetened beverages (fruit drinks, sport drinks or punch and soda)

Participants were asked how often they drank fruit drinks, sports drinks, or punch. They were also asked how often they drank regular soda. Survey responses to both questions showed a decrease in the frequency of consumption of fruit drinks, sports drinks, or punch, and regular soda. (Figures 6 and 7). Participants' meeting guidelines shifted from 35.8% at pre-test to 42.7% at post-test for drinking no fruit drinks, sports drinks or punch. And participants' meeting guidelines shifted from 44.1% at pre-test to 49.9% at post-test for drinking no soda.

Figure 6. Do you drink fruit drinks, sport drinks or punch?

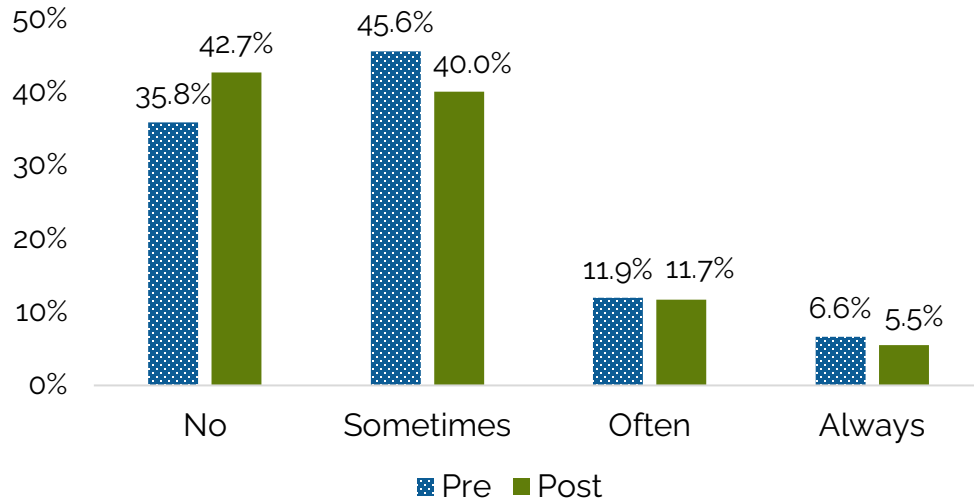


Figure 6: Wilcoxon signed-rank test ($n = 452$, $z = 2.59$, $r=0.12$ (small), $p = 0.009$)

Figure 7. Do you drink regular soda?

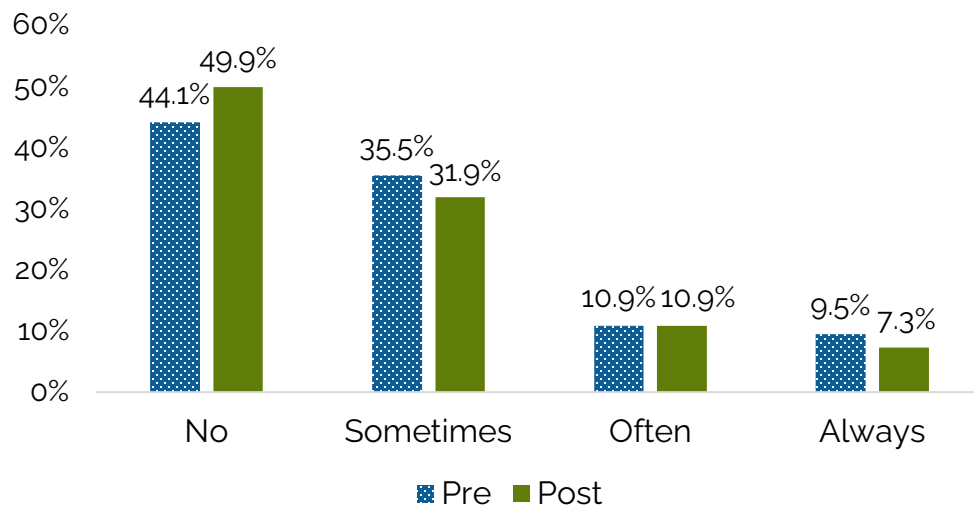


Figure 7: Wilcoxon signed-rank test ($n = 451$, $z = 3.10$, $r=0.14$ (small), $p=0.002$)

MT2b. Read nutrition facts labels or nutrition ingredients lists

There was a significant increase in the frequency of adults reporting that they read the nutrition labels when shopping for food (Figure 8). At pre-test, 37.5% of respondents met guidelines; and at post-test, 52.2% met guidelines of reading nutrition facts labels "often" or "always".

Figure 8. How often do you use the “nutrition facts” on food labels?

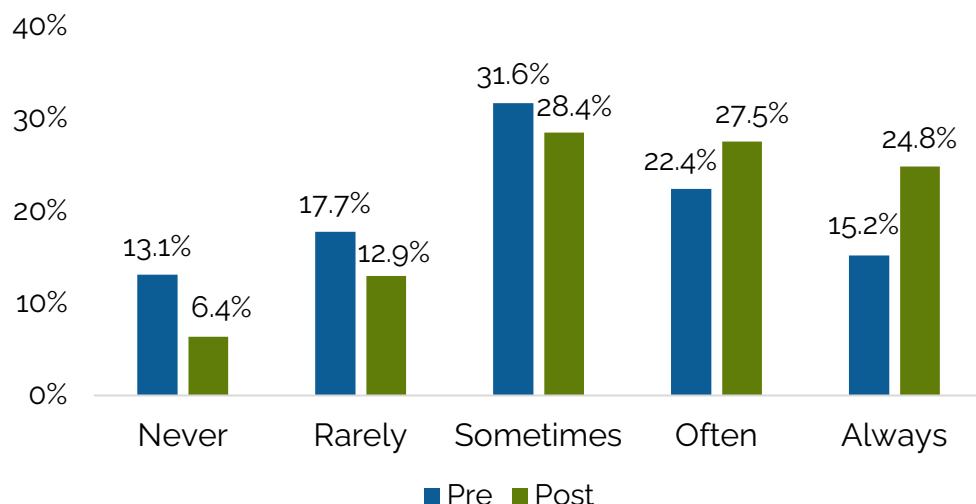


Figure 8: Wilcoxon signed-rank test ($n = 626$, $z = 9.82$, $r=0.39$ (large), $p<0.001$)

MT2g. Not running out of food before the month's end

Food security was assessed by asking whether participants ran out of food before the end of the month. Results indicated a significant decrease in adults reporting that they ran out of food before the end of the month (Figure 9). At pre-test, 57.5% of respondents met guidelines; and at post-test, 65.5% met the guidelines of never running out of food before the end of the month. Participants who did not run out of food before the end of the month increased from 57.5% (pre-test) to 65.5% (post-test).

Figure 9. Do you run out of food before the end of the month?

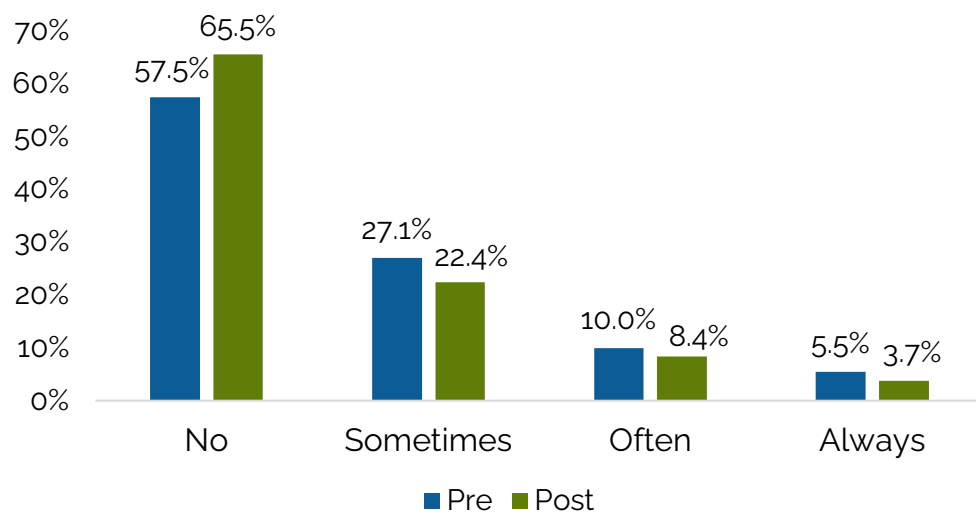


Figure 9: Wilcoxon signed-rank test ($n = 621$, $z = 4.54$, $r=0.18$ (medium), $p<0.001$)

MT2h. Compare prices before buying foods

There was not a significant increase in the frequency of adults reporting that they compare prices before buying food (Figure 10). At pre-test, 67.7% of respondents

met guidelines; and at post-test, 69.4% met guidelines of comparing prices before buying foods “often” or “always”.

Figure 10. How often do you compare prices before you buy food?

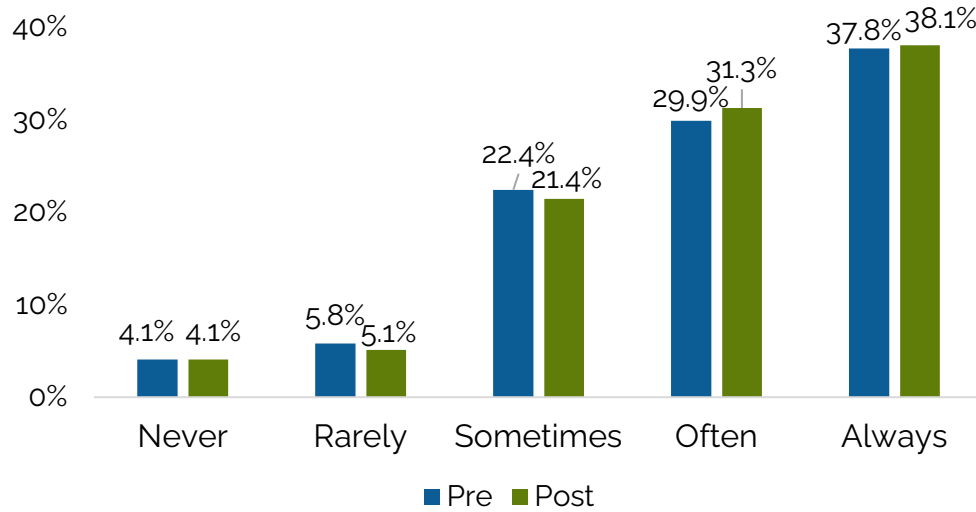


Figure 10: Wilcoxon signed-rank test ($n = 294$, $z = 0.59$, $r=0.03$ (negligible), $p=0.56$)

MT2j. Shop with a list

A significant increase was found in the frequency of adults reporting that they shop with a list (Figure 11). At pre-test, 55.5% of respondents met guidelines; and at post-test, 62.2% met guidelines of comparing prices before buying foods “often” or “always”.

Figure 11. How often do you use a grocery list when you go grocery shopping?

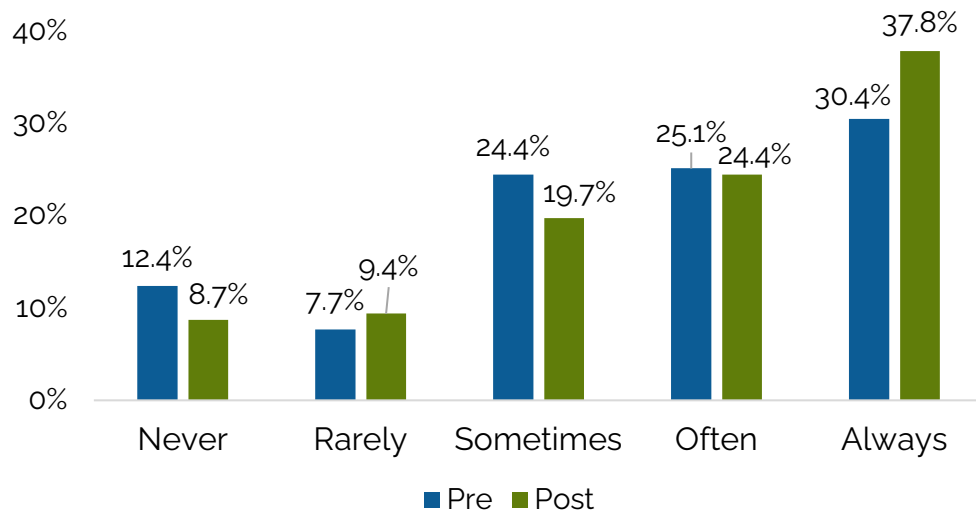


Figure 11: Wilcoxon signed-rank test ($n = 299$, $z = 3.49$, $r=0.20$ (medium), $p<0.001$)

Race and Ethnicity Data Disaggregation

Table 8 presents statistically significant improvements in outcomes for healthy eating (MT1) and food resource management behaviors (MT2) disaggregated by race and ethnicity. This analysis was conducted within each of the racial and ethnic groups and outcomes were not compared between groups. Indicators with a checkmark (✓) specify outcomes with significant improvements in outcomes. Participants who identified as American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, or more than one race were not included because the sample sizes were not sufficient to conduct analyses. Appendix II contains frequency tables for each indicator disaggregated by race/ethnicity.

Table 8. Direct Education Statistically Significant Improvements in Outcomes by Race/Ethnicity

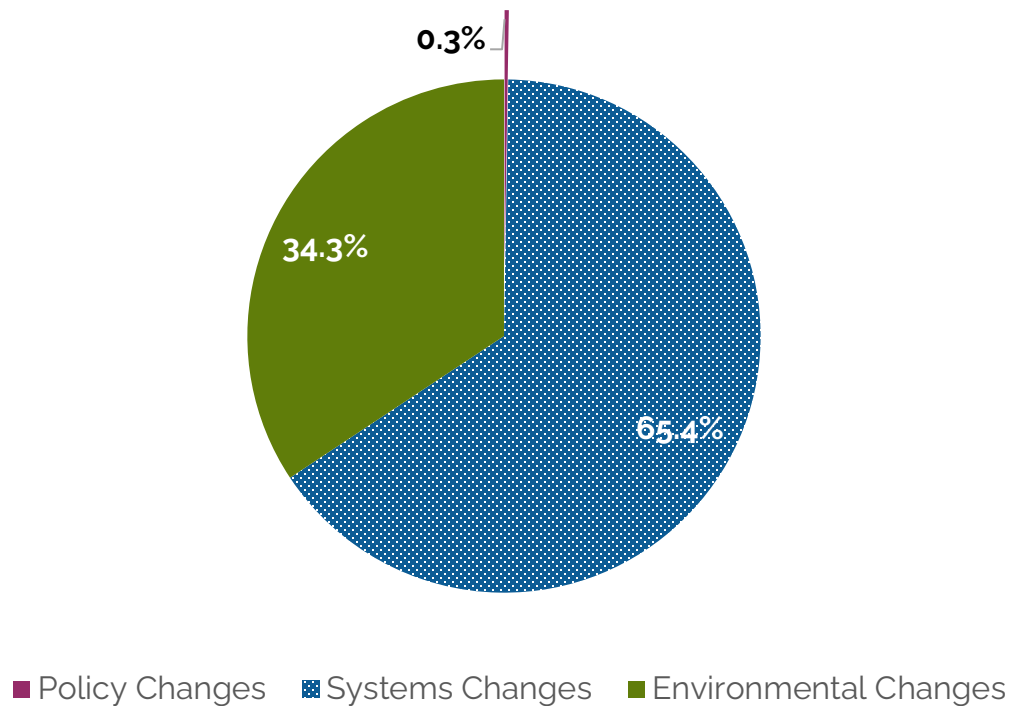
SNAP-Ed Indicator	All adults	Black or African American Adults (n=322)	White adults (n=259)	Hispanic or Latino adults (n=32)
MT1c. Eat more than one kind of fruit	✓	✓	✓	
MT1d. Eat more than one kind of vegetable	✓	✓		
MT1h (a). Drink fewer fruit punch, sports drinks	✓	✓		
MT1h (b). Drink less soda	✓	✓		
MT1l. Cups of fruit consumed per day	✓*	✓*	✓	
MT1m. Cups of vegetables consumed per day				
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				
MT2j. Shop with a list	✓	✓		

¹ Results had significant improvements but had a negligible effect size. This means that the difference was so small, that it may not have practical implications in the real world.

Policy, Systems, and Environmental (PSE) Changes

Across Georgia, there were a total of 185 PSE interventions yielding 376 PSE changes, with a combined reach of 69,674 SNAP-Ed eligible individuals. Of these changes, there was 1 policy change, 246 systems changes, and 129 environmental changes (Figure 12).

Figure 12. PSE Changes by Type of Approach: Policy, Systems, and Environmental



Policy Changes

In total, 1 nutrition activity-related policy change was reported across the IAs. The policy was implemented at an early care and education site. (Table 9).

Table 9. Nutrition activity-related policy changes (MT6b)

Policy Change Description	Frequency
Food/beverage or nutrition related policy (childcare wellness, school wellness, workplace wellness, etc.)	1

Systems Changes

In total, 246 systems changes were reported by the IAs, with 153 changes related to nutrition, 48 changes related to physical activity, and 45 changes related to both nutrition and physical activity.

The most common systems changes related to nutrition were increased opportunities for parents/students/community to access fruits and vegetables from the garden (n=19) and to work in the garden (n=16). Table 10 lists the top five systems changes related to nutrition in Georgia.

Table 10. Nutrition-related systems changes (MT5c)

Systems Change Description	Frequency
Opportunities for parents/students/community to access fruits and vegetables from the garden	19
Opportunities for parents/students/community to work in the garden	16

Systems Change Description	Frequency
Mechanism for distributing produce to families or communities (e.g. gardens, or farmer's markets)	15
Use of a clinical screening tool for food insecurity and/or a referral system to nutrition or healthy food access resources (e.g. direct education, food bag, resource list, produce prescription, etc.)	15
Collection or gleaning of excess healthy foods for distribution to clients, needy individuals, or charitable organizations	14

The most common physical activity-related systems changes were increased opportunities for unstructured physical activity time/free play (n=23). Table 11 lists the systems changes related to physical activity in Georgia.

Table 11. Physical activity-related systems changes (MT6c)

Systems Change Description	Frequency
Opportunities for unstructured physical activity time/free play	23
Incorporation of physical activity into the school day or during classroom-based instruction (not recess/free play or PE)	16
Professional development opportunities on physical activity	4
Regular (e.g., annual) physical activity related fundraisers (e.g. Walk-a-thon) or events	3
Quality of PE (physical education) (e.g. activities that increase time moving, evidence-based or standards-based PE, etc.)	1
Restrictions on use of physical activity as punishment	1

Environmental Changes

In total, 129 environmental changes were reported, with 113 changes related to nutrition and 16 changes related to physical activity.

The most common environmental change related to nutrition were increased prompts to make a healthy eating behavior choice (n=37). Table 12 lists the top five environmental changes related to nutrition in Georgia.

Table 12. Nutrition-related environmental changes (MT5d)

Environmental Change Description	Frequency
Ongoing, point-of-decision prompts to make a healthy eating behavior choice (could include signage, taste tests, and other interactive displays)	37
Initiation, improvement, expansion, reinvigoration or maintenance of edible gardens	28
Use of the garden for nutrition education	19
Onsite garden produce for meals/snacks provided onsite	15
New food bank, food pantry, or emergency food distribution site	6

The most common environmental change related to physical activity were increased opportunities for structured physical activity (n=8). Table 13 lists the environmental changes related to physical activity in Georgia.

Table 13. Physical activity-related environmental changes (MT6d)

Environmental Changes Description	Frequency
Opportunities for structured physical activity	8
Opportunities for physical activity during recess	5
Quality of structured physical activity (non-PE) (e.g. activities that increase time moving, evidence-based interventions, etc.)	2
Ongoing, point-of-decision prompts to make physical activity choices (could include signage and other interactive educational displays to prompt physical activity such as walking, stairs, or bicycle paths)	1

A complete list of all PSE changes across Georgia can be found in Appendix III for nutrition, Appendix IV for physical activity, and Appendix V for both nutrition and physical activity.

Reach by Domain

The total estimated reach for all PSEs was 69,674. PSE changes took place in multiple settings where people learn, play and live. Most of the PSE reach was reported in the learn setting, which includes schools, early childhood education facilities (n=64,722). No PSE changes occurred in the shop, eat or work settings.

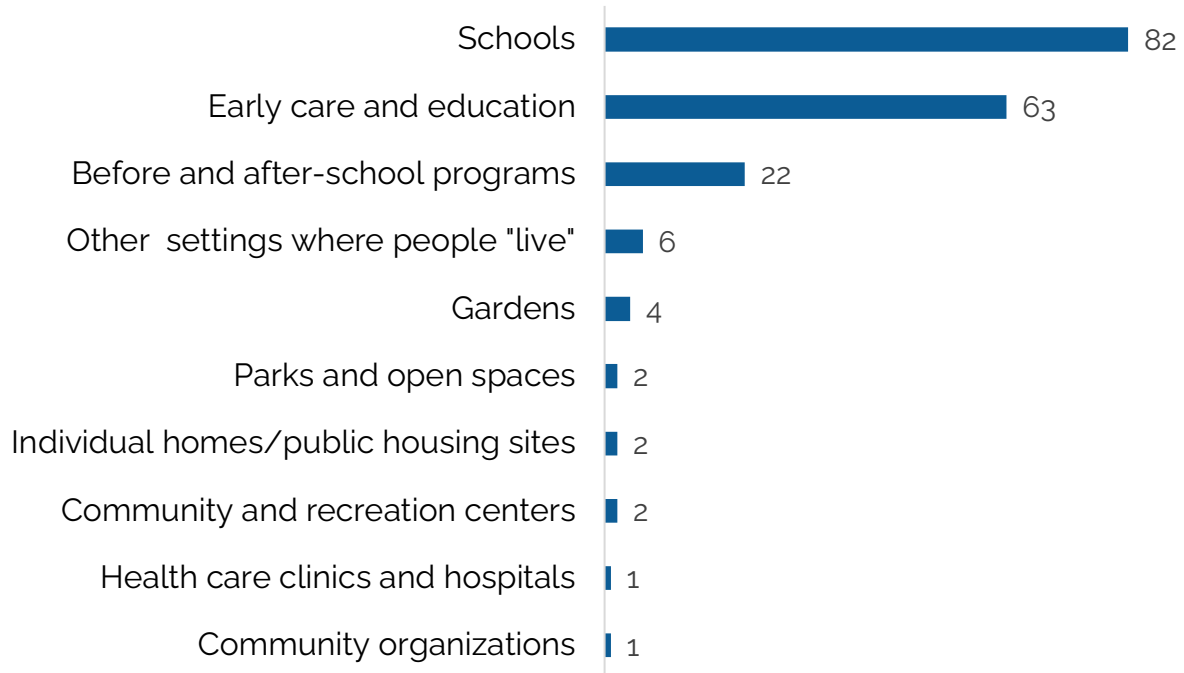
Table 14. Reach by Domain

Domain	Reach	Percent
Learn (e.g. schools, early childhood education, libraries)	64,722	92.9%
Play (e.g. gardens, Youth Organizations, recreation centers)	3,641	5.2%
Live (e.g. public housing, shelters, places of worship)	1,311	1.9%
Total Reach	69,674	100%

PSEs by Setting

Georgia IAs reported the specific settings where PSE changes took place. The most-reported settings were school sites (K-12, elementary, middle, and high) (n=82) and early care and education facilities (n=63). Similar to direct education, most PSEs took place at schools and early care and education sites (Figure 13).

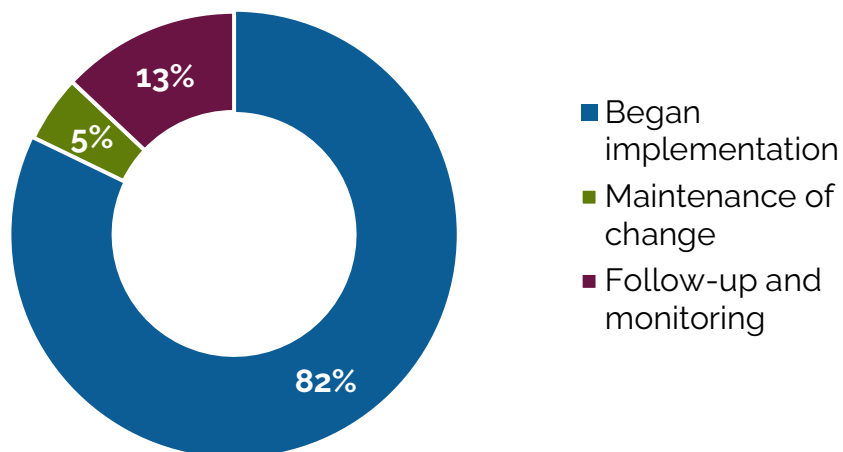
Figure 13. Top Settings with PSE Changes in Georgia



Implementation Stage of PSEs in FFY2024

Of the PSE interventions that were implemented in FFY2024, 82% (n=152) of the changes were beginning implementation, 5% (n=9) were in the maintenance stages and 13% (n=24) were conducting follow-up and monitoring of PSE changes (Figure 14).

Figure 14. PSE Intervention Level of Implementation



Long-Term PSE Changes

PSE changes were further assessed to see if they were implemented as multi-component and/or multi-level interventions (LT5a/LT6a). A total of 126 sites reported at least one nutritional support (MT5) PSE change and one or more of the following components:

- Evidence-based education
- Marketing
- Parent/community involvement
- Staff training on continuous program and policy implementation

A total of 63 (100%) sites reported at least one physical activity support (MT6) PSE change and one or more of the components listed above.

More than half of reported MT5 PSE changes (51.6%) were accompanied by four other components (n=65) (Table 15).

Table 15. Total number of components per site, for sites that implemented at least one MT5 PSE change (LT5b) (n=126)

Number of components	Number of Sites	Percent
One component	8	6.3%
Two components	0	0.0%
Three components	53	42.1%
Four components	65	51.6%

The most frequently reported component paired with MT5 PSE changes was marketing (n=98.6%), followed by staff training on continuous program and policy implementation (n=126) (Table 16).

Table 16. Number of sites implementing at least one MT5 PSE change and each type of specific additional component (LT5b) (n=126)

Specific Component	Number of Sites	Percent
Marketing	123	97.6%
Evidence-based education	120	95.2%
Staff training on continuous program and policy implementation	103	81.7%
Parent/community involvement	81	64.3%

For MT6 PSE changes, IAs reported three or four components paired with at least one PSE change (Table 17).

Table 17. Total number of components per site, for sites that implemented at least one MT6 PSE change (LT6b) (n=63)

Number of components	Number of Sites	Percent
One component	0	0.0%
Two components	1	1.6%
Three components	32	50.8%

Four components	30	47.6%
-----------------	----	-------

The most frequently reported component paired with MT6 PSE changes was marketing (100%) followed by evidence-based education (98.4%). (Table 18).

Table 18. Number of sites implementing at least one MT6 PSE and each type of specific additional component (LT6b) (n=63)

Specific Component	Number of Sites	Percent
Marketing	63	100.0%
Evidence-based education	62	98.4%
Staff training on continuous program and policy implementation	48	76.2%
Parent/community involvement	45	71.4%

Social Marketing

Social marketing strategies help to deliver nutrition and physical activity messaging using varying channels of communication to reach a broad audience and lead to large-scale benefits. In FFY2024, four of five IAs in Georgia implemented a total of 10 campaigns (MT12a), which included:

1. Healthy Retail - MARTA Market Promotion
2. WIC Eat Brighter
3. Food Talk Social Marketing
4. Drink Water Georgia Social Marketing
5. Be A Health Hero: Eat, Drink, Move (for early care and education)
6. Be A Health Hero: Eat, Drink, Move (for schools)
7. Be A Health Hero: Eat, Drink, Move (for out of school)
8. Got a Thirst? Drink Water First; Put Green Intro Your Routine; Skip to the Beat, Move Your Feet (North Central Health District)
9. Got a Thirst? Drink Water First; Put Green Intro Your Routine; Skip to the Beat, Move Your Feet (West Central Health District)
10. Got a Thirst? Drink Water First; Put Green Intro Your Routine; Skip to the Beat, Move Your Feet (East Metro Central Health District)

As part of their Healthy Retail campaign project, Open Hand Atlanta provided Cooking Matters pop-up demos and healthy retail marketing/campaigning in and around MARTA stations that host weekly farmers markets. The selected stations reach a wide SNAP-participating and SNAP-eligible audience. Open Hand also partners with WIC Districts across Georgia to reach WIC clients via the Eat Brighter campaign that promotes consumption of fresh fruits and vegetables as well as via "edutainment" videos that provide nutrition or physical activity messaging.

At HealthMPowers, the Be a Health Hero – EAT, DRINK, MOVE multi-channel social marketing campaign uses clear and consistent messaging targeting healthy nutrition and physical activity behavior change through text messages, school and community posters and banners, educational reinforcements, healthy messaging

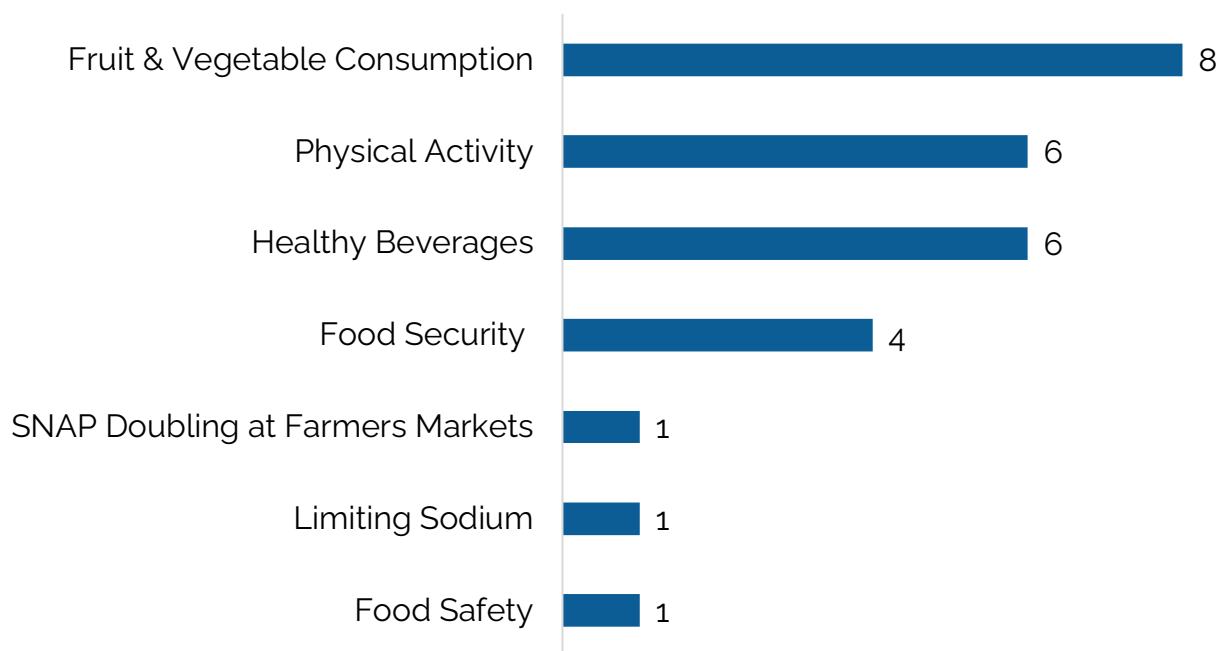
boards, and other signage. The Be a Health Hero social marketing campaign was designed for youth and their families to receive consistent health messaging where they live, learn, shop, and play within their community. The focus areas for this social marketing campaign are healthy eating, water consumption, and physical activity.

The Georgia Department of Public Health (DPH) campaigns use digital billboards across various health districts in Georgia, and also promotes SNAP-Ed sign-ups for nutrition education classes. Using Geofencing, DPH also runs webpage advertisements to promote fruit and vegetables consumption, consumption of water and physically active living in SNAP-Ed eligible locations or zip codes. To reach a broader audience the campaigns are also run on social media platforms such as Facebook, Instagram and Snapchat. The "Got a Thirst? Drink Water First; Put Green Intro Your Routine; Skip to the Beat, Move Your Feet" campaign.

The University of Georgia (UGA) SNAP-Ed Social Marketing "Drink Water, Georgia!" campaign encourages increasing water consumption, reducing sugar-sweetened beverages, consuming healthy fruits and vegetables, and increasing physical activity. The "Drink Water, Georgia!" Campaign targets English and Spanish speaking-people ages 18 years and older. The "Drink Water, Georgia!" Campaign continues to implement culturally tailored and segmented strategies targeted for low-income Georgians. In addition, the UGA SNAP-Ed Social Marketing intervention delivers tailored nutrition education and public health messages targeted to low-income Georgians using a variety of social marketing and social media approaches that have been previously tested in the UGA Cooperative Extension programs in Georgia. The Food Talk and Food Talk Better U campaigns use messages from their respective curriculum, the 2020-2025 Dietary Guidelines for Americans, and priority indicators through targeted email marketing, online paid promotions, traditional and online media to improve healthy eating and physical activity behaviors of target audiences.

The main campaign topics included across the campaigns were fruit and vegetable consumption (n=8), followed by physical activity (n=6) and healthy beverages (n=6) (Figure 15).

Figure 15. Number of Social Marketing Campaigns by Topic Area, FFY2024 (n=10)



Examples of visual content used across the campaigns are shown below by IA.

Table 19. Visual Assets from IA Social Marketing Campaigns in FFY2024

Georgia Department of Public Health	HealthMPowers	Open Hand Atlanta	University of Georgia

Various channels were used for the social media campaigns including social media (Meta channels, Snapchat, Pinterest), billboards and transit advertising, web advertisements, site-level assets (posters, banners, a-frames, displays, etc.), YouTube channels, email updates and text messages.

The overall combined state-level impressions across all 10 campaigns totaled 36,442,465. Reach was not aggregated, as combined reach may double count individuals.

Conclusions

Georgia's SNAP-Ed program continues to support healthy eating and active living through impactful nutrition education classes, sustainable PSEs and multi-pronged social marketing efforts that have a large reach across the state. In FFY2024, nutrition education participants continued to make significant improvements in healthy eating and food resource management behaviors, with adults demonstrating improvement across the following healthy eating and food resource management behaviors:

- Eat more than one kind of fruit (MT1c)
- Eat more than one kind of vegetable (MT1d)
- Drink fewer sugar-sweetened beverages (both for fruit drinks, sport drinks or punch and soda) (MT1h)
- Cups of fruit consumed per day (MT1l)
- Read nutrition facts labels or nutrition ingredients lists (MT2b)
- Not running out of food before the month's end (MT2g)
- Shop with a list (MT2j)

Participants did not demonstrate statistically significant increases in consuming cups of vegetables per day (MT1m) and comparing prices before buying foods (MT2h). Since SNAP-Ed participants have been demonstrating significant improvements for comparing prices before buying foods (MT2h) for the previous five years (FFY2019 – FFY2023), perhaps a saturation level has been reached, as almost 70% of participants met requirements of “often” or “always” comparing prices.

In addition to direct education, the implementing agencies reported that a total of 376 policy, systems, and environmental changes – 267 nutrition changes, 64 physical activity changes, and 45 combined nutrition and physical activity changes – were implemented at 174 sites across Georgia to promote healthy eating and active living. All PSE changes occurred in the learn, play and live settings, whereas no PSEs occurred in the shop, eat or work settings. Long-term PSEs were also implemented as multi-component interventions (LT5a/LT6a), with 95% multi-component implementation for nutrition PSEs (n=126) and 100% for physical activity PSEs (n=63).

Social marketing campaign efforts implemented by the IAs reinforced healthy eating and active living messages through customized campaigns that had a significant number of impressions.

Recommendations

The following recommendations would support increased impact of SNAP-Education programming in Georgia:

- Expand PSEs in the shop, eat and work settings. Consider expanding work with farmer's markets and retailers (shop setting), senior nutrition centers and soup kitchens (eat setting), and/or veteran service sites and military bases (work setting). Nutrition education participants continue to improve their healthy eating and resource management behaviors which can complement SNAP-Education programming in the shop, eat, and work settings. Provide opportunities for participants to apply these behaviors and skills in PSEs that are implemented in such settings.
- Focus on policy changes within PSEs, to create lasting, sustainable improvements in healthy eating and active living. Since much of the PSEs are occurring at the school and early care and education setting, consider supporting wellness policy work, with use of the WellSAT tools or CDC's School Health Index.
- Consider adding physical activity indicators to the common tool and/or add indicators to assess data for children and/or teens, so that the statewide evaluation can encompass more of the SNAP-Education program activities.
- Implement a statewide social marketing campaign that focuses on nutrition or physical activity and that is informed by community members to determine the best method for implementation and evaluation. Identify common evaluation indicators that can be reported in the statewide annual report. Consider a social marketing campaign with a shared look and feel that promotes GA SNAP-Education across the state.
- Continue to provide IAs with opportunities to collaborate, learn and share through statewide convenings and peer learning sessions.

References

- Office of Management and Budget. (1997). Revisions to the standards for the classification of federal data on race and ethnicity. Federal Register, 62(210), 58782-58790.
- R Core Team (2023). R: A Language and Environment for Statistical Computing. R Foundation for Statistical Computing, Vienna, Austria. <<https://www.R-project.org/>>.
- U.S. Census Bureau; American Community Survey, 2018-2022 American Community Survey 5-Year Estimates, Table S1701. <https://data.census.gov>
- United States Department of Agriculture, Food and Nutrition Service. (2016) The Supplemental Nutrition Assistance Program Education (SNAP-Ed) Evaluation Framework: Nutrition, Physical Activity, and Obesity Prevention Indicators: Interpretive Guide to the SNAP-Ed Evaluation Framework. Retrieved from: <https://www.nccor.org/downloads/SNAP-EdEvaluationFrameworkInterpretiveGuide.PDF>
- United States Department of Health and Human Services and U.S. Department of Agriculture. 2020 – 2025 Dietary Guidelines for Americans. 9th Edition. December 2020. Available at <https://health.gov/dietaryguidelines/2015/guidelines/>.

Appendix I

Georgia SNAP-Ed Participants Meeting Guidelines

	Pre-Test n (%)	Post-Test n (%)	p-value ¹
MT1c: Eat more than one kind of fruit (n=639)	178 (27.9%)	231 (36.2%)	<i>p</i> = <0.001
MT1d: Eat more than one kind of vegetable (n=620)	268 (43.2%)	294 (47.4%)	<i>p</i> = 0.07
MT1h: Drink fewer sugar sweetened beverages for fruit drinks, sports drinks or punch (n=452)	162 (35.8%)	193 (42.7%)	<i>p</i> = 0.002
MT1h: Drink fewer sugar sweetened beverages for soda (n=451)	199 (44.1%)	225 (49.9%)	<i>p</i> = 0.004
MT1l: Cups of fruit consumed per day (n=617)	92 (14.9%)	107 (17.3%)	<i>p</i> =0.18
MT1m: Cups of vegetables consumed per day (n=613)	48 (7.8%)	44 (7.2%)	<i>p</i> = 0.69
MT2b: Read nutrition facts labels or nutrition ingredients lists (n=626)	235 (37.5%)	327 (52.2%)	<i>p</i> = <0.001
MT2g: Not running out of food before the month's end (n=621)	357 (57.5%)	407 (65.5%)	<i>p</i> = <0.001
MT2h: Compare prices before buying foods (n=294)	199 (67.7%)	204 (69.4%)	<i>p</i> = 0.64
MT2j: Shopp with a list (n=299)	166 (55.5%)	186 (62.2%)	<i>p</i> = 0.02

¹A McNemar statistical test was used to interpret pre- to -post improvements in participants meeting guidelines.

Appendix II

MT1c: Ate more than one kind of fruit									
	PRE				POST				p-value
	No	Yes, sometimes	Yes, often	Yes, always	No	Yes, sometimes	Yes, often	Yes, always	
Black or African American	51	163	76	27	41	154	85	37	0.009
White	73	132	35	13	61	111	63	18	<0.001
Hispanic or Latino	3	19	6	3	5	11	13	2	0.59

MT1d: Ate more than one kind of vegetable									
	PRE				POST				p-value
	No	Yes, sometimes	Yes, often	Yes, always	No	Yes, sometimes	Yes, often	Yes, always	
Black or African American	34	150	89	33	31	132	97	46	0.02
White	30	111	88	21	25	108	93	24	0.24
Hispanic or Latino	2	16	12	2	3	14	11	4	0.77

MT1h: Drink fruit drinks, sports drinks, sweet tea or punch									
	PRE				POST				p-value
	No	Yes, sometimes	Yes, often	Yes, always	No	Yes, sometimes	Yes, often	Yes, always	
Black or African American	163	203	28	15	186	184	27	12	0.040
White	67	63	23	14	77	58	20	12	0.12
Hispanic or Latino	11	11	1	2	13	8	2	2	0.8

MT1h. Drink soda									
	PRE				POST				p-value
	No	Yes, sometimes	Yes, often	Yes, always	No	Yes, sometimes	Yes, often	Yes, always	
Black or African American	108	91	21	15	124	86	17	8	<0.001
White	65	50	26	25	73	42	30	21	0.25
Hispanic or Latino	9	14	1	1	13	9	1	2	0.53

MT1L. Cups of fruit per day															
	PRE							POST							p-value
	None	1/2 cup	1 cup	1.5	2 cups	2.5	3+ cups	None	1/2 cup	1 cup	1.5 cups	2 cups	2.5 cups	3+ cups	
Black or African American	26	74	115	39	34	9	10	14	66	116	58	33	9	11	0.018
White	33	95	73	15	15	8	4	26	79	72	28	25	9	4	0.001
Hispanic or Latino	5	7	9	5	4	1	0	2	7	11	5	6	0	0	0.256

MT1m. Cups of vegetables per day															
	PRE							POST							p-value
	None	0.5 cups	1 cup	1.5 cups	2 cups	2.5 cups	3+ cups	None	0.5 cups	1 cup	1.5 cups	2 cups	2.5 cups	3+ cups	
Black or African American	10	66	103	51	52	8	14	10	55	93	68	58	9	11	0.23
White	17	51	82	38	39	13	5	8	60	82	43	37	8	7	0.88
Hispanic or Latino	2	10	9	3	5	0	0	1	10	10	4	3	0	1	0.60

MT2b. Use the "nutrition facts" on food labels											
	PRE					POST					p-value
	Never	Rarely	Sometimes	Often	Always	Never	Rarely	Sometimes	Often	Always	
Black or African American	32	54	104	69	49	17	39	90	79	83	<0.001
White	42	48	76	57	27	17	34	72	72	51	<0.001
Hispanic or Latino	4	3	10	5	6	3	3	6	8	8	0.04

MT2g. Run out of food before the end of the month									
	PRE				POST				p-value
	No	Yes, sometimes	Yes, often	Yes, always	No	Yes, sometimes	Yes, often	Yes, always	
Black or African American	171	86	30	19	200	73	22	11	<0.001
White	154	59	24	10	165	55	21	6	0.08
Hispanic or Latino	12	10	5	2	15	5	6	3	1

MT2h. Compare prices before you buy food

	PRE					POST					p-value
	Never	Rarely	Sometimes	Often	Always	Never	Rarely	Sometimes	Often	Always	
Black or African American	4	12	41	41	69	5	7	36	50	69	0.35
White	6	5	21	39	29	6	7	20	33	34	0.8
Hispanic or Latino	1	0	1	2	2	0	1	2	2	1	n/a

Appendix III

Nutrition PSE Changes

Change Type	Change Description	Frequency
Policy	Food/beverage or nutrition related policy (childcare wellness, school wellness, workplace wellness, etc.)	1
Systems	Opportunities for parents/students/community to access fruits and vegetables from the garden	19
Systems	Opportunities for parents/students/community to work in the garden	16
Systems	Mechanism for distributing produce to families or communities (e.g. gardens, or farmer's markets)	15
Systems	Use of a clinical screening tool for food insecurity and/or a referral system to nutrition or healthy food access resources (e.g. direct education, food bag, resource list, produce prescription, etc.)	15
Systems	Collection or gleaning of excess healthy foods for distribution to clients, needy individuals, or charitable organizations	14
Systems	Regular (e.g. annual) fundraisers or events involving healthy food or decreasing unhealthy food	12
Systems	Child feeding practices (e.g. served family style, adults role model healthy behaviors, staff sit with children, children decide when they are full, etc.)	11
Systems	Farm-to-table/use of fresh or local produce	11
Systems	Menus/recipes (variety, quality, etc.)	10
Systems	Professional development opportunities on nutrition (e.g. nutrition standards, gardening, breastfeeding, etc.)	9
Systems	Food system transportation options (to increase food access opportunities)	7
Systems	Healthy beverage options	5
Systems	Implementation of guidelines for healthier snack options	2
Systems	Implementation of guidelines on use of food as rewards or during celebrations	2
Systems	New or improved standards for healthier eating across the organization	1
Systems	Use of standardized, healthy recipes	1
Systems	Novel distribution systems to reach high-risk populations, such as home delivery for the elderly, backpack programs, etc.	1
Systems	Staff include nutrition education as a learning standard for children	1
Systems	Mechanism for distributing seedlings and/or other materials to families or communities for home gardening	1

Environmental	Ongoing, point-of-decision prompts to make a healthy eating behavior choice (could include signage, taste tests, and other interactive displays)	37
Environmental	Initiation, improvement, expansion, reinvigoration or maintenance of edible gardens	28
Environmental	Use of the garden for nutrition education	19
Environmental	Onsite garden produce for meals/snacks provided onsite	15
Environmental	New food bank, food pantry, or emergency food distribution site	6
Environmental	Healthy food/beverage defaults (whole wheat bread, salad, or fruit instead of fries, water instead of soda, etc.)	3
Environmental	Appeal, layout or display of meal food/beverages to encourage healthy and discourage unhealthy selections	3
Environmental	Practice that encourages meal service staff to prompt healthy choices	1
Environmental	Increased space/amount/variety of healthy options (includes shelf space, number of booths, options on menus)	1

Appendix IV

Physical Activity PSE Changes

Change Type	Change Description	Frequency
Systems	Opportunities for unstructured physical activity time/free play	23
Systems	Incorporation of physical activity into the school day or during classroom-based instruction (not recess/free play or PE)	16
Systems	Professional development opportunities on physical activity	4
Systems	Regular (e.g., annual) physical activity related fundraisers (e.g. Walk-a-thon) or events	3
Systems	Quality of PE (physical education) (e.g. activities that increase time moving, evidence-based or standards-based PE, etc.)	1
Systems	Restrictions on use of physical activity as punishment	1
Environmental	Opportunities for structured physical activity	8
Environmental	Opportunities for physical activity during recess	5
Environmental	Quality of structured physical activity (non-PE) (e.g. activities that increase time moving, evidence-based interventions, etc.)	2
Environmental	Ongoing, point-of-decision prompts to make physical activity choices (could include signage and other interactive educational displays to prompt physical activity such as walking, stairs, or bicycle paths)	1

Appendix V

Nutrition + Physical Activity PSE Changes

Change Type	Change Description	Frequency
Systems	Opportunities for parents or youth to participate in decision making through a wellness committee or other process	45



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

This material was produced for the state of Georgia by the Public Health Institute Center for Wellness and Nutrition.

