



GEORGIA

SNAP-ED PROGRAMS OUTCOME EVALUATION REPORT

2022



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Executive Summary

Georgia's Supplemental Nutrition Assistance Program Education (SNAP-Ed) program is administered by the Georgia Division of Family & Children Services and aims to improve the health of low-income Georgians by providing nutrition education, social marketing campaigns, and increasing access to healthy foods through policy, systems, and environmental changes.

All four of Georgia SNAP-Ed Implementing Agencies – HealthMPowers, Open Hand Atlanta, the Georgia Department of Public Health, and the University of Georgia – submitted federal fiscal year 2022 evaluation data to the Georgia Division of Family & Children Services.

The implementing agencies in Georgia reported that there were 103,986 adult and child participants in Direct Education classes in the federal fiscal year 2022. Of Direct Education participants, 992 adults completed a pre- and post-survey that was analyzed at the state level for the federal fiscal year 2022. In the federal fiscal year 2022, child and teen results were not reported, as different curricula were implemented across the implementing agencies and no shared indicators could be aggregated and reported at the state level.

Combined results of Georgia's federal fiscal year 2022 evaluation of its adult Direct Education classes indicated that Georgia's SNAP-Ed programming was associated with positive improvements in adults' self-reported healthy eating and food resource management behaviors. Adults showed significant improvements across the following healthy eating and food resource management behaviors:

- Ate more than one kind of fruit
- Ate more than one kind of vegetable
- Drinking fewer sugar-sweetened beverages (both for fruit drinks, sport drinks or punch and soda)
- Cups of fruit consumed per day
- Cups of vegetables consumed per day
- Reading nutrition facts labels or nutrition ingredients lists
- Not running out of food before the month's end
- Comparing prices before buying foods
- Shopping with a list

Four indicators – cups of fruit consumed per day, cups of vegetables consumed per day, drinking fewer sugar-sweetened beverages (for fruit drinks, sport drinks or punch), and not running out of food before the month's end – were significant but had negligible effect sizes.

In addition to Direct Education, the implementing agencies reported that a total of 376 policy, systems, and environmental changes – 220 nutrition changes, 132 physical activity changes, and 24 combined nutrition and physical activity changes – were implemented at 192 sites across Georgia.

Background

The Supplemental Nutrition Assistance Program (SNAP) is the largest federal food safety net program in the country that reduces hunger and helps put healthy food on the table for low-resourced Americans. SNAP Education (SNAP-Ed) is the nutrition education program of SNAP implemented in every United States state and territory, that equips low-income families and communities with the knowledge and skills to make healthy food choices on a budget and be physically active with limited resources, based on the recommendations of the *Dietary Guidelines for Americans* (U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2020) and the *Physical Activity Guidelines for Americans* (2018 Physical Activity Guidelines Advisory Committee, 2018).

Georgia's SNAP-Ed program is administered by the Georgia Division of Family & Children Services (DFCS) and aims to improve the health of low-income Georgians by providing nutrition education, social marketing campaigns, and increasing access to healthy foods through healthy nutrition and physical supports known as policy, systems, and environmental (PSE) changes.

Georgia DFCS funds and supports four implementing agencies – HealthMPowers, Open Hand Atlanta, the Georgia Department of Public Health, and the University of Georgia – to implement community-based SNAP-Ed programming across the state. In the federal fiscal year 2022, the DFCS and the implementing agencies selected common indicators to report from the *SNAP-Ed Evaluation Framework*, which includes Direct Education and PSE indicators (UDSA - FNS, 2016).

Methods

Participants and Procedure

Program participants were from the Supplemental Nutrition Assistance Program Education (SNAP-Ed) eligible population in Georgia and were at or below 185% of the federal poverty level. SNAP-Ed data were collected from SNAP-Ed Direct Education and policy, systems, and environmental (PSE) interventions designed for children, teens, adults, and seniors by all four implementing agencies (IAs) in Georgia. Interventions were evidence-based and developed to address the specific needs of each age group. The interventions focused on the *SNAP-Ed Evaluation Framework* Healthy Eating Behaviors (MT1) and Food Resource Management Behaviors (MT2), as well as PSE Nutrition Supports (MT5) and Physical Activity and Reduced Sedentary Behavior Supports (MT6) (USDA-FNS, 2016). All IAs used evidence-based curricula, although the exact curricula and corresponding data collection tools varied by site.

Direct Education

For the federal fiscal year 2022 evaluation, only Direct Education data from adults were analyzed at the state level. Child and teen results were not reported as different curricula were implemented across the implementing agencies and no shared indicators could be aggregated and reported at the state level. Ten indicators for adults were prioritized to measure outcomes related to SNAP-Ed activities. The MT1 indicators represent individual healthy eating behaviors supported by the current *Dietary Guidelines for Americans* recommendations (U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2020) and the MT2 indicators are related to smarter shopping and food resource management (Table 1).

Table 1. *SNAP-Ed Evaluation Framework Indicators Relevant to Georgia Direct Education Activities*

Relevant Indicator	Description
MT1c	Ate more than one kind of fruit
MT1d	Ate more than one kind of vegetable
MT1h (a)	Drinking fewer sugar-sweetened beverages (fruit drinks, sport drinks or punch)
MT1h (b)	Drinking fewer sugar-sweetened beverages (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

To evaluate the Direct Education interventions, surveys were administered at the beginning and end of the intervention to measure changes in self-reported dietary and food resource management behaviors. Only questions related to topics that were covered in the Direct Education curriculum were included in the analyses. Data were collected by IAs, submitted to the Public Health Institute's Center for Wellness and Nutrition, and combined for statewide analyses. Statistical analyses appropriate for paired data were conducted, including Wilcoxon signed-rank and *t*-tests, to determine whether there was a significant change between pre- and post-surveys. When a significant difference was identified, a test of effect size was used to provide information on the magnitude of the change. A statistical significance criterion of *p*-value <0.05 was set for each test.

SNAP-Ed indicators were also disaggregated by race and ethnicity to assess racial health inequities and to monitor trends and differences by race and ethnicity over time. Since data for race and ethnicity were collected using two different questions, the data were recoded, according to the Office of Management and Budget (OMB guidelines) (Office of Management and Budget, 1997). This also allowed for the creation of a co-equal category for Latinx/Hispanic. Race and ethnicity were recoded into five categories, reflecting how participants self-identified, which included: Black or African American, White, Latinx/Hispanic, more than one race, and other race/ethnicity. If a participant indicated his/her ethnicity as Latinx/Hispanic and did not indicate a race, they were recoded to Latinx/Hispanic. If the participant indicated his/her ethnicity as non-Latinx/Hispanic, they were recoded according to the race the participant self-identified. Participants identifying as both White and Latinx/Hispanic were recoded as Latinx/Hispanic. Participants who identified as Native American or Alaskan Native, Asian, Pacific Islander, or other were recoded to “Other race” as individual sample sizes were too small. Participants who identified as more than one race were recoded as such.

Policy, Systems, and Environmental Changes

PSE changes were reported by the Georgia IAs using the Nutrition Supports (MT5) and Physical Activity and Reduced Sedentary Behavior Supports (MT6) indicators (Table 2).

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

Relevant Indicator	Description
MT5b/MT6b	Total number of policy changes
MT5c/MT6c	Total number of systems changes
MT5d/MT6d	Total number of environmental changes
MT5e/MT6e	Total number of promotional efforts for a PSE change
MT5f/MT6f	Reach: Total potential number of individuals who encountered the improved environment or were affected by the policy change on a regular (typical) basis and were assumed to be influenced by it

IAs that work with sites or organizations to implement nutrition or physical activity activities reported each PSE site, PSE change, and estimated reach. PSE activities were reported through a data export from the Program Evaluation and Reporting System. Descriptive statistics were analyzed for all PSEs. PSEs were only included in the analyses if they were in the implementation, maintenance, and/or follow-up and monitoring phase.

All analyses for Direct Education and PSEs were conducted using R statistical software.

Results

Direct Education Demographics

The implementing agencies (IAs) in Georgia reported that there were 103,986 Direct Education participants in the federal fiscal year (FFY) 2022, with 7,292 adult participants and 96,694 child participants (Table 3).

Table 3. Total Number of Direct Education Participants by Implementing Agency

Implementing Agency	Number of adult participants N (%)	Number of children participants N (%)	Number of total participants N (%)
Georgia Department of Public Health	187	0	187
HealthMPowers	21	96,259	96,280
Open Hand Atlanta	454	122	576
The University of Georgia College of Family and Consumer Sciences	6,630	313	6,943
TOTAL	7,292	96,694	103,986

A total of 992 adults responded to at least one pre- and post-survey question for Direct Education. Table 4 shows the race and ethnicity of FFY 2022 Direct Education participants.

Table 4. Direct Education Participants' Race/Ethnicity

Race/Ethnicity	Participants with at least one pre-post survey question N (%)
Black or African American	476 (48.0%)
White, non-Hispanic	358 (36.1%)
Latinx or Hispanic	83 (8.4%)
More than one race	31 (3.1%)
Other race/ethnicity	28 (2.8%)
Preferred not to say or missing data	16 (1.6%)
TOTAL	992

Direct Education

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

- Ate more than one kind of fruit
- Ate more than one kind of vegetable
- Drinking fewer sugar-sweetened beverages (both for fruit drinks, sport drinks or punch and soda)
- Cups of fruit consumed per day

- Cups of vegetables consumed per day
- Reading nutrition facts labels or nutrition ingredients lists
- Not running out of food before the month's end
- Comparing prices before buying foods
- Shopping with a list

MT1c. Ate 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 1).

Figure 1. Did you eat more than one kind of fruit each day?

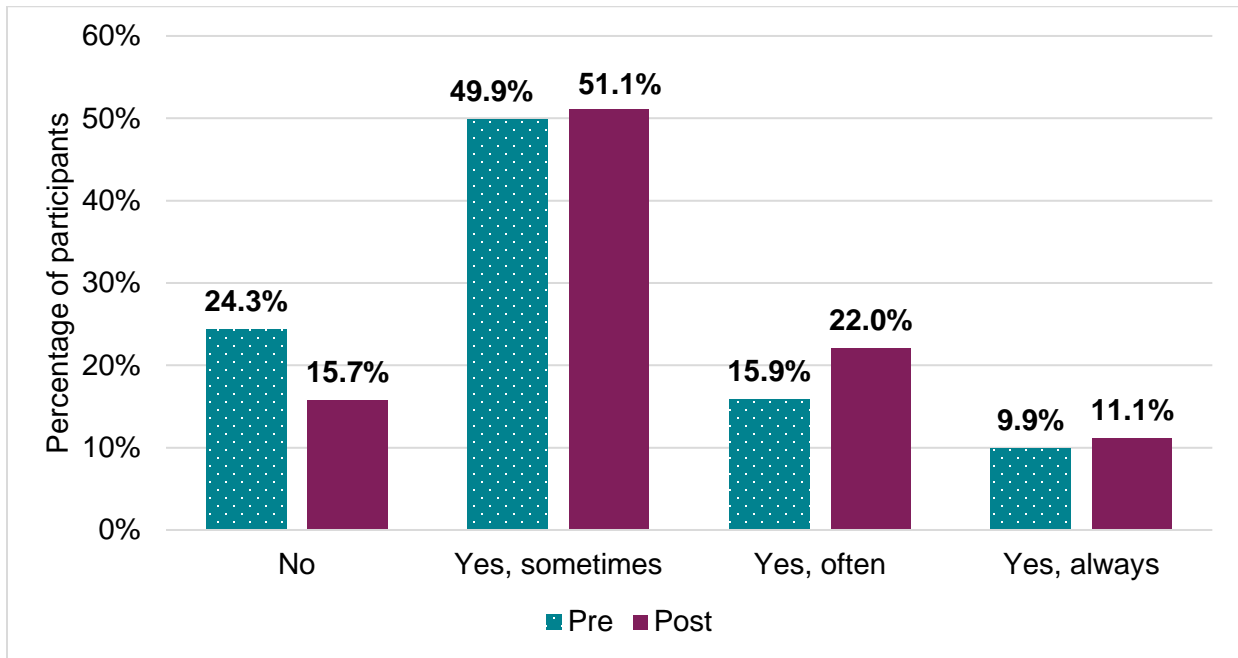


Figure 1: Wilcoxon signed-rank test ($n = 908$, $z = -5.58$, $r=0.13$ (small), $p < 0.001$)

MT1d. Ate 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 2).

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

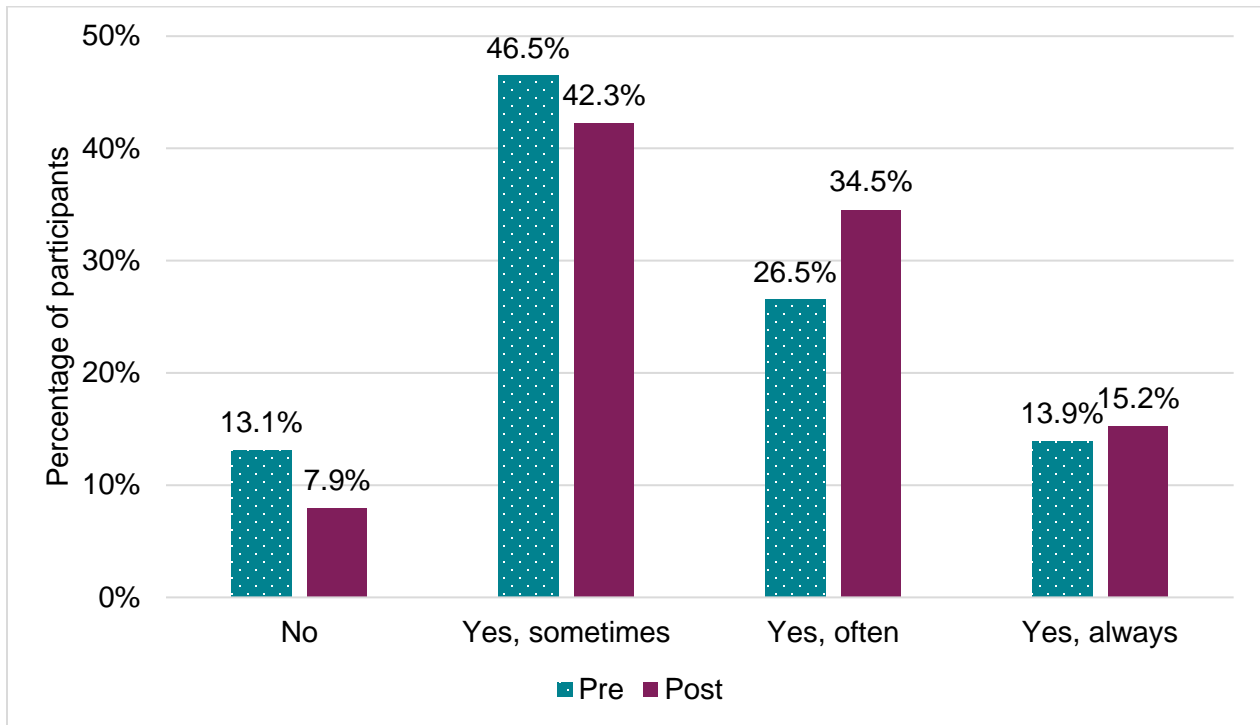


Figure 2: Wilcoxon signed-rank test ($n = 906$, $z = -5.17$, $r=0.12$ (small), $p < 0.001$)

MT11. 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 0.97 cups pre-survey to 1.04 cups post-survey (Figure 3).

Figure 3. Fruit: How much do you eat each day?

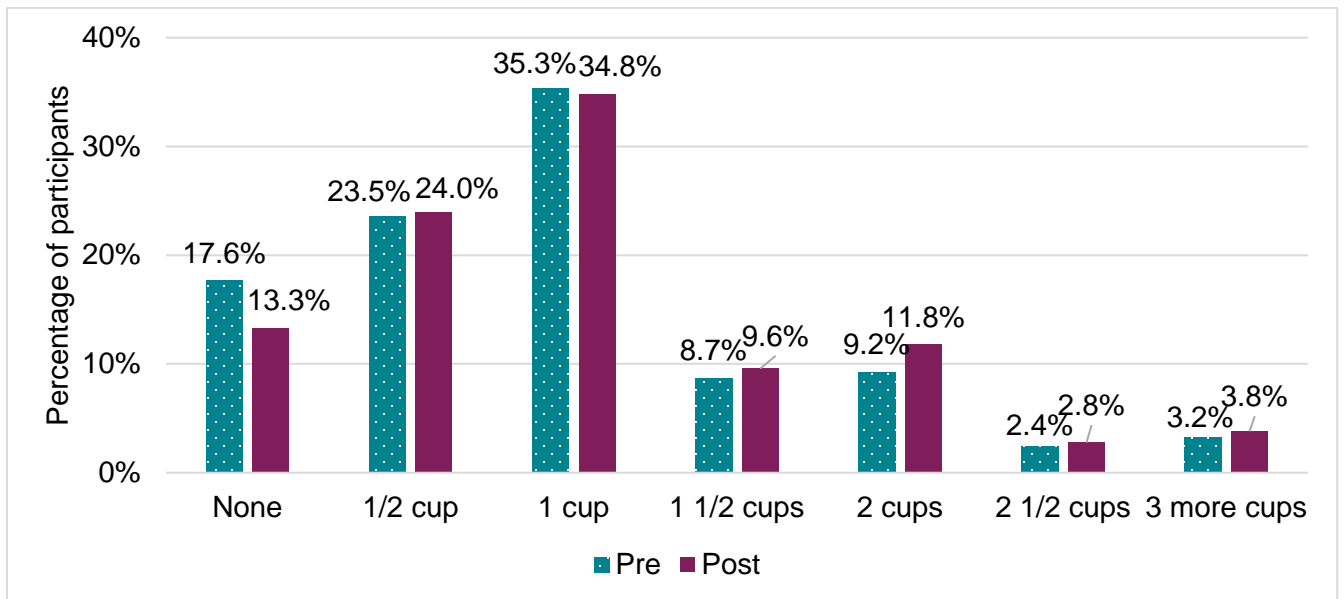


Figure 3: Paired-samples t-test, $n=867$, $p < 0.001$; pre-test ($M=0.97$, $SD = 0.72$) post-test ($M=1.04$, $SD = 0.74$), $r=0.12$ (negligible)

MT1m. Cups of vegetables consumed per day

As shown in Figure 4, there was a significant increase in the number of cups of vegetables that adults reported consuming each day, with a mean of 1.22 cups pre-survey to 1.28 cups post-survey.

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

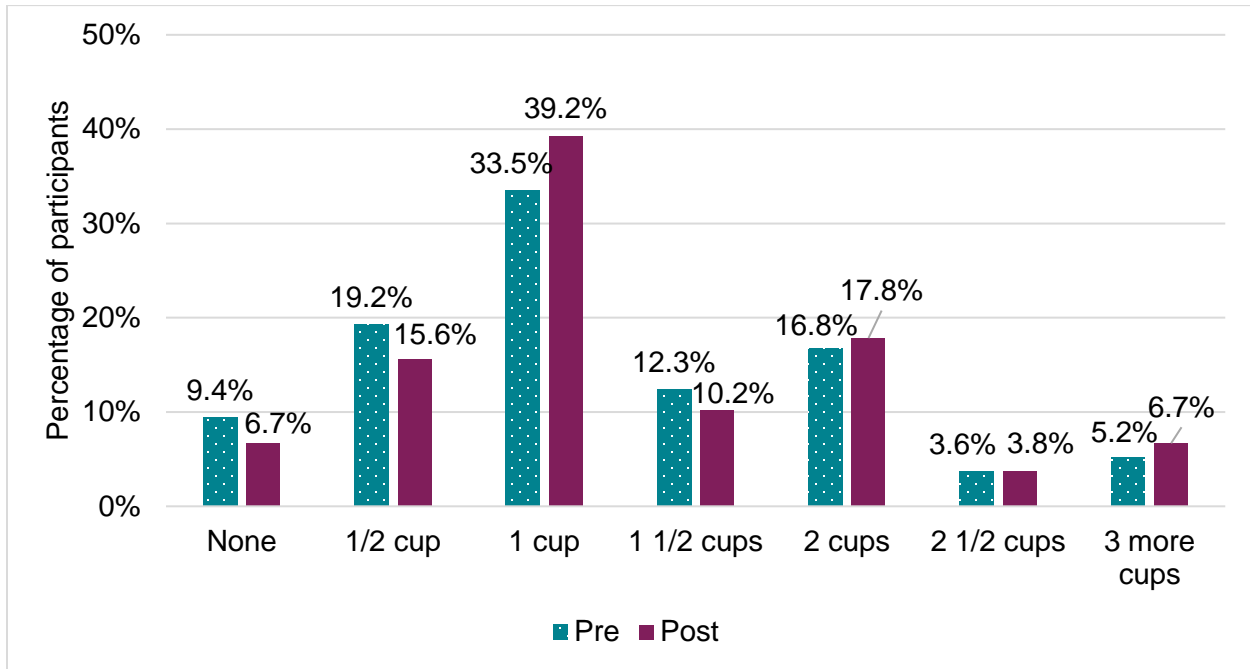


Figure 4: Paired-samples t-test, $n=852$, $p=0.002$; pre-test ($M = 1.22$; $SD = 0.77$) post-test ($M = 1.28$; $SD = 0.76$), $r=0.10$ (negligible)

MT1h (a-b). Drinking 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 drink 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 5 and 6).

Figure 5. Do you drink fruit drinks, sport drinks or punch?

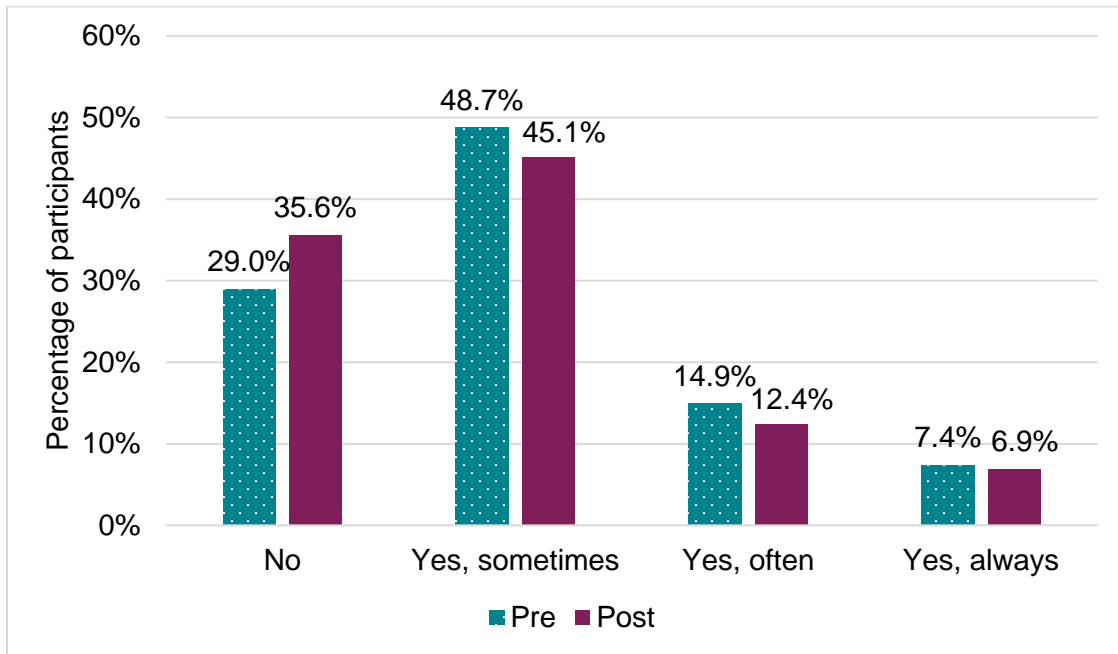


Figure 5: Wilcoxon signed-rank test ($n = 638$, $z = -2.97$, $r = 0.08$ (negligible), $p = 0.003$)

Figure 6. Do you drink regular soda?

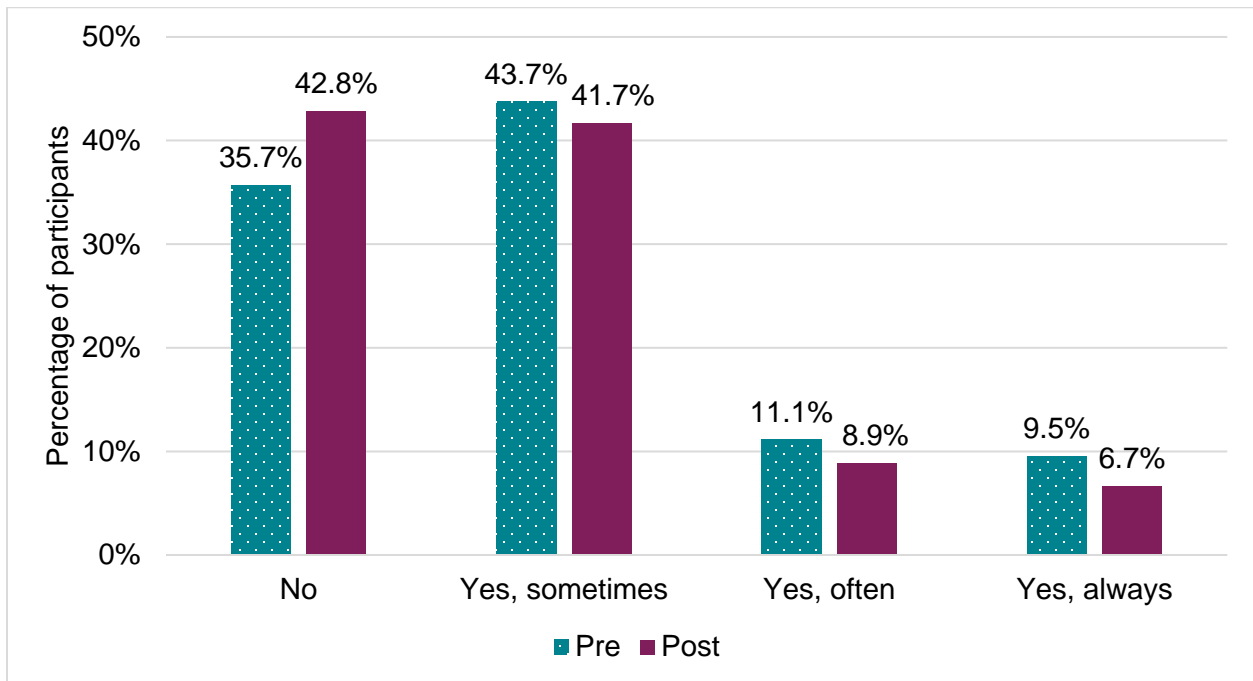


Figure 6: Wilcoxon signed-rank test ($n = 631$, $z = -5.39$, $r = 0.15$ (small), $p < 0.001$)

MT2b. Reading nutrition facts labels or nutrition ingredients lists

There was a significant increase in the frequency of adults reporting that they read nutrition labels when shopping for food (Figure 7).

Figure 7. How often do you use the “nutrition facts” on food labels?

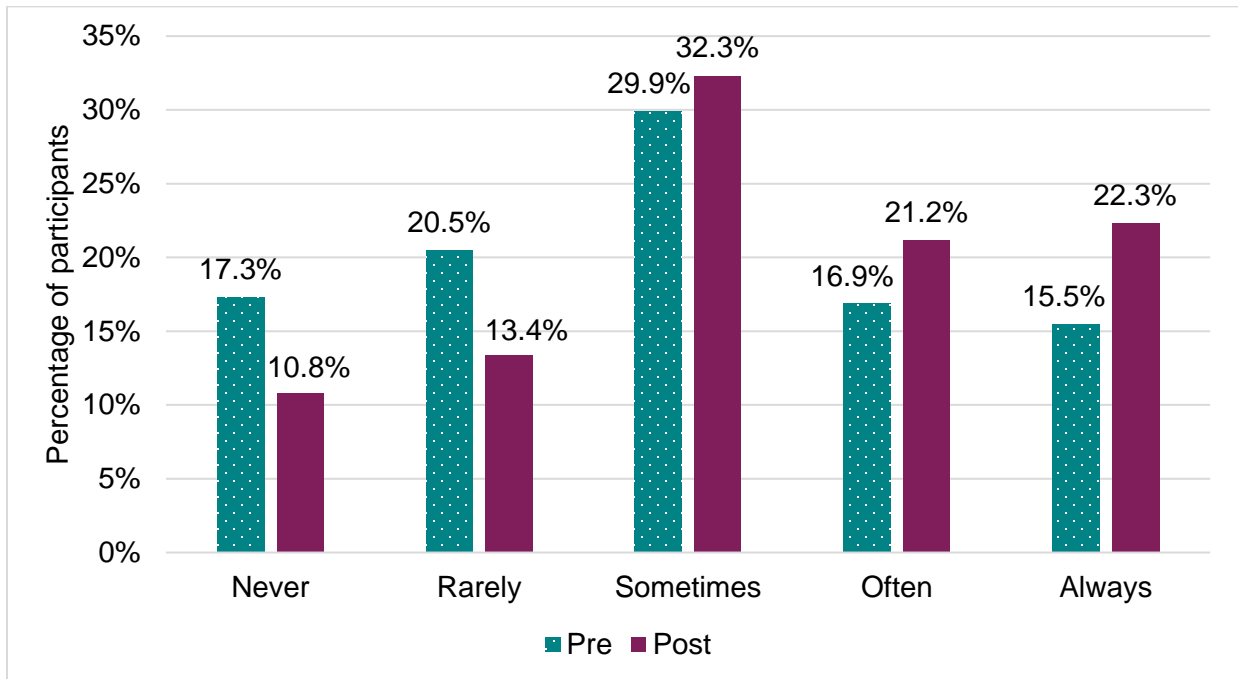


Figure 7: Wilcoxon signed-rank test ($n = 860$, $z = -9.2$, $r = 0.22$ (small), $p < 0.001$)

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 8).

Figure 8. Do you run out of food before the end of the month?

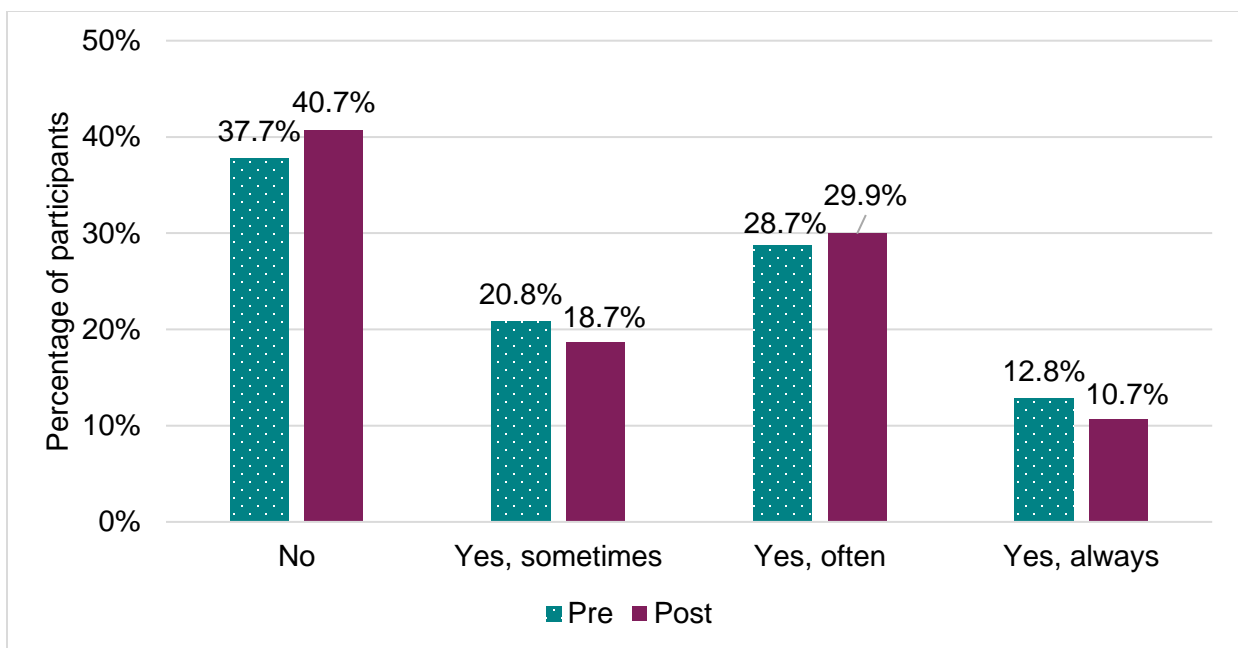


Figure 8: Wilcoxon signed-rank test ($n = 798$, $z = -3.1$, $r = 0.07$ (negligible), $p = 0.007$)

MT2h. Comparing prices before buying foods

A significant increase was found in the frequency of adults reporting that they compare prices before buying food (Figure 9).

Figure 9. *How often do you compare prices before you buy food?*

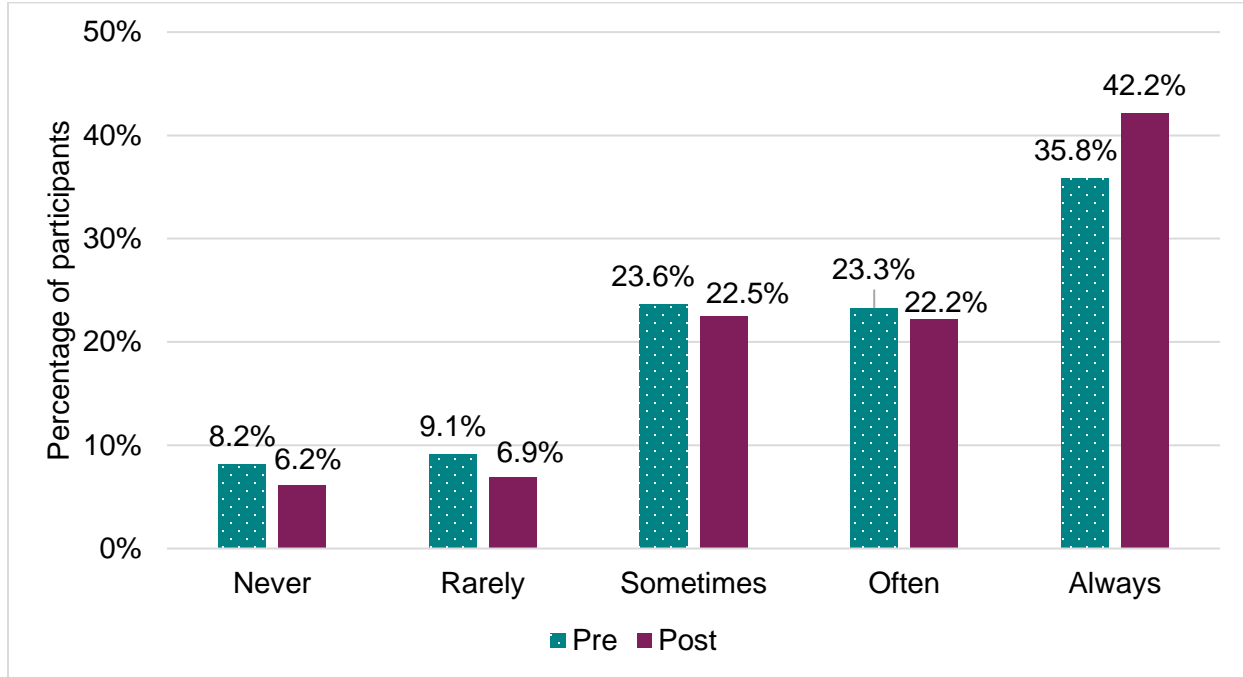


Figure 9: Wilcoxon signed-rank test ($n = 550$, $z = -3.26$, $r = 0.10$ (small), $p = 0.001$)

MT2j. Shopping with a list

A significant increase was found in the frequency of adults reporting that they shop with a list, (Figure 10).

Figure 10. How often do you use a grocery list when you go grocery shopping?

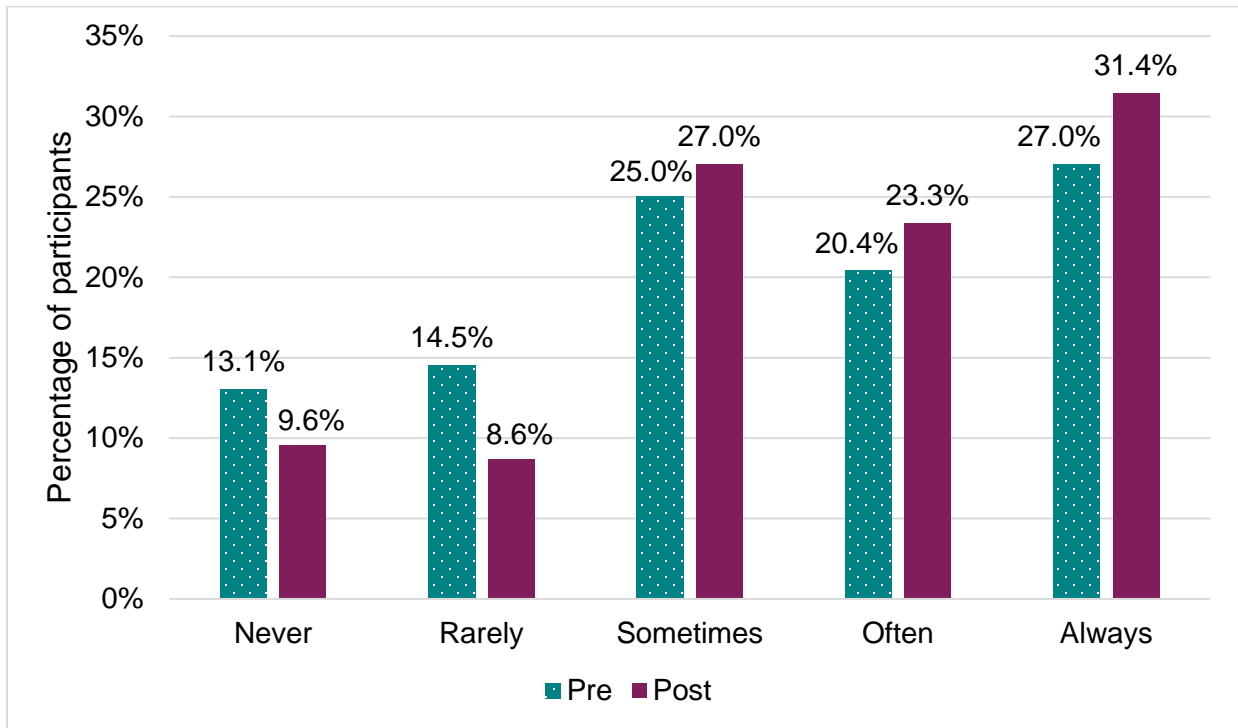


Figure 10: Wilcoxon signed-rank test ($n = 544$, $z = -4.58$, $r = 0.14$ (small), $p < 0.001$)

Race/Ethnicity Data Disaggregation

Table 5 presents statistically significant increases 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 increases in outcomes. Participants who identified as more than one race or other race/ethnicity (which included Native American or Alaskan Native, Asian, or Pacific Islander) were not included in this analysis because the sample sizes were not sufficient. Appendix I contains frequency tables for each indicator disaggregated by race/ethnicity.

Table 5. Direct Education Statistically Significant Increases in Outcomes by Race/Ethnicity

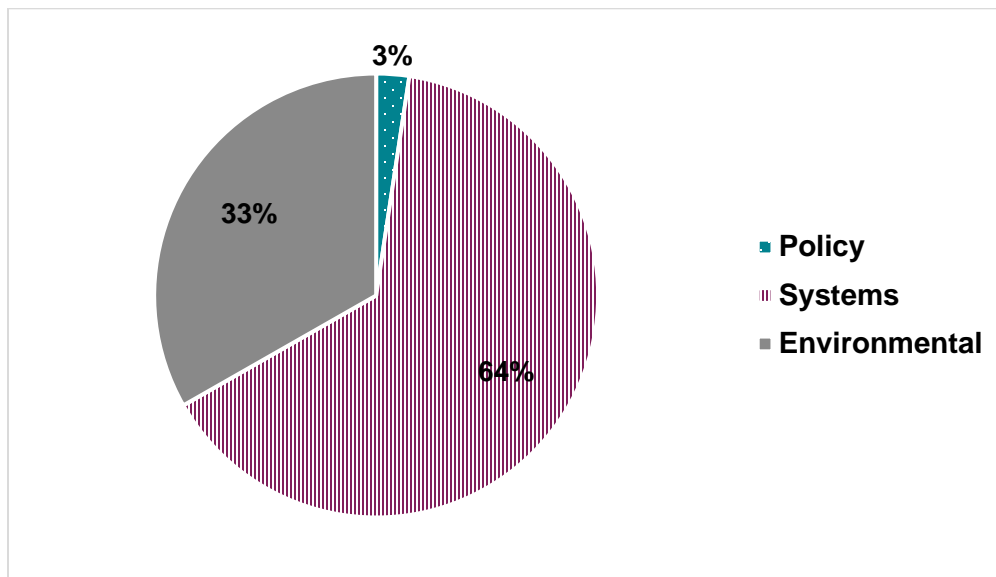
	All adults	Black adults	White adults	Latinx adults
MT1c. Ate more than one kind of fruit	✓	✓	✓	✓
MT1d. Ate more than one kind of vegetable	✓	✓	✓	✓
MT1h (a). Drinking fewer fruit punch, sports drinks	✓	✓		✓
MT1h (b). Drinking less soda	✓	✓	✓	✓
MT1i. Cups of fruit consumed per day	✓	✓	✓	
MT1m. Cups of vegetables consumed per day	✓		✓	✓
MT2b. Read nutrition facts labels or nutrition ingredients lists	✓	✓	✓	✓

	All adults	Black adults	White adults	Latinx adults
MT2g. Not run out of food before month's end	✓	✓		
MT2h. Compare prices before buying foods	✓	✓		✓
MT2j. Shop with a list	✓	✓		

Policy, Systems, and Environmental Changes

IAs reported a total of 376 PSE changes with a combined reach of 78,953 SNAP-Ed eligible individuals. Of these changes, there were 9 (2.4%) policy changes, 242 (64.4%) systems changes, and 125 (33.2%) environmental changes (Figure 11). There were no promotional changes reported in FFY 2022.

Figure 11. PSE Changes by Type of Approach: Policy, Systems, and Environmental



Policy Changes

In total, 9 policy changes were reported across the IAs, with 7 changes related to nutrition and 2 changes related to physical activity. Of the 7 nutrition-related policy changes, 2 were related to improving nutrition education or cooking activities, and 2 were related to policies limiting unhealthy foods (Table 6). Other policies included food/beverage or nutrition-related policy (n=1), policy increasing healthy foods and beverages (n=1), and policy restrictions on using food as a punishment (n=1).

Table 6. Nutrition-related policy changes (MT5b)

Policy Change Description	Frequency
Policy for increasing or improving nutrition education or cooking activities	2
Policy limiting unhealthy foods	2

Two policy changes were reported related to physical activity, both were policies related to the increased time spent doing physical activity (Table 7).

Table 7. Physical activity-related policy changes (MT6b)

Policy Change Description	Frequency
Policy to increase time spent doing physical activity	2

Systems Changes

In total, 242 systems changes were reported by the IAs, with 126 changes related to nutrition, 92 changes related to physical activity, and 24 changes related to both nutrition and physical activity.

The most common systems changes related to nutrition were professional development opportunities for nutrition (n=43), opportunities to access fruits and vegetables from the garden (n=11), and use of farm-to-table produce (n=10). Table 8 lists the top five system changes related to nutrition in Georgia.

Table 8. Nutrition-related systems changes (MT5c)

Systems Change Description	Frequency
Professional development opportunities on nutrition (e.g. nutrition standards, gardening, breastfeeding, etc.)	43
Opportunities for parents/students/community to access fruits and vegetables from the garden	11
Farm-to-table/use of fresh or local produce	10
Opportunities for parents/students/community to work in the garden	9
Implementation of guidelines on use of food as rewards or during celebrations	8

The most common physical activity-related systems changes involved incorporating physical activity into the school day (n=52) and opportunities for unstructured physical activity (n=16). Table 9 lists the top four systems changes related to physical activity in Georgia.

Table 9. Physical activity-related systems changes (MT6c)

Systems Change Description	Frequency
Incorporation of physical activity into the school day or during classroom-based instruction (not recess/free play or PE)	52
Opportunities for unstructured physical activity time/free play	16
Professional development opportunities on physical activity	14
Quality of PE (physical education) (e.g. activities that increase time moving, evidence-based or standards-based PE, etc.)	7

Environmental Changes

In total, 125 environmental changes were reported, with 87 changes related to nutrition and 38 changes related to physical activity.

The most common environmental changes related to nutrition were educational displays to prompt healthy eating behavior choices close to the point of purchase (n=24) and using gardens for nutrition education (n=22). Table 10 lists the top five environmental changes related to nutrition in Georgia.

Table 10. 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)	24
Use of the garden for nutrition education	22
Initiated or expanded the use of digital platforms (websites, social media, text messages, etc.) to improve convenience of/access to healthy food (i.e. by promoting food distribution site, retail, cafeteria, community garden, etc.)	14
Initiation, improvement, expansion, reinvigoration or maintenance of edible gardens	12
Practice that encourages meal service staff to prompt healthy choices	3

The most common environmental changes related to physical activity reported were opportunities for structured physical activity (n=16) and the use of physical activity facilities, structures, or outdoor space (n=12). Table 11 lists the top four environmental changes related to physical activity in Georgia.

Table 11. Physical activity-related environmental changes (MT6d)

Environmental Changes Description	Frequency
Opportunities for structured physical activity	16
Physical activity facilities, equipment, structures, or outdoor space	12
Access to physical activity facilities for after-hours recreation or shared use	5
Quality of structured physical activity (non-PE) (e.g. activities that increase time moving, evidence-based interventions, etc.)	5

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

Reach by Domain

The total estimated reach for all PSEs was 78,953. PSE changes took place in multiple settings where people learn, shop, play, and live. Most of the PSE reach was reported in the learn setting, which includes schools, early childhood education facilities, and libraries, among others (90.3%, n=71,263). No PSE changes occurred in the eat or work settings.

Table 12. Reach by Domain

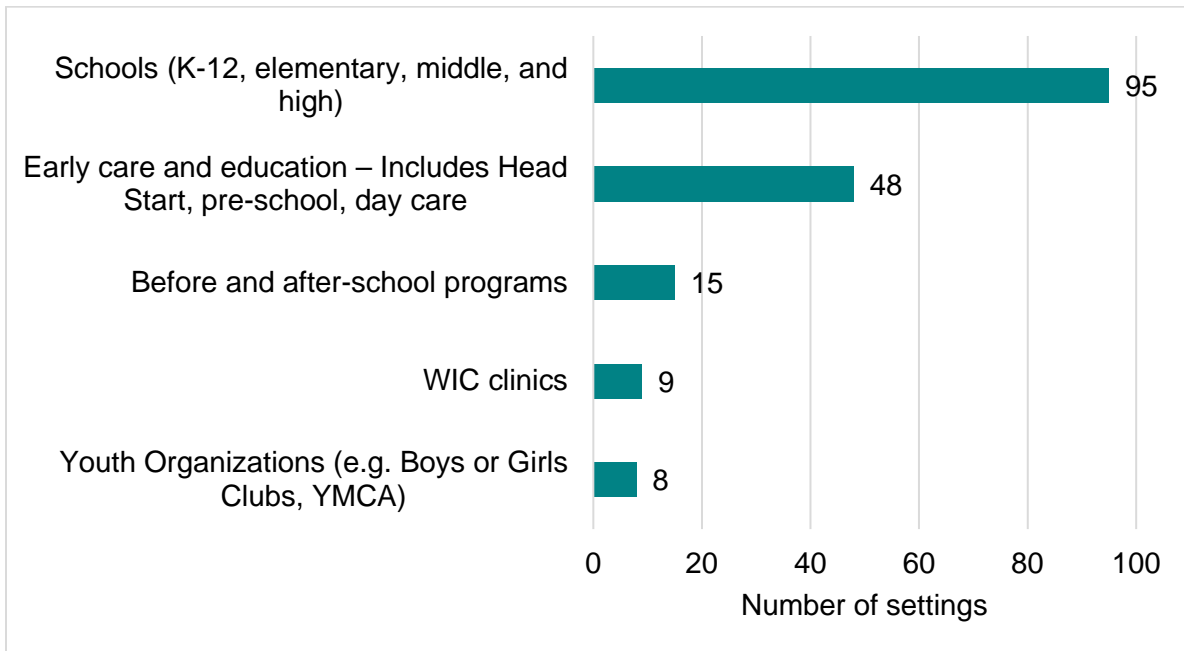
Domain	Reach	Percent
Learn (e.g. schools, early childhood education, libraries)	71,263	90.3%
Shop (e.g. food stores, farmers markets, food banks)	3,500	4.4%
Play (e.g. gardens, Youth Organizations, recreation centers)	2,467	3.1%
Live (e.g. public housing, shelters, places of worship)	1,723	2.2%
Total Reach	78,953	100%

PSEs by Setting

Georgia IAs reported the specific settings where PSE changes took place. The most-reported setting was school sites (K-12, elementary, middle, and high) (n=95) followed by early care and

education facilities (n=48). Figure 12 shows the top five settings where PSE changes took place in Georgia.

Figure 12. *Types of Settings with PSE Changes in Georgia*



Limitations

First, this study used self-reported data for the pre- and post-surveys to measure healthy eating and food resource management behaviors. As with all self-reported data, responses may have been subject to systematic biases in memory or reporting such as recall bias and social desirability bias.

Another limitation is that interventions and/or participants were not systematically selected using the same methodology across all implementing agencies for evaluation in Direct Education. Since the selection was not systematic and/or random, the results cannot be generalized for the program.

Also, data were only included in analyses if there were a matched set of pre- and post-survey responses for a question. Therefore, the results may have been different if all participants' data were to have been included.

Finally, the Public Health Institute's Center for Wellness and Nutrition (PHI CWN) formulated the method for recoding race/ethnicity data into one variable for analysis. While PHI CWN believes this method is in line with Office of Management and Budget guidelines (OMB, 1997), this method is just one of many to interpret data for Georgia. Also, various factors were not considered in the race/ethnicity disaggregation, including geographic region, socioeconomic factors, and receipt of food in addition to nutrition education, for example.

Conclusions

Results of Georgia's federal fiscal year (FFY) 2022 evaluation indicate that Georgia's Direct Education programming was associated with positive improvements in adults' self-reported healthy eating and food resource management behaviors. Adults demonstrated improvement across the following healthy eating and food resource management behaviors:

- Ate more than one kind of fruit
- Ate more than one kind of vegetable
- Drinking fewer sugar-sweetened beverages (both for fruit drinks, sport drinks or punch and soda)
- Cups of fruit consumed per day
- Cups of vegetables consumed per day
- Reading nutrition facts labels or nutrition ingredients lists
- Not running out of food before the month's end
- Comparing prices before buying foods
- Shopping with a list

Four indicators – cups of fruit consumed per day, cups of vegetables consumed per day, drinking fewer sugar-sweetened beverages (for fruit drinks, sport drinks or punch), and not running out of food before the month's end – were significant but had negligible effect sizes. In FFY 2022, a common Direct Education survey tool was used across all implementing agencies. Also, only questions related to topics that were covered in the class curricula were included in the analyses. Therefore, the evaluation in FFY 2022 was more standardized and as a result more precise in estimating outcomes for the Supplemental Nutrition Assistance Program Education population in the State of Georgia.

The data disaggregation for Direct Education data by race/ethnicity found that 10 indicators were significant for all respondents, 9 indicators were significant for Black/African American respondents, 7 indicators were significant for Latinx respondents, and 6 indicators were significant for White respondents (Table 5). More information is necessary to be able to fully interpret the results by race/ethnicity. For example, a random sample may help to better understand if the results are generalizable to the program. Also, additional variables, such as socioeconomic status, receipt of supplemental food, geography, etc. may help to include along with race/ethnicity to conduct additional analyses and better interpret the results.

In addition to Direct Education, implementing agencies reported that a total of 376 policy, systems, and environmental changes – 220 nutrition changes, 132 physical activity changes, and 24 combined nutrition and physical activity changes – were implemented at 192 sites across Georgia. The total estimated reach of the PSE interventions was 78,953, with 90.3% of the reach occurring within the learn domain. Compared to FFY 2021, one additional domain was added – play – which included PSEs at sites such as gardens, Youth Organizations, and recreation centers.

Recommendations

Based on the findings and conclusions of this report the following recommendations should be considered:

- Track long-term policy, systems, and environmental (PSE) changes (LT5/LT6) at the state level, which includes tracking sites that implement a multi-component PSE change, such as integrating evidence-based education, marketing, parent/community involvement, and/or staff training on continuous program and policy implementation.
- Continue to report disaggregated data by race/ethnicity for Direct Education outcomes, to be able to assess health equity for specific indicators over time and monitor trends. Consider adding a geographic variable, socioeconomic status, and/or receipt of additional nutrition interventions to better understand equitable access to services. In addition, comparing the Supplemental Nutrition Assistance Program-eligible population by race/ethnicity at the state level to Direct Education participants by race/ethnicity would help to understand how Georgia's Supplemental Nutrition Assistance Program Education program is equitably reaching people across the state.
- Capture additional qualitative data regarding PSE and multi-level interventions to complement the quantitative statewide data. This could be in the form of success stories, quotes, or other anecdotal evidence.
- Continue to use a common survey tool among implementing agencies and consider adding physical activity indicators as well as assessing data for children and/or teens.
- Increase the reach for PSEs in the work and eat domains, so PSEs can span across the five domains of learn, live, play, shop, work and eat.
- For the results of Direct Education to be generalizable to the program, sites and/or participants will need to be randomly selected for evaluation. Alternatively, a common criterion could be applied across implementing agencies to select Direct Education interventions for evaluation (e.g., 4-week session).
- Plan and implement a statewide social marketing campaign with input from community members, such as the Community Advisory Board, with common evaluation indicators that can be reported on a part of the statewide annual report.

References

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Appendix I

Direct Education Disaggregated by Race/Ethnicity

The tables below present the frequencies for each healthy eating (MT1) and food management (MT2) indicators for pre- and post-survey results disaggregated by race/ethnicity.

MT1c. Ate more than one kind of fruit	No	Yes, sometimes	Yes, often	Yes, always	p-value*
All adults (n=908)					<i><0.001</i>
Pre	221	453	144	90	
Post	143	464	200	101	
Black adults (n=426)					<i>0.001</i>
Pre	86	225	63	52	
Post	60	216	93	57	
White adults (n=338)					<i>0.002</i>
Pre	106	150	62	20	
Post	73	170	73	22	
Latinx adults (n=77)					<i>0.003</i>
Pre	14	45	9	9	
Post	3	42	21	11	

**Wilcoxon signed-rank test with significance level of 0.05*

MT1d. Ate more than one kind of vegetable	No	Yes, sometimes	Yes, often	Yes, always	p-value*
All adults (n=906)					<i><0.001</i>
Pre	119	421	240	126	
Post	72	383	313	138	
Black adults (n=425)					<i>0.007</i>
Pre	47	206	107	65	
Post	30	192	134	69	
White adults (n=336)					<i>0.001</i>
Pre	54	144	96	42	
Post	34	133	127	42	
Latinx adults (n=77)					<i>0.003</i>
Pre	6	42	19	10	
Post	2	30	30	15	

**Wilcoxon signed-rank test with significance level of 0.05*

MT1h (a). Drinking fewer sugar-sweetened beverages (fruit drinks, sport drinks or punch)	No	Yes, sometimes	Yes, often	Yes, always	p-value*
All adults (n=638)					<i>0.003</i>
Pre	185	311	95	47	
Post	227	288	79	44	
Black adults (n=324)					<i>0.006</i>
Pre	70	170	60	24	
Post	95	160	46	23	
White adults (n=220)					<i>0.369</i>
Pre	86	90	26	18	
Post	96	82	25	17	
Latinx adults (n=47)					<i>0.006</i>
Pre	12	29	4	2	
Post	20	25	2	0	

**Wilcoxon signed-rank test with significance level of 0.05*

MT1h (b). Drinking fewer sugar-sweetened beverages (soda)	No	Yes, sometimes	Yes, often	Yes, always	p-value*
All adults (n=631)					<i><0.001</i>
Pre	225	276	70	60	
Post	270	263	56	42	
Black adults (n=316)					<i><0.001</i>
Pre	110	154	31	21	
Post	135	147	23	11	
White adults (n=220)					<i>0.036</i>
Pre	77	78	31	34	
Post	87	76	29	28	
Latinx adults (n=47)					<i>0.013</i>
Pre	13	26	7	1	
Post	19	25	2	1	

**Wilcoxon signed-rank test with significance level of 0.05*

MT1I. Cups of fruit consumed per day	0 cups	0.5 cups	1 cup	1.5 cups	2 cups	2.5 cups	3 cups	p-value*
All adults (n=867)								<0.001
Pre	153	204	306	75	80	21	28	
Post	115	208	302	83	102	24	33	
Black adults (n=425)								0.027
Pre	66	71	172	38	52	13	13	
Post	49	81	165	36	62	12	20	
White adults (n=319)								0.001
Pre	64	109	86	27	19	7	7	
Post	47	101	94	34	28	8	7	
Latinx adults (n=59)								0.471
Pre	7	9	31	4	3	1	4	
Post	6	7	28	10	3	2	3	

*Wilcoxon signed-rank test with significance level of 0.05

MT1I. Cups of vegetables consumed per day	0 cups	0.5 cups	1 cup	1.5 cups	2 cups	2.5 cups	3 cups	p-value*
All adults (n=852)								0.002
Pre	80	164	285	105	143	31	44	
Post	57	133	334	87	152	32	57	
Black adults (n=418)								0.173
Pre	34	51	147	53	87	16	30	
Post	21	49	174	35	79	22	38	
White adults (n=313)								0.005
Pre	31	80	101	42	40	12	7	
Post	24	67	109	42	49	10	12	
Latinx adults (n=58)								0.023
Pre	7	13	22	7	5	2	2	
Post	3	7	29	3	13	0	3	

*Wilcoxon signed-rank test with significance level of 0.05

MT2b. Read nutrition facts labels or nutrition ingredients lists	No	Yes, sometimes	Yes, often	Yes, always	p-value*
All adults (n=860)					<0.001
Pre	149	176	257	145	
Post	93	115	278	182	
Black adults (n=424)					<0.001
Pre	63	88	146	63	
Post	42	60	147	82	
White adults (n=314)					<0.001
Pre	66	62	75	61	
Post	42	45	88	71	
Latinx adults (n=57)					<0.001
Pre	12	11	15	11	
Post	6	6	16	14	

*Wilcoxon signed-rank test with significance level of 0.05

MT2g. Not run out of food before month's end	No	Yes, sometimes	Yes, often	Yes, always	p-value*
All adults (n=798)					<i>0.007</i>
Pre	301	166	229	102	
Post	325	149	239	85	
Black adults (n=412)					<i>0.001</i>
Pre	186	96	88	42	
Post	205	88	92	27	
White adults (n=289)					<i>0.572</i>
Pre	79	51	114	45	
Post	88	40	115	46	
Latinx adults (n=38)					<i>0.393</i>
Pre	8	3	14	13	
Post	7	4	18	9	

*Wilcoxon signed-rank test with significance level of 0.05

MT2h. Compare prices before buying foods	No	Yes, sometimes	Yes, often	Yes, always	p-value*
All adults (n=550)					<i>0.001</i>
Pre	45	50	130	128	
Post	34	38	124	122	
Black adults (n=322)					<i>0.015</i>
Pre	29	27	75	78	
Post	18	23	80	64	
White adults (n=155)					<i>0.790</i>
Pre	11	14	33	36	
Post	13	11	28	41	
Latinx adults (n=27)					<i>0.028</i>
Pre	1	2	11	3	
Post	1	0	6	5	

*Wilcoxon signed-rank test with significance level of 0.05

MT2j. Shop with a list	No	Yes, sometimes	Yes, often	Yes, always	p-value*
All adults (n=554)					<i><0.001</i>
Pre	71	79	136	111	
Post	52	47	147	127	
Black adults (n=317)					<i>0.015</i>
Pre	43	51	80	67	
Post	34	23	94	74	
White adults (n=155)					<i>0.289</i>
Pre	20	16	36	29	
Post	12	19	32	40	
Latinx adults (n=26)					<i>0.397</i>
Pre	3	4	8	5	
Post	2	1	12	5	

*Wilcoxon signed-rank test with significance level of 0.05

Appendix II

PSE Changes – Nutrition

MT5b Policy Changes Description	Frequency	Percent
Policy for increasing or improving nutrition education or cooking activities	2	28.6%
Policy limiting unhealthy foods	2	28.6%
Food/beverage or nutrition related policy (childcare wellness, school wellness, workplace wellness, etc.)	1	14.3%
Policy increasing healthy foods and beverages	1	14.3%
Policy restrictions on using food as a punishment	1	14.3%
Total number of policy changes	7	100%

MT5c Systems Changes Description	Frequency	Percent
Professional development opportunities on nutrition (e.g. nutrition standards, gardening, breastfeeding, etc.)	43	34.1%
Opportunities for parents/students/community to access fruits and vegetables from the garden	11	8.7%
Farm-to-table/use of fresh or local produce	10	7.9%
Opportunities for parents/students/community to work in the garden	9	7.1%
Implementation of guidelines on use of food as rewards or during celebrations	8	6.3%
Mechanism for distributing produce to families or communities (e.g. gardens, or farmer's markets)	8	6.3%
Free water access, taste, quality, smell, or temperature	7	5.6%
Food system transportation options (to increase food access opportunities)	6	4.8%
Child feeding practices (e.g. served family style, adults role model healthy behaviors, staff sit with children, children decide when they are full, etc.)	5	4.0%
Menus/recipes (variety, quality, etc.)	4	3.2%
Food purchasing/donation specifications or vendor agreements towards healthier food(s)/beverages	3	2.4%
Mechanism for distributing seedlings and/or other materials to families or communities for home gardening	3	2.4%
New or improved standards for healthier eating across the organization	2	1.6%
Limits on marketing/promotion of less healthy options	2	1.6%
Collection or gleaning of excess healthy foods for distribution to clients, needy individuals, or charitable organizations	2	1.6%
Food programs (CACFP, TEFAP, summer meals, emergency food, NSLBP, etc.) including improvements in referral and enrollment procedures	1	0.8%
Regular (e.g. annual) fundraisers or events involving healthy food or decreasing unhealthy food	1	0.8%

MT5c Systems Changes Description	Frequency	Percent
Partners adopt or improve use of a system to monitor implementation of food/beverage or wellness related policy	1	0.8%
Total number of systems changes	126	100%

MT5d Environmental Changes Description	Frequency	Percent
Ongoing, point-of-decision prompts to make a healthy eating behavior choice (could include signage, taste tests, and other interactive displays)	24	27.6%
Use of the garden for nutrition education	22	25.3%
Initiated or expanded the use of digital platforms (websites, social media, text messages, etc.) to improve convenience of/access to healthy food (i.e. by promoting food distribution site, retail, cafeteria, community garden, etc.)	14	16.1%
Initiation, improvement, expansion, reinvigoration or maintenance of edible gardens	12	13.8%
Practice that encourages meal service staff to prompt healthy choices	3	3.4%
Increased space/amount/variety of healthy options (includes shelf space, number of booths, options on menus)	2	2.3%
Dedicated lactation space and other environmental supports (e.g. refrigeration, electrical outlet, sink, chair)	2	2.3%
Onsite garden produce for meals/snacks provided onsite	2	2.3%
Healthy food/beverage defaults (whole wheat bread, salad, or fruit instead of fries, water instead of soda, etc.)	2	2.3%
Elimination of or reduction in amount of competitive foods/beverages	1	1.1%
Appeal, layout or display of snack or competitive foods to encourage healthier selections	1	1.1%
Appeal, layout or display of meal food/beverages to encourage healthy and discourage unhealthy selections	1	1.1%
Nutrient labeling (e.g. calories, fat, sodium, added sugar counts, traffic light color-coding) on menus, vending machines, etc.	1	1.1%
Total number of environmental changes	87	100%

Appendix III

PSE Changes – Physical Activity

MT6b Policy Changes Description	Frequency	Percent
Policy to increase time spent doing physical activity	2	100%
Total number of policy changes	2	100%

MT6c Systems Changes Description	Frequency	Percent
Incorporation of physical activity into the school day or during classroom-based instruction (not recess/free play or PE)	52	56.5%
Opportunities for unstructured physical activity time/free play	16	17.4%
Professional development opportunities on physical activity	14	15.2%
Quality of PE (physical education) (e.g. activities that increase time moving, evidence-based or standards-based PE, etc.)	7	7.6%
Restrictions on use of physical activity as punishment	1	1.1%
Partners adopt or improve use of a system to monitor implementation of physical activity policies	1	1.1%
Increased quantity (minutes) of physical education (PE)	1	1.1%
Total number of systems changes	92	100%

MT6d Environmental Changes Description	Frequency	Percent
Opportunities for structured physical activity	16	42.1%
Physical activity facilities, equipment, structures, or outdoor space	12	31.6%
Access to physical activity facilities for after-hours recreation or shared use	5	13.2%
Quality of structured physical activity (non-PE) (e.g. activities that increase time moving, evidence-based interventions, etc.)	5	13.2%
Total number of environmental changes	38	100%

Appendix IV

PSE Changes – Nutrition & Physical Activity

MT5c & MT6c Systems Changes Description	Frequency	Percent
Opportunities for parents or youth to participate in decision making through a wellness committee or other process	23	95.8%
Physical activities to incorporate more culturally relevant practices	1	4.2%
Total number of systems changes	24	100%



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