



# 2011 - 2012 GEORGIA SNAP-ED REPORT

## Empowering Healthy Choices in Schools, Homes & Communities in Georgia

HealthMPowers works with multiple stakeholders to promote nutrition education and physical activity through SNAP-Ed funding. The program empowers students, staff and families to adopt healthy eating and physical activity behaviors by providing the training, resources and information they need to sustain positive change.



## What is SNAP-Ed?

SNAP-Ed is the nutritional education component of the Supplemental Nutrition Assistance Program (SNAP). Through evidence-based, collaborative approaches, SNAP-Ed programs improve the likelihood that low-income families and youth will make healthy food choices and choose active lifestyles consistent with the current Dietary Guidelines for Americans and MyPlate.gov.

### HEALTHMPOWERS

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### FOOD INSECURITY

- The USDA defines food insecurity as the lack of access to adequate food resulting from the lack of money and other resources.
- Over the past three years, the number of Georgia households receiving food stamps **has increased by 62%**.
- **More than one in every four Georgia children (28.3%)** live in food insecure households.



In 2011, 57% of Georgia students depended on Free and Reduced Lunch, 20% higher than the national average.

### GEORGIA'S CHILDHOOD NUTRITION PROBLEM: FAST FACTS

- Child obesity in the US has tripled since 1980
- Georgia has the second highest rate of obese children in the country
- Only 17% of high school students consume the recommended fruit and vegetable intake<sup>1</sup>
- Georgia also ranks 46<sup>th</sup> in the nation for food security<sup>2</sup>
- In Georgia, 15.6 % of households were food insecure in 2009
- Hunger and food insufficiency are associated with poor behavioral and academic functioning
- Missing breakfast has been shown to impact children's intellectual performance<sup>3</sup>

*Think that obesity and food insecurity don't go together? Think again!*

**Q: How do obesity and food insecurity relate to each other?**  
A: Food insecurity and poverty often coexist. This relationship may be affected by factors such as persistent poverty, lack of access to healthy foods, tendency to binge when food is available, and lack of quality mental health services and health promotion programs.

**Q: How can programs address both of these issues?**  
A: Food insecurity impairs healthy child development and increases risk of obesity later in life, so it is important for programming to reach low-income children. The food students eat in schools—whether provided by schools or obtained from other sources—represents a substantial portion of the calories they consume, providing opportunities to influence their consumption patterns.

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*With schools serving more than 95% of US children ages 5-17, school-based nutrition and physical activity interventions can successfully impact these health behaviors.*

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### A RECENT SUCCESS

Jackson Road Elementary has used resources and training provided through HealthMPowers to create a Wellness Committee and facilitate positive changes to programs and policies at their school. The cafeteria no longer serves fried foods, only serves whole grains, and requires one fruit and one vegetable.

Outside of the cafeteria, food is no longer used as a reward or for school fundraisers. The staff even decided to remove their vending machines!



Students at Jackson Road Elementary enjoy a taste testing lesson

### WHY IS SNAP-ED IMPORTANT?

Throughout the United States, SNAP-Ed meets people where they live, work and play. Working through a host of targeted community venues, interventions are tailored to a spectrum of audiences and deliver critical and practical nutrition information that makes a real difference in the lives of low-income Americans.

**IN GEORGIA**, HealthMPowers' comprehensive SNAP-Ed intervention program has achieved significant, measureable success in improving student nutrition and physical activity behaviors, programs and environments. Most importantly, by offering services as an integrated school-wide educational process, HealthMPowers has successfully improved students' fruit and vegetable consumption, physical activity and fitness levels without taking away from valuable class time.

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*"The program trained me to be a change agent to our staff, faculty and our educational community." - PE Teacher, Parkside Elementary*

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### PROGRAM REACH

- 83 Georgia Schools
- On-site services reaching 52,340 students and families
- Training and resources provided for 3,800 classroom teachers, special area teachers, nutrition managers, counselors and administrators.

### PROGRAM OUTCOMES

- After completing the program, 89% of students met national recommendations for fruit consumption ( $\geq 2$  fruits/day), and 41% for vegetable consumption ( $\geq 3$  vegetables/day)
- 60% of students received at least 60 minutes of physical activity after school most days
- 73% of students improved or maintained a healthy cardiovascular fitness test score



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## FINANCIAL IMPACT

*Fighting malnutrition and increasing physical activity in young children should be a top priority investment for policymakers.*

*Every \$1 invested in nutrition generates as much as \$138 in better health and increased productivity.<sup>4</sup>*

*One physically active child saves \$2,741 in health care costs each year.<sup>5</sup>*

## SUPPORT SNAP-ED FUNDING

In December 2010, the Healthy, Hunger-Free kids act capped SNAP-Ed and cut \$1 billion over 10 years. As a result, many states saw reductions in the annual program funding. In addition, in January 2013, the American Taxpayer Relief Act cut current year funding for SNAP-Ed by \$109 million.

These cuts brought Georgia's funding down from \$1558,587 to \$1,127,404, a 28% cut to Georgia's total fiscal year funding for SNAP-Ed.

### Contact Us

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HealthMPowers needs your support to continue this important work with children and families. Investments in our children's physical future today will result in lower healthcare costs and greater security for the state's fiscal future. Find out more about HealthMPowers at [www.healthmpower.org](http://www.healthmpower.org), and learn about SNAP-Ed's efforts in other states at [snap.nal.usda.gov/](http://snap.nal.usda.gov/).

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#### References:

<sup>1</sup>2009 YRBS data

<sup>2</sup>"Prevalence of Household-Level Food Insecurity and Very Low Food Security by State 2007-2009" report by Food Research and Action Center

<sup>3</sup>U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2020. Rockville, MD: 2010. Report No. B0132.

<sup>4</sup>Hoddinott, Rosegrant and Torero, Copenhagen Consensus Challenge Paper, Copenhagen Consensus 2012.

<sup>5</sup>Cawley, J. and Meyerhoefer, C. (2012). The medical care costs of obesity: An instrumental variables approach. Journal of Health Economics, Vol. 31, Iss. 1, January 2012, pp. 219-230.

*This material was funded by USDA's SNAP and other HealthMPowers Partners. SNAP provides nutrition assistance to people with low income. It can help individuals buy nutritious foods for a healthy diet. For more information go to [www.compass.ga.gov](http://www.compass.ga.gov), or call 1.800.georgia. In the Atlanta area, call 678.georgia. This institution is an equal opportunity provider and employer. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a report of discrimination, contact USDA Director, Office of Civil Rights, 400 Independence Avenue, Washington D.C. 20250-9410."*