



SNAP-ED WORKS

Empowering Healthy Choices in Georgia

The Challenge in GA

Overweight or obese in Georgia

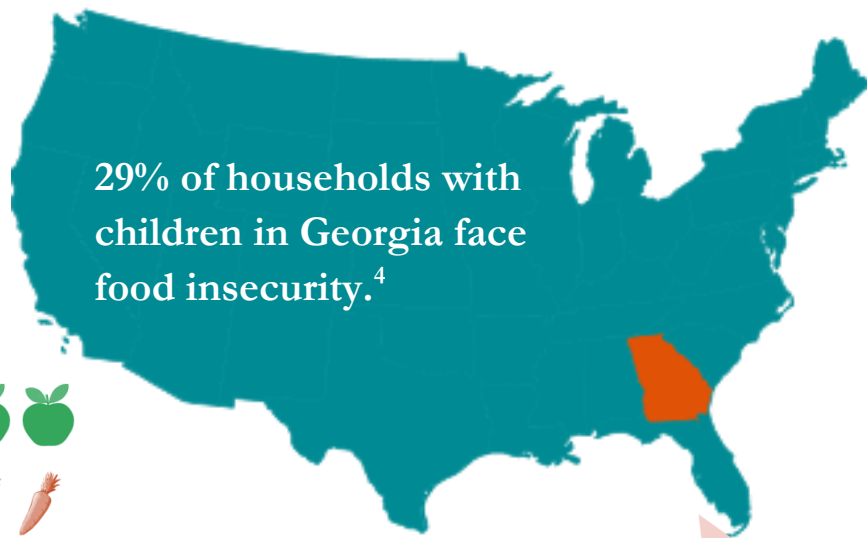
66% **adults**¹

35% **children**²

Georgia students who get the recommended amount of daily fruits and vegetables³

29%

11%



The SNAP-Ed Solution

healthMpowers

During 2013 – 2014, HealthMPowers provided 38,378 students in 59 SNAP-Ed sponsored schools with training, evaluation and resources through their multi-year program.

Service Delivery:
2,251 hours of HealthMPowers Services

Improved School Environment:
32,351 hours of school-delivered nutrition & physical activity instruction using HealthMPowers resources

Improved Behavior:
80% of students improved nutrition and physical activity behaviors

Improved Health Outcomes:

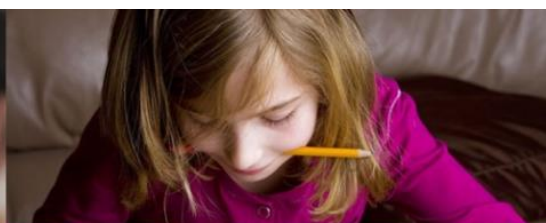
- 65% improved PACER
- 85% maintained or improved BMI percentile



80% of students reported improved health behaviors



61% of students reported improved self-efficacy



57% of students improved their health knowledge



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 works 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 by providing the training, resources and information they need to sustain positive change.

Why is it Important?



One physically active child saves \$2,741 in health care costs each year.⁵



Every \$1 invested in nutrition generates as much as \$138 in better health and increased productivity.⁶

“HealthMPowers is in the business of changing lives. As the statistics show, all advances in medicine in the past several decades will be undone by the unhealthy behaviors of our youth. It is our responsibility to improve the quality of those lives for the future by taking action today. – HealthMPowers Board Member

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.healthmpowers.org, and learn about SNAP-Ed’s efforts in other states at: snap.nal.usda.gov/.

¹Child and Adolescent Health Measurement Initiative. 2011 National Survey of Children's Health, Data Resource Center for Child and Adolescent Health website.

²KCMU analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2013 Survey Results.

³CDC, Division of Adolescent and School Health. The 2009 Youth Risk Behavior Survey. Available online at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

⁴Feeding America, 2013.

⁵Cawley, 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.

⁶Hoddinott, Rosegrant and Torero, Copenhagen Consensus Challenge Paper, Copenhagen Consensus 2012.

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