

# Implementing SNAP-Ed 2.0: Translating Obesity Prevention Research into Practice – the NCCOR Toolkit

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# Purpose

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1. Describe the expanded focus of SNAP-Ed on nutrition education and obesity prevention through public health approaches.
2. Introduce how FNS and partner agencies will identify a set of evidence-based practices for obesity prevention in the SNAP-Ed population.
3. Continue a dialogue between California FANOut partners and FNS/Western Region Office on high-impact, multi-level interventions for SNAP-Ed.

# Setting the Stage: Implementing the Healthy, Hunger Free Kids of 2010

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- Sec. 241 (A): IN GENERAL.—A State agency may use funds provided under this section for any evidence-based allowable use of funds identified by the Administrator of the Food and Nutrition Service of the Department of Agriculture in consultation with the Director of the Centers for Disease Control and Prevention of the Department of Health and Human Services, including—
  - “(i) individual and group-based nutrition education, health promotion, and intervention strategies;
  - “(ii) comprehensive, multilevel interventions at multiple complementary organizational and institutional levels; and
  - “(iii) community and public health approaches to improve nutrition.

# SNAP-Ed 2.0

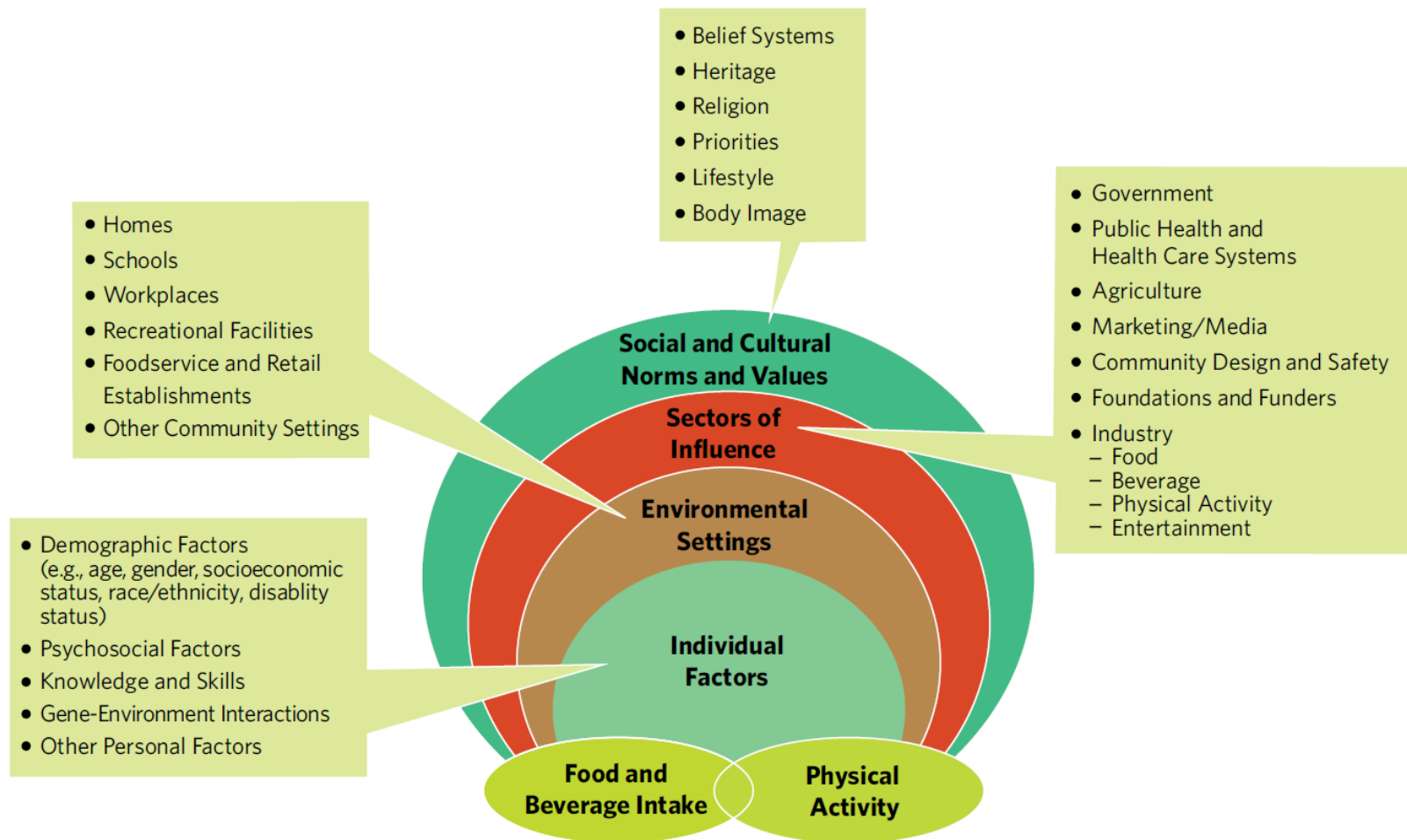
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- Programmatic Changes:
  - Expanded focus of allowable activities to nutrition education, accompanied by environmental supports and appropriate policy interventions; and
  - Required the use of evidence-based activities, and coordination with other nutrition and health programs.
  - Allowed for gardening and physical activity interventions.



# Creating Opportunities for Healthy Eating and Active Living: A Socio-Ecological Approach

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# Changing the Context: Policies and Environmental Change

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- **Policies** include laws, rules, regulations, ordinances, and procedures designed to guide behavior.
  - **Examples:** passing a law allowing residents to plant community gardens in vacant lots or a school allowing use of facilities for recreation during non-school hours.
- **Environmental interventions** include changes to the physical, social, or economic environments.
  - **Physical:** Opening a farm stand at a local welfare office, or posting signage at vending machines identifying healthy foods.
  - **Social:** Changing attitudes among teachers about disallowing candy in the classroom, or improving parenting practices and social supports to limit their children's time watching television or playing video games.
  - **Economic:** Offering financial incentives to consumers who purchase fresh fruits and vegetables. (**NOTE: SNAP funds cannot pay for financial incentives**)

# Why Obesity Prevention?

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- **Obesity is common:** More than one-third of U.S. adults (over 72 million people). Co-existence of obesity, poverty, and food insecurity. (CDC)
- **Obesity begins in childhood.** 17% of U.S. children are obese. Children are more likely to become obese adults, and increase their risk of heart disease, diabetes, and some cancers. (CDC)
- **Obesity is costly:** California has the highest estimated medical cost resulting from obesity (\$15.2 billion/year); 42% of these costs are public-sector financed (i.e., Medicare and Medicaid). (Trogon et al., 2012)

# Strategies to Prevent Obesity: SNAP-Ed Toolkit

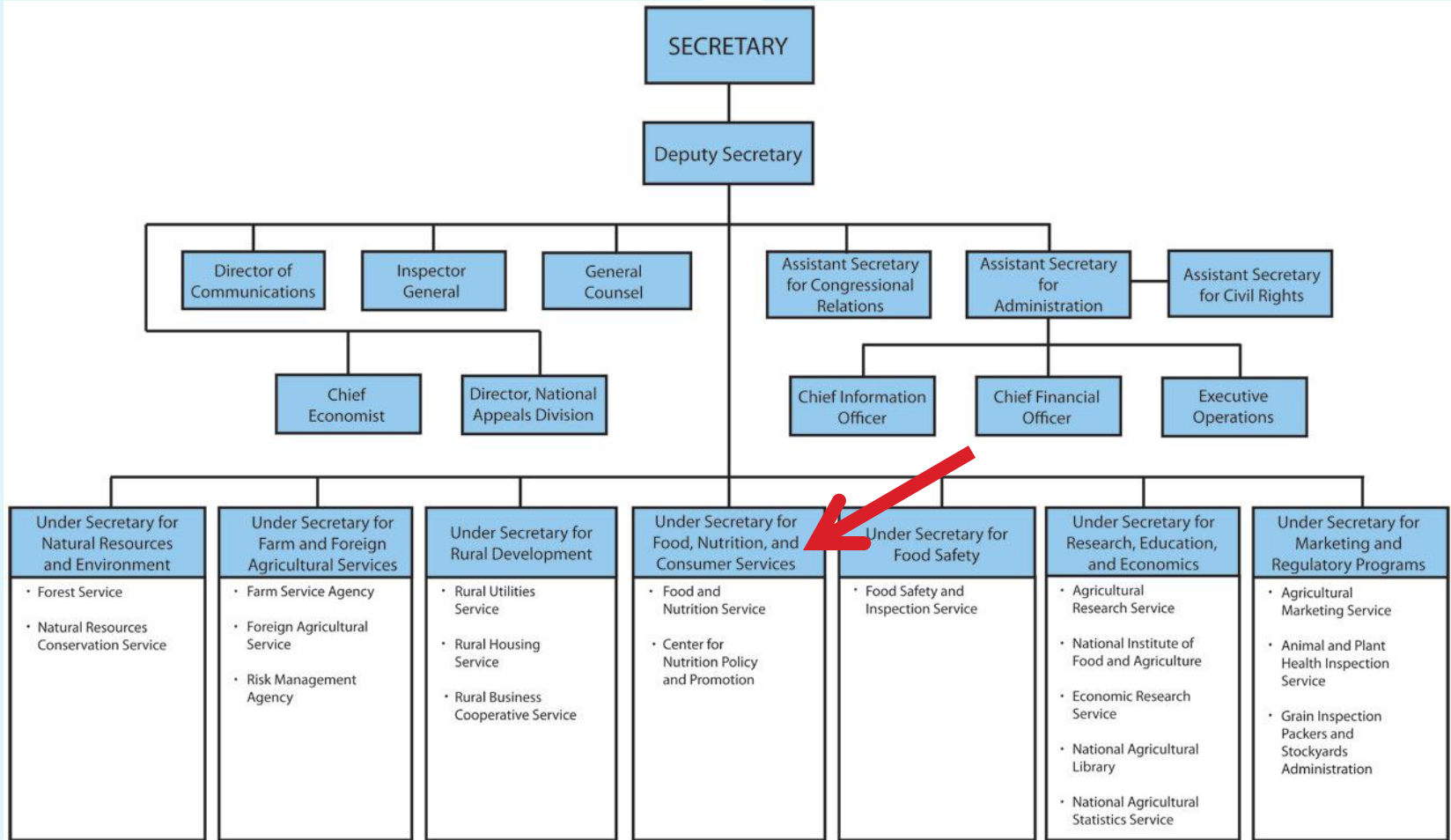
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- USDA Food, Nutrition, and Consumer Services, in collaboration with federal and non-federal partners, is developing a new toolkit for SNAP-Ed.
- The toolkit will identify ***existing, proven, effective and actionable tools*** that embody community-based and public health approaches to nutrition education and obesity prevention, consistent with SNAP policies.
- A workgroup is establishing a process for developing this toolkit of ***off-the-shelf obesity prevention options***.



# USDA Organization Chart

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# National Collaborative on Childhood Obesity Research (NCCOR)

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- The National Collaborative on Childhood Obesity Research (NCCOR) is a public-private partnership that brings together **CDC**, **NIH**, **RWJF**, and **USDA**.
- NCCOR's mission is to improve the efficiency, effectiveness, and application of childhood obesity research, and to halt -- and reverse -- childhood obesity through enhanced coordination and collaboration.



# NCCOR's Five Goals

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- 1 Identify, design, and evaluate ***practical and sustainable interventions***, especially in high-risk populations and communities.\*
- 2 Increase and improve national, state, and local surveillance of childhood obesity.
- 3 Improve the ability of childhood obesity researchers and program evaluators to conduct research and program evaluation.
- 4 Provide national leadership to ***accelerate implementation of evidence-informed practice and policy***.\*
- 5 ***Work with non-health partners*** to integrate childhood obesity priorities with synergistic initiatives (e.g., environmental design and sustainability, food systems, food marketing, disabilities, or economics).\*

*Asterisks denotes goals that align with SNAP-Ed Toolkit Development*

# Toolkit Resources

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- **Common Community Measures for Obesity Prevention (COCOMO ):** Developed by the CDC, these include recommended strategies and measures to guide communities in identifying and evaluating environmental and policy strategies to prevent obesity. ([www.cdc.gov](http://www.cdc.gov)).
- **HHS Guide to Community Preventive Services:** contains recommendations from the U.S. Community Preventive Services Task Force on what works to protect public health. ([www.thecommunityguide.org](http://www.thecommunityguide.org)).
- **IOM Local Government Actions to Prevent Childhood Obesity:** One of a series of reports from the Institute of Medicine offering recommendations for community-based strategies to curb childhood obesity ([www.iom.edu](http://www.iom.edu)).
- **Center for Training and Research Translation (Center TRT)** reviews evidence-based and practice-based interventions focused on nutrition, physical activity, and obesity ([www.centertrt.org](http://www.centertrt.org)).
- **Your stories.** Evaluation results from SNAP-Ed Annual Reports, and peer-reviewed publications.

# Multi-Level Intervention Example: Baltimore Healthy Stores

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- **Baltimore Healthy Stores (BHS)** promote healthy food choices and food preparation through health education and point-of-purchase marketing strategies at Korean-American corner stores.
- BHS targets two levels of the socio-ecologic model:
  - 1) the *individual level* by seeking to change consumer behaviors and
  - 2) the *organizational level* by seeking to change corner stores practices
- Evidence of effectiveness: stores stocked more healthy options, and consumers reported increased healthy food preparation.

Learn more at [www.centertrt.org](http://www.centertrt.org)

# Multi-Level Intervention Example: Pima County School and Community Gardens

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- With a Communities Putting Prevention to Work grant from CDC, the Pima County Health Department (AZ) worked to increase residents' access to healthy and fresh food. One of their strategies was the development of **School and Community Gardens**.
- The health department installed **49 school and community gardens** that were overseen and maintained by garden committees or local sponsor organizations. The Department **enrolled over 3,500 residents in gardening classes**.
- The Gardening project targets multiple levels of the socio-ecologic model: the *individual, intrapersonal, organizational, and community* levels by changing knowledge and skills in individuals and families; organizational practices; and community norms and behaviors.

Learn more at [www.healthypima.org](http://www.healthypima.org)

# Measuring Success of SNAP-Ed Interventions

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## Individual/Interpersonal

- Unduplicated participants/contacts
- Program retention rate
- Pre/post changes in behaviors:
  - ✦ + purchase/consumption of healthy foods
  - ✦ - purchase/consumption of unhealthy foods
  - ✦ + physical activity frequency and intensity
  - ✦ - sedentary behavior
  - ✦ + breastfeeding (exclusive)

## Organizational/ Community

- Changes in ***media coverage and decision-makers' attitudes*** toward nutrition and obesity.
- Changes in ***community norms and provider networks*** that support healthy eating and active living.
- Number, type, and resources required for ***environmental supports*** for healthy eating and active living.
- Changes in ***community health status*** (% overweight, obesity).

# Toolkit Considerations

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- What criteria should be used for selecting interventions?
- What types of information would be most helpful for planning, implementing, and evaluating interventions?
- What interventions would you recommend for inclusion in the toolkit?



# Thank You

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