

Revised Draft – May 2004

Food Stamp Nutrition Education (FSNE) Framework

Goal

The goal of Food Stamp Nutrition Education is to improve the eating and physical activity behaviors of food stamp participants within their limited budgets by using the principles of the *Dietary Guidelines for Americans* and *The Food Guide Pyramid*.

Background of Food Stamp Nutrition Education

The Food Stamp Program (FSP) provides nutrition assistance benefits to low-income households that can be used to purchase foods from authorized food retailers. When Congress created the FSP in the early 1960's, it envisioned a program to provide low-income Americans with access to a healthy, nutritious diet. Today, as the FSP has grown into the largest Food Nutrition Service (FNS) nutrition assistance program, that goal remains central to its mission and purpose.

To help program participants make healthy food choices, FNS encourages and supports nutrition education for food stamp households. Under current regulations, State FSP agencies have the option to include nutrition education activities for program participants as part of their administrative operations. They must submit an annual plan to FNS for approval; FNS then reimburses States for 50 percent of the allowable expenditures for nutrition education, the same rate FNS provides for other administrative functions.

State FSP agencies contract with institutions within the Cooperative Extension Service Land-Grant University System, State Departments of Health or Education, State-level nutrition networks, or others to provide nutrition education services to the target audience. In 1992, seven States had approved FSNE plans; this has grown to include fifty States in 2003. Federal funds approved for FSNE grew from \$661,000 in 1992 to over \$192 million in 2003.¹

The growing interest in providing nutrition education as part of the FSP is supported by clear evidence of need. A USDA study from 2000 indicates many low-income adults do not know specific facts related to what types of dietary practices are healthful, such as what specific foods they should eat to maintain a healthy diet.² More recently, attention has focused on providing nutrition education and services to program participants to address the rising epidemic of overweight and obesity in America. Here, too, the need is great -- for example, 65% of adults³ in America are overweight—putting them at risk for serious health problems including heart disease, hypertension, diabetes, and some cancers.

Low-income households have a higher prevalence of health conditions related to poor nutrition than households with higher incomes. Women with lower family income levels are 50% more likely to be obese than those with higher family incomes. And, while obesity rates have doubled in children and tripled in adolescents over the last two decades, they have increased the most

¹ Nutrition Program Facts: Food and Nutrition Service, Food Stamp Program, October 7, 2003

² Gleason P, Rangarajan A, Olson C. Dietary Intake and Dietary Attitudes Among Food Stamp Participants and Other Low-Income Individuals. USDA, September 2000.

³ Health, United States, 2003, Chartbook on Trends in the Health of Americans, National Center for Health Statistics, CDC.

Revised Draft – May 2004

among those in the lowest income levels, especially African American and Mexican American children.^{4 5 6}

Target Audiences

Because of the size and scope of the program – over 19 million low-income people received food stamp benefits in an average month during fiscal year 2002 – the task of reaching food stamp participants is a daunting one. Since the inception of FSNE in 1992, States have provided nutrition education for participants and non-participants at all stages of the lifecycle.

To focus food stamp nutrition education resources more effectively, FNS plans to designate women with children who are FSP participants or applicants as the primary target audience. Children and youth who are FSP participants or applicants will be considered a secondary target audience for FSNE. States may also target other food stamp participants or applicants as resources allow. This could include all other food stamp participants or applicants, such as elderly persons, grandmothers, men, and single adults.

This approach is designed to reach the greatest number of participants possible with targeted nutrition education, based on the characteristics of food stamp households. In FY 2002, among the FSP households with children, approximately 85% contained women. Additionally, almost 70% of participating adults were women and among the participating adult women, 61% lived in households with children.⁷ Moreover, both women and children frequently make or strongly influence the food purchasing decisions in the family household. (See Addendum, page 10 for additional information)

This focus for the FSP means State FSNE plans must include nutrition education targeted to food stamp participants or applicants who are women with children. Education directed at children and youth should be linked to education provided to mothers for continuity of messages.

FNS expects States to make and document a good faith effort to reach food stamp participants and applicants, before proposing strategies that would require an exclusivity waiver. Exclusivity waivers would be reserved for targeted social marketing campaigns and considered for other strategies only when the State has demonstrated that it cannot reach the target audience through any other means, or that the strategy that requires the waiver is a supplement to a program that does reach the target audience. For example, waivers that would allow for FSP reimbursement of nutrition education in low-income schools may be approved if they are supplemental to and coordinated with programs designed to reach Food Stamp families containing women and children.

⁴ The Surgeon General's Call To Action To Prevent and decrease Overweight and Obesity 2001, U. S. Department of Health and Human Services, Public Health Service, Rockville, MD.

⁵ Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and trends in overweight among US children and adolescents, 1999-2000. JAMA 288: 1728-32. 2002.

⁶ Health, United States, 2002, National Center for Health Statistics, CDC

⁷ Food Stamp Quality Control data for Fiscal Year 2002, USDA, Food and Nutrition Service, Office of Analysis, Nutrition, and Evaluation.

Revised Draft – May 2004

FSNE Framework

FNS formulated the principles in this document to strengthen FSNE to better address the health concerns and food budget constraints faced by low-income people. Guiding this effort is the acknowledgment that the focus of food stamp nutrition education is:

- Health promotion (helping people to establish healthy eating habits and an active lifestyle early in life and to maintain these behaviors throughout their lives) and
- Primary prevention of diseases (helping people who have risk factors for chronic disease, e.g. elevated blood pressure or serum cholesterol levels, prevent or postpone the onset of disease by establishing more active lifestyles and healthier eating habits).

This Framework also recognizes that achieving and sustaining positive change in eating and related behaviors is a difficult and complex challenge involving a dynamic interplay between multiple factors including individual characteristics; physical, social, cultural context, and the larger social processes.⁸ Consistent nutrition education messages need to be communicated through multiple channels that reach people where they live, work, learn, and play.

This Framework was developed to:

- Strengthen FSP target recipients' knowledge, skills, and motivation on healthy eating and active living within a limited budget and change their behaviors
- Improve skills and abilities of FSNE providers at the local level to deliver effective nutrition education through training and technical assistance
- Link recipients to community education, services, and support
- Promote coalitions, partnerships, networks, and cross-program efforts
- Improve organizational practices to support and reinforce health practices and make them easier to achieve
- Enhance policy that supports positive behavior and advances implementation

Strategies

The following strategies should be part of all FSNE efforts:

1. **Providing behavior-focused nutrition education for target food stamp recipients.** This education will strengthen skills and motivation for low-income individuals to adopt and maintain healthy food and physical activity behaviors within a limited budget.
2. **Providing science-based nutrition education.** This means choosing and using evidence-based strategies or interventions with demonstrated effectiveness for changing behaviors.

⁸ Promoting Health, Intervention Strategies from Social and Behavioral Research. Institute of Medicine, National Academy Press, Washington, D.C. 2000. p. 283.

Revised Draft – May 2004

3. **Coordinating and collaborating with other nutrition assistance and physical activity programs** to deliver services and consistent messages on healthier lifestyles and to support planning and offering community interventions targeted at low-income populations. This means across FNS nutrition assistance programs and other health related programs within States and between States as applicable. Inherent in this effort would be appropriate cost sharing across programs.
4. **Referring food stamp recipients and other eligible non-participants to appropriate nutrition services and programs within the community.** This may include referrals to other FNS nutrition assistance programs such as WIC, Child Nutrition Programs (school lunch), and other health services.
5. **Providing training and technical assistance for State and local providers.** This may include wellness training for nutrition education providers and human service professionals to increase their awareness of healthy eating and active living as part of a healthy lifestyle so that they may serve as models for the population being taught as well as for general overall health in their professions.

Strategy #1: Behavior-Focused Nutrition Education

FNS provides nutrition education and services that convey behavior-focused messages and enables State and local agency staff to ensure delivery of quality services. This Framework uses the widely accepted definition of nutrition education as any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well being.^{9 10}

This Framework recommends FSNE efforts focus primarily on the following behavior outcomes for FSP target participants:

- Eat 5-9 fruits and vegetables a day
- Be physically active each day¹¹ as part of a healthy lifestyle
- Maintain a healthy weight¹² by choosing sensible portion sizes¹³

The need to promote behavior change in each of these areas is well-documented:

- Fewer than one-third of American adults consume the recommended five to nine servings of fruits and vegetables per day: average daily intake of fruits and

⁹ Green LW, Kreuter MW. Health promotion planning: an educational and environmental approach. Mountain View, CA: Mayfield, 1991.

¹⁰ Society for Nutrition Education. Joint position of Society for Nutrition Education (SNE), The American Dietetic Association (ADA), and the American School Food Service Association (ASFSA); school-based nutrition programs and services. J Nutr Educ 1995; 27:58-61.

¹¹ Dietary Guidelines for Americans, 2000. (Adults need moderate physical activity for a total of at least 30 minutes most days of the week, preferably daily, and children need at least 60 minutes per day.)

¹² Dietary Guidelines for Americans, 2000, page 7, (BMI from 18.5 up to 25 refers to healthy weight)

¹³ Dietary Guidelines for Americans, 2000, page 15 (What counts as a serving?)

Revised Draft – May 2004

vegetables, when contributions from mixed dishes are included, is about four servings.

- Physical inactivity has reached epidemic levels in the nation. The majority of American children of all ages do not get enough physical activity; fully one-third is considered physically inactive. Adults are no more physically active. Food Stamp Nutrition Education efforts focusing on being physically active must also include messages that link nutrition and physical activity and the associated health benefits of active lifestyles.
- The *Dietary Guidelines for Americans* advise healthy weight Americans to avoid weight gain and those that are overweight to first aim to prevent further weight gain, and then lose weight to improve health. Prevention strategies include 5 A Day, being physically active, and other behaviors such as choosing sensible portion sizes.

These three behaviors are associated with a reduced risk of some forms of cancer, type 2 diabetes, and heart disease. It is appropriate to focus on these three behavior outcomes for FSNE since low-income individuals often experience a disproportionate share of diet-related problems that are risk factors in the major diseases contributing to poor health, disability, and premature death. Primarily focusing on these three behaviors does not prevent FSNE efforts based on other outcomes compatible with the *Dietary Guidelines for Americans* and adequately justified by a needs assessment.

Strategy # 2: Science-based Nutrition Education

Current FNS policy calls for science-based FSNE. This Framework clarifies the meaning of “science-based” in this context to reflect FNS’s expectation that FSNE operators focus on the following:

- A State’s FSNE plan demonstrates through a review of the literature and sound self-initiated evaluation, if applicable, that planned interventions have been tested and demonstrated to be meaningful for their specific target audience(s) and implemented as intended or modified with justification.
- States incorporate general education features that have been shown to be effective such as 1) behaviorally-focused messages; 2) identification and use of motivators and reinforcements that are personally relevant to the general target audience; 3) use of multiple channels of communication to convey messages; 4) approaches that provide for active personal engagement; and 5) intensity/duration that provides the opportunity for multiple exposures to the message.

Strategies # 3: Coordination and Collaboration

There are many challenges that low-income people meet head-on every day in trying to achieve a healthy lifestyle. The likelihood of nutrition education messages successfully changing behaviors is increased when consistent and repeated messages are delivered through multiple channels.

Cross-program coordination and collaboration at the State and community levels includes working together toward a common goal to reinforce and amplify each other’s

Revised Draft – May 2004

efforts. Collaborative projects necessitate commitments of staff support and time, as well as cost sharing among all involved entities.

FNS works with numerous public and private entities in FSNE efforts, including other USDA agencies (CSREES, ERS, and ARS), other Federal agencies such as Department of Health and Human Services (DHHS), Association of State Nutrition Networks Administrators, Society for Nutrition Education and American Public Human Services Association. Similarly, FSNE providers at the State and local levels are encouraged to work with community based public and private entities. This could include Cooperative Extension/Land-Grant University System, State nutrition networks, community action agencies, health departments, food stores, faith-based organizations, farmers' markets, media outlets, and ethnic/cultural groups or organizations. These relationships can help to maximize the impact of resources, expand reach and consistency of messages, advance evaluation strategies, and build a broad, sustainable base of support for FSNE.

To implement this strategy, nutrition education providers and human services professionals should:

- Work across FNS nutrition programs to consistently deliver behavior focused nutrition messages to reach Food Stamp participants using many outlets
- Work with other State and community health providers, agencies, and organizations to coordinate and deliver behavior focused messages on healthy eating habits and active lifestyles

Strategy # 4: Referrals

Food Stamp staff and nutrition educators can expand “nutrition security” of food stamp households and potential food stamp eligible persons by referring them to other FNS nutrition assistance programs and related services. This could include food/cash benefits as well as nutrition education. The food stamp office and nutrition education sites are logical places for reaching food stamp eligible clients and referring them to other programs and services. Human services professionals (eligibility workers) could provide information to clients on available nutrition education services or classes, other nutrition assistance programs such as WIC and school meals, and other health services that clients may want or need.

To implement this strategy, human services professionals and nutrition education providers should refer Food Stamp clients to:

- FSNE services or classes
- Other FNS nutrition assistance programs, such as WIC, CNP (school meals), FMNP (Farmers' Market)
- Local health departments for preventive health services and/or chronic diseases, such as diabetes, coronary heart disease, etc.

Revised Draft – May 2004

Strategy # 5: Training and Technical Assistance

A strong, consistent program of training and ongoing technical assistance is essential to ensuring consistent high-quality services to clients. To implement this strategy, nutrition education providers and human service professionals who provide services to low-income populations should:

- Link food stamp benefits with nutrition education services by providing information, nutrition education sessions, and demonstrations in food stamp offices or other locations where Food Stamp participants congregate
- Provide information on how to budget within the Thrifty Food Plan and the recipient's current food stamp allotment
- Model healthy lifestyles and refer food stamp recipients to services using lessons learned from wellness training
- Use FNS provided resources and materials such as Food Stamp Nutrition Connection resource system, Eat Smart. Play Hard™, Team Nutrition materials, or other science-based educational resources.

Strategic Approaches

FNS encourages the use of a multi-faceted approach to help low-income people improve their eating and physical activity behaviors. Social marketing is an important component of this effort. Over the past 20 years, social marketing has become a widely accepted approach to addressing public health problems. It has been used successfully for a host of public health issues such as reducing AIDS risk behaviors, preventing youth from smoking, promoting breastfeeding, good nutrition, and physical exercise.¹⁴ Social marketing emphasizes consumer-driven research and constantly tries to understand the needs and expectations of the target audience.

FNS often uses a social marketing approach to develop and plan nutrition education programs and materials that address the unique needs of program participants including literacy and language capabilities. FNS has experienced success in using a social marketing approach in several national efforts including the *Loving Support* Breastfeeding Promotion, Team Nutrition, and Eat Smart. Play Hard.™ FSNE providers are encouraged to use and build on programs and materials developed by FNS and DHHS such as 5-A-Day and, as appropriate, use a social marketing approach in planning State or local FSNE efforts.

Roles and Responsibilities

Providing nutrition education and related services to food stamp participants requires the cooperation of federal, state and local entities and the recognition that each of these sets of organizations has particular roles and responsibilities.

¹⁴ Coreil J, Bryant CA, & Henderson N. *Social and Behavioral Foundations of Public Health*. Thousand Oaks, CA: Sage Publications, (2000)

Revised Draft – May 2004

FNS, USDA

- Establish FSNE policy and develop related guidelines and procedures, intervention programs, and activities that address the highest priority nutrition problems and needs of the target audiences.
- Monitor nutritional and physical activity status of food stamp participants and process information back into program development including sharing at appropriate levels.
- Lead the coordination of nutrition education and related efforts at the national and regional levels, including partnerships with other Federal agencies, appropriate national organizations, and other public and private entities to address national priorities.
- Promote and support cross program collaboration and planning at State and local levels to ensure implementation of consistent and effective interventions.
- Align FSNE messages with all FNS nutrition assistance program messages.
- Provide training and technical assistance to program providers at all levels including linking staff with appropriate resources.

State Food Stamp Program Agencies

- Work collaboratively across State Agencies and with private agencies to support healthy eating and active living.
- Work with all State Nutrition Education Providers to strategize and develop a coordinated, cohesive State FSNE Plan that addresses national and state priorities and links FSNE to food stamp benefits.
- Provide leadership, direction and information to ensure that nutrition education targets food stamp participants.
- Submit State FSNE Plan annually to FNS by August 15th and final report by November 30th of each year.
- Monitor implementation of State FSNE Plan including allowable expenditures.
- Consider offering wellness training to State/local office human services professionals.

State Nutrition Education Providers

- Work collaboratively with State Food Stamp office to plan and implement FSNE targeting Food Stamp participants using State agency data and other information to increase access to FSNE for Food Stamp participants
- Work with other State and local agencies and with private agencies to support healthy eating and active living.
- Work with State FSP Agency to strategize and develop a consolidated State FSNE Plan that addresses national/state priorities and needs and includes sound evaluation strategies.
- Implement science-based nutrition education as specified in the approved NEP.
- Submit required reports according to timelines established by State FSP.
- Promote participation of nutrition education staff in worksite wellness activities and/or facilitated participation in community-based wellness programs. Consider offering wellness training to State and local nutrition education providers.

Revised Draft – May 2004

Local Nutrition Education Providers

- Deliver nutrition education services to food stamp participants according to approved State FSNE Plan.
- Use appropriate education strategies and implementation methods to reach Food Stamp participants.
- Collect and report data regarding participation in FSNE and characteristics of those served.
- Refer food stamp participants to other FNS nutrition and health services as appropriate.
- Provide referrals to Food Stamps for low-income non-participants to access food stamp benefits, as appropriate.
- Participate in worksite wellness activities, community-based wellness programs, and/or establish worksite or community programs, if appropriate.

Local Food Stamp Offices

- Help FSNE staff reach food stamp participants with nutrition education by sharing information and providing space for on-site education as appropriate.
- Build relationships with other local service providers (WIC, local health departments, school meals programs) so referrals of food stamp participants to other nutrition and health related services could be made as appropriate.
- Provide space for nutrition education services (including posting and displaying nutrition information and room/space for classes, food demonstrations).
- Participate in wellness programs at the worksite and/or in the community.

Revised Draft – May 2004

Addendum:

The Evidence to Support FNSE Primary and Secondary Audiences

In FY 2002, among the Food Stamp Program households with children, approximately 85% had women compared to 25% with men and 11% with children only (see Figure 1). Additionally almost 70% of participating adults were women and among the participating adult women, 61% live in households with children.¹⁵

Figure 1. Food Stamp Program Households with Children, By Presence and Gender of Adults FY2002

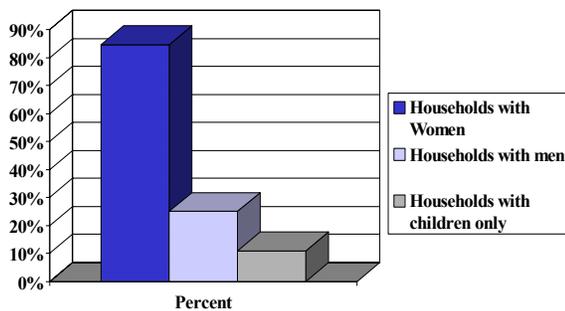
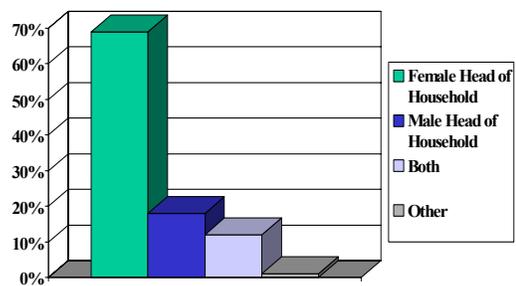


Figure 2. Primary Grocery Shopper April 2003



Women are often seen as “gatekeepers” of what foods are purchased for the household since they are the primary grocery shopper (see Figure 2). Characteristics of the primary grocery shopper are: 69% female head of household, 18% male head of household, 12% both and 1% other.¹⁶

An American Dietetic Association Foundation survey conducted in January 2003 found parents have more potential to influence their children’s behavior including their eating habits than anyone else. The Survey also reported that the top role model for youth ages 8-17 was their mother. Research has found particularly strong links between the food mothers eat and the choices made by their children.¹⁷

Children and teenage youth also greatly influence household food purchasing decisions. One survey reported that nearly 50 percent of parents believe that their children influence meal and grocery choices and restaurant selection.¹⁸ Additionally, it was noted that over half of the 20 million 12-to 19-year-old girls in the United States shop for part or all of the families’ groceries each week.

¹⁵ Food Stamp Quality Control data for Fiscal Year 2002, USDA, Food and Nutrition Service, Office of Analysis, Nutrition, and Evaluation.

¹⁶ Progressive Grocer Annual Report April 2003.

¹⁷ Children’s role models for health: Parents outrank others. Survey by American Dietetic Association Foundation, January 2003.

¹⁸ Kraak V, The Influence of Commercialism on the Food Purchasing Behavior of Children and Teenage Youth. Family Economics and Nutrition Review. 1998 11(3): 15-24.