

Oklahoma Cooperative Extension Service Oklahoma Nutrition Program (ONE) - SNAP-Ed Summary - FY17 Impact Report

Impacting the Economy

Since 1995, Oklahoma State University has been Oklahoma's largest implementing agency of the SNAP-Ed program.

Based on USDA recommendations, our SNAP-Ed program focus is to reduce obesity through improved dietary quality, increased food resource management, increased food safety, decreased food insecurity, and increased physical activity among low-income families in Oklahoma.

SNAP-Ed has an impact on the state's economy and makes a difference by:

- Teaching participants to eat healthy and move more, translating to better health and using the healthcare system less.
- Teaching participants to stretch their food dollars so they have more funds to spend on other critical needs.
- For **every \$1** spent in quality nutrition education, there is a potential long-term health care cost reduction of **\$10.64**. (1)
- **One** physically active child saves **\$2,741** in health care costs each year. (2)
- Every **\$1** invested in nutrition generates as much as **\$138** in better health and increased productivity. (3)

The SNAP-Ed program leverages federal and state funds statewide, provides approximately **50 job** opportunities to local citizens and contributes **\$2.2 million** to the state's economy in salary and benefits. The program operates in **34 counties** across Oklahoma with select youth programs offered statewide.

In FY17, **380** community volunteers committed 3,994 hours in support of the SNAP-Ed mission for an estimated dollar value over **\$88,188** (according to an independent sector evaluation).

For every dollar of federal funding for SNAP-Ed invested in Oklahoma, the state sees a return of **\$5.60**. In total, that's **\$12 million** saved on health care annually.

Changing Adult Behavior

In 2017, SNAP-Ed reached **2,126 adults** and **14,093 youth** directly and nearly **6,328 family** members indirectly through in-depth nutrition education classes. **Forty-two** percent of the adult graduates were minorities. (54% White, 16% American Indian, 14% Black, 12% Multiple Races, 4% not provided).

As a result of participating in our program:

- **92%** of adults reported positive changes to their diet
- **89%** of adults improved nutrition practices
- **82%** of adults improved food resources management practices
- **50%** of adults improved food safety practices
- **34%** of adults increased physical activity by 30 minutes or more.

Family Resource Management: Oklahoma SNAP-Ed reaches the poorest of the poor with **48%** of enrolled adults at equal or less than 50% of the federal poverty level. (Most federal food assistance programs require participants to be 185% or less of the federal poverty guidelines).

SNAP is considered a food safety net for Americans. **Ninety-two percent** of adult participants reported **ONLY** being enrolled in SNAP, while 8% were enrolled in one or more federal food assistance programs. Teaching families resource management practices, which include how to plan, shop, and save by comparing prices, is important to ensure food security. At exit, **36%** of adult participants reported they ran out of food less often before the end of the month. Additionally, **82%** of adults reported improving one or more food resource management practices.

Influencing Youth

Nutrition education was delivered to low-income youth through three unique programs in 2017: Food & Fun for Everyone, a series of nutrition education lessons; OrganWise Guys, a school-wide program promoting a healthy lifestyle; and Farm to You, a traveling, interactive nutrition exhibit. The three programs have an overarching goal of encouraging youth to make positive choices that will help them lead healthier lives. Combined, the three programs taught **14,093** elementary-age students across Oklahoma about healthy living through school enrichment programs and short-term educational activities. In 2017, were we able to reach diverse audiences with our youth programming efforts. Forty-seven percent of youth reached were minorities. (22% American Indian, 1% Asian, 7% Black, 1% NH/OPI, 54% White, 3% Not Given, 20% Multiple Races)

As a result of participating in our program:

- **74%** of youth increased knowledge or ability to choose healthy food
- **27%** of youth increased fruit consumption
- **31%** of youth increased vegetable consumption
- **40%** of youth improved food safety and preparation knowledge or practices
- **74%** of youth improved physical activity knowledge or practices

Community Sites/Partnerships

Partnerships are an integral part of programming efforts to reach SNAP-eligible individuals in the places where they work, eat, play and live. In FY 17, there were **132** program delivery sites with over **300** partnerships at the local, county, district and state level, including (in descending order): schools, public housing, health care, adult education, community centers, Head Start, churches, food stores, emergency food sites, extension service offices, rehabilitation programs, shelters, youth sites, SNAP offices, worksites, Tribal programs, Farmer's Markets, pre-release correctional programs, and military.

Empowering Communities

We are increasing access to health foods through community partnerships by planting fruit trees and community gardens in low-income areas and schools. Over the past three years, SNAP-Ed implemented **14** health and hunger community projects. The projects focused on improving access to fruits and vegetables through community gardens, orchards and green houses. Approximately **3,542** low-income individuals were reached in 20 counties. Settings included: schools, low-income housing, senior citizen centers, cooperative extension offices and community centers. As we empowered communities to grow their own produce, the approximated total retail value of the harvested fruits and vegetables was **\$24, 241**.

References

1. Rajgopal, R. et al, J. Nutr. Educ. 2002; 34:26-27)
2. 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.
3. Hoddinott, Rosegrant and Torero, Copenhagen Consensus Challenge Paper, Copenhagen Consensus 2012.