

Delaware Supplemental Nutrition Assistance Program Education (SNAP-Ed) Needs Assessment

Demographic Characteristics of SNAP Target Audience in DE

According to the United States Census Bureau's 2013-2017 American Community Survey 5-Year Estimates, the poverty rate in Delaware is 12.1% (US Census Bureau, 2017). Poverty rates in New Castle, Kent, and Sussex counties are 11.9%, 13.0%, and 12.0% respectively (US Census Bureau, 2017). Race also plays a role in poverty status in Delaware. Currently, 9.4% of white alone, 18.8% of black alone, and 24.3% of Hispanic or Latinos of any race are impoverished (US Census Bureau, 2017). In Delaware, 13.7% of families with children under the age of 18 and 31% of families with a female householder and children under the age of 18 live in poverty (US Census Bureau, 2017). Sussex County has the highest percentage of families with children living in poverty at 16.4% followed by Kent County at 15.8% and New Castle County at 12.1% (US Census Bureau, 2017).

Only 6.4% of Delawareans over the age of 16 are unemployed (US Census Bureau, 2017). The highest unemployment rate is in Kent County at 6.7% followed closely by New Castle County at 6.5% and Sussex County at 6.1% (US Census Bureau, 2017). Even though the majority of Delawareans are employed, 17.8% of households make less than \$25,000 a year in Delaware (US Census Bureau, 2017). The 2017 Delaware Occupational Employment Statistic Survey reported the annual mean wage for Delaware's lowest paying occupation is \$24,896 (Cade, 2018). From June 1, 2015 to December 31, 2018, the Delaware state minimum wage is \$8.25 per hour (State of Delaware, 2018). Starting January 1, 2019, the minimum wage will increase to \$8.75 per hour (State of Delaware, 2018).

According to the January 2018 United States Department of Agriculture (USDA) Profile of SNAP Households report, 39,277 households representing 147,559 people receive SNAP benefits in Delaware (USDA, 2018). Of those families, 15.2% have no workers in the past 12 months, 52.5% have one worker in the past 12 months, and 32.3% have two or more workers in the past 12 months (USDA, 2018). The mean SNAP household income in Delaware is \$28,258 and 36.6% of SNAP families live below the poverty line (USDA, 2018).

In 2015, Feeding America's Map the Meal Gap project indicated that 12.0% of Delawareans are food insecure (Feeding America, 2018). Approximately, 64% of these individuals are below 200% of the poverty line (Feeding America, 2018). For the 2018-2019 school year, the Delaware Department of Education (DDOE) reported that 119 schools are participating in the Community Eligibility Provision (CEP), enabling 62,075 students from all over the state to receive school meals at no cost (Delaware Department of Education, 2018).

The Food Bank of Delaware participated in a comprehensive study conducted by America's Second Harvest, entitled Hunger in America 2014 (Feeding America, 2014). Interviews were conducted with over 350 clients at 108-member agencies in Delaware. Based on data provided by the Food Bank of Delaware and these interviews, key findings included:

- 87,500 unique individuals were provided emergency food assistance; 25% of them were youth under the age of 18 and 20% were seniors
- 7% of the households had no income, 45% had incomes between \$1 and \$10,000, and 2% had incomes of \$10,001 to \$20,000.

- 44% of households had a member who was employed during the last 12 months; in 71% of the households, the most employed person was currently out of work
- 55% were African-American, 24% were non-Hispanic white, and 5% were Hispanic
- 73% were food insecure, while only 27% were classified as food secure
- 50% did not currently receive SNAP benefits with 23% not currently or never receiving SNAP
- 58% used various strategies for feeding themselves and family members including eating food past the expiration date, growing food in a garden, pawning or selling personal property, and watering down food or drinks

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Delaware Specific Diet-Related Health Statistics on Target Population

Chronic disease is a concern both nationally and in the state of Delaware. According to the CDC, over one third (about 39.8%) of adults in the United States (U.S.) are obese (Hales, Carroll, Fryar, & Ogden, 2017). According to The State of Obesity: Better Policies for a Healthier America report released in September 2018, Delaware has the 23rd highest adult obesity rate and the 11th highest overweight and obesity rate in the nation (Robert Wood Johnson Foundation, 2018a). Delaware's adult obesity rate is currently 31.8%, up from 17.1% in 2000 (Robert Wood Johnson Foundation, 2018; Robert Wood Johnson Foundation, 2018b). Adults between the ages of 45-64 have the highest prevalence of obesity at 36.1%, followed by adults who are over the age of 65 at 33.9%, and then adults between the ages of 25-44 at 31.3% (Robert Wood Johnson Foundation, 2018). Adult obesity rates are lowest in those who are 18-24 years of age at 15.5% (Robert Wood Johnson Foundation, 2018). The obesity rate for 2- to 4-year-old WIC participants in Delaware is 17.2% (Robert Wood Johnson Foundation, 2018). The 2014 Delaware Survey of Children's Health (DSCH) sponsored by Nemours found that 14.7% of Delaware children, ages 2-17, are overweight and that 20.9% are obese (Delaware Survey of Children's Health, 2014).

Heart disease, stroke, type 2 diabetes, and some types of cancer are all obesity-related. These are leading causes of death in the U.S., but they are preventable through the consumption of a healthy diet and participation in adequate physical activity (American College of Cardiology/American Heart Association Task Force on Practice Guidelines, Obesity Expert Panel, 2013, 2014; Bhaskaran et al., 2014; CDC, 2015). The prevalence of key obesity-related health issues, hypertension and diabetes, were also included in The State of Obesity 2018 report (Robert Wood Johnson Foundation, 2018). According to the report, Delaware's adult diabetes rate is 11.3% and adult hypertension rate is 34.9% (Robert Wood Johnson Foundation, 2018). Obesity and obesity-related health issues are of special concern for low-income individuals. In the U.S., adults living in households with incomes above 350% of the poverty line have a lower rate of obesity (31.2%) than households with incomes >130% to ≤350% (40.8%) and ≤130% (39.0%) of the poverty line (Ogden et al., 2017). Moreover, low-income groups have a significantly higher diabetes risk than high-income groups. According to The Burden of Diabetes in Delaware 2014 report, 13.1% of Delawareans making less than \$15,000 per year reported having diabetes while only 7.9% of Delawareans making \$50,000 or more per year

reported having the disease (Delaware Health and Social Services Division of Public Health, 2014) .

The Healthy People 2020 goals for fruit and vegetable intake are 0.93 cups per 1,000 calories of fruit and 1.16 cups per 1,000 calories of vegetables (ODPHP, 2010). Many Delawareans are not meeting this recommendation, which has implications for long term health-related outcomes. In 2015, 38.2% of adults in Delaware reported consuming fruit < 1 time per day and 20.7% reported consuming vegetables < 1 time per day (CDC, 2018). Likewise, 38% of adolescents in grades 9-12 reported consuming fruit < 1 time per day but data on vegetable consumption was not available (CDC, 2018). The DSCH also reported that 51.5% of Delaware's children ages 2-17 in Kent County are consuming five servings of fruits and vegetables daily, while there are a reported 52.4% in New Castle and 61.3% in Sussex County (Delaware Survey of Children's Health, 2014). Additionally, Sussex County children ages 2-17 are consuming 3.4 cups of sugar-sweetened beverages on average weekly, while 2.9 cups are being consumed on average weekly in both Kent and New Castle counties (Delaware Survey of Children's Health, 2014). Forty-eight percent of New Castle county babies are breastfed for six months or more, while there are 41.9% in Kent County and 36.8% in Sussex County (Delaware Survey of Children's Health, 2014).

New Information Collection and Priority Community Needs

In March 2018, the Delaware Department of Agriculture hosted its first Farm and Food Planning Seminar, as a result of the 2016 Connecting Healthy Farms to Healthy Delawareans Farm and Food Report. Bringing together a group of stakeholders representing a broad range of industries from across the state and neighboring states, the sectors that were represented included research and education, healthcare, community leadership, private companies, government agencies, agriculture, and policy.

Participants provided feedback throughout the seminar through a variety of activities. The subsequent Statewide Farm and Food Policy Council and supplemental committees and workgroups will utilize these focus areas to identify objectives, scope, methodologies and strategies to prioritize projects and initiatives moving forward. Priority areas that were identified included:

- Priority 1: Preserve and expand family farms in Delaware
- Priority 2: Enhance local market opportunities for Delaware growers and producers: Grocery stores, farmers' markets, restaurants, schools and other institutions
- Priority 3: Connect Delaware agriculture to consumers to promote consumption of locally grown foods to support healthy lifestyles
- Priority 4: Foster relationships between consumers, producers, and groups working to facilitate access and education around food resources in the State of Delaware.

To inform the development of The State of Delaware's State Health Improvement Plan (SHIP) initiatives, the Delaware Public Health Institute recently conducted the Delaware Health Needs Assessment from April to November of 2016 (Delaware Public Health Institute, 2017). The Mobilizing for Action through Planning and Partnerships or MAPP framework was followed and critical health needs in Delaware were identified using The Forces of Change Assessment, The Local Public Health System Assessment, The Community Themes and Strengths Assessment, and The Community Health Status Assessment (Delaware Public Health Institute, 2017). Data were collected and analyzed to reveal four main areas of need in Delaware: chronic

disease (especially heart disease, diabetes, and asthma); maternal and child health (especially teen pregnancy, premature births, and low birth weight); substance use/misuse (especially the opioid epidemic, accidental overdose, and smoking/e-cigarette use); and mental health (especially diagnosis-particularly in youth, suicide/suicide ideations, and the impact of trauma) (Delaware Public Health Institute, 2017). SHIP is currently being updated to reflect the data found through this assessment, and align with plans of organizations and coalitions to address these needs.

The University of Delaware Cooperative Extension launched a policy, systems and environmental (PSE) change stakeholder survey in May 2018 via Survey Monkey. Respondents were asked questions pertaining to the sectors and counties where they provided services, how they prefer to receive professional development opportunities, what they perceive as being the top three health issues in the counties where they work, potential PSE strategies that could address those health issues, if they provided services to a low income population and if they felt PSEs were important in changing/supporting the health behaviors of the people in the communities where they work.

Respondents were evenly distributed from each county. One hundred percent of respondents said they currently work with a low-income population and 90% participated in the 2018 Systems Approaches for Healthy Communities PSE Learning Collaborative. Eighty percent said they provide services in the community sector, 50% in the healthcare sector, 40% in the school/university sector, 30% from each the government and faith-based sectors and 20% from each the early learning and worksite sectors. The top three health issues identified by respondents statewide included obesity, diabetes and food access. Potential PSE strategies named by respondents to address these issues included purchasing cooperatives for corners store owners, more funding for transportation, and farm-to-local distribution methods. Forty-six percent of respondents preferred a hybrid learning model (combination of in-person and online) for PSE professional development opportunities, followed by 36% preferring a 100% online model and 18% preferring a 100% in-person model. One hundred percent of respondents felt that PSEs were important in changing/supporting the health behaviors of the people in the community. If all of the organizations represented by the respondents implemented PSEs strategies/initiatives, over 423,000 Delawareans could potentially be reached.

Delaware Cooperative Extension, a collaboration between the University of Delaware and Delaware State University, launched a survey in May 2018 that measured the needs of the communities by surveying internal and external stakeholders (Delaware Cooperative Extension, 2018). Respondents were asked to rate the importance of 13 state-level issues and then more specifically issues concerning things like economic development, leadership development, health, and agriculture and the environment (Delaware Cooperative Extension, 2018). The top three state-level issues were ensuring the availability of clean water with 93% of participants choosing “very important” followed by keeping communities safe from crime (89%) and managing natural resource sustainability (84%) (Delaware Cooperative Extension, 2018). Although not in the top five, 65% of participants reported preventing chronic disease as a “very important” issue (Delaware Cooperative Extension, 2018). When asked specifically about health issues in the community, 56% of respondents chose availability of physical activity programs as a “very important” health issue (Delaware Cooperative Extension, 2018). Respondents were also asked to rank their priorities for research and training topics (Delaware Cooperative Extension, 2018). In the first group of topics, preparing healthy and safe food was ranked number one in the “very important” category by 11% of participants while physical

activity received this ranking by 5% of participants (Delaware Cooperative Extension, 2018). In the second group of topics, 22% of participants chose either healthy behaviors and dietary practices (11%) or healthy foods on a budget (11%) as the number one priority (Delaware Cooperative Extension, 2018).

Delaware hospitals including Bayhealth affiliated hospitals, Beebe Medical Center, and Christiana Hospital, conducted community needs assessments in 2016 to determine priority health issues of the counties they serve (Bayhealth Education Department, 2016a; Bayhealth Education Department, 2016b; Beebe Healthcare Population Health Service Line, 2016; Christiana Care Health System, 2016). Overwhelmingly, the results across the state were very similar. All assessments included obesity and mental health as top priority needs (Bayhealth Education Department, 2016; Bayhealth Education Department, 2016; Beebe Healthcare Population Health Service Line, 2016; Christiana Care Health System, 2016). Other common high-ranking needs included diabetes, cancer, and substance abuse (Bayhealth Education Department, 2016; Bayhealth Education Department, 2016; Beebe Healthcare Population Health Service Line, 2016; Christiana Care Health System, 2016). Nemours/Alfred I. duPont Hospital for Children specifically looked at the needs of children in Delaware and found that obesity related topics such as nutrition, physical activity, and weight were areas of concern as well as mental health (Professional Research Consultants, 2016).

Other Nutrition-Related Programs Serving Low-Income Persons in DE

Two other programs in Delaware deliver educational programs to low-income Delawareans. Delaware Cooperative Extension through the University of Delaware's and Delaware State University's Expanded Food and Nutrition Education Program (EFNEP) work with low-income families with young children and provide informal nutrition education for youth from low-income families. Additionally, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves limited-resource clients with approximately half of all babies born in Delaware receiving WIC benefits.

The State of Delaware's Child Nutrition Programs are robust. Six federal nutrition programs are offered in the 19 public school districts and several charter schools statewide including National School Breakfast Program, National School Lunch Program, After School Snack Program, Fresh Fruit and Vegetable Program, Summer Food Service Program and Child and Adult Care at Risk Afterschool Feeding Program. Additionally, several districts have exceeded federal guidelines and have been awarded the Healthier US School Challenge award. All 19 public school districts, and many charter schools, also have Farm-to-School initiatives.

State Nutrition Action Councils (SNAC) are initiatives of the USDA Food and Nutrition Service that seek to encourage partnerships and collaborative interventions between nutrition assistance programs and other related groups such as public health programs, healthcare providers, schools, faith-based groups and other community organizations with the goals of healthy eating promotion and obesity prevention. In Delaware, this group fosters collaboration among various agencies, working together to reduce the duplication of services, while sharing resources, problem solving, and promoting one another's programs.

There are a few groups that have organized and are currently organizing around healthy lifestyles and chronic disease prevention. Although not delivering direct education, the Delaware Partners to Promote Healthy Eating and Active Living (DE HEAL), comprised of a number of state agencies, health organizations, and community groups, address educational

issues in a variety of settings including communities, schools and worksites. The Delaware Center for Health Innovation (DCHI) was created through the State Health Innovation Model Initiative (SIM) to transform healthcare in the State of Delaware. Additionally, an initiative in Kent County entitled Delaware Plan4Health, is addressing health disparities around chronic disease, healthy eating, active living, and food access through municipal planning efforts. As previously mentioned, the Delaware Department of Agriculture is in the process of assembling a Food Policy Council, as an action listed in the 2016 Connecting Healthy Farms to Healthy Delawareans Farm and Food Report .

Implications of Delaware’s Needs Assessment and How Findings Were Applied to Current SNAP-Ed Plan

Delaware’s FY 2020 SNAP-Ed plan will strive to use evidence-based nutrition education and PSE interventions to improve the health behaviors of low-income Delawareans that affect priority issues including obesity, mental health, and chronic disease.

According to the findings of this needs assessment, the target populations of SNAP-Ed programs in Delaware are low-income adults, low-income children and youth, agencies and organizations that serve low-income individuals and families, and worksites that employ low-income individuals.

Partnerships and collaborations will also be an important part of the success of Delaware’s FY2020 SNAP-Ed initiatives. The first cohort of the Delaware Systems Approaches for Healthy Communities PSE Learning Collaborative helped educators, supervisors, planners, leaders, and decision makers understand the importance of PSE work, create a common PSE language throughout the state, and provide the skill set necessary for the incorporation of PSE approaches into health promotion work throughout Delaware in the future.

Additionally, to ensure relevancy and relatability, Delaware SNAP-Ed administrators will attempt to utilize the most up-to-date technologies to administer programs and program components. Finally, the success of Delaware’s FY 2020 SNAP-Ed initiatives will be assessed using appropriate evaluation methods and validated instruments and questions when possible.

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