



Tisch Report

Empowered Eaters:

A Road Map for Stronger
New York State
Nutrition Education
Policies and Programs





**Laurie M. Tisch Center for Food, Education & Policy
Program in Nutrition
Teachers College, Columbia University**

The Center cultivates research about connections between a just, sustainable food system and healthy eating and translates it into recommendations and resources for educators, policy makers, and community advocates. The Center focuses on schools as critical levers for learning and social change.

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Letter from the Director

While many things contribute to health—sleep, fresh air, and exercise, for instance,—the foremost consideration is food. This is recognized to-day as never before, and those who regard their own welfare and desire to give their children the best possible equipment for the stress of modern life are asking how to choose food wisely. So many kinds of food are displayed in our markets, and so many placards offer warning or advice about what to eat, that a guidebook to good nutrition would seem quite essential for the twentieth century family.

-Mary Swartz Rose, “Feeding the Family,” 1921

These words ring as true today as they did in 1921, when Mary Rose Swartz wrote them. Swartz founded the field of nutrition education at Teachers College. She recognized that while most of us want to eat well, we are challenged to do so. Today we are inundated by tens of thousands of new “food” products; billions spent marketing highly-processed, minimally nutritious foods; and confusing health claims about food. Add to that mix the lack of time, money, and access which many New Yorkers face, and it is understandable why so many of us struggle to eat well. The current epidemic of diet-related health problems gives testament to this struggle.

With such a pressing need for great nutrition education, alongside accessible and affordable healthy food, we set out to ask the question: how is our government responding? This seemingly simple question led to over two years of research into the landscape of federal, state, and local investment in nutrition education. The result is this report, along with a companion report focused on New York City.

What did we find? We found ample evidence that New York State continues to be a leader in food and nutrition policy. And, we found plenty of room for improvement. We found that food and nutrition education—whether for disease prevention, K-12 education, anti-hunger efforts, food waste reduction, environmental sustainability, or support for the elderly—is woven throughout many state initiatives, yet lacks coordination. We found that educators and community members need a greater role in designing and implementing nutrition education policy. And perhaps most immediately alarming, we found that our New York State initiatives are highly vulnerable to federal and state budget cuts.

We need to unite. We must tell our government representatives that publicly supported food programs and nutrition education are critical for reducing health care costs, providing jobs, saving our environment, and increasing the quality of life of our citizens. We may be able to do more than just prevent these programs from being cut. We can be visionary, and advocate for policies and investments that help all New Yorkers be empowered eaters.

Despite very real obstacles, I remain hopeful. I hope you do, too. If we work together, we can increase the possibility that people will get excellent, culturally responsive nutrition education and have easy access to healthy, sustainable, and just food.

Sincerely,



Pamela Koch, EdD, RD



Executive Summary

The Need for a Nutrition Education Policy Road Map

New York is a national leader in public health and food and nutrition policies. New York State's policies and programs empower New Yorkers—they help citizens buy, grow, prepare, eat, and advocate for healthier foods.

But, the state has room to improve. Twenty-five percent of New Yorkers are obese, low income communities and communities of color are far more likely to suffer from diet-related health conditions, and health care costs continue to rise.⁶ Potential cuts to federal and state funds threaten many local initiatives that help New Yorkers eat well. New York must do more to empower eaters—the state must strategically invest in nutrition education and, at the same, maintain funding for existing public health and safety net programs.

Nutrition education has many names—food literacy, obesity prevention, and consumer education, to name a few. Nutrition education involves different strategies and activities that help people navigate the numerous factors influencing what they eat. It provides people with the motivation, skills, and knowledge to balance these factors and still eat well. Nutrition education also maximizes investment in food assistance programs that make healthy food more accessible and affordable. Ultimately, nutrition education empowers people to advocate for food systems that are healthy for themselves, their communities, and the planet.

To strengthen nutrition education, state agency and elected officials, local providers, researchers, and advocates must understand the complex public systems that currently support nutrition education in New York State. This report provides a road map to strengthen the systems that help New Yorkers eat well throughout their lives, in all of the places where they live, work, learn, worship, and play.



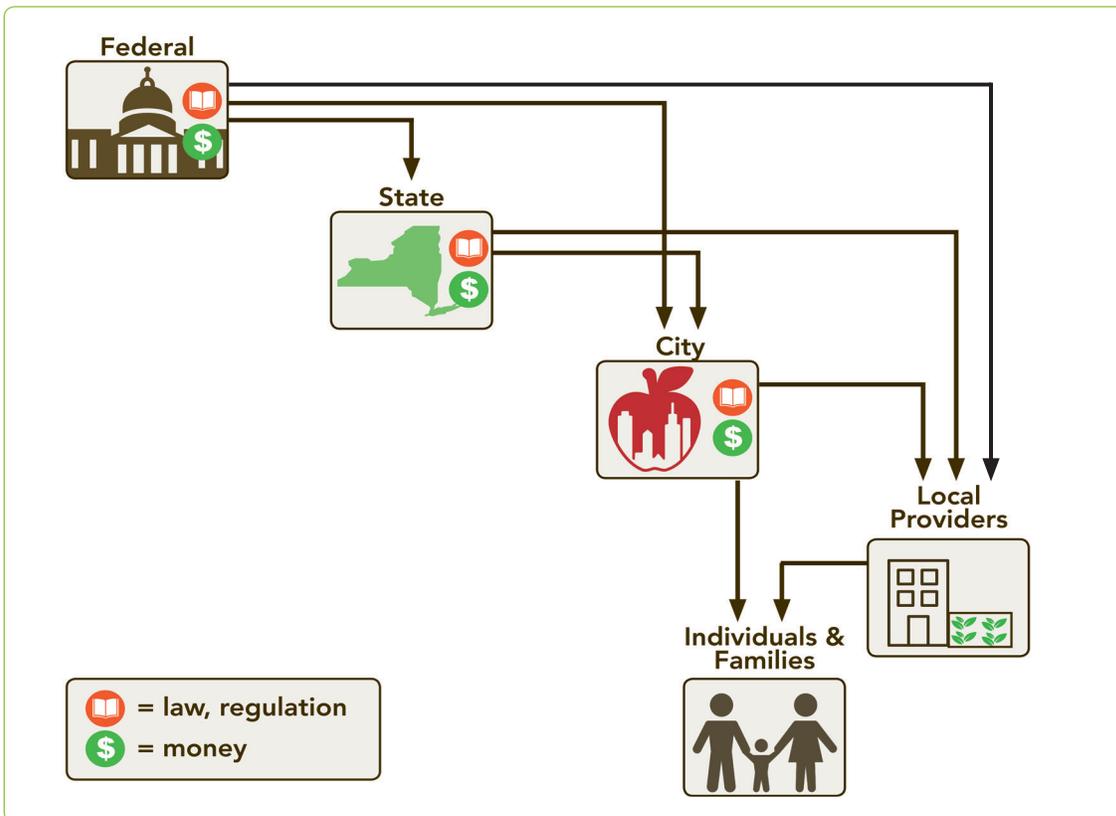
Developing a Nutrition Education Policy Road Map for New York State

This report focuses on the 32 federal and state nutrition education initiatives that New York State agencies administered in federal fiscal year (FY) 2016. To determine the landscape of nutrition education initiatives, we reviewed relevant legal, programmatic, and funding data sources. We also conducted 47 interviews with 62 key state agency officials, local providers, researchers, and advocates.

For this report, we have categorized nutrition education initiatives by the extent to which they focus on and require nutrition education. We outline the legislative, political, and regulatory processes that create, the source(s) that fund, and the agencies that administer these initiatives. We discuss the federal and state health, social service, education, elder, child care, and agricultural policies that authorize nutrition education initiatives.

We also describe supports for and barriers to publicly supported nutrition education in New York State.

Figure ES.1: Current Relationships among Federal Agencies, State Agencies, City Agencies, Local Providers, and Nutrition Education Participants



Key Findings

Federal Nutrition Education Policy

The majority of New York State initiatives that can support nutrition education are authorized by federal legislation and receive federal funding. Familiarity with federal policy and funding processes is necessary to understand how nutrition education initiatives operate at the state level. In FY 2016, the federal government administered approximately 70 initiatives which can support nutrition education; New York State agencies administered approximately 28 of these federal initiatives.

Key Takeaways

- Through legislative and appropriations processes, Congress creates and funds a host of initiatives that can support nutrition education.
- Numerous federal bills influence nutrition education policies.
- The U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) oversee the bulk of initiatives that can support nutrition education.
- No unifying federal nutrition education strategy exists.

State Nutrition Education Policy

State policies create complex systems to fund, administer, and deliver nutrition education initiatives. State policies do not establish an overarching framework to coordinate all of these systems. In FY 2016, eight state agencies administered 32 initiatives which can support nutrition education.

Key Takeaways

- New York State laws, regulations, and policies support federal initiatives. They also authorize several novel state initiatives.
- New York State relies heavily on federal funding to support nutrition education, making initiatives vulnerable to federal budget cuts.
- The New York State Department of Health (NYSDOH) and Office of Temporary and Disability Assistance (OTDA) are the state agencies responsible for the majority of nutrition education initiatives in New York State.

Interview Themes

Key themes from interviews shed light on supports for and barriers to nutrition education in New York State. Common themes include the motivation, funding, politics, government and local provider roles, and coordination for nutrition education.

Key Takeaways

- State agencies have varied reasons for administering and supporting nutrition education initiatives.
- Funding and politics create challenges, as well as opportunities, to support nutrition education.
- State officials and local providers grapple with their respective roles in supporting nutrition education.
- State officials and local providers emphasize that collaboration and coordination are necessary, but find these tasks challenging.

Recommendations

Our recommendations focus on increasing access to nutrition education initiatives, specifically how to improve the systems that govern, deliver, and fund nutrition education. If enacted, these recommendations would expand the scope, reach, and sustainability of nutrition education; enhance local providers' capacity; and align and elevate nutrition education in New York State. Our suggestions are timely, practical, and specific to the current nutrition education landscape in New York State.

Expand the scope, reach, and sustainability of nutrition education initiatives.

- Invest more New York State tax dollars in nutrition education to make initiatives more flexible, comprehensive, and sustainable.
- Support sustained behavioral, policy, systems, and environmental changes with longer-term funding.
- Embed nutrition education into public health and health care reform efforts.
- Advocate to maintain and expand federal support for nutrition education.

Strengthen policies for nutrition education.

- Codify nutrition education initiatives.
- Engage elected officials as nutrition education champions.
- Publish clear, timely funding information for all publicly supported nutrition education initiatives.

Enhance local providers' capacity to implement nutrition education initiatives.

- Streamline reporting for food and nutrition education-related initiatives.
- Give local providers, community members, and other stakeholders a greater role in designing and implementing nutrition education policies.
- Support local providers' ability to meet community needs.
- Include adequate funds for any grants which require evaluation.

Improve collaboration and coordination among nutrition education initiatives

- Promote a common definition for nutrition education across publicly supported initiatives.
- Create mechanisms to coordinate nutrition education within and across agencies and local providers.
- Develop consistent food and nutrition goals across state agencies and communities.
- Better coordinate and support nutrition education in schools.

Future Research

Further research would strengthen stakeholders' ability to craft policies and practices that ensure all New Yorkers have access to great nutrition education—that all New Yorkers are empowered eaters. Future research could study how providers implement initiatives; evaluate the impact of publicly supported efforts; explore participant perspectives; compare New York to other cities; identify the strongest policy levers; and analyze the feasibility of campaigns to strengthen nutrition education.

Acronyms

Short Hand	Name
1305	State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health Program
1422	State and Local Public Health Actions to Prevent and Control Diabetes, and Heart Disease and Stroke
4-H	4-H Program
AAA	Area Agencies for Aging
ACA	Affordable Care Act
ACF	Administration for Children and Families
ACL	Administration for Community Living
Ag & Markets	Department of Agriculture and Markets
AMS	Agricultural Marketing Service
BCCDP	Bureau of Community Chronic Disease Prevention
CACFP	Child and Adult Care Food Program
CBO	Community-Based Organization
CCE	Cornell Cooperative Extension
CDC	Centers for Disease Control and Prevention
CHNA	Community Health Needs Assessment
CHSC	Creating Healthy Schools and Communities
CNR	Child Nutrition Reauthorization
CNPP	Center for Nutrition Policy and Promotion
CSBG	Community Services Block Grant
CSFP	Commodity Supplemental Food Program
CYFAR	Children, Youth, and Families at Risk Grant Program
DOHMH	Department of Health and Mental Hygiene
DOI	Department of the Interior
DON	Division of Nutrition
DOS	Department of State
DSRIP	Delivery System Reform Incentive Program
EFNEP	Expanded Food and Nutrition Education Program
ESEA	Elementary and Secondary Education Act
ESNY	Eat Smart New York
ESSA	Every Student Succeeds Act
EWPH CCS	Eat Well Play Hard in Child Care Settings
EWPH DCH	Eat Well Play Hard in Day Care Homes
FDA	Food and Drug Administration
FINI	Food Insecurity Nutrition Incentive
FMNP	Farmers Market Nutrition Program
FNS	Food and Nutrition Services

Acronyms (cont.)

Short Hand	Name
FNEC	Food and Nutrition Education in Communities
FTS	Farm to School
FY	Fiscal Year
HHFKA	Healthy, Hunger-Free Kids Act
HHS	Health and Human Services
HPNAP	Hunger Prevention and Nutrition Assistance Program
HRRP	Hospital Readmissions Reduction Program
LGU	Land Grant University
LWP	Local Wellness Policy
JSY	Just Say Yes to Fruits and Vegetables
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
NDPP	National Diabetes Prevention Program
NFP	Nurse Family Partnership
NIFA	National Institute of Food and Agriculture
NIH	National Institutes of Health
NOEP	Nutrition Outreach and Education Program
NSLP	National School Lunch Program
NPE	Nutrition Program for the Elderly
NYSDOH	Department of Health
NYSED	State Education Department
NYSOFA	Office for the Aging
OAA	Older Americans Act
OCFS	Office of Children and Family Services
OTDA	Office of Temporary and Disability Assistance
PEP	Carol M. White Physical Education Program
PPHF	Prevention and Public Health Fund
PHHS	Preventive Health and Health Services Block Grant
PICH	Partnerships to Improve Community Health
PSE	Policy, Systems, and Environmental Change
REACH	Racial and Ethnic Approaches to Community Health
RHY	Runaway and Homeless Youth Program
SCBG	Specialty Crop Block Grant Program
SFMNP	Senior Farmers Market Nutrition Program
SNAP	Supplemental Nutrition Assistance Program

Acronyms (cont.)

Short Hand	Name
SNAP-Ed	Supplemental Nutrition Assistance Program Education
SSAEG	Student Support and Academic Enrichment Grant
SSBG	Social Services Block Grant
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WIC FMNP	WIC Farmers Market Nutrition Program

Introduction

*Teaching food and nutrition might be viewed as the single most important educational activity of a society; if persons do not learn to obtain and consume food so as to sustain themselves and their dependents, all other learnings are irrelevant.*¹ —Dr. Joan Dye Gussow



New York is a national leader in public health, food, and nutrition policies. The state was the first to accept Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC) checks at farmer's markets and is the only one to dedicate a portion of the state budget to the Agriculture in the Classroom (Ag in the Classroom) initiative.^{2,3} New York numbers among a handful of states that require early childhood facilities to include breastfeeding and healthy eating metrics as part of licensing and rating standards.⁴ Recognizing New York as an important food policy player, the U.S. Department of Agriculture (USDA) chose the state as one of only eight to test an initiative increasing unprocessed fruits and vegetables in school meals, and selected New York's land-grant university, Cornell University, to serve as the Regional Nutrition Education and Obesity Prevention Center for Excellence.⁵

New York State obesity rates are consistently lower than national rates. The prevalence of obesity among adults in the United States increased 27.8% to 29.9% from 2011 to 2016. Whereas, the prevalence of obesity

among New York State adults increased slightly from 24.5% to 25.5% during the same time period.⁶ New York still has room to improve. One in four New York adults are obese. Low income communities and communities of color are far more likely to suffer from diet-related health conditions. Health care costs continue to rise.⁶

The state is comparatively-well positioned to address these problems; New York benefits from a strong tax base, responsive state legislature, and local governments willing to innovate. State government has the expertise and influence to help New Yorkers be empowered eaters—buying, growing, preparing, eating, and advocating for healthier foods. It also has the power to change the policies, systems, and environments that shape those actions. Given these advantages, the state should work to bolster nutrition education.

In order to strengthen nutrition education in New York State, it is crucial to first understand the current landscape. A warren of federal and state initiatives—

policies, programs, and funding streams—support public nutrition education in New York State. State agencies face a difficult task translating policies into implementation guidelines and resources that local providers—including public health officials, cooperative extension services, school districts, and community-based organizations (CBOs)—can use. Eight state agencies interact with three federal agencies and countless local providers to administer and implement initiatives that empower New Yorkers to purchase, prepare, and consume healthy foods.

Report Goals

1. Help state agency and elected officials; local providers; researchers; and advocates **navigate** the landscape of public nutrition education by:
 - Illustrating federal and state initiatives that can support nutrition education in New York State;
 - Providing a snapshot of state-administered initiatives that can support nutrition education in federal fiscal year (FY) 2016;
 - Describing supports for, and barriers to, public nutrition education in New York State.
2. **Recommend** ways to expand the scope and reach of nutrition education; sustainably fund initiatives; and enhance, align, and elevate nutrition education in New York.

Ultimately, this report provides a road map to strengthen the public systems that can help New Yorkers eat well throughout their lives, in all of the places where they live, work, learn, worship, and play.

Report Scope

This report focuses on the 32 nutrition education initiatives that state government administered in FY 2016. The report details health, social service, education, elder, child care, and agricultural policies which can include nutrition education. It discusses the many forms, settings, and audiences involved. The report also explains the many factors that affect an initiative including the legislative, political, and regulatory processes that created it; the source(s) that fund it; and the state agency that administers it.



This report does not evaluate the impact or efficacy of nutrition education initiatives, nor does it discuss privately-funded nutrition education initiatives, unless the state administers those initiatives. This report also does not discuss grants that local providers receive directly from federal or state government. While such initiatives represent an important portion of nutrition education, they are outside the scope of this report.

Categories of Nutrition Education Initiatives

Nutrition education initiatives vary by the extent to which they focus on and are required to include nutrition education. For the purpose of this report, we have grouped initiatives into three primary categories that reflect these variations:

- Initiatives for which nutrition education is both the **main focus** and **required**;
- ⊙ Initiatives that have a **different main focus**, such as increasing food access, but still **require** nutrition education; and
- Initiatives that have a **different main focus**, such as increasing food access, and **do not require**, but may offer, nutrition education to enhance other initiative goals.

These categories, and their corresponding symbols, appear throughout the report.

Report Overview

In the following chapters, this report describes the landscape of nutrition education in New York State:

Background and Context

- **Chapter One** outlines study methods.
- **Chapter Two** illustrates and explains the importance of effective nutrition education.

Policy Landscape and Analysis

- **Chapter Three** outlines **federal** nutrition education policies, detailing laws, regulations, administrative structures, and initiatives.
- **Chapter Four** outlines **state** nutrition education policies, detailing laws, regulations, funding mechanisms, administrative structures, and initiatives.

- **Chapter Five** summarizes **key themes** from stakeholder interviews including supports for and barriers to nutrition education in New York State.

Next Steps

- **Chapter Six recommends** ways to strengthen nutrition education in New York State.
- **Chapter Seven** poses **future research** questions.

Appendix

- The Appendices provide definitions of key terms, list federal laws, compile state laws and regulations, and summarize nutrition education initiatives mentioned in this report.

I. Study Methods

Study Design

We used a mixed methods study design to determine the landscape of publicly supported nutrition in New York State. We collected quantitative data on nutrition education policies, initiatives, and funding from publicly available data sources. We also collected qualitative data through stakeholder interviews to identify key supports for and barriers to nutrition education.

Data Collection Methods

Quantitative

We used data from several sources to identify and describe relevant legal, programmatic, and funding information.

A policy, as we defined it for this report, is any written federal or state government agency requirement that affects nutrition education, including regulations, rules, executive orders, and performance standards.

Policies

To identify relevant policies, we used Westlaw to aggregate federal and state laws and regulations and various government agency websites to compile relevant rules and standards. When using legal databases, we employed nutrition, food, and diet-related search terms and reviewed the table of contents for codified laws and regulations.

Initiatives

To identify nutrition education initiatives, we started with a database of approximately 70 federal initiatives that can support nutrition education, which researchers at our Center had previously identified. We searched government agency websites to match initiatives across federal, state, and city authorities and to identify initiatives unique to the state or city. We also gained additional information on initiatives from interview transcripts.

Funding

Exact data on public investment in nutrition education was not generally available. Because many initiatives include but do not exclusively focus on nutrition education, agencies do not typically identify spending specific to nutrition education. Moreover, agencies define, and consequently measure spending for nutrition education differently, making it difficult to compare investment across agencies. To identify funding sources, we analyzed various federal and state budget and appropriations documents; agency websites; and agency requests for proposals (RFPs). We also gained additional information from interview transcripts.

Qualitative

We used interview data to identify supports for and barriers to nutrition education. We created an initial list of 12 interviewees from our previous contacts, and used “snowball sampling” to expand the sample. In total, we conducted 47 interviews with 62 individuals. These individuals represented seven state agencies, 11 local providers, and 13 institutions involved in nutrition education, covering the majority of nutrition education initiatives.

	Entities Represented	People Interviewed
State Agencies	7	32
Local Providers	11	14
Other	13	16
Total	31	62

We developed a semi-structured interview protocol, with questions about the following broad areas: initiative overview, specific nutrition education activities, collaboration and coordination, legal and regulatory framework, funding, opportunities, and challenges. Two of our team, CU and JM, conducted all interviews between July 14, 2016 and August 15, 2017. We conducted interviews in-person when feasible, and otherwise by phone. We assured interviewees anonymity. Of the 47 interviews, we recorded four and used a transcription service to transcribe them verbatim. For the others, we took detailed notes throughout the interview and reviewed our notes immediately after to add additional details

Data Analysis

Quantitative

We completed descriptive analysis for quantitative data. We analyzed policies, initiatives, and funding by legislative vehicle, agency, and funding source.

Qualitative

For data coding, we used the interview transcripts and typed notes. We used Nvivo© software to code all 47 interviews. We initially coded for themes based on the general areas covered in our interview protocol (listed above). We reviewed the data within each of these themes to add emergent (*in vivo*) codes. These emergent codes captured additional subthemes for each general area. Once our scheme was complete, our team of four coded and compared three interviews to assure that team members coded consistently. When we had applied the codes to all interviews, the two head researchers, CU and JM, reviewed the coded interviews to apply additional codes as appropriate.

We held meetings in March 2017 to present preliminary findings and gather feedback from interviewees. Feedback at these meetings confirmed that our coding scheme captured all themes the interviewees thought relevant. When our data sources provided conflicting information, we presented the information that the majority of sources provided.

II. Nutrition Education Overview

Learning the facts about food, and about nutrition as one important aspect of food, is neither boring, nor a luxury, nor an inevitable outcome of growing up, but revolutionary, essential, and effortful.¹

—Dr. Joan Dye Gussow

Nutrition education is any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being and delivered through multiple venues, involving activities at the individual, institutional, community, and policy levels.²

—Dr. Isobel Contento

What is Nutrition Education?

Nutrition promotion; obesity prevention; consumer education; gardening education; food skills education; food literacy; food justice and youth empowerment training; behavior and social change communication; and food policy, systems, and environmental change—these are just a few of the many names people use to describe nutrition education.

Nutrition education has so many names because it can involve so many different approaches—approaches that help people navigate the numerous factors that influence what they eat. People choose foods based on cultural traditions, personal preferences, habits, values, cost, availability, convenience, perceived health benefits, and marketing. As Drs. Gussow and Contento describe, nutrition education provides people with the motivation, skills, and knowledge to balance these factors and still eat well. See **Boxes 2.1** and **2.2**, as well as **Table 2.1** for more on nutrition education topics, activities, and supports.

Nutrition education gets people excited to eat well. It inspires people to adopt healthier behaviors such as replacing soda with tap water. It builds on existing skill sets, for example, enhancing an individual's knife-skills to prepare vegetable-rich meals.

Box 2.1: Nutrition Education Topics and Activities

- Nutrition education can cover a wide range of topics and activities that include:
- Understanding the role family and factory farms play in the food system
- Encouraging home, school, and community gardens
- Supporting breastfeeding
- Exploring how food industry marketing strategies influence food choices
- Bringing people into the kitchen to cook and preserve foods
- Discovering new ways to enjoy fruits, vegetables, whole grains, beans, and lean proteins
- Empowering food choices to prevent and manage diet-related diseases
- Advocating for healthier food where people live, work, learn, worship, and play

Nutrition education can also encourage participants to confront important questions about the politics and power dynamics that influence the food system. Through nutrition education, people can make sense of food industry messages aimed at increasing profit, rather than public health. Through nutrition education, people can understand different food production and distribution systems; evaluate food-related environmental and labor inequities; and consider the role social determinants like income and race play in creating diet-related disease disparities. Ultimately, nutrition education empowers people to advocate for food systems that are healthy for themselves, their communities, and the planet.

Research shows that nutrition education works. Among its many benefits, nutrition education helps to:

- Reduce food insecurity;^{8,9}
- Improve academic performance,¹⁰ and
- Encourage individuals to both try and eat more fruits and vegetables.¹¹⁻²²

Nutrition education is a key component of public health and health care—it can help people prevent diet-related diseases and navigate confusing and contradictory nutrition information.²³

Table 2.1: Some Common Nutrition Education Approaches

	Definition	Example
Activities		
Direct Education	Sessions delivered to individuals or groups, often hands-on or experiential	A community health worker works with a class of new mothers to correctly position and help their babies latch-on to breastfeed.
Policy, systems, & environmental changes	Changes to written rules, institutional processes, and landscapes to improve nutrition	As part of its wellness policy, a school transforms part of the recess yard into a school garden where students can plant, harvest, and taste fresh fruits and vegetables.
Training	Professional development and coaching for decision makers	To encourage faith-based organizations to serve low-sodium foods at events, a public health official meets with local religious leaders to discuss how adding too much salt can contribute to hypertension—a problem for their congregants.
Educational resources	Printed materials, visual media, and internet-based materials and activities	The local farmers market distributes recipes that feature seasonal produce.
Promotion	Any educational strategy that uses marketing techniques to positively influence diet	To help consumers identify whole grain products, a bodega owner places “Good Choice” stickers above brown rice and whole grain breads and pastas.
Supports		
Research	Studies on the nutrition education practices and strategies that change eating behaviors, attitudes, knowledge, and skills	A university researcher evaluates a middle school curriculum on how food marketing influences individual choice. She compares eating behaviors of students who received the curriculum with those who did not.
Technical Assistance	Planning, providing resources, and advising nutrition education implementers	A public health official provides a list and reviews of available nutrition education programs, curricula, and other resources to assist staff at a senior center.

Box 2.2: More about Policy, Systems, and Environmental Changes (PSEs)

Many nutrition education initiatives take a comprehensive approach, integrating direct education and policy, systems, and environmental changes (PSEs). PSEs are interventions to make healthy choices practical and accessible for all community members. Relatively small changes to the social, economic, and physical landscape can have a big impact on the public's health.

Level of Intervention	Definition	Examples
Policy	Changes to written laws, regulations, or rules	In its wellness policy, a school requires health educators to use the school garden to get students excited about eating healthy.
Systems	Changes to an organization or institution's processes	A school district redesigns its food procurement and preparation processes to include more fresh produce.
Environmental	Changes to the economic, physical, social, or informational landscape	A school turns part of the play yard into a garden to grow and taste fruits and vegetables.

PSEs Are an Integral Part of Good Nutrition Education

Nutrition education provides people with motivation, skills, and knowledge to make better food choices. But, people cannot make better food choices if healthy foods are not affordable and accessible. Effective nutrition education involves activities at the individual, community, and policy levels. It helps individuals advocate for changes that make the healthy choice the easy choice.

PSEs Can Support Healthy Food Environments and Reduce Health Disparities

PSEs can make healthy food choices achievable. By changing the rules and environments that shape eating behaviors, community members and decision makers can mitigate the effects of historic, unjust obstacles—such as racism, unfair housing policies, and food and beverage industry influence—that prevent community members from making the healthiest possible choices. To ensure that healthy choices are real choices, community members and decision makers must work together to shape the policy, systems, and environmental changes that affect daily lives.⁷

Why New York Needs Stronger Support for Public Nutrition Education

Advocates, researchers, and many public officials understand the social, economic, and health benefits of nutrition education, but robust policies and adequate funding have not necessarily followed suit. Three factors—the current national health crisis, political instability, and public interest in food—make now the time for New York State to invest more resources in public nutrition education.

Diet-Related Diseases and the Current Public Health Crisis

What we eat is making us sick. Obesity and other diet-related diseases are both common and costly.

More than one-third of adult Americans and 25% of adult New Yorkers are obese.^{6,24} Nearly 10% of adults have diabetes, 30% have high blood pressure, and more than 12% of the population are food insecure.^{6,25} For low income individuals and people of color, these rates are even higher—32% of black and nearly 31% of Latino adults in New York are obese. **Box 2.3** describes how income inequality contributes to health disparities.

Obesity and its related conditions—heart disease, hypertension, stroke, diabetes, and certain cancers—are the second leading cause of preventable deaths in our nation.³⁰ In New York, chronic diseases account for approximately 60% of all deaths.³¹

Treating these preventable diseases comes at no small cost. Researchers estimate that annual health care spending for obesity and its related conditions tops

\$190 billion, representing 21% of medical spending in America.³² In New York, the costs exceed \$11.8 billion annually.³³

There are a host of reasons why New Yorkers suffer from preventable diseases. A glut of inexpensive, heavily-marketed, processed food is one reason. Environmental and social determinants of health such as poverty, race, ethnicity, and gender, as well as a lack of convenient retail, time, and knowledge are a few others.

Box 2.3: Income Inequality and Food Insecurity in New York

Income inequality can impact health and increase an individual's risk of chronic disease.²⁶ On average, black and Latino families have earned \$1 for every \$2 white families earned over the past three decades.²⁷ New York State has the highest rate of income inequality in the country; the wealthiest 1% earn more than 45 times what the other 99% earn.²⁸ Despite the incredible wealth in New York, more than 12% worry where their next meal will come from, increasing their risk for chronic disease.^{25,29}

Nutrition education can help to reduce these costs. Research shows that every \$1 government agencies spend on nutrition education can save the public \$10 in health care and participants \$2 in food costs.^{34,35}

Political Uncertainty and Public Health Spending

Medical spending for diet-related diseases continues to rise, but whether government spending on preventive health measures like nutrition education will meet the need remains unclear.

The Trump administration has threatened to cut funding to the two agencies largely responsible for initiatives that can support nutrition education. His plan includes a 21% cut to the U.S. Department of Agriculture (USDA) and an 18% cut to Health and Human Services (HHS) budgets, as well as cuts to specific social programs such as the Supplemental

Nutrition Assistance Program (SNAP).³⁶ The Center on Budget and Policy Priorities estimates that the projected federal cuts to social services could equal as much as 37% of states' total budgets in 2018.³⁷

At the same time, Congress has attempted to repeal the Affordable Care Act (ACA). The ACA provides incentives for preventive health care services and, through Medicaid, covers the cost of treating obesity-related conditions. Repealing the ACA would eliminate the Prevention and Public Health Fund (PPHF) which funds many nutrition education initiatives. In FY 2016, the PPHF provided \$41.52 million to support New York public health efforts.³⁸

ACA repeal would also increase state Medicaid spending which already comprises more than 30% of the New York State budget.³⁹ By reducing federal Medicaid spending, some experts predict ACA repeal could increase state spending on health care up to 400% over time.⁴⁰ Others predict that the state would reduce training and education services in order to cover direct health services costs, potentially increasing long term health care costs.⁴¹ Gutting federal agency budgets, cutting SNAP and Medicaid benefits, and repealing the ACA could cripple New York State's economy and its citizens' health.

Public Discourse About Food and Food Justice

Though today Americans are cooking less than previous generations, they are captivated by food as the popularity of food documentaries, blogs, and cooking shows demonstrates.⁴² Americans are exposed to information about food daily, not all of which is constructive or accurate. Food and beverage companies inundate the public with advertisements for unhealthy foods, targeting minority and low income communities and spending more than \$1.8 billion marketing to children.^{43,44} Instagram boasts more than 229 million photos of #food, much of which is high in calories but low in nutrients.⁴⁵ And cable channels such as the Food Network broadcast to more than one million regular viewers.⁴⁶

At the same time, the general public's preoccupation has brought academic and advocacy efforts around food into the mainstream. A 2015 survey found

that more than 70 institutions of higher education now offer sustainable agriculture or food systems courses. Hundreds of community-based organizations (CBOs), alongside countless local advocates, work to expose the social, financial, governmental, and market structures that prevent healthier, more just food systems from developing. In spite of heightened public interest in food, conflicting messages—particularly from food industry members more

concerned with profits than public health—make it difficult for New Yorkers to make accurately-informed decisions about food.

Supporting nutrition education is one way New York State can help to protect New Yorkers' health. New York State government should have a more active voice in the food conversation and increase support for nutrition education.

III. Federal Nutrition Education Policy

The majority of initiatives that can support nutrition education originate at the federal level. Twenty-eight of the 32 New York State-administered initiatives we identified receive federal funds or are required by federal law.

To understand how these initiatives operate at the state level, the reader must first understand how the federal government creates and administers initiatives that can support nutrition education. This chapter discusses types of federal nutrition education policies, outlines recent relevant legislation, and lists the federal agencies responsible for specific nutrition education initiatives.

Key Takeaways

- Through legislative and appropriations processes, Congress creates and funds a host of initiatives that can support nutrition education.
- Numerous federal bills influence nutrition education policies.
- The U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) oversee the bulk of initiatives that can support nutrition education.
- No unifying federal nutrition education strategy exists.

Key Players

- **Congressional committees** create laws that authorize nutrition education initiatives.
- **Federal agencies** oversee approximately 70 initiatives that can support nutrition education.

Creating Federal Nutrition Education Policies

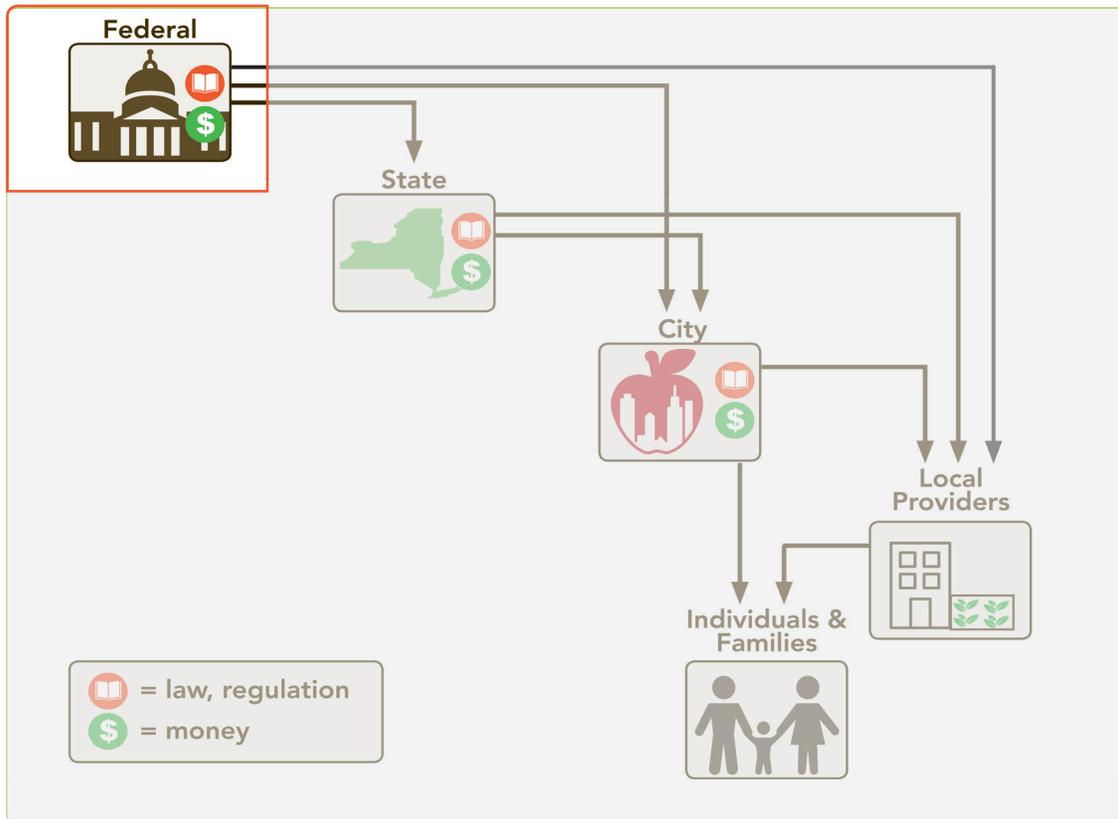
Eleven congressional committees have jurisdiction over the approximately 70 federal initiatives that can support nutrition education. Seven committees write laws that create nutrition education policies. The other four determine appropriations, setting annual

funding amounts for specific nutrition education initiatives. Together, legislative and appropriations committees form national policies that dictate what, how, and for whom nutrition education occurs.

Figure 3.1 illustrates the relationships between federal agencies, state agencies, local providers, and nutrition education participants.

Figure 3.1: Current Relationships: Federal Perspective

This chapter focuses on federal agencies and policies.



Types of Nutrition Education Policies

This complex legislative process creates laws and policies that vary by **goal, specificity, and form**. See **Table 3.1** for more on types of nutrition education policies.

Goal

The sole purpose of some laws is to create a nutrition education initiative. For example, 7 U.S.C. § 3175, the statute authorizing the Expanded Food Education and Nutrition Program (EFNEP), establishes a national nutrition education initiative to disseminate “the results of food and human nutrition research performed or funded by the Department of Agriculture” and to “enable low income individuals and families to engage in nutritionally sound food purchasing and preparation practices.”⁴⁷

Other laws create initiatives with broader goals that may include nutrition education. Nutrition education may be one of many possible activities intended to provide social services, enhance economic conditions, combat chronic disease, or support education more broadly. This is the case with Head Start, an early learning, health, and family support

initiative for low income children. The statute that authorizes the initiative, 42 U.S.C. § 9831, states its purpose is “to promote the school readiness of low income children by enhancing their cognitive, social, and emotional development ... through the provision to low income children and their families of health, educational, nutritional, social, and other services that are determined, based on family needs assessments, to be necessary.”⁴⁸

Specificity

Laws can grant powers that clearly define specific agency strategies to support nutrition education. The legal provisions creating the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) require the U.S. Department of Agriculture (USDA) to oversee an initiative that includes individual and group sessions, as well as nutrition education resources and breastfeeding support.⁴⁹ This law specifies that all must be “designed to improve health status and achieve positive change in dietary and physical activity habits, and... emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.”⁴⁹

Table 3.1: Types of Nutrition Education Policies

Nutrition Education Laws Vary by	Example
Goal	
To create a nutrition education initiative	7 U.S.C. § 3175 establishes the Expanded Food Education and Nutrition Program (EFNEP) to help low income consumers purchase and prepare healthy foods.
To create an initiative with broad goals that may include nutrition education	42 U.S.C. § 9831 establishes Head Start to promote school readiness. Facilities can provide health, educational, nutritional, and other services.
Specificity	
Powers clearly defined	42 U.S.C. § 1786 requires the U.S. Department of Agriculture (USDA) to oversee the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program that provides individual and group nutrition education sessions, educational materials, and breastfeeding support.
Powers flexible to agency interpretation	7 U.S.C. § 2201 directs USDA to research and educate the public about nutrition. The agency has interpreted this provision as granting it the power to create the Center for Nutrition Policy and Promotion (CNPP).
Form	
Ongoing support to state agencies	Title IIIC of the Older Americans Act (OAA) directs the U.S. Department of Health and Human Services (HHS) to distribute funds to states annually. States must use the funds to provide congregate meals, nutrition education, and nutrition counseling to seniors.
Discrete, competitive grants	42 U.S.C. § 1769 allows USDA to issue Farm to School (FTS) grants up to \$100,000 in value to states and local providers

Alternatively, laws can grant powers that are flexible to agency interpretation. For example a law can authorize an agency to develop resources and expertise particular to nutrition education. One example is 7 U.S.C. § 2201 which directs USDA to research and educate the public about nutrition. Though § 2201 does not explain how USDA is to educate the public, the agency has interpreted this provision as granting it the power to create the Center for Nutrition Policy and Promotion (CNPP).⁵⁰

Form

Laws may identify a persistent need and provide ongoing support to state agencies to serve that need. For example, Title IIIC of the Older Americans Act (OAA) requires states to continually provide congregate meals, nutrition education, and nutrition counseling to seniors.⁵¹ In FY 2016, the U.S. Department of Health and Human Services (HHS) provided each of the country’s 56 state and territorial

agencies a portion of the \$834 million allotted to support OAA’s Nutrition Programs.⁵²

In contrast, a law may create a discrete, competitive grant initiative that is limited in time and money. The Healthy, Hunger-Free Kids Act (HHFKA) created the Farm to School (FTS) grant initiative to distribute funds for local foods, gardens, and nutrition education in schools.⁵³ In FY 2016, USDA distributed \$4.8 million directly to 74 local organizations in 39 different states to be used within two years.^{54,55}

Important Nutrition Education Legislation

The farm bill, Child Nutrition Act, OAA, and Elementary and Secondary Student Act (ESEA) reauthorizations; health care reform; and appropriations bills are the legislation most responsible for shaping nutrition education at the state level. Congress renews the first four periodically,

Table 3.2: Federal Legislation Authorizing or Amending Initiatives that Support Nutrition Education

Authorized or Amended through	Initiative	Federal Agency	Type
ACA	Division of Nutrition, Physical Activity, and Obesity	HHS CDC	●
ACA	Maternal, Infant, and Early Childhood Home Visiting Program	HHS ACF; HHS HRSA	●
ACA	Preventive Health and Health Services Block Grant	HHS CDC	●
ACA	State and Local Public Health Actions to Prevent and Control Diabetes, and Heart Disease and Stroke	HHS CDC	●
ACA	Partnerships to Improve Community Health	HHS CDC	⊙
ACA	State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health Program	HHS CDC	⊙
ACA	Childhood Obesity Research Development Project	HHS CDC	○
ACA	Racial and Ethnic Approaches to Community Health	HHS CDC	○
Balanced Budget Act	Special Diabetes Programs for Indians	HHS HIS	●
CNR	Special Supplemental Nutrition Program for Women, Infants, and Children	USDA FNS	●
CNR	Team Nutrition	USDA FNS	●
CNR	Child and Adult Care Food Program*	USDA FNS	⊙
CNR	Farm to School Program	USDA FNS	⊙
CNR	Local School Wellness Policies	USDA FNS	⊙
CNR	National School Lunch Program**	USDA FNS	○
CNR	WIC Farmers Market Nutrition Program	USDA FNS	⊙
ESEA	Carol M. White Physical Education Program	DOE	●
ESEA	Family and Child Education	BIE	⊙
ESEA	21st Century Community Learning Center Grants	DOE	○
ESEA	Promise Neighborhoods & Full-Service Community School Funding	DOE	○
ESEA	Student Support and Academic Enrichment Grants	DOE	○
ESEA	Title I, Part A Funding	DOE	○

*We included CACFP because it requires nutrition education.

**We included NSLP because states can use SAE funds for nutrition education.

- initiatives for which nutrition education is both the **main focus** and **required**.
- ⊙ initiatives that have a **different main focus**, such as increasing food access, but still **require** nutrition education.
- initiatives that have a **different main focus**, such as increasing food access, and **do not require**, but may offer, nutrition education to enhance other initiative goals.

Table 3.2 (cont.): Federal Legislation Authorizing or Amending Initiatives that Support Nutrition Education

Authorized or Amended through	Initiative	Federal Agency	Type
Farm Bill	AFRI Childhood Obesity Prevention Challenge Area Grants Program	USDA NIFA	●
Farm Bill	Economic Research Service Education, Information, and Labeling	USDA ERS	●
Farm Bill	Expanded Food and Nutrition Education Program	USDA NIFA	●
Farm Bill	Food and Agricultural Sciences National Needs Graduate and Postgraduate Fellowship Grants Program	USDA NIFA	●
Farm Bill	Food and Agriculture Service Learning Program	USDA FNS	●
Farm Bill	Food Distribution Program Nutrition Education	USDA FNA	●
Farm Bill	Food Safety and Inspection Service Public Education	USDA FSIS	●
Farm Bill	National Agricultural Library	USDA NAL	●
Farm Bill	National Integrated Food Safety Initiative	USDA NIFA	●
Farm Bill	Regional Nutrition Education and Obesity Prevention Centers of Excellence	USDA NIFA	●
Farm Bill	Secondary Education, Two-Year Postsecondary Education, and Agriculture in the K-12 Classroom Challenge Grants Program	USDA NIFA	●
Farm Bill	Smith-Lever Act Capacity Grant	USDA NIFA	●
Farm Bill	Supplemental Nutrition Assistance Program Education	USDA FNS	●
Farm Bill	Commodity Supplemental Food Program	USDA FNS	●
Farm Bill	Farmers Market Promotion Program	USDA AMS	⊙
Farm Bill	Food Insecurity Nutrition Incentive Grant Program	USDA NIFA	⊙
Farm Bill	People's Garden Grant Program	USDA AMS, APHIS, FNS, NIFA, NRCS	⊙
Farm Bill	Senior Farmers Market Nutrition Program	USDA FNS	⊙
Farm Bill	4-H Program	USDA NIFA	○
Farm Bill	Agriculture in the Classroom	USDA NIFA	○
Farm Bill	Children, Youth, and Families at Risk Grant Program	USDA NIFA	○
Farm Bill	Community Food Projects Competitive Grant Program	USDA NIFA	○
Farm Bill	Food Safety Outreach Competitive Grants Program	USDA NIFA	○
Farm Bill	Hatch Act of 1887 Multistate Research Fund	USDA NIFA	○
Farm Bill	Healthy Food Financing Initiative Projects (CED & CDFI)	HHS ACF	○
Farm Bill	Specialty Crop Block Grant Program	USDA AMS	○

● initiatives for which nutrition education is both the **main focus** and **required**.

⊙ initiatives that have a **different main focus**, such as increasing food access, but still **require** nutrition education.

○ initiatives that have a **different main focus**, such as increasing food access, and **do not require**, but may offer, nutrition education to enhance other initiative goals.

Table 3.2 (cont.): Federal Legislation Authorizing or Amending Initiatives that Support Nutrition Education

Authorized or Amended through	Initiative	Federal Agency	Type
Human Services Reauthorization Act	Head Start	HHS ACF	⊙
Human Services Reauthorization Act	Community Services Block Grant	HHS ACF	○
Immigration and Nationality Act	Refugee Agricultural Partnership Program	HHS ACF	○
Juvenile Justice and Delinquency Prevention Act	Runaway and Homeless Youth Programs	HHS ACF	○
National Nutrition Monitoring and Related Research Act	Center for Nutrition Policy and Promotion	USDA FNCS	●
OAA	Older Americans Act Nutrition Programs	HHS ACL	●
Public Health Service Act	Sodium Reduction in Communities Program	HHS CDC	●
Public Health Service Act	Various NIH grants	HHS NIH	○
Social Security Act	Social Services Block Grant	HHS ACF	○

- initiatives for which nutrition education is both the **main focus** and **required**.
- ⊙ initiatives that have a **different main focus**, such as increasing food access, but still **require** nutrition education.
- initiatives that have a **different main focus**, such as increasing food access, and **do not require**, but may offer, nutrition education to enhance other initiative goals.

and annually introduces appropriations bills. Overhaul of health care legislation occurs on an as needed (or when politically feasible) basis. See **Table 3.2** for more on federal legislation. A full list of federal initiatives that can support nutrition education appears in **Appendix B** (p. 67).

Farm Bill Reauthorization

The farm bill is a gargantuan piece of legislation that reauthorizes various food and farm programs every five years. USDA projects that the most recent farm bill, the Agricultural Act of 2014, will have cost a whopping \$489 billion when it expires in 2018.⁵⁶ Nutrition programs account for almost 80% of the legislation's cost, while other programs subsidize crop insurance, conservation, commodities, research, and other producer supports.⁵⁶

This legislation authorizes two of the federal government's largest nutrition education initiatives, the Supplemental Nutrition Assistance Program Education (SNAP-Ed) and the Expanded Food Education and Nutrition Program (EFNEP), which

engage participants across a range of settings, from early care facilities to senior centers. It also provides research funds to land grant universities and cooperative extension services to support food and nutrition education initiatives such as 4-H and Agriculture in the Classroom (Ag in the Classroom). The farm bill supports a host of nutrition assistance initiatives that nutrition education enhances such as the Supplemental Nutrition Assistance Program (SNAP, formerly called food stamps), Food Insecurity Nutrition Incentive (FINI), and Senior Farmers Market Nutrition Program (SFMNP).

Child Nutrition Reauthorization

Child Nutrition Reauthorization (CNR) bills amend the Richard B. Russell National School Lunch Act, the Child Nutrition Act of 1966, and several other provisions in the U.S. Code.^{57,58} The Healthy, Hunger-Free Kids Act (HHFKA) is the most recent CNR bill. HHFKA authorized several initiatives that provide food and nutrition education to children and families, the total cost of which exceeds \$21 billion annually.⁵⁹

These initiatives include the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), WIC Farmers Market Nutrition Program (WIC FNMP), National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP), local wellness policies (LWP), and the Farm to School (FTS) grant initiative. CNR bills also authorize Team Nutrition, an initiative to coordinate nutrition education for students and caregivers, develop child nutrition resources, and provide technical assistance to food service providers.⁶⁰

Older Americans Act Reauthorization

Title IIIC of the Older Americans Act (OAA) establishes various social services for seniors to reduce hunger, facilitate social interaction, promote health, and prevent disease.⁶¹ Most recently reauthorized in 2016, OAA includes initiatives that provide congregate and home-delivered meals, nutrition education, and nutritional counseling. In FY 2016, the federal government contributed \$834 million to support OAA's Nutrition Programs.⁵²

Elementary and Secondary Education Act Reauthorization

Elementary and Secondary Education Act (ESEA) is the primary legislation through which the federal government influences and authorizes funding for K-12 education. The Every Student Succeeds Act (ESSA) reauthorized ESEA in 2015. ESSA encourages a holistic approach to education, and recognizes the role health and wellness play in academic achievement.⁶²

While Congress did not specifically earmark ESSA initiatives for nutrition education, ESSA does allow states to incorporate and allocate funds for student health and wellness measures into their accountability systems. States and local educational authorities (LEAs) can use 21st Century Community Learning Center Grants and the new Student Support and Academic Enrichment Grant (SSAEG) to promote student health.^{63,64} Under ESSA, schools may now use Title II funds to provide professional development—including health and wellness training—to a broader range of school employees than previously allowed.^{65,66} And schools can also include health education and nutrition services in their Title I plans, which provide additional funding for low income schools.

Health Care Reform (Affordable Care Act)

The Affordable Care Act (ACA) made sweeping changes to health care laws, placing a greater focus on preventive, rather than rehabilitative, care. To improve public health and slow the growth rate of health care costs, the ACA established the Prevention and Public Health Fund (PPHF). The Centers for Disease Control and Prevention (CDC) use the \$892.3 million available through the PPHF to support a broad range of clinical and community prevention interventions. These interventions can include nutrition education, which CDC primarily calls policy, systems, and environmental change initiatives. PPHF initiatives that can support nutrition education include the Preventive Health and Health Services (PHHS) Block Grant; National Early Child Care Collaboratives; State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Related Risk Factors and Promote School Health (1305); and State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422).³⁸ See **Box 3.1** for more on how the ACA could further support nutrition education.

Appropriations Bills

Appropriations bills set spending amounts for initiatives with “discretionary” funding. Congressional appropriation committees decide yearly how much money discretionary nutrition education initiatives will receive. Technically, these appropriations committees do not have power to create policy, but they can defund an initiative or stipulate that funds be used only for certain purposes. In these ways, appropriations bills affect the substance of a law.

Administering Federal Nutrition Education Policies

Four federal agencies are responsible for administering approximately 70 initiatives that can support nutrition education. Of these agencies, USDA and HHS are the most important. The U.S. Department of Education (ED) is involved with nutrition education policy to a lesser degree, and U.S. Environmental Protection Agency (EPA) and U.S. Department of Interior (DOI) even less so.

Within each of these agencies, different sub-agencies are responsible for initiatives that can support nutrition education. The division of initiatives across numerous sub-agencies contributes to the complex nature of nutrition education policy. The section below discusses the most relevant USDA, HHS, and ED initiatives.

U.S. Department of Agriculture

Within USDA, the Food and Nutrition Service (FNS) and National Institute of Food and Agriculture (NIFA) oversee the bulk of nutrition education initiatives.

USDA-FNS

- Child and Adult Care Food Program
- Commodity Supplemental Food Program
- Food and Agriculture Service Learning Program
- Food Distribution Program Nutrition Education
- Farm to School

- National School Lunch Program Promotion
- Local Wellness Policies
- Senior Farmers Market Nutrition Program
- Special Supplemental Nutrition Program for Women, Infants, and Children
- Supplemental Nutrition Assistance Program Education
- Team Nutrition
- WIC Farmers Market Nutrition Program

FNS has jurisdiction over 12 different initiatives that support nutrition education including the two largest nutrition education initiatives in terms of money and scope—WIC and the Supplemental Nutrition Assistance Program Education (SNAP-Ed). All 12 are authorized through CNR or the farm bill. FNS's main goal is to provide food assistance, mostly to low income individuals. The majority of FNS's nutrition education initiatives serve a low income audience and are linked to food provision. Many also focus specifically on children's food knowledge and behaviors.

Box 3.1: The Affordable Care Act Creates Financial Incentives for Hospitals and CBOs to Collaborate

The Affordable Care Act (ACA) Hospital Readmissions Reduction Program (HRRP) and Community Health Needs Assessment (CHNA) provisions created several opportunities that could strengthen relationships between hospitals and local nutrition education providers, such as community based organizations (CBOs).

Reduce Readmissions

The Hospital Readmissions Reduction Program penalizes hospitals for readmitting Medicare patients for six different conditions, including stroke and heart disease. Poor nutrition slows healing and increases risk of health complications. For example, patients suffering from heart complications who fail to adhere to low sodium diets may be more likely to be readmitted to a hospital within the 30-day HRRP penalty period.⁶⁹

To reduce the likelihood of paying penalties for stroke and heart disease-related readmissions, hospitals can connect patients to CBOs that provide nutrition education. These organizations can help develop and oversee patient care plans that account for an individual's condition and a community's food environment, with the goal of keeping individuals out of the hospital.

Strengthen Community Nutrition

The ACA requires tax-exempt hospitals to conduct a community health needs assessment to maintain their nonprofit status. Hospitals must work with local groups to assess community assets—such as community gardens and farmers markets—and needs—such as disease prevention, adequate nutrition, and other social, behavioral, and environmental health factors.

As a result of CHNA requirements, hospitals are more seriously considering how to address barriers to healthy eating. Researchers have suggested screening for food security, supporting healthy food retail, and subsidizing fruit and vegetable purchases for low income individuals.⁴

USDA-NIFA

- 4-H Program
- Agriculture and Food Research Initiative Childhood Obesity Prevention Challenge Area Competitive Grants Program
- Agriculture in the Classroom
- Children, Youth, and Families at Risk Grant Program
- Community Food Projects Competitive Grants Program
- Expanded Food and Nutrition Education Program
- Food and Agricultural Sciences National Needs Graduate and Postgraduate Fellowship Grants Program
- Food Insecurity Nutrition Incentive Grant Program
- Food Safety Outreach Competitive Grants Program
- Hatch Act of 1887 Multistate Research Fund
- Regional Nutrition Education and Obesity Prevention Centers of Excellence
- Smith-Lever Act Capacity Grant
- Secondary Education, Two-Year Postsecondary Education, and Agriculture in the K-12 Classroom Challenge Grants Program

NIFA supports food, agriculture, and nutrition research, as well as local outreach and education. NIFA initiatives include annual appropriations to land grant universities (LGUs) and time-limited, smaller grants to researchers and local providers such as cooperative extension services. Many NIFA nutrition education initiatives prioritize direct education, emphasize the importance of community empowerment, and aim to develop youth interest in food and agriculture that is broader than just nutrition.

Other USDA Initiatives

- Center for Nutrition Policy and Promotion
- Economic Research Service Education, Information, and Labeling
- Farmers Market Promotion Program
- National Agricultural Library
- People's Garden Grant Program
- Specialty Crop Block Grant Program

Other USDA sub-agency initiatives typically provide resources to support nutrition education. For example, USDA's Center for Nutrition Policy and Promotion (CNPP) develops and oversees nutrition education resources for the country, including the Dietary Guidelines for Americans (DGA), MyPlate, and the Nutrition Evidence Library.⁷¹

U.S. Department of Health and Human Services

Within HHS, CDC, Administration for Children and Families (ACF), Administration for Community Living (ACL), and National Institutes of Health (NIH) oversee initiatives that can support nutrition education.

HHS-CDC

- Childhood Obesity Research Development Project
- Division of Nutrition, Physical Activity, and Obesity
- National Implementation and Dissemination for Chronic Disease Prevention
- Partnerships to Improve Community Health
- Preventive Health and Health Services Block Grant
- Racial and Ethnic Approaches to Community Health
- State and Local Public Health Actions to Prevent and Control Diabetes, and Heart Disease and Stroke
- State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health Program
- Sodium Reduction in Communities Program

CDC is responsible for nine initiatives that can include nutrition education. A majority of CDC initiatives that can support nutrition education focus on obesity. Addressing hypertension and reducing health disparities are other areas of focus. While USDA-FNS initiatives typically target low income Americans, CDC initiatives stress the importance of broader population involvement. These grants are typically available to state and local government agencies, national non-profits, or health care entities.



HHS-ACF

- Community Services Block Grant
- Head Start
- Healthy Food Financing Initiative Projects
- Maternal, Infant, and Early Childhood Home Visiting Program
- Refugee Agricultural Partnership Program
- Runaway and Homeless Youth Programs
- Social Services Block Grant

ACF oversees seven initiatives that can support nutrition education. The Community Services Block Grant and Social Services Block Grant are large block grants that state agencies use to provide numerous social services. The other five are designed to serve specific, vulnerable populations—preschool age children, runaway and homeless youth, and refugees, for example.

Other HHS Initiatives

- Older Americans Act Nutrition Programs
- Various NIH grants

ACL and NIH also administer initiatives important to nutrition education. ACL oversees the OAA Nutrition Program for the Elderly (NPE), and NIH administers a host of grants, typically for academic research. These grants may support nutrition education interventions and policy research.

Department of Education

- 21st Century Community Learning Center Grants
- Carol M. White Physical Education Program
- Promise Neighborhood & Full-Service Community School Funding
- Student Support and Academic Enrichment Grants
- Title I Funding

ED administers five initiatives that can support nutrition education. The majority of these initiatives are available to state educational agencies (SEAs) to offer or enhance academic and social services, including health and nutrition education. Title I, which helps schools that serve a large percentage of low income children, is by far the largest. The Carol M. White Physical Education Program (PEP) is the only one of the five that required nutrition education in FY 2016, but, like many other No Child Left Behind grants, will end as ESSA grants phase in. As ESSA grants phase in, we will get a better sense of whether schools use these funds to support nutrition education.

IV. Nutrition Education Policy in New York State

New York State lacks a coordinated public nutrition education strategy. Instead, federal and state policies create complex systems to fund, administer, and deliver nutrition education initiatives.

In FY 2016, eight state agencies oversaw 32 different initiatives that can support nutrition education. The following sections discuss how policies and funding at both the federal and state levels interact to support these 32 initiatives. See Chapter 3 (p. 26) for more on federal support for nutrition education.

Key Takeaways

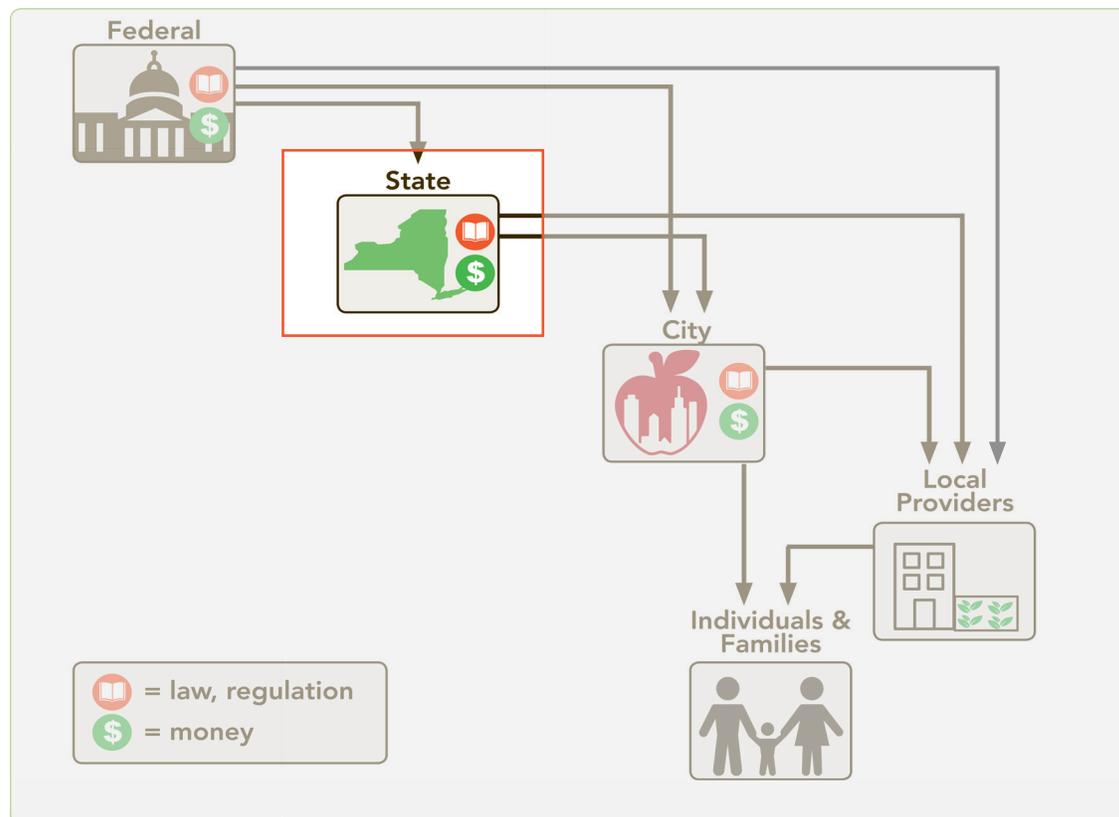
- New York State laws, regulations, and policies support federal initiatives and authorize several novel state initiatives.
- New York State relies heavily on federal funding to support nutrition education, making initiatives vulnerable to federal budget cuts.
- The New York State Department of Health (NYSDOH) and Office of Temporary and Disability Assistance (OTDA) are the state agencies responsible for the majority of nutrition education in New York.

Key Players

- The **state legislature** proposes and passes laws.
- The **executive branch** also sets policy. Through the State of the State and budget processes, the governor dictates the annual policy agenda.
- **State agencies** interpret federal laws and regulations, create state regulations and policy, disburse funds, and administer nutrition education initiatives across New York.
- **Local providers** implement nutrition education initiatives. Local providers may include local government agencies, local educational authorities, cooperative extension services, community-based organizations, and health care providers, among others.

Figure 4.1: Current Relationships: State Perspective

This chapter focuses on New York State agencies and policies.



Creating State Nutrition Education Policies

Federal laws, regulations, and policies dictate to a large degree how state agencies administer and local providers implement nutrition education initiatives. **Figure 4.1** illustrates the relationships between federal agencies, state agencies, local providers, and nutrition education participants.

Trends in New York Nutrition Education Policies

As the bridge between federal government and local governments or nutrition education providers, states are responsible for overseeing federal and state-funded initiatives. State laws and regulations direct New York agencies to distribute federal funds, provide technical assistance, regulate and evaluate initiatives, create resources, conduct research, and convene stakeholders. These policies mirror, to some degree, the patchwork nature of federal nutrition education policies. For more on why state laws are important, see **Box 4.1**.

Box 4.1: Why Is It Important to Understand New York State Law?

- Laws are a written record of New York's collective values.
- Laws help state agencies and local providers structure daily operations and plan for the future.
- Communities can advocate for more effective laws to support nutrition education initiatives

That said, several trends in New York State laws and regulations reflect the state's priorities. These laws and regulations require nutrition education for specific populations, such as individuals prone to diet-related diseases and pregnant women. For example:

- **New York Public Health Law authorizes nutrition education initiatives for specific disease conditions.** State law establishes prevention and education initiatives specifically for osteoporosis, diabetes, and childhood obesity.⁷²⁻⁷⁴

For example, Section 2599-b directs NYSDOH to launch health promotion media campaigns, create nutrition education and physical activity initiatives, develop professional training programs, coordinate obesity prevention activities across state agencies, and sponsor periodic conferences as part of the Childhood Obesity Prevention Program. Section 2599-d authorized funding for the initiative from the Tobacco Control and Insurance Initiatives Pool, but this funding expired in 2014.⁷⁵

- **State law and regulations require nutrition education for pregnant women and new mothers.** These policies direct a variety of settings to provide nutrition education that supports healthy maternal diets and breastfeeding. For example, Public Health Law authorizes grants for home care services to provide pre and post-natal nutrition support.⁷⁶ The law also requires NYSDOH to educate employers and day care centers about the importance of creating breastfeeding friendly sites.⁷⁷

NYSDOH regulations direct primary care providers and hospitals to offer nutrition counseling to pregnant patients and require birth centers to provide prenatal nutrition education classes.⁷⁸⁻⁸⁰ Other regulations require correctional facilities, homeless shelters for pregnant women, and second chance homes for teenaged parents to also provide nutrition education.⁸¹⁻⁸³

- **State regulations promote nutrition education in early child care facilities.** Many institutional meal providers including child care agencies, adult day care facilities, and adults shelters must provide nutrition education or counseling.⁸⁴⁻⁸⁶ But, for early care facilities, these requirements are more demanding. Day care operators must give guardians a written policy statement on childhood obesity prevention, as well as information on healthy food and beverages.⁸⁷⁻⁹⁴ Day care staff must complete training that addresses “the nutrition and health needs of infants and children” that covers “such things as healthy menu planning, obesity prevention, benefits of and how to encourage breastfeeding for mothers returning to work.”⁹⁵⁻⁹⁹

Weaknesses in New York’s Nutrition Education Policies

Current state laws and regulations provide partial, but incomplete, support for nutrition education. For example:

- **State laws and regulations do not provide strong support for nutrition education in schools.** New York Education Law does not clearly define how and when nutrition education should occur.¹⁰⁰ Though regulations define “health education” to include nutrition, they do not specify how often elementary schools must provide health education or, more specifically, nutrition education.^{101,102}

Similarly, the statute authorizing New York’s Farm to School initiative only provides weak support for nutrition education. It requires the Department of Agriculture and Markets (Ag and Markets) to support the currently unfunded Childhood Obesity Prevention Program and focuses primarily on school food procurement.¹⁰³

Finally, the state law authorizing nutrition advisory committees does not authorize money or agency support for these committees. Instead, the Education Law encourages school districts to form nutrition advisory committees to study and report on “all facets of nutritional policies.”¹⁰⁴ These committees may focus on “educational curriculum teaching healthy nutrition” as well as opportunities to educate teachers, staff, caregivers, and children about healthy foods.¹⁰⁴

- **State laws create different, complicated structures to fund nutrition education, making it difficult for county agencies to coordinate local initiatives.** For example, Public Health, Elder, and County Laws establish three distinct methods for state agencies to disperse funds to key county-level nutrition education providers—local health departments, Area Agencies on Aging (AAA), and Cornell Cooperative Extension (CCE) services. Article 6 of **N.Y. Public Health Law** helps counties provide chronic disease prevention services which can include nutrition education. The law authorizes NYSDOH to award a base grant. Above the base grant amount, NYSDOH must reimburse 36% of a county’s costs for approved health services.¹⁰⁵

In contrast, § 217 of **N.Y. Elder Law** requires counties to submit an annual plan for congregate services which include nutrition education. Elder Law requires NYSOFA to reimburse the county up to 75% of expenses included in the plan.¹⁰⁶

For cooperative extension services, **N.Y. County Law** allots 50¢ of state money for every \$1 the local CCE spent the previous fiscal year, up to \$100,000. For any amount the county spent over \$100,000, the state allots 5¢ rather than 50¢.

- **Multiple state executive orders have called for a coordinated statewide food policy, but have not included nutrition education as a priority.** Governors Carey, Spitzer, and Paterson issued executive orders, codified within New York Codes, Rules, and Regulations, that emphasized the need to coordinate food policies across the state.¹⁰⁷⁻¹⁰⁹ Spitzer specifically noted the need for a “comprehensive inter-agency approach to food policy issues.” These orders have typically highlighted accessibility and affordability issues, but not nutrition education.
- **State law omits several existing initiatives that could strengthen nutrition education.** Examples of these initiatives include the Hunger Prevention and Nutrition Assistance Program (HPNAP) and Council on Hunger and Food Policy—the current iteration of the state’s food policy council. HPNAP provides funding and technical assistance to the emergency food network to increase access to healthy food. HPNAP collaborates with the Just Say Yes to Fruits and Vegetables Program to provide nutrition education to individuals accessing emergency food. But no part of the state code requires HPNAP to provide nutrition education. In fact, no part of the state code requires HPNAP at all; HPNAP is authorized through the state budget process, making the initiative vulnerable to political shifts. As with HPNAP, the Council on Hunger and Food Policy is authorized through an annual policy document rather than part of the state code. Also like HPNAP, Cuomo’s Council aims “to establish a permanent focus on anti-hunger issues” and

could increase support for nutrition education. Formalizing these initiatives through state code could help to strengthen the legitimacy of some of the nutrition education work occurring in New York.

A full list of state laws and regulations that influence nutrition education appears in Appendix C (p. 73).

Funding Nutrition Education Policies

Through the annual budget process, the state allocates significant federal and state resources to initiatives that can include nutrition education.

Federal Funds

In FY 2014, New York ranked 5th nationally in public health expenditures, spending \$94.90 per person.³⁸ The majority of this money comes from the federal government. Of the \$1.76 billion New York spent on public health initiatives in FY 2015, \$1.19 billion were federal dollars.^{38,110}

While nutrition education is only a fraction of total state public health spending, these initiatives largely depend on federal funds. The total amount of federal funding that supports these initiatives is unknown, but federal grants funded, in part, 28 of these 32 initiatives.

The Department of Health's Bureau of Community Chronic Disease Prevention (BCCDP) is an example of a state program that relies on federal funding. BCCDP is responsible for many of the state’s obesity, diabetes, and hypertension prevention initiatives. As of fall 2016, the federal government funded 25 of 29 positions in BCCDP. State funds supported three positions. For more on the challenges of federal funding, see **Box 4.2**.

State Funds

New York State commits its own tax dollars to nutrition education. The state balances incoming federal funds with available state money and local needs to determine which policy priorities to fund the following year.

Box 4.2: The Challenges of Relying on Federal Funds to Support Public Health and Nutrition Education

Relying so heavily on federal funds makes New York nutrition education initiatives vulnerable for several reasons:

- **Federal funding can limit local providers' ability to tailor nutrition education initiatives to community needs.** For example, nutrition educators in the Bronx, where the American Beverage Association has launched an aggressive campaign to promote its products, would like to advise community members to avoid sugar sweetened beverages (SSBs). However, local providers are under the impression that CDC funds allow them to only promote healthy beverages, not warn against drinking SSBs. State and local funding could provide nutrition educators with more leeway to craft targeted nutrition education messages.
- **Federal funding sources face significant cuts, potentially limiting New York's ability to support nutrition education.** For instance, Congress has threatened to repeal the Affordable Care Act (ACA), reducing federal Medicaid spending and eliminating the Prevention and Public Health Fund (PPHF). Experts predict that if the federal government cuts Medicaid and PPHF, the state will reduce training and education services to cover direct health services costs.⁴¹ Cuts to training and education services would affect nutrition education initiatives.
- **Federal funding is not easy to replace.** County health and social service departments—two of the local providers that implement nutrition education initiatives—will not be able to fill funding gaps left from federal cuts. A 2011 state law established a 2% tax cap that limits localities' ability to cover new or increased county costs.¹¹¹ Localities already struggle to fund social services under this tax cap. To add insult to injury, the 2017 state budget cuts assistance to counties for local services by 20%.⁴¹
- **Federal and state budget cuts to social service programs pose a huge threat to public nutrition education.** Local governments already struggle to pay for local nutrition education initiatives. For instance, federal changes to the SNAP-Ed funding formula resulted in fewer county Cornell Cooperative Extension services offering SNAP-Ed. At the same time, state funding under Article 6 of the Public Health Law—requiring local health departments to provide chronic disease prevention services to receive state aid—has decreased by more than 40% between 2011 and 2015, further limiting nutrition education at the local level.^{105,112}

In New York's 2016 budget, state tax dollars supported a number of initiatives that can include nutrition education. Through the State of the State, Governor Cuomo committed an additional \$250,000 for outreach to increase participation in the Child and Adult Care Feeding Program (CACFP). Under federal law, CACFP must include technical assistance for nutrition education.^{113,114} He also committed \$250,000 in state funding for Farm to School (FTS). The Governor announced a new food labeling system and bolstered financial support for the state's Nutrition Outreach and Education Program (NOEP).¹¹⁴ State law requires NOEP to include nutrition education, but, at this time, the initiative focuses on enrolling individuals in food assistance programs.¹¹⁴⁻¹¹⁶

Two other important state tax-funded line items included in the 2016 budget are the SNAP-WIC and the Creating Healthy Schools and Communities

(CHSC) funds. NYSDOH uses both to support nutrition education. However, in 2016, the Division of Budget (DOB) transferred significantly less of this money to NYSDOH than the legislature originally budgeted.

- **SNAP-WIC Funds:** In 2016, the state appropriated \$26.5 million for this line item, but DOB only allowed NYSDOH to use \$9 million.¹¹⁷ NYSDOH used the \$9 million to support nutrition education initiatives such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) special projects; Eat Well Play Hard in Child Care Settings (EWPH CCS); Eat Well Play Hard in Day Care Homes (EWPH DCH); Growing Up Healthy Hotline costs; Farmers Market Nutrition Program (FMNP, which, in New York, includes both Senior and WIC FMNP); and Commodity Supplemental Food Program (CSFP).

- **CHSC Funds:** In 2017, the state made cuts midway through the fiscal year. State funds helped schools, hospitals, and community organizations to adopt healthy food and procurement policies. From 2017-19, CHSC grantees are slated to receive only 80% of previous annual funding amounts.

Administering Federal and State Nutrition Education Policies

State agencies play a critical role in nutrition education. For effective nutrition education to occur, state agencies must translate federal and state policies into initiatives that local providers—such as local government agencies, educational authorities, cooperative extension services, community based organizations, and health care providers—can implement. Below are summaries of how state agencies support nutrition education initiatives. For more information on individual initiatives, see Appendices D (p. 76) and E (p. 83).

New York State Department of Health

- Breastfeeding Promotion, Protection, & Support
- Child and Adult Care Food Program
- Commodity Supplemental Food Program*
- Creating Healthy Schools and Communities
- Delivery Systems Reform Incentives Program
- Diabetes Prevention Program
- Eat Well Play Hard in Child Care Settings*
- Eat Well Play Hard in Day Care Homes
- Farmers Market Nutrition Program*
- Healthy Families New York*
- Hunger Prevention and Nutrition Assistance Program
- Just Say Yes to Fruits and Vegetables*
- New York State Food Standards
- Nurse Family Partnership*
- Sodium Reduction in Communities
- Special Supplemental Nutrition Program for Women, Infants, and Children

** this initiative involves more than one agency*

Of any New York agency, NYSDOH is responsible for both the greatest number and the largest nutrition education initiatives. The agency administers 16 of the state's 32 initiatives, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and two of the state's

Supplemental Nutrition Assistance Education (SNAP-Ed) initiatives. NYSDOH's Division of Nutrition (DON) and Bureau of Community Chronic Disease Prevention (BCCDP) are responsible for the majority of the agency's nutrition education initiatives. Nutrition education is one of multiple interventions that the state's overarching public health strategy, the Prevention Agenda, recommends. For more on the Prevention Agenda, see **Box 4.3**.

Division of Nutrition

DON oversees eight United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) initiatives and two state initiatives that involve nutrition education. Consistent with FNS's mission, a majority of DON initiatives provide food assistance and nutrition education to low income individuals. DON-administered initiatives engage participants across a variety of settings, including health clinics, food pantries, farmers markets, and early child care facilities. About half of DON initiatives provide direct education which may include cooking demonstrations, and almost all distribute educational resources such as recipes. Increasingly,



DON initiatives like Eat Well Play Hard in Child Care Settings (EWPH CCS) and Just Say Yes to Fruits and Vegetables (JSY) also incorporate policy, systems, and environmental (PSE) change approaches. See **Box 2.2** (p. 23) for more on PSEs.

Bureau of Community Chronic Disease Prevention

BCCDP receives and administers several Centers for Disease Control and Prevention (CDC) funded grants

Box 4.3: New York’s Prevention Agenda

The Prevention Agenda informs both state and local providers’ public health work, including some nutrition education initiatives. Each of the state’s 58 local health departments must submit a Community Health Improvement Plan detailing strategies they have chosen to support the Agenda.

The Prevention Agenda designates five priority areas: (1) promoting a healthy and safe environment; (2) preventing chronic disease; (3) preventing health care associated infections, vaccine preventable diseases, HIV, and STDs; (4) promoting healthy women, infants, and children; and (5) promoting mental health and preventing substance abuse. The overall goal is to improve health status and reduce health disparities. NYSDOH has developed action plans for the priorities, outlining broad focus areas, more specific goals, objectives to measure progress against, and evidence-based interventions. For example:

Priority Area	Focus Area	Goal	Objective	Interventions to Consider
Prevent Chronic Disease	Reduce Obesity in Children and Adults	Create community environments that promote and support healthy food and beverage choices and physical activity.	By December 31, 2018, decrease the percentage of adults who consume one or more sugary drink per day by 5% from 20.5% to 19.5% among all adults and by 10% from 42.9% to 38.6% among adults with an annual household income of < \$25,000.	Adequately invest in proven community-based programs that result in increased levels of physical activity and improved nutrition.

such as State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Related Risk Factors and Promote School Health (1305); State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422); and the Sodium Reduction in Communities Program (SCRCP). Its initiatives include the Creating Healthy Schools and Communities (CHSC) grant. For CHSC, state funds support the 26 contractors implementing the initiative. Federal funds support agency staff overseeing CHSC.

Many BCCDP initiatives focus on population health and so require PSE changes. For example, BCCDP

works with schools, hospitals, and retail owners to adopt healthier food standards. To support these PSEs, local contractors may educate food service staff as to why stricter food standards are important and provide technical assistance to help staff adopt menu changes.

Office of Temporary and Disability Assistance

- Eat Smart New York*
- Eat Well Play Hard in Child Care Settings*
- Just Say Yes to Fruits and Vegetables*

** this initiative involves more than one agency*

The Office of Temporary and Disability Assistance (OTDA) oversees New York’s SNAP-Ed initiative, also known as Eat Smart New York (ESNY). To implement SNAP-Ed, OTDA contracts with 11 regional providers and maintains a Memorandum of Agreement with NYSDOH. The 11 regional providers—seven Cornell Cooperative Extension (CCE) services and four New York City community-based organizations—subcontract with other CCEs and community providers in their region. NYSDOH subcontracts with the state’s eight regional food banks and New York



City's Department of Health and Mental Hygiene (NYC DOHMH) to implement Just Say Yes to Fruits and Vegetables (JSY). NYSDOH also subcontracts with NYC DOHMH and six additional organizations to implement the Eat Well Play Hard in Child Care Settings (EWPH CCS) intervention.

OTDA also works with Cornell University, State University College of Buffalo, and Altarum to evaluate and offer technical assistance to local providers. See **Box 4.4** for more on SNAP-Ed in New York.

Box 4.4: SNAP-Ed in New York State

The Supplemental Nutrition Assistance Program Education (SNAP-Ed) is the largest initiative in New York for which nutrition education is the main focus. SNAP-Ed initiatives serve SNAP-eligible individuals including caregivers, educational facility staff, and early care and school-age children.

The initiative inspires healthier food choices by:

- teaching skills to make nourishing food choices on a limited budget
- promoting policy, systems, and environmental changes (PSEs) that make the healthy choice easy, affordable, accessible, and desirable; and
- encouraging active lifestyles.

SNAP-Ed provides food education and skills workshops in a variety of community settings—schools in low income neighborhoods, SNAP-authorized supermarkets, and food pantries are just a few examples. In these settings, nutrition educators also help community members implement PSEs that support healthy choices. As a result, SNAP-Ed participants have reported eating more vegetables, consuming fewer calories from added sugars, and cooking more frequently.¹¹⁸

How SNAP-Ed Works in New York State

The Office of Temporary and Disability Assistance (OTDA) oversees SNAP-Ed in New York State. Last year, the agency used the \$20.6 million it received from USDA to fund three core initiatives: Eat Smart New York (ESNY), Just Say Yes to Fruits and Vegetables (JSY), and Eat Well Play Hard in Child Care Settings (EWPH CCS).¹¹⁹

Recent Changes to New York State SNAP-Ed

The Healthy, Hunger-Free Kids Act made a series of changes to SNAP-Ed which USDA codified in a 2016 final rule.^{120,121} The rule changed SNAP-Ed from a cost-share to a grant program and expanded the program to include PSEs. The purpose of these changes was to encourage collaboration and provide states with greater flexibility to implement obesity prevention strategies.¹²⁰

In 2015, New York responded to these federal changes, restructuring the initiative to minimize administrative costs and maximize program activity reach. Prior to these changes, Cornell Cooperative Extension (CCE) educators in each county delivered nutrition education. In its 2014 Request for Proposals, OTDA required applicants to submit a plan to implement SNAP-Ed at the regional rather than county level and to focus on communities with high poverty and chronic disease rates.¹²² OTDA also required that ESNY educators (1) be a registered dietitian, or (2) have a degree in nutrition education, health education, or public health.¹²² As a result of these new contract requirements, some counties lost SNAP-Ed educators on CCE staff and several organizations new to SNAP-Ed won contracts. Since the changes went into effect, the cost per participant has fallen while enrollment has grown.¹²³

Figure 4.2: Mapping SNAP-Ed in New York

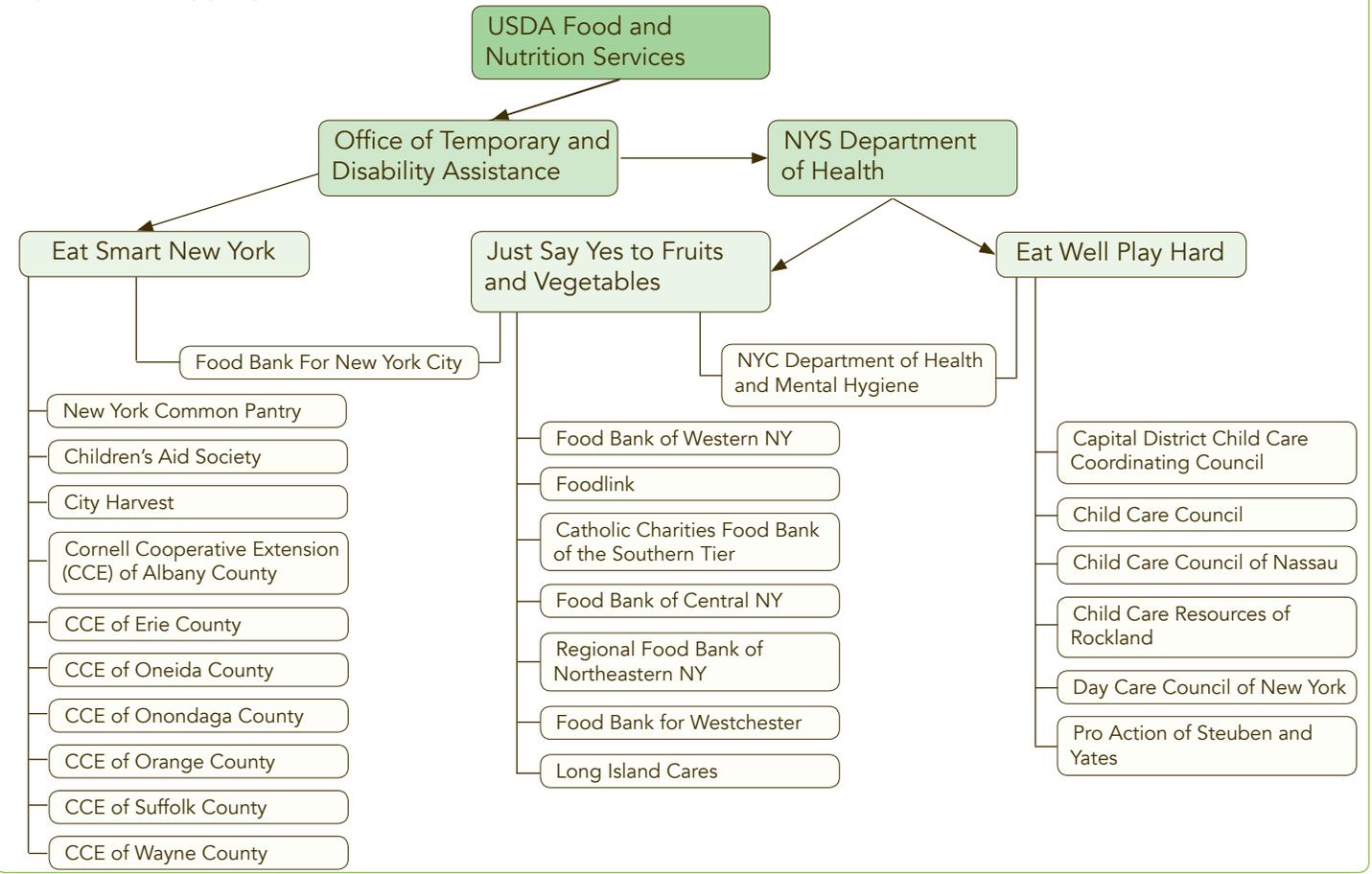


Table 4.1: New York State SNAP-Ed Initiatives

Target Audience	Setting	Activities	Example
Eat Smart New York			
SNAP-eligible adults, seniors, youth	Schools, social service providers, food pantries, community centers, etc.	Direct education, PSEs, social marketing	To encourage individuals to use herbs and not salt for flavor, Erie County CCE educators help public housing residents plant herbs in pots the residents can then take home.
Just Say Yes to Fruits and Vegetables			
Food pantry clients, SNAP-eligible customers at farmers markets	Food pantries, farmers markets	Direct education workshops which include cooking demonstrations; PSEs	JSY educators conduct a lesson on MyPlate, demonstrating how to prepare beets which are available that day at the food pantry or farmers' market. To make the recipe's ingredients more affordable for farmers' market attendees, the educators may distribute New York City or other funded Health Bucks, which are fruit and vegetable incentive checks.
Eat Well Play Hard in Child Care Settings			
Preschool children, their guardians, child care staff	CACFP-participating child care centers where more than 50% of families qualify for free or reduced price meals	Direct education, staff training workshops, PSEs	Nutrition educators prepare mango smoothies with children using low-fat milk. For guardians, the educators provide smoothie samples and a fresh food box which guardians can purchase using SNAP benefits and WIC coupons.

Cornell University and Cornell Cooperative Extension Services

- 4-H Choose Health
- Agriculture in the Classroom*
- Eat Smart New York*
- Expanded Food and Nutrition Education Program
- Farmers Market Nutrition Program*
- Food and Nutrition Education in Communities
- Northeast Nutrition Education and Obesity Prevention Center of Excellence

** this initiative involves more than one agency*

Because Cornell is New York State’s land grant university, it receives significant federal funds to conduct research and provide educational services, including cooperative extension services.

Under N.Y. County Law § 224, the University is considered a state agent with supervisory powers over New York’s Cornell Cooperative Extension Services (CCE). Cornell is home to the majority of New York’s USDA National Institute of Food and Agriculture (NIFA) nutrition education initiatives. The Food and Nutrition Education in Communities (FNEC) initiative within the University’s Division of Nutritional Sciences develops nutrition education curricula, provides technical assistance, evaluates nutrition education efforts, tracks program spending, and reports county Cooperative Extension initiative data to USDA.¹²⁴ In FY 2016, Cornell was also the site of USDA’s Northeast Nutrition Education and Obesity Prevention Center of Excellence, which the federal government recently ended.

Box 4.5: What Are Cornell Cooperative Extension Services?

The Cooperative Extension System

Nationally, cooperative extension services are an important part of a state’s nutrition education landscape. As the informal education arm of land-grant universities (LGUs), extension services develop and disseminate research-based resources for the public. Extension is cooperative in the sense that federal, state, and local governments contribute funds for these services.¹²⁷

Cooperative extension services offer farm business and technology training, nutrition education, food safety assistance, and youth leadership development, among other services. Offices are typically spread across a state so that the farmers, small business owners, consumers, families, and youth who they serve can conveniently access services.¹²⁸

How Do Cooperative Extension Services Work in New York State?

New York State’s cooperative extension services are affiliated with Cornell University. Known as Cornell Cooperative Extension (CCE), New York’s extension services differ somewhat from other states’. For example, CCE is one of the few state extension services associated with a private university. (Four of Cornell’s colleges remain public, including the Cornell’s College of Human Ecology, where campus nutrition staff is based.)

Outside of New York, LGUs typically oversee cooperative extension services from a central office. New York is different in that the 54 county and multi-county CCEs function like semi-independent non-profits. With the exception of NYC CCE, county offices employ non-University staff and have their own boards of directors.¹²⁹

Benefits and Challenges of New York’s Cooperative Extension Service Structure for Nutrition Education¹³⁰

Benefits	Challenges
<ul style="list-style-type: none"> • CCE offices can easily tailor initiatives to local interests • CCE offices can coordinate with local health departments and local providers • CCE offices can individually solicit funds from federal, state, local and private funders 	<ul style="list-style-type: none"> • Administrative and overhead costs may be expensive • Local offices answer first to county government which may effect statewide coordination • Local offices may compete for limited funds resulting in patchwork services

CCE supports nutrition education through a variety of initiatives, including the Expanded Food and Nutrition Education Program (EFNEP), 4-H Choose Health, and Agriculture in the Classroom (Ag in the Classroom), and the Farmers Market Nutrition Program (FMNP).¹²⁴ Seven county CCEs administer Eat Smart New York (ESNY) SNAP-Ed grants in collaboration with other CCEs in their region.¹²⁵ **Box 4.5** explains how cooperative extension services work in New York.

Consistent with NIFA’s mission, direct education is at the core of many Cornell and CCE initiatives.¹²⁶ These initiatives tend to prioritize school-age children and their families as targets and schools and CBOs as common settings.

New York State Office for the Aging

- Farmers Market Nutrition Program*
- Nutrition Programs for the Elderly

** this initiative involves more than one agency*

New York State Office for the Aging (NYSOFA) ensures that New York State complies with the Older Americans Act (OAA) Title IIIIC requirements, offering seniors prepared meals, nutrition education, and nutrition counseling. The agency oversees 59 Area Agencies on Aging (AAA) across the state, which in turn contract with local congregate and home delivered senior meal providers.¹³¹ Congregate meal sites offer a minimum of six nutrition education classes yearly, the focus of which varies based on site interest and provider knowledge. Federal, state, and local funds support these initiatives.

NYSOFA also works with the state’s Department of Agriculture and Markets to support the Farmers Market Nutrition Program (FMNP). FMNP provides financial incentives for seniors to purchase produce from farmers markets. Upstate AAAs, congregate food sites in New York City, and NYSDOH Commodity Supplemental Food Program (CSFP) providers must offer nutrition education when distributing FMNP vouchers.¹³²

Department of Agriculture and Markets

- Agriculture in the Classroom*
- Council on Hunger and Food Policy*
- Farm to School*
- Farmers Market Nutrition Program*
- FreshConnect

** this initiative involves more than one agency*

For the most part, the Department of Agriculture and Markets (Ag and Markets) plays a supporting role in nutrition education. The agency partners with Cornell University’s Ag in Classroom initiative and provides educational resources and technical assistance to facilitate NYSDOH’s CSFP and FMNP initiatives.^{132,133}

Ag and Markets also oversees the state’s Farm to School (FTS) grant program, Council on Hunger and Food Policy, Community Gardens Work Group, and FreshConnect initiative, all of which create opportunities to address or enhance nutrition education



New York State Education Department

- 21st Century Community Learning Center Grants
- Agriculture in the Classroom*
- Farm to School*
- New York State Health Education Standards
- Student Support and Academic Enrichment Grants
- Title I, II, and IV Funds

** this initiative involves more than one agency*

Generally speaking, the New York State Education Department (NYSED) administers initiatives that can, but do not necessarily, include nutrition education. For example, NYSED helps facilitate two school-based initiatives, Ag in the Classroom and Farm to School (FTS).

Current agency regulations do not clearly define when, what type, and how much nutrition education schools should provide.^{134,135} NYSED does not track what portion of federal funds schools use for health education, including nutrition education. For Student Support and Academic Enrichment Grants (SSAEG); 21st Century Community Learning Center Grants; and Title I, II, and IV funds—which can all support nutrition education—the agency also does not track the degree to which schools fund nutrition education.^{65,136,137}

Office of Child and Family Services

- Healthy Families New York*
- Nurse Family Partnership*
- Social Services Block Grant
- Runaway and Homeless Youth Programs

** this initiative involves more than one agency*

The Office of Child and Family Services (OCFS) administers the Nurse Family Partnership (NFP), Healthy Families New York (HFNY), Social Services Block Grant (SSBG), and Runaway Homeless Youth Programs (RHY). Both home visiting initiatives, NFP and HFNY, support pregnant mothers and new parents, providing breastfeeding support and nutrition education.¹³⁸

SSBG and RHY, which the federal Department of Health and Human Services (HHS) administers, serve a broad range of social needs. HHS does not require that states track whether local organizations funded through these mechanisms are, in fact, providing nutrition education. New York has historically used a portion of its SSBG to support daycare, health, pregnancy, and parenting services, all of which may include nutrition education.¹³⁹ Similarly, RHY teaches pregnant women life skills which also may include nutrition education.¹⁴⁰

Department of State

- Community Services Block Grant

The Department of State (DOS) administers the Community Services Block Grant (CSBG). Much like SSBG and RHY, this HHS-administered initiative can support a broad range of social services. CSBG initiatives generally have a different main focus than nutrition education and do not require—but may provide—nutrition education. For example, local providers may include nutrition education activities as part of after-school child care and youth development initiatives that CSBG funds.¹⁴¹ HHS does not require the state to track if or how local providers use CSBG for nutrition education.

V. Interview Themes

Below are the key themes that emerged from the 47 interviews we conducted with 62 individuals. These individuals represent 31 entities involved in publicly supported nutrition education. See **Table 1.1** (p. 20) for details. These interviews shed light on how nutrition education occurs in New York State. Interviewees discussed motivation, funding, politics, government and local provider roles, as well as coordination.

Key Takeaways

- State agencies have varied reasons for administering and supporting nutrition education initiatives.
- Funding and politics create challenges, as well as opportunities, to support nutrition education.
- State officials and local providers grapple with their respective roles in supporting nutrition education.
- State officials and local providers emphasize that collaboration and coordination are necessary, but find these tasks challenging.

Key Players

- **Eight state agencies** administer nutrition education initiatives.
- Countless **local providers** implement nutrition education initiatives.
- Many other **community, advocacy, and academic organizations** support nutrition education.

Topic 1: Motivation

Agencies identified a number of reasons why they administer or support nutrition education.

The prevalence of diet-related diseases motivates state agencies to provide nutrition education. Many state officials explained that community health and income data inform where to target limited resources. According to one interviewee, “We had eligible communities and they had to apply to work within a number of them based on their breastfeeding rates, obesity rates, poverty rates, and minority population rates.” Another interviewee stated that government agencies should focus nutrition education efforts in low income neighborhoods where disease rates are the highest. She said this was the best use of public funds, but noted that concentrating efforts in low income neighborhoods can contribute to stigma. She explained that obesity is an issue that affects people of all income levels, not just people who live in low income neighborhoods.

Nutrition education is an important component of many public health efforts. Direct education complements policy, systems, and environmental changes for which state agencies are responsible. Two nutrition education initiatives that interviewees highlighted were the Supplemental Nutrition Assistance Program Education (SNAP-Ed) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). One interviewee noted at “public health offices, most people are getting Medicaid services there, so that’s a natural fit for partnering with a SNAP-Ed program.” Another explained that “people throughout the field really encouraged that SNAP-Ed dollars be allowed to be used for public health approaches that would reinforce and expand [healthy habits].” Another still pointed out that nutrition education in WIC settings is many people’s entry point into the health care system.

Reducing health care spending through preventive care is a reason for state agencies to support nutrition education. Multiple interviewees said

that the Affordable Care Act and New York’s Prevention Agenda highlight the importance of preventive care such as nutrition education. As an example, an interviewee explained that the National Diabetes Prevention Program, which helps pre-diabetic individuals adopt healthy food and physical activity habits, “is the first program of its sort to be reimbursed by Medicare or Medicaid or insurance.”

But some interviewees were skeptical about whether an increased focus on prevention could create widespread support for nutrition education within health care settings. An interviewee noted that the New York State Department of Health (NYSDOH) was working to build “the capacity for community-based organizations to become part of the health care delivery system network,” but pointed out that clinical settings are typically not structured to support nutrition education. A majority of doctors are neither trained to talk about nutrition, nor able to bill for the service. One interviewee suggested that prevention work was more focused on short-term, rather than long-term, fixes like keeping patients out of the emergency room.

Though several state officials pointed out that Prevention Agenda priorities could support nutrition education, no local providers referenced the Agenda as a reason their organizations offer nutrition education.

Nutrition education helps state government meet many goals at once. For example, one interviewee explained that using SNAP-Ed funds, she is “working on child wellness policies, work site wellness policies, community wellness policies. We do training for retailers, shelf space training....and then we do social marketing. So it’s lots of different activities with different goals.” Another suggested that food education helps to support New York’s agricultural economy. Others still noted that through nutrition education, schools can fulfill wellness planning requirements, create better school environments, support youth development, and mend generational knowledge gaps about food planning and preparation.

Topic 2: Funding

Funding levels, grant periods, and other federal requirements can make administering and implementing nutrition education challenging.

Current funding levels do not adequately support nutrition education interventions. Available funds often limit the scope of state agency activity to monitoring and technical assistance; little money is left over for state agencies to conduct other nutrition education activities. For example, one state official discussed how her agency would like to support more nutrition education initiatives, but federal funding “for the obesity prevention and nutrition and physical activity component [is] not enough money for us to do what they want us to do.”

Short federal grant periods make sustaining evidence-based nutrition education a challenge.

As one state official said, federal agencies and private foundations are “looking at seed funding. States don’t have money to do continuation.” According to this official, the message from the federal government is “now that you’ve got it going on, we’re going to cut your funding”—there’s this sort of disconnect between saying, “Well, we’re just going to start something. We’re going to pilot it” and the complex, long-term nature of the problems these interventions address.

Without sustainable funding, state officials are ill-equipped to address obesity. Officials explained that when agencies lose funding, they lose institutional knowledge and key staff. And, without money for adequate evaluation, state agencies struggle to oversee evidence-based interventions and assessment.

When federal funding is too prescriptive, state agencies may not be able to administer initiatives that best suit New York citizens. State officials explained they found it challenging to balance federal demands for consistency and accountability with local demands for flexibility. For example, one state official explained that her agency wanted to expand an existing initiative by tailoring it to a new setting and audience. Yet the federal funds she wanted to use were too narrowly focused. “We felt like we were barking up the wrong tree, so we decided not to apply.”

State agencies rely on state funds when federal funds are insufficient or overly prescriptive.

Interviewees rely on state tax funds to pay for otherwise unfunded mandates, fill in programming gaps, and provide comprehensive nutrition education. State officials noted that available state funds are crucial to protect initiatives and staff in vulnerable times. One interviewee explained, “We have way more flexibility with our state funding than we do with our federal funding...so that’s why it’s really important to have this, because it’s very flexible.” Another explained that state funding is necessary for such a populous state: “New York is an anomaly in that we have state funds... I know what goes on in other states and most of them have no state appropriations to do it... But I mean, if you’re working in Delaware and you have three counties that’s a little easier than if you’re working here with 62.”

As a result of state and federal funding changes, county-level nutrition education has waned in recent years. Decreased support for county-level public health and Cornell Cooperative Extension (CCE) has affected local ability to deliver nutrition education.

Several interviewees noted that compared to other states, financial support for county-level public health services in New York is strong. Many also explained that counties struggle to stretch Article 6 funding—state tax dollars available for core public health services. The state-mandated property tax cap has prevented counties from raising local taxes to cover their costs. Shrinking tax bases have also forced counties to cut services for which the state will not reimburse them under Article 6. One interviewee explained, “The climate at local health departments now is...there’re very few staff that are on what’s called the ‘county share’, because there just isn’t the resources anymore. So, if they have an obesity grant then they have folks that come work on that, but otherwise they don’t have staff.” Currently, some county health departments have as few as nine staff, and many cannot afford to retain a registered dietitian.

Many county CCE organizations also do not have adequate funds. Interviews cited a variety of reasons for the CCE’s financial troubles. For example, when

the Office of Temporary and Disability Assistance (OTDA) began funding regional networks rather than the CCE office in each county to do SNAP-Ed, some CCEs stopped providing the initiative. Some CCEs that paid nutrition educators with both SNAP-Ed and Expanded Food and Nutrition Education Program (EFNEP) funds were no longer able to provide EFNEP either.

The number and complexity of federal and state funding streams makes it difficult to determine how agencies finance nutrition education. Local providers often pool federal, state, local, and private funds to cover different components of a larger initiative. State agencies and local providers may also stretch one grant to cover the cost of numerous initiatives of which nutrition education is only a part. Of one federal grant, an interviewee explained, “The problem with those grants is that they’re laundry lists. A little bit of money for school gardens in Staten Island. A little bit of money in this for this. It doesn’t have a lot of cohesiveness.” Consequently, state agencies and local providers struggle to identify exact sources and amounts spent on nutrition education.

Topic 3: Politics

Navigating the political processes that influence publicly supported nutrition education can be challenging.

Nutrition education initiatives are vulnerable to shifting political priorities. Federal and state politics, as well as corporate lobbying, affect which nutrition education initiatives receive funds. Some interviewees said that federal political priorities most affected nutrition education initiatives—one explained that “ultimately, a lot of New York’s public health agenda is driven by a federal public health agenda.”

Others discussed the role that the state legislature and Executive Office play. For example, several interviewees explained the importance of having a state legislature that appropriates state tax levy funds with relatively fewer restrictions to agencies. Others discussed how the Governor has used political power to prioritize anti-hunger efforts and engage an increasingly broad stakeholder group.

Local providers recognize the importance of educating elected officials about nutrition education, but are unclear how to participate in political processes. Many stated that having the support of an elected official was important, but were unclear how to use the political process to garner support for nutrition education. Interviewees reported feeling equally unsure about the best ways to protect initiatives. Some suggested strengthening laws and regulations. Others said executive action, though not permanent, was more politically feasible.

One interviewee identified the state’s Creating Healthy Schools and Communities (CHSC) grant as a model. She explained that CHSC encourages contractors to meet regularly with local elected officials to educate them on the burden of obesity in their communities and the importance of nutrition and physical activity. She said that “is a very good thing, because the federal government is so skittish about having their grantees have connection with the elected officials... if you really want to make policy and system level changes, you have to talk to your elected officials. They shouldn’t just be seen as politicians, they are policymakers.”

Topic 4: The State’s Role

Interviewees discussed how state agencies can best support nutrition education

State agencies and local providers have overlapping, but different ideas about how the state can best support nutrition education. State agencies can provide resources such as curricula, evaluation tools, and nutrition standards; help local providers navigate federal policies and rules; encourage collaboration; and convene meetings. As one interviewee said, the state’s role is “to provide the support for [nutrition education] and provide all the technical assistance.”

Interviewees said they wished that state agencies engaged with communities in a more meaningful manner. One state official identified another agency’s efforts as a model, explaining that “they’re making sure that the community-based organizations in each city, everyone has a seat at the table in that process, and in any process.” And a local provider explained that “one of the things that I would strongly

recommend, that it not just be a paper policy but a real policy, is the community engagement piece, that it has to be real.” Local providers said that this sort of engagement could lead to state-provided resources that are better tailored to community needs.

State agencies are well-positioned to convey information to the general public and to federal agencies. State agencies have the expertise to craft public health messages. They can also synthesize local providers’ feedback to advocate for changes to federal initiatives. For example, state officials asked the U.S. Department of Agriculture (USDA) to allow them to use WIC funds to do increase breastfeeding support. As one official explained, “this is actually one of our federal priorities...to take some of that food funding in particular and do breastfeeding support... we should be able to use that money to increase breastfeeding, we’re not allowed to do that right now.”

But, to convey such information, state agencies need to be accessible. Local providers reported that communicating with state agencies about such changes can be challenging.

Differences between urban and rural communities—especially between New York City and the remainder of the state—make it challenging for state agencies to administer initiatives.

Geographic and financial differences between rural and urban communities affect the kinds of nutrition education available. One state official said that these differences force her agency to ask questions like “would we want to pay for a full staffing and space in a region where there’s limited population? Or do we want to have a more urban-centered office but hold regular classes and events in a county, once a month, twice a month?” She explained that to administer initiatives, the state needs to both “prioritize for cost” and give local providers discretion.

Some local providers from New York City suggested that to save costs, state agencies could adapt New York City pilots. But state officials noted that there were both benefits and challenges to using New York City models. One state official discussed the Farm to School initiative as an example: of this tension: “So for instance, New York Thursdays and what New York City schools is doing is really a model... New York City has such huge buying power. And for them to be choosing to go local and choosing to source

from New York State, I think that’s a big message for smaller communities who are agricultural but may not be making as much of that connection. But [for smaller communities] cost is obviously a huge barrier, training, even infrastructure and equipment in the kitchen is a barrier, not having knives.”

Topic 5: Local Providers’ Role

Local providers are well-positioned to implement nutrition education initiatives.

Local providers prioritize nutrition education that reflects the multifaceted experiences and needs of a community. Many said it was important to hire “indigenous” educators, or educators from within the community. One interviewee explained, “If people have never been on food stamps, if they have never had to stretch their food dollar, shop in certain places... How are they going to be able to teach people how to do it...Because you ask anyone right now what they need to keep better health? They could tell you, “I need to cut on how much I’m eating, I need to...eat less fast food.” They know what they need to do” but have trouble doing it given limited resources.

Local providers also suggested conducting activities that are of interest to community members, that address the challenges of a local food environment, and that accommodate different types of learning. By working closely with community members, local providers can implement informed and responsive nutrition education.

Local providers can be more effective and flexible than government agencies when implementing nutrition education. Local providers’ preexisting community relationships are an important factor when delivering nutrition education. When local providers work to build community trust and hire community members, they have relatively high participation and retention rates, making it more likely that an initiative succeeds. Recognizing the importance of working with a range of local providers, one state official explained, “We do drive it down and not just to counties. We do have contracts with some local health departments, but a lot are with community-based organizations, cooperative extension organizations, other types...”

Topic 6: Coordination and Collaboration

State agencies and local providers can improve collaboration and coordination for nutrition education initiatives.

Coordination can amplify nutrition education initiatives and build supportive relationships.

Interviewees identified a number of ways that nutrition education and food access initiatives can complement each other. These initiatives can inform participants about the other services for which participants are eligible, promote programs that lack outreach capacity, and produce materials that promote a consistent behavior regionally or statewide. As one interviewee explained, this helps local providers to “have some sort of unified presence, so there’s some continuity across programs throughout the state.”

Interviewees highlighted several ways coordination could continue to strengthen initiatives. Some said sharing research and physical resources such as event space was important. Others suggested that state agencies should convene in-person meetings. One interviewee discussed the benefits of regular meetings, explaining that her counterparts meet “three times a year and have lots of conference calls and committee meetings, and that’s great because you learn what other states are doing. We’ve been collaborating a lot on our PSEs and trying to make sure that everybody’s planning and implementing those in a similar framework, so that we’re using the same approaches for developing and measuring and reporting.”

Interviewees at both the state and local levels would like to see more coordination from above.

Interviewees discussed how the degree of government coordination affects how local providers implement, and participants experience, an initiative. Many identified school wellness work as an example of an initiative that could benefit from better federal and state coordination. For example, a state official said that Congress should have given the U.S. Department of Education (ED), and not USDA, responsibility for school wellness policies. She explained that school food operators lack the authority to ensure schools comply with their wellness policies.

Local providers said that like federal agencies, state agencies could better coordinate school wellness efforts. One interviewee explained, “A lot of the struggles that we come across in the school wellness work are differences between the New York State Department of Health and Department of Education. I think that if they were more aligned, then things could be more aligned at the city level.” She explained, “There could be a lot of good sharing for what’s happening in New York City and how that can help inform the other counties, so that there can be more of a cohesive approach for the nutrition education work in schools.”

Federal, state, and local rules and regulations can inhibit coordination. Rules and regulations may limit which state agency or local provider can receive nutrition education funding, what activities they offer, and which populations they serve. One state official described local providers as “stuck in huge vortex of regulations.” Another explained how navigating rules and regulations is challenging—“it’s very heavily regulated at the federal level, then again, a little less so at the state level, and then providers are responsible for any subcontractors that they’re working with to make sure that the program’s being delivered effectively.” Such responsibility can deter local providers from working with smaller groups that lack capacity to ensure compliance.

Cumbersome rules and regulations can also discourage local providers from expanding their services. One interviewee explained that her organization decided not to provide teacher professional development because the certification process was too burdensome. “It’s capacity, and paperwork, and all of the bureaucratic [requirements]... it adds a whole level of management that we’re not able to handle right now.”

Streamlining reporting rules could encourage coordination. Interviewees explained that initiatives with similar goals should be able to have more streamlined reporting requirements. For example, one local provider explained, Racial and Ethnic Approaches to Community Health (REACH) and Partnerships to Improve Community Health (PICH) “have been very interested in funding very specific, detailed projects like in certain schools or community

groups, whereas the Creating Healthy Schools and Communities is like, “do as much as you can in every single location possible.” That’s one area that I think that there’s differences in the reporting, but how they

can build on each other.” One interview said that having common metrics across initiatives would allow agencies “to speak more definitively about the impact that sort of funding has had on communities.”

VI. Recommendations

Below are recommendations for ensuring that all New Yorkers can be empowered eaters. These recommendations focus on increasing access to nutrition education initiatives, specifically improving the systems that govern, deliver, and fund nutrition education.

If enacted, these recommendations would expand the scope, reach, and sustainability of nutrition education; enhance local providers' capacity; and align and elevate nutrition education in New York State. Ultimately, these recommendations could help New Yorkers eat well throughout their lifetimes, in all of the places where they live, work, learn, and play. These suggestions are timely, practical, and specific to the landscape of nutrition education in New York.

For each recommendation, we have included objectives, explanations, and, if relevant, strategies to achieve the recommendation.

Expand the scope, reach, and sustainability of nutrition education initiatives.

Invest more New York State tax dollars in nutrition education to make initiatives more flexible, comprehensive, and sustainable. The state must strategically invest in nutrition education and, at the same time, maintain funding for existing public health and safety net programs. State funds enable agencies to pay for otherwise unfunded mandates, fill in programming gaps, and administer comprehensive initiatives. State funds are crucial to protect nutrition education initiatives from federal budget cuts.

- The Division of Budget should distribute the full \$26.5 million appropriated for SNAP-WIC to New York State Department of Health's (NYSDOH) Division of Nutrition.
- The legislature should restore the 20% funding cut from the Creating Healthy Schools and Communities (CHSC) initiative.

- The state should increase support to counties. Two ways to help counties provide nutrition education are to increase state funding under Article 6 (that requires local health departments to provide chronic disease prevention services to receive state aid) and to restore, rather than cut, state funding to counties for local services.
- NYSDOH should allow the Hunger Prevention and Nutrition Assistance Program (HPNAP) to use more funds for special projects, testing innovative models for food assistance and education.
- The legislature should determine a new state funding mechanism, besides the Tobacco Control and Insurance Initiatives Pool, to support the currently unfunded Childhood Obesity Prevention Program.

Support behavioral, policy, systems, and environmental changes with longer-term funding. Short grant time limits make it difficult to sustain

nutrition education initiatives. State agencies and local providers need ongoing funds to address the complex causes of chronic, diet-related diseases; retain institutional knowledge; and build an evidence base through evaluation.

Embed nutrition education into public health and health care reform efforts. Our health care system should incentivize preventive care, such as nutrition education. Nutrition education can be an entry point into the health care system; enable people to overcome barriers that prevent healthful eating; and enhance policy, systems, and environmental changes that public health organizations are implementing.

- NYSDOH should continue to take advantage of opportunities created through the Affordable Care Act—such as the Medicaid Delivery System Reform Incentive Payment (DSRIP) and Community Health Needs Assessment (CHNA) provisions—to expand the role of community health workers as nutrition educators. Harlem Health Advocacy Partners (HHAP) is one model to explore.
- NYSDOH should encourage local providers to align nutrition education initiatives with Prevention Agenda goals. Supporting the CHSC grant, which funds certain Prevention Agenda strategies, is one way to achieve this.

Advocate to maintain and expand federal support for nutrition education. State agencies have expertise navigating federal policies, rules, and budgets. They also have a public platform to influence decision makers

- Agency and elected officials should ask the federal government to grant longer funding periods and to increase funding for evaluation.
- Officials should explore new federal opportunities to sustain and/or grow nutrition education initiatives.

Strengthen policies for nutrition education.

Codify nutrition education initiatives. By including certain nutrition education initiatives in state laws and regulations, the state can protect these initiatives from unfavorable political circumstances.

- The legislature should authorize the Hunger Prevention and Nutrition Assistance Program (HPNAP) in State Health Law, rather than authorizing it annually through appropriations. Because HPNAP is not codified in state law, the initiative could be vulnerable to shifting political priorities.
- The legislature should include more specific nutrition education requirements for health education within State Education Law. More specific requirements would make school-based nutrition education more of a state priority. New York State Department of Education (NYSED) should issue regulations that flesh out these specific nutrition education requirements.
- The legislature should authorize the Council on Hunger and Food Policy through statute. The Council currently exists at the discretion of the governor.

Engage elected officials as nutrition education champions. State officials, local providers, and nutrition education participants all have a role to play in keeping nutrition education at the forefront of elected officials' minds. Educating elected officials can elevate nutrition education's importance and result in increased support and funding.

- State agencies could clarify the extent to which agency officials and local providers are able to educate elected officials about their work.
- State agencies should consider NYSDOH's CHSC as a model for other initiatives. CHSC encourages

contractors to educate local officials about chronic disease challenges and solutions.

Publish clear, timely funding information for all publicly supported nutrition education initiatives. The state should identify the funding sources, amounts, recipients, and uses for initiatives that support nutrition education. The number and complexity of funding streams makes it difficult to determine how agencies fund nutrition education. Lack of clear funding information can hinder local providers' ability to advocate to federal and state officials. It can also make it difficult to track the state's overall investment in nutrition education.

Enhance local providers' capacity to implement nutrition education initiatives.

Streamline reporting for food and nutrition education-related initiatives. Federal and state reporting requirements can be onerous. Many agencies require providers to use different metrics and methods. Coordinating reporting requirements could reduce the burden on local providers and their host sites. An annual state report that includes these coordinated metrics would also provide important data on New York's nutrition education efforts.

- The state should develop common metrics for food and nutrition education that allow the state to measure factors such as scope, reach, and impact across agencies and initiatives.
- The state should publish an annual report on the nutrition education metrics it collects across agencies and initiatives. Such a report would highlight nutrition education successes and challenges and inform elected and agency officials, local providers, and the public. New York City's Food Metrics Report is an example of an annual report that tracks nutrition education and other food-related initiatives.

Give local providers, community members, and other stakeholders a greater role in designing and implementing nutrition education policy. State officials should give stakeholders, including local

providers and nutrition education participants, a voice in policy and program development. This can yield initiatives that are well-suited to communities.

- State agencies should publish up-to-date contact information and organization charts online so that stakeholders can easily contact them.
- State officials should establish transparent procedures that allow them to solicit and respond to input from all stakeholders, not just local providers. Public listening sessions and public comment periods are two ways state officials could get stakeholder feedback.
- The legislature should ensure that agencies have adequate resources and staff to respond to the public.

Support local providers' ability to meet community needs. Nutrition education initiatives are most successful when local providers can build community trust and hire local community members as nutrition educators.

- State agencies should direct funding and capacity-building opportunities to smaller groups that are deeply rooted in communities, as well as support local providers with established capacity to provide nutrition education.
- State agencies should invest in local organizations that recruit nutrition educators from diverse racial and social backgrounds.
- State agencies should ensure that, to the extent possible, their regulations allow local providers to tailor initiatives to community needs.
- State agencies should provide or fund trainings for nutrition educators to address issues of cultural relevance.

Include adequate funds for any grants which require evaluation. Grantors expect interventions to be evidence-based and include evaluation, but many do not provide adequate funds to determine which nutrition education initiatives are effective.

Improve collaboration and coordination among nutrition education initiatives.

Promote a common definition for nutrition education across publicly supported initiatives.

State agencies provide nutrition education for different reasons including health, equity, youth development, local agriculture promotion, and environmental sustainability. Many times, these agencies use different terms to describe their nutrition education initiatives—obesity prevention; consumer education; gardening education; and policy, systems, and environmental change, to list a few. Though agency goals and approaches can complement one another, different ideas of what exactly nutrition education is can prevent groups working together.

- The state should initiate a process for stakeholders, such as state officials, local providers, and nutrition education participants, to develop and adopt a shared definition for nutrition education.
- The state should work with stakeholders to market nutrition education to decision makers and the public.

Create mechanisms to coordinate nutrition education within and across agencies.

Numerous federal and state laws, regulations, and policies govern the eight New York State agencies that administer the 32 initiatives through which public nutrition education occurs. This results in a complex system for funding, regulating, and delivering nutrition education. Better coordination could break down silos, amplify nutrition education initiatives, and facilitate collaborative relationships at the state community level. Structures to coordinate policies and initiatives could also facilitate resource-sharing, strengthen initiative capacity, and, ultimately, benefit participants.

- The state should help create a nutrition education coalition. Members should include state officials with decision-making power, as well as individuals who represent diverse nutrition education interests. Several states, including Minnesota, Iowa, and Pennsylvania, have similar coalitions that the state could look to as models. The Office of Temporary and Disability Assistance (OTDA)

could use Supplemental Nutrition Assistance Program Education (SNAP-Ed) funds to partially support this group, as many states do.

- The state should work with coalition members to develop and support a comprehensive, statewide nutrition education strategy. The strategy should integrate Prevention Agenda priorities and align research, practice, policy, and funding. An accompanying implementation plan should explore how to build capacity and resources.
- State agencies should share resources, best practices, and institutional knowledge with each other and with local providers.
- State agencies should continue to cross-promote nutrition education and food assistance initiatives, ensuring that New Yorkers have access, affordability, and education for healthy eating.

Develop consistent food and nutrition goals across state agencies. By promoting consistent goals, state agencies can enhance participant experience, outcomes, and access to initiatives.

- State agencies should develop a comprehensive plan to promote nutrition behaviors across initiatives and regions. The Partnerships to Improve Community Health's campaign in New York City, which worked with stakeholder groups to promote drinking water across the five boroughs, is one example of such coordination.
- NYSDOH should continue expanding Eat Well Play Hard (EWPH) initiatives so that all early child care facilities receive and provide robust nutrition education.

Better coordinate and support nutrition education in schools.

The current national focus on wellness and childhood obesity prevention in schools is an opportunity to strengthen school-based nutrition education. Comprehensive, school-based nutrition education should align cafeteria, classroom, garden, and community activities.

- The legislature should strengthen provisions in state code that specify how and when nutrition education occurs in schools.

- NYSED should update the health standards to better guide nutrition education. NYSED should also develop grade level competencies for nutrition education.
- NYSED should explore ways to integrate nutrition education into other academic subjects.
- NYSED should provide resources and funding to promote nutrition education professional development for teachers, food service providers, and other school staff.
- NYSED should include specific nutrition education metrics in New York's ESSA plan.
- NYSED should consider ways to support districts and schools implementing USDA local wellness policies in the 2017 school year.

VII. Future Research Questions

This report helps state agency and elected officials, local providers, researchers, and advocates navigate the landscape of public nutrition education. Ultimately, this report provides a road map to strengthen the public systems that can help New Yorkers eat well at every life stage, in all of the places where they live, work, learn, worship, and play.

Further research of these systems would strengthen stakeholders' ability to craft policies and practices that ensure all New Yorkers have great nutrition education.

Future research could:

- **Study how providers implement nutrition education initiatives.** Process evaluation could help stakeholders understand how well initiatives work for providers and participants, what challenges and opportunities exist, and how to improve specific initiatives.
- **Evaluate the impact** of publicly supported nutrition education initiatives. Outcome evaluation could help determine how to invest limited resources in the most effective nutrition education approaches.
- **Explore participant perspectives.** Qualitative research with participants would provide valuable insight into the on-the-ground experiences of New Yorkers who interact with publicly supported nutrition education initiatives.
- **Compare other states' support** for nutrition education. Research could determine how New York compares to other states in terms of policies, funding, administration, and coordination for nutrition education.
- **Identify components of a policy** that are the most important. Determining which policy features ensure great nutrition education occurs could help to inform future policies.
- **Analyze the feasibility of campaigns** to strengthen nutrition education across the city. Determining public opinion, coalition opportunities, political support, and new funding streams could help advocates pinpoint policy opportunities.

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Appendices

Appendix A: Report Definitions

Community-based organization—any non-profit organization that works to benefit a community’s members. A community may be as small as a church or as large as a city.

Direct education—sessions delivered to individuals or groups, often hands-on or experiential.

Early child care center—a facility that provides care and education for children from birth through entry into kindergarten.

Educational resources—printed materials, visual media, and internet-based materials and activities. These can include curricula, recipes, cooking and gardening tools, etc.

Food pantry—a food distribution site that provides individuals and families in need of food with bags or boxes of food for several meals for home preparation and consumption.

Grant program—any initiative that awards funding for nutrition education through an application process.

Health care—prevention, treatment, and management of illness through medical services.

Individual counseling—tailored, interactive care from a health professional to change an individual’s diet.

Incentive—additional funds provided to reduce the cost of specific foods for consumers.

Initiative—any public program or policy that relates to nutrition education.

Local provider—any entity that provides nutrition education, as defined below. Local providers can include local government agencies, local educational authorities, cooperative extension services, community-based organizations, and health care providers, among others.

Nutrition education—any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being and delivered through multiple venues, involving activities at the individual, institutional, community, and policy levels.

Policy—any federal, state, city, or organizational requirement that affects nutrition education, including regulations, rules, directives, and performance standards.

Policy, systems, and environmental change—changes to written rules, institutional processes, and landscapes to improve nutrition.

Promotion—any educational strategy that uses marketing techniques to positively influence diet.

Research—studies on nutrition education practices and strategies that change eating behaviors, attitudes, knowledge, and skills.

School—an institution for educating children in kindergarten through 12th grade.

Senior center—community center where older adults congregate. Senior centers typically provide a host of social services including meals and nutrition education.

State official—an individual involved in state government through election, appointment, or employment.

Technical assistance—planning, providing resources, and advising nutrition education providers.

Training—professional development and coaching for decision makers. Targets may include teachers, community health workers, food service staff, and organization leaders.

Appendix B: Federal Initiatives that Can Support Nutrition Education

Below is a list of federal initiatives that may support nutrition education. Following the name of the initiative is the federal or state law that authorizes the initiative.

21st Century Community Learning Center Grants

- 20 U.S.C. §§ 7171—76. 21st Century Community Learning Centers

4-H Program

- 7 U.S.C. § 341. Cooperative Extension Work by Colleges; see also 18 U.S.C. § 707. 4-H Club Emblem Fraudulently Used
- 7 C.F.R. §§ 8 et seq. 4-H Club Name and Emblem

Academic-Community Partnership Conference Series (R13)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Addressing Health Disparities in NIDDK Diseases (R01)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Advancing Health Disparities Interventions Through Community-Based Participatory Research (U01)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Agriculture and Food Research Initiative (AFRI) Childhood Obesity Prevention Challenge Area Competitive Grants Program

- 7 U.S.C. § 450i. Competitive, Special, and Facilities Research Grants
- 7 C.F.R. §§ 3430.300—12. Competitive and Noncompetitive Non-Formula Federal Assistance Programs—General Award Administrative Provisions

Regional Nutrition Education and Obesity Prevention Centers of Excellence (RNECE)

- 7 U.S.C. § 450i. Competitive, Special, and Facilities Research Grants
- 7 C.F.R. §§ 3430.300—12. Competitive and Noncompetitive Non-Formula Federal Assistance Programs—General Award Administrative Provisions

Agriculture in the Classroom

- 7 U.S.C. § 3318. Contract, Grant, and Cooperative Agreement Authorities
- 7 C.F.R. § 2.66. Director, National Institute of Food and Agriculture

Carol M. White Physical Education Program

- 20 U.S.C. §§ 7261 et seq. Grants for Education Innovation and Research

Center for Nutrition Policy and Promotion (CNPP)

- 7 U.S.C. § 2201. Establishment of Department
- 7 C.F.R. § 2.19. Under Secretary for Food, Nutrition, and Consumer Services

Childhood Obesity Research Development Project (CORD)

- 42 U.S.C. § 1320b-9a. Child Health Quality Measures

Child and Adult Care Food Program (CACFP)

- 42 U.S.C. § 1766. Child and Adult Care Food Program
- 7 C.F.R. §§ 226 et seq. Child and Adult Care Food Program

Childhood Obesity Prevention and Treatment Research Consortium (U01)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Children, Youth, and Families at Risk Grant Program (CYFAR)

- 7 U.S.C §§ 341 et seq. Cooperative Extension Work by Colleges
- 7 C.F.R. §§ 3430.300—12. Competitive and Noncompetitive Non-Formula Federal Assistance Programs—General Award Administrative Provisions

Children's Environmental Health and Disease Prevention Research Centers (P01)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Commodity Supplemental Food Program (CSFP)

- 7 U.S.C. §§ 612c et seq. Appropriation to Encourage Exportation and Domestic Consumption of Agricultural Products
- 7 C.F.R. §§ 247 et seq. Commodity Supplemental Food Program; 7 C.F.R. §§ 250 et seq. Donation of Foods for Use in the United States, Its Territories and Possessions and Areas under Its Jurisdiction

Community Food Projects Competitive Grants Program (CFP)

- 7 U.S.C. § 2034. Assistance for Community Food Projects
- 7 C.F.R. §§ 3430.300—12. Competitive and Noncompetitive Non-Formula Federal Assistance Programs—General Award Administrative Provisions

Community Services Block Grant (CSBG)

- 42 U.S.C. §§ 9901—26. Community Services Block Grant Program
- 45 C.F.R. §§ 96.90—92. Community Services Block Grant

Division of Nutrition, Physical Activity, and Obesity

- 42 U.S.C. § 280H. Programs to Improve the Health of Children

Expanded Food and Nutrition Education Program (EFNEP)

- 7 U.S.C. §§ 3175 et seq. Nutrition Education Program

Exploratory/Developmental Research Grant Program (Parent R21)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Farm to School (FTS)

- 42 U.S.C. § 1769. Pilot Projects; see also 42 U.S.C. § 1755. Direct Expenditures for Agricultural Commodities and Other Foods

Farmers Market Promotion Program (FMPP)

- 7 U.S.C. § 3005. Farmers' Market and Local Food Promotion Program

Food and Agricultural Sciences National Needs Graduate and Postgraduate Fellowship Grants Program (NNF)

- 7 U.S.C. § 3152. Grants and Fellowships for Food and Agricultural Sciences Education
- 7 C.F.R. § 3402. Food and Agricultural Sciences National Needs Graduate and Postgraduate Fellowship Grants Program

Food and Agriculture Service Learning Program

- 7 U.S.C. § 7633. Food and Agriculture Service Learning Program

Food Insecurity Nutrition Incentive Grant Program (FINI)

- 7 U.S.C. § 7517. Food Insecurity Nutrition Incentive

Food Safety and Inspection Service (FSIS) Public Education

- 7 U.S.C. § 2201. Establishment of Department
- 9 C.F.R. §§ 300 et seq. Agency Mission and Organization

Food Safety Outreach Competitive Grants Program

- 21 U.S.C. § 391c. Improving the Training of State, Local, Territorial, and Tribal Food Safety Officials

Hatch Act of 1887 Multistate Research Fund

- 7 U.S.C. §§ 361a et seq. Agricultural Experiment Stations

Head Start

- 42 U.S.C. § 9831. Head Start Programs
- 45 C.F.R. §§ 1301—11. The Administration for Children, Youth and Families, Head Start Program

Healthy Food Financing Initiative Projects (HFFI)

- 7 U.S.C. § 6953. Healthy Food Financing Initiative

Healthy Habits: Timing for Developing Sustainable Healthy Behaviors in Children and Adolescents (R21)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Healthy Start

- 42 U.S.C. § 254c-8. Healthy Start for Infants

Local School Wellness Policies

- 42 U.S.C. § 1758b. Local School Wellness Policy

Maternal, Infant, and Early Childhood Home Visiting Program

- 42 U.S.C. §§ 5116 et seq.

Mentored Research Scientist Development Award (Parent K01)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

National Agricultural Library

- 7 U.S.C. § 3125. National Agricultural Library
- 7 C.F.R. §§ 505 et seq. National Agricultural Library Fees for Loans and Copies

National Implementation and Dissemination for Chronic Disease Prevention

- 42 U.S.C. § 247b. Project Grants for Preventive Health Services
- 42 C.F.R. §§ 51b et seq. Project Grants for Preventive Health Services

National School Lunch Program (NSLP) Nutrition Promotion

- 42 U.S.C. § 1754. Nutrition Promotion
- 7 C.F.R. §§ 235 et seq. State Administrative Expense Funds

Older Americans Act (OAA) Nutrition Programs

- 42 U.S.C. § 3030d-g. Grants for State and Community Programs on Aging, Nutrition Services
- 45 C.F.R. §§ 1321 et seq. Grants to State and Community Programs on Aging

Omnibus Solicitation of the NIH, CDC, FDA, and ACF for Small Business Innovation Research Grant Applications (Parent SBIR [R43/R44])

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Partnerships to Improve Community Health (PICH)

- 42 U.S.C. § 247b. Project Grants for Preventive Health Services
- 42 C.F.R. §§ 51b et seq. Project Grants for Preventive Health Services

People's Garden Grant Program (PGGP)

- 7 U.S.C. § 3318. Contract, Grant, and Cooperative Agreement Authorities
- 7 C.F.R. §§ 550 et seq. General Administrative Policy for Non-Assistance Cooperative Agreements

Preventive Health and Health Services (PHHS) Block Grant

- 42 U.S.C. § 300w. Preventive Health and Health Services Block Grants
- 45 C.F.R. §§ 96 et seq. Block Grants

Promise Neighborhood & Full-Service Community School Funding

- 20 U.S.C. § 7271—75. Community Support for School Success

Racial and Ethnic Approaches to Community Health (REACH)

- 42 U.S.C. § 247b. Project Grants for Preventive Health Services
- 42 C.F.R. §§ 51b et seq. Project Grants for Preventive Health Services

Reducing Health Disparities Among Minority and Underserved Children (R01)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Refugee Agricultural Partnership Program (RAPP)

- 8 U.S.C. § 1522. Authorization for Programs for Domestic Resettlement of and Assistance to Refugees

Research Project Grant (Parent R01)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Runaway and Homeless Youth Programs (RHY)

- 42 U.S.C. §§ 5601—2. Juvenile Justice and Delinquency Prevention

School Nutrition and Physical Activity Policies, Obesogenic Behaviors and Weight Outcomes (R01)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Science Education Partnership Award (SEPA) (R25)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Secondary Education, Two-Year Postsecondary Education, and Agriculture in the K-12 Classroom Challenge Grants Program (SPECA)

- 7 U.S.C. § 3152. Grants and Fellowships for Food and Agricultural Sciences Education

Senior Farmers Market Nutrition Program (SFMNP)

- 7 U.S.C. § 3007. Senior Farmers Market Nutrition Program
- 7 C.F.R. §§ 249 et seq. Senior Farmers Market Nutrition Program

Serious STEM Games for Pre-College and Informal Science Education Audiences (SBIR) (R43/R44)

- 42 U.S.C. § 241. Research and Investigations Generally; see also 42 U.S.C. § 284. Directors of National Research Institutes
- 42 C.F.R. §§ 52 et seq. Grants for Research Projects; see also 45 C.F.R. § 75. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

Smith-Lever Act Capacity Grant

- 7 U.S.C. § 341. Cooperative Extension Work by Colleges

Social Services Block Grant (SSBG)

- 42 U.S.C. § 1397. Block Grants to States for Social Services
- 45 C.F.R. §§ 96.70—74. Social Services Block Grant

Sodium Reduction in Communities Program (SCRCP)

- 42 U.S.C. § 247b. Project Grants for Preventive Health Services
- 42 C.F.R. §§ 51b et seq. Project Grants for Preventive Health Services

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- 42 U.S.C. § 1786. Special Supplemental Nutrition Program for Women, Infants, and Children
- 7 C.F.R. §§ 246 et seq. Special Supplemental Nutrition Program for Women, Infants, and Children

WIC Farmers Market Nutrition Program (WIC FMNP)

- 42 U.S.C. § 1786. Special Supplemental Nutrition Program for Women,

Infants, and Children

- 7 C.F.R. §§ 248 et seq. WIC Farmer's Market Nutrition Program

Specialty Crop Block Grant Program (SCBG)

- 7 U.S.C. § 1621. Congressional Declaration of Purpose; Use of Existing Facilities; Cooperation with States
- 7 C.F.R. §§ 1291 et seq. Specialty Crop Block Grant Program—Farm Bill

State and Local Public Health Actions to Prevent and Control Diabetes, and Heart Disease and Stroke (1422)

- 42 U.S.C. § 247b. Project Grants for Preventive Health Services
- 42 C.F.R. §§ 51b et seq. Project Grants for Preventive Health Services

State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health Program (1305)

- 42 U.S.C. §§ 300u et al. Prevention and Public Health Fund; 42 U.S.C. § 247b. Project Grants for Preventive Health Services
- 42 C.F.R. §§ 51b et seq. Project Grants for Preventive Health Services

Student Support and Academic Enrichment Grants

- 20 U.S.C. §§ 7111-22. Student Support and Academic Enrichment Grants

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

- 7 U.S.C. § 2036a. Nutrition Education and Obesity Prevention Grant Program
- 7 C.F.R. § 272.2. Plan of Operation

Team Nutrition (TN)

- 42 U.S.C. § 1788. Team Nutrition Network
- 7 C.F.R. §§ 227 et seq. Nutrition Education and Training Program

Title I, Part A Funding

- 20 U.S.C. §§ 6301 et seq. Improving the Academic Achievement of the Disadvantaged

Appendix C: Relevant New York State Laws, Regulations, and Orders

Below are New York State policies that can support nutrition education. The laws, regulations, and orders that appear here create opportunities to but may not currently, include nutrition education. Some policies supplement federal laws that support nutrition education. Others create new state initiatives. Others still regulate local activities related to nutrition education.

The first section summarizes laws that apply to state agencies. The second section includes regulations that apply to local providers. The third reviews executive orders from previous administrations. Governor Cuomo repealed these executive orders, so they no longer have legal force. We have included former executive orders recorded in the state code as examples of prior state food policies.

State Agency Law

Cornell Cooperative Extension (CCE)

- N.Y. County Law § 224. Optional Appropriations and Contracts for Public Benefit Services
 - This law allows counties to establish cooperative extension services and names Cornell University responsible for overseeing county services. The law also describes how state funds will support CCE activities. It allots 50¢ of state money for every \$1 the county spent on CCE the previous fiscal year, up to \$100,000. For any amount over \$100,000, the state allots 5¢, rather than 50¢.

Department of Agriculture and Markets (Ag and Markets)

- N.Y. Agric. & Mkts. Law § 3. Declaration of Policy and Purposes
 - This law lists the goals of Ag and Markets. These include promoting state agricultural products, protecting public health, combatting obesity, eliminating hunger, and encouraging consumption of fresh, farm products.
- N.Y. Agric. & Mkts. Law § 16. General Powers and Duties of the Department
 - This law requires Ag and Markets to establish a farm to school program; cooperate with NYSDOH to implement the currently unfunded childhood obesity prevention program; work with NYSED to encourage students to eat fresh, locally-produced fruits and vegetables; and collaborate with federal, state, and municipal agencies to expand community gardens.
- N.Y. Agric. & Mkts. Law §§ 31-f—j. Community Gardens
 - This law states that community gardens provide significant health, educational, and social benefits. It establishes an Office of Community Gardens and authorizes Ag and Markets to establish a statewide task force.

Department of Health (NYSDOH)

- N.Y. Pub. Health Law § 201. Functions, Powers, and Duties of the Department
 - This law outlines the duties of NYSDOH which include supervising local boards of health and promoting education to prevent and control diseases.
- N.Y. Pub. Health Law § 260—3. Obesity Prevention Act
 - This law authorizes NYSDOH to study ways to prevent and treat obesity.
- N.Y. Pub. Health Law § 602. Core Public Health Services
 - Commonly referred to as Article 6, this law authorizes NYSDOH to fund local health departments. It directs NYSDOH to award a base grant to counties that provide core public health services. Above the base grant amount, NYSDOH must reimburse 36% of a county's costs for approved services.
- N.Y. Pub. Health Law § 2505. Human Breast Milk; General Powers of the Commissioner
 - This law authorizes NYSDOH to educate the public and health care providers about breast milk available for donation. The law also authorizes NYSDOH to educate employers and child day care centers about the importance of establishing breastfeeding friendly environments.

- N.Y. Pub. Health Law §§ 2599-a—d. Childhood Obesity Prevention Program
 - This law requires NYSDOH to establish school and community-based obesity prevention programs. It directs the agency to develop health promotion campaigns and work with other state agencies to incorporate obesity prevention strategies into food assistance, health, education and recreation programs. But § 2599-d only authorized funding through 2014.
- N.Y. Pub. Health Law §§ 2705—6. Osteoporosis Prevention and Education Program
 - This law establishes an education program to prevent osteoporosis. Nutrition education is a component of the program.

Department of Education (NYSED)

- N.Y. Pub. Educ. Law § 918. School District Nutrition Advisory Committees
 - This law authorizes local school districts to establish school nutrition advisory committees. These committees may study and report on nutrition policies; educational curricula; and opportunities to educate teachers, staff, guardians, and children about healthy foods.

Department of Family Assistance (DFA)

Office of Temporary and Disability Assistance (OTDA) and Office of Children and Family Services (OCFS)

- N.Y. Soc. Serv. Law § 20. Powers and Duties of the Department
 - This law authorizes the Department to supervise all social services work and distribute federal grants to local providers. These services and grants may include nutrition education.
- N.Y. Soc. Serv. Law § 465. Nutrition Outreach and Public Education Program
 - This law requires OTDA to provide a nutrition outreach program that includes nutrition education.

Department of Labor (DOL)

- N.Y. Labor Law § 825. Multipurpose Service Centers
 - Contingent on federal funding, this law requires DOL to establish centers for “displaced homemakers” to provide health education and counseling services, including education on family health care and nutrition.

Department of State (DOS)

- N.Y. Exec. Law § 159-f. Functions, Powers, and Duties of the Secretary
 - This law authorizes the Secretary to administer the federal Community Services Block Grant (CSBG) program. Community services include child care, head start, and afterschool care which may involve nutrition education.

State Office for the Aging (NYSOFA)

- N.Y. Elder Law § 202. General Powers and Duties of Office
 - This law requires NYSOFA to coordinate state initiatives and activities, including the Nutrition Program for the Elderly (NPE).
- N.Y. Elder Law § 217. Congregate Services Initiatives for the Elderly
 - This law requires organizations that receive money for congregate services to use a portion for nutrition education, health promotion, and disease prevention services. It requires counties to submit an annual plan for congregate services and directs NYSOFA to reimburse counties up to 75% of allowable expenses included in that plan.

Regulations for Local Providers

Adult Care Facilities

- N.Y. Comp. Codes R. & Regs. tit. 10, § 415.26. Organization and Administration for Nursing Homes
 - This regulation requires nursing homes to provide food, nutrition education, and nutrition counseling for nonresidents who attend the facility.

- N.Y. Comp. Codes R. & Regs. tit. 18, § 492.7. Nutrition Services for Nonresidents at Adult Care Facilities
 - This regulation requires adult care facilities to provide nutrition education to nonresidents with individual service plans enrolled in day programs.

Child Care Facilities

- N.Y. Comp. Codes R. & Regs. tit. 18, § 414.12. School-Age Child Care Nutrition;
N.Y. Comp. Codes R. & Regs. tit. 18, § 414.15. Management and Administration for School-Age Child Care;
N.Y. Comp. Codes R. & Regs. tit. 18, § 416.12. Group Family Day Care Home Nutrition;
N.Y. Comp. Codes R. & Regs. tit. 18, § 417.12. Family Day Care Home Nutrition;
N.Y. Comp. Codes R. & Regs. tit. 18, § 418-1.12. Child Day Care Center Nutrition;
N.Y. Comp. Codes R. & Regs. tit. 18, § 418-1.15. Management and Administration for Child Day Care Centers;
N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.12. Small Day Care Center Nutrition;
N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.15. Management and Administration for Small Day Care Centers
 - These regulations require child care facilities to provide caregivers with information on healthy food and beverages choices, as well as information on obesity prevention.
- N.Y. Comp. Codes R. & Regs. tit. 18, § 414.14. School-Age Child Care Training;
N.Y. Comp. Codes R. & Regs. tit. 18, § 416.14. Group Family Day Care Home Training;
N.Y. Comp. Codes R. & Regs. tit. 18, § 417.14. Family Day Care Home Training;
N.Y. Comp. Codes R. & Regs. tit. 18, § 418-1.14. Child Day Care Center Training;
N.Y. Comp. Codes R. & Regs. tit. 18, § 418-2.12. Small Day Care Center Training
 - These regulations require staff to complete a minimum of 30 training hours a year. Their training must include nutrition and health needs of infants and children. The regulations define “nutrition and health needs” as menu planning, obesity prevention, and breastfeeding support.
- N.Y. Comp. Codes R. & Regs. tit. 18, § 442.22. Nutrition Services for Child Care Agencies
 - This regulation requires a dietitian to provide nutritional counseling to child care center staff and children.

Congregate Service Providers

- N.Y. Comp. Codes R. & Regs. tit. 9, § 6651.1. Services for the Elderly Purpose and Scope;
N.Y. Comp. Codes R. & Regs. tit. 9, § 6652.2. Area Agency Responsibilities;
N.Y. Comp. Codes R. & Regs. tit. 9, § 6654.10. OAA- and CSE-Funded Nutrition Services
 - These regulations require area agencies on aging (AAAs) that receive federal aid to develop comprehensive systems to deliver meals and nutrition education to the elderly. AAAs may contract with local non-profits to provide nutrition services, but must ensure a registered dietitian or nutritionist plans regularly scheduled nutrition education sessions.

Health Care Facilities

- N.Y. Comp. Codes R. & Regs. tit. 10, § 85.44. Minimum Standards for Preferred Primary Care Providers
 - These regulations require providers to implement, either directly or through referral, nutrition promotion services that include professional nutrition counseling, monitoring, and follow-up for at-risk patients.
- N.Y. Comp. Codes R. & Regs. tit. 10, § 405.21. Perinatal Services
 - This regulation requires hospitals with maternity and newborn services to offer nutritional assessment and counseling as part of preconception services. These hospitals must also offer nutrition counseling as part of initial prenatal care visits and education initiatives.
- N.Y. Comp. Codes R. & Regs. tit. 10, § 754.7. Services for the Care of Mothers and Newborns
 - This regulation requires birth centers to provide prenatal education classes that address infant care and feeding as well as nutrition.

Home Care Service Providers

- N.Y. Pub. Health Law § 3607. Grants for Expansion of Home Care Services
 - This law allows the Commissioner of Health to provide grants to expand home health services for pregnant women and children. These services include guidance on prenatal and postpartum nutritional needs, breastfeeding, and infant care.

Local Departments of Social Services

- N.Y. Comp. Codes R. & Regs. tit. 18, § 387.2. Responsibilities of Local Departments
 - This regulation requires local social service departments to display information about health, diet, nutritious foods, and recipes that use these foods.

Schools

- N.Y. Comp. Codes R. & Regs. tit. 8, § 135.1. Definitions
 - This regulation defines health education to include nutrition.
- N.Y. Comp. Codes R. & Regs. tit. 8, § 135.3. Health Education
 - This regulation establishes health education requirements for elementary and secondary schools. It requires regular classroom teachers in elementary schools to provide education that develops students' attitudes and knowledge about health. In secondary schools, students must take a one-half year general health education class.
- N.Y. Comp. Codes R. & Regs. tit. 8, § 135.6. Comprehensive School Health Education Demonstration Program
 - This regulation outlines specific requirements for elementary schools that participate in the state's Comprehensive School Health Education Demonstration Program.

Shelters

- N.Y. Comp. Codes R. & Regs. tit. 18, § 369.2. Determination of Eligibility for Family Assistance
 - This regulation defines a second chance home as one which provides teenage parents with skills that include health and nutrition.
- N.Y. Comp. Codes R. & Regs. tit. 18, § 491.8. Resident Services for Adult Shelters
 - This regulation requires homeless shelters for adults to ensure that residents attend meals and eat healthfully.
- N.Y. Comp. Codes R. & Regs. tit. 18, § 900.10. Resident Services in Family Shelters
 - This regulation requires shelters for homeless pregnant women to provide health education that includes information on prenatal nutrition, breastfeeding, and available nutrition programs.

State Correctional Facilities

- N.Y. Comp. Codes R. & Regs. tit. 9, § 7651.17. Minimum Standards for Prenatal and Infant Care Services
 - This regulation requires the Department of Corrections to provide comprehensive prenatal care including nutrition education.

Prior Executive Orders

Governor Carey

- N.Y. Comp. Codes R. & Regs. tit. 9, § 3.120. Executive Order No. 120: Establishing the State Council on Food and Nutrition
 - Governor Carey established a Council on Food and Nutrition to recommend ways to coordinate relevant state agency activities; establish a nutritional monitoring system; develop policies to promote adequate nutrition; and produce, process, and distribute food. Governor Cuomo repealed executive orders from prior administrations, so this iteration of a food policy council no longer exists.

Governor Patterson

- N.Y. Comp. Codes R. & Regs. tit. 9, § 7.39. Executive Order No. 39: Establishing State Policies for the Promotion of Sustainable Local Farms and the Protection of Agricultural Lands
 - Governor Patterson established a state policy to promote locally grown foods. Two of the goals were to achieve environmental, health, and economic benefits and to encourage individuals, restaurants, and institutions to celebrate "Agricultural Week." Governor Cuomo repealed executive orders from prior administrations, so this iteration of a food policy council no longer exists.

Governor Spitzer

- N.Y. Comp. Codes R. & Regs. tit. 9, § 6.13. Executive Order No. 13: Establishing the New York State Council on Food Policy
 - Governor Spitzer created a Council on Food Policy to expand agricultural production; provide feedback on relevant state legislation, regulations, and budget proposals; establish a general state food policy plan involving metrics; and coordinate an inter-agency strategy for food policy issues. Governor Cuomo repealed executive orders from prior administrations, so this iteration of a food policy council no longer exists.

Appendix D: 2016 New York State Agency Initiatives at a Glance

Initiative	Program Type	Source of Funding			Nutrition Education Activity								
		Federal	State	Local	Individual Counseling	Direct Education	TA/Training	Educational Materials	PSE	Not Specified			
Breastfeeding Promotion, Protection, & Support	●		x				x		x	x			
Diabetes Prevention Program	●	x			x	x	x		x				
Eat Smart New York	●	x	x			x	x		x	x			
Eat Well Play Hard In Childcare Settings	●	x	x			x	x		x	x			
Eat Well Play Hard in Day Care Homes	●	x	x			x	x		x	x			
Expanded Food and Nutrition Program	●	x	x	x	x	x	x		x	x			
Just Say Yes to Fruits and Vegetables	●	x	x			x	x		x	x			
Northeast Nutrition Education and Obesity Prevention Center of Excellence	●	x					x		x				
Special Supplemental Nutrition Program for Women, Infants, & Children	●	x	x		x	x			x	x			
Target Behavior													
Initiative	Consume Fruits & Vegetables	Consume Whole Grains	Drink Water	Consume Low Fat Dairy	Consume My Plate Meals	Breastfeed	Cook	Garden	Budget	Consume Less Sodium	Eat Fewer Processed Snacks or Meal Products	Drink Fewer SSBs	Not Specified
Breastfeeding Promotion, Protection, & Support						x							
Diabetes Prevention Program	x	x	x	x	x		x	x	x		x	x	
Eat Smart New York	x	x	x	x	x		x	x	x	x	x	x	
Eat Well Play Hard in Childcare Settings	x	x	x	x	x	x	x	x				x	
Eat Well Play Hard in Day Care Homes	x	x	x	x		x							
Expanded Food and Nutrition Program	x	x	x	x			x		x	x			
Just Say Yes to Fruits and Vegetables	x	x	x	x	x		x		x			x	
Northeast Nutrition Education and Obesity Prevention Center of Excellence													
Special Supplemental Nutrition Program for Women, Infants, and Children	x	x		x	x	x	x						

● initiatives for which nutrition education is both the **main focus** and **required**.

⊙ initiatives that have a **different main focus**, such as increasing food access, but still **require** nutrition education.

○ initiatives that have a **different main focus**, such as increasing food access, and **do not require**, but may offer, nutrition education to enhance other initiative goals.

Initiative	Setting									
	Early Childhood Center	School & Universities	Senior Center	Health Care	Public Housing/ Other Home	CBO/ FBO	Farmers Market	Retail/ Restaurant	Garden	Not Specified
Breastfeeding Promotion, Protection, & Support	x			x						
Diabetes Prevention Program					x	x				
Eat Smart New York	x	x	x	x	x	x	x	x	x	
Eat Well Play Hard in Childcare Settings	x									
Eat Well Play Hard in Day Care Homes	x									
Expanded Food and Nutrition Program	x	x			x	x				
Just Say Yes to Fruits and Vegetables			x		x	x	x			
Northeast Nutrition Education and Obesity Prevention Center of Excellence										
Special Supplemental Nutrition Program for Women, Infants, & Children				x		x				
Initiative	Target Population									
	Infant	Preschool	School-Age	Pregnant	Caregiver	Adult	Senior	Low Income	Staff	Not Specified
Breastfeeding Promotion, Protection, & Support	x			x	x				x	
Diabetes Prevention Program						x	x	x		
Eat Smart New York			x		x	x	x	x	x	
Eat Well Play Hard in Childcare Settings		x			x			x	x	
Eat Well Play Hard in Day Care Homes		x			x			x	x	
Expanded Food and Nutrition Program			x		x			x	x	
Just Say Yes to Fruits and Vegetables						x	x	x	x	
Northeast Nutrition Education and Obesity Prevention Center of Excellence										
Special Supplemental Nutrition Program for Women, Infants, & Children	x	x		x	x			x		

Initiative	Program Type	Source of Funding			Nutrition Education Activity							Not Specified	
		Federal	State	Local	Individual Counseling	Direct Education	TA/Training	Educational Materials	PSE				
Child and Adult Care Food Program	⊙	x				x	x			x			
Commodity Supplemental Food Program	⊙	x	x							x			
Farm to School	⊙	x	x			x	x			x	x		
Farmers Market Nutrition Program	⊙	x	x							x	x		
Healthy Families New York	⊙	x	x		x			x		x			
Hunger Prevention and Nutrition Assistance Program	⊙	x	x					x			x		
Nurse Family Partnership	⊙	x	x	x	x			x		x			
Nutrition Program for the Elderly	⊙	x	x	x	x	x	x	x		x			
State Health Education Standards Implementation	⊙		x	x			x	x		x			
Target Behavior													
Initiative	Consume Fruits & Vegetables	Consume Whole Grains	Drink Water	Consume Low Fat Dairy	Consume My Plate Meals	Breastfeed	Cook	Garden	Budget	Consume Less Sodium	Eat Fewer Processed Snacks or Meal Products	Drink Fewer SSBs	Not Specified
Child and Adult Care Food Program	x	x	x	x		x	x				x		
Commodity Supplemental Food Program	x		x	x			x				x		
Farm to School	x							x					
Farmers Market Nutrition Program	x												
Healthy Families New York						x							
Hunger Prevention and Nutrition Assistance Program	x	x					x		x				
Nurse Family Partnership						x							
Nutrition Program for the Elderly	x	x	x	x	x					x		x	
State Health Education Standards Implementation													x

- initiatives for which nutrition education is both the **main focus** and **required**.
- ⊙ initiatives that have a **different main focus**, such as increasing food access, but still **require** nutrition education.
- initiatives that have a **different main focus**, such as increasing food access, and **do not require**, but may offer, nutrition education to enhance other initiative goals.

	Setting									
Initiative	Early Childhood Center	School & Universities	Senior Center	Health Care	Public Housing/ Other Home	CBO/ FBO	Farmers Market	Retail/ Restaurant	Garden	Not Specified
Child and Adult Care Food Program	x	x			x	x				
Commodity Supplemental Food Program				x		x				
Farm to School		x							x	
Farmers Market Nutrition Program							x			
Healthy Families New York					x					
Hunger Prevention and Nutrition Assistance Program						x				
Nurse Family Partnership					x					
Nutrition Program for the Elderly			x							
State Health Education Standards Implementation		x								
	Target Population									
Initiative	Infant	Preschool	School-Age	Pregnant	Caregiver	Adult	Senior	Low Income	Staff	Not Specified
Child and Adult Care Food Program	x	x	x		x	x		x	x	
Commodity Supplemental Food Program							x	x		
Farm to School			x						x	
Farmers Market Nutrition Program	x	x		x			x	x		
Healthy Families New York	x			x	x				x	
Hunger Prevention and Nutrition Assistance Program						x		x	x	
Nurse Family Partnership	x			x	x					
Nutrition Program for the Elderly							x			
State Health Education Standards Implementation			x						x	

Initiative	Program Type	Source of Funding			Nutrition Education Activity								
		Federal	State	Local	Individual Counseling	Direct Education	TA/Training	Educational Materials	PSE	Not Specified			
4-H Choose Health	○	x	x	x		x	x		x	x			
21st Century Community Learning Grants	○	x									x		
Agriculture in the Classroom	○	x	x	x		x	x		x				
Creating Healthy Schools and Communities	○	x	x					x	x	x			
Community Services Block Grant	○	x									x		
Delivery Systems Reform Incentive Program	○	x			x								
FreshConnect	○		x						x	x			
New York State Food Standards	○	x						x	x	x			
Runaway and Homeless Youth Programs	○	x	x	x	x	x							
Social Services Block Grant	○	x									x		
Student Support and Academic Enrichment Goals	○	x									x		
Sodium Reduction in Communities	○	x						x	x	x			
Title I	○	x									x		
Target Behavior													
Initiative	Consume Fruits & Vegetables	Consume Whole Grains	Drink Water	Consume Low Fat Dairy	Consume My Plate Meals	Breastfeed	Cook	Garden	Budget	Consume Less Sodium	Eat Fewer Processed Snacks or Meal Products	Drink Fewer SSBs	Not Specified
4-H Choose Health	x	x	x	x							x	x	
21st Century Community Learning Grants													x
Agriculture in the Classroom								x					
Creating Healthy Schools and Communities	x		x					x		x	x		
Community Services Block Grant													x
Delivery Systems Reform Incentive Program													x
FreshConnect	x												
New York State Food Standards	x		x							x		x	
Runaway and Homeless Youth Programs						x	x		x				
Social Services Block Grant													x
Student Support and Academic Enrichment Goals													x
Sodium Reduction in Communities	x					x	x			x	x		
Title I													x

- initiatives for which nutrition education is both the **main focus** and **required**.
- initiatives that have a **different main focus**, such as increasing food access, but still **require** nutrition education.
- initiatives that have a **different main focus**, such as increasing food access, and **do not require**, but may offer, nutrition education to enhance other initiative goals.

Initiative	Setting									
	Early Childhood Center	School & Universities	Senior Center	Health Care	Public Housing/ Other Home	CBO/ FBO	Farmers Market	Retail/ Restaurant	Garden	Not Specified
4-H Choose Health		x				x			x	
21st Century Community Learning Grants		x								
Agriculture in the Classroom		x							x	
Creating Healthy Schools and Communities		x	x	x		x		x		
Community Services Block Grant										x
Delivery Systems Reform Incentive Program				x						
FreshConnect						x	x			
New York State Food Standards		x		x		x				
Runaway and Homeless Youth Programs					x	x				
Social Services Block Grant										x
Student Support and Academic Enrichment Grants		x								
Sodium Reduction in Communities	x	x								
Title I		x								
Initiative	Target Population									
	Infant	Preschool	School-Age	Pregnant	Caregiver	Adult	Senior	Low Income	Staff	Not Specified
4-H Choose Health			x							
21st Century Community Learning Grants			x		x					
Agriculture in the Classroom			x							
Creating Healthy Schools and Communities			x			x		x	x	
Community Services Block Grant										x
Delivery Systems Reform Incentive Program	x	x	x	x		x		x		
FreshConnect						x		x		
New York State Food Standards									x	
Runaway and Homeless Youth Programs			x	x						
Social Services Block Grant										x
Student Support and Academic Enrichment Grants			x							
Sodium Reduction in Communities						x		x	x	
Title I			x							

Appendix E: New York State Initiative Descriptions

Relevant initiatives appear below by name in alphabetical order. When an initiative does not have an official name, we have identified it by agency. After each initiative name is the legal authority, a description of the initiative, and an example of how the initiative operates in New York State.

4-H Choose Health

7 U.S.C. §§ 341 et seq.

4-H acts as the youth development arm of cooperative extension services, a joint venture of USDA, state, and local entities. As with all cooperative extension services, 4-H is responsible for translating university-based research into informal education.¹ Nutrition is one of six 4-H focus areas. To encourage youth and their families to improve eating habits, New York State 4-H has developed the Choose Health Initiative.² Cornell College of Human Ecology faculty designed the curricula and created healthy eating guidelines for each CCE association to adopt. CCE staff and volunteers then use these resources, based on local youth interest. For example, Broome County 4-H participants interested in comic books developed an initiative called “Be Healthy, Be a Superhero.” The nutrition workshop, part of a larger civic engagement and college readiness initiative, also introduced other students to new and healthy foods through a tasting table.³

21st Century Community Learning Center Grants

20 U.S.C. §§ 7171–76

21st Century Community Learning Center Grants aim to make community centers healthier, well-rounded learning environments for students and their families during non-school hours. The Every Student Succeeds Act (ESSA) recently amended the list of eligible 21st Century grant activities to include nutrition education. Currently, U.S. ED provides funds to NYSED which in turn sub-contracts with schools, CBOs, and other entities. In its 2017 Draft ESSA State Plan, NYSED pledged to support community activities that students and caregivers have helped to plan and design.⁴ At present, we do not know whether schools will use the funds to provide nutrition. For example, a school could use 21st Century Community Learning funds to provide after school cooking classes for students.

Agriculture in the Classroom (Ag in the Classroom)

7 U.S.C. § 3318

Ag in the Classroom is a partnership between CCE, NYS Ag and Markets, NYSED, and the Farm Bureau.⁵ Housed at Cornell University, this USDA initiative aims to increase agricultural literacy across New York State. The partnership oversees the statewide agricultural literacy week, provides grants for high tunnels and school gardens, and trains educators.⁶ For example, with its Ag in the Classroom grant, Edmeston Central School served spinach that students grew in a high tunnel at their school Food and Health Expo.⁷

Child and Adult Care Food Program (CACFP)

42 U.S.C. § 1766

CACFP provides snacks, meals, and nutrition education for children and adults in day care facilities.⁸ The goal of the USDA initiative is to promote the health and wellness of individuals in emergency shelters, adult care centers, at-risk after school programs, Head Start facilities, child care centers, and, the less formal, child care in homes (which participate through sponsor organizations).⁹ NYSDOH administers the initiative even at the local level, reimbursing sponsors for meal costs and offering staff training and technical assistance. Recent focus has centered on creating breastfeeding friendly sites. NYSDOH collaborates with OCFS to recruit facilities to the initiative, develop nutrition education resources, and ensure that all OCFS licensed facilities comply with the CACFP meal pattern. Many CACFP sites also host EWPH nutrition educators. For example, preschool students in East Harlem receiving CACFP danced along with an EWPH educator to the “blender dance” while learning how to make banana milk smoothies.

Children, Youth, and Families at Risk (CYFAR)

7 U.S.C. §§ 341 *et seq.*

CYFAR is a USDA-funded, competitive grant available to CCEs. Its purpose is to provide community programming to children living without adequate food, health insurance, or experiencing other problems associated with poverty. CCEs may choose to incorporate cooking or gardening skills into youth development programming using CYFAR funds. For example, Broome County 4-H participants interested in comic books developed an initiative called “Be Healthy, Be a Superhero.” The nutrition workshop was part of a larger civic engagement and college readiness initiative. Participants introduced other students to new and healthy foods through a tasting table.³

Commodity Supplemental Food Program (CSFP)

7 U.S.C. §§ 612c *et seq.*

Through CSFP, NYSDOH provides low income seniors in New York City and Long Island with USDA commodity foods such as cheese, canned vegetables, and peanut butter.¹⁰ Seniors in the initiative are also eligible for fruit and vegetable checks through a separate, but related, initiative—New York’s FMNP.¹¹ Local agencies, in this case, four community based organizations, link CSFP participants to additional health and social services, as well as to nutrition education.¹² In some cases, a JSY nutritionist will provide education and recipe demonstrations at CSFP sites.¹³ USDA requires that the activities encourage participants to use CSFP foods, and are culturally appropriate.¹⁴ For example, an educator could use CSFP fact sheet recipe to demonstrate how seniors can use the fresh squash they received to make summer chili.¹⁵

Community Gardens Program

N.Y. Agric. & Mkts. Law §§ 31-f—j

New York’s Community Garden Program indirectly supports nutrition education. State legislation, which asserts that community gardens promote “public health and healthier individual lifestyles by encouraging better eating habits,” established the initiative and related task force.¹⁶ NYS Ag and Markets dedicates staff time and resources, but not funding, to support community gardens, school gardens, and educational farms.¹⁷ These venues are all examples of places where nutrition education occurs.

Community Services Block Grant (CSBG)

42 U.S.C. §§ 9901—26

CSBG is an HHS grant initiative that aims to lessen poverty and support employment, education, housing, nutrition, and health services.¹⁸ The Department of State (DOS) distributes grant funds to 49 community action agencies across New York. These agencies use the funds to support a variety of initiatives, including child and family development, as well as independent living.¹⁹ Because the federal government does not require states to report if they use CSBG funds for nutrition education, we do not know if New York used FY 2016 funds for nutrition education. But, New York has used CSBG to support nutrition education initiatives in the past.²⁰ For example, CSBG funds have supported cooking classes and community garden development.²⁰

Council on Hunger and Food Policy

N.Y. Exec. Law § 30

The goal of the Council on Hunger and Food Policy is to decrease hunger and increase the availability of fresh, locally grown foods in New York State.²¹ Members of the Council include agency commissioners, emergency food operators, academics, nonprofit leaders, and food producers. These members are responsible for identifying strategies to increase agricultural production, donations to food banks, the use of locally grown produce in school meals, and access to school meal programs. The Council can help to support nutrition education. For example, by encouraging farm to school efforts, the Council can help to expand nutrition education in schools.

Creating Healthy Schools and Communities (CHSC)

42 U.S.C §§ 247b et seq.; N.Y. Pub. Health Law §§ 2599 et seq.

CHSC is a grant initiative to improve school and community environments. NYSDOH funds 26 CHSC projects across the state using New York State tax dollars. CDC's 1305 funds, also known as State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health, cover a portion of staff time.²² To improve nutrition outcomes, the initiative aims to (1) increase access to healthy food; (2) encourage schools, hospitals, and community organizations to adopt healthy food and procurement policies; and (3) educate community members and elected officials about the importance of such policies.²³ To achieve these goals, CHSC grantees work with local schools to implement wellness policies, establish fresh food initiatives, and promote healthy beverages. Local providers also educate school and community decision makers on why changes to nutrition policy, systems, and the environment are important. For example, to get a principal to remove chocolate milk from the cafeteria, a CHSC grantee explained how sugar sweetened beverages contribute to obesity.²⁴

Delivery Systems Reform Incentives Program (DSRIP)

42 U.S.C. §§ 1315 et seq.

The Affordable Care Act expanded and altered Medicaid, the health insurance program for low income and disabled individuals. As part of Medicaid expansion, New York State's DSRIP encourages hospitals to provide preventive, rather than rehabilitative, care.²⁵ To qualify for certain HHS funds under DSRIP, hospitals must conduct a community health needs assessment and set up patient referral systems to community groups. To reduce cardiovascular disease and diabetes, NYSDOH urges hospitals to refer patients to community groups for nutrition education. Within these community groups, health workers can provide nutrition education not available during a doctor's visit and connect patients to other resources in their neighborhoods. For example, through DSRIP, Mt. Sinai Health System has connected patients to community groups that send patients text messages about how to prepare healthy foods, find farmers markets, and use Health Bucks.²⁶

Department of Education Health Education Standards

N.Y. Comp. Codes R. & Regs. tit. 8, § 135.3

New York State regulations require nutrition education as part of comprehensive health education, which also includes education on alcohol and drug use, physical activity, sexual risk, tobacco use, and injury and violence. NYSED develops state standards. Local education agencies determine a scope and sequence of topics and choose curricula. Curricula must focus on decision-making and include strategies to manage relationships and stress, communicate effectively, plan, and set goals.²⁷ In elementary schools, the regular classroom teacher is responsible for health education as part of overall instruction. In middle and high schools, students receive a half-year course.²⁸ For example, third-grade students participating in New York City's Great Body Shop curriculum pilot might test different fresh fruit and vegetable recipes.

Department of Health Breastfeeding Promotion, Protection, and Support

N.Y. Pub. Health Law § 266

NYSDOH promotes breastfeeding through a series of initiatives targeting women, health care providers, and child care facilities. NYSDOH provides pregnant women with information on (1) the benefits of breastfeeding; (2) hospitals, child care facilities, and WIC providers that support breastfeeding; and (3) their rights regarding breastfeeding in public spaces and hospitals.^{29,30} The agency funds Creating Breastfeeding Friendly Communities, an initiative that funds six contractors across the state to support breastfeeding women and promote breastfeeding through a variety of strategies. The agency also celebrates health care and child care facilities that meet NYSDOH's 10 criteria as "Breastfeeding Friendly."³¹ When a hospital participates, they will, for example, display posters of women breastfeeding in their waiting rooms.

Eat Smart New York (ESNY)

7 U.S.C. § 2036a

Eat Smart New York, the name for SNAP-Ed in New York State, is a nutrition education and obesity prevention initiative available to low income individuals.³² OTDA receives money from USDA to (1) offer nutrition education events; (2) implement policy, systems, and environmental change in local communities; and (3) encourage healthy eating behaviors through social marketing. State funds cover OTDA administrative expenses. ESNY goals are to encourage participants to eat more produce, drink fewer sugar-sweetened beverages, and be active. Three initiatives make up ESNY—a regional initiative, Eat Well Play Hard in Child Care Settings, and Just Say Yes to Fruits and Vegetables found on pages 86 and 88 of this Appendix. For the regional model, OTDA contracts with partners who provide nutrition education in areas with high poverty and obesity rates. Upstate, seven CCE organizations implement the initiative. In New York City, Children’s Aid Society, City Harvest, New York Common Pantry, and Food Bank For New York City administer the initiative. These partners work in schools, gardens, food pantries, hospitals, retail, and community organizations to provide children and adults nutrition education. For example, to encourage individuals to use herbs rather than salt for flavor, Erie County CCE educators helped public housing residents plant herbs in pots the residents could then take home.³³

Eat Well Play Hard in Child Care Settings (EWPH CCS)

7 U.S.C. §§ 2036a et seq.

EWPH CCS is a SNAP-Ed initiative available to pre-school children, their guardians, and child care center staff.³² The primary goals of the initiative are to (1) increase developmentally appropriate physical activity, (2) decrease exposure to recreational screen time, (3) increase consumption of vegetables and fruits, and (4) increase consumption of low fat or fat free milk for children over age two. OTDA has a Memorandum of Agreement with NYSDOH to offer three iterations of EWPH CCS: Traditional, Champions, and Farm to Preschool. Through the Traditional model, registered dietitians provide six lessons to preschoolers, six lessons to guardians, and two training workshops for staff. For the Champions initiative, registered dietitians provide three additional workshops for staff; mentor classroom teachers responsible for providing six additional lessons; help centers adopt healthier food or physical activity policies; and distribute toolkits to support policy, systems, and environmental changes. Five of the seven subcontractors across the state also implement a Farm to Preschool initiative as part of EWPH CCS. Subcontractors work with select child care centers to offer local produce which guardians, staff, and community members can purchase using Electronic Benefits Transfer (EBT) or other sources like WIC vouchers, FMNP checks, or Senior FMNP checks. Subcontractors also demonstrate how to use the seasonal produce, conduct gardening lessons in preschool classrooms, and distribute gardening toolkits to participating centers. For example, an EWPH CCS educator may lead a workshop focusing on healthy snacks and invite guardians to sample a healthy recipe.

Eat Well Play Hard in Day Care Homes (EWPH DCH)

N.Y. Pub. Health Law §§ 2599 et seq.

EWPH DCH is an adaption of the EWPH CCS initiative, but focuses primarily on licensed day care home providers.³⁴ In New York, day care homes are licensed through a sponsor organization which hosts workshops, may conduct nutrition lessons, and ensures that day care homes comply with CACFP regulations.³⁵ NYSDOH uses a combination of state and federal funding to support four of these sponsors to implement the EWPH DCH initiative across the state. These subcontractors are uniquely positioned to implement the EWPH DCH initiative. They have existing relationships with the providers through CACFP and already offer workshops for day care home providers on a variety of topics. For example, a day care home sponsor might work with staff to brainstorm strategies to introduce new foods to children.

Expanded Food and Nutrition Education Program (EFNEP)

7 U.S.C. § 3175

EFNEP is a USDA-funded nutrition education initiative that focuses on food preparation, resource management, and food safety.³⁶ The initiative serves caregivers, expectant mothers, and youth. CCE oversees the initiative in 28 counties, including New York City’s five borough counties.³⁷ Peer educators, typically paraprofessionals who previously participated in the EFNEP series, deliver the six to nine lessons in the series. For example, an EFNEP educator showed caregivers how to replace mayonnaise in tuna salad with avocados, a fresh ingredient found in many corner stores.

Farm to School (FTS)

42 U.S.C. § 1769; N.Y. Educ. Law § 305

Farm to school initiatives support local food procurement, food education, and school gardens. NYS Ag and Markets, along with five other New York organizations, received federal farm to school grants in FY 2016. The federal grant expanded the NYS Ag and Markets pilot to educate staff on local procurement, food safety, and culinary skills.³⁸ New York State also used a portion of its Specialty Crop Block Grant to fund a state farm to school grant initiative to increase the use of local foods in school meals. For example, this year, school nutrition staff will spend a professional development day visiting a farm and learning strategies to serve fresh farm produce.³⁹

Farmers Market Nutrition Program (FMNP)

7 U.S.C. § 3007; 42 U.S.C. § 1786

New York's Farmers Market Nutrition Program combines two distinct USDA initiatives: the Senior Farmers Market Nutrition Program and WIC Farmers Market Nutrition Program.⁴⁰ The initiatives provide low income seniors and WIC mothers with \$4 checks to purchase fresh, local fruits and vegetables at farmers markets. (WIC FMNP checks are distinct from New York's WIC Vegetables and Fruits Checks Program which provides \$8, \$11, or \$17 value vouchers through the regular WIC funding stream.)⁴¹ NYSDOH, NYSOFA, and NYS Ag and Markets coordinate FMNP check distribution and promote the initiative. NYSDOH oversees and allocates checks to WIC and CSFP providers. Senior centers also distribute checks to seniors. NYS Ag and Markets creates materials that list market locations; educates consumers about seasonal products; and highlights the benefits of farmers markets.⁴² At many participating markets, CCE community educators and volunteers provide samples of easy, fresh recipes.⁴³ For example, educators distribute FMNP recipes describing how to use leafy greens when in season.⁴⁴

FreshConnect Program

N.Y. Agric. & Mkts. Law § 16

The state's FreshConnect initiative has the dual purpose of supporting local agriculture and making produce more affordable for SNAP participants. Administered by NYS Ag and Markets, FreshConnect provides a \$2 incentive for every \$5 spent through SNAP at participating farmers markets.⁴⁵ Recently, Ag and Markets expanded the initiative to include two new features: a pilot for veterans and a food box distribution initiative for community organizations. To encourage eligible individuals to redeem FreshConnect checks, NYS Ag and Markets has developed handouts that detail the nutritional benefits of local produce and provide shopping tips. CCE instructors provide cooking demonstrations at participating farmers markets. For example, an instructor at a FreshConnect market might demonstrate and provide samples of different ways to prepare rhubarb during the summer season.

Food and Nutrition Education in Communities (FNEC)

N.Y. Educ. Law § 5714; 7 U.S.C. § 450i

FNEC is a subdivision of Cornell University's Division of Nutritional Sciences.⁴⁶ As part of the land grant university, FNEC works with CCE, develops curricula, and conducts obesity prevention studies. FNEC oversees EFNEP and provides professional development for SNAP-Ed. FNEC staff support other USDA initiatives such as FMNP, Adopting Healthy Habits, and 4-H's Choose Health Action Teens initiatives.⁴⁷ With funding from USDA, Cornell University's FNEC currently serves as the research hub for nutrition education for 12 northeastern states.⁴⁸ In this role, FNEC has funded partner institutions to test community-based interventions and provided technical assistance to SNAP-Ed and EFNEP administrators.⁴⁹ Two examples of recent initiatives are FNEC's SNAP-Ed and EFNEP studies, researching whether nutrition education alone, PSEs alone, or nutrition education coupled with PSEs increase healthy nutrition behaviors. The research is building an evidence-base for nutrition education.

Head Start

42 U.S.C. §§ 9801 *et seq.*

Head Start is an early learning, health, and family support initiative for low income children. Head Start serves children ages three to four, while Early Head Start is available for infants, toddlers, and pregnant women. The federal government, not New York State, administers the initiative. Providing healthy food is a core goal of Head Start. The initiative believes that good nutrition enables a child to maintain a healthy weight and achieve academically.⁵⁰ Consequently, Head Start facilities are often home to state and federal food initiatives such as EWPH and CACFP. Head Start centers serve CACFP meals and comply with the CACFP meal and nutrition education requirements. In addition, the initiative's own performance standards require administering agencies to (1) offer foods high in nutrients and low in fat, sugar, and salt; (2) serve meals family-style; (3) assess a child's nutrition-related health; (4) support breastfeeding; and (5) consult with families about a child's nutritional needs.⁵⁰ For example, Head Start staff will discuss the importance of drinking water while they serve and eat lunch with students.

Healthy Families New York (HFNY)

42 U.S.C. §§ 5116 *et seq.*; *N.Y. Soc. Serv. Law* § 429

Healthy Families New York is a home visiting initiative that supports Bronx, Dutchess, Erie, Kings, and Schenectady County families during pregnancy and early childhood. Largely funded through state dollars, HFNY also receives federal funding through CDC's Maternal, Infant, and Early Childhood Home Visiting Program.⁵¹ HFNY uses funds to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote school readiness. The initiative focuses on supporting preventive health and prenatal practices. For example, a home care worker might help a new mother learn how best to breastfeed.

Hunger Prevention and Nutrition Assistance Program (HPNAP)

N.Y. Pub. Health Law § 201

Administered by NYSDOH, HPNAP helps the state's estimated 2,600 emergency food relief organizations cover the cost of food and operations.⁵² Though HPNAP's primary goal is to provide healthy food to individuals, the initiative also supports comprehensive nutrition and health education initiatives.^{53,54} With HPNAP funds, each of New York's eight regional food banks employ a nutrition resource manager responsible for meeting state nutrition requirements and a nutritionist who implements SNAP-Ed's JSY nutrition education initiative. Organizations using HPNAP funds for "Special Nutrition Initiatives" must "provide some type of nutrition education." For example, Capital Roots uses HPNAP funds to offer cooking demonstrations through its mobile market. Consumers who taste the samples may bring home the ingredients free of charge.

Just Say Yes to Fruits and Vegetables (JSY)

7 U.S.C. §§ 2036a *et seq.*

JSY is a SNAP-Ed initiative offered at food banks and urban farmers' markets across the state.⁴⁵ NYSDOH works with partners to provide nutrition education at the state's eight regional food banks and several urban farmers' markets. The regional food banks provide workshops, food and physical activity demonstrations, and policy, systems, and environmental support at emergency food relief organizations. These activities help low income families prepare healthy foods with a limited budget. In New York City, JSY contracts with DOHMH to provide cooking demonstrations through the Stellar Farms' Market Program. JSY also funds initiatives modeled after Stellar in Rochester, Syracuse, and Buffalo. For both the food bank and farmers' market initiatives, nutrition educators distribute coupons to help make produce more affordable. For example, through JSY, CCE educators at a farmers' market will demonstrate an interesting way to prepare beets and beet tops. To make the recipe's ingredients more affordable for attendees, the CCE educators also distribute FreshConnect checks.

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

42 U.S.C. §§ 5116 *et seq.*

MIECHV is a federal home visiting initiative available to parents across the state. For descriptions of the MIECHV initiatives that NYSDOH oversees, see the description for Healthy Families New York on page 88 and the Nurse Family Partnership on page 89.

National School Lunch Program (NSLP)

42 U.S.C. §§ 1751 *et seq.*

NSLP is a USDA initiative that provides low-cost or free lunches in public and non-profit private schools.⁵⁵ NYSED oversees the initiative at the state level helping local school districts procure food, receive reimbursements, apply for grants, and comply with Local Wellness Policy requirements. These requirements may now include specific goals for nutrition education and promotion. Though NSLP does not require nutrition education, federal child nutrition laws support a range of nutrition education activities.⁵⁶ For example, state educational authorities may use State Administrative Expense funds flexibly or apply for Team Nutrition grants to cover the costs of nutrition education. Schools may also participate in federal, state, and local farm to school initiatives to increase fresh produce consumption and thereby support local agriculture. One example of how NSLP can support broader nutrition education is NYC SchoolFood's Garden to Café initiative.⁵⁷ Garden to Café hosts seasonal harvest celebrations and tasting events in public school cafeterias.

New York State Diabetes Prevention Program (NYS DPP)

42 U.S.C. § 247b

The New York State Diabetes Prevention Program is a part of CDC's National Diabetes Prevention Program run by NYSDOH. Multiple organizations implement the initiative across the state, including the YMCA. NYSDOH and NYC DOHMH are the largest public providers. Both use CDC's 1422 funds, also known as funds for State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke to fund subcontractors that promote the program. NYS DPP targets individuals with pre-diabetes and focuses on healthy eating, physical activity, and lifestyle change. Initially, groups of 10 to 15 individuals meet at CBOs one hour per week for four months with a lifestyle coach. The groups then meet monthly for up to a year.⁵⁸ As an example, a DPP lifestyle coach might weigh participants privately during a weekly lesson and then help them identify non-starchy vegetables to fill half their plate.⁵⁹

Nurse Family Partnership (NFP)

42 U.S.C. §§ 5116 *et seq.*

NFP is one of several home visiting initiatives funded through HHS's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) initiative.⁶⁰ Through NFP, trained nurses visit women pregnant with their first baby to help them adopt healthy parenting practices, such as breastfeeding and cooking.⁶¹ For example, nurses have organized trips to nearby farmers markets to familiarize their clients with local, seasonal produce.⁶²

Nutrition Outreach and Education Program (NOEP)

N.Y. Soc. Serv. Law §§ 465 *et seq.*

NOEP is a state initiative that helps eligible individuals enroll in federal and state food assistance programs.⁶³ OTDA oversees the initiative, awarding a portion of federal SNAP outreach dollars to Hunger Solutions New York. Hunger Solutions works with 52 local organizations across the New York to increase participation in SNAP, the School Breakfast Program, Summer Food Service Program, and CACFP.⁶⁴ Though distinct in purpose and funding, NOEP organizations and nutrition educators across the state can coordinate to increase participation in their respective initiatives. For example, North Country SNAP-Ed partners with Jefferson, Lewis, and St. Lawrence Counties NOEP to identify individuals eligible for SNAP nutrition education.³²

Nutrition Program for the Elderly (NPE)

42 U.S.C. §§ 3030 *et seq.*; N.Y. Elder Law § 217

Title IIIC of the Older Americans Act requires that seniors have access to prepared meals, nutrition education, and nutrition counseling. NYSOFA administers Title III initiatives with the goal of helping seniors to be as “independent as possible for as long as possible.”⁶⁵ NYSOFA oversees 59 area agencies on aging (AAAs), which in turn contract with congregate and home delivered meal providers.⁶⁶ Each of the over 700 congregate meal sites offer a minimum of six nutrition education classes yearly, their focus varying based on site interest and provider knowledge. For example, one AAA nutritionist talks with seniors about the heightened importance of drinking water during the summer months to prevent dehydration.

Partnerships to Improve Community Health (PICH)

42 U.S.C §§ 247b *et seq.*

PICH is a CDC-funded initiative to reduce tobacco use, poor nutrition, physical inactivity, and other barriers to chronic disease prevention.⁶⁷ PICH was originally a three-year grant, but CDC recently reduced the grant lifecycle to 2.75 years. The PICH initiative will end in the fall of 2017. New York State awardees Schenectady County and DOHMH’s Fund for Public Health will no longer receive funding. Schenectady County has been working to increase the availability of healthy food and beverage choices in public venues such as schools, to implement healthy food procurement policies, and to improve diabetes case management.⁶⁸ DOHMH has worked with partners in each borough to increase smoke-free policies in residential buildings, incentivize produce purchases, and improve physical activity levels.⁶⁸ For example, to help reduce community rates of hypertension, one PICH subgrantee worked with Korean restaurant owners to reduce sodium in menu items.⁶⁹

Quality Technical Assistance Center (QTAC)

42 U.S.C. § 1396d

The Affordable Care Act authorized several new federal pilot projects as part of Medicaid reform, including the Balancing Incentives Program. With the Balancing Incentives Program, New York was able to expand home and community-based services and infrastructure as an alternative to nursing home care.⁷⁰ QTAC, a portal to help physicians connect patients to NDPP, the Diabetes Self Management Program, and the Chronic Disease Self Management Program, is one outcome.⁷¹ SUNY Albany’s Center for Excellence in Aging & Community Wellness manages the portal.⁷² Through QTAC, patients can learn about available classes. Public health officials can track when waiting lists merit forming new classes and work with the Center for Excellence in Aging & Community Wellness to provide diabetes health management program trainings. For example, through QTAC, a Lewis County doctor can refer a patient at risk of diabetes to community classes in that same county.⁷³

Runaway and Homeless Youth Programs (RHY)

42 U.S.C. §§ 5601—2

RHY initiatives include street outreach, emergency shelters, transitional living, and maternity group homes for runaway and homeless youth.⁷⁴ To administer the initiative, OCFS relies on HHS and state funding. Because the federal government does not require states to report using RHY funds for nutrition education, how frequently the 48 local agencies used FY 2016 funds for nutrition education is unknown.⁷⁵ But local RHY agencies do provide nutrition education. Both transitional living and maternity group homes teach youth necessary life skills such as budgeting, housekeeping, food preparation, and parenting.^{76,77} For example, Children’s Village in Queens works with pregnant and parenting teens, teaching them how to cook and budget.⁷⁸

Sodium Reduction in Communities Program

42 U.S.C § 247b

SRCP is a CDC initiative that encourages communities to adopt a host of strategies to reduce sodium consumption, including working with food service establishments and the prepared food industry to make lower sodium foods available. New York State entities received two of eight awards in the most recent funding round. DOHMH was one recipient. In FY 2017, the agency used its funds to help businesses and private hospitals improve available food and beverages and to develop its Good Choice tool.⁷⁹⁻⁸¹ NYSDOH received the other award. It is working with Niagara CCE and Rockland and Onondaga Counties to target sodium consumption in universities and early care education centers. For example, NYSDOH partners will train staff how to gradually reduce salt in recipes.

SNAP-Education (SNAP-Ed)

7 U.S.C. §§ 2036a et seq.

SNAP-Ed is a nutrition education and obesity prevention initiative available to low income individuals.³² For descriptions of the initiatives that make up SNAP-Ed, see Eat Smart New York on page 86, Eat Well Play Hard in Child Care Settings on page 86, and Just Say Yes to Fruits and Vegetables on page 88.

Social Services Block Grant Program (SSBG)

42 U.S.C. § 1397

SSBG is an HHS initiative that aims to empower and protect individuals who may need additional supports to live independently. These initiatives increase economic self-sufficiency; can prevent child and adult neglect, abuse, and institutionalization; and provide funds for institutional care, when necessary.⁸² Because the federal government does not require states to report the degree to which SSBG funds nutrition education, we do not know exactly what activities occurred in FY 2016 as a result of SSBG. But, we do know that OCFS uses these funds to provide home management skills education and preventive services for adults, both of which include nutrition education. SSBG funds also help subsidize nutrition education through the Nutrition Program for the Elderly and Runaway and Homeless Youth initiatives for unmarried parents.⁸³ For example, SSBG funds have trained homemakers how to prepare and purchase healthy foods.⁸³

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

42 U.S.C. §§ 1786 et seq.

WIC is a federal initiative that provides nutrition education, breastfeeding support, and foods for low income pregnant and breastfeeding women, as well as infants and children up to the age of five.⁸⁴ Participants qualify for New York's FMNP and may use WIC Vegetables and Fruits Checks at the farmers' market. NYSDOH administers WIC across the state, contracting directly with hospitals, public health agencies, or community-based organizations to provide local services. These local organizations distribute WIC checks; they also offer individual counseling and group nutrition classes. **For example**, in an area of the South Bronx where the American Beverage Association has been heavily investing, a WIC nutritionist led a class on dental hygiene and then demonstrated a way to prepare fresh fruit-flavored water to promote the benefits of water.

State and Local Public Health Actions to Prevent and Control Diabetes, and Heart Disease and Stroke (1422)

42 U.S.C § 247b

Originally funded by CDC, the 1422 grant supports policy, systems, and environmental change in communities with high rates of diet-related disease.⁸⁵ NYSDOH administers the grant at the state level. The agency uses a portion of the funds to support statewide initiatives, such as the Diabetes Prevention Program and Food Standards toolkits. Adapted from New York City's Food Standards, the workplace and hospital toolkits recommend healthier food for cafeterias, vending machines, meetings, and patient meals. NYSDOH also uses 1422 funds to support local interventions. It awarded Albany County Department of Health, Health Advancement Collaborative of Central New York, Hudson River Health Care, and P2 Collaborative of Western New York money to increase access to healthy food and promote community nutrition strategies. The organizations have established food standards, advised institutional buyers, and promoted healthier foods.⁸⁶ For example, local providers have purchased “shelf-talkers” which explain the health benefits of buying reduced sodium beans.

Student Support and Academic Enrichment Grants (SSAEG)

20 U.S.C. §§ 7111-22

Newly authorized through the Every Student Succeeds Act (ESSA), the SSAEG initiative aims to provide a well-rounded education, create better conditions for learning, and improve technology use. Nutrition education is one of several options states have to meet these goals. In its 2017 Draft ESSA State Plan, NYSED pledged to fulfill SSAEG requirements by revising health standards, issuing nutrition service and health education guidance, and distributing 95% of U.S. ED funds to schools.⁴ Because SSAEG funds are not specifically earmarked for nutrition education, we do not know the degree to which schools will use the money to provide these services. For example, schools may choose to use SSAEG funds to coordinate with community groups to provide nutrition education during the school day.

Title I

20 U.S.C. §§ 6301 et seq.

To help schools with high percentages of low income students meet state academic standards, Title I of the Elementary and Secondary Education Act (ESEA) provides additional funds.⁸⁷ Schools can use these funds to provide comprehensive services, including health and nutrition education. U.S. ED authorizes the federal funds, and NYSED administers funding to schools across the state. Because Title I funds are not designated solely for nutrition education, NYSED does not track the degree to which schools plan to use these funds for nutrition education. For example, an elementary school may choose to use Title I funds to support nutrition education as part of the general health curriculum.

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