

2012
The Better Living for Texans
Supplemental Nutrition Assistance Program
Participation and Evaluation Report

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Introduction

In Texas, an estimated 1 in 6 people (16.8%) live below the federal poverty level, a figure higher than the 13.8% reported nationally.¹ While poverty is prevalent across all groups, African Americans and Hispanics are more likely to live in poverty compared to non-Hispanic Whites and Asians. The Center for Public Policy and Priorities estimates that 29% of Texas children under the age of 5 reside in poverty, almost three times that of adults 65 and older.²

Living in poverty places individuals and families at risk for food insecurity, which is a term used to describe a household that has limited access to enough food for active, healthy living.³ Nationally, an estimated 14.5% of households faced food insecurity in 2010.³ In Texas, however, that percentage was an estimated 18.8% (up from 17.4% in 2009).³ Among 1791 low-income adults who participated in the 2011 Better Living for Texans program, nearly 1 in 5 (20%) reported they had received food from a food bank or pantry within the previous 30 days.⁴

Food insecurity has been linked to a number of diet, health, and psychosocial outcomes. In adult populations, researchers have linked food insecurity with poor diet quality,^{5,6} as well as poor health and poor pregnancy outcomes.^{7,8} Among children, food insecurity has been associated with not only poor diet but also iron deficiency anemia,⁹ developmental delay,¹⁰ behavioral and emotional problems, and poor academic performance. The possible link between food insecurity and obesity has been examined in both children and adult populations but with inconsistent findings.¹¹⁻¹⁵

The immediate and potential long-term impact of food insecurity on diet quality is a concern among nutrition educators since poor diet has long been linked to four of the ten leading causes of death. Published research suggests that the diets of low-income households often lack variety and are typically inadequate in fruits and vegetables as well as whole-grains, dairy products, and lean meat.¹⁶⁻¹⁹ Poor diet quality is a culmination of several factors that include not only income and food security status but also the perceived cost of buying healthy foods,²⁰ availability and accessibility of nutritious foods,²¹ nutrition knowledge, and lack of food budgeting and food preparation skills.²¹⁻²³

Texas A&M AgriLife Extension Service Response – Better Living for Texans

The Better Living for Texans (BLT) program was initiated in 1995 as a cooperative endeavor among Texas A&M AgriLife Extension Service, Texas Health and Human Services Commission (HHSC), and the Food and Nutrition Services (FNS) of USDA. A component of the Supplemental Nutrition Assistance Program (SNAP), BLT provides educational programs to SNAP recipients, applicants, and other approved audiences to help improve their ability to plan and prepare nutritious meals, stretch food dollars, and prepare and store food safely. In October 2006, BLT began promoting the *Walk Across Texas* program to help BLT audiences increase physical activity, a behavior supported by the 2005 Dietary Guidelines for Americans. The program is offered in every Texas county that is served by a county Extension agent for Family and Consumer Sciences (CEA-FCS).

BLT is delivered through a variety of teaching methods that reflect audience needs. Teaching methods include lesson series, single education events, one to one consultations,

demonstrations, and tours. With the presence of BLT in nearly every county, Extension is more than capable of reaching all areas of Texas (both rural and urban), increasing the likelihood of meeting the nutrition education needs of SNAP recipients and those eligible for benefits.

During fiscal year 2012 (October 2011 – September 2012) , county Extension agents reported more than 1.2 million educational contacts (group and individual contacts) from adults and youth participating in BLT. This report describes the impact from adults who participated in the *Back to Basics* and *Get the Facts* lesson series. Information on the extent to which BLT audiences participated in the *Walk Across Texas* program is also included.

Program Evaluation Methodology

The BLT program series is evaluated by the use of a pre, post, and 30-day follow-up surveys specific to the lesson series. For the *Back to Basics* series, the survey instruments allowed for the collection of data that reflected current behaviors, behaviors that participants intended to adopt, and the extent to which behaviors were actually adopted. The instruments also allowed for the estimated changes in out-of-pocket food expenses that may have occurred as a result of their participation in BLT. For *Get the Facts*, the instruments allowed us to assess change in knowledge as well as the adoption of behaviors related to using the Nutrition Facts panel to make healthy food choices. For both lesson series, survey instruments were administered in the field by county Extension agents and BLT assistants. Data were sent to College Station where it was analyzed and interpreted on county, regional, and state levels.

Back to Basics

This three-session series focused on (1) planning and preparing economic meals using MyPlate; (2) stretching food dollars through menu planning, shopping with a list, comparing prices, and using unit pricing; and (3) thawing foods properly, kitchen sanitizing, and storing food safely to reduce the risk of foodborne illness in the home. Pre, post, and follow-up survey instruments assessed current behaviors, intent to change, and the actual adoption of the behaviors, respectively. The pre and 30-day follow-up surveys asked participants to report their estimated monthly out-of-pocket food expenses. This information allowed us to estimate change in out-of-pocket food expenses, which may be viewed as a potential economic impact.

Get the Facts

The Dietary Guidelines for Americans, MyPlate, and the Nutrition Facts panel are tools that are used to communicate basic food and nutrition recommendations to the public. Given the research that indicates poor diet quality among SNAP-eligible audiences, emphasizing the selection of low-cost, nutrient-dense foods would be beneficial in promoting health and preventing chronic disease.

Get the Facts is three-session series that emphasizes using the Nutrition Facts panel to encourage the selection of foods based on serving size as well as sodium and trans fat content. Serving size and fat content were targeted because a significant percentage (60%) of adults is either overweight or obese. Heart disease, which continues to be the leading cause of death, is rooted in obesity, along with diets that are high in fat, including trans fat. Sodium (salt) was selected because (1) most individuals living in the U.S. consume too

much sodium, and (2) reducing sodium in the diet can help maintain healthy blood pressure levels. Current research suggests that hypertension affects approximately 68 million people in the United States.²⁴

Walk Across Texas

Walk Across Texas is an 8-week program designed to get people into the habit of regular physical activity. The program uses a team approach, meaning that individuals walk in groups of up to 8 people, although individuals are free to complete the program by themselves if they choose to do so. Teams walk 830 miles during the program, which is essentially the distance from the east to the west side of the state.

For individuals who want to do more than walk, there is the option of using other forms of physical activity and converting it into miles. In fact, individuals have used other forms of physical activity, such as dancing, cycling, gardening, or even running to complete the program. The type of physical activity being done is not as important as just getting off the couch and doing something! Miles walked (or run, danced, etc.) are recorded per person so we are able to assess the average number of miles walked pre and post.

Results from Program Evaluations

Back to Basics

During the 2012 program year (October 1, 2011, through September 30, 2012), usable data from 1,826 individuals across the state were submitted for analysis. Of these 1,826 individuals, 1,286 completed the pre, post, and follow-up surveys that allowed us to estimate actual adoption of behaviors as well as a potential economic impact.

Participant Characteristics

As indicated in Table 1, most participants were female, Hispanic, and from households that averaged 3.4 individuals. More than 57% of the participants (n=1043) reported the presence of children under age 18 living in the household, with the average number of children in households being 2.3 (range of 1 to 11). Individuals participated in the SNAP and free/reduced school meals program most often, and nearly 1 in 4 participants reported they had received emergency food assistance within the previous 30 days. Nearly 65% (n=1189) of the participants reported that this BLT program series was their first exposure to Texas A&M AgriLife Extension Service. This suggests that the program is reaching new audiences that have not had an opportunity to participate in Extension programs in the past.

Table 1. Program Participant Characteristics for the *Back to Basics* Series.

	N	%
Gender		
Female	1429	78.3
Male	344	18.8
No response	53	2.9
Ethnicity		
Hispanic/Latino	1073	58.8
Non-Hispanic	592	32.4
No response	161	8.8
Race		
Asian	44	2.4
Black/African American	173	9.5
White/Caucasian	1259	68.9
Hawaiian/Pacific Islander	13	0.7
American Indian/Alaska Native	58	3.2
No response	279	15.2
Highest Level of Education Completed		
Less than high school	469	25.7
High school or GED	726	39.8
Some college or technical school	378	20.7
College graduate	172	9.4
No response	81	4.4
Participation in Selected Assistance Programs**		
TANF (Temporary Assistance for Needy Families)	52	2.8
WIC (Women, Infants, and Children)	320	17.5
Head Start	174	9.5
Food banks/pantries	451	24.7
Free/reduced school meals	572	31.3
Supplemental Nutrition Assistance Program	780	42.7

* Percentages are rounded to the nearest whole number; therefore, they may not total 100%.

** Because participants could choose more than one program, percentages will not add up to 100.

Intent to change behavior as a result of participating in the *Back to Basics* series (pre versus post)

Intent to change food resource management practices

For those who provided usable pre and post surveys (n=1826), we first assessed their **intent** to adopt targeted behaviors related to food resource management. As shown in Table 2, most participants had adopted the food resource management behaviors either “always” or “sometimes.” Immediately after the program ended, more participants reported intent to practice these behaviors “always.”

Table 2. Food Resource Management Practices, Pre and Post.

Behavior	Currently practicing the behavior (pre) N (%)	Who intend to adopt the behavior (post) N (%)
Plan meals in advance		
Always	417 (22.8)	1113 (61.0)
Sometimes	1074 (58.8)	651 (35.7)
Never	268 (14.7)	27 (1.5)
Not sure	53 (2.9)	27 (1.5)
No response	14 (0.8)	8 (0.4)
Shop for groceries with a list		
Always	652 (35.7)	1343 (73.5)
Sometimes	839 (45.9)	426 (23.3)
Never	295 (16.2)	28 (1.5)
Not sure	28 (1.5)	22 (1.2)
No response	12 (0.6)	7 (0.4)
Compare prices when shopping		
Always	857 (46.9)	1430 (78.3)
Sometimes	749 (41.0)	346 (18.9)
Never	170 (9.3)	23 (1.3)
Not sure	35 (1.9)	14 (0.8)
No response	15 (0.8)	13 (0.7)
Use unit pricing when shopping		
Always	380 (20.8)	1117 (61.2)
Sometimes	741 (40.6)	558 (30.6)
Never	484 (26.5)	77 (4.2)
Not sure	163 (8.9)	44 (2.4)
No response	58 (3.2)	30 (1.6)



Cheryl Walker, county Extension agent for Milam County, teaches BLT participants about unit pricing.

Intent to change food safety practices

Initially, three out of four participants were sanitizing their cutting boards after cutting raw meat or poultry (Table 3). After the program ended, more than 90% of participants intended to sanitize their cutting boards. Another positive outcome was the percentage of participants who never intend to let frozen food thaw at room temperature (up from 15% to 52%). Finally, fewer people were allowing prepared foods to sit at room temperature longer than 2 hours after the program ended (compared to the beginning).

Table 3. Food Safety Behaviors, Pre and Post.

	Currently practicing the behavior (pre) N (%)	Intent to adopt the behavior (post) N (%)
Frequency of sanitizing cutting boards after cutting up raw meat or poultry		
Always	1364 (74.7)	1672 (91.6)
Sometimes	276 (15.1)	109 (6.0)
Never	104 (5.7)	18 (1.0)
Not sure	51 (2.8)	9 (0.5)
No response	31 (1.7)	18 (1.0)
Frequency of thawing food at room temperature		
Always	661 (36.2)	532 (29.1)
Sometimes	792 (41.4)	280 (15.3)
Never	273 (15.0)	954 (52.2)
Not sure	58 (3.2)	28 (1.5)
No response	42 (2.4)	32 (1.8)
How long did you leave your last meal out after it was prepared?*		
Eaten/stored immediately	526 (28.8)	716 (39.2)
Less than 1 hour	708 (38.8)	750 (41.1)
1 to 2 hours	270 (14.8)	264 (14.5)
More than 2 hours	98 (5.4)	33 (1.8)
Not sure	183 (10.0)	39 (2.1)
No response	41 (2.3)	24 (1.4)

* This is an actual behavior as individuals are asked to think about the last dinner they prepared and describe how soon they ate or stored the prepared food.

Adoption of Selected Behaviors (Pre versus Post versus Follow-up)

The extent to which participants engaged in targeted behaviors 30 days after completing BLT was assessed by comparing the 30-day follow up survey with the pre- and post-surveys. Of the 1826 participants who provided usable surveys, 1286 (70%) completed all three surveys.

Food Resource Management

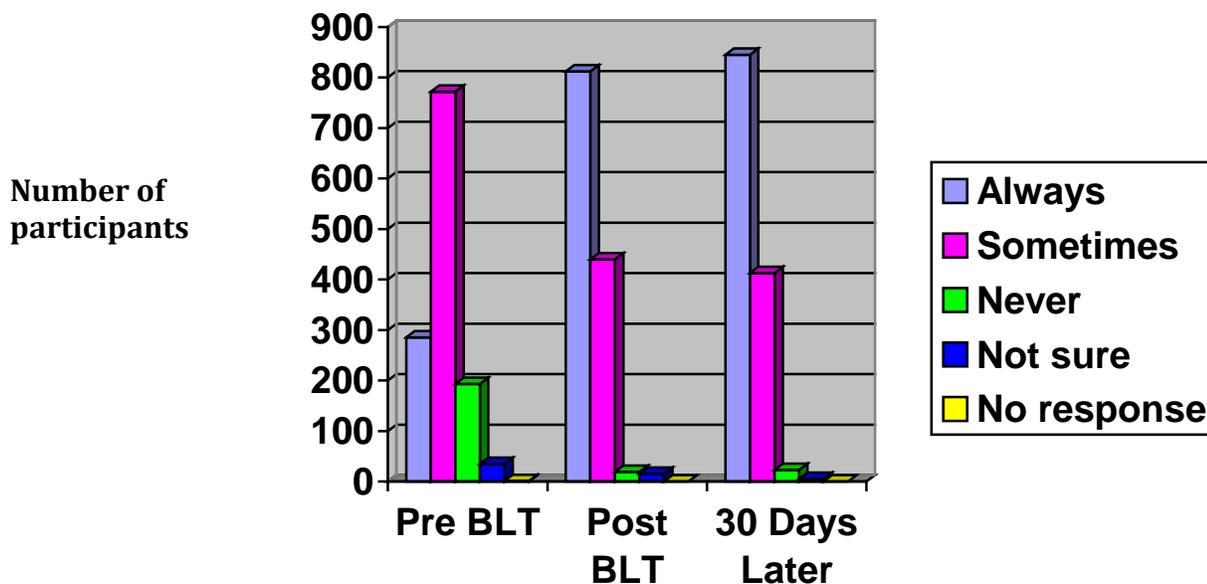
Meal Planning

When the program began, more than 80% (n=1057) of the participants reported planning their meals “always” or “sometimes” (Table 4). After the program ended, the percentage who intended to plan their meals “always” jumped to 63% (up from 22% pre). Thirty days later, nearly 66% of participants reported they “always” planned their meals, which was three times higher than noted at the start of the program. Overall, 98% of participants were engaged in this behavior to some extent, and the number of participants who “never” planned their meals fell from 193 (15%) to 23 (1.8%).

Table 4. Extent to which Participants Plan Meals (Pre, Post, and Follow-up).

Plan Meals	Current behavior (pre) N (%)	Intent to adopt the behavior (post) N (%)	Behavior 30 days after post N (%)
Always	285 (22.2)	812 (63.1)	845 (65.7)
Sometimes	772 (60.0)	440 (34.2)	413 (32.1)
Never	193 (15.0)	19 (1.5)	23 (1.8)
Not sure	35 (2.7)	15 (1.2)	5 (0.4)
No response	1 (0.1)	0	0

Frequency of Meal Planning by BLT Participants.



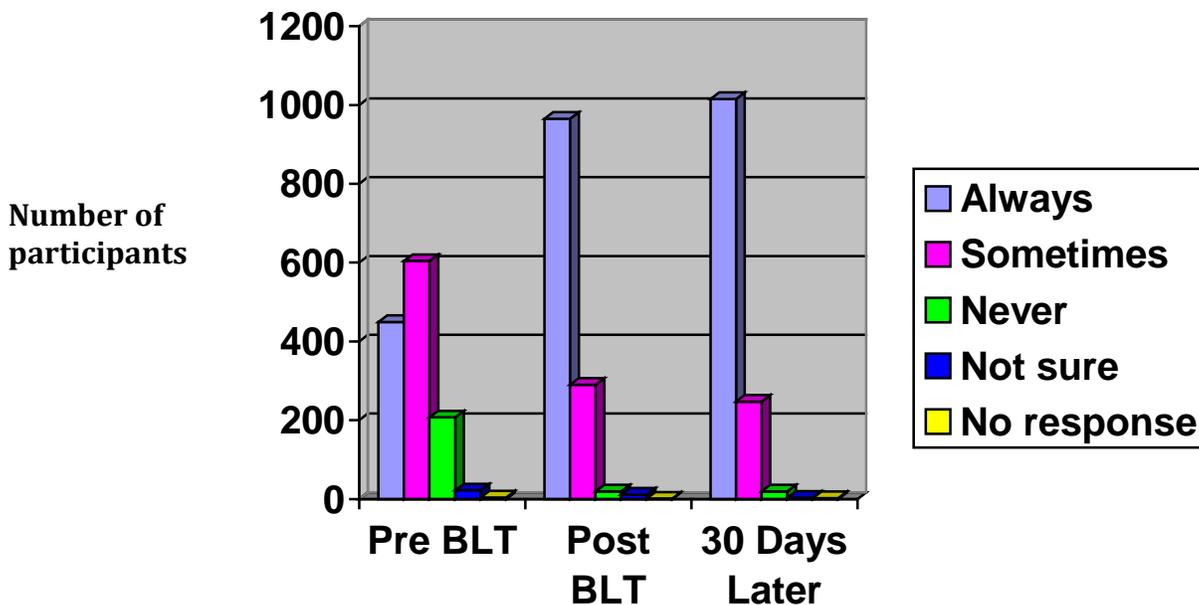
Shopping with a List

Like meal planning, most participants (82%) were shopping with a list either “always” or “sometimes” when they first entered the BLT program (Table 5). However, immediately after the program ended, the percentage who intended to do so “always” rose from 35% (n=449) to 75% (n=965). One month later, the percentage of participants who continued to shop with a list “always” was nearly 79% (n=1015). Equally important was the finding that the percentage of participants who “never” shopped with a list dropped from 16% (n=207) to 1.5% (n=19).

Table 5. Extent to which Participants Shop with a List (Pre, Post, and Follow-up).

Shop with a list	Current behavior (pre) N (%)	Intent to adopt the behavior (post) N (%)	Behavior 30 days later N (%)
Always	449 (34.9)	965 (75.0)	1,015 (78.9)
Sometimes	604 (47.0)	290 (22.6)	247 (19.2)
Never	207 (16.1)	19 (1.5)	19 (1.5)
Not sure	22 (1.7)	11 (0.9)	3 (0.2)
No response	4 (0.3)	1 (0.1)	2 (0.2)

Extent that BLT Participants Shop with a List.



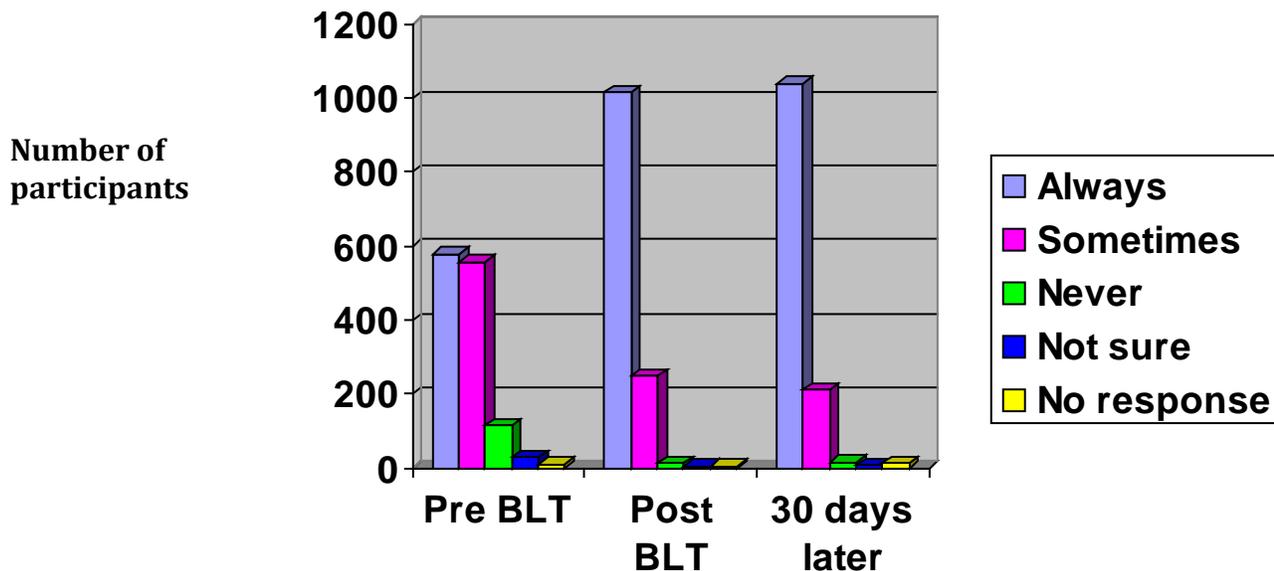
Comparing Prices When Shopping

Nearly 9 out of 10 participants reported comparing prices either “sometimes” or “always” when shopping for food when they first entered the BLT program (Table 6). However, at the end of the program almost 80% (n=1017) intended to do so “always.” Thirty days later, more than 97% of participants were comparing prices either “sometimes” or “always.” The percentage who “always” compared prices was nearly 81% (n=1040). More important was the finding that the percentage who “never” compared prices fell from 9% (n=113) to 1% (n=15). This suggests that participants were increasing the frequency with which they checked food prices – a practice that could help individuals save money.

Table 6. Extent to which Participants Compare Prices When Shopping (Pre, Post, and Follow-up).

Compare prices	Current behavior (pre) N (%)	Intent to adopt the behavior (post) N (%)	Behavior 30 days later N (%)
Always	578 (44.9)	1017 (79.1)	1040 (80.9)
Sometimes	557 (44.3)	248 (19.3)	211 (16.4)
Never	113 (8.8)	12 (0.9)	15 (1.2)
Not sure	28 (2.2)	4 (0.3)	8 (0.6)
No response	10 (0.8)	5 (0.4)	12 (1.0)

Number of BLT Participants Who Compare Prices When Shopping.



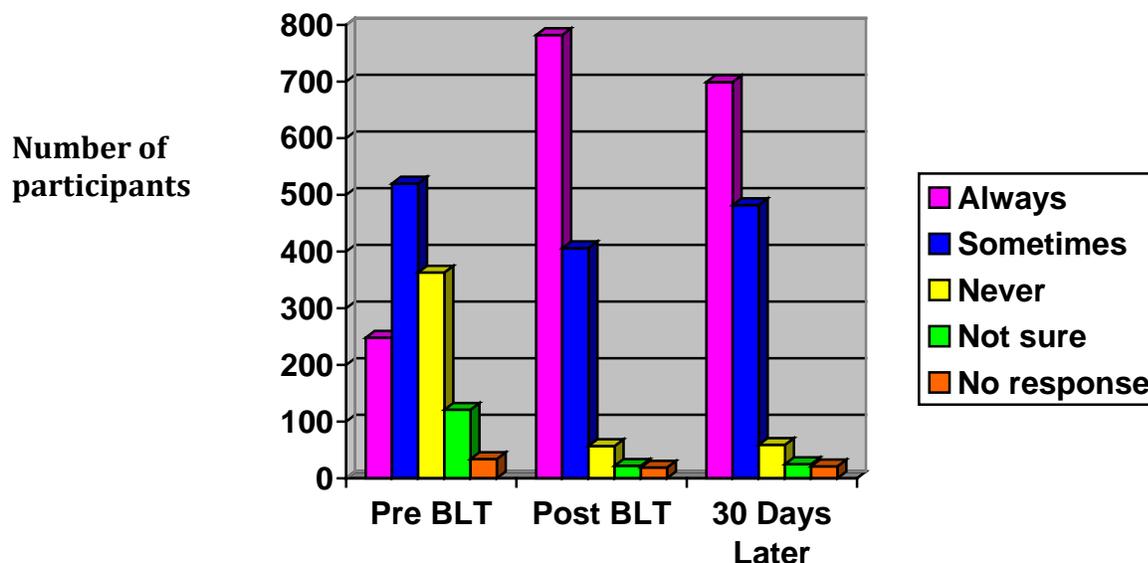
Use of Unit Pricing to Identify Economical Food Buys

Nearly 60% of the participants reported using unit pricing either “sometimes” or “always” to spot economical food buys; more were using this tool “sometimes” than “always.” More than one in four (n=363) “never” used unit pricing. Immediately after the program ended, more than 91% intended to use this tool “sometimes” or “always.” Thirty days later, more than 91% (n=1051) were using unit pricing “always” or “sometimes.” The percentage who “never” used unit pricing dropped from 28% (n=363) to 4.6% (n=59).

Table 7. Extent to which Participants Use Unit Pricing (Pre, Post, and Follow-up).

Use unit pricing	Current behavior (pre) N (%)	Intent to adopt the behavior (post) N (%)	Behavior 30 days later N (%)
Always	248 (19.3)	782 (60.8)	699 (54.4)
Sometimes	520 (40.4)	406 (31.6)	482 (37.5)
Never	363 (28.2)	57 (4.4)	59 (4.6)
Not sure	121 (9.4)	22 (1.7)	25 (1.9)
No response	34 (2.7)	19 (1.5)	21 (1.7)

Number of BLT Participants Who Use Unit Pricing.



Food Safety

Food safety topics featured in the *Back to Basics* series include storing prepared foods within 2 hours, not thawing frozen food at room temperature, and sanitizing cutting boards after using them to cut raw meat or poultry. The first two practices are important for

keeping foods out of the temperature danger zone (which promotes bacterial growth), while the latter practice helps reduce the risk of cross contamination.

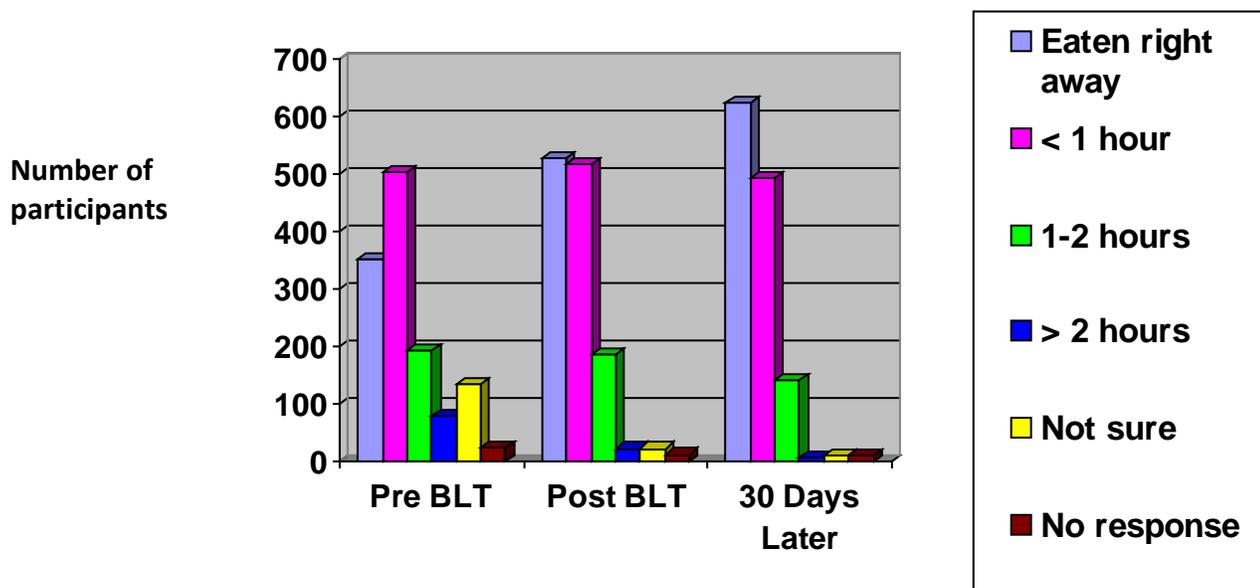
Storing Prepared Foods within 2 hours

When the program began 6% (n=78) of the participants reported leaving prepared foods out for 2 hours or longer (Table 8). Right after the program ended, that percentage fell to less than 2% (n=22). Thirty days later, less than 1% of the participants (n=6) reported leaving prepared foods out for longer than 2 hours.

Table 8. Extent to which Participants Left Prepared Meals out at Room Temperature (Pre, Post and Follow-up).

How long did you leave your last meal out after it was prepared?	Current behavior (pre) N (%)	Intent to adopt the behavior (post) N (%)	Behavior 30 days later N (%)
Eaten or refrigerated right away	353 (27.4)	527 (41.0)	624 (48.5)
Less than 1 hour	503 (39.1)	517 (40.2)	494 (38.4)
1 – 2 hours	193 (15.0)	186 (14.5)	141 (11.0)
> 2 hours	78 (6.1)	22 (1.7)	6 (0.5)
Not sure	134 (10.4)	22 (1.7)	10 (0.8)
No response	25 (2.0)	12 (1.0)	11 (0.9)

How Quickly BLT Participants Store Prepared Food.



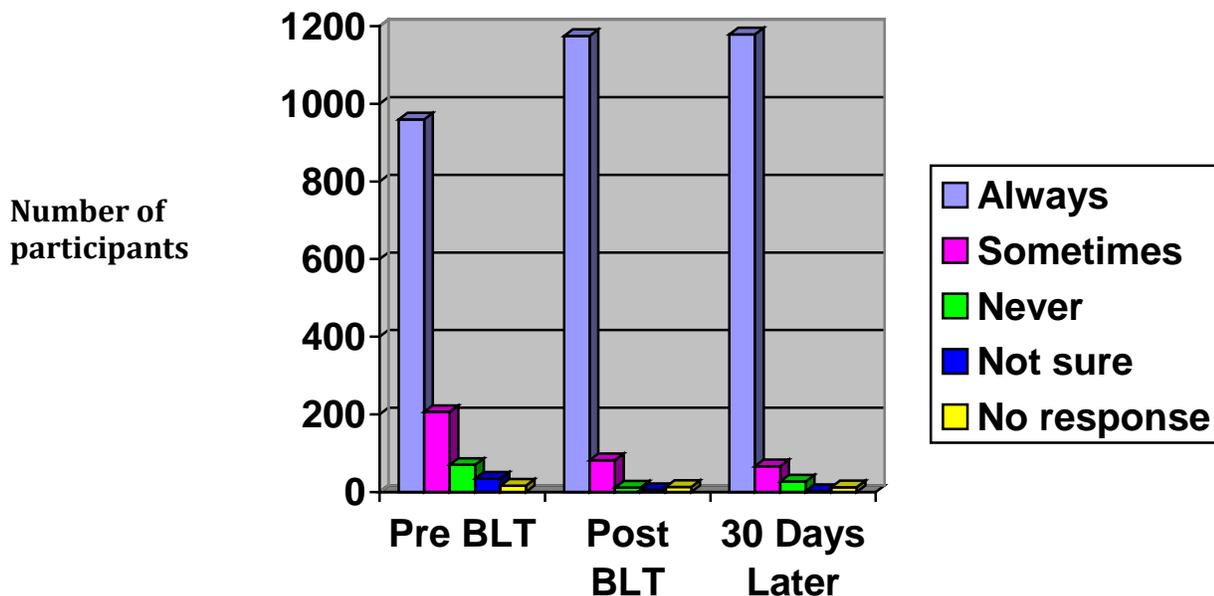
Sanitizing Cutting Boards

Washing and sanitizing cutting boards after cutting up raw meat or poultry is a practice that should be done “always.” Yet at the beginning of the BLT program, only 75% (n=960) were doing so (Table 9). Immediately after the program ended, 1175 participants (91%) reported intent to practice this behavior “always,” a figure that was sustained 30 days later. The percentage who “never” followed this practice fell from 5% (n=70) to 2% (n=27).

Table 9. Extent to which Participants Sanitize Cutting Boards after Cutting up Raw Meat or Poultry (Pre, Post, and Follow-up).

Wash cutting boards, knives, and counter tops after cutting up raw meat or poultry	Current behavior (pre) N (%)	Intent to adopt the behavior (post) N (%)	Behavior 30 days later N (%)
Always	960 (74.7)	1175 (91.4)	1179 (91.7)
Sometimes	206 (16.0)	82 (6.4)	66 (5.1)
Never	70 (5.4)	11 (0.9)	27 (2.1)
Not sure	34 (2.6)	5 (0.4)	2 (0.2)
No response	16 (1.2)	13 (1.0)	12 (0.9)

How Frequently BLT Participants Sanitize Cutting Boards after Cutting Raw Meat or Poultry.



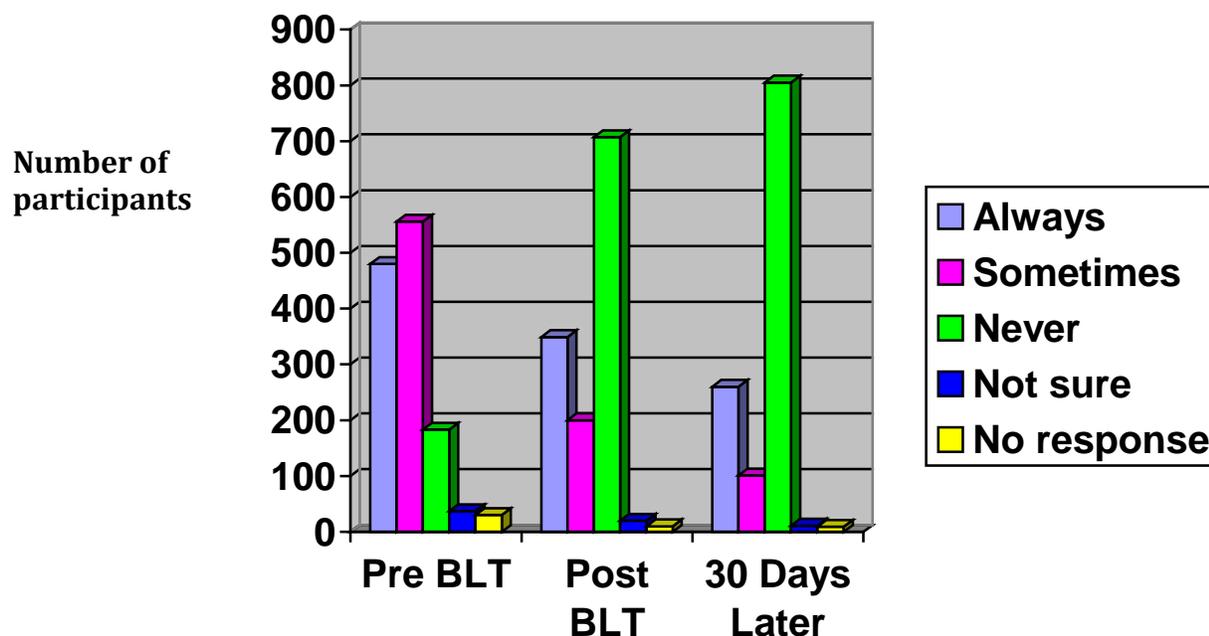
Thawing Frozen Foods at Room Temperature

As shown in Table 10, about 8 out of every 10 participants reported letting frozen food thaw at room temperature “always” or “sometimes” when they first entered the BLT program. The number of participants who “never” thawed foods in this manner was small (n=183; 14%). Immediately after the program ended, 55% (n=707) reported they “never” intended to allow food to thaw at room temperature; thirty days later, 63% (n=805) were “never” thawing food at room temperature.

Table 10. Extent to which Participants Thaw Frozen Foods at Room Temperature (Pre, Post and Follow-up).

Thaw frozen food at room temperature	Current behavior (pre) N (%)	Intent to adopt the behavior (post) N (%)	Behavior 30 days later N (%)
Always	480 (37.3)	349 (27.1)	260 (20.2)
Sometimes	556 (43.2)	200 (15.6)	101 (15.6)
Never	183 (14.2)	707 (55.0)	805 (62.6)
Not sure	37 (2.9)	20 (1.6)	11 (0.9)
No response	30 (2.3)	10 (0.8)	9 (0.7)

How Frequently BLT Participants Allow Frozen Foods to Thaw at Room Temperature.



Other Findings Related to the *Back to Basics* Evaluation

Food Security Status of Participants

When the program series began, 71% of the 1286 participants (908) reported they “always” or “sometimes” ran out of food before the end of the month. Twenty-three percent (n=295) “never” ran out of food, and the remaining participants were “not sure” or did not answer the question. Thirty days after the program ended, the number of participants running out of food “always” or “sometimes” had dropped to 698 (54%), and the percentage who “never” ran out of food rose to 43%. Although this was encouraging, it is still a concern that over half of the participants continue to have problems with food security despite the improvements in their food resource management skills.

Self-reported Changes in out-of-pocket Food Expenses:

Average monthly out-of-pocket food expenses reported by participants**:

Before BLT: \$ 212.79
 After BLT: \$ 198.03 *Estimated monthly savings: \$ 14.76*

Based on 1161 participants who reported monthly out-of-pocket food expenses at the beginning of BLT and 30 days after the program ended. **Changes in out-of-pocket food expense were significantly different (p < .05). If this decrease in monthly out-of-pocket savings was sustained for a year, and **if it was not due to other economic hardships**, this could lead to an estimated annual savings of \$205,600 for these 1161 individuals.

Among these participants, there was a slight decrease in the number who reported receiving assistance from food pantries, SNAP, and WIC (Table 11). Free/reduced school meal participation increased while participation in TANF remained stable. When asked about the extent to which they ran out of food before the end of the month, 833 of the 1161 (72%) participants reported they did so “always” or “sometimes” when the program began. That percentage fell to 54% (n=628) 30 days after the program series ended.

A number of factors such as rising food costs, loss of a job, or an unexpected financial emergency can impact the amount of money a household has to purchase food. Although there was a decrease in the number of households who ran out of food before the end of the month, food security continues to be a challenge for our participants. Therefore, any potential economic impact of the BLT program is interpreted with caution.

Table 11. Changes in Selected Assistance Program Participation Based on those Reporting out-of-pocket Food Expenses (n=1161).*

Program	Pre N (%)	30 days after completing BLT N (%)
TANF	33 (2.8)	33 (2.8)
Food pantries	312 (26.9)	296 (25.5)
Free/reduced school meals	426 (36.7)	490 (42.2)
WIC	245 (21.1)	235 (20.2)
SNAP/food stamps	540 (46.5)	518 (44.6)

* Based on participants who reported out-of-pocket food expenses both at the beginning of the program and at the 30-day follow-up survey. Participants could pick more than one program, so percentages will not add up to 100.

Perceived Ability to Prepare Nutritious Meals

Across the state, the percentage of participants who rated their ability to prepare nutritious meals for their families as either “good” or “very good” went from 741 (58%) pre-BLT to 1190 (92%) 30 days after the program ended.

How Participants Rated the Back to Basics Program

Of the 1286 individuals across the state who rated the *Back to Basics* program, 981 (76%) rated the program as “excellent” while another 249 (19%) rated the program as “good.”



Peggy Winegarner, county Extension agent for Hansford County, leads BLT participants in a discussion of MyPlate.

Get the Facts

During the 2012 program year, 1320 usable surveys from participants were submitted for statistical analysis. Of these, 841 included the pre, post, and follow-up surveys that allowed us to assess actual change in behavior.

As shown in Table 12, most of the participants enrolled in the *Get the Facts* series were female (78%) and Hispanic (59%). Mean participant age was 46 years; average household size was 3.5. Almost 800 (n=793; 60%) participants had children under age 18 living in the household; the average number of children was 1.5. SNAP, WIC, and free/reduced school meals were programs utilized most often by these participants. More than 58% (n=771) of the participants reported that this BLT program series was their first exposure to Extension.

Table 12. Participant Characteristics for Those Enrolled in *Get the Facts*.

	N*	%
Gender		
Female	1026	77.7
Male	166	12.6
No response	128	9.7
Ethnicity		
Hispanic	778	58.9
Non-Hispanic	417	31.6
No response	125	9.5
Highest level of education you have completed		
Less than high school	369	28.0
High school graduate/GED	462	35.0
Some college	213	16.1
Vocational school	60	4.5
College graduate	97	7.3
Graduate degree	35	2.7
No response/data missing	84	6.4
Participation in Federal Assistance Programs**		
Women, Infant, and Children's Program (WIC)	279	21.1
Temporary Assistance for Needy Families (TANF)	124	9.4
Supplemental Nutrition Assistance Program (SNAP)	422	32.0
Free/reduced school meals	366	27.7
Food banks/pantries	251	19.0

*Percentages are rounded to the nearest tenth. **Participants could participate in more than one program, so percentages will not add up to 100.

Initial Knowledge and Change in Overall Knowledge of Food Labels, pre- vs. post

Comparing post-surveys to pre-survey data, we found that knowledge increased for all the educational constructs (Table 13). The knowledge questions related to sources of sodium, the prevalence of hypertension, and a correct serving size of cheese were most likely to be incorrect when the program began and were greatly improved immediately after the program ended.

Table 13. Number and Percentage of Participants Who Scored Correctly on the Knowledge Questions (n=1320).

Question	Pre-survey Number (%) Correct	Post-survey Number (%) Correct
<i>The amount of food a person actually eats is called a...</i>	596 (45)	893 (68)
Correct answer: Portion		
<i>When shopping for margarine, it is important to check the label for...</i>	559 (42)	1027 (79)
Correct answer: Trans fat		
<i>A serving of cheese is about the size of...</i>	500 (38)	1056 (80)
Correct answer: 3 dominoes		
<i>Americans get most of their sodium from...</i>	361 (27)	1068 (81)
Correct answer: Processed food		
<i>How many Americans have high blood pressure?</i>	307 (23)	999 (76)
Correct answer: 1 in 3 people		
<i>How much dietary sodium comes from processed foods?</i>	549 (42)	1056 (80)
Correct answer: 75%		

At the beginning of the *Get the Facts* program, participants scored an average of 2.2 out of 6 questions correctly (Table 14). Almost 14% (n=184) of the participants answered none of the questions correctly, while 1.5% (n=20) received a perfect score. Immediately after the program ended, mean knowledge scores increased significantly to 4.6. The percentage of participants who received a score of 0 dropped to 1.4% (n=19), while the percentage who received a perfect score rose to nearly 42% (n=550).

Table 14. Mean Knowledge Scores (out of 6) for Pre/Post Survey Sets (n=1,320).

Pre-Survey	Post-Survey
2.2* ± 1.5	4.6 ± 1.6

Pre and post scores are statistically different at p<.0001.

*Scores are given as mean ± standard deviation.

Intent to Change Targeted Behaviors related to the use of Nutrition Labels

When *Get the Facts* began, a low percentage of the participants reported using food labels to guide portion intake or to gauge the sodium and fat content (Table 15). Immediately after the program ended, however, almost 70% indicated intent to use the label information “always” or “almost always.” Consequently, the percentage of participants who indicated they **never** checked the nutrition label decreased during the time that *Get the Facts* was taught.

Table 15. Self-reported and Intent to Use Food Labels (n=1320).

Frequency of Targeted Behavior	Pre-Survey Number (%)	Post-Survey Intent to Adopt the Behavior Number (%)
Use the food label to determine the amount of food to eat (serving size)		
Always	115 (8.7)	459 (34.8)
Almost always	181 (13.7)	421 (31.9)
Sometimes	568 (43.0)	323 (24.5)
Almost never	191 (14.5)	36 (2.7)
Never	352 (18.3)	40 (3.0)
No response	24 (1.8)	41 (3.1)
Use the information on the food label about sodium when shopping for food		
Always	162 (12.3)	566 (42.9)
Almost always	176 (13.3)	364 (27.6)
Sometimes	470 (35.6)	263 (19.9)
Almost never	198 (15.0)	41 (3.1)
Never	280 (21.2)	38 (2.9)
No response	34 (2.6)	48 (3.6)
Use the information on the food label about fat when shopping for food		
Always	181 (13.7)	587 (44.5)
Almost always	223 (16.9)	380 (28.8)
Sometimes	477 (36.1)	245 (18.6)
Almost never	183 (13.9)	34 (2.6)
Never	218 (16.5)	29 (2.2)
No response	38 (2.9)	45 (3.4)

Knowledge Retention and Adoption of Targeted Behaviors Related to the Use of the Nutrition Facts Panel (Food Labels), pre vs. post vs. 30-day follow-up

Thirty days after the program ended, we attempted to contact participants to assess the extent to which targeted behaviors were adopted as well as the extent to which the knowledge learned in the *Get the Facts* program was retained. Of the 1320 participants who completed the *Get the Facts* program, 854 were able to be contacted for the 30-day follow-up survey.

As indicated in Table 16, the percentage of participants who answered the knowledge questions correctly on the follow-up survey was very similar to when the program ended (post-survey). Overall knowledge at the 30-day follow-up survey (Table 17) was not significantly different from the post survey, suggesting that the knowledge gained from participating in the *Get the Facts* program was retained.

Table 16. Knowledge Retention at Follow-up (n=854).

Question	Pre-survey Number (%) Correct	Post-survey Number (%) Correct	30-day Follow-up Survey Number (%) Correct
<i>The amount of food a person actually eats is called a...</i>	389 (45.6)	619 (72.5)	614 (71.9)
Correct answer: Portion			
<i>When shopping for margarine, it is important to check the label for...</i>	372 (43.6)	687 (80.4)	687 (80.4)
Correct answer: Trans fat			
<i>A serving of cheese is about the size of...</i>	317 (37.1)	702 (82.2)	713 (83.5)
Correct answer: 3 dominoes			
<i>Americans get most of their sodium from...</i>	223 (26.1)	695 (81.4)	679 (79.5)
Correct answer: Processed food			
<i>How many Americans have high blood pressure?</i>	213 (24.9)	667 (78.1)	696 (81.5)
Correct answer: 1 in 3 people			
<i>How much dietary sodium comes from processed foods?</i>	360 (42.2)	719 (84.2)	725 (84.9)
Correct answer: 75%			

Table 17. Mean Knowledge Scores (out of 6) (Pre/Post/Follow-up Surveys).

Pre-Survey	Post-Survey	Follow-up Survey
2.2* ± 1.5 ^a	4.8 ± 1.45 ^b	4.8 ± 1.5 ^b

a and b are statistically different at p<.0001

*Scores are given as mean ± standard deviation.

Self-reported Changes Identified by Participants

Immediately after the program ended, 778 of the 1320 participants reported that they had already begun making changes in how they shopped or prepared meals. Below is a sample of some of the changes reported by participants:

- “I buy more fresh and frozen vegetables instead of canned. I check the labels. If it is over 20% DV, it is too much sodium.”
- “I check the labels and pick lower fat foods and more fresh foods.”
- “Check portion sizes more carefully.”
- “I eat lower sodium foods, and I’m exercising with my kids.”
- “Buy things with less fat, sodium and sugar; eat correct portions, and eat more fruits and vegetables.”
- “Control weight by eating more fruits and vegetables, using low sodium foods, and walking every day.”

- “Eating more fruits and vegetables, staying away from trans fats, stopped drinking soda, and making healthy choices.”

Summary

Get the Facts is a BLT program that not only helps participants improve their knowledge of food labels (Nutrition Facts panel) but also helps them adopt behaviors that can help them eat healthier food portions as well as foods with less sodium and trans fat.

Walk Across Texas

During the 2012 program year, 2329 BLT participants enrolled in the *Walk Across Texas* program. Of those who enrolled, 32% were Caucasian, 22% were African American, and 40% were Hispanic. Females comprised the largest percentage of participants (82%; n=1917). Mean age of all participants was 41 years.

On average, BLT participants reported walking an average of 20.75 miles per week when the program began. At the end of the 8-week program, the mean number of miles walked (per person) had statistically increased to 24.64 miles, an average increase of 3.88 miles per week.

Using an economic model, we have estimated the economic impact of participating in *Walk Across Texas*. This model factors in the research that has demonstrated physical activity and weight management can permanently or temporarily delay the onset of type 2 diabetes. Considering the health-care costs along with lost wages that can occur, our economic model suggests that for these 2329 individuals, if they continue the habit of regular physical activity (like walking), this can lead to a potential lifetime savings of \$1,346,301.00.

Overall Summary

Overall, the Better Living for Texans Program is achieving its goal of improving targeted food resource management and food safety skills among limited-resource audiences. Feedback from participants suggests the adoption of selected behaviors that can improve their diet quality, and the reported mileage from the *Walk Across Texas* program indicates that members of this audience are increasing their physical activity. The reduction in out-of-pocket food expenses among those who completed the *Back to Basics* series is encouraging but, as noted earlier, must be interpreted with caution.

It is refreshing to see that the BLT program is a springboard for bringing new audiences into Extension. Because this audience faces many challenges that are similar to non-SNAP audiences (parenting, diabetes, youth development, etc.), our goal is to work with other Extension educators to connect them to this audience so BLT audiences can have the opportunity to benefit from the other available Extension programs.

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