



## Tisch Report

# Empowered Eaters:

A Road Map for Stronger  
New York City  
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 State.

What did we find? We found ample evidence that New York City 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 city 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 City 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,

A handwritten signature in dark ink that reads "Pamela Koch". The signature is fluid and cursive, with the first name "Pamela" being larger and more prominent than the last name "Koch".

Pamela Koch, EdD, RD





## Executive Summary

### The Need for a Nutrition Education Policy Road Map

New York City is a leader in food and nutrition policy. The city's Food Standards, Shop Healthy, Health Bucks, and National Salt Reduction Initiatives are just a few of many initiatives that other cities have looked to when developing their own food and nutrition policies. New York City's policies and programs empower New Yorkers—they help citizens buy, grow, prepare, eat, and advocate for healthier foods.

But, the city has room to improve. Twenty-two 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.<sup>1,2</sup> 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 city 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, city agency and elected officials, local providers, researchers, and advocates must understand the complex public systems that currently support nutrition education in New York City. 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.





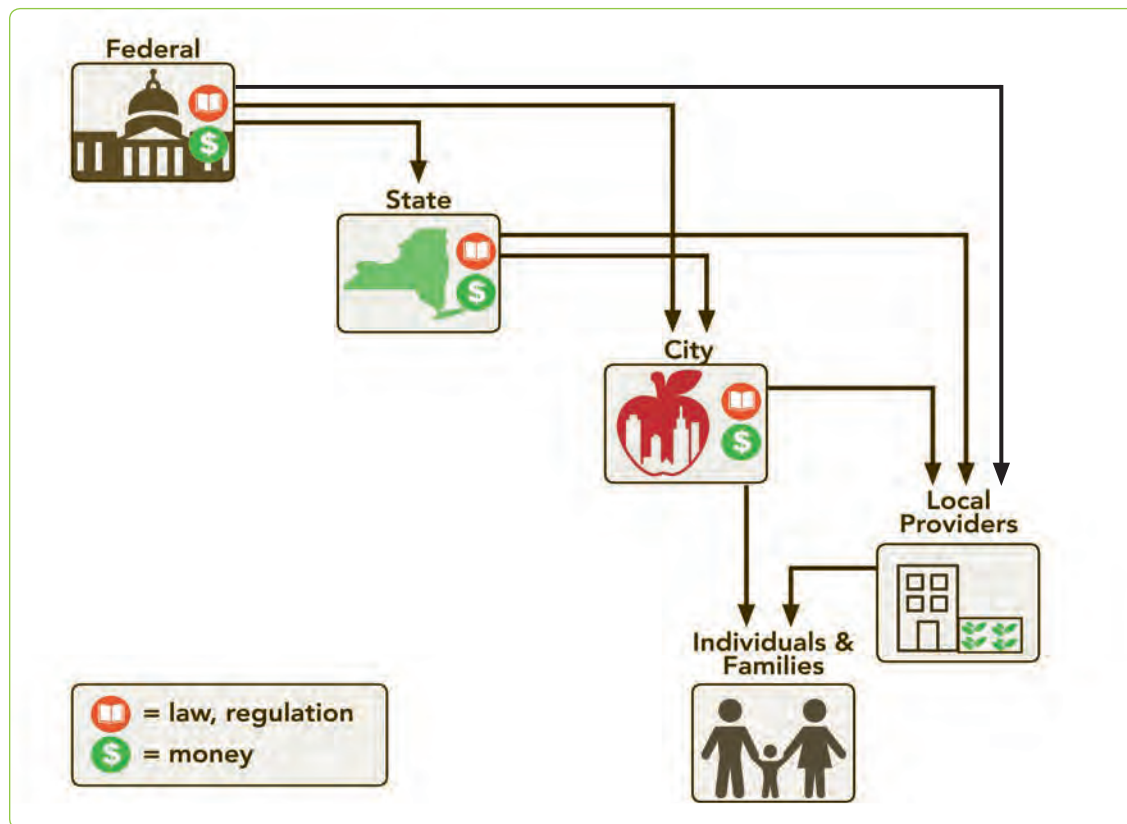
## Developing a Nutrition Education Policy Road Map for New York City

This report focuses on the 42 federal, state, and city nutrition education initiatives that New York City 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 55 interviews with 80 key city 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, state, and city 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 City.

**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 City 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 city level. In FY 2016, the federal government administered approximately 70 initiatives which can support nutrition education; New York City agencies administered approximately 20 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

As at the federal level, understanding state level nutrition education policies is necessary to understanding city level initiatives. 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. In New York City, the state administered 14 and city agencies administered 13 state-run initiatives.

#### 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 nutrition education 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.

## New York City Nutrition Education Policy

City agencies face the unenviable task of coordinating different federal, state, and city policies and funding streams. As at the federal and state levels, the city lacks a unifying strategy for nutrition education. But despite strategic challenges, New York City has the financial capacity and political support to develop, administer, and promote initiatives that help people to eat well. In FY 2016, 11 city agencies oversaw 42 different initiatives that support nutrition education.

### Key Takeaways

- Because there are many federal and state policies that affect nutrition education, New York City has passed only a handful of additional policies. These policies—in particular the New York City Food Standards (Food Standards)—influence nutrition education initiatives that receive federal, state, and city funds.
- City agencies, especially the Department of Health and Mental Hygiene (DOHMH), rely on federal and state funds to support nutrition education initiatives, making them vulnerable to budget cuts at both levels.
- New York City agencies support a broad array of nutrition education initiatives across the five boroughs, but do not have a unifying strategy to do so.

## Interview Themes

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

### Key Takeaways

- City agencies have varied reasons for administering and supporting nutrition education initiatives.
- Funding and politics create challenges, as well as opportunities, to support nutrition education.
- City officials and local providers grapple with their respective roles in supporting nutrition education.
- City 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. Recommendations regarding the quality and impact of publicly supported nutrition education initiatives are beyond the scope of this report. 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 City. Our suggestions are timely, practical, and specific to the current nutrition education landscape in New York City.

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

- Invest more New York City 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.
- Authorize or seek adequate funds to evaluate which nutrition education initiatives are effective.
- Advocate to maintain and expand federal and state support for nutrition education.
- Engage elected officials as nutrition education champions.

### Enhance local providers' capacity to implement nutrition education initiatives.

- Ensure that a wide range of community organizations have resources to provide nutrition education.
- Give local providers, community members, and other stakeholders a greater role in designing and implementing nutrition education policies.

### Improve collaboration and coordination among nutrition education initiatives.

- Promote a common definition for nutrition education within publicly supported initiatives.
- Create mechanisms to coordinate nutrition education within and across agencies and local providers.
- Update the City Food Metrics report to include all agencies' nutrition education-related initiatives.
- Develop consistent food and nutrition goals across city 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
ACS	Administration for Children's Services
Ag & Markets	Department of Agriculture and Markets
AMS	Agricultural Marketing Service
BCCDP	Bureau of Community Chronic Disease Prevention
BHC	Building Healthy Communities
CACFP	Child and Adult Care Food Program
CBO	Community-Based Organization
CCE	Cornell Cooperative Extension
CDC	Centers for Disease Control and Prevention
CFP	Community Food Projects Competitive Grant Program
CHE	Center for Health Equity
CHNA	Community Health Needs Assessment
CHSC	Creating Healthy Schools and Communities
CHW	Community Health Worker
CNPP	Center for Nutrition Policy and Promotion
CNR	Child Nutrition Reauthorization
CSBG	Community Services Block Grant
CSFP	Commodity Supplemental Food Program
CYFAR	Children, Youth, and Families at Risk Grant Program
DEP	Department of Environmental Protection
DFTA	Department of the Aging
DOE	Department of Education
DOHMH	Department of Health and Mental Hygiene
DON	Division of Nutrition
DOS	Department of State
DPHO	District Public Health Office
DPR	Department of Parks and Recreation
DSRIP	Delivery System Reform Incentive Program
DSS	Department of Social Services



## Acronyms (cont.)

Short Hand	Name
DYCD	Department of Youth and Community Development
EFNEP	Expanded Food and Nutrition Education Program
EHACE	East Harlem Asthma Center of Excellence
ESEA	Elementary and Secondary Education Action
ESNY	Eat Smart New York
ESSA	Every Student Succeeds Act
EWPH	Eat Well Play Hard
FBO	Faith-Based Organization
FDA	Food and Drug Administration
FINI	Food Insecurity Nutrition Incentive
FMK	Farmers Markets for Kids
FMPP	Farmers Market Promotion Program
FNEC	Food and Nutrition Education in Communities
FNS	Food and Nutrition Services
FTP	Farm to Preschool
FTS	Farm to School
FY	Fiscal Year
HFFI	Healthy Food Financing Initiative Projects
HHAP	Harlem Health Advocacy Partners
HHC	Health and Hospitals Corporation
HHFKA	Healthy, Hunger-Free Kids Act
HHS	Health and Human Services
HPNAP	Hunger Prevention and Nutrition Assistance Program
HRA	Human Resources Administration
HRRP	Hospital Readmissions Reduction Program
HRSA	Health Resources and Services Administration
JSY	Just Say Yes to Fruits and Vegetables
LEA	Local Educational Authority
LGU	Land Grant University
LWP	Local School Wellness Policy
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
NDPP	National Diabetes Prevention Program
NFP	Nurse Family Partnership
NHAC	Neighborhood Health Action Center
NIFA	National Institute of Food and Agriculture
NIH	National Institutes of Health
NOEP	Nutrition Outreach and Education Program

## Acronyms (cont.)

Short Hand	Name
NPE	Nutrition Program for the Elderly
NSLP	National School Lunch Program
NSRI	National Salt Reduction Initiative
NYCHA	New York City Housing Authority
NYSDOH	Department of Health
NYSED	Department of Education
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
PGGP	People's Garden Grant Program
PHHS	Preventive Health and Health Services Block Grant
PICH	Partnerships to Improve Community Health
PPHF	Prevention and Public Health Fund
PSE	Policy, Systems, and Environmental Change
REACH	Racial and Ethnic Approaches to Community Health
RHY	Runaway and Homeless Youth Programs
SCBG	Specialty Crop Block Grant Program
SFMNP	Senior Farmers Market Nutrition Program
SNAP	Supplemental Nutrition Assistance Program
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.*<sup>3</sup> —Dr. Joan Dye Gussow



At a May 3, 2017 New York City Council hearing, Councilwoman Inez Barron asked leadership at the city’s Department of Health and Mental Hygiene (DOHMH), “How does your department inform the public about [diet-related diseases]? What kind of education programs do you have?”<sup>4</sup>

That a member of the Council’s Committee on Health should need to ask these questions is telling on multiple counts. Her questions speak to the difficulty of navigating the complex range of city services for an elected official, let alone an average citizen. They also highlight how important this task is. As Barron went on to explain, citizens struggle not only to determine how they should be eating, but also how to find reliable, affordable resources for food and nutrition.

DOHMH and other executive agencies have established New York City as a leader in food and nutrition policy. The city’s Food Standards, Shop Healthy, Health Bucks, and National Salt Reduction

Initiatives are just a few of the many resources that other cities have used to develop their own nutrition policies.

City agencies continue to innovate, helping New York City residents become empowered eaters. Yet, the city can still do more. Twenty-two 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.<sup>1,2</sup>

To empower eaters, the city must strategically invest in nutrition education. Strategic investment requires city agency and elected officials, local providers, researchers, and advocates to understand the current landscape. A warren of federal, state, and city initiatives—policies, programs, and funding streams—support public nutrition education across the five boroughs.



## Report Goals

1. Help city agency and elected officials, local providers, researchers, and advocates **navigate** the landscape of public nutrition education by:
  - Illustrating federal, state, and city initiatives that can support nutrition education in New York City;
  - Providing a snapshot of city-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 City.
2. **Recommend** ways to expand the scope, reach, and sustainability of nutrition education; enhance local providers' capacity; and align and elevate publicly supported nutrition education in New York City.

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 42 publicly supported nutrition education initiatives that New York City government administered across the five boroughs in FY 2016. The report details health, social service, education, elder, and child care policies which can include nutrition education. It discusses the many forms, settings, and audiences these policies involve. 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 city 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 city 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

Initiatives in New York City 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 sections, this report describes the landscape of nutrition education in New York City:

### 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 **New York State** nutrition education policies, detailing laws, regulations, administrative structures, and initiatives.
- **Chapter Five** outlines **New York City** nutrition education policies, detailing laws, rules, regulations, funding mechanisms, administrative structures, and initiatives.

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

### Next Steps

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

### Appendices

- The Appendices provide definitions, list federal laws, compile state and city 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 City. 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, state, or city 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, the American Legal Publishing Corporation's website to research New York City 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 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 20 interviewees from our previous contacts, and used "snowball sampling" to expand the sample. In total, we conducted 55 interviews with 80 individuals. These individuals represented 15 city entities and 14 other institutions, covering the majority of nutrition education initiatives.

Table 1.1: Interviewee Characteristics		
	Entities Represented	People Interviewed
City Government	15	56
Local Providers	10	19
Other	4	5
Total	29	80

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 by phone. We assured interviewees anonymity. Of the 55 interviews, we recorded 24 and used a transcription service to transcribe them verbatim. For 31 interviews, we typed detailed notes throughout the interview. We reviewed the notes immediately after the interviews 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 55 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 coding scheme was complete, our team of four coded and compared three interviews to assure that team members coded consistently. Once we applied the codes to all interviews, the two head researchers, CU and JM, reviewed the coded interviews and applied 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.*<sup>3</sup>

—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.*<sup>5</sup>

—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, 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;<sup>6,7</sup>
- Improve academic performance;<sup>8</sup> and
- Encourage individuals to both try *and* eat more fruits and vegetables.<sup>9-20</sup>

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.<sup>21</sup>

Table 2.1: Some Common Nutrition Education Approaches		
	Definition	Example
<b>Activities</b>		
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.
<b>Supports</b>		
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 encourages 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.<sup>7</sup>

## 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 City to invest more resources in public nutrition education.

### Diet-Related Diseases and the Current Public Health Crisis

Obesity and other diet-related diseases are common and costly. More than 22% of New York City

adults are obese and nearly 11% have diabetes.<sup>1,22</sup> Approximately a quarter have high blood pressure, and more than 16% of the population are food insecure.<sup>23,24</sup> 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 State are obese.<sup>25</sup> **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.<sup>31</sup> In New York City, heart disease is the number one killer and stroke, the fifth.<sup>32</sup>

Treating 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.<sup>33</sup>

In New York State, the costs exceed \$11.8 billion annually.<sup>34</sup> A 2012 report estimated that New York City residents' Medicaid expenses just for obesity cost more than \$2.7 billion.<sup>2</sup>

### **Box 2.3: Income Inequality and Food Insecurity in New York City**

Income inequality can impact health and increase an individual's risk of chronic conditions like cardiovascular disease.<sup>26</sup> On average, black and Latino families have earned \$1 for every \$2 white families earned over the past three decades.<sup>27</sup> New York State has the highest rate of income inequality in the country, and Manhattan the highest dollar amount.<sup>28,29</sup> The wealthiest 1% earn more than 45 times what the other 99% earn.<sup>28</sup> Despite the city's incredible wealth, one in six New Yorkers worry where their next meal will come from, increasing their risk for chronic disease.<sup>24,25,30</sup>

There are a host of reasons why New Yorkers suffer from these diseases. The 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.

Nutrition education can help to reduce these costs. Research has shown that every \$1 government agencies spend on nutrition education can save the public \$10 in health care and participants \$2 in food costs.<sup>35,36</sup>

### **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 match the need remains unclear.

The Trump administration has threatened to cut funding to the two agencies largely responsible for

nutrition education. His plan includes a 21% cut to the U.S. Department of Agriculture (USDA) and 18% cut to the U. S Department of Health and Human Services (HHS) budgets, as well as cuts to specific social programs such as the Supplemental Nutrition Assistance Program (SNAP).<sup>37</sup> The Center on Budget and Policy Priorities estimates that the projected federal cuts to social service programs could equal as much as 37% of states' total budgets in 2017.<sup>38</sup>

Concurrently, Congress has attempted to repeal the Affordable Care Act (ACA). The ACA provides greater incentives for preventive health care services and, through Medicaid, covers the cost of treating obesity-related conditions. Repealing the ACA would eliminate the HHS-administered Prevention and Public Health Fund (PPHF) which funds many nutrition education initiatives. In 2016, the Fund provided \$41.52 million to support New York public health efforts.<sup>39</sup>

ACA repeal would also increase state Medicaid spending which already comprises more than 30% of the New York State budget.<sup>40</sup> By reducing federal Medicaid spending, some experts predict ACA repeal could increase state spending on health care up to 400% over time.<sup>41</sup> 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.<sup>42</sup> Gutting federal agency budgets, cutting SNAP and Medicaid benefits, and repealing the ACA would seriously inhibit New York State's, and in turn, New York City's ability to implement public health initiatives.

### **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.<sup>43</sup> Americans are exposed to information about food daily, not all of which is constructive or accurate. Food and beverage companies inundate the public with billboard and bus advertisements for unhealthy foods, targeting minority and low income communities and spending more than \$1.8 billion marketing to children.<sup>44,45</sup>

Instagram boasts more than 229 million photos of #food, much of which is high in calories but low in nutrients.<sup>46</sup> And cable channels such as the Food Network broadcast to more than one million regular viewers.<sup>47</sup>

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 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 City can help to protect New Yorkers' health. New York City government should build on its important role in the food conversation, engage community groups and individuals working on these issues, and increase support for nutrition education.

### III. Federal Nutrition Education Policy

The majority of initiatives that support nutrition education originate at the federal level. Twenty-seven of the 42 New York City administered initiatives we identified receive federal funds or are authorized by federal law. To understand how these initiatives operate at the city level, the reader must first understand how the federal government creates and administers initiatives that can support nutrition education.

This section discusses types of federal nutrition education policies, outlines 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

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

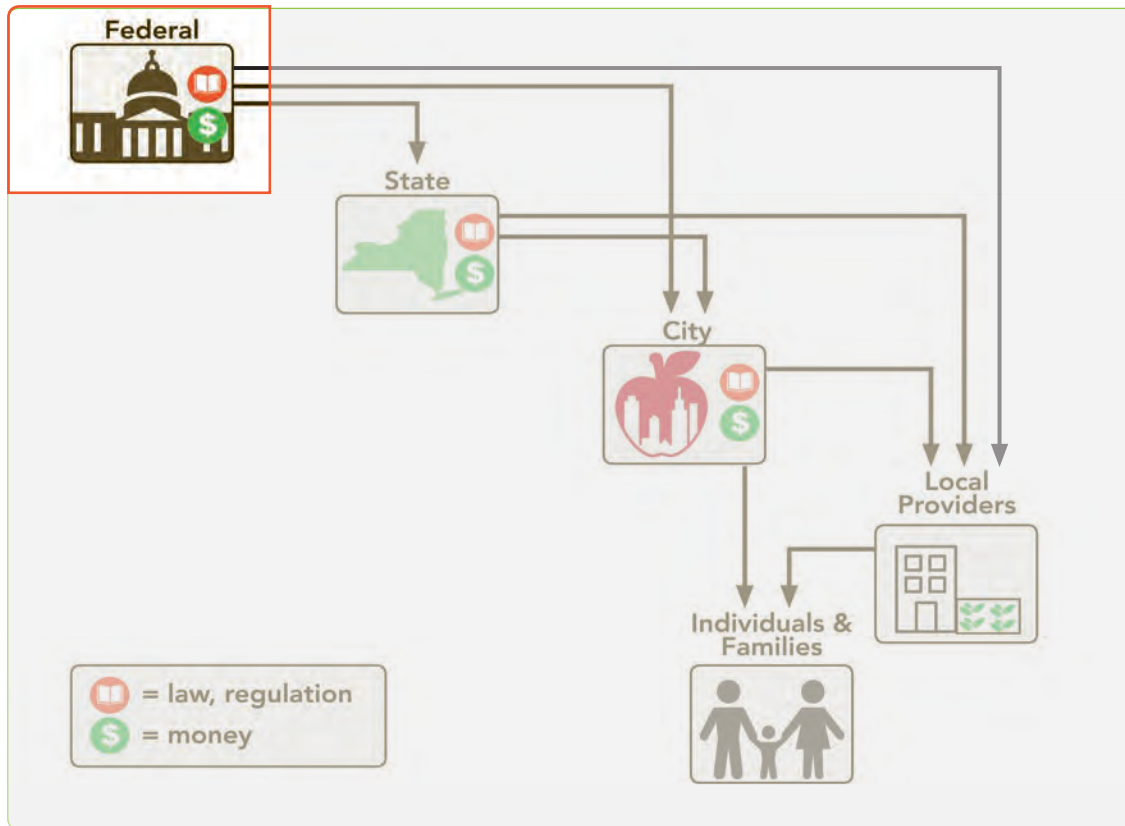
### Making Federal Nutrition Education Policy

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.



**Figure 3.1: Current Relationships: Federal Perspective**

This chapter focuses on federal agencies and policies.



Together, legislative and appropriations committees form national policies that dictate what, how, and for whom nutrition education occurs. See **Box 3.1** for examples of how these policies may vary.

The farm bill, Child Nutrition Act, the Older Americans 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 and local levels. Congress renews the first four periodically, and annually introduces appropriations bills. Overhaul of health care legislation occurs on an as needed (or 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. 74).

### Farm Bill Reauthorization

The farm bill 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). It

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). And, the farm bill funds a host of nutrition assistance initiatives that nutrition education enhances such as the Supplemental Nutrition Assistance Program (SNAP), Food Insecurity Nutrition Incentive (FINI), and Senior Farmers Market Nutrition Program (SFMNP).

### Child Nutrition Reauthorization

Child Nutrition Reauthorization (CNR) bills involve initiatives that provide food assistance and nutrition education to children and families such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the 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.<sup>48</sup>

### Box 3.1: Types of Nutrition Education Policies

Nutrition education laws and policies can vary by goals, specificity, and form.

**Goals:** The sole purpose of some laws is to create a nutrition education initiative. Other laws create initiatives with broader goals that may include nutrition education.

**Specificity:** Laws can grant powers that clearly define specific agency strategies to support nutrition education. Alternatively, laws can grant powers that are flexible to agency interpretation, authorizing an agency to develop resources and expertise particular to nutrition education.

**Form:** Laws may identify a persistent need and provide ongoing support to state agencies to serve that need. In contrast, a law may create a discrete, competitive grant initiative that is limited in time and money.

Nutrition Education Laws Vary by	Example
<b>Goal</b>	
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.
<b>Specificity</b>	
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).
<b>Form</b>	
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.

#### Older Americans Act Reauthorization

Title IIIC of the Older Americans Act (OAA) establishes various social services for seniors including initiatives that provide congregate and home-delivered meals, nutrition education, and nutritional counseling.

#### Elementary and Secondary Education Act Reauthorization

Through amendments to the Elementary and Secondary Education Act (ESEA), the federal government influences K-12 education. The most recent iteration of the bill, the Every Student Succeeds Act (ESSA), encourages states to incorporate and allocate funds for student health and wellness measures into their accountability systems. It also

**Table 3.1: 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 3.1 (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 3.1 (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.

allows schools to use 21st Century Community Learning Center Grants, Student Support and Academic Enrichment Grants (SSAEG), Title I, and Title II funds to promote student health.<sup>49-52</sup>

### Health Care Reform (Affordable Care Act)

The Affordable Care Act (ACA) made sweeping changes to health care placing a greater focus on primary prevention. The ACA established the Prevention and Public Health Fund (PPHF) which can support nutrition education. Relevant PPHF initiatives 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).<sup>39</sup> See **Box 3.2** 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.



### **Box 3.2: 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 the 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.<sup>55</sup>

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.<sup>4</sup>

## **Administering Federal Nutrition Education Policies**

Four federal agencies are responsible for administering at least 70 initiatives that can support nutrition education. Of these agencies, the U.S. Department of Agriculture and the U.S. Department of Health and Human Services (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**

### **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

### **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

### 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

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

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 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.<sup>57</sup>

## U.S. Department of Health and Human Services

### 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

### 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



## Other HHS Initiatives

- Older Americans Act Nutrition Programs
- Various NIH grants

Within HHS, the Centers for Disease Control and Prevention (CDC) and Administration for Children and Families (ACF) oversee the bulk of nutrition education initiatives. A majority of CDC initiatives that can support nutrition education focus on obesity. Addressing hypertension and reducing health disparities are other areas of focus.

As the name implies, ACF oversees initiatives that serve children and families. Some are large block grants which state agencies use to provide numerous social services, but others serve specific, vulnerable populations—preschool age children, runaway and homeless youth, and refugees, for example.

ACL and the National Institutes of Health (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.

## U.S. 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 a handful of initiatives that can support nutrition education. The majority of these initiatives are available to state educational agencies to offer or enhance academic and social services, including health and nutrition education. 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, 27 of which were in New York City. Of those 27, the state administered 14, and city agencies administered 13. The following sections discuss the role state policies and agencies play, ultimately influencing New York City nutrition education initiatives.

### Key Takeaways

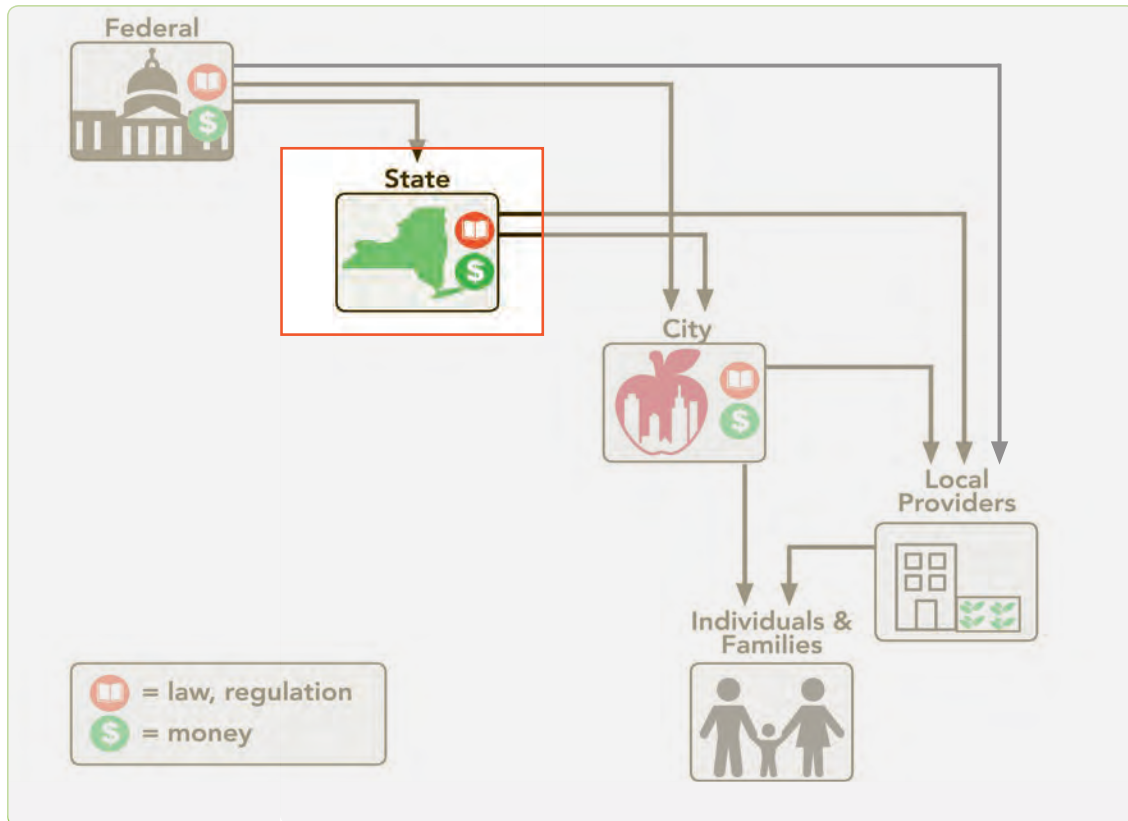
- New York State laws, regulations, and policies support federal initiatives. They also authorize several novel state initiatives.
- New York State relies heavily on federal funding to support nutrition education, making nutrition education initiatives vulnerable to federal budget cuts.
- The New York 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.

### 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. From the state's perspective, local providers may include local government agencies, such as New York City agencies. Providers may also be local educational authorities, cooperative extension services, community based organizations, health care providers, and others.

**Figure 4.1: Nutrition Education Policy Road Map**

This chapter focuses on New York State agencies and policies.



## Creating State 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. For the most part, federal laws, regulations, and policies dictate how state, and subsequently, city agencies and local providers support nutrition education. **Figure 4.1** illustrates the relationships between federal agencies, state agencies, city agencies, local providers, and nutrition education participants.

### Trends in New York Nutrition Education Policies

State laws and regulations direct New York State 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 State'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.

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.<sup>58-60</sup>



- **State law and regulations require nutrition education for pregnant women and new mothers.** These policies require home care services, hospitals, correctional facilities, homeless shelters, second chance homes, and day care centers to provide nutrition education that supports healthy maternal diets and breastfeeding.<sup>61-68</sup>

- **State regulations promote nutrition education in early child care facilities.** Many institutional meal providers including child care agencies, early care facilities, adult day care facilities, and adults shelters must provide nutrition education or counseling.<sup>69-71</sup>

### 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 State Education Law does not clearly describe how and when nutrition education should occur.<sup>72</sup> 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.<sup>73,74</sup> New York State Education Law encourages authorities to assemble school nutrition advisory committees, but does not authorize money or agency support for these committees.<sup>75</sup>
- **State laws create different, complicated structures to fund nutrition education, making it difficult for counties to coordinate 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.<sup>76-78</sup>
- **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.

A full list of state laws and regulations that influence nutrition education appears in Appendix C (p. 80).

### Funding Nutrition Education Initiatives

Through the annual budget process, the state allocates significant federal and state resources to initiatives that can include nutrition education. New York City agencies and local providers are some of the many organizations to which New York State distributes federal funds.

#### Federal Funds

The federal government contributes the majority of New York State’s public health funding. Of the \$1.76 billion New York State spent on public health initiatives in 2015, \$1.19 billion were federal dollars.<sup>39,79</sup> Nutrition education is only a fraction of total state public health spending, but these initiatives also depend largely on federal funds. State agencies do not calculate the total dollar amount of federal funding they use to support nutrition education initiatives, but federal grants funded, at least in part, 28 of these 32 initiatives. For more on the challenges of federal funding, see **Box 4.2**.

#### State Funds

New York State commits a portion of 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.

In New York State’s 2016 budget, state tax dollars supported a number of initiatives that can include nutrition education. For example, through the State of the State, Governor Cuomo committed \$250,000 to both Farm to School (FTS) and Child and Adult Care Feeding Program (CACFP) outreach. Under federal law, CACFP must include technical assistance for nutrition education.<sup>81,82</sup>

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

#### 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.<sup>41</sup> 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.<sup>111</sup> 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%.<sup>41</sup>
- **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.<sup>105,112</sup>

(CHSC) funds. NYSDOH uses both to support nutrition education. However, in 2016, the Division of Budget (DOB) transferred significantly less 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.<sup>83</sup> 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 retroactive cuts to 2016 CHSC funds. 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 initially promised funds.

### 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 workable 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 F (p. 94) and G (p. 97).

### 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 administers Centers for Disease Control (CDC) initiatives such as State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422) and the Sodium Reduction in Communities Program (SCRIP). Its largest initiatives include the Creating Healthy Schools and Communities (CHSC) grant, the Diabetes Prevention Program, and New York State Food Standards for institutions.

Many BCCDP initiatives focus on population health and require PSE changes. For example, BCCDP works with schools, hospitals, and retail owners to adopt healthier food standards. To support these PSEs, local providers may educate food service staff as to why stricter food standards are important and provide technical assistance to help staff adopt menu changes.





#### 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.



#### 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.<sup>84</sup>

#### **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).<sup>85</sup>

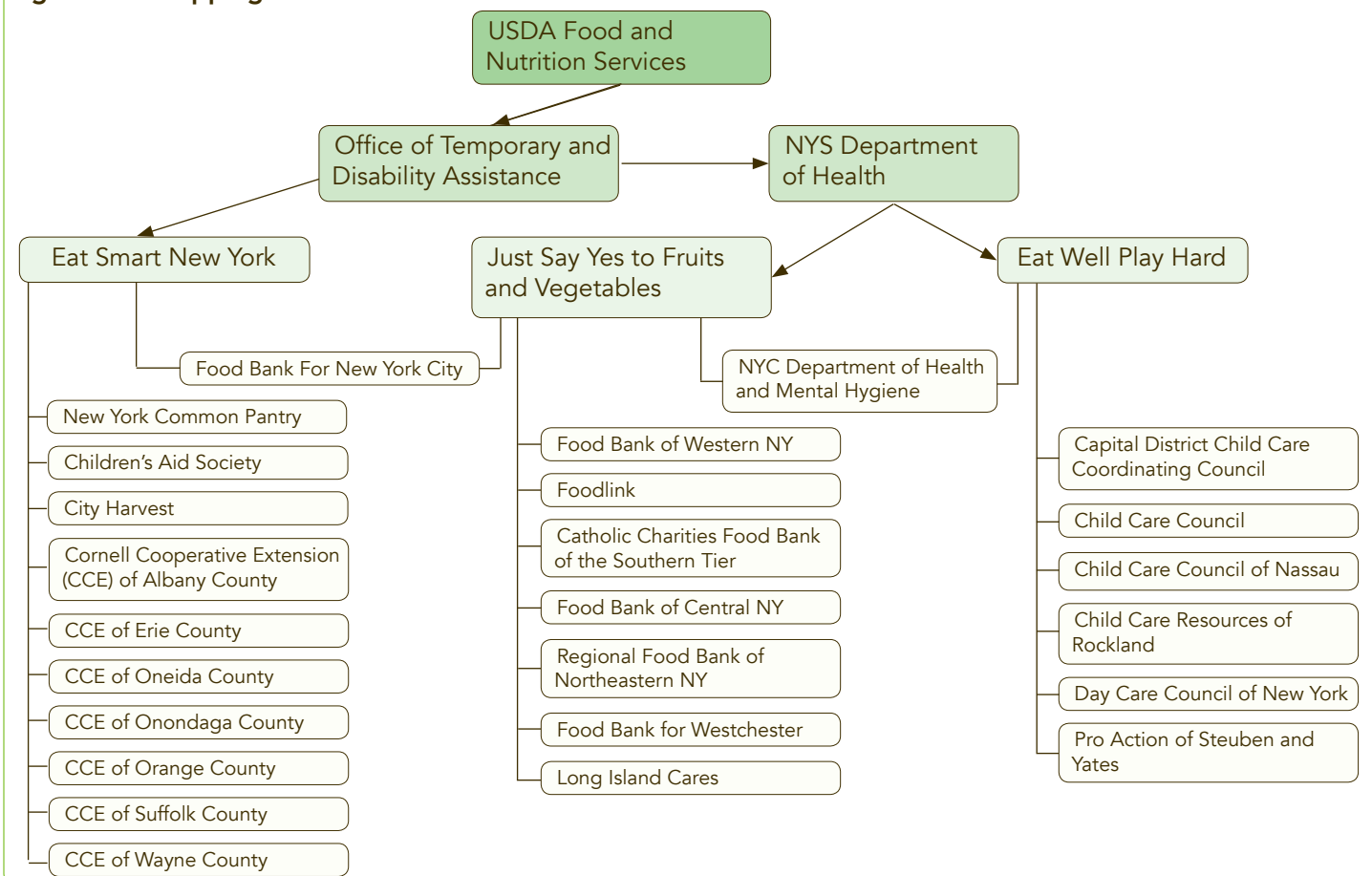
#### **Recent Changes to New York State SNAP-Ed**

The Healthy, Hunger-Free Kids Act made a series of changes to SNAP-Ed which USDA codified in a 2016 final rule.<sup>86,87</sup> 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.<sup>86</sup>

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.<sup>88</sup> OTDA also required that ESNY educators (1) be a registered dietitian, or (2) have a degree in nutrition education, health education, or public health.<sup>88</sup> 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.<sup>89</sup>



**Figure 4.2: Mapping SNAP-Ed in New York**



**Table 4.1: New York State SNAP-Ed Initiatives**

Target Audience	Setting	Activities	Example
<b>Eat Smart New York</b>			
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.
<b>Just Say Yes to Fruits and Vegetables</b>			
Food pantry clients, SNAP-eligible customers at farmers markets	Food pantries, farmers markets	Direct education workshops which include cooking demonstrations	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.
<b>Eat Well Play Hard in Child Care Settings</b>			
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). Within Cornell, the Division of Nutritional Sciences' Food and Nutrition Education in Communities (FNEC) is home to a majority of New York's USDA National Institute of Food and Agriculture (NIFA) nutrition education initiatives.<sup>90</sup>

Consistent with NIFA's mission, direct education is at the core of many Cornell and CCE initiatives.<sup>91</sup> These initiatives include the Expanded Food and Nutrition Education Program (EFNEP), 4-H Choose Health, and Agriculture in the Classroom (Ag in the Classroom).<sup>90</sup> These initiatives tend to prioritize school-age children and their families as targets and

schools and CBOs as common settings. **Box 4.5** gives more information on cooperative extension services.

## 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 IIIC 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.<sup>95</sup> 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.<sup>96</sup>

### Box 4.5: What Are Cornell Cooperative Extension Services?

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. Cooperative extension services offer farm business and technology training, nutrition education, food safety assistance, and youth leadership development, among other services.<sup>92</sup> Extension is cooperative in the sense that federal, state, and local governments contribute funds for these services.<sup>93</sup>

Outside of New York State, 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 which is part of Cornell University, county offices employ non-University staff and have their own boards of directors.<sup>94</sup>

## 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.<sup>96,97</sup>

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 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.<sup>98,99</sup> 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, 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.

<sup>51,100,101</sup>

## 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.<sup>102</sup>

SSBG and RHY, which the U.S. 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 State has historically used a portion of its SSBG to support daycare, health, pregnancy, and parenting services, all of which may include nutrition education.<sup>103</sup> Similarly, RHY teaches pregnant women life skills which also may include nutrition education.<sup>104</sup>

## 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.<sup>105</sup> HHS does not require the state to track if or how local providers use CSBG for nutrition education.

## V. Nutrition Education Policy in New York City

City agencies face the unenviable task of coordinating different federal, state, and city policies and funds. As at the federal and state levels, the city lacks a unifying strategy for nutrition education. But New York City has the financial capacity and political support to develop, administer, and promote initiatives that help people to eat well. In FY 2016, 11 city agencies oversaw 42 different initiatives that support nutrition education. For a schema of these initiatives, see **Figure 5.2**.

The following sections discuss city nutrition education policies, outline funding mechanisms, and list the city agencies responsible for specific nutrition education initiatives. For more on federal and state support for nutrition education, see Chapter 3 (p. 27) and Chapter 4 (p. 36).

### Key Takeaways

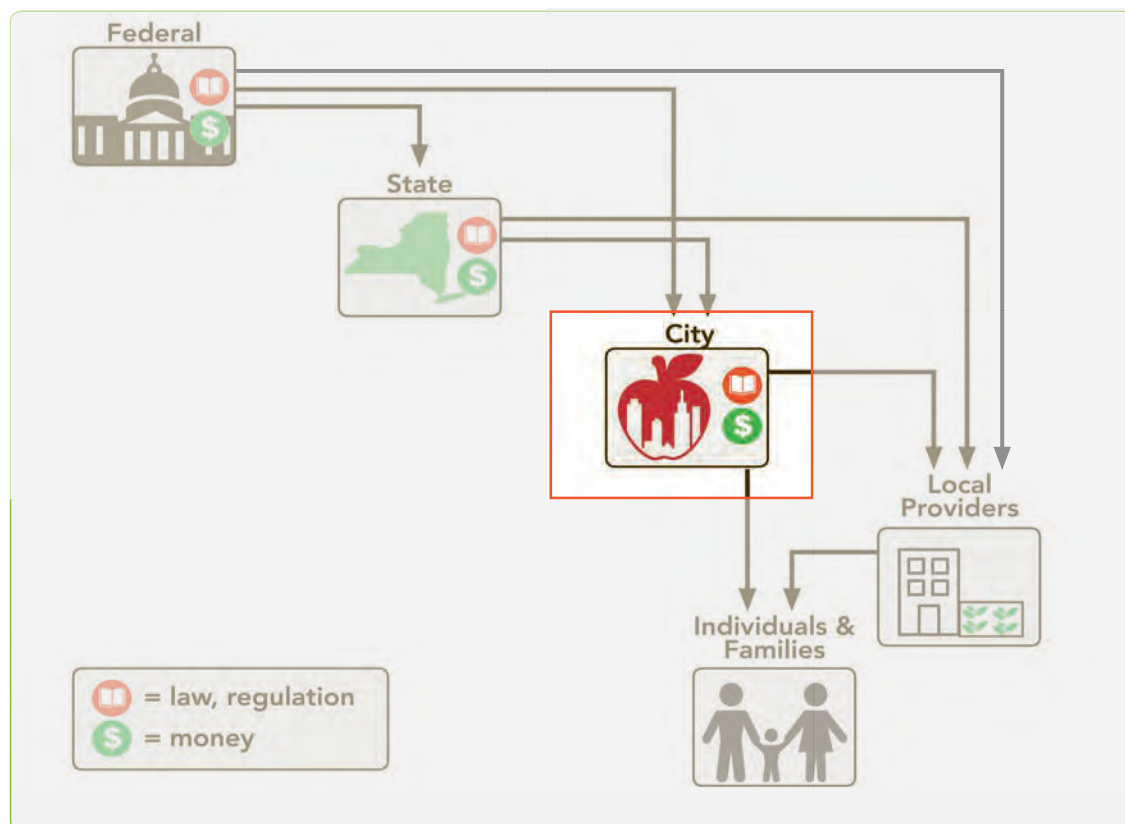
- Because there are many federal and state policies that affect nutrition education, New York City has passed only a handful of additional policies. These policies—in particular the New York City Food Standards (Food Standards)—influence nutrition education initiatives that receive federal, state, and city funds.
- City agencies, especially the Department of Health and Mental Hygiene (DOHMH), rely on federal and state funds to support nutrition education initiatives, making them vulnerable to budget cuts at both levels.
- New York City agencies support a broad array of nutrition education initiatives across the five boroughs, but do not have a unifying strategy to do so.

### Key Players

- The **Mayor's Office of Food Policy** helps to develop, coordinate, and track food and nutrition efforts across the city, including nutrition education initiatives.
- The **City Council** develops local laws and authorizes city funds to support nutrition education.
- **City agencies**—most notably the **Department of Health and Mental Hygiene**—develop policies; administer and/or implement state and federal initiatives; and pilot novel nutrition education initiatives.
- **Local providers**—including schools, community based organizations, health care providers, and others—implement federal, state, and city initiatives that involve nutrition education.

### Figure 5.1: Current Relationships: City Perspective

This chapter focuses on New York City agencies and policies.



## Creating City Nutrition Education Policies

New York City has the authority to create policies that do not conflict with federal or state policies. For nutrition education, federal and state policies largely determine how the city regulates, distributes funds, provides technical assistance, evaluates, and conducts research for nutrition education. These policies also regulate the government-funded activities of local providers other than city agencies. **Figure 5.1** illustrates the relationships among federal, state, and city agencies as well as local providers and nutrition education participants.

### Trends in New York City Nutrition Education Policies

New York City Council, executive agencies, and the Mayor are responsible for the city laws, rules, executive orders, standards, and other policy documents that together comprise the body of New York City nutrition education policy. For more on the types of city policies, see **Box 5.1**.

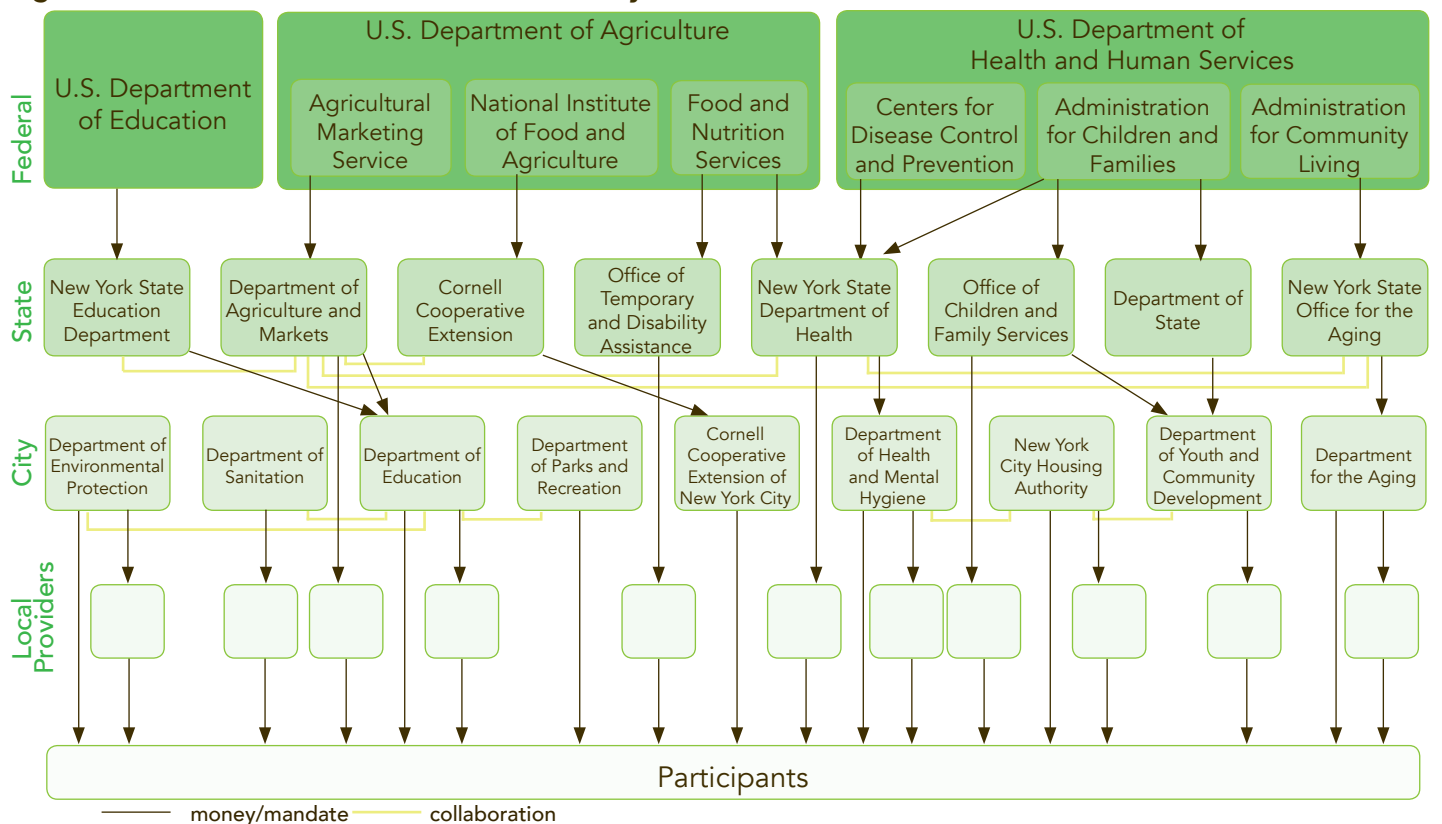
With so many federal and state policies influencing nutrition education, New York City has passed only a handful of additional policies to track and coordinate food and nutrition policies. For example:

- **New York City law establishes the City Food Metrics Report to track 20 different food-related activities, including several related to nutrition education.** The annual report must list “the number and description of, and dollar amount spent on, nutrition education programs administered by the Human Resources Administration [HRA] and Department of Health and Mental Hygiene [DOHMH],” as well as community gardens producing food, bodegas participating in the Shop Healthy initiative, and agencies complying with the Food Standards.<sup>106</sup> The report does not currently require the city to track nutrition education that occurs in agencies other than HRA or DOHMH.



- **Executive Order No. 122 creates a Food Policy Coordinator position and requires the Department of Health and Mental Hygiene to develop food standards for city agencies.** The 2008 Executive Order requires the Food Policy Coordinator to increase access to nutrition assistance programs, ensure city agencies and contractors comply with the Food Standards, and convene a city agency Food Policy Taskforce.<sup>107</sup>
  - **New York City Food Standards establish nutrition requirements and sustainability recommendations that affect agency purchasing.** These requirements and recommendations apply to all snacks and meals that agencies purchase, prepare, or serve.<sup>108</sup> For city agencies, these standards are mandatory. DOHMH is currently working with private hospitals, community based organizations, and faith based organizations to voluntarily adopt the Food Standards. The Food Standards form the basis of many nutrition education tools DOHMH has developed.
  - **The city's OneNYC plan supports nutrition education through a variety of community services.** Nutrition education is a component of OneNYC initiatives to increase food access, train food service workers, and expand the city's organics program.<sup>109</sup> For example, to increase the average number of servings of fruits and vegetables New Yorkers eat every day by 25% over the next 20 years, One NYC recommends several actions. These actions include improving the quality of school food; expanding Health Bucks and Eat Well Play Hard food boxes; and supporting community gardens.
- To train workers for food service jobs, OneNYC promotes curricula development and educational programs. OneNYC also promotes nutrition education through composting—the plan calls on the Departments of Sanitation (DSNY) and Education (DOE) to educate New Yorkers about the importance of composting, specifically “how to use it to grow food and care for green spaces.”

**Figure 5.2: Nutrition Education in New York City**



### Box 5.1: Different Types of City Policies

New York City government must comply with federal and state policies, but can create additional policies that do not conflict with federal or state ones. City policies come in many forms; several forms appear below in order of their legal importance. Laws that democratically-elected bodies enact have the most weight; assorted policy documents, such as plans that an administrative agency issues without a formal legal process, have the least weight.

#### City policies can include:

**Laws:** The City Council creates laws that establish executive offices and agencies. These laws outline executive office and agency functions, powers, and duties. They are codified in the N.Y.C. Charter and N.Y.C. Administrative Code (N.Y.C. Admin. Code).

- For example, N.Y.C. Charter § 22-556 states that one of the Department of Health and Mental Hygiene's (DOHMH) duties is to provide public education for disease control and prevention.

**Rules and Regulations:** City agencies and the Board of Health write rules and regulations that specify how agencies will carry out the functions, powers, and duties that New York City laws define. These rules are codified in the Rules of New York City (R.C.N.Y.).

- For example, under city law, DOHMH oversees group child care centers. In 24 R.C.N.Y. § 47.37, the Board of Health has outlined DOHMH's oversight duties. The rule requires assistant teachers in child care centers to receive nutrition education training.

**Executive Orders:** The Mayor may issue an order that applies to executive offices, executive agencies, and local providers acting on behalf of an agency. An incoming Mayor can unilaterally revoke executive orders from previous administrations.

- For example, Mayor Bloomberg issued Executive Order No. 122 of 2008 requiring DOHMH to establish Food Standards.

**Standards:** Agencies may set acceptable levels of performance with which other agencies and local providers must comply.

- For example, subject to Executive Order No. 122 of 2008, DOHMH developed the Food Standards, setting nutritional requirements for meals and snacks that city agencies purchase and serve.

**Other Policy Documents:** City agencies may publish documents that provide guidance or additional information on a particular subject.

- For example, the City has published OneNYC, a plan detailing how the city intends to meet various executive and agency goals, some of which could impact nutrition education.

## Funding Nutrition Education Initiatives

In 2016, the city used federal, state, and city dollars to support nutrition education initiatives across 11 agencies. All three sources of funding are critical. Studies suggest that “money begets money”—local agencies that receive more federal and state funds are able to raise more at the local level.<sup>110</sup> The following sections detail federal, state, and city investment in nutrition education in New York City.

### Federal and State Funding

Federal and state funds are necessary components of existing New York City nutrition education initiatives. These funds can amplify local investment—research has shown that for every \$1.00 increase in state or federal funding, local health departments may increase local funding by 50¢.<sup>110</sup> Proposed federal and state budget cuts could deal a one-two punch to New York City agencies, making it increasingly difficult for agencies to deliver nutrition education.

DOHMH administers more than half of the city’s public nutrition education initiatives and relies heavily on federal and state funds to support public health initiatives. The agency was one of several that the city’s Comptroller recently highlighted as “much more reliant on federal aid, and...much more vulnerable to cuts.”<sup>111</sup> In city fiscal year 2016, DOHMH spent more than \$626 million on public health.<sup>112</sup> More than half—or \$332.7 million—were federal or state dollars. The city contributed \$290 million.<sup>112</sup>

Nutrition education is only a fraction of total city public health spending, but is incredibly vulnerable to federal and state budget cuts. While we do not know the exact amount city agencies spent in 2016 on nutrition education, we do know that federal and state funds supported in part, at least 27 of the 42 nutrition education initiatives. See **Box 4.2** for more on funding vulnerabilities. For more on the difficulties of calculating the cost of public nutrition education, see **Box 5.2**.

### New York City Funding

New York City commits its own funds to support nutrition education. In 2016, city tax dollars supported 27 of New York City agencies’ 42 initiatives.

#### Box 5.2: The Challenges of Calculating the Cost of City Nutrition Education Initiatives

Calculating federal, state, and city contributions specific to public nutrition education is difficult for many reasons:

- Federal, state, and city agencies do not uniformly define what activities constitute nutrition education.
- Many initiatives have a main focus other than nutrition education—such as increasing food access—but still incorporate nutrition education into programming.
- The City Food Metrics do not require all agencies to report their nutrition education activities.

In some cases, a federal grant, such as the Food Insecurity Nutrition Incentive (FINI) initiative, requires the city to match federal and state investment. In other instances, city elected officials may dedicate funds to support nutrition education. In 2016, the Mayor, City Council, and Borough Presidents funded projects that can support nutrition education. Though we do not know the total amount city government spent on nutrition education, we do know:

- **The Executive Budget allocates funds to city agencies to administer nutrition education initiatives.** City agencies use these funds to support a number of initiatives such as Health Bucks, Garden to Café, the Nutrition Program for the Elderly (NPE), and media campaigns warning of the risks of sugar sweetened beverages. In 2016, the City committed an additional \$2.3 million to expand the Newborn Home Visiting initiative to mothers of infants in the homeless shelter system and \$600,000 to expand the Breastfeeding Hospital Collaborative to all 40 maternity hospitals in the city.<sup>113</sup> In 2016, the city also increased support for early child care for low income families, giving more pre-school age children access to nutrition education through the Child and Adult Care Feeding Program (CACFP).<sup>114</sup> This year, 2017, the city has pledged \$8 million to expand the Nurse Family Partnership which helps women to adopt healthy parenting practices, such as breastfeeding and cooking.<sup>115</sup>

- **City Council members distribute Schedule C funds to city agencies and local providers to fill local service gaps, including for nutrition education.**<sup>116</sup> These discretionary funds allow Council members to provide additional support to nutrition education initiatives. For example, the Council as a whole provided \$1.275 million to the underfunded Nutrition Program for the Elderly. NPE provides seniors with prepared meals, nutrition education, and nutrition counseling. In total the Council provided \$4.4 million to support initiatives such as gardening and healthy eating promotion through the 2016 Schedule C.
- **Council members and the Borough Presidents' Offices provide capital funds that can, but do not necessarily, support nutrition education initiatives.** Through participatory budgeting, community members decide how to spend more than \$1 million allotted to participating Council Districts.<sup>117</sup> These funds can pay for park, school, and garden updates. For example, participatory budget funds can cover the cost of installing a classroom kitchen. Borough President funds also pay for improvements to public spaces where nutrition education occurs. For example, in 2016, Manhattan Borough President Gale Brewer distributed funds to a number of community gardens.<sup>118</sup>

## Administering Federal, State, and City Nutrition Education Policies

At least 11 city agencies and the Mayor's Office of Food Policy help to administer nutrition education initiatives across the five boroughs. The Department of Health and Mental Hygiene (DOHMH) administers the majority of these initiatives, but other agencies such as the Department for the Aging (DFTA), the Department of Education (DOE), and the New York City Housing Authority (NYCHA) also play an important role.

Below is an overview of how city agencies supported nutrition education initiatives in FY 2016. For more details on individual initiatives, including sources of funding, see Appendices E (p. 87) and G (p. 97).

## Department of Health and Mental Hygiene (DOHMH)

- Breastfeeding Hospital Collaborative
- ¡Buen Provecho! Eat Well
- Bureau of Chronic Disease Prevention and Tobacco Control Media Campaigns for Health Bucks, Sodium, & Sugar Sweetened Beverages
- Creating Healthy Schools and Communities\*
- East Harlem Asthma Center of Excellence Chefs
- Eat Well Play Hard in Child Care Settings
- Farmers Markets for Kids
- Food Insecurity Nutrition Incentive
- Good Choice
- Harlem Health Advocacy Partners\*
- Health Bucks
- Healthy Start Brooklyn
- Latch On
- MenuStat
- Mobile Milk Campaign
- National Diabetes Prevention Program
- National Salt Reduction Initiative
- New Born Home Visiting Program
- New York City Food Standards
- Nurse Family Partnership
- Partnerships to Improve Community Health
- Shop Healthy
- Stellar Farmers Markets
- We All Want Healthy Children

*\* this initiative involves more than one agency*

DOHMH supports 24 of the city's 42 initiatives that can involve nutrition education. DOHMH's Bureau of Chronic Disease Prevention and Tobacco Control; Bureau of Maternal, Infant, and Reproductive Health; and Center for Health Equity (CHE) are largely responsible for these initiatives. Bronx, Brooklyn, and East Harlem Neighborhood Health Action Centers (NHACs) administer CHE initiatives, working directly with citizens and with community groups.

Two of DOHMH's most targeted nutrition education initiatives are SNAP-Ed initiatives: Stellar Farmers Markets (Stellar) and Eat Well Play in Child Care Centers (EWPH CCS). With Stellar, farmers market nutritionists demonstrate different ways to prepare fresh produce. Participants also receive Health Bucks which they can use to purchase ingredients.



DOHMH operates several initiatives that target young children and their caregivers. For example, EWPH CCS and the city's ¡Buen Provecho! Eat Well pilot provide hands-on workshops for caregivers and staff in child care settings. Other examples include home visiting initiatives like Healthy Start Brooklyn, Newborn Home Visiting Program, and the Nurse Family Partnership. These initiatives provide support for pregnant women and new parents for a variety of issues, most relevantly, breastfeeding.

Other community-based initiatives include Creating Healthy Schools and Communities (CHSC), the National Diabetes Prevention Program, and Harlem Health Advocacy Partners. For these initiatives, the NHACs work with community-based partners to provide nutrition education in targeted locations.



To reach broader audiences, DOHMH has developed several citywide education campaigns. Through various media channels, the agency promotes Health Bucks and warns the public about the risks associated with sodium and sugar sweetened beverage consumption. Through CDC's Partnerships to Improve Community Health (PICH), DOHMH promotes healthy eating and drinking behaviors. DOHMH also works with hospitals to promote its Latch On campaign.

One other activity worth mentioning is DOHMH's Food Standards work. The agency collaborates with hospitals, community based organizations, and faith based organizations to adopt the Food Standards. From the Food Standards, DOHMH has

also developed tools to educate consumers, food distributors, and food service providers. Examples include Shop Healthy, the National Salt Reduction Initiative, and Good Choice.

### Department of Education (DOE)

- 21st Century Community Learning Grants
- Garden to Café
- Grow to Learn\*
- Local Wellness Policy
- State Health Education Standards Implementation
- Student Support and Academic Enrichment Grants
- Title I
- School Wellness Council Minigrants & Portal

*\* this initiative involves more than one agency*

The majority of support for school-based nutrition education in New York City comes from DOE's Office of School Wellness (OSW) which curiously is housed within DOE's Operations Division and not the Division of Teaching and Learning. OSW helps schools implement state health education requirements and standards, through recommended curricula and teacher professional development. Some resources address nutrition education, though more focus on physical activity and other health education topics.

OSW is also responsible for creating and implementing the federally-mandated and state-regulated Local Wellness Policy (LWP) for DOE. LWPs address nutrition education and promotion. To help schools implement LWP activities such as nutrition education, OSW supports School Wellness Councils through minigrants and a resource portal.

The Office of SchoolFood (SchoolFood) is another important DOE division. SchoolFood is responsible for federal school meal programs and posts signage in school cafeterias to promote healthy eating. SchoolFood also partners with GrowNYC and Department of Parks and Recreation (DPR) to support the citywide school gardening initiative, Grow to Learn (GTL). A subset of GTL schools host seasonal harvest celebrations and tasting events as part of the Garden to Café initiative. Garden to Café educates students about gardening and local food systems; supports school gardens; and encourages students to eat more fresh, local produce.<sup>119</sup>



As at the state level, DOE does not track the 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, Title I, II, and IV funds—which can all support nutrition education—DOE also does not track the degree to which schools fund nutrition education.<sup>51,100,101</sup>

### Department for the Aging (DFTA)

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

*\* this initiative involves more than one agency*

DFTA works with local providers to offer seniors prepared meals, nutrition education, and nutrition counseling. The agency contracts with approximately 250 meal providers. Congregate meal sites offer a minimum of six nutrition education classes yearly, the focus of which varies based on site interest and provider knowledge. These sites also distribute FMNP materials to encourage seniors to purchase and prepare fresh fruits and vegetables.



### New York City Housing Authority (NYCHA)

- Harlem Health Advocacy Partners\*
- NYCHA Urban Farms\*

*\* this initiative involves more than one agency*

NYCHA encourages nutrition education through two of its community empowerment initiatives. In partnership with DOHMH's East Harlem Neighborhood Health Action Center, NYCHA has established the Harlem Health Advocacy Partners (HHAP). This initiative encourages residents to address high blood pressure, diabetes, and asthma. Through HHAP, residents have access to individual counseling, chronic disease management, and group classes.<sup>120</sup>

As part of the Mayor's Building Health Communities initiative, the agency also supports four urban farms in developments across the city. NYCHA residents run the farms and farmers' markets. They also provide cooking demonstrations with food grown on site.<sup>121</sup>

### Department of Youth and Community Development (DYCD)

- Community Services Block Grant
- COMPASS, Beacon, & Cornerstone Initiatives
- Runaway and Homeless Youth Programs\*

*\* this initiative involves more than one agency*

Some DYCD sites offer nutrition education as part of the agency's youth development initiatives.<sup>122</sup> For example, through DYCD's afterschool programs—COMPASS, Beacon, and Cornerstone—youth may participate in cooking clubs, work in community gardens, or compete in the citywide annual Recipe Rescue.<sup>123,124</sup> The agency uses city tax dollars and a small portion of federal Community Development Block Grant funds to support afterschool programs.

DYCD also administers runaway and homeless youth initiatives using a combination of city, state, and federal funds. Transitional living and maternity group homes teach life skills such as budgeting, housekeeping, food preparation, and parenting, which can include nutrition education.<sup>125,126</sup> For both afterschool and runaway and homeless youth programs, the agency does not track the degree to which these funds support nutrition education.

## Department of Parks and Recreation (DPR)

- GreenThumb
- Grow to Learn\*

*\* this initiative involves more than one agency*

DPR supports nutrition education through its GreenThumb community garden initiative and Grow to Learn. The agency offers community garden workshops, hosts garden events, and provides logistical and technical support to Grow to Learn. The agency uses city funds to support these activities which help people learn to grow and eat nutritious foods. For more on Grow to Learn and the organization that oversees the initiative, see **Box 5.3**.

### Box 5.3: GrowNYC Supports Public Nutrition Education

- Green Beetz Classes
- Greenmarket School Tours
- Grow to Learn NYC\*
- Learn It, Grow It, Eat It
- Seed to Plate

GrowNYC is an important player in the city's nutrition education landscape. Technically an independent non-profit, the organization functions as a quasi-government agency and relies heavily on public funding to provide nutrition education.

GrowNYC oversees many nutrition education programs for kids, such as Learn It, Grow It, Eat It; Seed to Plate; Greenmarket School Tours; and the citywide school gardens initiative Grow to Learn NYC (GTL). GTL also partners with Green Beetz to offer complimentary food-based education at eight sites.<sup>127</sup>

For New Yorkers of all ages, GrowNYC operates numerous farmers markets where citizens can redeem Health Bucks, participate in a Stellar Farmers Market Nutrition Program, or take a tour.

## Department of Sanitation (DSNY)

- Zero Waste Initiative

DSNY uses city funds to support a compost initiative in city schools. The goal is to reduce the amount of food going to landfills. Talking with students about food and nutrition can motivate them to compost.<sup>128</sup> As part of a larger composting initiative, DSNY makes gardening activities, reading materials, and field trips available to students.

## Department of Environmental Protection (DEP)

- Drinking Water Education

One of DEP's goals is to get New Yorkers to drink city water. To get students excited about drinking tap water, DEP's Office of Education hosts performances, art contests, and field trips.<sup>129</sup> City funds support these activities.

## Other New York City Agencies

We do not have information on the Administration for Children's Services (ACS), Human Resource Administration (HRA), Health and Hospitals, Department of Homeless Services (DHS), and Department of Corrections (DCS).

ACS and HRA administer the Social Services Block Grant (SSBG). We know that local providers have, in the past, used SSBG funds to offer home management skills education and parenting classes for teens both of which can include nutrition education. However, we do not know if local providers used 2016 funds for nutrition education because the federal government does not require states, and therefore municipalities, to report this information. At the time of this study, DHS was interested in starting, but not yet providing nutrition education.

For the remaining agencies, we do not have information because no one from the agency responded to our requests for interviews.

#### **Box 5.4: New York State Initiatives in New York City that are not Administered by City Agencies**

City agencies are not the only entities that support public nutrition education across the five boroughs—New York State works directly with local providers to implement 12 initiatives in New York City. In some cases, a state agency is the sole administrator of a city-based initiative. For example, New York State Department of Health (NYSDOH) works directly with hospitals, clinics, and community based organizations (CBOs) to provide the Special Supplemental Nutrition Program for Women, Infants, & Children (WIC).

In other cases, both the state and New York City agencies administer a program at the city level. For example, state agencies administer and contract with local providers and city agencies to implement the Creating Healthy Schools and Communities (CHSC) initiative, as well as the Eat Smart New York (ESNY) and Just Say Yes to Fruits and Vegetables (JSY) SNAP-Education initiatives.

New York State agencies work directly with local providers to implement the following initiatives:

- 4-H Choose Health
- Agriculture in the Classroom
- Child and Adult Care Food Program
- Commodity Supplemental Food Program
- Creating Healthy Schools and Communities
- Eat Smart New York\*
- Eat Well Play Hard in Day Care Homes
- Expanded Food and Nutrition Program
- Farm to School
- Farmers Market Nutrition Program
- Healthy Families New York\*
- Hunger Prevention and Nutrition Assistance Program
- Just Say Yes to Fruits and Vegetables\*
- Runaway and Homeless Youth Programs\*
- Special Supplemental Nutrition Program for Women, Infants, & Children

*\*this initiative involves more than one agency*

## VI. Interview Themes

Below are the key themes that emerged from the 55 interviews we conducted with 80 individuals. These individuals represent 29 entities involved in publicly supported nutrition education. See **Table 1.1** (p. 21) for details. These interviews shed light on how nutrition education occurs in New York City. Interviewees discussed motivation, funding, politics, government and community roles, as well as coordination.

### Key Takeaways

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

### Key Players

- At least **11 city agencies, the quasi-public GrowNYC, and the Mayor's Office of Food Policy** administer nutrition education initiatives across the five boroughs.
- **Two state agencies and Cornell Cooperative Extension** also administer nutrition education initiatives across the five boroughs.
- Countless **local providers** implement publicly supported nutrition education initiatives in communities.
- Many other **community, advocacy, and academic organizations** support nutrition education through research and advocacy.

## Topic 1: Motivation

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

**The prevalence of diet-related diseases motivates city agencies and local providers to support nutrition education.** Interviewees discussed how federal grants addressing specific diseases fund local nutrition education. For example, a city official explained that her agency works with local providers to address diabetes, partially because “a big chunk of [our federal grant money] was around diabetes prevention.”

**Some local providers said that their organizations offer nutrition education because their mission is to eliminate health disparities.** One interviewee explained, “Nutrition education has been part of what [our organization] has been trying to do for a long time in order to address the health disparities around obesity and diabetes. We think it’s important that children learn from a young age about healthy eating, and obviously at the same time, we’re working to also improve the food environment around them.”

**Nutrition education is an important component of many public health efforts.** Several city officials explained how direct education complements policy, systems, and environmental changes (PSEs) for which their agencies are responsible. As one interviewee explained, “In some of our focus groups with New Yorkers...when asked what your cholesterol was, they give blood pressure...we think we’re going to impart and change behavior, and the difference between diabetes, cholesterol and blood pressure isn’t even known?”

The New York City Food Standards (Food Standards) and Supplemental Nutrition Assistance Program Education (SNAP-Ed) demonstrate the relationship between nutrition education and public health. For example, one city official explained that for hospitals and community-based organizations to voluntarily adopt the Food Standards “a large part of buy-in is through nutrition education, which we didn’t necessarily do with the food centers because we didn’t have to because they were mandated.” Another discussed how SNAP-Ed dollars are “allowed to be used for public health approaches that would

reinforce and expand [healthy habits].”

**Reducing health care spending through preventive care is a reason for city agencies to support nutrition education.** Multiple interviewees said that the Affordable Care Act and New York State’s Prevention Agenda highlight the importance of preventive care such as nutrition education. As an example, an interviewee said that the National Diabetes Prevention Program (NDPP), 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, interviewees were skeptical about whether increased focus on prevention would create widespread support for nutrition education within the health care setting. They noted that the Department of Health and Mental Hygiene 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.

**Nutrition education can empower communities.** City officials and local providers discussed how nutrition education is an integral part of community health work. Interviewees explained that community health work can build wealth, support social justice in immigrant communities, and combat racism. According to one official, city agencies can, “through health education, build capacity overall for that community” and empower “individuals to be self-sufficient and be able to advocate for themselves at different levels, whether it’s with their doctor or it’s at the community level with addressing some policy work.”

One example that a city official discussed is the Department of Health and Mental Hygiene (DOHMH) Shop Healthy initiative. This official explained, “We ask community groups to essentially, do what we do, but take it upon themselves. So we’ll say, ...we will teach you how to do essentially what we do. And you as a community organization will



go to the store and say, ‘Hey, we’re across the street, and we see you already have some products that are healthier, but we want to support you in making healthy changes. And these are the things that we can do.’ ...we do that with a lot of groups, schools, senior centers, churches, clinics.”

**Nutrition education can help city agencies meet multiple goals at once.** Nutrition education in schools is especially effective at addressing multiple goals. Interviewees said 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.

One city official discussed how nutrition education can support science, technology, engineering, and math (STEM) curricula, describing “a really robust program where they’re growing their own food, they’re teaching. It’s integral to their STEM education.” Another explained that schools use nutrition education to strengthen communication with caregivers. She said schools “are looking for ways to engage the parents more, so there is a component of parent engagement...they have been asking for that, like, ‘Can you bring in more workshops for our parents?’”

## 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 initiatives.** Available funds often limit the scope of city agency activity. As one official explained, “There’s no money for two of the programs, and so we’re trying to be creative about how to make that happen.” Another said, “The limiting factor of our ability to pursue our mission, one component of which is nutrition and nutrition education, is funding. People are excited, there’s a demand for it in the city, we see it every day. The schools are signing up as you see left and right, people are trying to start community gardens left and right, but we can only provide as much support as we have funding for.”

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

Interviewees discussed the conflict between short grant periods and the complex, long-term nature of the problems these grants address. Without sustained funding, officials said they are ill-equipped to address diet-related diseases. One interviewee stated, “It’s very complicated because [you] have to change people’s palates, because they’re used to eating what’s been available to them. And none of it’s quick. This grant we’re on is on a four-year grant. You’re not going to do all of that. You’re not going to prevent diabetes in these neighborhoods of focus that have had these structural challenges in four years.” Officials also explained that when they lose funding, they lose critical staff and institutional knowledge.

**When federal funding is too prescriptive, city agencies may not be able to administer initiatives that best suit New Yorkers.** Many city officials said that federal funding requirements limit agency ability to administer tailored initiatives. For example, a city official explained that one federal grant “was very prescriptive on what they could cover” allowing the city to only fund a portion of what community members wanted. In another instance, an official discussed how federal grant requirements limited what staff could say. To local groups working to remove chocolate milk from schools, the official has explained, “We can’t really touch that. [Staff] can come in when you’re doing the presentation, [staff] can talk about serving water instead, but you’ve got to have somebody else talk about removing the chocolate milk. [Our staff] can’t have that conversation.”

**City agencies and local providers rely on city and private funds when federal and state funds are insufficient or overly prescriptive.** One interviewee explained, “How the work gets carved up is often based on who funds it and what we’re allowed to do.” City officials reported relying on city tax dollars to pay for otherwise unfunded mandates, fill in programming gaps, and provide comprehensive nutrition education. They noted that city and private funds can help to protect programs and staff in vulnerable times. One official explained that her agency tells local providers, “You might want to spread your staff across a couple grants because we can’t guarantee that this funding is going to continue. We’re dependent upon CDC.”

Interviewees also suggested that the city could spend more of its own money on nutrition education. One interviewee said, “If the city really cares about diabetes prevention, it should probably spend some of its own money on it.”

**The number and complexity of funding streams makes it difficult to determine how nutrition education is financed.** City agencies and local providers pool federal, state, local, and private funds to cover different aspects of a comprehensive initiative that includes nutrition education. One city official explained that because of the complexity, her agency rigorously tracks federal funds. She said, “We’ve tried to be clear, ‘So what are the federal dollars covering, and what are the city dollars covering?’ Pretty much so that it’s clear to the feds what they’re covering because they get a little bit confused.”

City agencies and local providers may also stretch one grant to cover the cost of numerous initiatives of which nutrition education is only a part. Speaking about one federal grant, a city official explained that “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.” As a result, agencies and local providers struggle to identify exact sources and amounts of funds 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, state, and city politics affect which nutrition education activities 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 talked about how state and city elected officials influence initiatives. For example, one interviewee discussed how changes in city administration have led to greater support for certain initiatives. She explained, “For all the years that Bloomberg was in office, nutrition education

was on the bottom of the list, and now that de Blasio [is mayor], community engagement is the number one, and equity is the number one on the agenda. All of a sudden nutrition education is back to being important, and that’s great.”

**Corporate lobbying may threaten funding for nutrition education initiatives.** City officials, local providers, and other interviewees discussed their perceptions that lobbying at the federal level affects nutrition education initiatives. For example, one interviewee speculated that members of Congress did not appropriate adequate funding for public health because an “obesity initiative will mean that many of their corporate friends, such as Coca Cola or the soda industry, will see a shrinking in the selling and the consumption of their products in high-need areas, which...is the last market for many of their poor quality products.”

**Local providers recognize the importance of educating elected officials about nutrition education, but are unclear how to participate in political processes.** Many interviewees stated that support from elected officials is important, but said they did not know how to gain support for their initiatives. For example, one interviewee said, “I know that there’s ways to get more funding from City Council, but honestly I haven’t figured out the right mechanism for it. A lot of it seems like it’s probably more trouble.” 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 City's Role

City agencies can develop educational resources and use their political power to support nutrition education initiatives.

**City agencies are well-positioned to convey educational and political information.** They have the expertise to craft public health messages. For example, one interviewee discussed how when the city advertises its nutrition incentive initiative, Health Bucks, “in Metro New York or... in a subway advertisement, it also said where all the nutrition classes were happening at all the farmer’s markets across the city. So, there’s leverage to really utilize more of the resources and more of the voice and the profile that the city has.” Another explained that one of the “points of media is to educate, that’s the generic word. But it also does other things which are a lot more political—ground softening.” For example, through media campaigns, the city can help prepare the public for a new policy or rule.

**City agencies develop initiatives and educational materials that other localities can use.** New York City often develops initiatives that they expect to reach a state or national audience. Several officials identified DOHMH’s National Salt Reduction, Good Choice, and Shop Healthy initiatives—all of which identify healthier food products—as examples. One official explained that for Shop Healthy, “we have about 39 different groups around the country that are utilizing either our evaluation tools, our implementation guide, or our marketing materials and we provide them free of charge. We just give them the design files. We just get final approval on however they’re edited, and it’s in about 30 different States.”

**City agencies can support nutrition education through a variety of nutrition education activities, but local providers are better suited to actually implement initiatives.** Interviewees discussed how in addition to providing resources such as curricula, evaluation tools, and nutrition standards, city agencies can help local providers navigate federal and state policies and rules; encourage collaboration; and convene meetings.

However, many interviewees felt that city agencies

should not be responsible for actually implementing nutrition education initiatives. A city official described agencies’ role as ideally “more of a technical assistant,” and “less direct service.” And a local provider stated, “The city is a great resource for evaluation, for policy, for establishing what the gold standards are, maybe putting out resources, but the nitty-gritty of running a program is challenging.”

**City officials should seek input from local providers and community members when designing programs and policies.** Interviewees stressed that initiatives should be responsive to community needs and realities. For example, one interviewee said “as we’re in the classes, as we’re talking about healthy eating or physical activity, we really have to recognize that some of these neighborhoods don’t have access to healthy, fresh, affordable quality foods, as well as open space where they can safely engage in physical activities. So, in conjunction with the classes, we’re also working on food access.”

The same is true for designing policy. As one local provider said, “Because I think especially with policy, especially in the food world, people can really not be in touch with what’s happening. And having people who are on the ground out in the field talking to people through education is awesome. Because then you’ve really bridged that gap and you don’t end up having policy that’s being created in an ivory tower. You have the educators in the room who are much more in touch.”

## Topic 5: Local Providers’ Role

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

**Local providers can be more effective and flexible than government agencies when implementing programs.** Interviewees explained that “the connections that [local providers] have with the community are different” from the connections agencies have. They said that when local providers work to build community trust and hire local community members, initiatives have relatively high participation and retention rates, making it more likely that the initiative succeeds.



Local providers may also face fewer obstacles hiring and paying staff. One interviewee explained, “Having worked at the city within city government and having now worked within a nonprofit organization, the efficiency at which the money can be utilized is just much greater within a nonprofit organization.”

**Local providers can offer nutrition education that reflects the multifaceted experiences and needs of a community.** One local provider discussed the importance of an organization making “efforts to go outside its walls and engage a community in primary prevention behavior.” Interviewees 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. One interviewee suggested that by working closely with community members, local providers are in a better position to ask, “How are you finding out what are the needs of the communities in a real way? Not just looking at your data, but how are you engaged with the community, in terms of shaping and forming the ideas that you’re going to seek funding for?”

Interviewees also discussed the importance of hiring educators who truly understand the community in which they work. 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? And that’s what they need to know, how to.” Of her organization, another said, “We’re lucky, all of our nutritionists are bilingual, bicultural. So we make sure that we hire nutritionists that our community can relate to.”

**Developing capacity for smaller local providers requires flexibility and funding.** A city official discussed how working with smaller versus larger local providers required different approaches. He explained that when city officials first tried to work with smaller providers on a new initiative, they said, “If you’re a community group, and you want to participate, you have to do

these three things. And it wasn’t as successful as they wanted it to be, just because different groups are in a different place. So we give them a menu of things to choose from.”

A local provider suggested that government agencies should fund smaller, more community-based groups. She stated, “My recommendation to any funding entity is that a sizable chunk of that must go to communities, and the language must be explicit so that there’s no runaround, getting it to the communities.”

## Topic 6: Coordination and Collaboration

City agencies, as well as 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 create educational materials that endorse specific healthy eating behaviors across



the city. For example, interviewees discussed how through the Partnerships to Improve Community Health (PICH) initiative, coalitions in each of the five boroughs developed educational materials to promote drinking water. Another interviewee suggested that the regional WIC office should have worked with the city's First Lady on her breastfeeding campaign to place breastfeeding messages on buses, in the subway, and at WIC clinics.

Interviewees also highlighted how coordination can support advocacy efforts and strengthen initiative capacity, discussed above in Topic 1.

**Interviewees would like to see more coordination at the federal and state levels.** 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, one official discussed how Congress should have given the U.S. Department of Education (ED), and not the U.S. Department of Agriculture (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 said, "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 further 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 city rules and regulations can inhibit coordination.** Rules and regulations may limit which city agency or local provider receives funding, what activities they offer, and which populations they serve. One official described her local counterparts 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 city agencies and local providers from collaborating 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 collaboration.** One interviewee said that having common metrics across initiatives would allow agencies at all levels "to speak more definitively about the impact that sort of funding has had on communities." For example, one local provider explained, Racial and Ethnic Approaches to Community Health (REACH) and 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...they can build on each other."



## VII. 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 on 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 City. 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 City.

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

- The city should use its own tax dollars to support initiatives that receive minimal federal or state funding, such as school-based nutrition education and the Nutrition Program for the Elderly.
- The city should use its own tax dollars to sustain initiatives that receive federal or state funds to launch, but not maintain, programming.

Programming supported by the Centers for Disease Control (CDC) Partnerships to Improve Community Health (PICH) grant, which expires in fall 2017, is an example of an initiative that could benefit from sustained local support.

- The city should use its own tax dollars on initiatives that build community capacity. Through initiatives such as the Harlem Health Advocacy Partners, community members develop and advocate for programming and policy, systems, and environmental changes that best support health in their communities.
- The city should ensure that the Department for the Aging (DFTA) receives adequate funding for the Nutrition Program for the Elderly (NPE) through the city budget. Currently, the City Council makes up for budget shortfalls for senior programming, including nutrition education, through its discretionary (Schedule C) budget.
- The city should continue to fund nutrition education related initiatives such as the Department of Health and Mental Hygiene's

(DOHMH) Nurse Family Partnership (NFP), Health Bucks, Shop Healthy, and media campaigns, as well as the Department of Education's (DOE) Office of School Wellness's mini grants.

**Support behavioral, policy, systems, and environmental changes with longer-term funding.**

Short grant time limits make it difficult to sustain nutrition education initiatives. City 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.** The city's 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, system, and environmental changes that public health organizations are implementing.

- City agencies should continue to take advantage of opportunities created through the Affordable Care Act—such as the state-administered 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. DOHMH's Harlem Health Advocacy Partners (HHAP) is one model to consider.



**Authorize or seek adequate funds to evaluate which nutrition education initiatives are effective.** Grantors expect interventions to be evidence-based and include evaluation, but many do not provide adequate funds for evaluation.

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

- City agency and elected officials should ask the federal and state governments to fund grants for longer periods and to increase funding for evaluating nutrition education.
- City agency and elected officials should explore new federal and state opportunities to sustain and expand nutrition education initiatives.

**Engage elected officials as nutrition education champions.** Federal, state, and city politics affect which nutrition education activities receive support. City officials, local providers, and nutrition education participants all have a role to play in keeping nutrition education at the forefront of elected officials' minds, especially given the influence of corporate lobbying.

- Ensure that city agency officials and local providers who receive public funds are able to educate elected officials about their work.
- City agencies should look to the state's Creating Healthy Schools and Communities (CHSC). CHSC encourages recipients to educate officials about chronic disease challenges and solutions.

## Enhance local providers' capacity to implement nutrition education initiatives.

**Ensure that a wide range of community organizations have resources to provide nutrition education.** Community-based groups (CBOs) can be more efficient and flexible than city agencies when implementing programs. CBOs have preexisting relationships in their communities and flexibility to hire and pay staff.

- The city should continue to fund large community groups that can efficiently provide nutrition education and also build the capacity of smaller groups with close ties to communities.
- The city should invest in groups that hire nutrition educators from diverse racial and social backgrounds.
- The city should provide or fund trainings for community educators that focus on nutrition education and cultural relevance issues.
- The city should make it easy for groups to find agency-developed resources on city websites.

**Give local providers, community members, and other stakeholders a greater role in designing and implementing nutrition education policy.** City officials should give stakeholders, including local providers and nutrition education participants, a voice in policy and program development. Their input can yield initiatives that are responsive to community needs and realities.

- City agencies should publish up-to-date contact information and organization charts online so that stakeholders can easily contact staff.
- City officials should establish transparent procedures that allow them to solicit and respond to input from all stakeholders. OneNYC listening sessions, community board meetings, community education councils, and participatory budgeting are good examples of procedures that engage the public.

- The city should ensure that agencies have adequate capacity, including resources and staff, to engage with the public.

## Improve collaboration and coordination among nutrition education initiatives.

**Promote a common definition for nutrition education within publicly supported initiatives.**

City agencies provide nutrition education for different reasons including health, equity, youth development, local agriculture promotion, and environmental sustainability. Many times, these agencies call their nutrition education initiatives by different names—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 from working together.

- The city should initiate a process for stakeholders, including city officials, local providers, and nutrition education participants, to develop and adopt a shared definition for nutrition education. The city should include agencies not traditionally recognized as providing nutrition education such as the Departments of Sanitation (DSNY) and Environmental Protection (DEP).
- The city should work with stakeholders to promote nutrition education to decision makers and the public.

**Create mechanisms to coordinate nutrition education within and across agencies and local providers.** Numerous federal and state laws, regulations, and policies govern the 11 New York City agencies administering 42 initiatives that can provide nutrition education. This complexity makes it difficult to navigate the systems funding, regulating, and delivering nutrition education.

Many initiatives are complementary. Better coordination could break down silos, amplify nutrition education initiatives, and facilitate

collaborative relationships at the community level. Structures to coordinate policies and initiatives could facilitate resource-sharing, strengthen program capacity, and, ultimately, benefit participants.

- The city should support a nutrition education coalition. Members should include city officials with decision-making power; local providers, including those that implement state-run initiatives such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and other individuals representing diverse nutrition education interests.
- The city should work with coalition members to develop a comprehensive, citywide nutrition education strategy and implementation plan. The strategy should align research, practice, policy, and funding that encourage innovation and effectiveness. The plan must build capacity for city agencies, local providers, and community members to successfully implement its components.
- City agencies should share city-developed nutrition education resources, best practices, and institutional knowledge with each other and with local providers.
- City agencies should continue to cross-promote and integrate nutrition education and food assistance initiatives, ensuring that New Yorkers have access, affordability, and education for healthy eating. Health Bucks and Stellar Farmers Markets are great examples of integrated programs.

**Update the City Food Metrics report to include all agencies' nutrition education-related initiatives.**

City law currently requires the city to report nutrition education activities for the Human Resources Administration (HRA) and Department of Health and Mental Hygiene (DOHMH) only. The City Council should change the law to require the City Food Metrics report to include all agency nutrition education initiatives and the work of the City's Food Policy Taskforce.

**Develop consistent food and nutrition goals across city agencies and communities.** By promoting consistent goals, city agencies can enhance participant experience, outcomes, and access to initiatives. The DOHMH-administered Partnerships to Improve Community Health's campaign, which works with stakeholder groups to promote drinking water across the five boroughs, is one example of such coordination.

**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 in city schools.

- The Department of Education (DOE) should develop a K-12 nutrition education scope and sequence that aligns with state health standards. This would give teachers and local providers a more cohesive framework for providing nutrition education in schools.
- DOE should explore ways to integrate nutrition education into other academic subjects, helping teachers and local providers meet state standards through nutrition education activities.
- DOE should focus more resources and funding on nutrition education professional development for teachers, principals, School Wellness Council members, and other school staff.
- DOE should publish and promote its updated version of the USDA-mandated Local Wellness Policy (LWP). DOE should also continue its minigrants for schools implementing LWPs in the 2017-2018 school year.
- The previously-mentioned city nutrition education coalition should include a working group for school-based nutrition education.



## VIII. Future Research Questions

This report helps city 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 stage of life, in all of the places where they live, work, learn, worship, and play.

Further research of these systems would deepen stakeholders' ability to ensure all New Yorkers have great nutrition education through stronger policy and practice.

### 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 cities' support** for nutrition education. Research could determine how New York compares to other cities 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.



## References

1. N.Y.C. Department of Health and Mental Hygiene. Diabetes in New York City. 2013.
2. N.Y.C. Office of Mayor. *Reversing the Epidemic: The New York City Obesity Task Force Plan to Prevent and Control Obesity*. May 31 2012.
3. Gussow JD. Food and Nutrition Education: A Redefinition. *Teachers College Record*. 1980;81(4).
4. Requiring Signage about the Risks of Sugars and Other Carbohydrates for People with Diabetes and Prediabetes. *Health* 2017.
5. Contento IR. *Nutrition Education: Linking Research, Theory and Practice*. Third Edition ed: Jones & Bartlett; 2015.
6. Rivera RL, Maulding MK, Abbott AR, Craig BA, Eicher-Miller HA. SNAP-Ed Increases Long-Term Food Security among Indiana Households with Children in a Randomized Controlled Study. *Journal of Nutrition* 2016.
7. Kaiser L, Chaidez V, Algert S, et al. Food Resource Management Education With SNAP Participation Improves Food Security. *Journal of Nutrition Education and Behavior*. 2015;47(4):374-378.
8. Pucher KK, Boot NM, De Vries NK. School Health Promotion Interventions Targeting Physical Activity and Nutrition Can Improve Academic Performance in Primary and Middle School Children. *Health Education* 2012;55(5):372-391.
9. Baxter SD, Thompson WO. Fourth-Grade Children's Consumption of Fruit and Vegetable Items Available as Part of School Lunches Is Closely Related to Preferences. *Journal of Nutrition Education and Behavior*. 2002;34(3):166-171.
10. Brug J, Tak NI, te Velde SJ, Bere E, de Bourdeaudhuij I. Taste Preferences, Liking, and Other Factors Related to Fruit and Vegetable Intakes Among Schoolchildren: Results from Observational Studies. *British Journal of Nutrition*. 2008;99(suppl 1):S7-14.
11. Cullen KW, Baranowski T, Owens E, Marsch T, Rittenberry L, de Moor C. Availability, Accessibility, and Preferences for Fruit, 100% Fruit Juice, and Vegetables Influence Children's Dietary Behavior. *Health Education and Behavior*. 2003;30(5):615-626.
12. DiNoia J, Byrd-Bredbenner C. Determinants of Fruit and Vegetable Intake in Low-Income Children and Adolescents. *Nutrition Reviews*. 2014;72(9):575-590.
13. Kann L, Telljohann SK, Wooley SF. Health Education: Results from the School Health Policies and Programs Study 2006. *Journal of School Health*. 2007;77(8):408-434.
14. Wright W, Rowell L. Examining the Effect of Gardening on Vegetable Consumption among Youth in Kindergarten through Fifth Grade. *Wisconsin Medical Journal*. 2010;109(3):125-129.
15. McAleese JD, Rankin LL. Garden-Based Nutrition Education Affects Fruit and Vegetable Consumption in Sixth-Grade Adolescents. *Journal of the American Dietetic Association*. 2007;107:662-665.
16. Prelip M, Kinsler J, Thai C, Erausquin J, Slusser W. Evaluation of a School-Based Multicomponent Nutrition Education Program to Improve Young Children's Fruit and Vegetable Consumption. *Journal of Nutrition Education and Behavior* 2012;44(4):310-318.
17. Prelip M, Slusser W, Thai CL, Kinsler J, Erausquin JT. Effects of a School-Based Nutrition Program Diffused throughout a Large Urban Community on Attitudes, Beliefs, and Behaviors Related to Fruit and Vegetable Consumption. *Journal of School Health*. 2011;81:520-529.
18. Ratcliffe MM, Merrigan KA, Rogers BL, Goldberg JP. The Effects of School Garden Experiences on Middle School Aged Students' Knowledge, Attitudes, and Behaviors Associated with Vegetable Consumption. *Health Promotion Practice*. 2009:1-8.
19. Wall D, Least C, Gromis J, Lohse B. Nutrition Education Intervention Improves Vegetable-Related Attitude, Self Efficacy, Preference, and Knowledge of Fourth-Grade Students. *Journal of School Health*. 2012;82:37-43.
20. Wong W, Lakkakula A, Geaghan JP, Zanovec M, Pierce SH, Tuuri G. A Cafeteria-Based Tasting Program Improved Elementary School Children's Fruit Preferences and Self-Efficacy to Consume Fruits and Vegetables. *Journal of Food Research*. 2012;1(2):139-147.
21. Vine M, Hargreaves MB, Briefel RR, Orfield C. Expanding the Role of Primary Care in the Prevention and Treatment of Childhood Obesity: A Review of Clinic and Community-Based Recommendations and Interventions. *Journal of Obesity*. 2013.
22. N.Y.C. Department of Health and Mental Hygiene. Obesity. 2017; <http://www1.nyc.gov/site/doh/health/health-topics/obesity.page>. Accessed September 15, 2017.

23. N.Y.C. Department of Health and Mental Hygiene. High Blood Pressure. 2017; <https://www1.nyc.gov/site/doh/health/publications/health-bulletin/health-bulletin-15-02.page>. Accessed September 15, 2017.
24. N.Y.C. Office of Food Policy. *Food Metrics Report*. 2016.
25. Feeding America. Food Insecurity in New York. 2017; <http://map.feedingamerica.org/county/2015/overall/new-york>. Accessed July 25, 2017.
26. Robert Wood Johnson Foundation. *2015 County Health Rankings Key Findings Report*. 2015.
27. McKernan S, Ratcliffe C, Steuerle E. *Less than Equal: Racial Disparities in Wealth Accumulation*. Urban Institute; 2013.
28. Sommeiller E, Price M, Wazeter E. *Income Inequality in the U.S. by State, Metropolitan Area, and County*. 2016.
29. Roberts S. Gap Between Manhattan's Rich and Poor Is Greatest in U.S., Census Finds. *New York Times*. September 17, 2014.
30. Pan L, Sherry B, Njai R, Blanck HM. Food Insecurity Is Associated with Obesity Among U.S. Adults in 12 States. *Journal of the Academy of Nutrition and Dietetics*. 2012;112(9):1403-1409.
31. Centers for Disease Control and Prevention. Adult Obesity 2016; <https://www.cdc.gov/obesity/data/adult.html>. Accessed July 23, 2017.
32. N.Y.S. Department of Health. Leading Causes of Death, New York City, 2005-2014. 2016; [https://www.health.ny.gov/statistics/leadingcauses\\_death/nyc\\_by\\_year.htm](https://www.health.ny.gov/statistics/leadingcauses_death/nyc_by_year.htm). Accessed September 15, 2017.
33. Cawley J, Meyerhoefer C. The Medical Care Costs of Obesity: An Instrumental Variables Approach. *Journal of Health Economics*. 2012;31(1):219-230.
34. N.Y.S. Office of the State Comptroller. *Soaring Health Care Costs Highlight Need To Address Childhood Obesity*. 2012.
35. Dollahite JS, Kenkel DS, Thompson CS. An Economic Evaluation of the Expanded Food and Nutrition Education Program. *Journal of Nutrition Education and Behavior*. 2008;40(3):134-143.
36. Lambur MTR, Radhika; Lewis, Edwin Carnell; Cox, Ruby Hurley; Ellerbrock, Michael. *Applying Cost Benefit Analysis to Nutrition Education Programs: Focus on the Virginia Expanded Food and Nutrition Education Program*. 1999.
37. Soffen K, Lu D. What Trump Cut in His Agency Budgets. *Washington Post*. May 23, 2017.
38. Lav I, Leachman M. The Trump Budget's Massive Cuts to State and Local Services and Programs. 2017. [https://www.cbpp.org/research/state-budget-and-tax/the-trump-budgets-massive-cuts-to-state-and-local-services-and-\\_ftn4](https://www.cbpp.org/research/state-budget-and-tax/the-trump-budgets-massive-cuts-to-state-and-local-services-and-_ftn4). Accessed July 23.
39. Hamburg R, Segal LM, Martin A. *Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts 2016*. 2016.
40. National Association of State Budget Authors. *State Expenditure Report: Examining Fiscal 2014-2016 State Spending*. 2016.
41. Broadus M, Park E. Senate Bill Would Effectively Eliminate Medicaid Expansion by Shifting Hundreds of Billions in Expansion Costs to States. July 13, 2017.
42. Francis P. *Navigating The Uncertain Health Policy Landscape*. New York Academy of Medicine; April 24 2017.
43. Smith LP, Ng SW, Popkin BM. Trends in US Home Food Preparation and Consumption: Analysis of National Nutrition Surveys and Time Use Studies from 1965–1966 to 2007–2008. *Nutrition Journal*. 2013;12(45).
44. Institute of Medicine. *Food Marketing to Children and Youth: Threat or Opportunity*. 2006.
45. Healthy Eating Research. Food and Beverage Marketing. 2017; <http://healthyeatingresearch.org/focus-areas/food-beverage-marketing/>. Accessed September 11, 2017.
46. Christopher Holmberg JEC, Thomas Hillman, Christina Berga. Adolescents' Presentation of Food in Social Media: An Explorative Study. *Appetite*. 2016;99(1):121-129.
47. Nielsen. Prime Time Total Viewers. 2016.
48. 42 U.S.C. § 1788.
49. 20 U.S.C. §§ 7111 et al.
50. 20 U.S.C. §§ 7171—76.
51. 20 U.S.C. § 6314.
52. 20 U.S.C. § 6613.
53. Mount Sinai Staff. In: McCarthy J, ed 2016.
54. N.Y.S. Department of Health. Community Based Organization (CBO) Planning Grant 2016.
55. Hummel S, DeFranco A, Skorc S, Montoye C, Koelling T. Recommendation of Low-Salt Diet and Short-term Outcomes in Heart Failure with Preserved Systolic Function. *American Journal of Medicine*. 2009;122(11).
56. Mt. Sinai Health System Staff. In: McCarthy J, ed 2016.
57. U.S. Department of Agriculture. Center for Nutrition Policy and Promotion. 2017; <https://www.cnpp.usda.gov/>. Accessed September 6, 2017.
58. N.Y. Pub. Health Law § 2706.
59. N.Y. Pub. Health Law § 2796.
60. N.Y. Pub. Health Law §§ 2599-a—d.
61. N.Y. Pub. Health Law § 3607.
62. N.Y. Pub. Health Law § 2505
63. 10 N.Y.C.R.R. § 85.44.
64. 10 N.Y.C.R.R. § 405.21.
65. 10 N.Y.C.R.R. § 754.7.
66. 9 N.Y.C.R.R. § 7651.17.

67. 18 N.Y.C.R.R. § 900.10.
68. 18 N.Y.C.R.R. § 369.2.
69. 18 N.Y.C.R.R. § 442.22.
70. 18 N.Y.C.R.R. § 491.8.
71. 18 N.Y.C.R.R. § 492.7.
72. N.Y. Education Law §§ 801 et seq.
73. 8 N.Y.C.R.R. § 135.1.
74. 8 N.Y.C.R.R. § 135.3.
75. N.Y. Educ. Law § 918.
76. N.Y. Pub. Health Law § 602.
77. N.Y. Elder Law § 217.
78. N.Y. County Law § 224.
79. Segal LM, Martin A. *A Funding Crisis for Public Health and Safety: State-by-State Public Health Funding and Key Health Facts 2017*. 2017.
80. County Health Officials of New York. *NYSACHO Request for Increase in 2017-2018 Article 6 State Aid to Local Health Departments* 2017.
81. 42 U.S.C. § 1766.
82. Governor Andrew M. Cuomo. *Built to Lead: 2016 State of the State*. 2016.
83. N.Y.S. Department of Health Staff. In: McCarthy J, ed2016.
84. U.S. Department of Agriculture. SNAP-Ed Success Stories. 2017; <https://snaped.fns.usda.gov/success-stories>. Accessed July 6, 2017.
85. U.S. Department of Agriculture. *Supplemental Nutrition Assistance Program Education FY 2016 Allocation*. June 30 2015.
86. 78 FR 20411.
87. 81 FR 18447.
88. N.Y.S. Office of Temporary & Disability Assistance. Nutrition Education and Obesity Prevention: 'Eat Smart New York' Request for Proposal and Application. 2014.
89. Assistance NYSoTaD. In: McCarthy J, ed2016.
90. Cornell University. Food and Nutrition Education in Communities. 2017; <http://fnec.cornell.edu/>. Accessed March 3, 2017.
91. U.S. Department of Agriculture. Who We Are. 2017; <https://nifa.usda.gov/who-we-are>. Accessed September 15, 2017.
92. Cornell Cooperative Extension. Home. 2017; <http://cce.cornell.edu/>. Accessed March 3, 2017.
93. Cornell Cooperative Extension. About Us. 2017; <http://cce.cornell.edu/info/about>. Accessed March 3, 2017.
94. Cornell Cooperative Extension. Organizational Structure. 2017; [http://cce.cornell.edu/sites/default/files/organizationalstructurefinal1\\_0.pdf](http://cce.cornell.edu/sites/default/files/organizationalstructurefinal1_0.pdf). Accessed March 3, 2017.
95. N.Y.S. Office for the Aging. *Overview of Aging Network Programs, Services, and Providers: Impact of Education Law to Provide a Scope of Practice for Selected Titles* 2016.
96. N.Y.S. Department of Agriculture & Markets Staff. In: McCarthy J, ed2016.
97. N.Y. Agriculture in the Classroom. About Us. 2017; <https://www.agclassroom.org/ny/about/index.htm>. Accessed August 30, 2017.
98. N.Y. Educ. Law § 804-a.
99. 8 N.Y.C.R.R. § 135.6.
100. 20 U.S.C. § 7171.
101. 20 U.S.C. §§ 7101 et seq.
102. Healthy Families New York Home Visiting Program. *Healthy Families New York: A Home Visiting Program that Works!* 2013.
103. U.S. Department of Health and Human Services. *Social Services Block Grant Program 2014 Annual Report*. 2014.
104. U.S. Department of Health and Human Services Administration for Children and Families. Report to Congress on the Runaway and Homeless Youth Programs of the Family and Youth Services Bureau for Fiscal Years 2008 and 2009.
105. N.Y.S. Department of State. *Model State Plan (CSBG)*. 2016.
106. N.Y.C. Admin. Code § 3-120.
107. Executive Order No. 122 of 2008.
108. N.Y.C. Food Standards.
109. N.Y.C. Office of Mayor. One New York: The Plan for a Strong and Just City 2015.
110. Bernet P. Local Public Health Agency Funding: Money Begets Money. *Journal of Public Health Management and Practice*. 2007;13(2).
111. N.Y.C. Office of the Comptroller Scott Stringer. *Preliminary Comptroller Analysis: Federal Funding and New York City's Budget*. 2017.
112. Merrill J, Francisco C. Report on the Fiscal 2017 *Executive Budget Department of Health and Mental Hygiene*. 2016.
113. Francisco C. Report on the Fiscal 2016 *Preliminary Budget & the Fiscal 2015 Preliminary Mayor's Management Report: Department of Health and Mental Hygiene*. March 23 2015.
114. N.Y.C. Office of Management and Budget. *Executive Budget Fiscal Year 2016: Message of the Mayor*. May 7 2015.
115. N.Y.C. Department of Health and Mental Hygiene. NYC Nurse-Family Partnership. <http://www1.nyc.gov/assets/doh/downloads/pdf/ms/ms-nfp-bro-hcp.pdf>. Accessed September 15, 2017.
116. N.Y.C. Council. Schedule C. 2017; <https://council.nyc.gov/budget/schedule-c/>. Accessed September 15, 2017.

- 117.N.Y.C. Council. Participatory Budgeting. 2017; <https://council.nyc.gov/pb/>. Accessed September 15, 2017.
- 118.Manhattan Borough President. FY 2016 MBPO Capital Awards. 2015; [http://manhattanbp.nyc.gov/downloads/pdf/FY 2016 MBPO CAPITAL AWARDS.pdf](http://manhattanbp.nyc.gov/downloads/pdf/FY%2016%20MBPO%20CAPITAL%20AWARDS.pdf). Accessed September 15, 2017.
- 119.N.Y.C. SchoolFood. Programs. 2013; <http://www.schoolfoodnyc.org/OurPrograms/breakfast.htm> - gardentocafe. Accessed July 11, 2017.
- 120.N.Y.C. Department of Health & Mental Hygiene. Harlem Health Advocacy Partners. 2017; <https://www1.nyc.gov/site/doh/health/neighborhood-health/harlem-health-advocacy-partners.page>. Accessed March 3, 2017.
- 121.N.Y.C. Housing Authority Staff. In: McCarthy J, ed2016.
- 122.N.Y.C. Department of Youth & Community Development. After School. 2017; <http://www1.nyc.gov/site/dycd/services/after-school.page>. Accessed March 7, 2017.
- 123.N.Y.C. Department of Youth & Community Development. WHEDCo Community Herb Garden. 2017; <http://www1.nyc.gov/site/dycd/services/after-school/whedco-community-herb-garden.page>. Accessed March 7, 2017.
- 124.N.Y.C. Department of Youth & Community Development Staff. In: McCarthy J, ed2017.
- 125.Services USHaH. Transitional Living Program. 2017; <https://www.acf.hhs.gov/fysb/programs/runaway-homeless-youth/programs/transitional-living>. Accessed September 15, 2017.
- 126.U.S. Health and Human Services. Maternity Group Homes for Pregnant and Parenting Youth. 2017; <https://www.acf.hhs.gov/fysb/programs/runaway-homeless-youth/programs/maternity-group-homes>. Accessed September 15, 2017.
- 127.GrowNYC. Grow to Learn NYC: the Citywide School Gardens Initiative. 2016; <https://www.grownyc.org/grow-to-learn>. Accessed July 11, 2017.
- 128.N.Y.C. Department of Sanitation. In: McCarthy J, ed2016.
- 129.N.Y.C. Department of Environmental Protection Staff. In: McCarthy J, ed2017.

# 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.

The following list does not include federal or local policies. For a list of federal and city laws that can support nutrition education, see Appendix B (p. 74) and Appendix D (p. 85).

### 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: Relevant New York City Laws, Rules, and Orders

Below are New York City policies that can support nutrition education. The first section summarizes laws that apply to city agencies. The second section includes regulations that apply to local providers. The third lists the executive order establishing the New York City Food Standards (Food Standards) which are the basis for many nutrition education tools in the city.

For a list of federal and state laws that can support nutrition education, see Appendices B (p. 74) and C (p. 80).

### City Agency Law

#### Mayor's Office of Long-Term Planning and Sustainability

- N.Y.C. Admin. Code § 3-120. Annual City Food System Metrics Report
  - This law requires the Office of Long-Term Planning and Sustainability to submit a report to the Mayor and City Council that details food production, processing, distribution, and consumption. The Office must track 20 different food related activities, including several related to nutrition education. The report must list “the number and description of, and dollar amount spent on, nutrition education programs administered by the human resources administration and department of health and mental hygiene,” as well as community gardens producing food, bodegas participating in the Shop Healthy initiative, and agencies complying with the City Food Standards.

#### Department of Education (DOE)

- N.Y.C. Admin. Code § 21a-966. Reporting on Health Education
  - This law requires DOE to report community school district data for health education. While the law focuses on HIV/AIDS education requirements, it does require schools to report the total number and percentage of students in grades six through twelve who have completed at least one semester of health education.

#### Department of Health and Mental Hygiene (DOHMH)

- N.Y.C. Charter § 22-556. Functions, Powers, and Duties of the Department
  - This law requires DOHMH to provide public education on the prevention and control of disease.

#### Department of Consumer Affairs (DCA)

- N.Y.C. Charter § 64-2203. Powers of the Commissioner
  - This law requires the Commissioner of DCA to research, develop initiatives, and recommend plans to educate and protect consumers. The Commissioner must work with city agencies, federal and state officials, commercial interests, and private groups.

### Laws for Local Providers

#### Child Care Facilities

- N.Y.C. Charter § 21-120.1. Family Child Care and Group Family Child Care
  - This law requires caregivers at family child care facilities to receive at least 15 hours of training within their first year of registration and then every two years after. Training must include education on nutrition and the health needs of infants and children. State law requires staff at early care facilities to complete at least 30 hours of training a year.<sup>1-5</sup>
- 24 R.C.N.Y. § 47.37. Child Care Services
  - This rule requires assistant teachers at group child care facilities to receive at least 15 hours of training every two years. Training must include education on the nutritional needs of young children. State law now requires staff at early care facilities to complete at least 30 hours of training a year.<sup>1-5</sup>

## Executive Orders

- Executive Order No. 122 of 2008. Food Policy Coordinator for the City of New York and City Agency Food Standards
  - This Executive Order, issued by Mayor Bloomberg, creates a Food Policy Coordinator position within the Office of the Mayor. The Coordinator is responsible for increasing access to nutrition assistance programs, ensuring city agencies and contractors comply with the Food Standards, and convening a Food Policy Taskforce for city agencies. The Order also requires DOHMH and the Coordinator to develop Food Standards for all meals that agencies purchase, prepare or serve.

## Appendix E: 2016 New York City Agency Initiatives at a Glance

				Source of Funding			Nutrition Education Activity						
Initiative	Federal Agency		Program Type	Federal	State	City	Private	Individual Counseling	Direct Education	TA/Training	Educational Materials	PSE	Not Specified
Breastfeeding Hospital Collaborative	DOHMH		●	x		x			x	x	x	x	
¡Buen Provecho!-Eat Well	DOHMH		●			x	x		x	x	x	x	
East Harlem Asthma Center of Excellence Chefs	DOHMH		●			x			x				
Eat Well Play Hard in Childcare Settings	DOHMH		●	x	x				x	x	x	x	
Farmers Markets for Kids	DOHMH		●				x		x		x		
Garden to Café	NYC DOE		●			x			x			x	
Stellar Farmers Markets	DOHMH		●	x	x					x	x	x	
Latch On	DOHMH		●			x				x	x	x	
Media Campaigns for Health Bucks, Sodium, Sugar Sweetened Beverage	DOHMH		●	x		x					x		
Mobile Milk Campaign	DOHMH		●			x					x		
National Diabetes Prevention Program	DOHMH		●	x		x		x	x	x	x		
We All Want Healthy Children	DOHMH		●			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	Consume Fewer Processed Snacks or Meal Products	Drink Fewer SSBs	Not Specified
Breastfeeding Hospital Collaborative						x							
¡Buen Provecho!-Eat Well													
East Harlem Asthma Center of Excellence Chefs							x						
Eat Well Play Hard in Childcare Settings	x	x	x	x	x	x	x	x				x	
Farmers Markets for Kids	x												
Garden to Café	x												
Stellar Farmers Markets	x	x	x	x	x		x		x			x	
Latch On						x							
Media Campaigns for Health Bucks, Sodium, Sugar Sweetened Beverages	x		x							x		x	
Mobile Milk Campaign						x							
National Diabetes Prevention Program	x		x	x	x		x		x				
We All Want Healthy Children	x	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.



	Setting									
Initiative	Early Childhood Center	School	Senior Center	Health Care	Public Housing/ Other Home	CBO/ FBO	Farmers Market	Retail/ Restaurant	Garden or Farm	Not Specified
Breastfeeding Hospital Collaborative				x						
¡Buen Provecho!-Eat Well	x	x								
East Harlem Asthma Center of Excellence Chefs						x				
Eat Well Play Hard in Childcare Settings	x									
Farmers Markets for Kids							x			
Garden to Café		x								
Stellar Farmers Markets			x		x	x	x			
Latch On				x						
Media Campaigns for Health Bucks, Sodium, Sugar Sweetened Beverage										
Mobile Milk Campaign										x
National Diabetes Prevention Program						x				
We All Want Healthy Children						x				
	Target Population									
Initiative	Infant	Preschool	School-Age	Pregnant	Caregiver	Adult	Senior	Low Income	Staff	Not Specified
Breastfeeding Hospital Collaborative									x	
¡Buen Provecho!-Eat Well		x	x		x			x	x	
East Harlem Asthma Center of Excellence Chefs						x			x	
Eat Well Play Hard in Childcare Settings		x			x			x	x	
Farmers Markets for Kids			x							
Garden to Café			x							
Stellar Farmers Markets						x	x	x	x	
Latch On	x			x	x				x	
Media Campaigns for Health Bucks, Sodium, Sugar Sweetened Beverages						x		x		
Mobile Milk Campaign	x			x	x					
National Diabetes Prevention Program						x				
We All Want Healthy Children			x			x			x	

				Source of Funding				Nutrition Education Activity					
Initiative	Federal Agency		Program Type	Federal	State	City	Private	Individual Counseling	Direct Education	TA/Training	Educational Materials	PSE	Not Specified
Health Bucks	DOHMH		⊙	x		x				x	x	x	
Healthy Start Brooklyn	DOHMH		⊙	x		x		x	x		x		
Local Wellness Policies	NYC DOE		⊙			x				x	x	x	
Newborn Home Visiting Program	DOHMH		⊙	x		x		x			x		
Nurse Family Partnership	DOHMH		⊙	x	x	x	x	x		x	x		
Nutrition Program for the Elderly	DFTA		⊙	x		x		x	x	x	x		
Partnerships to Improve Community Healthy	DOHMH		⊙	x						x	x	x	
Shop Healthy	DOHMH		⊙	x		x				x	x	x	
State Health Education Standards Implementation	NYC DOE		⊙		x	x			x	x	x		
Wellness Council Minigrants & Portal	NYC DOE		⊙			x				x	x	x	
	Target Behavior												
	Consume Fruits & Vegetables	Consume Whole Grains	Drink Water	Consume Low Fat Dairy	Consume My Plate Meals	Breastfeed	Cook	Garden	Budget		Consume Less Sodium	Consume Fewer Processed Snacks or Meal Products	Drink Fewer SSBs
Health Bucks	x												
Healthy Start Brooklyn						x							
Local Wellness Policies	x			x						x	x		
Newborn Home Visiting Program						x							
Nurse Family Partnership						x							
Nutrition Program for the Elderly	x	x	x	x	x					x		x	
Partnerships to Improve Community Health	x		x										
Shop Healthy	x	x	x	x						x	x	x	
State Health Education Standards Implementation													x
Wellness Council Migrants & Portal								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	Senior Center	Health Care	Public Housing/ Other Home	CBO/ FBO	Farmers Market	Retail/ Restaurant	Garden or Farm	Not Specified
Health Bucks						x	x			
Healthy Start Brooklyn					x					
Local Wellness Policies		x								
Newborn Home Visiting Program					x					
Nurse Family Partnership					x					
Nutrition Program for the Elderly			x			x				
Partnerships to Improve Community Health	x	x		x		x	x	x		
Shop Healthy								x		
State Health Education Standards Implementation		x								
Wellness Council Minigrants & Portal		x								
	Target Population									
Initiative	Infant	Preschool	School-Age	Pregnant	Caregiver	Adult	Senior	Low Income	Staff	Not Specified
Health Bucks						x		x		
Healthy Start Brooklyn	x			x	x					
Local Wellness Policies			x						x	
Newborn Home Visiting Program	x				x					
Nurse Family Partnership	x			x	x					
Nutrition Program for the Elderly							x			
Partnerships to Improve Community Health						x			x	
Shop Healthy						x			x	
State Health Education Standards Implementation			x						x	
Wellness Council Minigrants & Portal			x						x	

			Source of Funding				Nutrition Education Activity						
Initiative	Federal Agency		Program Type	Federal	State	City	Private	Individual Counseling	Direct Education	TA/Training	Educational Materials	PSE	Not Specified
21st Century Community Learning Grants	NYC DOE		○	x									x
Community Services Block Grant	DYCD		○	x									x
COMPASS, Beacon, & Cornerstone	DYCD		○	x		x			x				
Creating Healthy Schools and Communities	DOHMH		○	x	x					x	x	x	
Drinking Water Education	DEP		○			x			x	x	x		
Delivery Systems Reform Incentive Program	DNYC HHC		○	x				x					
Food Insecurity Nutrition Incentive	DOHMH		○	x		x				x		x	
Good Choice	DOHMH		○	x						x	x	x	
GreenThumb	NYC DPR		○			x	x		x		x	x	
Grow to Learn	DPR, NYC DOE, GrowNYC		○			x	x			x	x	x	
Harlem Health Advocacy Program	DOHMH, NYCHA		○			x		x	x	x			
MenuStat	DOHMH		○	x							x		
National Salt Reduction Initiative	DOHMH		○	x							x		
New York City Food Standards	DOHMH		○	x		x				x	x	x	
NYCHA Urban Farms	Office of the Mayor, NYCHA		○	x		x	x		x	x	x	x	
Runaway and Homeless Youth Programs	DYCD		○	x				x	x				
Social Services Block Grant	ACS, HRA		○	x									x
Student Support and Academic Enrichment Grants	NYC DOE		○	x									x
Title I	NYC DOE		○	x									x
Zero Waste Initiative	DSNY		○			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	Consume Fewer Processed Snacks or Meal Products	Drink Fewer SSBs	Not Specified
21st Century Community Learning Grants													x
Community Services Block Grant													x
COMPASS, Beacon, & Cornerstone													
Creating Healthy Schools and Communities	x		x					x		x			
Drinking Water Education			x										
Delivery Systems Reform Incentive Program													

● 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.

	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	Consume Fewer Processed Snacks or Meal Products	Drink Fewer SSBs	Not Specified
Food Insecurity Nutrition Incentive	x												
Good Choice										x			
GreenThumb								x					
Grow to Learn								x					
Harlem Health Advocacy Partners													
MenuStat										x			
National Salt Reduction Initiative										x			
New York City Food Standards	x	x	x	x						x	x	x	
NYCHA Urban Farms	x							x					
Runaway and Homeless Youth Programs						x	x		x				
Social Services Block Grant													x
Student Support and Academic Enrichment Grants													x
Title I													x
Zero Waste Initiative								x					
	Setting												
Initiative	Early Childhood Center	School	Senior Center	Health Care	Public Housing/ Other Home	CBO/ FBO	Farmers Market	Retail/ Restaurant	Garden or Farm	Not Specified			
21st Century Community Learning Grants		x											
Community Services Block Grant												x	
COMPASS, Beacon, & Cornerstone		x				x							
Creating Healthy Schools and Communities		x		x		x		x					
Drinking Water Education		x			x								
Delivery Systems Reform Incentive Program				x									
Food Insecurity Nutrition Incentive				x		x	x	x					
Good Choice		x		x				x					
GreenThumb					x	x			x				
Grow to Learn		x							x				
Harlem Health Advocacy Partners					x								
MenuStat								x					
National Salt Reduction Initiative								x					
New York City Food Standards	x	x	x	x	x	x							
NYCHA Urban Farms					x				x				
Runaway and Homeless Youth Programs					x	x							
Social Services Block Grant												x	
Student Support and Academic Enrichment Grants		x											
Title I		x											
Zero Waste Initiative		x							x				



	Target Population									
Initiative	Infant	Preschool	School-Age	Pregnant	Caregiver	Adult	Senior	Low Income	Staff	Not Specified
21st Century Community Learning Grants			x		x					
Community Services Block Grant										
COMPASS, Beacon, & Cornerstone			x					x		
Creating Healthy Schools and Communities			x			x			x	
Drinking Water Education			x						x	
Delivery Systems Reform Incentive Program	x	x	x	x		x		x		
Food Insecurity Nutrition Incentive						x		x	x	
Good Choice									x	
GreenThumb			x			x				
Grow to Learn			x						x	
Harlem Health Advocacy Partners						x		x		
MenuStat						x				
National Salt Reduction Initiative						x			x	
New York City Food Standards									x	
NYCHA Urban Farms						x		x	x	
Runaway and Homeless Youth Programs			x	x						
Social Services Block Grant										x
Student Support and Academic Enrichment Grants			x							
Title I			x							
Zero Waste Initiative			x						x	

## Appendix F: 2016 New York State Administered Initiatives in New York City

				Source of Funding				Nutrition Education Activity					
Initiative	Federal Agency	Program Type		Federal	State	City	Private	Individual Counseling	Direct Education	TA/Training	Educational Materials	PSE	Not Specified
Expanded Food and Nutrition Program	NYC CCE	●		x	x	x		x	x	x	x	x	
Eat Smart New York	OTDA	●		x					x	x	x	x	
Eat Well Play Hard in Day Care Homes	NYSDOH	●		x	x				x	x	x	x	
Just Say Yes to Fruits and Vegetables	OTDA	●		x					x	x	x	x	
Special Supplemental Nutrition Program for Women, Infants, & Children	NYSDOH	●		x				x	x		x	x	
	Target Behavior												
	Consume Fruits & Vegetables	Consume Whole Grains	Drink Water	Consume Low Fat Dairy	Consume My Plate Meals	Breastfeed	Cook	Garden	Budget	Consume Less Sodium	Consume Fewer Processed Snacks or Meal Products	Drink Fewer SSBs	Not Specified
Expanded Food and Nutrition Program	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 Day Care Homes	x	x	x	x		x							
Just Say Yes to Fruits and Vegetables	x	x	x	x	x		x		x			x	
Special Supplemental Nutrition Program for Women, Infants, & Children	x	x		x	x	x	x						
		Setting											
Initiative		Early Childhood Center	School	Senior Center	Health Care	Public Housing/ Other Home		CBO/ FBO	Farmers Market	Retail/ Restaurant	Garden or Farm	Not Specified	
Expanded Food and Nutrition Program		x	x					x					
Eat Smart New York		x	x	x	x	x		x	x	x	x		
Eat Well Play Hard in Day Care Homes		x											
Just Say Yes to Fruits and Vegetables				x		x		x	x				
Special Supplemental Nutrition Program for Women, Infants, & Children					x			x					
		Target Population											
Initiative		Infant	Preschool	School-Age	Pregnant	Caregiver		Adult	Senior	Low Income	Staff	Not Specified	
Expanded Food and Nutrition Program				x		x				x	x		
Eat Smart New York				x		x		x	x	x	x		
Eat Well Play Hard in Day Care Homes			x			x				x	x		
Just Say Yes to Fruits and Vegetables								x	x	x	x		
Special Supplemental Nutrition Program for Women, Infants, & Children		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.

			Source of Funding				Nutrition Education Activity						
Initiative	Federal Agency	Program Type	Federal	State	City	Private	Individual Counseling	Direct Education	TA/Training	Educational Materials	PSE	Not Specified	
Child and Adult Care Food Program	NYSDOH	⊕	x					x	x	x			
Commodity Supplemental Food Program	NYSDOH	⊕	x	x						x			
Farmers Market Nutrition Program	NYSDOH	⊕	x	x						x	x		
Healthy Families New York	OCFS, NYSDOH	⊕	x	x			x		x				
Hunger Prevention and Nutrition Assistance Program	NYSDOH	⊕	x	x					x		x		
Initiative	Target Behavior												
	Consume Fruits & Vegetables	Consume Whole Grains	Drink Water	Consume Low Fat Dairy	Consume My Plate Meals	Breastfeed	Cook	Garden	Budget	Consume Less Sodium	Consume 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		
Farmers Market Nutrition Program	x												
Healthy Families New York							x						
Hunger Prevention and Nutrition Assistance Program	x	x					x		x				
		Setting											
Initiative	Early Childhood Center	School	Senior Center	Health Care	Public Housing/ Other Home	CBO/ FBO	Farmers Market	Retail/ Restaurant	Garden or Farm	Not Specified			
Child and Adult Care Food Program	x	x			x	x							
Commodity Supplemental Food Program				x		x							
Farmers Market Nutrition Program				x		x	x						
Healthy Families New York					x								
Hunger Prevention and Nutrition Assistance Program						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					
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				

● 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.

			Source of Funding				Nutrition Education Activity						
Initiative	Federal Agency	Program Type	Federal	State	City	Private	Individual Counseling	Direct Education	TA/Training	Educational Materials	PSE	Not Specified	
4-H Choose Health	NYC CCE	○	x	x	x	x		x	x	x	x		
Agriculture in the Classroom	NYC CCE	○	x	x	x	x		x	x	x			
Creating Healthy Schools and Communities	NYSDOH	○	x	x						x			
Runaway and Homeless Youth Programs	OCFS	○	x				x	x					
Initiative	Target Behavior												
	Consume Fruits & Vegetables	Consume Whole Grains	Drink Water	Consume Low Fat Dairy	Consume My Plate Meals	Breastfeed	Cook	Garden	Budget	Consume Less Sodium	Consume Fewer Processed Snacks or Meal Products	Drink Fewer SSBs	Not Specified
4-H Choose Health	x	x	x								x	x	
Agriculture in the Classroom								x					
Creating Healthy Schools and Communities	x		x					x		x			
Runaway and Homeless Youth Programs						x	x		x				
		Setting											
Initiative	Early Childhood Center	School	Senior Center	Health Care	Public Housing/ Other Home	CBO/ FBO	Farmers Market	Retail/ Restaurant	Garden or Farm	Not Specified			
4-H Choose Health		x				x			x				
Agriculture in the Classroom		x											
Creating Healthy Schools and Communities		x		x		x		x					
Runaway and Homeless Youth Programs					x	x							
		Target Population											
Initiative	Infant	Preschool	School-Age	Pregnant	Caregiver	Adult	Senior	Low Income	Staff	Not Specified			
4-H Choose Health			x										
Agriculture in the Classroom			x										
Creating Healthy Schools and Communities			x			x			x				
Runaway and Homeless Youth Programs			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.

## Appendix G: New York City Initiative Descriptions

The initiatives described in this report 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 City.

### 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.<sup>6</sup> 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.<sup>7</sup> Cornell's 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, after being trained by CCE staff, 4-H Choose Health Action Teens in Brooklyn used their new-found knowledge to persuade local stores to carry healthier products.<sup>8</sup>

### 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, DOE provides funds to NYSED, which in turn sub-contracts with New York City LEAs, CBOs, and other entities. In its 2017 Draft ESSA State Plan, NYSED pledged to support community activities that students and parents have helped to plan and design.<sup>9</sup> At present, we do not know the degree to which New York City grantees will choose to provide nutrition education. 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, Ag and Markets, NYSED, and the New York State Farm Bureau.<sup>10</sup> Housed at Cornell University, this USDA initiative aims to increase agricultural literacy across the state. The partnership oversees the statewide agricultural literacy week, provides grants for high tunnels and school gardens, and hosts trainings for educators.<sup>11</sup> For example, first grade students at PS 205 in Queens learned math and science skills by growing plants from seeds in their Ag in the Classroom-funded high tunnels.<sup>12</sup>

### Breastfeeding Hospital Collaborative

N.Y.C. Charter § 22-556

The Breastfeeding Hospital Collaborative uses CDC PICH and city funds to support breastfeeding in hospitals. DOHMH works with participating hospitals to implement WHO's Ten Steps to Successful Breastfeeding and receive the Baby-Friendly designation. As part of the initiative, DOHMH provides technical assistance and lactation education and training resources to hospitals.<sup>13</sup> For example, DOHMH works with hospital staff to provide customized coaching and assess hospital compliance with best practices for breastfeeding.

### ¡Buen Provecho! – Eat Well

N.Y.C. Charter § 22-556

¡Buen Provecho! is a privately-subsidized, publicly-administered city pilot project. To improve food choices and affordability, DOHMH targets teachers, early elementary students, and their caregivers in five East Harlem schools.



In the classroom, DOHMH-trained teachers deliver an integrated nutrition curriculum, Eating Healthy for Success.<sup>14</sup> In the cafeteria, during a weekly free breakfast club for caregivers, parent coordinators host nutrition classes, provide Health Bucks, and distribute children's books. For example, the parent coordinator in one East Harlem school introduced caregivers who were mainly from an immigrant community and unfamiliar with pears to varieties of the fruit sold in their local bodega.<sup>15</sup>

## Building Healthy Communities (BHC)

*N.Y.C. Charter § 1-8*

BHC is a comprehensive city initiative to invest both public and private money in historically underfunded neighborhoods. The initiative aims to promote safe public spaces, encourage physical activity, and increase access to nutritious foods. To improve food access, BHC is helping to build community and school gardens, support farmers' markets, and establish urban farms.<sup>16</sup> Currently, BHC supports four urban farms in NYCHA developments. Residents, with support from community partners, run the farms and farmers' markets at each site. NYCHA residents enrolled in the Green City Force initiative provide cooking demonstrations with food from the farm. For example, a Corps member demonstrated to other NYCHA residents how to make pesto from a recipe she learned as a Green City Force Corps member.<sup>17</sup>

## 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.<sup>18</sup> The goal of this 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 day care homes (which participate through sponsor organizations).<sup>19</sup> NYSDOH administers CACFP in the city, 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.<sup>20</sup>

## 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.<sup>21</sup> Seniors in the initiative are also eligible for fruit and vegetable checks through a separate, but related, initiative — New York's FMNP.<sup>22</sup> Local agencies, in this case, four community based organizations, link CSFP participants to additional health and social services, as well as to nutrition education.<sup>23</sup> In some cases, a JSY nutritionist will provide education and recipe demonstrations at CSFP sites.<sup>24</sup> USDA requires that the activities encourage participants to use CSFP foods and are culturally appropriate.<sup>25</sup> 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.<sup>26</sup>

## Community Health Worker Workforce Initiative

*N.Y.C. Charter § 22-556*

Through the recently launched Community Health Worker (CHW) Workforce Initiative, DOHMH supports individuals working as community health workers—patient navigators, housing advocates, parent coordinators, and health coaches, among others.<sup>27</sup> The Workforce Initiative is primarily a professional and community organizing entity. Its goal is to help CHWs establish and influence policies that reduce health disparities in their communities. The initiative may also help DSRIP expand by strengthening relationships between hospitals and community organizations. For example, community health workers can link patients treated for heart disease to local cooking classes as part of their care plan when they are discharged from the hospital.

## Community Services Block Grant (CSBG)

42 U.S.C. §§ 9901—26

CSBG is an HHS grant program that aims to lessen poverty and support employment, education, housing, nutrition, and health services.<sup>28</sup> The Department of State (DOS) distributes grant funds to 49 community action agencies, including the Department of Youth and Community Development (DYCD) in New York City.<sup>29</sup> In turn, DYCD funds projects that the Neighborhood Advisory Boards have recommended in 42 different Neighborhood Development Areas across the city.<sup>30</sup> These Boards identify funding priorities based on community input.<sup>31</sup> The federal government does not require states to report if they use CSBG funds for nutrition education. So the degree to which New York City or State used FY 2016 funds for nutrition education is unknown. But, agencies have used CSBG to support nutrition education initiatives in the past.<sup>32</sup> For example, CSBG has funded cooking classes and community garden development.<sup>32</sup>

## Creating Healthy Schools and Communities (CHSC)

42 U.S.C. §§ 247b *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.<sup>33</sup> 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.<sup>34</sup> In New York City, the Institute for Family Health, East Harlem NHAC, and Brooklyn NHAC each work with local schools to implement wellness policies, establish fresh food box initiatives, and promote healthy beverages. These grantees provide nutrition education to school and community decision makers to help them understand why changes to 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.<sup>35</sup>

## Delivery Systems Reform Incentives Program (DSRIP)

42 U.S.C. §§ 1315 *et seq.*

The Affordable Care Act expanded and altered Medicaid, a 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.<sup>36</sup> 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.<sup>37</sup>

## 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 may determine a scope and sequence and choose curricula. Curricula must focus on decision-making and include strategies to manage relationships and stress, to effectively communicate, plan, and set goals.<sup>38</sup> 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 health education course.<sup>39</sup> 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 Education School Wellness Initiatives

*N.Y. Educ. Law § 2503*

DOE's Office of School Wellness oversees health education (described above), the annual NYC FITNESSGRAM assessment, and school wellness councils, among other activities.<sup>40</sup> To comply with Healthy, Hunger-Free Kids Act requirements, New York City developed a Local Wellness Policy that includes physical activity and nutrition.<sup>41</sup> To support schools implementing these policies, DOE awards between \$1,000 and \$2,500 to schools to strengthen or start wellness councils.<sup>42</sup> For example, schools may use council funds to develop healthy snack policies or better incorporate nutrition education into the school day.

## Department of Environmental Protection Environmental Education

*N.Y.C. Charter § 57-1403*

DEP's Office of Education operates a drinking water initiative for NYC schools.<sup>43</sup> To promote tap water, the Office offers school-age children and teachers a variety of resources and experiences. Performances, art contests, and field trips are among the ways students learn the importance of the city's watershed and become excited about drinking water. For example, through DEP Office of Education, students visit Newtown Creek wastewater facility to learn how the city treats water, so that ultimately clean water flows from the tap into glass.

## Department of Health and Mental Hygiene Diet-Related Disease Media Campaigns

*N.Y.C. Charter § 22-556*

To publicize its chronic disease initiatives and draw greater attention to diet-related diseases, DOHMH has developed numerous media campaigns.<sup>15</sup> Using city tax dollars, the agency has educated New Yorkers about its new sodium warning label and developed a campaign to educate the public about the harms associated with drinking sugar sweetened beverages. DOHMH also uses city funds to target communities with higher rates of chronic disease and lower rates of income. The agency advertises Health Bucks in communities where a high percentage of the population is eligible for SNAP. With CDC's PICH funds, DOHMH also developed media campaigns that promote drinking water and encourage residents to make small lifestyle changes to avoid Type II diabetes. DOHMH typically places these ads on public transportation routes, foreign-language radio stations, online, and in daily papers. The agency has recently started to consider non-traditional spaces as well. For example, while getting his hair cut, a barbershop customer may now see DOHMH posters that explain the new salt shaker icon on restaurant menus.

## Department of Sanitation Education

*N.Y.C. Charter § 31-753*

DSNY operates a compost initiative for NYC schools to reduce the amount of food going to landfills. Talking with students about food and nutrition can motivate them to compost.<sup>44</sup> As part of DSNY's larger composting education initiative, students can participate in gardening activities, access reading materials, and take fieldtrips. For example, students can visit the DSNY-funded New City York Compost Project at the Queens Botanical Gardens and learn how composting can help urban farms grow food.<sup>45</sup>

## Department of Youth & Community Development Programming

*N.Y.C. Charter § 30-733*

DYCD uses city tax levy dollars and a small portion of Community Development Block Grant funds to support youth and families through afterschool, community development, literacy, and workforce development programs.<sup>46</sup> Many of its programs provide a healthy snack or meal through CACFP. One of DYCD's core services is afterschool programming — COMPASS, Beacon, and Cornerstone are three such initiatives. For these afterschool initiatives, DYCD contracts with community partners to provide academic enrichment, play opportunities, and cultural activities based on community interest.<sup>47</sup> Some afterschool initiatives host cooking clubs. Others work in community gardens where teens learn about various vegetables, herbs, and flowers.<sup>48</sup> Though DYCD does not currently require programs to provide nutrition education or track which ones do, some afterschool programs provide youths the opportunity to learn about food and cooking. For

example, DYCD encourages COMPASS youth to refashion and cook a family recipe to compete in the city-wide annual Recipe Rescue, whose goal is to promote cooking and healthy eating.<sup>49</sup>

## Eat Smart New York (ESNY)

7 U.S.C. §§ 2036a *et seq.*

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.<sup>50</sup> 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. Its goals are to encourage participants to eat more produce, drink fewer sugar-sweetened beverages, and be active. Three programs make up ESNY—a regional program, Eat Well Play Hard in Child Care Settings, and Just Say Yes to Fruits and Vegetables. (The latter two are described elsewhere in this appendix). For the regional model, OTDA contracts with partners who provide nutrition education in areas with high poverty and obesity rates. Current New York City providers are the Children's Aid Society, City Harvest, New York Common Pantry, and Food Bank For New York City. These partners work in schools, gardens, food pantries, hospitals, retail, and community organizations to provide children and adults nutrition education. For example, Children's Aid Society used the Dig In! curriculum to get students excited about healthy foods through gardening.

## 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.<sup>50</sup> 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. DOHMH also implements a Farm to Preschool project at 12 centers. DOHMH registered dietitians offer food boxes which guardians can purchase with EBT or WIC, demonstrate how to use food box produce, and provide gardening tool kits to the center. For example, an EWPH CCS educator may lead a workshop focusing on healthy snacks and invite guardians to sample a healthy recipe.<sup>51</sup>

## 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, focusing primarily on licensed day care home providers.<sup>52</sup> 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.<sup>53</sup> NYSDOH uses a combination of state and federal funding to support four of these sponsors to implement the EWPH DCH initiative across the state, including in the Bronx. 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 focusing on food preparation, resource management, and food safety.<sup>54</sup> The initiative serves caregivers, expectant mothers, and youth. CCE NYC oversees EFNEP in 28 counties, including New York City's five counties.<sup>55</sup> Peer educators, typically paraprofessionals who previously participated in the EFNEP series, deliver the six to nine lessons in the series. For example, an East Harlem EFNEP educator showed caregivers how to replace mayonnaise in tuna salad with avocados, a fresh ingredient found in local bodegas.<sup>56</sup>

## Farmers Markets for Kids (FMK)

*N.Y.C. Charter § 22-556*

The Farmers Markets for Kids initiative offers nutrition education for children visiting two South Bronx farmers' markets. A privately-funded DOHMH initiative, FMK encourages children to eat more fruits and vegetables through hands-on activities, cooking demonstrations, and farmers market tours. Participants also receive a \$2 Health Buck. For example, kids in the South Bronx can take a field trip to the 170 Farm Stand market.

## 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.<sup>57</sup> 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.<sup>58</sup>) NYSDOH, NYSOFA, and NYS Ag and Markets coordinate FMNP check distribution and promote the initiative to potential participants. NYSDOH oversees and allocates checks to WIC and CSFP providers. Congregate feeding sites 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.<sup>59</sup> At many participating markets, CCE community educators and volunteers sample easy, fresh recipes.<sup>60</sup> For example, educators distribute FMNP recipes describing how to use leafy greens when they are in season.<sup>61</sup>

## Food Insecurity Nutrition Incentive (FINI)

*7 U.S.C. § 7517*

USDA's FINI grant provides funds to government agencies and nonprofits to increase low-income consumer purchases of fresh fruits and vegetables. With the federal FINI award, DOHMH will expand the city's food stamp incentive initiative, Health Bucks, year round.<sup>62</sup> DOHMH also plans to fund several pilot projects. Currently, only farmers markets accept Health Bucks; one pilot project will expand the redeemable \$2 coupons to retail store locations. Another will allow pharmacies to prescribe fruits and vegetables. FINI may also increase nutrition education in the city. For example, DOHMH requires partner organizations to distribute Health Bucks as part of their health and nutrition programming, and DOHMH will provide technical assistance and food education to participating pharmacies and stores.<sup>15</sup>

## Food and Nutrition Education in Communities (FNEC)

*N.Y. Educ. Law § 5714*

FNEC is a subdivision of Cornell University's Division of Nutritional Sciences.<sup>63</sup> As part of the land grant university, FNEC works with CCE, develops curricula, and conducts studies on obesity prevention. FNEC oversees EFNEP and provides professional development for SNAP-Ed, both delivered through CCE educators across the state and in New York City. FNEC staff support other USDA initiatives such as FMNP, Adopting Healthy Habits, and 4-H's Choose Health Action Teens initiatives.<sup>64</sup> 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 eating. These initiatives are helping to build an evidence-base for nutrition education.

## Garden to Café

*N.Y. Educ. Law § 2503*

Garden to Café is a city initiative to educate students about gardening and local food systems; support school gardens; and encourage students to eat more fresh, local produce.<sup>65</sup> NYC DOE's Office of SchoolFood partners with Grow to Learn to support Garden to Café schools. These schools host seasonal harvest celebrations and tasting events. For example, SchoolFood staff prepare dishes such as salads with greens students have grown in their school gardens.



## GreenThumb

56 R.C.N.Y. §§ 6 *et seq.*

NYC DPRs' GreenThumb community garden initiative directly supports nutrition education. GreenThumb works with the Grow to Learn NYC initiative, offers educational workshops, and hosts garden events. Two examples of events are the Harvest Fair and Fresh Chef Contest.<sup>66</sup>

## Grow to Learn NYC (GTL)

N.Y.C. Charter §1-8

Grow to Learn NYC is a citywide initiative that aims to have a school garden in every K-12 public school in the city.<sup>67</sup> Originally financed through the Mayor's Fund, the initiative is now a partnership involving GrowNYC, NYC Parks' GreenThumb, and NYCS DOE's Office of SchoolFood Garden to Café initiatives. GTL supports nearly 700 school gardens. The initiative coordinates communication and resources for the gardens, provides minigrants for equipment, and offers technical assistance to schools and educators. GTL also partners with Green Beetz to offer complementary food-based education at eight sites across the City.<sup>68</sup> For example, 5th and 6th graders participate in a lesson that has them explore issues of food sovereignty, getting the students more excited to eat produce they have grown in their school garden.<sup>69</sup>

## Harlem Health Advocacy Partners (HHAP)

N.Y.C. Charter § 22-556

Harlem Health Advocacy Partners is a DOHMH NHAC pilot initiative to address high blood pressure, diabetes, and asthma in East and Central Harlem. Community health workers in five NYCHA developments collaborate to improve long-term care and quality of life through health insurance enrollment, health education, and community organizing.<sup>70</sup> Through HHAP, residents have access to individual counseling, chronic disease management, and group classes. Community health workers may help residents purchase and prepare healthy foods. For example, a NYCHA community member might meet with a resident health coach to set individual diabetes management goals or might attend a nutrition class at the community center.

## 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 promotes good nutrition enabling a child to maintain a healthy weight and achieve academically.<sup>71</sup> 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.<sup>71</sup> For example, Head Start staff will discuss the importance of drinking water while they serve and eat lunch with students.

## Health Bucks

N.Y.C. Charter § 22-556

Health Bucks are a DOHMH initiative funded through city tax dollars and, more recently, USDA's FINI initiative. Health Bucks increase SNAP recipients' ability to afford fruits and vegetables at farmers' markets.<sup>72</sup> With Health Bucks, DOHMH issues an additional \$2 for every \$5 an individual spends on produce. Consumers can pair the coupon with other fresh fruit and vegetable incentive initiatives such as FMNP and SFMNP. To increase Health Bucks use, DOHMH employs a variety of educational strategies. The agency distributes the coupon to individuals who attend SNAP-Ed Stellar Market workshops and relies on community organizations, such as those involved in PICH, to distribute the coupons as part of their health and nutritional programming. DOHMH also provides resources to familiarize individuals with their local farmers'

markets. For example, a Stellar Farmers' Market educator who demonstrates an interesting and affordable way to prepare beets will distribute a Health Buck to audience members to make the recipe's ingredients more affordable.

### 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 and Kings 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 (MIECHV) Program.<sup>73</sup> 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.

### Healthy Start Brooklyn

42 U.S.C. § 254c-8

Healthy Start Brooklyn is an initiative to support pregnant women and new parents. DOHMH administers the HHS initiative at the local level, educating pregnant women and new parents about pregnancy, childbirth, parenting, and breastfeeding.<sup>74</sup> In addition to breastfeeding support, Healthy Start Brooklyn educators may work with new mothers to prepare healthy foods for their babies. For example, one Brooklyn mother reported that as a result of the program, she was able to "make fresh, healthy organic baby food as my sons' first foods."<sup>75</sup>

### Hunger Prevention and Nutrition Assistance Program (HPNAP)

N.Y. Pub. Health Law § 201

Administered by NYSDOH, HPNAP helps the city's emergency food relief organizations cover the cost of food and operation.<sup>76</sup> Though HPNAP's primary goal is to provide healthy food to individuals, the initiative also supports "comprehensive nutrition and health education programs."<sup>77,78</sup> With HPNAP funds, each of New York's eight regional food banks employ a nutrition resource manager responsible for meeting state nutrition requirements. These same food banks use SNAP-Ed funding to employ a JSY nutritionist, providing HPNAP clients with nutrition workshops. For example, clients at the Food Bank For New York City Community Kitchen can attend interactive nutrition workshops and cooking demonstrations.<sup>79</sup>

### 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.<sup>50</sup> In New York City, NYSDOH contracts with DOHMH and the Food Bank For New York City to implement the initiative. DOHMH runs the Stellar Farmers Market initiative, providing cooking demonstrations at farmers markets across the city. The Food Bank provides workshops, food, and physical activity demonstrations, and supports policy, systems, and environmental concerns for emergency food operations. These activities help low-income families prepare healthy foods with a limited budget. Both the Food Bank and DOHMH distribute Health Bucks to help make produce more affordable. For example, a Stellar Farmers' Market educator will demonstrate an interesting way to prepare beets and beet tops. To make the recipe's ingredients more affordable for attendees, Stellar educators will also distribute Health Bucks.

### Latch On NYC

N.Y.C. Charter § 22-556

As a part of the city's Latch On NYC initiative, DOHMH works with hospitals to promote breastfeeding friendly practices.<sup>80</sup> These hospitals promise to support breastfeeding mothers and avoid practices that encourage mothers to use formula.<sup>81</sup> Latch On NYC also includes a public awareness campaign to promote the benefits of breast milk. For example, Latch On NYC educational materials "inform women of their right to receive education, encouragement and support to breastfeed their babies if they choose to do so."<sup>82</sup>

## Learn It Grow It Eat It (LGE)

*N.Y.C. Charter § 1-8*

Learn It, Grow It, Eat It (LGE), a GrowNYC youth development initiative for South Bronx high school students, receives private and DYCD funds. It aims to improve food access and to raise awareness about healthy eating.<sup>83</sup> LGE provides weekly lessons and school-sponsored internships in nutrition education and urban horticulture. During the summer, LGE interns care for community gardens, oversee a farm stand, prepare samples of garden produce for community members to taste, and host nutrition workshops. For example, LGE interns lead a workshop called “The Road to Bad Health Is Paved in Salt” to help community members better understand the link between sodium consumption and diet-related disease.<sup>83</sup>

## 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 104 and the Nurse Family Partnership on page 106.

## MenuStat

*N.Y.C. Charter § 22-556*

MenuStat is a nutritional database of foods and beverages that the nation’s largest chain restaurants serve. DOHMH developed this nutrition education tool with CDC funds. For example, using MenuStat, a patient with diabetes can look up how many carbohydrates a soda from their favorite restaurant contains.

## Mobile Milk Campaign

*N.Y.C. Charter § 22-556*

The Mobile Milk campaign is one of several ways DOHMH supports breastfeeding. The initiative texts women with practical tips on how to breastfeed. For example, the text service sends mothers messages such as “It can take 3-5 days for your milk to fully come in. Don’t worry, it’s coming! Until then, the yellow, nutrient-filled colostrum is all your baby needs to eat.”<sup>84</sup>

## National Diabetes Prevention Program (NDPP)

*42 U.S.C § 247b*

DOHMH is one of several organizations that administers NDPP in New York City; it provides the initiative for free. DOHMH uses CDC’s 1422 funds, also known as funds for State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke. NDPP targets individuals with pre-diabetes and focuses on healthy eating, physical activity, and lifestyle change. Groups of 10 to 15 individuals initially meet with a lifestyle coach at CBOs one hour per week for four months, and then monthly for up to a year.<sup>85</sup> As an example, an NDPP lifestyle coach might weigh participants privately during a weekly lesson and then help them identify non-starchy vegetables to comprise half their plate.<sup>86</sup>

## 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.<sup>87</sup> NYSED oversees the initiative at the state level, helping local school districts procure food, receive reimbursements, and apply for grants. Though NSLP does not require nutrition education, federal child nutrition laws support a range of nutrition education activities.<sup>88</sup> State educational authorities may use State Administrative Expense funds flexibly or apply for Team Nutrition grants to cover the costs of nutrition education. One example of how NSLP can support broader nutrition education is NYC SchoolFood’s Garden to Café initiative.<sup>65</sup> Garden to Café hosts seasonal harvest celebrations and tasting events in public school cafeterias.

## Newborn Home Visiting Program

*N.Y.C. Charter § 22-556*

With the Newborn Home Visiting Program, community health workers visit mothers in North and Central Brooklyn, East and Central Harlem, and the South Bronx in their homes.<sup>89</sup> All of the health workers are certified lactation counselors. They support breastfeeding mothers, educate caregivers on safe sleep, and distribute breast pumps and cribs if needed. For example, a Newborn Home Visiting worker might work with a mother struggling to breastfeed, correctly positioning and helping the baby latch on.

## New York City Food Standards Initiatives

*42 U.S.C § 247b; N.Y. City Exec. Order No. 122 (2008)*

The New York City Food Standards ban trans fat, require a lower sodium content, and set parameters for meals and snacks. The executive order that established the Standards requires that only city agencies comply. However, DOHMH uses CDC funds to encourage community and faith-based organizations, businesses, and private hospitals to adopt the Standards.<sup>90</sup> In FY 2016, the agency used a portion of its 1422 funds, also known as State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke, to work with community and faith-based organizations. DOHMH also used a small portion of its Sodium Reduction in Communities Program (SRCP) funds to help hospitals, senior centers, and day cares pilot the Good Choice initiative.<sup>91</sup> Good Choice is a tool that helps institutional buyers identify products that meet the Standards.<sup>15,92</sup> For example, in FY 17 DOHMH has been providing technical assistance, training, and educational resources about Good Choice to encourage venues to serve foods lower in sodium.

## Nurse Family Partnership (NFP)

*42 U.S.C. §§ 5116 et seq.*

NFP is a home visiting program for women pregnant with their first baby. DOHMH uses Medicaid; Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV); and Temporary Assistance for Needy Families federal funds, as well as state, city, and private dollars to support the initiative.<sup>93</sup> Trained nurses help these women to adopt healthy parenting practices, such as breastfeeding and cooking.<sup>94</sup> For example, Brooklyn nurses have organized trips to nearby farmers' markets to familiarize their clients with local, seasonal produce.<sup>95</sup>

## 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 programs with the goal of helping seniors to be as "independent as possible for as long as possible."<sup>96</sup> NYSOFA oversees 59 area agencies on aging (AAAs), which in turn contract with local congregate and home delivered meal providers. 97 DFTA, the AAA for New York City, coordinates with 270 congregate meals sites to provide food, nutrition education, and health promotion initiatives. Under state rules, congregate meal sites must offer at least six group classes a year. DFTA staff teach one of the six classes whose content varies based on local interest and provider knowledge. For example, one DFTA nutritionist reports discussing with seniors the heightened importance of drinking water during hot summer months.

## 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.<sup>98</sup> PICH was originally a three year grant which CDC recently reduced to 2.75 years. The PICH initiative will end in the fall of 2017 when DOHMH's Fund for Public Health will no longer be funded. DOHMH uses some of the PICH funds to support the New York City Breastfeeding Hospital Collaborative. DOHMH also works with partners in select areas of each borough to increase smoke-free policies in residential buildings, incentivize produce purchases, and improve physical activity levels.<sup>99</sup> Bronx Health REACH, Mt. Sinai Hospital, Bed-Stuy Restoration Corporation, Make the Road, and Staten Island Partnership for Community Wellness lead coalitions in each of the five boroughs. They organized

community coalitions, awarded mini-grants to community partners, and provided groups with technical assistance to adopt nutrition and physical activity changes to policy, systems, and environment. For example, to help reduce community rates of hypertension, one PICH subgrantee worked with Korean restaurant owners to reduce sodium in menu items.<sup>100</sup>

## 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 thus creating alternatives to nursing home care.<sup>101</sup> 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.<sup>102</sup> SUNY Albany's Center for Excellence in Aging & Community Wellness manages the portal.<sup>103</sup> Through QTAC, patients can learn about available classes. DOHMH officials can track when waiting lists merit forming new classes and can work with the Center for Excellence in Aging & Community Wellness to provide diabetes health management program trainings. For example, through QTAC, a doctor based in Queens can refer a patient at risk of diabetes to community classes in that same zip code.

## 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.<sup>104</sup> Both the state OCFS and DYCD administer runaway and homeless youth initiatives in the city. OCFS uses federal HHS and state funds, while DYCD uses a combination city, state, and federal funds to support RHY initiatives. Neither agency publishes the degree to which they use RHY funds for nutrition education. But local RHY agencies do provide nutrition education. Both the transitional living and maternity group homes teach youth life skills such as budgeting, housekeeping, food preparation, and parenting.<sup>105,106</sup> For example, the Door offers group cooking demonstrations, themed dinners, nutrition sessions with a full-time nutritionist, and field trips to local bodegas and green markets.<sup>107</sup>

## Shop Healthy

N.Y.C. Charter § 22-556

Shop Healthy is a DOHMH initiative that aims to increase healthy food access and consumption in communities with high rates of obesity. DOHMH uses city tax levy dollars and CDC's 1422 funds, also known as funds for State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke. Currently, Shop Healthy stores cluster in East and Central Harlem, the South Bronx, and Central Brooklyn.<sup>108</sup> In these neighborhoods, community groups may choose to "adopt a shop;" alternatively, DOHMH can provide technical assistance and resources to help store owners and distributors supply healthier items. For example, a participating store in East Harlem displayed green apples and bananas at the checkout in attractive Shop Healthy baskets and offered seltzer water in a fridge with a "healthy beverages" decal.<sup>109</sup>

## 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.<sup>50</sup> For descriptions of the initiatives that make up SNAP-Ed, see Eat Smart New York on page 101, Eat Well Play Hard in Child Care Settings on page 101, and Just Say Yes to Fruits and Vegetables on page 104.

## Social Services Block Grant Program (SSBG)

42 U.S.C. § 1397

SSBG is an HHS program that aims to empower and protect individuals who may need additional supports to live independently. In New York City, the Administration for Children's Services and Human Resources Administration receive SSBG federal funds from the state Office of Children and Family Services (OCFS). SSBG initiatives increase economic



self-sufficiency; can prevent child and adult neglect, abuse, and institutionalization; and provide funds for institutional care when necessary.<sup>110</sup> Because the federal government does not require states to report SSBG funds devoted to nutrition education, we do not know exactly how frequently SSBG funded nutrition education in FY 2016. But OCFS has previously reported that counties across the state used funds to provide home management skills education and preventive services for adults; both include nutrition education. SSBG funds have also helped subsidize nutrition education through programs for the elderly, runaways, homeless youths, and low income unmarried parents.<sup>111</sup> For example, SSBG funds have supported initiatives that train homeless youth how to purchase and prepare healthy foods.<sup>111</sup>

## Sodium Warning Label

*N.Y.C. Charter § 22-556*

DOHMH's sodium warning label informs restaurant customers when menu items exceed the daily recommended limit.<sup>112</sup> For example, DOHMH requires that a salt shaker icon appear next to French fries at a chain restaurant to let consumers know that this item contains more than 2,300 mg of salt.

## 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.<sup>113</sup> 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.

## 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. DOE funds to LEAs, including NYC DOE.<sup>9</sup> Because SSAEG funds are not specifically earmarked for nutrition education, we do know the degree to which New York City 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 LEAs and 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.<sup>114</sup> Nurse Schools can use these funds to provide comprehensive services, including health and nutrition education. U.S. DOE authorizes the federal, NYSED administers the grants at the state level, and individual schools use funds according to Title I Plans they have submitted. Because Title I funds are not designated solely for nutrition education, NYSED does not track the funds LEAs use 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.

## Appendices References

1. 18 N.Y.C.R.R. § 414.14.
2. 18 N.Y.C.R.R. § 416.14.
3. 18 N.Y.C.R.R. § 417.14.
4. 18 N.Y.C.R.R. § 418-1.14.
5. 18 N.Y.C.R.R. § 414.12.
6. U.S. Department of Agriculture. Extension. 2017; <https://nifa.usda.gov/extension>. Accessed March 3, 2017.
7. 4-H NYS. Healthy Living. 2017; <http://4hstaff.cce.cornell.edu/healthy-living>. Accessed July 6, 2017.
8. Cornell Cooperative Extension N.Y.C. 4-H Youth CHAT. 2014.
9. N.Y.S. Education Department. Draft: Revised State Template for the Consolidated State Plan. 2017.
10. N.Y. Agriculture in the Classroom. About Us. 2017; <https://www.agclassroom.org/ny/about/index.htm>. Accessed July 10, 2017.
11. N.Y. Agriculture in the Classroom. Programs. 2017; <https://www.agclassroom.org/ny/programs/index.htm>. Accessed July 10, 2017.
12. Cornell University. Curriculum and Event Connections. Vol 20172013.
13. N.Y.C. Department of Health and Mental Hygiene. Request for Applications NYC Breastfeeding Hospital Collaborative Cohort 3. 2017.
14. Fund for Public Health in N.Y.C. Buen-Provecho Part-Time Outreach Worker Announcement. 2016; <http://www.fphnyc.org/wp-content/uploads/2017/02/Buen-Provecho-Part-time-Outreach-Worker.pdf>. Accessed March 3, 2017.
15. N.Y.C. Department of Health & Mental Hygiene Staff. In: McCarthy J, ed2016.
16. N.Y.C. Office of Mayor. Building Healthy Communities: Goals. <http://www1.nyc.gov/nyc-resources/building-healthy-communities-goals.page>. Accessed March 3, 2017.
17. N.Y.C. Housing Authority Staff. In: McCarthy J, ed2016.
18. N.Y.S. Department of Health. Child and Adult Care Food Program. 2017; <https://www.health.ny.gov/prevention/nutrition/cacfp/>. Accessed March 3, 2017.
19. U.S. Department of Agriculture. Child and Adult Care Food Program. 2017; <https://www.health.ny.gov/prevention/nutrition/cacfp/>. Accessed March 3, 2017.
20. Addie Mae Collins Head Start Eat Well Play Hard Observation. In: McCarthy J, ed2016.
21. N.Y.S. Department of Health. What Does CSFP Provide? 2012; [https://www.health.ny.gov/prevention/nutrition/csfp/what\\_is\\_provided.htm](https://www.health.ny.gov/prevention/nutrition/csfp/what_is_provided.htm). Accessed September 15, 2017.
22. N.Y.S. Department of Health. Farmers' Market Nutrition Program. 2017; <https://www.health.ny.gov/prevention/nutrition/fmnp/>. Accessed March 3, 2017.
23. N.Y.S. Department of Health. Apply for CSFP. 2017; <https://www.health.ny.gov/prevention/nutrition/csfp/apply.htm>. Accessed March 7, 2017.
24. Just Say Yes to Fruits and Vegetables. JSY Nutrition Workshop and Recipe Demo @ Queens CSFP, Queens, NY. 2017; <http://jsyfruitveggies.org/workshop/jsy-nutrition-workshop-recipe-demo-queens-csfp-queens-ny-5/>. Accessed July 11, 2017.
25. 7 C.F.R. § 247.18.
26. U.S. Department of Agriculture. Household USDA Foods Fact Sheet. 2012.
27. Health Department, CUNY Host Citywide Professional Development Series For Community Health Workers [press release]. July 26 2016.
28. U.S. Health and Human Services. About Community Services Block Grants. 2017; <https://www.acf.hhs.gov/ocs/programs/csbgb/about>. Accessed September 15, 2017.
29. N.Y.S. Department of State. 2016 Annual Report: Community Services Block Grant Program. 2016; [https://www.dos.ny.gov/dcs/pdfs/Community\\_Services\\_Block\\_Grant\\_Report\\_FFY2016.pdf](https://www.dos.ny.gov/dcs/pdfs/Community_Services_Block_Grant_Report_FFY2016.pdf). Accessed September 15, 2017.
30. N.Y.C. Department of Youth & Community Development. Neighborhood Development Areas and Maps. 2017; <https://www1.nyc.gov/site/dycd/involved/boards-and-councils/nab-nda-maps.page>. Accessed September 15, 2017.
31. N.Y.C. Department of Youth & Community Development. Neighborhood Advisory Boards. 2017; <https://www1.nyc.gov/site/dycd/involved/boards-and-councils/neighborhood-advisory-boards.page>. Accessed September 15, 2017.
32. N.Y.S. Department of State. CSBG Proposed Plan. 2009; <https://www.dos.ny.gov/dcs/amdproposedplan2009.htm>. Accessed September 15, 2017.
33. Centers for Disease Control & Prevention. State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health. 2016; <https://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>. Accessed July 11, 2017.
34. N.Y.S. Department of Health. Creating Healthy Schools and Communities. 2017; [https://www.health.ny.gov/prevention/obesity/prevention\\_activities/chsc/](https://www.health.ny.gov/prevention/obesity/prevention_activities/chsc/). Accessed March 7, 2017.
35. Creating Health Schools & Communities Grantee. In: McCarthy J, ed2016.
36. N.Y.S. Department of Health. Delivery System Reform Incentive Payment Program. 2017; [https://www.health.ny.gov/prevention/obesity/prevention\\_activities/chsc/](https://www.health.ny.gov/prevention/obesity/prevention_activities/chsc/).

- ny.gov/health\_care/medicaid/redesign/dsrip/. Accessed March 7, 2017.
37. Mt. Sinai Health System Staff. In: McCarthy J, ed2016.
38. N.Y.S. Education Department. A Guidance Document for Achieving the New York State Standards in Health Education. 2005.
39. N.Y. Comp. Codes R. & Regs. tit. 8, § 135.3.
40. N.Y.C. Department of Education. School Wellness Programs. 2017; <http://schools.nyc.gov/Academics/Wellness/default.htm>. Accessed September 15, 2017.
41. U.S. Department of Agriculture. Final Rule: Local School Wellness Policy Implementation Under the HHFKA of 2010. 2016; <https://www.fns.usda.gov/school-meals/fr-072916c>. Accessed September 15, 2017.
42. N.Y.C. Department of Education. School Wellness Councils. 2017; <http://schools.nyc.gov/Academics/Wellness/WhatWeOffer/WellnessCouncils/default.htm>. Accessed September 15, 2017.
43. N.Y.C. Department of Environmental Protection Staff. In: McCarthy J, ed2017.
44. N.Y.C. Department of Sanitation. In: McCarthy J, ed2016.
45. Queens Botanical Garden. N.Y.C. Compost Project Hosted by Queens Botanical Garden. 2017; <https://queensbotanical.org/farmandcompost/>. Accessed July 11, 2017.
46. N.Y.C. Department of Youth & Community Development. About DYCD. 2017. Accessed March 7, 2017.
47. N.Y.C. Department of Youth & Community Development. After School. 2017; <http://www1.nyc.gov/site/dycd/services/after-school.page>. Accessed March 7, 2017.
48. N.Y.C. Department of Youth & Community Development. WHEDCo Community Herb Garden. 2017; <http://www1.nyc.gov/site/dycd/services/after-school/whedco-community-herb-garden.page>. Accessed March 7, 2017.
49. N.Y.C. Department of Youth & Community Development Staff. In: McCarthy J, ed2017.
50. N.Y.S. Office of Temporary & Disability Assistance. SNAP-Ed Annual State Plan FFY 2016. 2016.
51. N.Y.C. Department of Health & Mental Hygiene. Eat Well Play Hard in Child Care Settings: Nutrition Education Curriculum Pre-K through 1st Grade.
52. N.Y.S. Department of Health. Eat Well Play Hard in Day Care Homes. 2014; <https://www.agriculture.ny.gov/AD/release.asp?ReleaseID=3390>. Accessed July 10, 2017.
53. N.Y.S. Department of Health Staff. In: McCarthy J, ed2017.
54. Cornell University. EFNEP. 2017; <http://fnec.cornell.edu/for-partners/programs/efnep/>. Accessed July 7, 2017.
55. Cornell University. EFNEP Programs in NY Counties. 2017; <http://fnec.cornell.edu/for-partners/programs/efnep/programs-nys/>. Accessed July 7, 2017.
56. East Harlem Bilingual Head Start Observation. In: McCarthy J, ed2016.
57. N.Y.S. Department of Agriculture & Markets. What Are the Farmers' Market Nutrition Programs. 2017; <https://www.agriculture.ny.gov/AP/agsservices/fmnp-forms-documents.html>. Accessed July 7, 2017.
58. N.Y.S. Department of Agriculture & Markets. What is the WIC VF. 2017; <https://www.agriculture.ny.gov/AP/agsservices/fmnp-wic-vf.html>. Accessed March 7, 2017.
59. N.Y.S. Department of Agriculture & Markets Staff. In: McCarthy J, ed2016.
60. Cornell Cooperative Extension N.Y.C. Farmers' Market Program. 2017; <http://nyc.cce.cornell.edu/farmers-market-nutrition-education-program-fmnp/>. Accessed July 7, 2017.
61. Cornell University. Farmers' Market Nutrition Program Spring Recipes. 2016; <http://fmnp.nutrition.cornell.edu/spring/>. Accessed July 11, 2017.
62. New York City Receives Over \$3 Million From U.S. Department of Agriculture to Expand and Evaluate Health Bucks [press release]. 2016.
63. Cornell University. Food and Nutrition Education in Communities. 2017; <http://fnec.cornell.edu/>. Accessed March 3, 2017.
64. Cornell University. Programs. 2015; <http://fnec.cornell.edu/for-partners/programs/>. Accessed July 10, 2017.
65. N.Y.C. SchoolFood. Programs. 2013; <http://www.schoolfoodnyc.org/OurPrograms/breakfast.htm-gardentocafe>. Accessed July 11, 2017.
66. N.Y.C. Department of Parks & Recreation. In: McCarthy J, ed2017.
67. Grow to Learn. About Grow to Learn. 2017; <http://www.growtolearn.org/about/>. Accessed July 11, 2017.
68. GrowNYC. Grow to Learn NYC: the Citywide School Gardens Initiative. 2016; <https://www.grownyc.org/grow-to-learn>. Accessed July 11, 2017.
69. Green Beetz. Module Three: the Big Business of Food. 2016; [https://www.greenbeetz.org/curriculum/the-big-business-of-food-Marketing\\_and\\_Advertising](https://www.greenbeetz.org/curriculum/the-big-business-of-food-Marketing_and_Advertising). Accessed July 11, 2017.
70. N.Y.C. Department of Health & Mental Hygiene. Harlem Health Advocacy Partners. 2017; <https://www1.nyc.gov/site/doh/health/neighborhood-health/harlem-health-advocacy-partners.page>. Accessed March 3, 2017.
71. U.S. Department of Health and Human Services. Head Start Program Performance Standards Preamble-Part I. 2016.
72. N.Y.C. Department of Health & Mental Hygiene. Health Bucks. 2016; <https://www1.nyc.gov/site/doh/health/health-topics/health-bucks.page>. Accessed March 3, 2017.
73. Healthy Families New York Home Visiting Program. Healthy Families New York: A Home Visiting Program that Works! 2013.

74. N.Y.C. Department of Health and Mental Hygiene. Healthy Start Brooklyn. 2016; <https://www1.nyc.gov/site/doh/health/neighborhood-health/healthy-start-brooklyn.page>. Accessed 2017, September 9.
75. Jones T. The Lasting Effects of Healthy Start Brooklyn Programs. 2015; <https://www.bkreader.com/2015/06/the-lasting-effects-of-healthy-start-brooklyn-programs/>. Accessed September 9, 2017.
76. N.Y.S. Department of Health. Hunger Prevention and Nutrition Assistance Program. 2016; <https://www.health.ny.gov/prevention/nutrition/hpnap/>. Accessed March 3, 2017.
77. N.Y.S. Department of Health. Request for Applications: Hunger Prevention and Nutrition Assistance Program. December 6 2010.
78. N.Y.S. Department of Health. Goal, Benefits, and Services. 2012; [https://www.health.ny.gov/prevention/nutrition/hpnap/goal\\_benefits\\_services.htm](https://www.health.ny.gov/prevention/nutrition/hpnap/goal_benefits_services.htm). Accessed March 3, 2017.
79. Just Say Yes to Fruits and Vegetables. Upcoming Workshops N.Y.C. 2017; <http://jsyfruitveggies.org/workshops/category/nyc/>. Accessed July 11, 2017.
80. N.Y.C. Department of Health and Mental Hygiene. Latch On NYC. 2016; <https://www1.nyc.gov/site/doh/health/health-topics/breastfeeding-latch-on.page>. Accessed September 9, 2017.
81. N.Y.C. Department of Health & Mental Hygiene. Latch On NYC. 2016; <https://www1.nyc.gov/site/doh/health/health-topics/breastfeeding-latch-on.page>. Accessed July 11, 2017.
82. N.Y.C. Department of Health and Mental Hygiene. Latch On NYC: A Hospital-Based Initiative to Support a Mother's Decision to Breastfeed. <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/initiative-description.pdf>. Accessed September 9, 2017.
83. GrowNYC. Learn It Grow It Eat It. 2016; <https://www.grownyc.org/learn-it-grow-it-eat-it>. Accessed July 11, 2017.
84. N.Y.C. Department of Health & Mental Hygiene. Mobile Milk Breastfeeding Texting Campaign. 2016; <https://www1.nyc.gov/site/doh/health/health-topics/pregnancy-mobile-milk.page>. Accessed July 11, 2017.
85. Center for Excellence in Aging and Community Wellness. National Diabetes Prevention Program. 2015; <http://ceacw.org/programs/nysdpp>. Accessed July 11, 2017.
86. Centers for Disease Control & Prevention. Curricula and Handouts. 2017; <https://www.cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html>. Accessed July 10, 2017.
87. N.Y.S. Education Department. National School Lunch Program. 2015; <http://www.cn.nysed.gov/national-lunch-program>. Accessed July 11, 2017.
88. Congressional Research Service. School Meal Programs and Other USDA Child Nutrition Programs: A Primer. November 10, 2014.
89. N.Y.C. Department of Health and Mental Hygiene. Newborn Home Visiting Program. 2016; <https://www1.nyc.gov/site/doh/health/health-topics/pregnancy-newborn-visiting.page>. Accessed September 9, 2017.
90. Food Policy Coordinator for the City of New York and City Agency Food Standards, (2008).
91. Centers for Disease Control & Prevention. Sodium Reduction in Communities Program Current Activities. 2017; [https://www.cdc.gov/dhdsp/programs/srcp\\_activities.htm](https://www.cdc.gov/dhdsp/programs/srcp_activities.htm). Accessed July 11, 2017.
92. N.Y.C. Department of Health & Mental Hygiene. Food Distributors. 2017; <https://www1.nyc.gov/site/doh/health/health-topics/food-distributors.page>. Accessed July 11, 2017.
93. N.Y.C. Department of Health and Mental Hygiene. NYC Nurse-Family Partnership E-News. 2016; <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/e-news-august16.pdf>. Accessed September 15, 2017.
94. N.Y.C. Department of Health and Mental Hygiene. NYC Nurse-Family Partnership. <http://www1.nyc.gov/assets/doh/downloads/pdf/ms/ms-nfp-bro-hcp.pdf>. Accessed September 15, 2017.
95. N.Y.C. Department of Health and Mental Hygiene. "NYC Nurse-Family Partnership E-News. 2014; <http://hosted.verticalresponse.com/963951/1e4077ba26/1432250665/5996e87e4d/>. Accessed September 15, 2017.
96. N.Y.S. Office for the Aging Staff. In: McCarthy J, ed2017.
97. N.Y.S. Office for the Aging. Overview of Aging Network Programs, Services, and Providers: Impact of Education Law to Provide a Scope of Practice for Selected Titles 2016.
98. Centers for Disease Control & Prevention. Partnerships to Improve Community Health. 2017; <https://www.cdc.gov/nccdphp/dch/programs/partnershipstoimprovecommunityhealth/index.html>. Accessed July 11, 2017.
99. Centers for Disease Control & Prevention. Partnerships to Improve Community Health Awardees. 2017; <https://www.cdc.gov/nccdphp/dch/programs/partnershipstoimprovecommunityhealth/pich.html>. Accessed July 11, 2017.
100. PICH Sub-Grantee Staff. In: McCarthy J, ed2016.
101. Medicaid.gov. Balancing Incentive Program. 2017; <https://www.medicaid.gov/medicaid/ltss/balancing/incentive/index.html>. Accessed July 11, 2017.
102. 42 U.S.C. § 1396d.
103. QTAC NY. About Us. 2017; <http://www.qtacny.org/about/>. Accessed July 11, 2017.
104. U.S. Health and Human Services. About the Runaway and Homeless Youth Program. 2017; <https://www.acf.hhs.gov/fysb/programs/runaway-homeless-youth/about>. Accessed September 15, 2017.
105. Services USHaH. Transitional Living Program. 2017; <https://www.acf.hhs.gov/fysb/programs/runaway-homeless->



- youth/programs/transitional-living. Accessed September 15, 2017.
106. U.S. Health and Human Services. Maternity Group Homes for Pregnant and Parenting Youth. 2017; <https://www.acf.hhs.gov/fysb/programs/runaway-homeless-youth/programs/maternity-group-homes>. Accessed September 15, 2017.
107. Door T. Food and Nutrition Services. 2017; <https://www.door.org/programs-services/food-and-nutrition>. Accessed September 15, 2017.
108. N.Y.C. Office of Food Policy. Shop Healthy. 2016; <http://www1.nyc.gov/site/foodpolicy/help/shop-healthy.page>. Accessed March 3, 2017.
109. Alvarez C. Shop Healthy Store Observation. In: McCarthy J, ed2017.
110. U.S. Health and Human Services. SSBG Fact Sheet. 2017; <https://www.acf.hhs.gov/ocs/resource/ssbg-fact-sheet>. Accessed September 15, 2017.
111. N.Y.S. Office of Children and Family Services. Social Services Block Grant Report Federal Fiscal Year 2016. 2016.
112. N.Y.C. Department of Health & Mental Hygiene. Choose Less Sodium. 2016; <https://www1.nyc.gov/site/doh/health/health-topics/heart-disease-choose-less-sodium.page>. Accessed July 11, 2017.
113. N.Y.S. Department of Health. WIC Program- Women, Infants, Children. 2017; <https://www.health.ny.gov/prevention/nutrition/wic/>. Accessed March 3, 2017.
114. U.S. Department of Education. Improving Basic Programs Operated by Local Educational Agencies (Title I, Part A) 2017; <https://www2.ed.gov/programs/titleiparta/index.html>. Accessed September 15, 2017.





