

# Health inequities may have been exacerbated by SNAP-Ed reductions during the COVID-19 pandemic

## Background

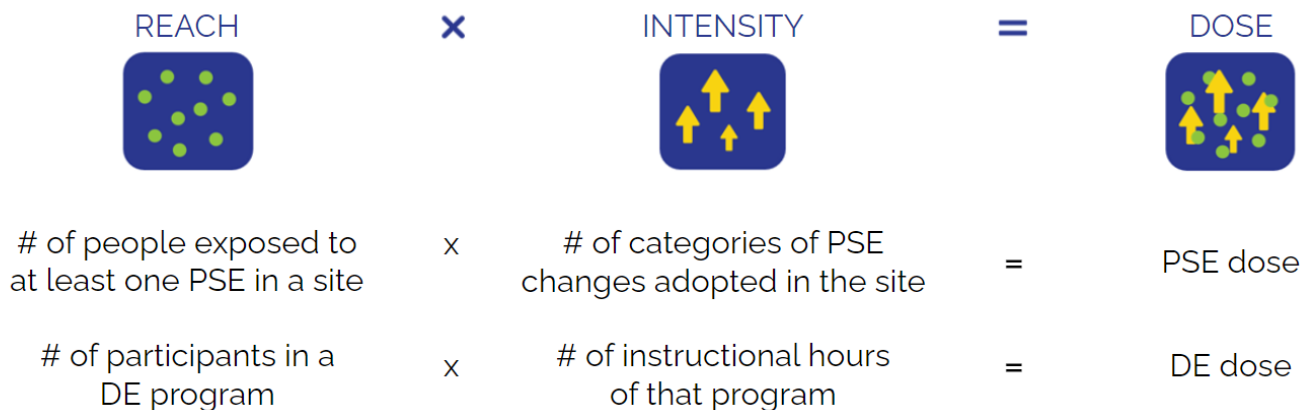
Low-income, Black, and Latinx communities experienced higher rates of COVID-19 morbidity and mortality, in part due to higher prevalence of underlying health conditions associated with poor nutrition and physical inactivity, such as obesity and type 2 diabetes.<sup>1-4</sup> During the COVID-19 pandemic, Local Health Departments (LHDs) reported a redistribution in funding, staff, and other resources which affected implementation of SNAP-Ed programs.<sup>5</sup> Researchers at NPI conducted a study to assess whether certain neighborhoods and community members may have experienced greater reductions in SNAP-Ed programming, during a time when healthy diet and physical activity were especially important for reducing the risk of COVID-19 infection and severe illness.

## What We Evaluated

The aims of the study were to:

1. Measure changes in SNAP-Ed **intervention characteristics** from pre-pandemic (FFY19) to the first year of the pandemic (FFY20)
2. Determine if **neighborhood-level factors** were associated with the observed intervention changes

*Intervention characteristics:* We assessed the **reach, intensity, and dose** of policy, systems, and environmental change (PSE) and direct education (DE) interventions.



*Neighborhood-level factors:* We explored demographics and socioeconomic status of each neighborhood, by census-tract, including race and ethnicity, age, and income. We also used the Healthy Places Index (HPI) to assess neighborhood health conditions. The HPI scores neighborhoods based on factors known to shape health outcomes, like education, healthcare access, and clean air and water.

## What We Found



From FFY19 to FFY20, there was a **decrease in the number of PSE sites and DE programs**. This resulted in decreases in total and per neighborhood reach and in per neighborhood intensity and dose of PSE and DE interventions, ranging from 38% to 75%.



This finding suggests that **fewer people benefited from SNAP-Ed interventions** that have been shown to be effective at improving dietary intakes, fitness, and food security **during a time when diet- and lifestyle-related diseases increased the risk of serious illness and death from COVID-19**.



Although the number of people reached overall and per neighborhood decreased, the **number reached at each individual PSE site and each DE program increased**.



This may be due to an increase in policy-focused PSEs that reached total site population and a switch to online DE delivery which could accommodate larger audiences.

However, there was little to no change in intensity or dose for PSE sites or DE programs.

The observation that per-site PSE/DE intensity and dose remained nearly the same suggests that **LHDs were able to maintain similarly intense and therefore potentially similarly effective interventions** at the site and program levels.



Neighborhoods with higher poverty rates, more residents identifying as Black or Hispanic/Latinx, and less healthy neighborhood conditions experienced **greater reductions** in SNAP-Ed interventions.



Therefore, **pre-existing health inequities that put some communities at greater risk for COVID-19 morbidity and mortality may have been exacerbated by interruptions in SNAP-Ed interventions** in the early months of the pandemic. SNAP-Ed interventions improve dietary intake, food security, and fitness, all factors that help protect against COVID-19 infection and serious disease.

## Implications for CFHL Program Delivery and Future Research

This study demonstrates the importance of an equity-centered approach to promoting healthy eating and active living, especially during public health emergencies. To prevent widening disparities in future public health emergencies, programs like SNAP-Ed should be strengthened and supported through actions such as:



**Intentional resource investment**—during public health emergencies, SNAP-Ed resources should be directed to communities with the greatest health disparities to help prevent widening inequities.



**Program adaptability**—flexible hiring practices, diversification of staff skills, and flexible program guidance can enhance adaptability to future instances when program resources are redirected to emergency efforts..



**Intervention diversification**—to enhance the ability to pivot when some intervention options are blocked, SNAP-Ed programs should aim to reach the same participants in multiple ways across multiple settings.



**Community engagement**—strong community relationships helped LHDs adapt during the pandemic; sustaining existing partnerships and developing new ones may strengthen program sustainability and resilience.

### For More Information

- ✓ Read the full [peer-reviewed research article](#)
- ✓ Learn more about our [CFHL evaluation research](#)
- ✓ Contact us at [EvaluateSnapEd@ucanr.edu](mailto:EvaluateSnapEd@ucanr.edu)

### References

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