

REDUCING THE PREVALENCE AND IMPACT OF POVERTY AMONG NON-HISPANIC  
BLACK ADULTS 18+ LIVING 200% OR MORE BELOW THE FEDERAL POVERTY  
LINE IN DURHAM COUNTY, NORTH CAROLINA

By

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A Capstone Project submitted to the faculty  
of the University of North Carolina at Chapel Hill  
in partial fulfillment of the requirements  
for the degree of Master of Public Health in  
the Public Health Leadership Program and Nutrition

Chapel Hill  
2022

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## ABSTRACT

Tandeka Burks, Joseph Donahue, Sarah Wu, Kossana Young: REDUCING THE PREVALENCE AND IMPACT OF POVERTY AMONG NON-HISPANIC BLACK ADULTS 18+ LIVING 200% OR MORE BELOW THE FEDERAL POVERTY LINE IN DURHAM COUNTY, NORTH CAROLINA  
(Under the direction of Anna Schenk and Kimberly Truesdale)

Within Durham County, non-Hispanic Black adults are the most common racial/ethnic group living at or below 200% of the Federal Poverty Line (FPL) and face more economic instability, negatively affecting their overall health. The Supplemental Nutrition Assistance Program (SNAP) is a federal government program that lessens the severity of poverty, a key factor of economic instability. SNAP lifted nearly 300, 000 North Carolinians out of poverty in 201. However, North Carolina has low SNAP participation rates with nearly one in five individuals in the "SNAP gap," being eligible for SNAP benefits but not receiving them. To increase SNAP participation and decrease food insecurity and poverty, Durham County could implement a local program that serves high-need and disinvested communities. This Durham specific program would increase SNAP enrollment and consist of four key components: community engagement, outreach, application assistance, and education resources.

*Keywords:* Durham County, Supplemental Nutrition Assistance Program (SNAP), poverty, social determinants of health, food insecurity, non-hispanic Black adults, Federal Poverty Line (FPL)

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## **LIST OF ABBREVIATIONS**

DCoDPH	Durham County Department of Public Health
FPL	Federal Poverty Line
FNS	Food and Nutrition Services
FSY	Fiscal Year
HH	Household
MOU	Memorandum of Understanding
NC	North Carolina
SDOH	Social Determinants of Health
SNAP	Supplemental Nutrition Assistance Program



## COMMON PROPOSAL

### Problem Statement and Goals

Economic stability is one of the five domains of the social determinants of health. Poverty, a factor of economic stability, is associated with health-related short-term outcomes, including increased stress levels, declining mental health, and risk of undernutrition and obesity (CDC, 2021b). In this context, poverty is defined as living at or below 200% of the FPL (Healthy NC 2030, 2020).

Despite a diverse and growing population with a thriving economy from the major industries in medicine and education, poverty is higher among minority racial/ethnic groups in Durham County. Centuries of white supremacy, systemic racism, and segregation policies like redlining and gentrification contribute to the racial wealth gap, the difference in total assets across racial/ethnic groups (The Durham Racial Equity Task Force, 2020).

In Durham County, low-income Black adults aged 18 years and older living at or below 200% of the FPL have more negative health impacts due to higher economic deprivation rates than White adults (DCPHD, 2020). Thirteen and a half percent (41k out of 303k people) of the community lives at least 200% below the FPL, and of that community, 40% (16.6k out of 41k) non-Hispanic Black individuals live at this level (DataUSA, 2022). Key health disparities of this population living in poverty include poor health, uninsured, smoking, obesity, poor food, excessive drinking, and housing problems (US Census, 2022). Currently, programs such as the Transformation in Ten Initiative are being implemented, a data-driven, community-led effort to reduce poverty in Durham communities (Durham NC Gov, 2022). This and other programs are limited in scale and the number of individuals they reach. Therefore, additional resources should be directed toward addressing poverty in the Black community.

Poverty is a “complex and insidious determinant of health caused by systemic factors that can persist for generations in a family” that disproportionately affects non-Hispanic black adults living in Durham County, North Carolina (AAFP, 2022; DCoDPH & DukeHealth, 2020). This program will

address poverty through food insecurity, racial health disparities, and associated cost-burden, which, if ignored, can negatively impact one's health and wellbeing (Healthy NC 2030, 2020).

### **Programmatic Changes**

Food insecurity is a fundamental issue of poverty, therefore, recommendations are to increase the number of Supplemental Nutrition Assistance Program (SNAP) recipients in the priority population of disproportionately impacted Non-Hispanic black adults (18+) living 200% or more below the FPL in Durham County. SNAP increases the overall purchasing power of beneficiaries by freeing up cash to buy other essential items instead of using cash for food (Bolen & Wolkomir, 2020). Durham County should implement a local program that increases awareness and enrollment for SNAP benefits in order to maximize participation among eligible people. The Durham specific program would consist of four key components: community engagement, outreach, application assistance, and education resources. These four components will help community members apply for SNAP while both educating them and engaging with them through outreach methods including events. Ensuring all households that qualify are receiving SNAP benefits will improve health outcomes, increase economic growth, and reduce poverty.

As of 2019, there are 34,765 SNAP recipients in Durham County (U.S. Census Bureau), however as of 2020 the poverty population includes 41,000 persons (U.S. Census Bureau), causing an approximate 7000 person gap. The SNAP participation rate across the state is 69% compared to the national rate 82% (Hall & Nchako, 2022). A program goal is to ensure 90% of the priority population will be a recipient of SNAP benefits by December 2024, ensuring an increase in overall purchasing power.

Currently, NC State University is implementing a local program, More In My Basket, that has proven to be successful for connecting low-income residents in Raleigh with SNAP benefits through engagement, outreach, education, and assistance. From 2010-2017, MIMB has reached 175000 people, receiving \$1.75 million in annual food assistance (MIMB, 2017). Raleigh and Durham have similar demographics, therefore, the proposed Durham specific program should be adaptable and successful. To successfully reach the 7000 person gap this program would need to do a thorough community needs assessment and connect with local Durham entities and organizations.

## **Stakeholders**

Stakeholders, individuals or entities with an interest in a program, are necessary for the success of the intervention as they can provide resources, perspectives and ideas that can benefit the program. In reviewing the drivers of the system, a stakeholder analysis was used to identify, map, and better understand the perspectives of key stakeholders (see Appendix A-1). Using a STE(E)P Scan, a tool to identify possible stakeholders, five key stakeholders emerged: members of the priority population, advocacy groups, SNAP retailers, local regulatory agencies and politicians (see Appendix A-2). The Power-Interest Matrix, a tool to determine the level of power and interest of each key stakeholder, and the CATWOE Analysis, a tool used to analyze what is important to stakeholders, were used to determine a comprehensive understanding of stakeholders' perspectives (See Appendix A-3; Appendix A-4).

The priority population, Non-Hispanic Black adult residents over the age of 18 years from Durham County who are at or below 200% FPL, are key stakeholders as they are directly impacted by the program and are highly motivated by the success of the program. Community and faith-based advocacy groups are key stakeholders as well. They are integral to the program as they can create an impact at a local level, forge connections in the community and help it advocate for itself and create bridges between the community and local government. SNAP retailers such as grocery stores and farmer's markets, are motivated by the success of the program and are directly impacted by the program's success. SNAP retailers will play an integral part in advocacy within the store and online by accepting SNAP and displaying what items they can purchase using the benefits. Local regulating agencies, like the Department of Health and Human Services Food and Nutrition Services, are directly involved with the management and distribution of SNAP benefits to our priority population. They can improve the application process for the agency and the applicants and can propose funding for this process. Political leaders have different levels of interest, influence, and views on SNAP assistance. The county commissioners of Black community districts would support the program to please their voter base and improve the community's economic status (MIMB, 2017). However, politicians who oppose social government programs want less spending on social government programs and more on job training for

non-disabled adults (Keever, 2018). Some community members may also oppose SNAP benefits for qualified adults because they believe the assistance discourages seeking employment. Whether they support or are against the program, all key stakeholders will play a vital role in achieving positive and equitable community health outcomes.

### **Budget**

The requested starting budget for this 2-year program is \$200,000 USD. Funds will primarily be allocated towards personnel, the wages of employees who will carry out the program's implementation plan, totalling \$56,400 a year. In addition, funds will be allocated towards office space in the county and necessary equipment, outreach materials, resources, and supplies, totalling approximately \$24,500 a year. The budget is broken down by fiscal year (FSY) in Appendix A-5, including anticipated yearly costs by line item for the entirety of the program.

### **Engagement and Accountability Plan**

The program will endeavor to engage with all identified stakeholders to gain a diverse perspective, increase support and buy-in, and inform our program design, implementation, and evaluation (Community Tool Box, 2020) (Appendix A-6). The RASCI analysis is a tool used to identify who has control over the program and its resources, who is responsible for the program's implementation, and who will play a supportive and consulting role (Appendix A-8). The engagement methods include interviews and listening sessions for information gathering and feedback, newsletters for communication, and an advisory group to guide the program planning, implementation, and evaluation.

The program will utilize structured interviews (in-person, phone, or virtual) of key stakeholder groups to understand their viewpoints regarding SNAP awareness and registration. Asking at least three key questions regarding how they expect to benefit from the program intervention, their preference for communication, and what challenges they anticipate with engagement is vital to program planning and implementation (Appendix A-5). Paper and email newsletters about the issue, the program's goals, progress, and key events are one form of communication to all identified, interested stakeholders. Community listening sessions, such as town-hall meetings, will also keep stakeholders informed but,

more importantly, provide a space for stakeholders to give feedback and share solutions. While the town halls will be open to all stakeholders, they are primarily used for the consulted stakeholders, the priority population, to ensure their seat at the table, a vital component of the program's success.

Along with information gathering, the team is creating an advisory group to include representatives from key stakeholder groups. Using the Give-Get Grid creates mutual understanding among partners by identifying the assumptions held by each partner, the benefits derived from, and the contributions to be made in the partnership (Southerland et al., 2013) (Appendix A-7). The advisory group will meet monthly for program planning and implementation. The goal is to cultivate a trusting relationship with the community, the local public health department, and governing agencies to promote economic stability and health equity in this population with the proposed program. The partnership's roles and responsibilities are in the accountability plan (Memorandum of Understanding) to ensure all parties are clear on their involvement (Figure A-2).

### **Program Evaluation**

By December 2024 at least 90% of non-Hispanic black adults 18+ living 200% or more below the FPL will be educated about and enrolled in SNAP benefits. The program evaluation plan will consist of descriptive and observational methods carried out by two tools: surveys and tracking. Surveying will be the descriptive method as feedback surveys are completed by both recipients upon completion of any education course or application assistance session and instructors. In addition, follow up surveys will be mailed to all SNAP recipients who use the program's services. Tracking will consist of data collection of new SNAP recipients in order to actively record and compare how many community members are being registered. All data will be cross compared with records and information at Food and Nutrition Services.

Progress will be defined through quantitative analysis of registrants for events and education sessions and the number of people who register for SNAP benefits in office or at additional sites. These numbers would be tracked on a monthly basis for target benchmark setting, evaluation, analysis, and scope of work purposes. In addition, progress will be tracked and analyzed through stakeholder engagement activities at baseline and monthly throughout implementation.

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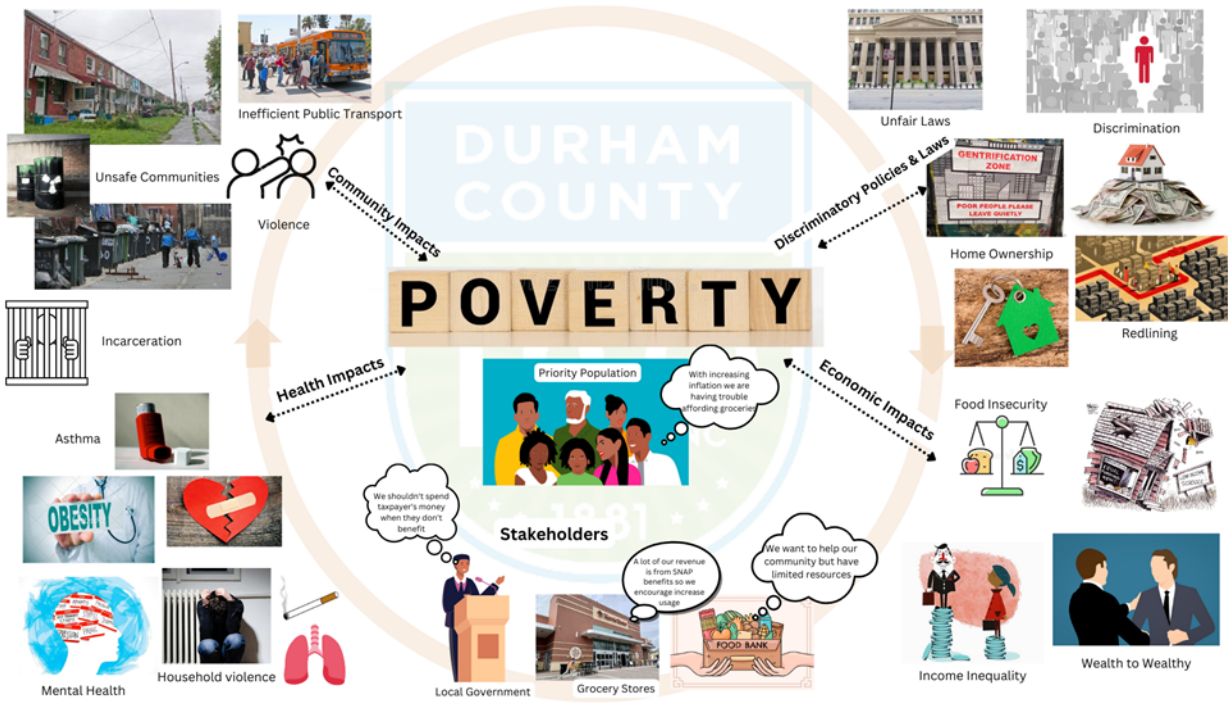
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## Appendix A: Common Proposal Figures and Tables

**Figure A1**

*Rich Picture*





**Table A1**

*Stakeholder Identification - STE(E)P Scan*

<b>Stakeholder Identification</b>			
<b>Social</b>	<b>Technical</b>	<b>Economic/ Environmental</b>	<b>Political</b>
<ul style="list-style-type: none"><li>• <b>Priority Population</b></li><li>• <b>Community and Faith-based Advocacy Groups</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Social Service Workers</b> (as members of local regulating agencies)</li></ul>	<ul style="list-style-type: none"><li>• <b>SNAP Retailers</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Local regulating agencies</b></li><li>• <b>Politicians</b></li></ul>

*Note:* From M. Morrison. PEST/ PESTLE Analysis Tool -History and Templates. Retrieved from <http://rapidbi.com/created/the-pestle-analysis-tool/>

**Table A2**

*Stakeholder Mapping - Power-Interest Matrix*

High		Local Regulating Agencies Politicians that support governmental social programs
Power		
Low	SNAP Retailers Politicians that oppose governmental social programs	Priority Population Community and Faith-based Advocacy Groups
	Low High	Interest

*Note:* From Mayers, J. 2005. Stakeholder power analysis. Power tools series. International Institute for Environment and Development, London, UK.

**Table A3**

*Understanding Stakeholder Perspectives - CATWOE Analysis*

<b>CATWOE Analysis</b>
<p><b>Customer:</b> Low-income Black adults 18+ years living below 200% of FPL</p> <p><b>Actor: Black individuals and families living in poverty in Durham county</b></p> <p><b>Transformation:</b> More straightforward process for applying for SNAP benefits with an instant answer about approval and faster receipt of benefits</p> <p><b>Worldview:</b> The ability to apply for SNAP benefits in person or online is simple, short, and welcoming; results received immediately with benefits within one day</p> <p><b>Owner:</b> Durham County Department of Social Services Food and Nutrition Services</p> <p><b>Environment:</b> No clear communication about applying for or change of benefits or requirements; "didn't know I could get them as an adult without kids"; wait time for an appointment too long; wait time at the appointment too long; stigmatizing environment; distrust in the system; 30-day wait for benefits is too long (Robbins &amp; et al., 2017)</p>
<p><b>Customer:</b> Low-income Black adults 18+ years living below 200% of FPL</p> <p><b>Actor: Community and Faith Based-Advocacy Groups</b></p> <p><b>Transformation:</b> Want eligible community members to have knowledge and access to SNAP benefits to improve their socioeconomic status, decrease hunger in the community</p> <p><b>Worldview:</b> More assistance in Black low-income communities with applying for SNAP that is easy and accessible</p> <p><b>Owner:</b> Durham County Department of Social Services; Durham County Commissioners; Advocacy groups</p> <p><b>Environment:</b> Misinformation about benefit requirements; the stigma associated with food stamps; a distrust of the system</p>
<p><b>Customer:</b> Low-income Black adults 18+ years living below 200% of FPL</p> <p><b>Actor: SNAP Retailers</b></p> <p><b>Transformation:</b> All eligible individuals obtain benefits in the community and knowledge of how to use benefits</p> <p><b>Worldview:</b> More assistance in Black low-income communities with applying for SNAP that is easy</p>

and accessible

**Owner:** Durham County Department of Social Services; Durham County Commissioners

**Environment:** No access points in communities for assistance with applications, a low number of beneficiaries

**Customer:** Low-income Black adults 18+ years living below 200% of FPL

**Actor: Local Regulating Agencies (Durham County Department of Social Services Food and Nutrition Services)**

**Transformation:** More straightforward process and more access locally for applying for SNAP for Durham County residents

**Worldview:** Department of Social Services provides more local sites for applying and more education and marketing on requirements for residents

**Owner:** Durham County Department of Social Services; County Commissioners

**Environment:** Misinformation and lack of knowledge of requirements and process; a distrust of the system; stressful environment for agency and clients due to complaints with the process; inadequate staff

**Customer:** Low-income Black adults 18+ years living below 200% of FPL

**Actor: Politicians that support governmental social programs**

**Transformation:** All barriers to SNAP application removed for residents and want eligible residents in their district to receive benefits, decrease poverty and hunger

**Worldview:** More avenues for low-income communities to get assistance with applying for SNAP that is satisfactory to the population

**Owner:** Durham County Department of Social Services

**Environment:** No access points in communities for assistance with applications; less grant funding for Black communities

**Customer:** Low-income Black adults 18+ years living below 200% of FPL

**Actor:** Politicians that do not support governmental social programs

**Transformation:** Want less spending on social government programs and more spending on job training for non-disabled adults

**Worldview:** Work requirements for SNAP benefits to include job training courses for eligible

participants

**Owner:** State political representatives for Durham County

**Environment:** Encourages dependency on welfare and less motivation to work; a costly program for the nation; concerned with fraud

**Table A4***Budget table per FSY*

<b>Item</b>	<b>Quantity</b>	<b>Cost</b>	<b>Subtotal</b>
<b>Personnel</b>			
Senior Employees monthly stipend	12 months	\$2300	\$27600
Entry level employee's monthly stipend	12 months	\$2000	\$24000
Interns monthly stipend	12 months	\$400	\$4800
<b>Office Space / Equipment</b>			
Durham office space rental	12 months	\$700	8400
Desks and chairs	6ea		\$1800
Laptop Computer and tech	5		\$6,895
Office supplies			\$1,500
Email MailChimp subscription	12 months	\$60	\$720
Outreach materials			\$1500
Education materials			\$1500
Event materials			\$1500
Software			\$500
<b>Total Project Allowance PER YEAR</b>			80, 715
<b>Left over from 200,000 (100,000/yr) budget</b>			19,285

**Table A5**

*Engagement Notes*

Stakeholder	Questions Asked & Answers
<p><b>Priority Population</b></p>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Access to resources to eat healthy</li> </ul> </li> <li>● <b>What level of commitment would you be able to provide for our intervention?</b> <ul style="list-style-type: none"> <li>○ once every other week</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ email</li> <li>○ option to be virtual very beneficial</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ might not be enough engagement with community</li> <li>○ time-consuming - people are busy - lot of information to take in - may be overwhelmed, may not understand the full impact</li> </ul> </li> </ul>
<p><b>Community Advocacy Groups</b></p>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ will be able to support the vulnerable populations</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ Any - call/email/in-person</li> <li>○ Faith Advocacy group would love to make the church a place of meeting if needed. Church has audiovisual capabilities; can do zoom/livestream services</li> <li>○ can hold about 200; have had townhall services</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ only so much the advocacy groups can do with limited resources</li> </ul> </li> </ul>
<p><b>Social Service Workers</b></p>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ not personally affected because can afford food</li> <li>○ but indirectly affected because many of their clients would benefit from the intervention</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ might not be enough engagement with community; ensuring that messaging is visible and culturally appropriate</li> </ul> </li> </ul>
<p><b>Access Specialists</b></p>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ not personally affected because can afford food</li> <li>○ but indirectly affected because many of their clients would benefit from the intervention</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ might not be enough engagement with community; ensuring that messaging is visible and culturally appropriate</li> </ul> </li> </ul>
<b>SNAP Retailers</b>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Increased SNAP utilization may increase revenue</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ Low interest by stakeholder</li> </ul> </li> </ul>
<b>Local Food Banks</b>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Increased SNAP utilization frees up resources that can be allocated to participants who are in need but not eligible for SNAP</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ might not be enough engagement with community; ensuring that messaging is visible and culturally appropriate</li> </ul> </li> </ul>
<b>Federal, State and Local Entities/Representatives</b>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Increase of SNAP utilization is in line with governmental goals to reduce poverty and food insecurity</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter; quarterly presentations</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ competing interests and limited resources that can be provided by the stakeholder</li> </ul> </li> </ul>
<b>Non-Governmental Organizations</b>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Increase of SNAP utilization is in line with organization's goals to reduce poverty, reduce food insecurity, increase equitable access to nutritious meals</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter;</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ competing interests and limited resources that can be provided by the stakeholder</li> </ul> </li> </ul>



**Table A6**

*Methods of Engagement*

<b>Method of Engagement</b>	<b>Stakeholder</b>	<b>Input on....</b>	<b>Involvement</b>
<b>Interviews</b> <b>Feedback/listening sessions</b> <b>Newsletter</b>	<b>Priority population</b>	Feedback on issues about SNAP participation process and methods  Communication/outreach  Relevance/applicability of proposed strategies  Identify gaps and opportunities for action  Feedback on health concerns and solutions	Interviews: Weekly at community locations: churches, community events, farmers' markets, food banks, and grocery stores  Newsletter: Monthly  Listening sessions: Bimonthly
<b>Interviews</b> <b>Feedback/listening sessions</b> <b>Newsletter</b> <b>Advisory group</b>	<b>Advocacy Groups</b>  <b>Local Government &amp; Government Regulating Agency</b>  <b>Food Banks</b>  <b>Faith-based groups</b>	Feedback on issues about SNAP participation process and methods  Communication/outreach  Relevance/applicability of proposed strategies  Identify gaps and opportunities for action  Feedback on health concerns and solutions Input on outreach activities  Improving the application process for the agency and the applicants  Funding/resources purposed for program/outreach activities	Meetings: In-person and video conference; Once a month  Meeting need will be reassessed after 6 months for effectiveness

**Table A7**

*Give-Get Grid*

<b>Stakeholder</b>	<b>Contributions</b>	<b>Benefits</b>
<b>Local Government/ County Commissioners</b>	<ul style="list-style-type: none"> <li>● Information regarding SNAP enrollment and benefits</li> <li>● Supplying funding for the first few years of the program</li> <li>● Reviewal of program and budget</li> <li>● Authority of the direction the program takes</li> </ul>	<ul style="list-style-type: none"> <li>● Improving the well-being and health of individuals within Durham County</li> <li>● Successful implementation may serve as a template for other demographics outside of the priority population</li> </ul>
<b>Food Banks</b>	<ul style="list-style-type: none"> <li>● Provide supplementary resources to the priority population</li> <li>● Provide education to those that use the food bank on the program and how to access it</li> </ul>	<ul style="list-style-type: none"> <li>● With increased use of SNAP, there is a potential for less need at the food banks</li> <li>● Additional resources can be focused on alternative needs</li> </ul>
<b>Community Advocacy Groups</b>	<ul style="list-style-type: none"> <li>● Have experience in outreach to the community – focusing specifically on the priority population</li> <li>● Can train program staff members about bringing awareness to the community</li> <li>● Can serve as an active advocate for long-term change</li> </ul>	<ul style="list-style-type: none"> <li>● Spreading awareness to the community to reduce stigma of using SNAP</li> <li>● More people will learn about SNAP and its benefits and strategies to reduce poverty in Durham County</li> </ul>
<b>Faith-Based Organizations</b>	<ul style="list-style-type: none"> <li>● Already have strong connection and trust with the community</li> <li>● Using this will help improve the outreach and advocacy of the program to its members</li> </ul>	<ul style="list-style-type: none"> <li>● Advocating for a good cause that can help their members</li> <li>● Continue their work to improve the lives of those they reach</li> </ul>
<b>Non-Hispanic Black Adults, 200% below the FPL</b>	<ul style="list-style-type: none"> <li>● A strong sense of community will lead to improved support among individuals</li> <li>● Has the knowledge and info on the community’s needs, wants, and how best for the program to be successful</li> </ul>	<ul style="list-style-type: none"> <li>● The program primarily looks to benefit this stakeholder</li> <li>● Improved health and wellness</li> </ul>

**Table A8**

*RASCI Analysis*

RASCI Levels		
Who is...	SNAP Awareness and Enrollment	Rationale For Partner Participation
<p><b>Responsible</b> = owns the problem/project</p>	<p>Local Government/County Commissioner</p>	<p>The local government and county commissioner are directly involved with the management and distribution of SNAP benefits to our priority population.  <b>Responsibilities:</b> receive and analyze data/metrics on priority population enrolled in SNAP; ensure adequate and accessible SNAP information on government website</p>
<p><b>Accountable</b> = ultimately answerable for the correct and thorough completion of the deliverable or task, and the one who delegates the work to those responsible</p>	<p>Local Government</p>	<p>The program is receiving its funding from the local government. Therefore, they are likely to have the major authority over the actions of the program and veto power  <b>Responsibilities:</b> delegate the yearly scopes of work and required deliverables for the employees, interns, and program overall; approve the FSY budgets; review the end of quarter and yearly reports.</p>
<p><b>Supportive</b> = can provide resources or can play a supporting role in implementation</p>	<p>Food Banks  Community Advocacy Groups</p>	<p>Local food banks can provide supplementary resources to our priority population when they are ineligible for the SNAP benefits.  <b>Responsibilities:</b> support the program through providing logistical and operation support such as becoming a site where program specialists can assist and educate program participants.  Advocacy groups, particularly those who support and advocate for change within our issue or for members of our priority population such as poverty advocacy groups, food insecurity advocacy groups, and Black advocacy groups, are key stakeholders</p>

	<p>Social Service Workers</p> <p>Faith Based Organizations</p>	<p><b>Responsibilities:</b> assist with dealing with the immediate effects of poverty within our priority population and advocate for long-term change.</p> <p>Social service workers such as social workers, case managers, and patient care liaisons, work directly with the priority population to manage care and access to resources.</p> <p><b>Responsibilities:</b> connect our priority population with needed SNAP resources.</p> <p>Faith-based organizations have strong connections with their community</p> <p><b>Responsibilities:</b> assist by conducting outreach and connecting congregation members to the services they need.</p>
<p><b>Consulted</b> = has information and/or capability necessary to complete the work</p>	<p>Priority Population: Non-Hispanic Black Adults (18 and older), 200% below the federal poverty line</p>	<p>The priority population has the information needed about living in poverty without SNAP benefits,</p> <p><b>Responsibilities:</b> completing the “work” as in enrolling in benefits with assistance and learning from the education programs</p>
<p><b>Informed</b> = must be notified of results, process, and methods, but need not be consulted</p>	<p>SNAP-retailers</p> <p>Durham County Food and Nutrition Services (FNS)</p>	<p>Grocery stores, farmer’s markets, convenience stores and any other SNAP-eligible vendors are motivated by the success of the program and are directly impacted by the success of the program. By keeping SNAP retailers informed, our priority population will have better access to these SNAP-eligible retailers.</p> <p>FNS want to improve the application process for the agency and the applicants and has funding/resources purposed for this process.</p>

## Figure A2

### *Memorandum of Understanding*

This Memorandum of Understanding (MOU) establishes a partnership between the Supplemental Nutrition Assistance Program Advisory Group (SNAP Advisory Group) and the Durham County Department of Public Health (DCoDPH). The SNAP Advisory Group and the DCoDPH are individually referred to as a “Party” and collectively as the “Parties.” The Parties have reached an understanding on the following:

#### I. Parties

- a. SNAP Advisory Group is a collection of individuals, including but not limited to the priority population, community advocacy groups, local food banks, faith-based group leaders, and the Department of Health and Human Services Food and Nutrition Service of Durham County (FNS) liaison. The SNAP Advisory Group was established to guide the design and implementation of a public health intervention that seeks to connect SNAP eligible individuals within the priority population to SNAP resources.
- b. DCoPHD is a local governmental agency that focuses on issues related to the health of individuals living in Durham County, North Carolina.

#### II. Mission, Vision, Values

- a. Vision: To lessen the severity of poverty by increasing cash flow for low-income Black adults in Durham county by connecting them to SNAP benefits which frees up cash to buy other essential items instead of using cash for food.
- b. Mission: To create a local program that increases awareness and enrollment of SNAP eligible participants in low-income Black adults in Durham County to lessen the severity of poverty in this population.
- c. Values:
  - i. Health: Achieve optimal health for all people and the communities where they live, learn, work and play (U.S. Department of Health & Human Services, 2021).
  - ii. Equity: Promote policies, systems and services that enable good health and seek to remove obstacles and systemic and structural barriers that have resulted in health inequalities (U.S. Department of Health & Human Services, 2021).
  - iii. Collaboration: Seek partnership and collaboration to maximize our collective impact.

#### III. Scope of Activities:

- a. Activities or services to be delivered: SNAP Advisory Group and DCoPHD agree to the following scope of activities.

i. SNAP Advisory Group and DCoPHD will collaborate on a community-level program to increase the awareness and enrollment of eligible SNAP beneficiaries in low-income Black residents.

ii. SNAP Advisory Group and DCoPHD will conduct regular meetings to plan, implement, evaluate and monitor the program's progress.

iii. SNAP Advisory Group and DCoPHD shall support the joint development of grant applications that support the program.

iv. DCoPHD, with approval by the Board of County Commissioner, will contribute a portion of its budget for resources for outreach activities to increase awareness and enrollment of SNAP beneficiaries.

v. DCoPHD will contribute to technical resources, seminar/webinar speakers, and community outreach events, including individual assistance events to increase educational and enrollment opportunities for eligible SNAP beneficiaries.

vi. DCoPHD will develop and manage a online documentation and support system to be used by both parties for sharing information and in the evaluation of the program.

vii. DCoPHD will appoint and pay its own staff for activities involving implementation of the program.

viii. SNAP Advisory Group will provide guidance on design and implementation of program outreach activities to include direct activities—on-site individual assistance with education and enrollment, seminar/webinar speakers, and education and enrollment activities at community events and indirect outreach activities to include brochures, newsletters, and social media outreach activities.

ix. SNAP Advisory Group members agree to disseminate information in the local community to include but not limited to food banks, farmers' markets, and faith-based organizations.

x. SNAP Advisory Group members agree to provide meeting and event space for outreach activities.

b. Goals

i. Primary

1. The program aims to have at least 90% SNAP participation rate of non-Hispanic Black eligible individuals, 18 and older, living 200% below the Federal Poverty Line, receiving SNAP benefits.

ii. Secondary

1. Increase awareness about SNAP enrollment for eligible participants in the Black community with indirect outreach activities through social media, newsletter, bulletins, posters, producing an opportunity to reach 50 eligible individuals per month
2. Increase awareness about SNAP enrollment for eligible participants in the Black community with direct outreach activities to include but not limited to community presentations and events, webinars, and local registration sites, providing an opportunity every month for outreach in the community, identifying and enrolling at least 10 eligible individuals
3. Identify and build new partners across advocacy groups, faith-based groups, and agencies to provide direct and indirect outreach activities to build a sustainable program for SNAP information and registration in the community in one year, increasing enrollment by 10% each year to reach the goal of 90%
4. Empower and equip communities to build a sustainable program for SNAP information and registration in the community in one year, increasing enrollment by 10% each year to reach the goal of 90%

c. Milestones

i. One month after implementation

1. Approximately 1% increase of enrolled individuals in priority population

ii. Three months after implementation

1. Approximately 2-3% increase of enrolled individuals in priority population
2. Conduct first quarter Stakeholder Satisfaction Survey

iii. Six months after implementation

1. Approximately 5% increase of enrolled individuals in priority population
2. 100% implementation of Advisory Board approved recommendations to the program from three month stakeholder survey

iv. One year after implementation

1. 10% increase of enrolled individuals in priority population
2. Conduct year-end Stakeholder Satisfaction Survey

d. Metrics

i. Primary

1. Percent of primary population enrolled in SNAP at the beginning of the year compared to the end of the year (a year being from the start of the program)

a. With an aim of a 10% increase year over year reaching a goal of 90 percent

ii. Secondary

1. Reaching 50 eligible individuals per month through indirect outreach

2. Enrolling a minimum of 10 eligible individuals per month in SNAP through direct outreach

#### IV. Terms and Conditions

a. Effective dates: 2021 – 2023

i. This MOU shall remain in force for a period of one year from the date of the last signature.

ii. This MOU may be extended by the written consent of the parties.

iii. This MOU may be terminated by either party by giving written notice to the other party at least 180 days in advance of the stated termination date.

iv. Termination of agreement permissible if one or more of the following occur:

1. Both parties agree to termination

2. One or more parties suddenly loses 50% or more of its funding

b. Amendment of agreement

i. Amendments to agreement will be assessed on an annual basis and modifications are hereafter made by agreement of the parties

c. Renewal of agreement

i. Prior to the completion of the initial term of this MOU the parties will assess the impact and effectiveness of this partnership and report their recommendations for future agreements to each respective party and thus renewal is contingent upon mutual agreement between partner organizations.

**In witness thereof, the parties have offered their signatures hereto:**



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**Durham County Department of Public Health, Health Director**

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**Supplemental Nutrition Assistance Program Advocate Advisory Group, Authorized Representative**



# Reducing the Prevalence and Impact of Poverty



**Durham County, NC  
November 2022  
SPHG 992**

MPH Candidates: Tandeka Burks, Joe Donahue, Sarah Wu, Kossana Young

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Good evening, welcome, and thank you for listening in on “Reducing the Prevalence and Impact of Poverty in Durham County, North Carolina” presented by MPH candidates including myself, Tandeka Burks, Joe Donahue and Sarah Wu.

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## **Problem**

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Economic Stability  
Health Outcomes



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Program Analysis



**03**

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Identification and Analysis  
Accountability  
Engagement



---

In this presentation we will be discussing an economic social determinant of health problem affecting Durham County, the program we're proposing to the county commissioner to solve help solve the problem, and the stakeholders necessary for program implementation. I will now turn to Joe who will debrief you on the problem at hand



# THE PROBLEM

Poverty in Durham County



Now I will speak about the issues within Durham County and how they affect the priority population.

# Rich Picture



This rich picture is focused on Economic Stability, which is one of the 5 key elements of the Social Determinants of health and demonstrates how people are affected by poverty

- Economic Stability is the connection between financial resources people have - income, cost of living, and socioeconomic status - and their health. This includes key issues such as poverty, employment, food security, and housing stability (CDC, 2022).

## Durham County

- Has a diverse population with a large percentage of people of color compared to the state and nation, with about half of its population Black(35.9%) and Latinx (13.8%) compared to non-Hispanic White (43.4%) (DCDPH, 2020).
- However, despite a diverse and growing population with a thriving economy, poverty is higher among minority racial/ethnic groups.
  - Due to centuries of white supremacy, systematic racism, and segregation policies (The Durham Racial Equity Task Force, 2020)

## Key health disparities of those living in poverty

- Poor health, uninsured, smoking, obesity, and housing problems (US Census, 2022)
- Long-term consequences of poverty include chronic disease, chronic stress and other mental health issues, high incarceration rates, high violence rates (Healthy People 2030, 2020)

# Priority Population

**Low-income non-Hispanic Black adults**

**18-years and older**

**200% below the Federal Poverty Level**

41,000 out 303,000 individuals in Durham County live at least 200% below FPL

Disproportionally affects black adults  
40% or 16,600 of those individuals are the priority population

Nearly 7,000 people in Durham County who are in poverty and are not receiving SNAP benefits (Economic Research, 2021)

The priority population is non-Hispanic Black adults, 18-years and older, living 200% below the Federal Poverty Line (which equates to an annual income of \$27,180 for one person)

Out of the 303,000 individuals living in Durham County, 41,000 live at least 200% below the FPL with at least 7,000 not receiving SNAP benefits

- Out of those 41,000, 16,600 are from the priority population

Poverty's long- and short-term effects, including lack of health insurance, high food insecurity rates, decreased housing stability, declining mental health, and more greatly affects the Black population who is at a disadvantage when it comes to economic stability and overall health.

- Without addressing this issue in Durham County's Black community, the health disparities will continue to grow, and the overall health and well-being of its population will decrease.



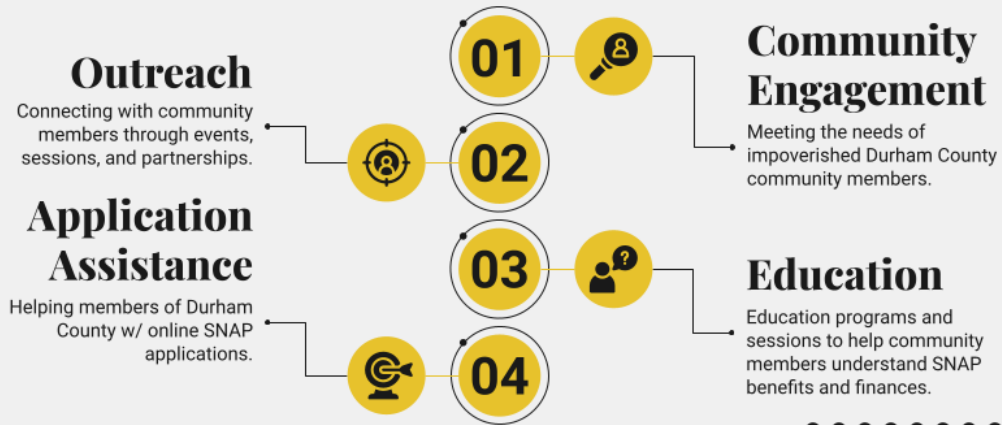
# THE PROGRAM

Addressing and mitigating poverty through food security in Durham County



Now we'll transition to our proposed program that will address and mitigate poverty through food security

# Increasing SNAP recipients in priority population



Food insecurity is a fundamental issue of poverty, therefore, recommendations are to increase the number of Supplemental Nutrition Assistance Program (SNAP) recipients in the priority population. Ensuring all households that qualify are receiving SNAP benefits will improve health outcomes, increase economic growth, and reduce poverty. As of 2019, there are 34,765 SNAP recipients in Durham County, and as of 2020 the poverty population includes almost 41,000 people. SNAP participation rate across the state is lower than the national rate, 69% compared to 82%.

Our program would consist of four key components: community engagement, outreach, application assistance, and education resources. These four components will help community members apply for SNAP while both educating them and engaging with them through outreach methods.



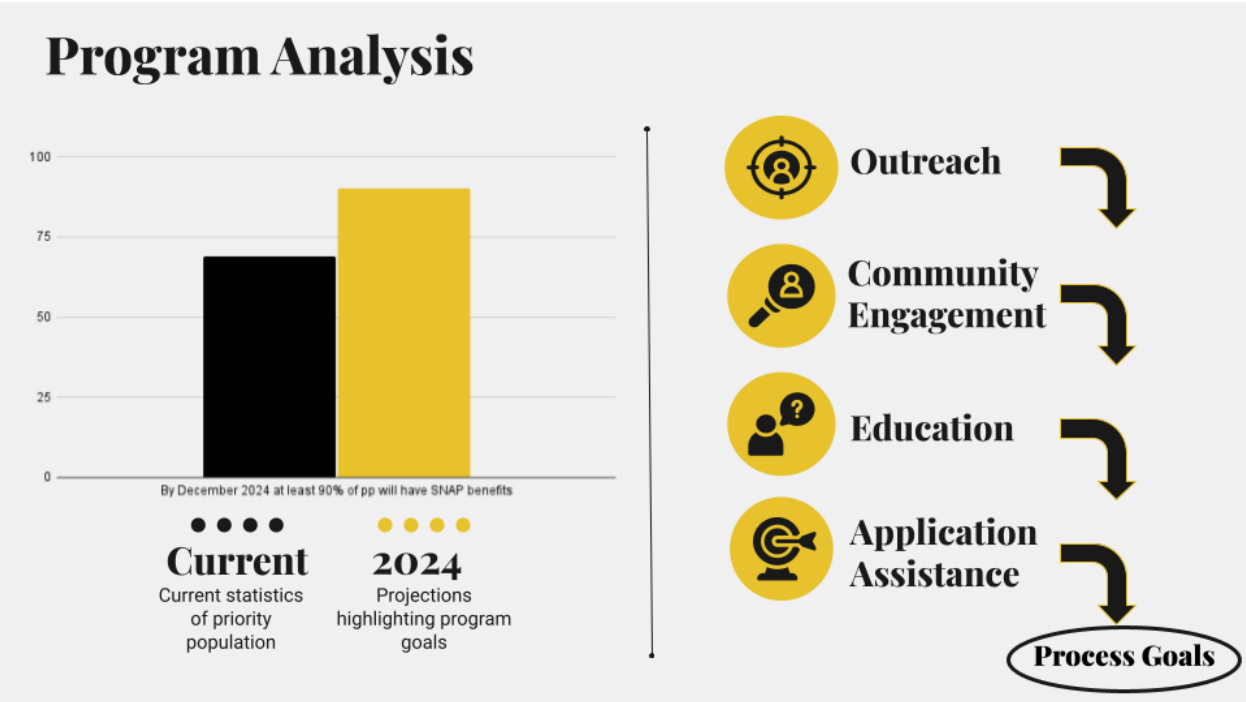
# Program Budget

Item	Quantity	Cost	Subtotal
<b>Personnel</b>			
Senior Employees monthly stipend	12 months	\$2300	\$27600
Entry level employee's monthly stipend	12 months	\$2000	\$24000
Interns monthly stipend	12 months	\$400	\$4800
<b>Office Space / Equipment</b>			
Durham office space rental	12 months	\$700	\$8400
Desks and chairs	6ea		\$1800
Laptop Computer and tech	5		\$6,895
Office supplies			\$1,500
Email MailChimp subscription	12 months	\$60	\$720
Outreach materials			\$1500
Education materials			\$1500
Event materials			\$1500
Software			\$500
<b>Total Project Allowance</b>			80, 715
Total Grant Request			95, 715 p/FSY

Here is a snapshot of the program budget per fiscal year.

As you can see, the majority of funds will be allocated towards personnel expenses, office space, and equipment.

The budget is projected to be 80 thousand per year, however, we are requesting 95 thousand per year for adjustments in unforeseen projections. In total, for this program, we are requesting 200 thousand to span over a two year implementation.



For the program analysis, our goal is to have at least 90% of our priority population registered for SNAP benefits by December 2024, represented by the left yellow bar, compared to current rates which you can see in the left black bar.

In order to complete this program goal and do a thorough program analysis, we plan to set process goals and perform both qualitative and quantitative analysis via data gathering and survey feedback throughout the programs four key components highlighted on the right

Specifically, quantitative data will be collected via analysis of outreach engagement rates, event and education registration, and number of applications submitted and approved. Qualitative data will be collected via survey feedback from applicants, event attendees, and employees.

Now I'll turn it over to my colleague Sarah, who will tell you about necessary stakeholders



# THE STAKEHOLDERS

Who needs to be involved?



Stakeholders are key to our program. They are great resources whose perspectives, ideas and input are key for the success of our program.

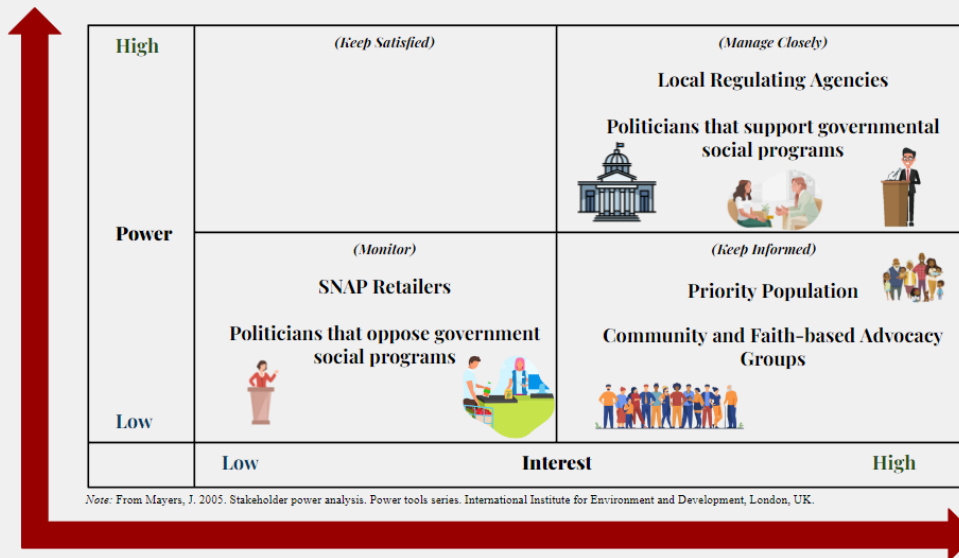
# STAKEHOLDER IDENTIFICATION STE(E)P Scan



Note: From M. Morrison: PEST/PESTLE Analysis Tool -History and Templates. Retrieved from <http://rapidfi.com/created-the-pestle-analysis-tool/>

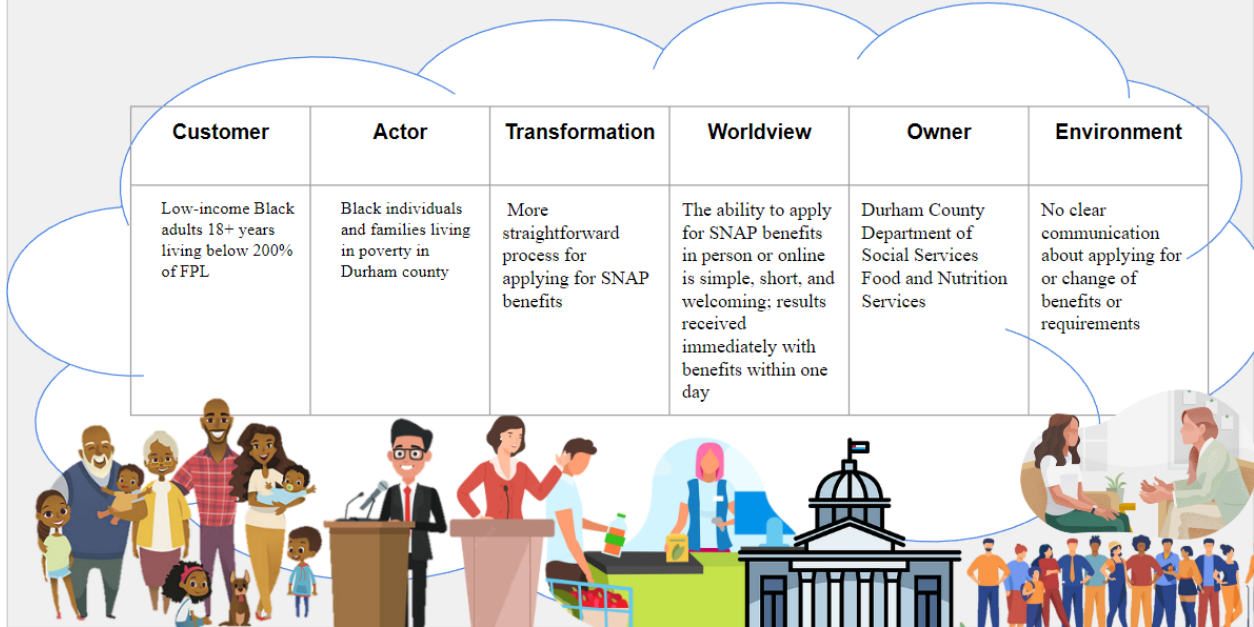
In order to ensure that all key stakeholders were identified for this program, we used a STEEP scan which provides a systematic way to identify key stakeholders within the social, technical, economic or environmental or political sectors of our problem. Based on our STEEP Scan, the five key stakeholders we selected were members of the priority population, community- and faith-based advocacy groups, SNAP retailers, local regulatory agencies and politicians.

# STAKEHOLDER ANALYSIS POWER/INTEREST MATRIX



After identifying our key stakeholders, we started the analysis process. We first used a Power-Interest Matrix to help map out our stakeholders based on their level of interest in the program and the level of power that they have to help inform the level of engagement we would have with these stakeholder groups. For example, local regulating agencies and politicians who support social welfare programs have high power and high interest in the program. They are decision makers and have a large impact on the project success and so we know that we must closely manage their expectations. For our community- and faith-based advocacy groups and priority population, both with high interest but lower power, we would keep them informed. We would make sure to monitor our SNAP retailers and politicians that oppose social programs.

# STAKEHOLDER ANALYSIS - CATWOE



Lastly, we used a CATWOE Analysis, a tool used to analyze what is important to stakeholders, to determine a comprehensive understanding of stakeholders' perspectives. The CATWOE prompts us to think about the different aspects of the problem, including the customer, actor, transformation, worldview, owner and environment. This is the CATWOE done for our priority population, arguably our most important stakeholder and for whom our program is designed to help the most. Here we see that from the perspective of our priority population, their worldview is that there should be a way to apply for SNAP benefits in person or online and that they should be able to access those benefits quickly, ideally within one day. The transformation that they seek is a more straightforward process for applying for SNAP benefits.

## Engagement and Accountability Plan



- **Community Engagement Principles**
  - Building Trust
  - Culture
  - Community Assets/Capacity building
- **Building Trust**
  - Most valuable engagement principle
  - Takes time

We want to make the best use of our resources by starting with the right mindset about engagement. Due to the negative history associated with failed programs within Black communities in Durham County, the most important engagement principles that have stood the test of time in Black communities is building a trusting relationship by getting to know them, their culture, and appreciating their assets. This takes time and money, but is a valuable engagement principle.

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## Engagement & Accountability Plan



### Engagement Methods

Interviews

Feedback/listening sessions

Newsletter

Advisory group



### Accountability

Give-Get Grid

MOU



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Our engagement methods include: Interviews, feedback sessions, a newsletter, and an advisory group, where partnerships of interest were created. The local health department has committed to executing this mission along with the Advisory Group because they understand how significant the SNAP program is to Black families in Durham County,



# Engagement and Accountability Plan



Method of Engagement	Stakeholder	Input on....	Involvement
● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	<b>Priority population</b>	<b>Feedback on issues about SNAP participation process and methods</b>  <b>Communication/outreach</b>  <b>Relevance/applicability of proposed strategies</b>  <b>Identify gaps and opportunities for action</b>  <b>Feedback on health concerns and solutions</b>	<b>Interviews: Weekly at community locations: churches, community events, farmers' markets, food banks, and grocery stores</b>  <b>Newsletter: Monthly</b>  <b>Listening sessions: Bimonthly</b>
Interviews Feedback/listening sessions Newsletter Advisory group	<b>Advocacy Groups</b>  <b>Local Government &amp; Government Regulating Agency</b>  <b>Food Banks</b>  <b>Faith-based groups</b>	<b>Plus.....</b>  <b>Input on outreach activities</b>  <b>Improving the application process for the agency and the applicants</b>  <b>Funding/resources purposed for program/outreach activities</b>	<b>Meetings: In-person and video conference; Once a month</b>  <b>Meeting need will be reassessed after 6 months for effectiveness</b>

We start with interviews—in-person, with community residents by visiting different locations in the Black communities, like churches, and will do phone or virtual interviews with other stakeholders—advocacy groups, governing agencies, other political officials like yourselves with interest in the community. This is our way of introducing ourselves to the community, letting them know that you are supporting our team and to get more details regarding their viewpoints on SNAP awareness and registration, about how they expect to benefit, how best to communicate with them, and what challenges with engagement they may anticipate. This will be a weekly strategy.

With this information, we can plan the feedback and listening sessions. These sessions are primarily for community residents because it is all about them—we want to design a program unique for them that will improve their health and their community. These sessions will take place bimonthly.

Along with community input, we do need expertise and guidance from others who work with food insecure individuals on a regular basis, work with the SNAP program, those who have successfully implemented a similar program, and those who control the money. An advisory group was established to meet these needs. We created a Give-Get Grid for mutual understanding among partners and the group will meet monthly.

## Engagement Benefits

### Goal:

- Build trusting relationships

### Long term:

- Promote economic stability
- Promote health equity

### Immediate:

- Use of monies/resources from SNAP that are already on the table
- Ability to feed themselves and their families tomorrow



So, the goal of engagement for this program is all about cultivating a trusting relationship with the community, the local public health department, and governing agencies to promote economic stability and health equity in the community.

The more immediate impact, which resonated among key stakeholders in the stakeholder analysis was food-insecure residents being able to feed themselves and their families tomorrow, may I add, with resources that are already on the table—untapped SNAP benefits.



# Thanks!

Do you have any questions?



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Thank you for taking the time to hear our presentation. We will now open the floor for any questions if time allows.

## **APPENDIX B: TANDEKA BURKS' INDIVIDUAL DELIVERABLES**

### **Appendix B.1: Individual Problem Statement**

#### **Social Determinants of Health (SDoH)**

The SDoH are the conditions in one's environment where they are born, live, work, play, learn, worship, and age. These conditions affect a person's health status and determine health risks and outcomes (Centers for Disease Control [CDC], 2021). Economic stability is one of the five domains of the SDoH. It is earned steady income adequate to meet one's health needs, including healthy foods, housing, healthcare, employment, and education (CDC, 2021). Poverty, a factor of economic stability, is one of the strongest predictors of health and wellness and strongly affects morbidity and mortality (Khullar & Choski, 2018). The immediate impacts of poverty include a lack of access to health care, education, employment, healthy foods, and adequate housing (Healthy People 2030, 2020.). Low-income people often lack health insurance and avoid needed health care due to cost, leading to adverse health effects (Healthy People 2030, 2020). In addition, they are more likely to rent substandard housing that exposes them to health and safety risks like mold and lead (Healthy People 2030, 2020). Also, impoverished communities lack access to healthy food options and have more fast food restaurants leading to higher rates of obesity, a current health epidemic in the US (Healthy People 2030, 2020). Long-term consequences of poverty also affect one's health, including chronic disease, chronic stress, and other mental health issues (Healthy People 2030, 2020; AAFP, 2021; Economic Research Service, 2022). Low-income adults are less likely to have a primary care provider and receive preventive health screenings leading to an increased risk of chronic diseases like heart disease and diabetes (Healthy People 2030, 2020). Chronic stress from living in poverty also contributes to the increased risk of chronic diseases and other mental health diseases like anxiety and depression (Mariotti, 2015). These health factors illustrate the link between socioeconomic factors and health outcomes.

#### **Geographical and Historical Context**

Durham County is located in the Piedmont area and is the sixth most populous county in North Carolina, with over 326,000 residents (Durham County Department of Public Health [DCDPH], 2021).

The county is primarily urban, young (median age 35.4 years), and growing 16% since 2010 compared to 10% of the state growth (DCDPH, 2021; North Carolina Department of Commerce, 2021). It is also a diverse county with a large percentage of people of color compared to the state and nation, with about half of its population Black(35.9%) and Latinx (13.8%) compared to non-Hispanic White (43.4%) (DCDPH, 2021). Despite a diverse and growing population with a thriving economy from the major industries in medicine and education, centuries of white supremacy, systemic racism, segregation policies like redlining and gentrification, and lack of access to financial capital have resulted in and continue to contribute to the racial wealth gap, the difference in total assets across racial/ethnic groups (The Durham Racial Equity Task Force, 2020). The racial wealth gap is essential to why health disparities exist over generations (Mariotti, 2015). The average white family in the county has eight times as much wealth as the average Black family, and the White median household income in the county is still much higher at \$76,962 compared to \$42,417 for Blacks (DCDPH, 2021). These differences in income and wealth result in higher rates of chronic diseases for Blacks than Whites (DCDPH, 2021). Current efforts, like End Poverty Durham which raises awareness about the poverty crisis, and the Durham Living Wage Project which encourages employers to pay workers living wages, were created to decrease the rate of those living in poverty in the county (DCDPH, 2021). While these efforts exist, more must be done to address the racial wealth gap and, in turn, health disparities.

### **Priority Population**

In Durham County, low-income Black adults aged 18 years and older living at or below 200% of the Federal Poverty Level (FPL) have more negative health impacts due to higher economic deprivation rates than White adults (DCPHD, 2021). Black county residents are more than twice as likely as White county residents to live 200% below the FPL (DCDPH, 2021). Although data shows that economic security programs are effective in individuals that live in poverty, those living at 200% of the FPL are less likely to qualify for programs like Medicaid and Medicare and more likely to be uninsured (Khullar & Choski, 2018). Further, they have low-wage jobs that do not offer employer-sponsored insurance (Khullar & Choski, 2018). In addition, the immediate impacts of poverty, food and housing insecurity are also

higher in this population (Khullar & Choski, 2018). Therefore, addressing poverty in this population, the fundamental issue of these negative social factors, would positively impact their health status.

### **Measures of Problem Scope**

In Durham County, poverty is more prevalent in people of color than in Whites (DCDPH, 2021). Black people in the county have a higher poverty rate, 18.4%, compared to 10.5% for White people, and are twice as likely as Whites to live 200% below the FPL (DCPHD, 2021). These economic disparities coincide with higher rates of disease. County households with low incomes reported a higher percentage of diabetes than higher-income households (DCPHD, 2021). Heart disease rates follow the same trend when comparing incomes between racial groups (DCDPH, 2021). These findings are due to being more likely not to have health insurance and not getting regular health screening which increases the risk of acquiring preventable chronic diseases (DCDPH, 2021). Blacks in the county also have higher mortality rates due to heart disease and stroke, 1 and 1.5 times, respectively, compared to Whites (DCPHD, 2021). As a result, Blacks' quality of life and life expectancy is lower. Poor Black adults are five times more likely to report poor or fair health and live 6.5 years less than wealthier adults (Robert Wood Johnson Foundation, 2008). These findings reveal the extent of poverty as a driver of the racial health disparities in the county.

### **Rationale/Importance**

Eliminating the racial wealth gap is essential for social equity in the Black community of Durham County (DCDPH, 2021). Negative health impacts, including chronic disease and associated disabilities, are higher in poor Black communities (DCDPH, 2021). The healthcare cost and loss of productivity associated with chronic disease are more than \$90 million annually in the state (Partnership to Fight Chronic Disease, n.d.) Addressing poverty will address the racial health disparities and the associated cost burden. In addition, economic stability would mean better health and lower healthcare costs for the local government, businesses, and the local economy (Urban Institute, 2015).

### **Disciplinary critique**

Poverty, a factor in economic stability, is a social determinant linked to adverse health outcomes (Healthy People 2030, 2020). Historically and today, due to racial and systemic discrimination, people of color have higher rates of poverty due to policies preventing access to financial capital and wealth generation. Leveling the economic playing field by advocating for a “racially equitable society” would alleviate the negative impacts of chronic disease, housing instability, food insecurity, and toxic stress associated with poverty and save the nation \$135 billion annually, creating a strong and stable economy for all (W.K. Kellogg Foundation, 2018). As public health leaders, we must promote and protect the community’s health regardless of race or socioeconomic status (Rowitz, 2014). Guided by the ten essential public health services framework to achieve equity, we will promote policies, systems, and overall community conditions that enable everyone to reach their full health potential. Further, we will seek to remove systemic and structural barriers that have resulted in health inequities that persist today (CDC, 2021).

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## **Appendix B.2: Stakeholder Analysis**

### **Introduction of the Social Determinant of Health (SDoH): Poverty**

Economic stability is one of the five domains of the SDoH. It is earned steady income adequate to meet one's health needs, including healthy foods, housing, healthcare, employment, and education (CDC, 2021). Poverty, a factor of economic stability, is one of the strongest predictors of health and wellness and strongly affects morbidity and mortality (Khullar & Choski, 2018). Low-income adults are five times more likely to report poor or fair health and live 6.5 years less than wealthier adults (Robert Wood Johnson Foundation, 2008).

Food insecurity is fundamentally an issue of poverty. In 2020, about 29% of low-income households were food insecure compared to the national average of 10.5% (Healthy People 2030, 2020). Further, racial disparities exist in populations that are poor and food insecure. The results of the 2019 Durham County Community Health Assessment Survey highlight a significant racial disparity in the percentage of residents who skip or cut a meal due to costs, with more Black residents than white residents reporting cutting a meal due to costs (Durham County Public Health Department [DCPHD], 2021). In addition, a lack of nutritious food due to cost from increased food prices, for example, increases the risk of chronic disease (Gregory & Coleman, 2017). For example, food-insecure households are 10% more likely than adults in food-secure households to be diagnosed with hypertension due to poor nutrition because they cannot afford enough food or a balanced healthy meal (Gregory & Coleman, 2017). Therefore, addressing poverty is essential to addressing the racial health disparities linked to food insecurity.

### **Program Transformation**

Black communities face disproportionately higher diet-related illnesses than White communities due to historical redlining practices by the US Government that have led to food deserts in Black communities (DCPHD, 2021). Reducing this health gap in Black communities requires strategies that reduce the racial wealth gap, the difference in assets across race and ethnicity (DCPHD, 2021). Supplemental Nutrition Assistance Program (SNAP) is a federal government program that helps people in

poverty buy food. SNAP protects families from hunger, lessens the severity of poverty, and currently helps over 39,000 Durham County residents (DCPHD, 2021). In addition, it increases the overall purchasing power of beneficiaries, allowing them to meet other basic needs by freeing up cash to buy other essential items (Bolen & Wolkomir, 2020). In 2016, SNAP raised the income of 7.3 million people above the poverty line (Keith-Jennings et al., 2019).

Since the COVID-19 pandemic, the US Department of Agriculture has significantly improved SNAP benefit levels and eligibility; however, many Durham County residents are unaware of such changes (DCPHD, 2021). North Carolina had some of the lowest participation rates in SNAP, 69%, compared to 82% nationally (Holden, 2021). In 2018, nearly one in five individuals was in the "SNAP gap," meaning they were eligible for SNAP benefits but were not receiving them, and this is even higher in the working poor (Holden, 2021). Reasons for the "SNAP gap" include eligible residents unaware of their eligibility due to a lack of knowledge about the eligibility criteria and their inability to complete the application process due to lack of transportation, phone, or internet access (Holden, 2021). The distrust of the government due to racial discrimination practices is another reason (Holden, 2021). The belief that benefits are too meager for the hassle of applying for and keeping the benefits also contributes to the SNAP gap (Holden, 2021).

Therefore, we propose creating a local program in Black communities of Durham County for low-income Black adults ages 18 years and older that increases awareness and registration for SNAP benefits for those who are eligible but not receiving the benefits. This program aims to increase SNAP participation through education and minimize barriers to participation. We plan to model the More in My Basket Program (MIMB), an effective outreach program developed at North Carolina State University/Cooperative Extension that helps reduce hunger by connecting North Carolina residents to SNAP (MIMB, 2018). MIMB provides direct outreach through education about SNAP eligibility and benefits and individual assistance with applying for SNAP (MIMB, 2018). Their indirect outreach efforts include education about SNAP through social media, outreach brochures and flyers, and newspapers (MIMB, 2018). In 2017, MIMB reached nearly 72,000 people across North Carolina who were eligible

and enrolled them for benefits through indirect outreach (MIMB, 2018). From 2010-2017, MIMB reached 175,000 people across the state, and these participants were eligible to receive \$1.75 million in annual food assistance (MIMB, 2018). The potential economic impact of this enrollment is \$3.15 million to local counties (MIMB, 2018).

### **Stakeholder analysis**

The CATWOE Analysis tool helped explore each stakeholder's different viewpoints about the issue and what change they want to see (Table B.2.1). This comprehensive analysis from the stakeholders' perspective helps identify the root causes and helps the team identify and recommend the most appropriate solutions for this population. Information from stakeholders in different sectors is collected: residents, local regulatory agencies, advocacy groups, faith-based groups, businesses, and politicians. Awareness about eligibility and barriers to the application process is a reoccurring theme among the proponents of SNAP. Stigmatization is a common theme among those who oppose SNAP benefits for non-disabled adults.

The residents were on both sides of the fence. The key stakeholders most affected by the issue, low-income Black adults, want to see a transformation in the application process. Their influence and lived experience are valuable in finding a solution unique to their socioeconomic situation (Table B.2.2). However, some residents oppose SNAP benefits for those non-disabled adults who qualify for SNAP assistance because they believe the assistance discourages seeking employment.

Local sectors in the Black community have different levels of interest and influence (Table B.2.2). Local regulating agencies, like the Department of Health and Human Services Food and Nutrition Services, want to improve the application process for the agency and the applicants. They also can propose funding for this process. About 80% of SNAP-authorized retailers are locally owned businesses that support SNAP because it accounts for a significant share of their total sales (Bolen & Wolkomir, 2020). Faith-based groups are trusted organizations that want their community to succeed. However, they only sometimes have political power or funding to undergird their interest. They can and often do support the program in other ways, for example, a space for outreach activities.

Political leaders also have different levels of interest and influence and opposing views on SNAP benefits for low-income, non-disabled adults (Table B.2.2). The county commissioners of Black community districts of Durham County have a stake in the game because they want to please their voter base and improve the community's economic status. After all, research shows that increased enrollment in SNAP makes money for the local economy (MIMB, 2018). For example, North Carolina communities experience a \$9 economic boost for every \$5 in benefits spent in eligible retailers (MIMB, 2018). On the other hand, politicians who oppose social government programs want less spending on social government programs and more on job training for non-disabled adults (Keever, 2018).

### **Summary of Stakeholder Analysis**

The proposed program is to increase awareness and registration of SNAP in the Black Community of Durham County, targeting low-income Black adults who are eligible but not receiving benefits. SNAP benefits help low-income food insecure populations with hunger and lessen the severity of poverty. Community residents lack knowledge about eligibility for benefits due to changes/complexity of requirements and other barriers, including location and inconveniences of the application process. However, low-income Black residents of the county are vital to the program's success because their input is valuable to developing a program adaptable to their needs. The Department of Social Services has experience and resources for SNAP enrollment. However, this advocacy group, MIMB, has effectively made the best use of resources with programs and outreach events for this specific issue in this specific population. Faith-based groups are trusted sources in the community that are valuable to the outreach activities and can partner with advocacy groups to reach the target population. In addition, businesses and county commissioners are interested in helping their constituents in this effort and reaping a benefit for the economy. Direct and indirect outreach efforts for increasing SNAP beneficiaries in this population translate into more food, less poverty, better health, and a better economy for Black communities in Durham County.

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**Appendix B.2.a: Stakeholder Analysis Figures and Tables**

**Table B.2.1**

*CATWOE Analysis*

<b>Customer</b>	<b>Actor</b>	<b>Transformation</b>	<b>Worldview</b>	<b>Owner</b>	<b>Environment</b>
Low-income Black adults 18+ years living below 200% of FPL	Black individuals and families living in poverty in Durham County	More straightforward process for applying for SNAP benefits with an instant answer about approval and faster receipt of benefits	The ability to apply for SNAP benefits in person or online is simple, short, and welcoming; results received immediately with benefits within one day	Durham County Department of Social Services Food and Nutrition Services	No clear communication about applying for or change of benefits or requirements; "didn't know I could get them as an adult without kids"; wait time <i>for</i> an appointment too long; wait time <i>at</i> the appointment too long; stigmatizing environment; distrust in the system; 30-day wait for benefits is too long (Robbins & et al., 2017)
Low-income Black adults 18+ years living below 200% of FPL	More in My Basket Advocacy group	All barriers to food assistance are removed for low-income individuals, and get all eligible individuals in North Carolina benefits (MIMB,2018)	Education through group presentations, booth-based outreach, and individual consultation sessions, outreach through partnering with local community groups, and application assistance on-site at events at convenient	Durham County Department of Public Health, North Carolina State Extension, USDA	Lack of information about eligibility; dissatisfaction with the size of the benefit; a sense that benefits are not needed; the stigma associated with participation, and perceived or actual complexity of the application process (Berkowitz & et al., 2017)



			times and locations (MIMB, 2018)		
Low-income Black adults 18+ years living below 200% of FPL	Durham County Department of Social Services Food and Nutrition Services (director, social workers, and community health workers)	More straightforward process and more access locally for applying for SNAP for Durham County residents	Department of Social Services provides more local sites for applying and more education and marketing on requirements for residents	Durham County Department of Social Services; County Commissioners	Misinformation and lack of knowledge of requirements and process; a distrust of the system; stressful environment for agency and clients due to complaints with the process; inadequate staff
Low-income Black adults 18+ years living below 200% of FPL	Durham County Commissioner of Black communities	All barriers to SNAP application removed for residents and want eligible residents in their district to receive benefits, decrease poverty and hunger	More avenues for low-income communities to get assistance with applying for SNAP that is satisfactory to the population	Durham County Department of Social Services	No access points in communities for assistance with applications; less grant funding for Black communities
Low-income Black adults 18+ years living below 200% of FPL	Grocery and convenience stores in Black communities	All eligible individuals obtain benefits in the community and knowledge of how to use benefits	More assistance in Black low-income communities with applying for SNAP that is easy and accessible	Durham County Department of Social Services; Durham County Commissioners	No access points in communities for assistance with applications, a low number of beneficiaries
Low-income Black adults 18+ years living below 200% of FPL	Faith-based organizations	Want eligible community members to have knowledge and access to SNAP benefits to improve their socioeconomic status, decrease hunger in the community	More assistance in Black low-income communities with applying for SNAP that is easy and accessible	Durham County Department of Social Services; Durham County Commissioners; Advocacy groups	Misinformation about benefit requirements; the stigma associated with food stamps; a distrust of the system
Low-income Black adults 18+ years	Politicians that oppose social	Want less spending on social	Work requirements for SNAP	State political representatives	Encourages dependency on welfare and less

living below 200% of FPL	government programs	government programs and more spending on job training for non-disabled adults (Keever, 2018)	benefits to include job training courses for eligible participants (Keever, 2018)	for Durham County	motivation to work; a costly program for the nation; concerned with fraud
Low-income Black adults 18+ years living below 200% of FPL	County residents/tax payers that oppose SNAP benefits	Want less spending on social government programs if a non-disabled adult can work; earn more with a job versus relying on food stamps; more dignity when working (Walton, 2015)	Any non-disabled adult should be denied SNAP benefits and encouraged to find a job (Walton, 2015)	State political representatives for Durham County	Encourages dependency on welfare and less motivation to work (Walton, 2015)

**Table B.2.2**

*Power Analysis Grid*

<p><i>High Influence/Low Interest</i> <b><u>Meet their needs</u></b></p>	<p><i>High Influence/High Interest</i> <b><u>Key Player</u></b></p> <ul style="list-style-type: none"><li>● Black low-income adults living in poverty</li><li>● Durham County Department of Social Services Food and Nutrition Services</li><li>● More in My Basket</li><li>● Durham County Commissioners</li></ul>
<p><i>Low Influence/Low Interest</i> <b><u>Keep informed minimally</u></b></p> <ul style="list-style-type: none"><li>● County resident/taxpayer that opposes SNAP benefits</li><li>● Politicians that oppose governmental social programs</li></ul>	<p><i>Low Influence/High Interest</i> <b><u>Show consideration</u></b></p> <ul style="list-style-type: none"><li>● Grocery stores</li><li>● Faith-based groups</li></ul>

### **Appendix B.3: Engagement and Accountability Plan**

Black low-income residents in Durham County are more likely to be poor and food insecure (DCPHD, 2021). With food insecurity being a fundamental issue of poverty, the Supplemental Nutrition Assistance Program (SNAP) is one successful strategy that lessens the severity of poverty (DCPHD, 2021). SNAP increases the overall purchasing power of beneficiaries by freeing up cash to buy other essential items instead of using cash for food (Bolen & Wolkomir, 2020). However, the SNAP participation rate, the percentage of enrollment out of the total eligible for benefits across the state, is lower than the national rate, 69% compared to 82% respectively (U.S. Department of Agriculture [USDA], n.d.). Further, North Carolina has one of the worst SNAP Program Access Index in the nation, a ratio that indicates the degree to which low-income people have access to SNAP benefits, ranking 40 out of the 50 states (USDA, 2022). Other counties in North Carolina with a similar makeup to Durham County have addressed this issue successfully by providing SNAP educational awareness and enrollment outreach activities that increase SNAP eligible beneficiary enrollment (MIMB, 2018). Therefore, to lessen the burden of poverty and its immediate impact on food insecurity for this population, the Economic Team proposes creating a local program that increases awareness and registration for SNAP benefits to help eligible adults not receiving benefits enroll.

The plan is to engage and collaborate with key stakeholders in the Black community of Durham County and those outside of this community who are responsible for the county's SNAP enrollment process (Table B.3.1). This collaboration will identify the issues with SNAP participation and strategies to address problems unique to this population. The engagement plan will also allow for collective buy-in and capacity building in the community to create a sustainable initiative. Building on community assets, engagement with an internal workgroup and an advisory group will help steer the program's goals and objectives and provide evaluation and monitoring. Feedback and listening sessions provide input from the most important stakeholders, the residents affected by this problem. The ultimate goal is to cultivate a trusting relationship with the community, the local public health department, and governing agencies to promote health equity by working toward decreasing food insecurity and poverty in this population. An

accountability plan (Memorandum of Understanding) lays out the roles and responsibilities to ensure all parties are clear on their involvement (Figure B.3.1).

The internal workgroup consists of community health workers of Black communities of Durham County and social workers and the director of the Department of Health and Human Services Food and Nutrition Services in Durham County. This workgroup is responsible and held accountable for implementing and monitoring the proposed program (Table B.3.2). The group will meet on an ongoing basis and advise on the process and methods of the program. Meetings provide an opportunity to analyze feedback information from listening sessions and consider what strategies are most applicable and adaptable for implementing the program. This workgroup shares this information with key stakeholders for further feedback and reiteration of the program planning. The committee may invite external experts to advise on different areas/topics surrounding the issues/barriers to SNAP registration. Further, this group will provide the community with technical assistance for outreach activities. It will be necessary for this workgroup to continue meeting beyond the planning process to monitor progress and promote sustainability.

In feedback/listening sessions, Black adults 18 years of age and older in the Black community of Durham County are the key participants/consultants (Table B.3.1 and Table B.3.2). The program seeks to design strategies that target specific issues within this population regarding SNAP benefits, eligibility, and enrollment. Community participants will be able to give feedback at listening sessions. They will share ideas on solutions and strategies. Questions for participants will also address gaps in information (Table B.3.3). Information will be gathered and shared through local presentations and workshops, webinars (google meet, zoom), social media, email, and text messages.

An Advisory Group consists of a diverse group of internal and external stakeholders across different sectors in the community—governing agencies, advocacy/outreach groups, and faith-based groups (Table B.3.1). This collective group will guide the development of the program (Table B.3.2). One entity of the advisory group, More in My Basket (MIMB), is an effective program developed at North Carolina State University/Cooperative Extension that connects North Carolina residents to SNAP

(MIMB, 2018). From 2010-2017, MIMB reached 175,000 people across the state, and these participants were eligible to receive \$1.75 million in annual food assistance. The internal workgroup will use the expertise and experience of MIMB to create a local program adaptable to the target population that encompasses outreach activities that increase SNAP enrollment (MIMB, 2018). Food banks, a point of contact for food-insecure residents, understand the issues associated with acquiring food resources in the community. Further, they are a trusted source for disseminating information to residents who may be eligible for SNAP benefits and can contribute to providing outreach activities for the program. Faith-based groups are also trusted sources among their congregations and community with the ability to communicate and disseminate information. The internal workgroup will identify champions in like organizations. Faith-based organizations can also provide space for outreach activities/events locally. Lastly, the Department of Health and Human Services Food and Nutrition Services' experience with enrollment for SNAP beneficiaries provides vital knowledge in mapping the current process. With mapping, the team can identify possible points of intervention/strategies that have previously hindered enrollment. The department is also a source of funding for outreach and enrollment activities. These stakeholders in the advisory group can help identify gaps and connect opportunities across programs, agencies, and sectors to implement strategies for an equitable program.

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**Appendix B.3.a: Engagement and Accountability Plan Figures and Tables**

**Table B.3.1**

*Methods of Engagement*

<b>Method of Engagement</b>	<b>Stakeholders</b>	<b>Input on...</b>	<b>Involvement</b>
<b>Internal Workgroup</b>	Durham County Department of Health and Human Services Food and Nutrition Services: social workers and SNAP supervisor of department; community health workers	<ul style="list-style-type: none"> <li>● Process and methods for program</li> <li>● Assessment of relevance, applicability, and adaptability of proposed strategies for outreach activities</li> <li>● Technical advice</li> <li>● Messaging and outreach</li> </ul>	Recurring meetings (ongoing), biweekly to monthly, to annually; in-person and zoom meetings, email, phone, text messaging
<b>Participant Feedback &amp;/or Listening Sessions</b>	Black community residents 18 years and older	<ul style="list-style-type: none"> <li>● Feedback on issues with SNAP registration and barriers</li> <li>● Input on community solutions</li> </ul>	One-time events, presentations, workshops, webinars (google meet, zoom); social media, email, and text messages to share information



<p><b>Program Advisory Group</b></p>	<p>MIMB, faith-based group champions, local food banks, Department of Health and Human Services Food and Nutrition Services liaison</p>	<ul style="list-style-type: none"> <li>● Identifying gaps in SNAP registration process</li> <li>● Improving the application process for the agency and the applicants</li> <li>● Input on outreach activities</li> <li>● Funding/resources purposed for program/outreach activities</li> </ul>	<p>Monthly for the first six months, then quarterly until the program is sustainable; in-person and Zoom meetings; emails to share information</p>
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**Table B.3.2**

*RASCI Analysis*

<b>RASCI Levels</b>		
<b>Who is...</b>	<b>SNAP Awareness and Enrollment</b>	<b>Rationale For Partner Participation</b>
<b>Responsible = owns the problem/project</b>	Local Government/County Commissioner	The local government and county commissioner are directly involved with the management and distribution of SNAP benefits to our priority population.
<b>Accountable = ultimately answerable for the correct and thorough completion of the deliverable or task, and the one who delegates the work to those responsible</b>	Local Government (to include the government agency—Durham County Health and Human Services Food and Nutrition Services)	The program is receiving its funding from the local government. Therefore, they are likely to have the major authority over the program's actions, veto power, and will delegate the yearly scope of work and required deliverables for the employees, interns, and program overall since they approve the FSY budgets. They will also review the end-of-quarter and yearly reports.

<p><b>Supportive = can provide resources or can play a supporting role in implementation</b></p>	<p>Food Banks</p> <p>Community Advocacy Groups</p> <p>Social Service Workers</p> <p>Faith Based Organizations</p>	<p>Local food banks can provide supplementary resources to our priority population when they are ineligible for SNAP benefits. They can also support the program by providing logistical and operational support, such as becoming a site where program specialists can assist and educate program participants.</p> <p>Advocacy groups, particularly those who support and advocate for change within our issue or for members of our priority population, such as poverty advocacy groups, food insecurity advocacy groups, and Black advocacy groups, are key stakeholders who assist with dealing with the immediate effects of poverty within our priority population and advocate for long-term change.</p> <p>Social service workers, such as social workers, case managers, and patient care liaisons, work directly with the priority population to manage care and access to resources. They connect our priority population with needed SNAP resources.</p> <p>Faith-based organizations have strong connections with their community and can assist by conducting outreach and connecting congregation members to the services they need.</p>
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<p><b>Consulted = has information and/or capability necessary to complete the work</b></p>	<p>Priority Population: Non-Hispanic Black Adults (18 and older), 200% below the federal poverty line</p>	<p>The priority population has the information needed about living in poverty without SNAP benefits, and they would be the ones completing the "work" by enrolling in benefits with assistance and learning from the education programs.</p>
<p><b>Informed = must be notified of results, process, and methods, but need not be consulted</b></p>	<p>SNAP-retailers  Durham County Health and Human Services Food and Nutrition Services</p>	<p>Grocery stores, farmer's markets, convenience stores, and other SNAP-eligible vendors are motivated by the program's success and directly impacted by the success of the program. By keeping SNAP retailers informed, our priority population will have better access to these SNAP-eligible retailers.</p> <p>FNS want to improve the application process for the agency and the applicants and has funding/resources purposed for this process.</p>

**Table B.3.3**

*Questions for Listening Sessions*

<b>Questions for feedback/listening sessions:</b>
1. Have you ever applied for or tried to apply for SNAP?
2. Have you had SNAP benefits in the past?
3. What are your thoughts about SNAP and the eligibility criteria/application process?
4. In what way are you impacted by not having enough food for you and your family, if at all?
5. What programs/resources are you currently using to assist with accessing food?
6. Do you use food banks, farmers' markets, and convenience stores for food?
7. Do you think SNAP would help your financial situation?
8. How will SNAP help your financial situation?
9. What do you think is the first thing that should be done to address this issue?
10. What do you think the next thing should be done to address this issue?
11. Would you like to be involved at all in the process?
12. Are there any barriers that you foresee that we should know about?
13. Would having registration in your community help with the SNAP application process?
14. If you had questions about SNAP, how would you want to search for/receive the information?
15. What is your preferred method of communication? How often do you want to be contacted?

## Figure B.3.1

### *Memorandum of Understanding*

This Memorandum of Understanding (MOU) establishes a partnership between the Supplemental Nutrition Assistance Program (SNAP) Advocate Advisory Group (SAAG) and the Durham County Department of Public Health (DCoDPH). The SAAG and the DCoDPH are individually referred to as a “Party” and collectively as the “Parties.” The Parties have reached an understanding on the following:

#### I. Parties

- a. SAAG is a collection of individuals, including but not limited to the priority population, community advocacy groups, local food banks, faith-based group leaders, and the Department of Health and Human Services Food and Nutrition Service of Durham County (FNS) liaison. SAAG will guide the design and implementation of a public health intervention that seeks to connect SNAP eligible individuals within the priority population to SNAP resources.
- b. DCoPHD is a local governmental agency that focuses on issues related to the health of individuals living in Durham County, North Carolina.

#### II. Mission, Vision, Values

- a. Vision: To lessen the severity of poverty by increasing cash flow for low-income Black adults in Durham county by connecting them to SNAP benefits which frees up cash to buy other essential items instead of using cash for food.
- b. Mission: To create a local program that increases awareness and enrollment of SNAP eligible participants in low-income Black adults in Durham County to lessen the severity of poverty in this population.
- c. Values:
  - i. Health: Achieve optimal health for all people and the communities where they live, learn, work and play (U.S. Department of Health & Human Services, 2021).
  - ii. Equity: Promote policies, systems and services that enable good health and seek to remove obstacles and systemic and structural barriers that have resulted in health inequalities (U.S. Department of Health & Human Services, 2021).
  - iii. Collaboration: Seek partnership and collaboration to maximize our collective impact.

#### III. Scope of Activities:

- a. Activities or services to be delivered: SAAG and DCoPHD agree to the following scope of activities.

i. SAAG and DCoPHD will collaborate on a community-level program to increase the awareness and enrollment of eligible SNAP beneficiaries in low-income Black residents.

ii. SAAG and DCoPHD will conduct regular meetings to plan, implement, evaluate and monitor the program's progress.

iii. SAAG and DCoPHD shall support the joint development of grant applications that support the program.

iv. DCoPHD, with approval by the Board of County Commissioner, will contribute a portion of its budget for resources for outreach activities to increase awareness and enrollment of SNAP beneficiaries.

v. DCoPHD will contribute to technical resources, seminar/webinar speakers, and community outreach events, including individual assistance events to increase educational and enrollment opportunities for eligible SNAP beneficiaries.

vi. DCoPHD will develop and manage an online documentation and support system to be used by both parties for sharing information and in the evaluation of the program.

vii. DCoPHD will appoint and pay its own staff for activities involving implementation of the program.

viii. SAAG will guide the design and implementation of program outreach activities to include direct activities—on-site individual assistance with education and enrollment, seminar/webinar speakers, and education and enrollment activities at community events and indirect outreach activities to include brochures, newsletters, and social media outreach activities.

ix. SAAG group members agree to disseminate information in the local community to include but not limited to food banks, farmers' markets, and faith-based organizations.

x. SAAG group members agree to provide meeting and event space for outreach activities.

b. Goals

i. Primary

1. The program aims to have at least 90% SNAP participation rate of non-Hispanic Black eligible individuals, 18 and older, living 200% below the Federal Poverty Line, who are eligible to enroll.

ii. Secondary

1. Increase awareness about SNAP enrollment for eligible participants in the Black community with indirect outreach activities through social

media, newsletters, bulletins, and posters, producing an opportunity to reach 50 eligible individuals per month

2. Increase awareness about SNAP enrollment for eligible participants in the Black community with direct outreach activities to include but not limited to community presentations and events, webinars, and local registration sites, providing an opportunity every month for outreach in the community, identifying and enrolling at least ten eligible individuals

3. Identify and build new partners across advocacy groups, faith-based groups, and agencies to provide direct and indirect outreach activities to build a sustainable program for SNAP information and registration in the community in one year, increasing enrollment by 10% each year to reach the goal of 90%

4. Empower and equip communities to build a sustainable program for SNAP information and registration in the community in one year, increasing enrollment by 10% each year to reach the goal of 90%

c. Milestones

i. One month after implementation

1. Approximately a 1% increase of enrolled individuals in priority population

ii. Three months after implementation

1. Approximately 2-3% increase of enrolled individuals in the priority population

2. Conduct first quarter Stakeholder Satisfaction Survey

iii. Six months after implementation

1. Approximately a 5% increase of enrolled individuals in the priority population

2. 100% implementation of Advisory Board approved recommendations to the program from three-month stakeholder survey

iv. One year after implementation

1. 10% increase of enrolled individuals in the priority population

2. Conduct year-end Stakeholder Satisfaction Survey

d. Metrics

i. Primary



1. Percent of the primary population enrolled in SNAP at the beginning of the year compared to the end of the year (a year from the start of the program)

a. With the aim of a 10% increase year over year, reaching a goal of 90%

ii. Secondary

1. Reaching 50 eligible individuals per month through indirect outreach

2. Enrolling a minimum of 10 eligible individuals per month in SNAP through direct outreach

#### IV. Terms and Conditions

a. Effective dates: 2021 – 2023

i. This MOU shall remain in force for one year from the date of the last signature.

ii. This MOU may be extended by the parties' written consent.

iii. This MOU may be terminated by either party by giving written notice to the other party at least 180 days in advance of the stated termination date.

iv. Termination of agreement permissible if one or more of the following occur:

1. Both parties agree to a termination

2. One or more parties suddenly lose 50% or more of their funding

b. Amendment of agreement

i. Amendments to the agreement will be assessed annually, and modifications are hereafter made by agreement of the parties

c. Renewal of agreement

i. Prior to the completion of the initial term of this MOU, the parties will assess the impact and effectiveness of this partnership and report their recommendations for future agreements to each respective party, and thus renewal is contingent upon mutual agreement between partner organizations.

In witness thereof, the parties have offered their signatures hereto:

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**Durham County Department of Public Health, Health Director**

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**Supplemental Nutrition Assistance Program Advocate Advisory Group, Authorized Representative**



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## Engagement & Accountability Plan



### Engagement Methods

Interviews

Feedback/listening sessions

Newsletter

Advisory group



### Accountability

Give-Get Grid

MOU



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Our engagement methods include: Interviews, feedback sessions, a newsletter, and an advisory group, where partnerships of interest were created. The local health department has committed to executing this mission along with the Advisory Group because they understand how significant the SNAP program is to Black families in Durham County,

## Engagement and Accountability Plan



● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	Method of Engagement	Stakeholder	Input on....	Involvement
	Interviews Feedback/listening sessions Newsletter	Priority population	Feedback on issues about SNAP participation process and methods  Communication/outreach  Relevance/applicability of proposed strategies  Identify gaps and opportunities for action  Feedback on health concerns and solutions	Interviews: Weekly at community locations: churches, community events, farmers' markets, food banks, and grocery stores  Newsletter: Monthly  Listening sessions: Bimonthly
	Interviews Feedback/listening sessions Newsletter Advisory group	Advocacy Groups  Local Government & Government Regulating Agency  Food Banks  Faith-based groups	Plus.....  Input on outreach activities  Improving the application process for the agency and the applicants  Funding/resources purposed for program/outreach activities	Meetings: In-person and video conference; Once a month  Meeting need will be reassessed after 6 months for effectiveness

We start with interviews—in-person, with community residents by visiting different locations in the Black communities, like churches, and will do phone or virtual interviews with other stakeholders —advocacy groups, governing agencies, other political officials like yourselves with interest in the community. This is our way of introducing ourselves to the community, letting them know that you are supporting our team and to get more details regarding their viewpoints on SNAP awareness and registration, about how they expect to benefit, how best to communicate with them, and what challenges with engagement they may anticipate. This will be a weekly strategy.

With this information, we can plan the feedback and listening sessions. These sessions are primarily for community residents because it is all about them—we want to design a program unique for them that will improve their health and their community. These sessions will take place bimonthly.

Along with community input, we do need expertise and guidance from others who work with food insecure individuals on a regular basis, work with the SNAP program, those who have successfully implemented a similar program, and those who control the money. An advisory group was established to meet these needs. We created a Give-Get Grid for mutual understanding among partners and the group will meet monthly.

## Engagement Benefits

### Goal:

- Build trusting relationships

### Long term:

- Promote economic stability
- Promote health equity

### Immediate:

- Use of monies/resources from SNAP that are already on the table
- Ability to feed themselves and their families tomorrow



So, the goal of engagement for this program is all about cultivating a trusting relationship with the community, the local public health department, and governing agencies to promote economic stability and health equity in the community.

The more immediate impact, which resonated among key stakeholders in the stakeholder analysis was food-insecure residents being able to feed themselves and their families tomorrow, may I add, with resources that are already on the table—untapped SNAP benefits.



# Thanks!

Do you have any questions?



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Thank you for taking the time to hear our presentation. We will now open the floor for any questions if time allows.

## **APPENDIX C: JOSEPH DONAHUE'S INDIVIDUAL DELIVERABLES**

### **Appendix C.1: Individual Problem Statement**

#### **Social Determinant of Health**

Social determinants of health (SDoH) are the circumstances that affect an individual's health, functioning, and quality-of-life outcomes and risks. These typically involve the environment where the individual is born, where they live, their education level, their age, and more (U.S. Department of Health and Human Services, 2022). They are essential to address to decrease disparities in health and health care and improve overall well-being. The CDC defines Economic stability, one of the five key elements of SDoH, as "The connection between financial resources people have... and their health... including key issues such as poverty, employment, food security, and housing stability." (CDC, 2022). Poverty, within this framework, are those living 200% or more below the Federal Poverty Line (FPL).

Those living in poverty are subject to limited access to resources such as proper health care, healthy food options, safe housing, and other necessities to live a healthy life (U.S. Department of Health and Human Services, 2022). Short term outcomes due to poverty can lead to food insecurity, risk of poor nutrition and obesity, and decreased mental health (CDC, 2022). Additionally, long-term, poverty-caused restriction of resources can lead to an increased risk for chronic disease, homelessness, higher mortality, and lower life expectancy (U.S. Department of Health and Human Services, 2022).

#### **Geographic and Historical Context**

Durham County is a diverse community with a population growth of 64% since 2020, swelling to 321,488 people, with 80.1% eighteen years and older. The racial makeup is primarily made up of 54.5% non-Hispanic White, 35.9% non-Hispanic Black, 13.8% Hispanic or Latino, 5.0% Asian, and 1.0% American Indian (United States Census Bureau, 2022). Approximately 21,236 people, or 18.4% of the Black population in Durham County, live in poverty, compared to just 10.5% of the White population (Durham County Public Health, Duke University, & Partnership for a Healthy Durham, 2021).



Significant history has led to the development of these stated inequities. In the 20th century, a practice known as redlining occurred. In Durham County, between 1946 and 1959, less than 2% of homes insured by the Federal Housing Administration were given to people of color (Bull City 150, 2018). In addition to redlining, many families of color were affected by the Urban Renewal in Durham County. Urban renewal refers to land redevelopment that often focuses on clearing out urban areas to make room for higher-class projects (Open Data, 2022).

Even today, as Durham County expands rapidly and attracts new professionals, the issue of gentrification affects the poverty rate. Newer houses built around the area may cause their property value to increase (Brown, 2021). As prices continue to increase, low-income families feel even more pressure as they are forced to spend more on housing and less on other necessary resources further increasing poverty levels and decreasing economic stability in the County.

There are several current efforts to address these inequities. The Partnership for a Healthy Durham is a coalition of more than 500 community members and representatives of healthcare systems, universities, local government, schools, non-profits, faith-based organizations, and community members focusing on this issue and many more (Durham County Public Health, Duke University, & Partnership for a Healthy Durham, 2021). The coalition has multiple committees that set goals for each objective including poverty to improve the health of Durham County's citizens. Another effort to address poverty and economic disparity is led by Durham Living Wage Project. This group works to encourage employers in the area to pay a living wage of at least \$16.25 to decrease income inequality (The Durham Living Wage Project, 2022). They have been successful in certifying over one-hundred companies in the Durham County area that pay a living wage.

### **Priority Population**

The priority population is the non-Hispanic Black population, aged eighteen and older, and below 200% of the federal poverty line (which equates to an annual income of \$27,180 for one person). In North Carolina, 51.1% of Black and African American are under 200% of the FPL compared to the state's overall average of 36.8% (North Carolina Institute of Medicine, 2020). Those below 200% the

FPL have higher instances of poor health, obesity rates, and smoking (North Carolina Institute of Medicine, 2020). Higher poverty rates can cause a lack of health insurance, higher rates of food insecurity, and higher exposure to adverse childhood experiences (ACEs) (Durham County Public Health, Duke University, & Partnership for a Health Durham, 2021).

### **Measures of Problem and Scope**

Durham County has key disparities among non-Hispanic Black adults living 200% below the FPL. While the 18.4% of the Black population in poverty in Durham County is lower than the national average at 21.2%, it is still significantly higher than the white population in Durham County at 10.5%. The median Black household income in 2019 was \$44,099 (Durham Neighborhood Compass, 2022). This compares to the overall median household income of \$60,958 and a White Median household income of \$75,072. (Coloradoan, 2019). The impact that COVID-19 had on people of color should also be noted. People of color are more likely to have low-wage or hourly jobs that cannot be done from home. Therefore, many of them lost their job, income, and any employer-sponsored health insurance that they may have (Durham County Public Health, Duke University, & Partnership for a Healthy Durham, 2021).

In addition to losing health insurance from an employer, those that are 200% below the FPL are less likely to be insured, which creates more financial stress when trying to pay for medical costs (North Carolina Institute of Medicine, 2020). Durham County has an uninsured rate of 18.6%. However, those at or below the 200% FPL make up 35.6% of those without health insurance. The Black community makes up 10.6% of the uninsured, compared to 5.47% for the White population (Health Outcomes Community Care of North Carolina, 2022). Lack of insurance, in conjunction with other key health disparities for those living in poverty such as food insecurity, poor nutrition, decreased mental health, and increased risk for chronic disease need to be addressed within Durham County.

### **Rationale/Importance**

Poverty's long- and short-term effects, including lack of health insurance, high food insecurity rates, decreased housing stability, declining mental health, poor nutrition, obesity, and increased risk of

chronic disease, greatly affects the Black population who is at a disadvantage when it comes to economic stability and overall health. Without addressing this issue in Durham County's Black community, the health disparities will continue to grow, and the overall health and well-being of its population will decrease. Economically, working to improve poverty levels can lead to lower healthcare expenditure for the county and a decreased financial burden for the local government, businesses, and individuals (Urban Institute, 2015). Any resources saved could be used by the county to address additional race or ethnic health disparities.

### **Disciplinary Critique**

Economic instability affects an individual's health due to a myriad of issues associated with poverty. This situation of unequal social and economic opportunities is often a result of institutional racism and discrimination. The Black population, eighteen and older, and at 200% of the federal poverty line, is one of the most affected groups in Durham County. They have been subject to historically racist programs that have exacerbated this social determinant of health and decreased health equity among the population. It is the responsibility of public health leaders to address poverty to improve the overall health of those living in Durham County. To be successful in tackling this inequity, public health leaders must do this through engaging with the affected population and ensure that they have a seat at the table regarding effective solutions. While there are multiple problems within economic stability, poverty negatively affects the Black population's health on many different fronts (North Carolina Institute of Medicine, 2021). Despite the programs created to address poverty in Durham County, it is vital to expand and improve what the county and local organizations are doing so that the Black population can begin a path towards improved overall health through interventions that fit their needs.

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## **Appendix C.2: Stakeholder Analysis**

### **Social Determinant of Health**

Social determinants of health (SDoH) are the circumstances that affect an individual's health, functioning, and quality-of-life outcomes and risks. Economic stability is one of the SDoH and is defined as "The ability to access resources that is essential to one's life and well-being" (Centene Corporation, 2021). To determine poverty in the United States, a person's or family's income is compared to a set poverty threshold or minimum income to cover fundamental requirements (Institute for Research on Poverty, 2022). If the family or individual falls under this threshold, they live in poverty and their economic stability is challenged. Within Durham County, non-Hispanic Black adults are the most common racial or ethnic group living at or below 200% FPL (individual income is \$27,180) and face more economic strain, negatively affecting their overall health and well-being (DataUSA, 2022) (Healthy NC, 2030) (Healthcare.gov, 2022).

Those under 200% of the FPL have restricted access to resources throughout their lifespan, leading to an increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy (U.S. Department of Health and Human Services, 2022). These individuals also have higher instances of poor health, obesity rates, and smoking (North Carolina Institute of Medicine, 2020). These individuals are typically able to apply for Supplemental Nutrition Assistance Program (SNAP) benefits. Formerly known as food stamps, SNAP is a federal program that assists individuals and families in buying food (Center on Budget and Policy Priorities, 2022). SNAP works as a supplemental benefit for food that can be used at many different businesses. SNAP allows an individual's resources to be spent on costs other than food, such as bills, housing, debt, childcare, or health care (Center on Budget and Policy Priorities, 2022). Having this benefit assists individuals in escaping poverty through addressing food insecurity and ultimately improving health outcomes (Center on Budget and Policy Priorities, 2022). However, not all individuals or families that qualify for assistance are registered.

### **Evidence Based Program**

Evidence indicates that poverty negatively impacts Black adults (Price et al., 2018). Those living in poverty have an increased risk of mental illness, chronic disease, and lower life expectancy (Price et al., 2018). In addition, socioeconomic, cultural, and environmental conditions contribute to poor health outcomes, such as increased rates of chronic disease, communicable illnesses, and health risk behaviors (Price et al., 2018). To combat poverty and its adverse health effects on the priority population, it is recommended that Durham County creates a program to reduce cost burdens on the population through increased SNAP enrollment among eligible individuals. The program will be modeled off an established evidence-based program, “More in My Basket” (MIMB), demonstrated to increase food assistance among those who qualify. MIMB, developed by North Carolina State University, helps reduce hunger in North Carolina by linking residents to SNAP (North Carolina State University, 2017). MIMB provides education, outreach, and FNS application assistance to ensure success. For example, in July 2022, the program had a “grocery store challenge and tour” where they used different resources to make a family meal on a budget of \$20.00. From 2010 to 2017, the program reached 175,000 individuals across the state (North Carolina State University, 2017). Through the MIMB program, these participants received \$1.75 million in annual food assistance (MIMB, 2022). The success of this program supports the assumption that a similar program in Durham County will be effective. However, due to the program being state-wide, it does not have the resources to focus and directly target individuals in the county. This plan will be adapted using the experience of those associated with MIMB and create a program for Durham County that will promote increased SNAP enrollment.

The program comprises community engagement, outreach, application assistance, and education resources. Educational interventions on attitude and knowledge related to accessing and qualifying for SNAP have proven effective. A 2018 study found that effective theory-based programs can improve knowledge, including the amount of food a minimum benefit could purchase, how to apply for SNAP and how to receive application assistance among low-income participants (Bird & McClelland, 2018). Secure access to nutritious and quality food produces multiple positive impacts, including economic growth, improved health and health care, and decreased poverty (Price et al., 2018). In 2019, 34,765 individuals

received SNAP benefits in Durham County, but in 2020 there were nearly 41,000 people in poverty (Economic Research, 2021). This means that there are nearly 7,000 people who are in poverty and are not receiving SNAP benefits. The program's goal is to have at least 90% of non-Hispanic Black individuals 18+ living 200% below the FPL receiving SNAP benefits, meaning they can allocate their income to other financial stressors, including bills, housing debt, childcare, health care, transportation and more. The short-term objective success would decrease the percentage of those in poverty reported in the 2025 consensus. Long-term success would result in an increased proportion of non-Hispanic Black adults in Durham County achieving improved quality of life determined by a validated survey.

These programs improve the knowledge of what SNAP is and how it can benefit the priority population. Furthermore, the program seeks to build upon this knowledge and the proven benefits of SNAP to decrease poverty and improve overall health in the priority population. A study completed from 2011 to 2013 found that those using SNAP spent an average of \$1400 less per person per year on subsequent health care expenditures in low-income adults (Berkowitz et al., 2017). Improving SNAP registration among eligible individuals allows for improved food security through subsequently decreased healthcare spending. Therefore, they are more likely to rate their health as excellent or very good, have fewer sick days, fewer visits to a doctor, and are less likely to forgo care due to costs (Carlson & Keith-Jennings, 2018). This is due to SNAP allowing low-income people to afford more adequate, nutritious food that would typically not be bought due to its price (Carlson & Keith-Jennings, 2018). The program's links of education, participation, and registration work to help the priority population receive the health and monetary benefits of using SNAP.

### **Stakeholder Analysis**

A CATWOE analysis was used to determine the appropriate stakeholders for the evidence-based program (Appendix A). This analysis tool identifies what change is relevant to each stakeholder, what worldview makes that relevant, who does or does not benefit from the program, who has the power to make the transformation happen, and what external factors help achieve the creation of the program.



The combination of these indicators helps with the ideation and creation of the program while ultimately informing how to best benefit the priority population.

The first stakeholder is the priority population, the non-Hispanic Black adult population 200% below the FPL. As mentioned, Black adults with family incomes below and nearly 200% of the FPL experience more financial stress, which is detrimental to their overall health and well-being (Healthy NC, 2023). The economic instability resulting from poverty results in a lack of health care, poor housing, lack of childcare, and indulging in unhealthy foods, which can be associated with excessive drinking, tobacco use, obesity, and violence. Increasing food costs due to inflation puts a strain on those already struggling to purchase food for themselves and their families. For example, in August 2022, inflation in food costs was 11.40%, the highest since May 1979, and a 6.8% increase from September 2021 (Trading Economics, 2021). Increasing the number of the priority population enrolled in SNAP will decrease the burden of spending income on food for themselves or their family.

The second stakeholder is community advocacy groups. These groups or organizations represent their local community to effect change (Unwired, 2022). They are integral to the program as they can create an impact at a local level (Durham County), forge connections in the community and help it advocate for itself and create bridges between the community and local government. A group such as End Hunger Durham would be vital to the program's success. They support food relief agencies, advocate for policies that strengthen the coal safety net, and offer information and referral services for those facing food insecurity (End Hunger Durham Food Is a Human Right, 2022). Groups such as these serve as a benchmark for reaching out to the priority population as they have been successful for an extended time. With the information obtained from the local advocacy groups and their network in place, outreach from increased awareness of SNAP benefits for the priority population can be achieved with minimal additional resources.

The third stakeholder is those grocery stores that accept SNAP in Durham County. When using Durham, NC, as the center search point, 220 shops and stores accept SNAP benefits (Appendix B) (Food Stamps Now, 2020). With increasing food costs, people are spending more than ever on

groceries. That is why individuals must understand who accepts SNAP, how they can be best utilized at a grocery store, and what items are available. Grocery stores will play an integral part in advocacy by improving advocacy within the store and online that they accept SNAP and what items they can purchase using the benefits.

The fourth stakeholder is those in the local government. The county commissioners could potentially implement or support the program. Durham County's public officials should have their citizens' best interest in mind but do not have the power to adjust SNAP benefits as it is a federal program. Therefore, their support to increase advocacy and awareness is essential. However, it is important to note that some of those in the government may be opposed to the program. This may be due to not wanting to spend additional money on the outreach. Therefore, it is necessary to provide evidence-based programs to convince those in power to support the program.

The final stakeholder identified are individuals within Durham County who do not qualify for SNAP and are opposed to additional money being spent on funding the program. These are individuals that do not believe additional support towards SNAP advocacy and enrollment will actively benefit themselves even though it is likely taxpayer money will be used to fund the program. They may actively campaign against using government funds to create the program. Some may also deem the program troublesome since it focuses on one group of individuals instead of all those living in poverty. Educating all of those on the program's benefits will be vital to garner support.

For the program to succeed and benefit the priority population, the appropriate stakeholders must be addressed individually and as a group while considering social and political factors. Whether they support or are against the program, the stakeholders will play a vital role in achieving positive and equitable community health outcomes.

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**Appendix C.2.a: Stakeholder Analysis Figures and Tables**

**Table C.2.1**

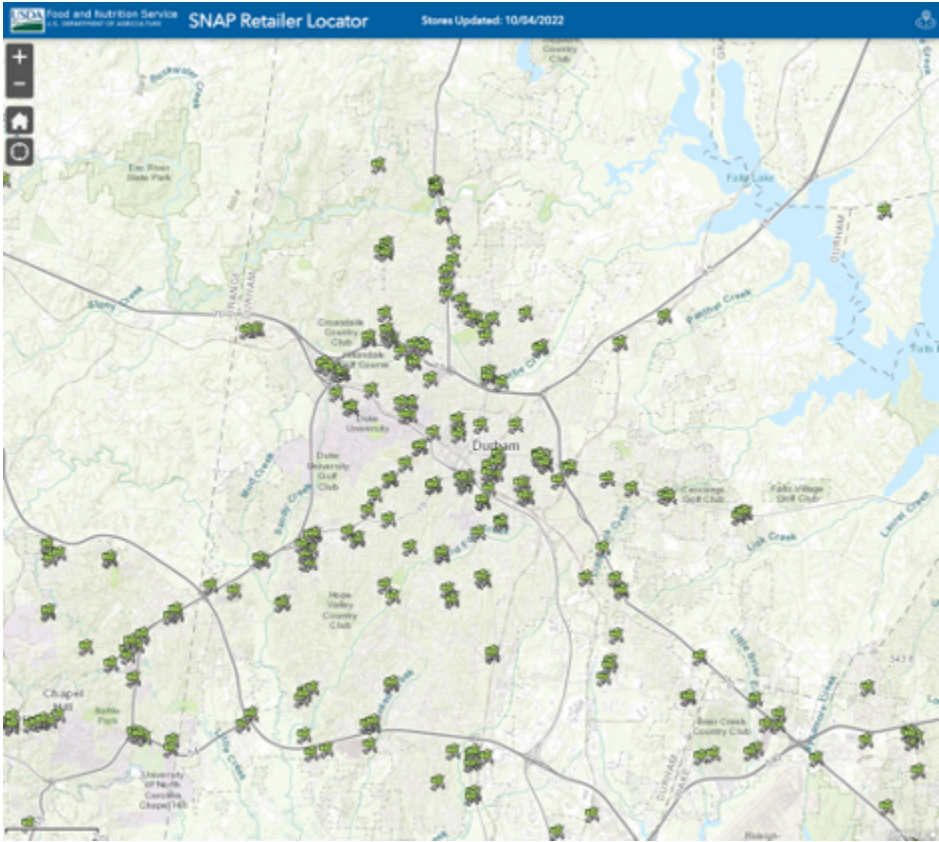
*Stakeholder Analysis Tool: CATWOE*

<ul style="list-style-type: none"> <li>● Customer: Residents of Durham County</li> <li>● Actor: Community Advocacy Groups (End Hunger Durham)</li> <li>● Transformation: End hunger in Durham County; Help individuals know their options</li> <li>● Worldview: Existing advocacy groups will be necessary to recruit to understand their process in reaching out to the public</li> <li>● Owner: State and local government; food pantries</li> <li>● Environment: Lack of low-cost or free resources to fight hunger; inefficiencies that burden the SNAP program</li> </ul>	<ul style="list-style-type: none"> <li>● Customer: Those using the SNAP program/benefits</li> <li>● Actor: Black population, &gt;= 18 years; 200% of FPL</li> <li>● Transformation: Improved knowledge of SNAP benefits; improved access to low-cost or free food</li> <li>● Worldview: May be unaware of their level of poverty and if they are eligible for food stamps</li> <li>● Owner: Advocacy groups; State and local government</li> <li>● Environment: It is increasingly difficult to support themselves or family with increasing food prices among other inflationary costs</li> </ul>
<ul style="list-style-type: none"> <li>● Customer: Residents of Durham County/SNAP Benefit users</li> <li>● Actor: Grocery stores</li> <li>● Transformation: Increase the display of if they take SNAP; Make it easier to find out what products they sell that are available for SNAP to be used</li> <li>● Worldview: The stores may not want to invest in displaying information on SNAP; not their responsibility to reach out</li> <li>● Owner: Overall Grocery Store Chains (Policies)</li> <li>● Environment: The stores have to increase their prices to keep up with inflation; SNAP benefits likely cover less and less of the items available</li> </ul>	<ul style="list-style-type: none"> <li>● Customer: Residents, groups, and businesses in Durham County</li> <li>● Actor: Local Government/County Commissioners</li> <li>● Transformation: Decrease the poverty rate in Durham; improve overall health for residents; there may be those in the government that do not approve of the additional spending</li> <li>● Worldview: At the local level they are unable to change SNAP regulations and therefore need to focus on the resources available to them.</li> <li>● Owner: Their own government, state government, Grocery stores</li> <li>● Environment: decreasing economic stability with increasing prices on all goods, especially food, will put a strain on those already</li> </ul>

- Customer: Durham County residents who qualify for SNAP
- Actor: Durham County Residents that do not qualify for SNAP benefits
- Transformation: Want to see less of their taxes go towards programs that do not directly benefit themselves
- Worldview: with increasing costs of all products and services due to inflation, they do not see the benefit of providing tax money to a system that they believe does not directly benefit themselves
- Owner: The local government and County Commissioners
- Environment: Decreasing economic stability - inflation, increasing government spending

**Figure C.2.1**

*Map of SNAP Retailers around Durham, NC*



### **Appendix C.3: Engagement and Accountability Plan**

#### **Statement of purpose**

Economic stability, one of the social determinants of health, affects an individual's health, functioning, and quality-of-life outcomes and risks. Economic stability is a challenge for those living in poverty as it often limits access to resources such as proper health care, healthy food options, and other necessities to live a healthy life (U.S. Department of Health and Human Services, 2022). To combat poverty and its adverse health effects, the Economic Team recommends that Durham County create a program to benefit the population through increased Supplemental Nutrition Assistance Program (SNAP) enrollment among non-Hispanic Black adults 18 years and older 200% or more below the federal poverty line (FPL). This is critical, as evidence indicates that living in poverty negatively impacts Black adults, can increase the risk of mental illness and chronic disease, and lower life expectancy (Price et al., 2018). SNAP allows an individual's resources to be spent on costs other than food, such as bills, housing, debt, childcare, or health care (Center on Budget and Policy Priorities, 2022). This benefit assists the individual in escaping poverty by addressing food insecurity and ultimately improving health outcomes (Center on Budget and Policy Priorities, 2022). Healthcare spending on its own has been shown to decrease due to SNAP registration (Berkowitz et al., 2017). It also permits low-income people to afford more adequate, nutritious food that would typically not be bought due to its price (Carlson & Keith-Jennings, 2018). In 2019, 34,765 individuals received SNAP benefits in Durham County, but in 2020 there were nearly 41,000 people in poverty (Economic Research, 2021). This means that there are nearly 7,000 people who are in poverty and are not receiving SNAP benefits. Due to evidence that SNAP decreases poverty by addressing food insecurity and the number of those eligible to enroll, the program's goal is to have at least 90% of non-Hispanic Black individuals, 18 years and older, living 200% below the FPL receiving SNAP to decrease the financial stressors of purchasing food and allocating the saved resources to other needs.

The program comprises community engagement, outreach, application assistance, and education resources. The engagement plan focuses on gathering information from stakeholders, providing the



necessary resources for those living in poverty to participate in the process, and enabling the cooperation of multiple stakeholders to benefit all involved.

### **Purpose and Rationale – Engagement Plan**

The Economic Team’s engagement plan promotes individuals and groups to come together as a community with a shared goal. Inclusive community engagement means building solid relationships over time and must be viewed as a continuous process. Stakeholders must have the opportunity to have their voices heard and have a seat at the table. This program is likely to be successful if it is determined what assets the community has available rather than what it lacks (ABCD Institute, 2019). This method can empower those involved as they will feel heard and believe they can make a difference (ABCD Institute, 2019). For stakeholders to have their voices heard, particularly the priority population who live in poverty, it is essential to understand how those without economic stability are best reached. To ensure proper communication, the engagement plan will have multiple paths to access. Participation is encouraged through in-person and online engagement for those with issues with transportation, and any in-person events will be held in the heart of the population’s community to avoid extensive travel.

Using these methods, the program will combine key stakeholders in the community, such as the priority population or food pantries, with those knowledgeable about SNAP awareness and enrollment, such as advocacy groups or the local government. With the goal of reducing poverty by addressing food insecurity in the priority population, the team’s engagement plan will serve to collect and analyze multiple viewpoints from different stakeholders that will benefit the evidence-based program.

### **Engagement Methods**

The first method to engage stakeholders is through individual In-person or Zoom meetings scheduled at a once-a-month minimum. This engagement method aims to communicate directly with those responsible and accountable (RASCI, Appendix D) for the project/program and those who are providing resources (supportive). This will include the local government/County Commissioners, food banks, community advocacy groups, social service workers, and faith-based organizations. These meetings are necessary as the program receives its funding from the local government. Therefore, the

stakeholder will need consistent updating on the development and progress of the program. For example, the stakeholder will be informed about what the funds are spent on and what the metrics show regarding increasing SNAP awareness and registration. To ensure that these meetings are not inflated, organizations will designate a liaison that will serve as the point of contact for the program.

The second engagement method is hosting town halls once a month. These will allow larger groups of stakeholders to participate and voice their opinions, concerns, needs, and wants while allowing the Economic Team to ask predetermined questions to gather information (Appendix B). Due to the sensitivity of some of the predetermined questions, participants will be given the opportunity to after the group town hall, to move into smaller group breakout sessions where they may feel more comfortable sharing their thoughts. While the town halls will be open to all stakeholders, they are primarily used for the consulted stakeholders (RASCI), the priority population. This will allow for those in the priority population to have a seat at the table and identify what they believe is vital for the program to contain and what will lead to the most benefit. To encourage participation, food and beverages will be offered for those that attend the in-person town hall. Those who join via online modes will be offered small electronic gift cards to a grocery store in Durham County. As the program is initiated, it will give people the opportunity to give feedback on what is working well and what may need improvement, as well as remove stereotypes that might influence the program's direction.

The final engagement method utilizes the Give-Get-Grid (GGG) to create an advisory group seen in Appendix C. This enables the team to discover how the stakeholders will contribute to developing the program and improving SNAP enrollment among the priority population. Stakeholder investment is most effective when the partnerships are created to understand expectations held by the individuals or organizations and what they feel the benefits are from participating in the partnership (Southerland et al., 2013). By activating the GGG, engagement can occur by creating this advisory group that will include food banks, faith-based groups, More in My Basket (MIMB), and the Department of Health and Human Services – Food and Nutrition Services (FNS). The group will be referred to as the SNAP Advocate Advisory Committee. They will be afforded information gathered from other engagement methods to

help guide the implementation and continuous improvement of the program. While the group is working towards a common goal, the perceptions of the value of investment and benefit from each program may differ (Southerland et al., 2013). Using the GGG during the program's planning helps identify where these groups have different ideas. These differences may include the following: How the team plans outreach to the priority population regarding education on SNAP; How the allocated funds from the local government are being distributed throughout the program; What individuals or organizations are contributing the most to the goals of the program; Who is receiving the most benefit from the contribution and is that an equal give-and-take. All the engagement methods can be found broken down by stakeholders, goals, and involvement in Appendix A.

To ensure that the involved organizations can discern their and other stakeholders' roles, the team created a Memorandum of Understanding (MOU). The MOU explains the partnership established between the Supplemental Nutrition Assistance Program (SNAP) Advocate Advisory Group and the Durham County Department of Public Health (DcoDPH). This document summarizes the necessary information regarding the Methods of Engagement (Appendix A), the Give-Get-Grid (Appendix C), and the RASCI Analysis (Appendix D). The MOU also highlights the areas of focus (services, goals, milestones, and metrics), the terms and conditions (effective dates, termination of agreement, amendment of agreement, and renewal of agreement), and evaluation and accountability. This information aims to ensure that the parties know what is expected throughout the program's tenure and that each party is held accountable to warrant success.

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**Appendix C.3.a: Engagement and Accountability Plan Figures and Tables**

**Table C.3.1**

*Methods of Engagement*

<b>Engagement Methods</b>	<b>Stakeholders</b>	<b>Goals of Engagement</b>	<b>Involvement/Commitment</b>
<b>Individual In-person/Zoom Meetings</b>	Local Government/County Commissioners; food banks, community advocacy groups, faith-based organizations	<p>Receive initial input on the program, how the money will be spent, goals and objectives, outreach activities</p> <p>Keep stakeholders updated on the program's process in meeting its goals and solicit input on necessary and potential changes to improve the program</p>	<p>Meetings will be held at minimum twice a month for the first 6 months for each individual stakeholder representative.</p> <p>At this time the time frame can be assessed if meetings are not needed as frequently</p>
<b>Town halls with small group breakouts</b>	Primarily the priority population – non-Hispanic Black Durham County Residents 18 years and older	<p>Allow for an introduction into the program</p> <p>Give our largest group of stakeholders a voice in the process</p> <p>This is an opportunity for the stakeholders to identify their thoughts and opinions on the program and process – give information to the team on the community's needs, wants, and what the barriers they face are</p> <p>An opportunity to ask stakeholders questions</p> <p>As the program continues, the town halls will allow for feedback from those</p>	<p>Meetings will be held in-person and streamed on Zoom</p> <p>Those that choose to attend online will still be able to speak and ask questions</p> <p>Meetings will occur once a month reassessed after 6 months for effectiveness</p> <p>Incentives will be offered to both online and in-person attendees to promote attendance</p>

		who have used the program on how to improve it	
<b>Give-Get-Grid – Advisory Group</b>	Food banks, faith-based groups, More in My Basket (MIMB), and the Department of Health and Human Services - Food and Nutrition Services (FNS)	<p>Understanding what each group can contribute allows the advisory board to work together to create an efficient program</p> <p>As the program progresses, this team will take the information from the town halls and individual meetings to improve the program regarding outreach, application process, education, etc.</p>	<p>The advisory group will initially meet every two weeks for the first two months.</p> <p>These meetings may be in-person or over zoom</p> <p>Intermediate contact will be done through emails and phone calls</p>

**Table C.3.2**

*Questions for Feedback/Town halls*

1. What are your biggest expenditures on a day-to-day basis?
2. What can be done in your community to help assist ease the burden of day-to-day costs?
3. What do you believe is the biggest barrier to coming out of poverty?
4. What organizations in your community do you interact with the most?
5. Have you ever received information from an advocacy group?
6. What resources do you currently use to help with food, bills, etc.?
7. Have you ever had issues affording food for you or your family?
8. Have you ever used a food bank to supplement your food?
9. Do you know what the Supplemental Nutrition Assistance Program or SNAP is?
10. Does anyone have any experience with SNAP?
11. Are you interested in using SNAP?
12. What do you find is the biggest barrier to learning about, enrolling in, or using SNAP benefits?
13. Are there foods that you avoid because of costs?
14. After describing the outline of the program
  - a. Do you believe this is something that you would take advantage of?
  - b. What changes do you think should be made to make this more effective?
  - c. What more would you want to know about SNAP?
  - d. What more do you want to know about the program?
15. What is the best way to reach you?

**Table C.3.3**

*Give-Get-Grid*

<b>Stakeholder</b>	<b>Contributions</b>	<b>Benefits</b>
<b>Local Government/ County Commissioners</b>	<ul style="list-style-type: none"> <li>● Information regarding SNAP enrollment and benefits</li> <li>● Supplying funding for the first few years of the program</li> <li>● Reviewal of program and budget</li> <li>● Authority of the direction the program takes</li> </ul>	<ul style="list-style-type: none"> <li>● Improving the well-being and health of individuals within Durham County</li> <li>● Successful implementation may serve as a template for other demographics outside of the priority population</li> </ul>
<b>Food Banks</b>	<ul style="list-style-type: none"> <li>● Provide supplementary resources to the priority population</li> <li>● Provide education to those that use the food bank on the program and how to access it</li> </ul>	<ul style="list-style-type: none"> <li>● With increased use of SNAP, there is a potential for less need at the food banks</li> <li>● Additional resources can be focused on alternative needs</li> </ul>
<b>Community Advocacy Groups</b>	<ul style="list-style-type: none"> <li>● Have experience in outreach to the community – focusing specifically on the priority population</li> <li>● Can train program staff members about bringing awareness to the community</li> <li>● Can serve as an active advocate for long-term change</li> </ul>	<ul style="list-style-type: none"> <li>● Spreading awareness to the community to reduce stigma of using SNAP</li> <li>● More people will learn about SNAP and its benefits and strategies to reduce poverty in Durham County</li> </ul>
<b>Faith-Based Organizations</b>	<ul style="list-style-type: none"> <li>● Already have strong connection and trust with the community</li> <li>● Using this will help improve the outreach and advocacy of the program to its members</li> </ul>	<ul style="list-style-type: none"> <li>● Advocating for a good cause that can help their members</li> <li>● Continue their work to improve the lives of those they reach</li> </ul>



<p><b>Non-Hispanic Black Adults, 200% below the FPL</b></p>	<ul style="list-style-type: none"> <li>● A strong sense of community will lead to improved support among individuals</li> <li>● Has the knowledge and info on the community's needs, wants, and how best for the program to be successful</li> </ul>	<ul style="list-style-type: none"> <li>● The program primarily looks to benefit this stakeholder</li> <li>● Improved health and wellness</li> </ul>
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**Table C.3.4**

*RASCI*

RASCI Levels		
Who is...	SNAP Awareness and Enrollment	Rationale For Partner Participation
<p><b>Responsible</b> = owns the problem/project</p>	<p>Local Government/County Commissioner</p>	<p>The local government and county commissioner are directly involved with the management and distribution of SNAP benefits to our priority population.  <b>Responsibilities:</b> receive and analyze data/metrics on priority population enrolled in SNAP; ensure adequate and accessible SNAP information on government website</p>
<p><b>Accountable</b> = ultimately answerable for the correct and thorough completion of the deliverable or task, and the one who delegates the work to those responsible</p>	<p>Local Government</p>	<p>The program is receiving its funding from the local government. Therefore, they are likely to have the major authority over the actions of the program and veto power  <b>Responsibilities:</b> delegate the yearly scopes of work and required deliverables for the employees, interns, and program overall; approve the FSY budgets; review the end of quarter and yearly reports.</p>





### **Table C.3.5**

#### *Memorandum of Understanding*

This Memorandum of Understanding (MOU) establishes a partnership between the Supplemental Nutrition Assistance Program (SNAP) Advocate Advisory Group and the Durham County Department of Public Health (DcoDPH). The SNAP Advocate Advisory Group and the Durham County Department of Public Health are individually referred to as a “Party” and collectively as the “Parties.” The Parties have reached an understanding on the following:

1. Parties
  - a. SNAP Advocate Advisory Group is a collection of individuals, including but not limited to the priority population, community advocacy groups, social service workers, access specialists, SNAP retailers, local food banks, federal, state and local entities, and non-governmental organizations (NGOs). The SNAP Advocate Advisory Group was established to design, implement, and lead a public health intervention that seeks to connect SNAP-eligible individuals within the priority population to SNAP resources.
  - b. Durham County Department of Public Health is a local governmental agency that focuses on issues related to the health of individuals living in Durham County, North Carolina.
2. Mission, Vision, Values
  - a. Vision: To decrease poverty in low-income Black adults in Durham County by connecting them to SNAP benefits. Using SNAP benefits has been shown to assist individuals in escaping poverty through addressing food insecurity and ultimately improving health outcomes (Center on Budget and Policy Priorities, 2022).
  - b. Mission: To create a local program that increases awareness and enrollment of SNAP eligible participants in low-income Black adults in Durham County to address food insecurity and lessen the severity of poverty in this population.
  - c. Values:
    - i. Health: Achieve optimal health for all people and the communities where they live, learn, work and play (U.S. Department of Health & Human Services, 2021).
    - ii. Equity: Promote policies, systems and services that enable good health and seek to remove obstacles and systemic and structural barriers that have resulted in health inequalities (U.S. Department of Health & Human Services, 2021).
    - iii. Collaboration: Seek partnership and collaboration to maximize our collective impact.
3. Areas of Focus
  - a. Activities or services to be delivered: SNAP Advocate Advisory Group and DCoPHD agree to the following scope of activities.
    - i. SNAP Advocate Advisory Group and DCoPHD will collaborate on a community-level program to increase the awareness and enrollment of eligible SNAP beneficiaries in low-income Black residents.
    - ii. DCoPHD, with approval by the Board of County Commissioner, will contribute a portion of its budget for resources for outreach activities to increase awareness and enrollment of SNAP beneficiaries.
    - iii. SNAP Advocate Advisory Group and DCoPHD will contribute to technical resources, seminar/webinar speakers, community events, and other activities, including individual assistance to increase educational and enrollment opportunities for eligible SNAP beneficiaries.

- iv. SNAP Advocate Advisory Group and DCoPHD will conduct regular meetings to plan, implement, evaluate and monitor the program's progress.
  - v. SNAP Advocate Advisory Group and DCoPHD will collaborate on involving community and data-driven improvements to the social determinants of health for improvement in health equity.
- b. Goals (Aims)
- i. Primary
    - 1. The program aims to have at least 90% of non-Hispanic Black individuals, 18 and older, living 200% below the Federal Poverty Line, receiving SNAP benefits.
  - ii. Secondary
    - 1. Increase awareness about SNAP enrollment for eligible participants in the Black community with indirect outreach activities through social media, newsletter, bulletins, posters, producing an opportunity to reach 50 eligible individuals per month
    - 2. Increase awareness about SNAP enrollment for eligible participants in the Black community with direct outreach activities to include but not limited to community presentations and events, webinars, and local registration sites, providing an opportunity every month for outreach in the community, identifying and enrolling at least 10 eligible individuals
    - 3. Identify and build new partners across advocacy groups, faith-based groups, and agencies to provide direct and indirect outreach activities to build a sustainable program for SNAP information and registration in the community in one year, increasing enrollment by 10% each year to reach the goal of 90%
    - 4. Empower and equip communities to build a sustainable program for SNAP information and registration in the community in one year, increasing enrollment by 10% each year to reach the goal of 90%
- c. Milestones
- i. One month after implementation
    - 1. Approximately 1% increase of enrolled individuals in priority population
  - ii. Three months after implementation
    - 1. Approximately 2-3% increase of enrolled individuals in priority population
    - 2. Conduct first quarter Stakeholder Satisfaction Survey
  - iii. Six months after implementation
    - 1. Approximately 5% increase of enrolled individuals in priority population
    - 2. 100% implementation of Advisory Board approved recommendations to the program from three-month stakeholder survey
  - iv. One year after implementation
    - 1. 10% increase of enrolled individuals in priority population
    - 2. Conduct year-end Stakeholder Satisfaction Survey
- d. Metrics
- i. Primary
    - 1. Percent of primary population enrolled in SNAP at the beginning of the year compared to the end of the year (a year being from the start of the program)
      - a. With an aim of a 10% increase year over year reaching a goal of 90 percent

- ii. Secondary
    - 1. Reaching 50 eligible individuals per month through indirect outreach
    - 2. Enrolling a minimum of 10 eligible individuals per month in SNAP through direct outreach
- 4. Terms and Conditions
  - a. Effective dates: 2021 - 2023
  - b. Termination of agreement
    - i. Permissible if one or more of the following occur:
      - 1. Both parties agree to termination
      - 2. Program Evaluations
        - a. Three-Month
          - i. Start-up costs have required the use of 50% of the three-year budget without evidence-based reasoning and no improvement
        - b. Six-Month
          - i. One party has failed to deliver on one or more responsibilities during two consecutive quarterly meetings – this does not refer to a dissolution of the program, but a removal of offending party from program activities
        - c. One-Year
          - i. Results in zero percent increase or a decrease in SNAP registration
        - d. Three-Year
          - i. SNAP registration has not increased to 90% of eligible participants
          - ii. SNAP registration has reached its target, but there is no sign of decreased poverty or well-being in the priority population
        - e. During any point in the evaluation, if any inappropriate use of funds from one of the parties
      - 3. Loss of funding
        - a. Due to a “force majeure” clause
          - i. For example – funding being reallocated for emergency resource deployment due to natural disaster
        - b. One-Year
          - i. Three-year budget has been depleted by 65% with no promise of additional funding
        - c. Three-Year
          - i. Funding is exhausted with no additional funding granted
  - c. Amendment of agreement
    - i. Amendments to agreement will be assessed on a quarterly basis during standing meetings between partnered organizations.
  - d. Renewal of agreement
    - i. Discussions regarding renewal will begin to occur halfway through the projected program date. Renewal is contingent upon mutual agreement between partner organizations.

5. Evaluation and Accountability

a. Evaluation

- i. Process and outcome evaluations will occur between at least one designated member from each organization. Metrics will be established at the beginning of the program. These metrics will be tracked by the designated team members and reported on during quarterly meetings.

b. Accountability

- i. A RASCI analysis has been conducted (see Appendix D) to designate individual party responsibilities within the partnership
- ii. Metrics will be reported on by designated team members. Additional information will be provided by teams who are primarily responsible for each measure's success. Any team whose metric presents below target value will discuss the need to present at the quarterly meeting and discuss potential barriers and solutions during the meeting.

In witness thereof, the parties have offered their signatures hereto:

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Durham County Department of Public Health, Health Director

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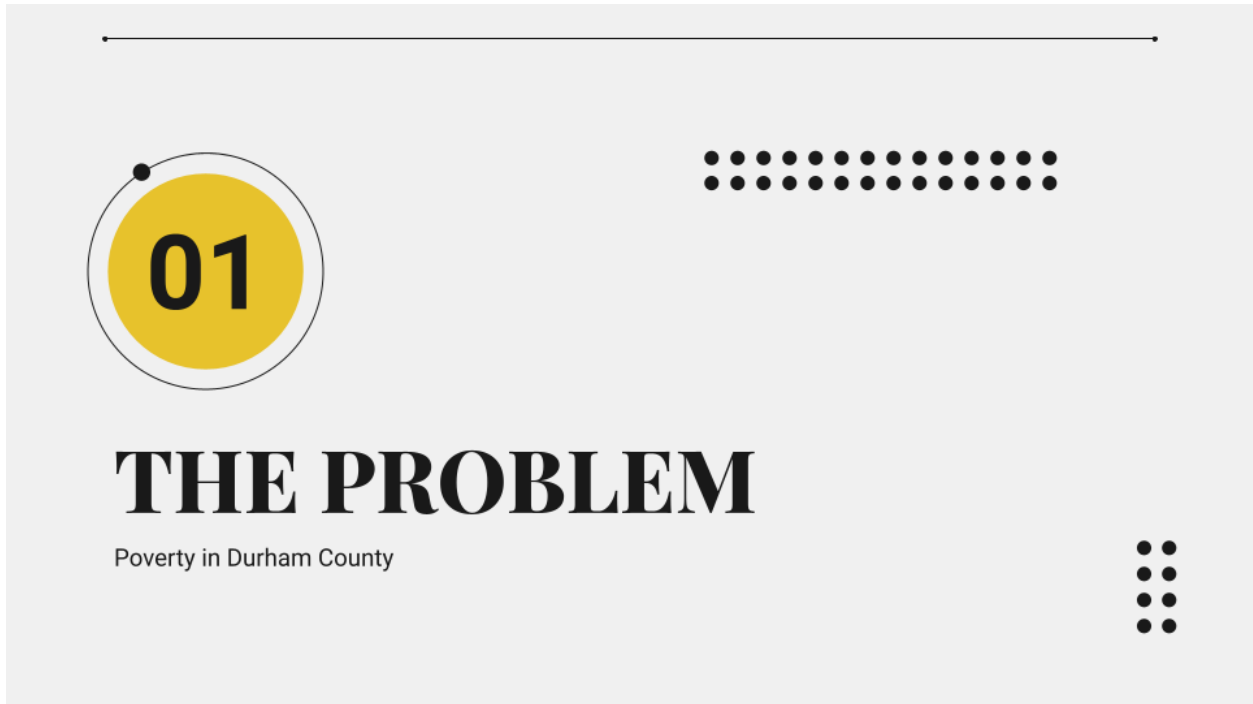
**Supplemental Nutrition Assistance Program Advocate Advisory Group, Authorized Representative**



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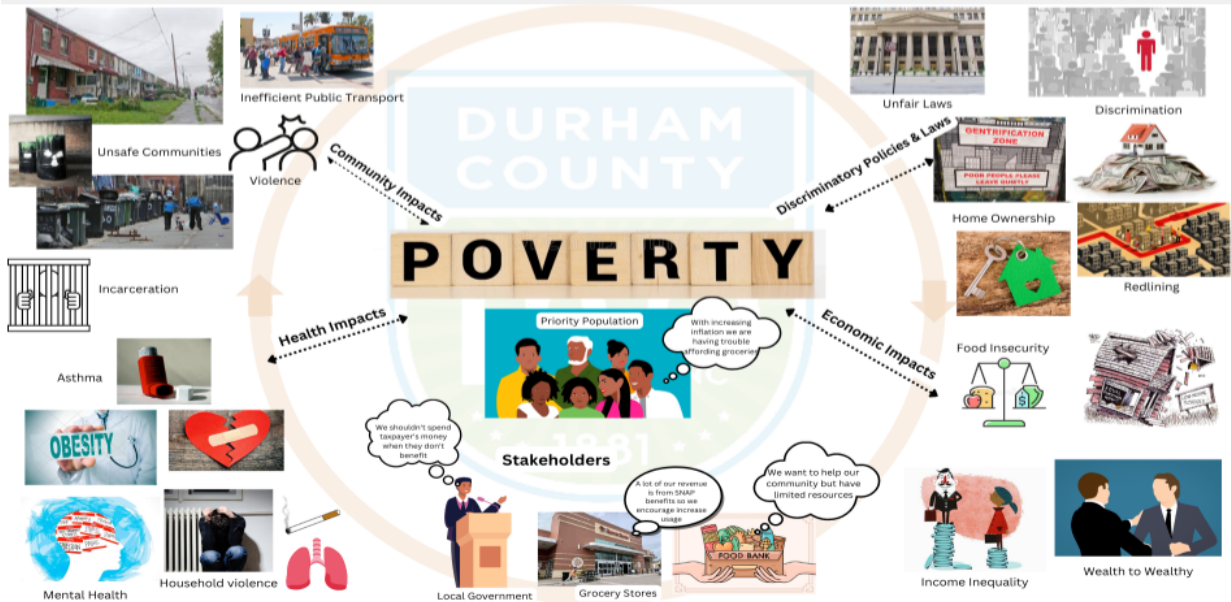
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<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

**Appendix C.4. Individual Presentation Slides and Script**



Now I will speak about the issues within Durham County and how they affect the priority population.

# Rich Picture



This rich picture is focused on Economic Stability, which is one of the 5 key elements of the Social Determinants of health and demonstrates how people are affected by poverty

- Economic Stability is the connection between financial resources people have - income, cost of living, and socioeconomic status - and their health. This includes key issues such as poverty, employment, food security, and housing stability (CDC, 2022).

## Durham County

- Has a diverse population with a large percentage of people of color compared to the state and nation, with about half of its population Black(35.9%) and Latinx (13.8%) compared to non-Hispanic White (43.4%) (DCDPH, 2020).
- However, despite a diverse and growing population with a thriving economy, poverty is higher among minority racial/ethnic groups.
  - Due to centuries of white supremacy, systematic racism, and segregation policies (The Durham Racial Equity Task Force, 2020)

## Key health disparities of those living in poverty

- Poor health, uninsured, smoking, obesity, and housing problems (US Census, 2022)
- Long-term consequences of poverty include chronic disease, chronic stress and other mental health issues, high incarceration rates, high violence rates (Healthy People 2030, 2020)

# Priority Population

**Low-income non-Hispanic Black adults**

**18-years and older**

**200% below the Federal Poverty Level**

41,000 out 303,000 individuals in Durham County live at least 200% below FPL

Disproportionally affects black adults  
40% or 16,600 of those individuals are the priority population

Nearly 7,000 people in Durham County who are in poverty and are not receiving SNAP benefits (Economic Research, 2021)

The priority population is non-Hispanic Black adults, 18-years and older, living 200% below the Federal Poverty Line (which equates to an annual income of \$27,180 for one person)

Out of the 303,000 individuals living in Durham County, 41,000 live at least 200% below the FPL with at least 7,000 not receiving SNAP benefits

- Out of those 41,000, 16,600 are from the priority population

Poverty's long- and short-term effects, including lack of health insurance, high food insecurity rates, decreased housing stability, declining mental health, and more greatly affects the Black population who is at a disadvantage when it comes to economic stability and overall health.

- Without addressing this issue in Durham County's Black community, the health disparities will continue to grow, and the overall health and well-being of its population will decrease.

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## **APPENDIX D: SARAH WU'S INDIVIDUAL DELIVERABLES**

### **Appendix D.1: Individual Problem Statement**

#### **Social Determinant of Health**

Social determinants of health, the conditions where people live, learn, work and play, impact a person's health status (Centers for Disease Control and Prevention [CDC], 2021). Economic stability, one such determinant, is “the connection between the financial resources people have...and their health” (CDC, 2021). Economic stability provides individuals with access to resources that help prevent, avoid, or buffer exposure to health risks (AAFP, 2022). Poverty, the state in which a person lacks what they need to achieve a minimum standard of living, is a major driver for health inequity (American Academy of Family Physicians [AAFP], 2022; Durham County of Public Health [DCoDPH] & DukeHealth, 2020). Poverty negatively impacts health through limiting access to key resources and health-promoting elements such as healthy foods, clean water, clean air, shelter, and safe environments (AAFP, 2022).

Lack of access to these resources is detrimental to the adoption of healthy behaviors and the ability to avoid risk resulting in several short- and long-term impacts to people and communities (AAFP, 2022; Phelan, 2010). In addition to food insecurity and unsafe environment risks, households at or below the poverty line are at increased risk for severe chronic conditions and their complications such as asthma, cavities, anxiety, ADHD and behavior disorders (University of Wisconsin Population Health Institute [UWPHI], 2022). Violence is also more prevalent in households living in poverty; based on data collected from 2008-2012, individuals living in these households experienced more than double the rate of violent victimization than individuals in high-income households (AAFP, 2022). Short-term impacts include toxic stressors like Adverse Childhood Events (ACEs) which have long-term implications on health: increased risk for chronic diseases and conditions, depression and higher rates of risky health behaviors like smoking and heavy drinking (DCoDPH & DukeHealth, 2020). Other long-term impacts include shorter life expectancy, higher infant mortality rates and being at a high risk for obesity, diabetes, heart attacks, strokes, lung cancer and other leading causes of death;

this results in these individuals experiencing higher death rates for the 14 leading causes of death” (AAFP, 2022; UWPFI, 2022).

### **Geographic and Historical Context**

Durham is the sixth most populous county in North Carolina with an estimated population of 311,848 (DCoDPH & DukeHealth, 2020). It is a diverse county with a greater proportion of Black residents relative to the state (21.5%) and the United States as a whole (12.8%) (DCoDPH & DukeHealth, 2020; see Appendix A). Income disparities exist within Durham by race and ethnicity. The median income in 2018 for White households (\$76,962) was significantly higher than the median income of Black households (\$42,417) (DCoDPH & DukeHealth, 2020). There has been no improvement in this wage gap for the past 30 years and has in fact increased significantly between black and white workers even when controlling for education, experience, and geographic location (DCoDPH & DukeHealth, 2020).

There are several contributing factors to the income disparity in Durham County: unequal access to jobs through workforce discrimination, gentrification, and the enactment of discriminatory policies (DCoDPH & DukeHealth, 2020; Eanes, 2018). Despite having nearly identical credentials, people of color (POC) are less likely to be interviewed for jobs when compared to white peers resulting in fewer job prospects (DCoDPH & DukeHealth, 2020). Gentrification has contributed to this income disparity in that New Durham residents make an average of \$13,000 more a year than existing residents; this has resulted in the displacement of lower-income residents and the “phasing out [of] the legacy Black neighborhoods which have been in Durham for many years” (DCoDPH & DukeHealth, 2020; Lu, 2021). Historical discriminatory policies, most notably redlining, further contributed to the income disparity as redlined neighborhoods were primarily African American ones and so black residents were disproportionately denied loans at a high rate than white residents (Eanes, 2018) The overall lack of credit prevented African Americans residents from becoming homeowners, developing financial security and building the generational wealth that homeownership typically provides (Eanes, 2018).

### **Priority Population**

Non-Hispanic Black adult residents over the age of 18 years from Durham County, North Carolina who are at or below 200% of the Federal Poverty Line (FPL) are a priority population due to the intersectionality of various identities at an increased risk for health issues (Hayes, 2022).

Non-Hispanic Black residents of Durham County face stark income disparities due to discrimination in the workforce and housing market (DCoDPH & DukeHealth, 2020; Eanes, 2018). Further, the prevalence of individuals at or below 200% FPL in North Carolina was 37% compared to the national average of 33% (North Carolina Institute of Medicine [NCIOM], 2020). Individuals at or below 200% FPL are more likely to report themselves in fair or poor health (20%) and have higher rates of obesity (36%) (NCIOM, 2020).

Non-Hispanic Black adults are disproportionately impacted by poverty when compared to their non-Hispanic White peers (see Appendix B). Despite each making up over one-third of the population of Durham, non-Hispanic Black residents are nearly three times more likely to be living at or below the poverty line when compared to non-Hispanic Whites residents (see Appendix B). Because the non-Hispanic Black residents of Durham County are disproportionately impacted by poverty, they are likewise disproportionately impacted by the downstream effects of poverty. Compared to white residents, black Durham residents have higher mortality rates in four of the five leading causes of death: cancer, diseases of the heart, cerebrovascular disease, and Alzheimer's Disease (DCoDPH & DukeHealth, 2020).

### **Measures of Problem Scope**

22% of non-Hispanic black residents of Durham County live at or below the FPL, a rate nearly three times higher than non-Hispanic white residents (8%) (DCoDPH & DukeHealth, 2020). Other factors that contribute to the economic instability of this population include median income and homeownership. The median annual income in 2018 for black households was \$42,417. White households had a 77% higher median annual income at \$76,962 (DCoDPH & DukeHealth, 2020). 29% of black households own and occupy a home compared to 64% of white households (DCoDPH & DukeHealth, 2020).



Additionally, non-Hispanic blacks are disproportionately affected by certain health conditions and outcomes such as higher mortality rates and lower life expectancy. Per the 2020 Durham County Community Health Assessment, black residents have higher mortality rates in four of the five leading causes of death among Durham residents when compared to white residents: 38% higher rate of cancer deaths, 42% higher rate of deaths from diseases of the heart, 27% higher rate of death from cerebrovascular disease, and 7% higher rate of death related to Alzheimer's Disease (2020). The infant mortality rate for Black infants between 2013-2017 was 11.9%, a rate three times higher than white infants (3.8%) (DCoDPH & DukeHealth, 2020). Further, Black residents have a lower average life expectancy when compared to white residents, 76.8 years and 82.2 years respectively (DCoDPH & DukeHealth, 2020). Increased risk for chronic diseases and their conditions, as well as lower life expectancy are associated with poverty (UWPHI, 2022).

### **Rationale/Importance**

Reducing poverty is a Healthy North Carolina 2030 priority and a Durham County Department of Health 2020 priority (DCoDPH & DukeHealth, 2020; NCIOM, 2020). Several issues identified by the community in the 2020 Durham County Community Health Assessment are associated with the upstream or downstream effects of poverty: violent crime, affordable housing, gentrification, mental health, diabetes, and access to healthy resources (2020). Poverty is a clear priority for the state, the county and its residents. The non-Hispanic Black population living in Durham are disproportionately affected by poverty. Though non-Hispanic White and non-Hispanic Black populations each make up over one-third of the population of Durham, non-Hispanic Black residents are nearly three times more likely to be living at or below the poverty line when compared to non-Hispanic Whites residents (see Appendix B). As such, they are disproportionately impacted by the downstream effects of poverty as a social determinant of health: chronic diseases and their conditions, depression, and risky health behaviors (DCoDPH & DukeHealth, 2020). Health disparities are important from a health equity and social justice perspective as well as an economic and general health perspective. The United States has the potential for \$135 billion in economic gain each year if race-related health disparities are

eliminated: \$93 billion in excess medical care costs and \$42 billion in potential productivity (Turner, 2008).

### **Disciplinary Critique**

Public health leaders have a mission to address the issue of poverty. Based on the 10 Essential Public Health services, public health leaders should not only “investigate, diagnose, and address health problems and hazards affecting the population” but also ensure equitable access to healthy services and care (CDC, 2020). Poverty is a “complex and insidious determinant of health caused by systemic factors that can persist for generations in a family” that disproportionately affects non-Hispanic black adults living in Durham County, North Carolina (AAFP, 2022; DCoDPH & DukeHealth, 2020). As such, this population is disproportionately impacted by the many deleterious downstream effects of poverty (DCoDPH & DukeHealth, 2020). Public health leaders have a duty to monitor and promote the health of all persons regardless of gender, race, ethnicity, or socioeconomic status (Rowitz, 2014). A social justice perspective and a commitment to eliminating health inequity is critical for public health leaders (Rowitz, 2014). Public health leaders need to prioritize the non-Hispanic Black adult population living in Durham County, North Carolina as a public health imperative.

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**Appendix D.1.a: Individual Problem Statement Figures and Tables**

**Figure D.1.1**

*Race and Ethnicity Demographics in Durham County, 2015-2019*

Race/Ethnicity	Percentage of Population
Non-Hispanic White	42.5%
Non-Hispanic Black	35.9%
Hispanic or Latino	13.5%
Asian	3.9%
Other	3%
American Indian and Alaska Native	.2%

Table 1 Race and Ethnicity Demographics in Durham County, 2015-2019

**Figure D.1.2**

*Population Living at or Below Poverty Line in Durham County, 2013-2017*

Race/Ethnicity	Percentage of Population
Latinx	29%
Non-Hispanic Black	22%
Asian	19%
Native American	14%
White	8%

## **Appendix D.2: Stakeholder Analysis**

### **Social Determinant of Health**

Economic stability, a social determinant of health, is “the connection between the financial resources people have...and their health” (CDC, 2021). Economic stability provides individuals with access to resources that help prevent, avoid, or buffer exposure to health risks (AAFP, 2022). Poverty, the state in which a person lacks what they need to achieve a minimum standard of living, negatively impacts health through limiting access to key resources and health-promoting elements such as healthy foods, clean water, clean air, shelter, and safe environments (AAFP, 2022). Poverty is directly correlated to the lack of access to food, or food insecurity as individuals in poverty lack the resources needed to access food (Feeding America, 2018). Food insecurity is detrimental to the adoption of healthy behaviors and the ability to avoid risk resulting in several short- and long-term impacts to people and communities (AAFP, 2022; Phelan, 2010). Studies have shown that food insecurity is associated with decreased nutrient intake, increased rates of mental health issues such as depression, increased rates of diabetes, hypertension, hyperlipidemia, poor sleep outcomes, and overall poorer health (Gundersen & Ziliak, 2015). Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides eligible low-income individuals with monthly benefits to purchase food at participating food retailers (Ver Ploeg & Zhen, 2022). Evidence suggests that SNAP may not only promote better health and lower healthcare costs but has been known to improve food insecurity (Carlson & Keith-Jennings, 2018). SNAP enables individuals to purchase foods conducive to healthier diets, frees up resources that can be used towards health promoting behaviors and medical care, reduces medical costs, and is associated with improved current and long term care (Carlson & Keith-Jennings, 2018).

### **Program Transformation**

Non-Hispanic Black adult residents over the age of 18 years from Durham County, North Carolina who are at or below 200% of the Federal Poverty Line (FPL) are a population that would most benefit from a program intervention that would increase awareness and SNAP participation from

eligible individuals. Individuals at or below 200% FPL are more likely to report themselves in fair or poor health (20%) and have higher rates of obesity (36%) (NCIOM, 2020). Twenty-two percent of non-Hispanic black residents of Durham County live at or below the FPL, a rate nearly three times higher than non-Hispanic white residents (8%) (DCoDPH & DukeHealth, 2020). This population is disproportionately impacted by the downstream effects of poverty and food insecurity (DCoDPH & DukeHealth, 2020; Gundersen & Ziliak, 2015).

A program that would be most beneficial to this population seeks to connect eligible members within the Non-Hispanic Black adult residents over the age of 18 years from Durham County who are at or below 200% of the Federal Poverty Line (FPL) to resources available to them through SNAP. Based on data between 2013 and 2017, SNAP has lifted 297,000 North Carolinians above the poverty line (Hall & Nchako, 2022). Despite the huge benefits of SNAP to eligible individuals and their communities, SNAP only reaches 69% of eligible individuals in North Carolina (Hall & Nchako, 2022). To bridge this gap in access, the Durham County Health Department should consider a community-driven program that connects local residents to SNAP. The program will be modeled after the More in My Basket Program (MIMB) program which seeks to reduce food insecurity by connecting North Carolina residents to SNAP (MIMB, 2017). Through a combination of education, outreach and application assistance, MIMB was able to reach 175,000 individuals in North Carolina between 2010-2017 resulting in \$1.75 million in food assistance and \$3.15 million economic investment to local counties (MIMB, 2017).

The program would consist of four key components: community engagement, outreach, application assistance, and education resources. The program engages the community through presentations to community groups, disseminating information at large-scale community events such as resource fairs, and engaging key food insecurity resource groups such as food banks to teach community members about SNAP. From an outreach perspective, the program cultivates partnerships with local community groups, shares resources to these groups, and distributes a monthly newsletter through digital and physical flyposting. The program will provide application assistance to individuals



interested in applying for SNAP through an on-site local office, at community events and through a toll-free telephone line. Lastly, the program will host educational learning events where individuals can learn more about SNAP eligibility, food purchases, how to use an Electronic Benefits Transfer (EBT) card, and how to apply to SNAP. Individuals participating in the program will gain knowledge and financial skills from this program and more financial freedom if they become a recipient of SNAP benefits. On an organization level, this program will affect the community and build relationships between organizations and social institutions to fight food insecurity and SNAP stigma, and advocate for equity.

### **Stakeholder Analysis**

In reviewing the drivers of the system (Appendix A), a stakeholder analysis was used to identify, map, and better understand the perspectives of key stakeholders. Using a STE(E)P Scan (Appendix B), eight key stakeholders emerged as they impact or are impacted by the social, technical, environmental/economic and political factors related to poverty in non-Hispanic Black adults living at or below 200% FPL in Durham County, North Carolina. These stakeholders were: the priority population, advocacy groups, social service workers, access specialists, SNAP retailers, local food banks, political entities/representatives (federal, state and local), and Non-governmental organizations (NGOs).

A Power-Interest Matrix (Appendix C), was used to map key stakeholders based on their level of power and interest in the issue. Stakeholder groups that fit in the High Power-High Interest quadrant were federal, state and local representatives, local food banks, and NGOs. Stakeholders with high power and high interest need to be managed closely throughout the program initiative. Stakeholders with high interest and low power, namely community members, community advocacy groups and social service workers, will be kept informed throughout the program. Low interest, low power stakeholders such as access specialists and SNAP retailers, will require minimum effort throughout the program and will be monitored through the initiative.

The International Association of Public Participation (IAP2) Engagement Framework was used to assess stakeholder perspectives (Appendix D). Based on the framework, access Specialists and SNAP retailers should be consulted. As such, they will be informed, listened to and have their concerns acknowledged, and be provided with closed loop communication. Federal, state and local representatives, local food banks, and NGOs will be involved; their concerns and aspirations will be directly reflected in the program. Their concerns will be listened to and acknowledged and they will be given feedback on how their input has influenced decisions throughout the program process. The program will collaborate with the community members, advocacy groups, and social service workers. These stakeholders will be included in each step through design, development, and implementation of the program. Their advice and recommendations will be incorporated to the maximum extent possible.

### **Rationale**

Using the STE(E)P Scan, Power-Interest Matrix and the IAP2 Engagement Framework, we identified, mapped and analyzed stakeholders Stakeholders were identified, mapped and analyzed key stakeholders to include throughout our program. Community members, particularly Non-Hispanic Black adult residents over the age of 18 years from Durham County, North Carolina who are at or below 200% FPL are key stakeholders as they are the group that are most affected by our issue. They are directly impacted by the program, highly motivated by the success of the program and whose perspectives are key in developing and implementing a successful program. Advocacy groups, particularly those who support and advocate for change within our issue or for members of our priority population such as poverty advocacy groups, food insecurity advocacy groups, and Black advocacy groups, are key stakeholders who assist with dealing with the immediate effects of poverty within our priority population and advocate for long-term change. Social service workers such as social workers, case managers, and patient care liaisons, work directly with the priority population to manage care and access to resources. They are essential in our program as they are directly related to the successful operation of the program; they connect our priority population with needed SNAP resources. Access specialists can help identify and eliminate gaps in access between the priority population and the

resources they are eligible for. This group includes marketing specialists, IT specialists and outreach specialists. Like Social Service workers, they are directly related to the successful operation of the program. Snap retailers, such as grocery stores, farmer's markets, are motivated by the success of the program and are directly impacted by the success of the program. Through the program, our priority population will have better access to these SNAP-eligible retailers. Local food banks such as Feeding the Carolinas and faith-based food pantries can provide supplementary resources to our priority population when they are ineligible for the SNAP benefits. They can also support the program through providing logistical and operation support such as becoming a site where program specialists can assist and educate program participants. Federal, state and local representatives such as the North Carolina Department of Social Services, North Carolina Department of Health and Human Services, and the U.S. Department of Agriculture are key stakeholders as they are directly involved with the management and distribution of SNAP benefits to our priority population. NGOs such as PORCH Durham and Feeding Durham Together are a key stakeholder group that can provide supplementary resources to our priority population when they are ineligible for the SNAP benefits. Like food banks, these organizations can also support the program through providing logistical and operation support such as becoming a site where program specialists can assist and educate program participants.

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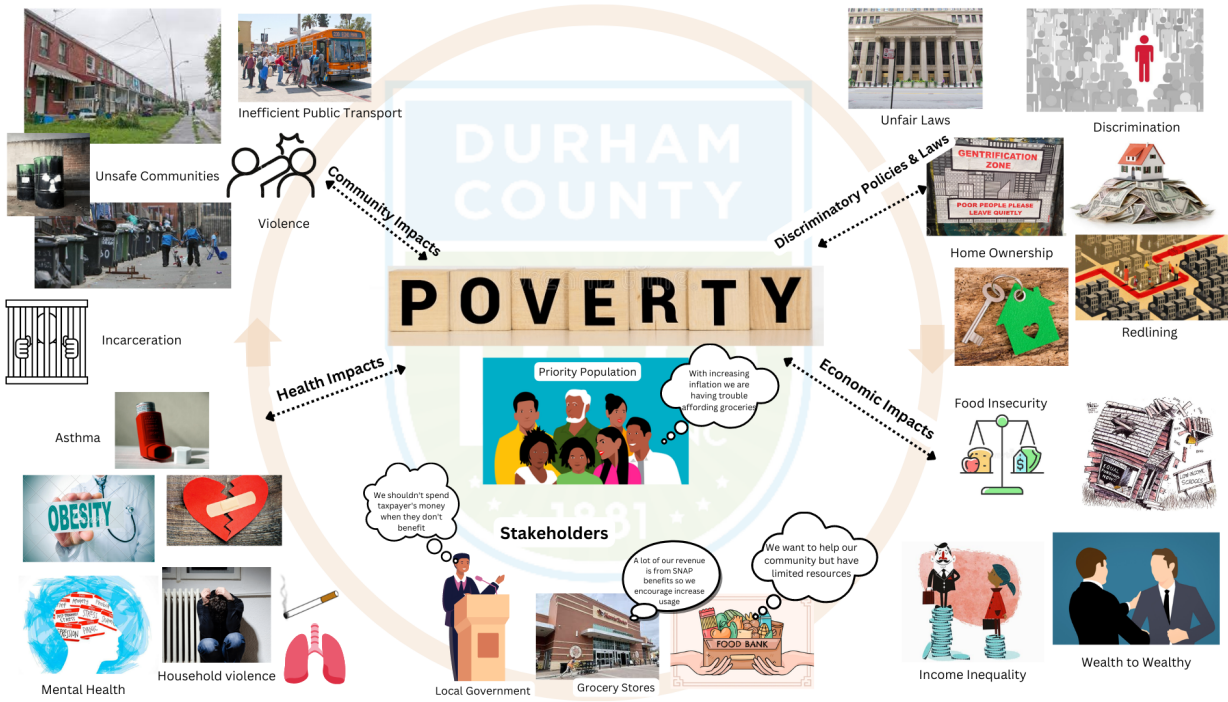
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## Appendix D.2.a: Stakeholder Analysis Figures and Tables

**Figure D.2.1**

*Rich Picture of Poverty Among Non-Hispanic Black Individuals Over 18 Years of Age in Durham County North Carolina*



**Table D.2.2**

*Stakeholder Identification - STE(E)P Scan*

<b>Stakeholder Identification</b>			
<b>Social</b>	<b>Technical</b>	<b>Economic/ Environmental</b>	<b>Political</b>
<ul style="list-style-type: none"> <li>● <b>Community Members</b></li> <li>● <b>Advocacy Groups</b> <ul style="list-style-type: none"> <li>○ Poverty Advocacy groups</li> <li>○ Black advocacy</li> <li>○ Food Insecurity advocacy groups</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● <b>Social Service Workers</b> <ul style="list-style-type: none"> <li>○ Social Workers</li> <li>○ Case managers</li> <li>○ Patient Care Liaisons</li> </ul> </li> <li>● <b>Access Specialists</b> <ul style="list-style-type: none"> <li>○ Marketing Specialists</li> <li>○ IT specialists</li> <li>○ Outreach Specialists</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● <b>SNAP Retailers</b> <ul style="list-style-type: none"> <li>○ Grocery Stores</li> <li>○ Farmer’s Markets</li> </ul> </li> <li>● <b>Local Food Banks</b> <ul style="list-style-type: none"> <li>○ Feeding the Carolinas</li> <li>○ Faith-based Food pantries</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● <b>Federal, State and Local representatives</b> <ul style="list-style-type: none"> <li>○ NC Department of Social Services</li> <li>○ NC Department of Health and Human Services</li> <li>○ U.S. Department of Agriculture</li> </ul> </li> <li>● <b>Non-Governmental Organizations</b> <ul style="list-style-type: none"> <li>○ PORCH Durham</li> <li>○ Feeding Durham Together</li> </ul> </li> </ul>

*Note:* From M. Morrison. PEST/ PESTLE Analysis Tool -History and Templates. Retrieved from <http://rapidbi.com/created/the-pestle-analysis-tool/>

**Figure D.2.3**

*Stakeholder Mapping - Power-Interest Matrix*

<i>High</i>		Federal, State, Local Representatives Local Food Banks Non-Governmental Organizations
<b>Power</b>	Access Specialists SNAP Retailers	Community Members Community Advocacy Groups Social Workers
<i>Low</i>		
	<i>Low</i>	<b>Interest</b>
		<i>High</i>

*Note:* From Mayers, J. 2005. Stakeholder power analysis. Power tools series. International Institute for Environment and Development, London, UK.



**Figure D.2.3**

*Understanding Stakeholder Perspectives - IAP2 Framework*

**IAP2 Spectrum of Public Participation**



IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

		<b>INFORM</b>	<b>CONSULT</b>	<b>INVOLVE</b>	<b>COLLABORATE</b>	<b>EMPOWER</b>
<b>PUBLIC PARTICIPATION GOAL</b>		To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
<b>PROMISE TO THE PUBLIC</b>		We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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*Note:* From IAP2 International Federation, 2014. IAP2 public participation spectrum. Retrieved from: [https://cdn.ymaws.com/www.iap2.org/resource/resmgr/foundations\\_course/IAP2\\_P2\\_Spectrum\\_FINAL.pdf](https://cdn.ymaws.com/www.iap2.org/resource/resmgr/foundations_course/IAP2_P2_Spectrum_FINAL.pdf)

### **Appendix D.3: Engagement and Accountability Plan**

#### **Statement of Purpose**

A program that would be most beneficial to Non-Hispanic Black adult residents over the age of 18 years from Durham County, North Carolina who are at or below 200% of the Federal Poverty Line (FPL) would be a program that connects eligible members of the population to resources available to them through the Supplemental Nutrition Assistance Program (SNAP). SNAP is a program designed by the federal government that seeks to improve the health and economic security of individuals living in the United States (Ver Ploeg & Zhen, 2022). It provides eligible low-income individuals with monthly benefits to purchase food at participating food retailers (Ver Ploeg & Zhen, 2022). The U.S Department of Agriculture estimates that “in a weak economy, \$1 in SNAP benefits generates \$1.50 in economic activity” (Hall & Nchako, 2022). Further, there is a strong evidence base suggesting that SNAP is associated with and may promote better health and lower healthcare costs (Carlson & Keith Jennings, 2018).

SNAP is known to improve food insecurity, enables individuals to purchase foods conducive to healthier diets, frees up resources that can be used towards health promoting behaviors and medical care, reduces medical costs, and is associated with improved current and long term care (Carlson & Keith-Jennings, 2018). In fiscal year 2021, 15% of North Carolina residents participated in SNAP (Hall & Nchako, 2022). Based on data between 2013 and 2017, SNAP has lifted 297,000 North Carolinians above the poverty line (Hall & Nchako, 2022). Despite the huge benefits of SNAP to eligible individuals and their communities, SNAP only reaches 69% of eligible individuals in North Carolina (Hall & Nchako, 2022). To bridge this gap in access, the Durham County Health Department should consider a community-driven program that connects local residents to the Supplemental Nutrition Assistance Program (SNAP).

#### **Summary and Rationale**

Stakeholder engagement is a necessary component to a successful public health program. The program will endeavor to incorporate stakeholder engagement throughout all phases of the program

design, implementation and evaluation. The program will collaborate with all identified stakeholders to expand our thoughts and ideas, gain a diverse perspective from stakeholders, increase support and buy-in, and inform our process (Community Tool Box, 2020).

A RASCI Analysis was performed to identify the roles and responsibilities of each stakeholder (see Appendix A). The program largely holds the SNAP Advocate Advisory Group, county commissioner and the local government as the responsible owners for the program. As the funder of the program, the local government is ultimately accountable for the program. Food banks, community advocacy groups, social service workers, and faith-based organizations are supports for the program as they are able to provide resources to the program and may also be able to support the implementation of the program. The priority population are to be consulted throughout the program as their perspective is absolutely necessary for the success of the program. SNAP retailers, and the Durham County Food and Nutrition Services (FNS) are to be kept informed throughout the process.

The program will follow a Community-based Participatory Research framework (Israel et. al., 2018). To operationalize this, the SNAP Advocate Advisory Group will be developed which will incorporate representatives from each of our key stakeholder groups: priority population, community advocacy groups, social service workers, access specialists, SNAP retailers, local food banks, local/state/federal entities, and non-governmental organizations. The SNAP Advocate Advisory Group will lead the design, implementation and evaluation of the program through equitable, shared decision-making. To ensure that all parties involved are in agreement, a Memorandum of Understanding will be developed (see Appendix B).

## **Engagement Methods**

### *Structured Interviews (In-person/Virtual)*

The program will utilize structured interviews (in-person or virtual) to interview members of key stakeholder groups (Appendix C; Appendix D). In order to capture as much information as possible, the interviews can take place either in-person, by phone or virtually. Individual interviews will allow the program to better understand the viewpoints and needs of key stakeholder groups. This will assist with

the development of strategies for the design and implementation of the program. All stakeholders will, at a minimum, be asked three key questions regarding how they expect to benefit from the program intervention, how they would prefer to be contacted and what challenges they anticipate may occur with engagement. Stakeholders that are consulted, supportive and accountable will be interviewed; this includes: local government, food banks, community advocacy groups, social service workers and faith-based organizations.

#### *Newsletter (Paper/Email)*

All identified, interested stakeholders will be kept informed through paper or email newsletters. Paper and email mediums were chosen to expand the visibility of the newsletter. These newsletters will report on the issue, the program's goals, progress, and key events in the program. This will provide the stakeholders and the public with balanced and objective information to help them understand the issue and potential solutions (IAP2 International Federation, 2014). The stakeholders that will be kept informed are SNAP-retailers and Durham County Food and Nutrition Services (FNS).

#### *Community Listening Sessions (In-Person/Virtual)*

Community listening sessions, such as town-hall meetings, will function to keep stakeholders informed about the issue and program. Through our individual stakeholder structured interviews (Appendix D), we were able to In addition to this, the community-listening sessions provide a space for stakeholders to raise concern and share solutions in a group setting. This group session functions to provide a voice to ideas and concerns that would not be shared through individual engagement methods. Stakeholders that are consulted, supportive and accountable will be interviewed; this includes: local government, food banks, community advocacy groups, social service workers and faith-based organizations.

#### *Regular Recurring Meetings (In-person/Virtual)*

Regularly recurring meetings will take place on a biweekly basis between members of the SNAP Advocate Advisory Group. These will take place in-person and virtually in order to accommodate the varied schedule of all of the advisory group members. This group will meet regularly to discuss the

design, implementation and evaluation of the program to include: process and methods, prioritizing risks, defining timeline and deliverables, messaging and outreach, relevance and applicability of proposed strategies. Stakeholders that are consulted, supportive and accountable will be interviewed; this includes: local government, food banks, community advocacy groups, social service workers and faith-based organizations.

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**Appendix D.3.a: Engagement and Accountability Plan Figures and Tables**

**Table D.3.1**

*RASCI Analysis*

<b>RASCI Level</b>	<b>SNAP Awareness and Enrollment</b>	<b>Rationale For Partner Participation</b>
<p><b>Responsible</b> = owns the problem/project</p>	<p>SNAP Advocate Advisory Group</p> <p>Local Government/County Commissioner</p>	<p>The SNAP Advocate Advisory group which is comprised of representatives from key stakeholders (priority population, community advocacy groups, social service workers, access specialists, SNAP retailers, local food banks, local/state/federal entities, and non-governmental organizations) are directly involved with the design and implementation of the project.</p> <p>The local government and county commissioner are directly involved with the management and distribution of SNAP benefits to our priority population.</p>
<p><b>Accountable</b> = ultimately answerable for the correct and thorough completion of the deliverable or task, and the one who delegates the work to those responsible</p>	<p>Local Government</p>	<p>The program is receiving its funding from the local government. Therefore, they are likely to have the major authority over the actions of the program, veto power, and will delegate the yearly scopes of work and required deliverables for the employees, interns, and program overall since they are approving the FSY budgets. They will also be the ones reviewing the end of quarter and yearly reports.</p>
<p><b>Supportive</b> = can provide resources or can play a supporting role in implementation</p>	<p>Food Banks Community Advocacy Groups Social Service Workers Faith Based Organizations</p>	<p>Local food banks can provide supplementary resources to our priority population when they are ineligible for the SNAP benefits. They can also support the program through providing logistical and operation support such as becoming a site where program specialists can assist and educate program participants.</p> <p>Advocacy groups, particularly those who support and advocate for change within our issue or for members of our priority population such as poverty advocacy groups, food insecurity advocacy groups, and Black advocacy groups, are key stakeholders who assist with</p>

		<p>dealing with the immediate effects of poverty within our priority population and advocate for long-term change.</p> <p>Social service workers such as social workers, case managers, and patient care liaisons, work directly with the priority population to manage care and access to resources. They connect our priority population with needed SNAP resources.</p> <p>Faith-based organizations have strong connections with their community and can assist by conducting outreach and connecting congregation members to the services they need.</p>
<p><b>Consulted</b> = has information and/or capability necessary to complete the work</p>	<p>Priority Population: Non-Hispanic Black Adults (18 and older), 200% below the federal poverty line</p>	<p>The priority population has the information needed about living in poverty without SNAP benefits, and they would be the ones completing the “work” as in enrolling in benefits with assistance and learning from the education programs</p>
<p><b>Informed</b> = must be notified of results, process, and methods, but need not be consulted</p>	<p>SNAP-retailers Durham County Food and Nutrition Services (FNS)</p>	<p>Grocery stores, farmer’s markets, convenience stores and any other SNAP-eligible vendors are motivated by the success of the program and are directly impacted by the success of the program. By keeping SNAP retailers informed, our priority population will have better access to these SNAP-eligible retailers.</p> <p>FNS want to improve the application process for the agency and the applicants and has funding/resources purposed for this process.</p>



### **Figure D.3.2**

#### *Memorandum of Understanding Between Supplemental Nutrition Assistance Program Advisory Group and the Durham County Department of Public Health*

This Memorandum of Understanding (MOU) establishes a partnership between the Supplemental Nutrition Assistance Program (SNAP) Advocate Advisory Group and the Durham County Department of Public Health (DcoDPH). The SNAP Advocate Advisory Group and the Durham County Department of Public Health are individually referred to as a “Party” and collectively as the “Parties.” The Parties have reached an understanding on the following:

#### I. Parties

- a. SNAP Advocate Advisory Group is a collection of individuals, including but not limited to the priority population, community advocacy groups, social service workers, access specialists, SNAP retailers, local food banks, federal, state and local entities, and non-governmental organizations (NGOs). The SNAP Advocate Advisory Group was established to design, implement, and lead a public health intervention that seeks to connect SNAP-eligible individuals within the priority population to SNAP resources.
- b. Durham County Department of Public Health is a local governmental agency that focuses on issues related to the health of individuals living in Durham County, North Carolina.

#### II. Mission, Vision, Values

- a. Vision: To decrease poverty in low-income Black adults in Durham county by connecting them to SNAP benefits.
- b. Mission: To create a local program that increases awareness and enrollment of SNAP eligible participants in low-income Black adults in Durham County to lessen the severity of poverty in this population.
- c. Values:
  - i. Health: Achieve optimal health for all people and the communities where they live, learn, work and play (U.S. Department of Health & Human Services, 2021).

- ii. Equity: Promote policies, systems and services that enable good health and seek to remove obstacles and systemic and structural barriers that have resulted in health inequalities (U.S. Department of Health & Human Services, 2021).
- iii. Collaboration: Seek partnership and collaboration to maximize our collective impact.

### III. Areas of Focus

- a. Activities or services to be delivered: SNAP Advocate Advisory Group and DCoPHD agree to the following scope of activities.
  - i. SNAP Advocate Advisory Group and DCoPHD will collaborate on a community-level program to increase the awareness and enrollment of eligible SNAP beneficiaries in low-income Black residents. SNAP Advocate Advisory Group and DCoPHD will collaborate on involving community and data-driven improvements to the social determinants of health for improvement in health equity. Parties agree to do the following:
    - 1. SNAP Advocate Advisory Group agrees to present to the DCoPHD quarterly regarding program progress.
    - 2. SNAP Advocate Advisory Group agrees to provide DCoPHD an updated proposal (to include program timeline and budget) in the event of any changes made to the initial proposal.
    - 3. SNAP Advocate Advisory Group and DCoPHD will conduct regular meetings to plan, implement, evaluate and monitor the program's progress. Each parties' role in the regular meetings are as follows:
      - a. SNAP Advocate Advisory Group is responsible for running the meeting and agrees to invite a representative from DCoPHD to the biweekly advisory group meetings.

- b. DCoPHD agrees to send a representative from DCoPHD to the biweekly advisory group meetings.
  - c. DCoPHD agrees to provide educational sessions with the SNAP Advocate Advisory Group regarding SNAP enrollment initiatives and other relevant programs which may assist the SNAP Advocate Advisory Group with the program.
  - d. SNAP Advisory Group is responsible for developing and tracking a minimum of three key performance indicators (KPI) related to the success of the program. Prior to program implementation, these KPI should be submitted and approved by DCoPHD.
  - e. DCoPHD agrees to respond to KPI proposal requests within 1 week of KPI request submission.
  - f. In the event that agreement cannot be made regarding KPI selection, parties agree that DCoPHD may have final choice on two of the three KPI.
  - g. SNAP Advisory Group agrees to present on KPI no less than on a quarterly basis.
  - h. DCoPHD agrees to provide necessary resources to ensure appropriate and accurate data collection for all KPI.
4. SNAP Advocate Advisory Group and DCoPHD will contribute to technical resources, seminar/webinar speakers, community events, and other activities, including individual assistance to increase educational and enrollment opportunities for eligible SNAP beneficiaries.

- a. SNAP Advocate Advisory Group is responsible for developing all resources to include technical resources, seminars, and job aids.
  - b. SNAP Advocate Advisory Group DCoPHD agrees to promote program on DCoPHD website and social media.
5. The Parties agree that any requests regarding program data will be submitted in writing. Requests for data will be responded to within 1 week of request submission. Data request will be fulfilled no later than 1 month after request submission. Any exceptions will be communicated via email.
6. DCoPHD, with approval by the Board of County Commissioner, will contribute a portion of its budget for resources for outreach activities to increase awareness and enrollment of SNAP beneficiaries.

b. Goals (Aims)

i. Primary

1. The program aims to have at least 90% of non-Hispanic Black individuals, 18 and older, living 200% below the Federal Poverty Line, receiving SNAP benefits.

ii. Secondary

1. Increase awareness about SNAP enrollment for eligible participants in the Black community with indirect outreach activities through social media, newsletter, bulletins, posters, producing an opportunity to reach 50 eligible individuals per month
2. Increase awareness about SNAP enrollment for eligible participants in the Black community with direct outreach activities to include but not limited to community presentations and events, webinars, and local

registration sites, providing an opportunity every month for outreach in the community, identifying and enrolling at least 10 eligible individuals

3. Identify and build new partners across advocacy groups, faith-based groups, and agencies to provide direct and indirect outreach activities to build a sustainable program for SNAP information and registration in the community in one year, increasing enrollment by 10% each year to reach the goal of 90%
4. Empower and equip communities to build a sustainable program for SNAP information and registration in the community in one year, increasing enrollment by 10% each year to reach the goal of 90%

c. Milestones

i. One month after implementation

1. Approximately 1% increase of enrolled individuals in priority population

ii. Three months after implementation

1. Approximately 2-3% increase of enrolled individuals in priority population
2. Conduct first quarter Stakeholder Satisfaction Survey

iii. Six months after implementation

1. Approximately 5% increase of enrolled individuals in priority population
2. 100% implementation of Advisory Board approved recommendations to the program from three month stakeholder survey

iv. One year after implementation

1. 10% increase of enrolled individuals in priority population
2. Conduct year-end Stakeholder Satisfaction Survey

d. Metrics

i. Primary

1. Percent of primary population enrolled in SNAP at the beginning of the year compared to the end of the year (a year being from the start of the program)
  - a. With an aim of a 10% increase year over year reaching a goal of 90 percent
- ii. Secondary
  1. Reaching 50 eligible individuals per month through indirect outreach
  2. Enrolling a minimum of 10 eligible individuals per month in SNAP through direct outreach

#### IV. Terms and Conditions

- a. Effective dates: 2021 - 2023
- b. Termination of agreement
  - i. Permissible if one or more of the following occur:
    1. Both parties agree to termination
    2. One party has failed to deliver on one or more responsibilities during two consecutive quarterly meetings without adequate reason
    3. Program evaluation reveals little, no, or the opposite effect on program goals
    4. One or more parties suddenly loses funding
- c. Amendment of agreement
  - i. Amendments to agreement will be assessed on a quarterly basis during standing meetings between partnered organizations.
- d. Renewal of agreement
  - i. Discussions regarding renewal will begin to occur halfway through the projected program date. Renewal is contingent upon mutual agreement between partner organizations.

V. Evaluation and Accountability

a. Evaluation

- i. Process and outcome evaluations will occur between at least one designated member from each organization. Metrics will be established at the beginning of the program. These metrics will be tracked by the designated team members and reported on during quarterly meetings.

b. Accountability

- i. A RASCI analysis will be conducted at the MOU's execution which will designate responsible parties for each of the program's objectives.
- ii. Metrics will be reported on by designated team members. Additional information will be provided by teams who are primarily responsible for each measure's success. Any team whose metric presents below target value will discuss the need to present at the quarterly meeting and discuss potential barriers and solutions during the meeting.

In witness thereof, the parties have offered their signatures hereto:

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**Durham County Department of Public Health, Health Director**

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**Supplemental Nutrition Assistance Program Advocate Advisory Group, Authorized Representative**

**Table D.3.3**

*Engagement Plan*

<b>Stakeholder</b>	<b>Method of Engagement</b>	<b>Input on...</b>	<b>Involvement</b>
<b>Priority Population</b>	Advisory Group; Email Newsletter; Community Listening Sessions; Structured Interviews	Process and methods  Messaging and outreach  Relevance and applicability of proposed strategies  Identify gaps and opportunities for action  Open-ended feedback on health concerns and community solutions	Minimum: briefings at one-time events (e.g. presentations, workshops, townhalls)  Regular recurring meetings;  One-time events (presentations, workshops, townhalls, etc)
<b>Community Advocacy Groups</b>	Advisory Group; Email Newsletter; Community Listening Sessions; Structured Interviews	Process and methods  Messaging and outreach  Relevance and applicability of proposed strategies  Identify gaps and opportunities for action	Minimum: briefings at one-time events (e.g. presentations, workshops, townhalls)  Regular recurring meetings  One-time events (presentations, workshops, townhalls, etc)
<b>Social Service Workers</b>	Advisory Group; Email Newsletter; Structured Interviews	Relevance and applicability of proposed strategies	Minimum: briefings at one-time events (e.g. presentations, workshops, townhalls)



			One-time events (presentations, workshops, townhalls, etc)
<b>Access Specialists</b>	Advisory Group; Email Newsletter; Structured Interviews	Process and methods  Identify gaps and opportunities for action	Minimum: briefings at one-time events (e.g. presentations, workshops, townhalls)  Regular recurring meetings
<b>SNAP Retailers</b>	Advisory Group; Email Newsletter; Structured Interviews		Minimum: briefings at one-time events (e.g. presentations, workshops, townhalls)  Regular recurring meetings
<b>Local Food Banks</b>	Advisory Group; Email Newsletter; Structured Interviews		Minimum: briefings at one-time events (e.g. presentations, workshops, townhalls)  Regular recurring meetings
<b>Federal, State and Local Entities/Representatives</b>	Advisory Group; Email Newsletter; Structured Interviews	Prioritizing risks  Identify gaps and opportunities for action  Criteria for prioritizing strategies	Minimum: briefings at one-time events (e.g. presentations, workshops, townhalls)  Regular recurring meetings
<b>Non-Governmental Organizations</b>	Advisory Group; Email Newsletter; Community Listening Sessions;		Minimum: briefings at one-time events (e.g. presentations, workshops, townhalls)  Regular recurring meetings

	Structured Interviews		
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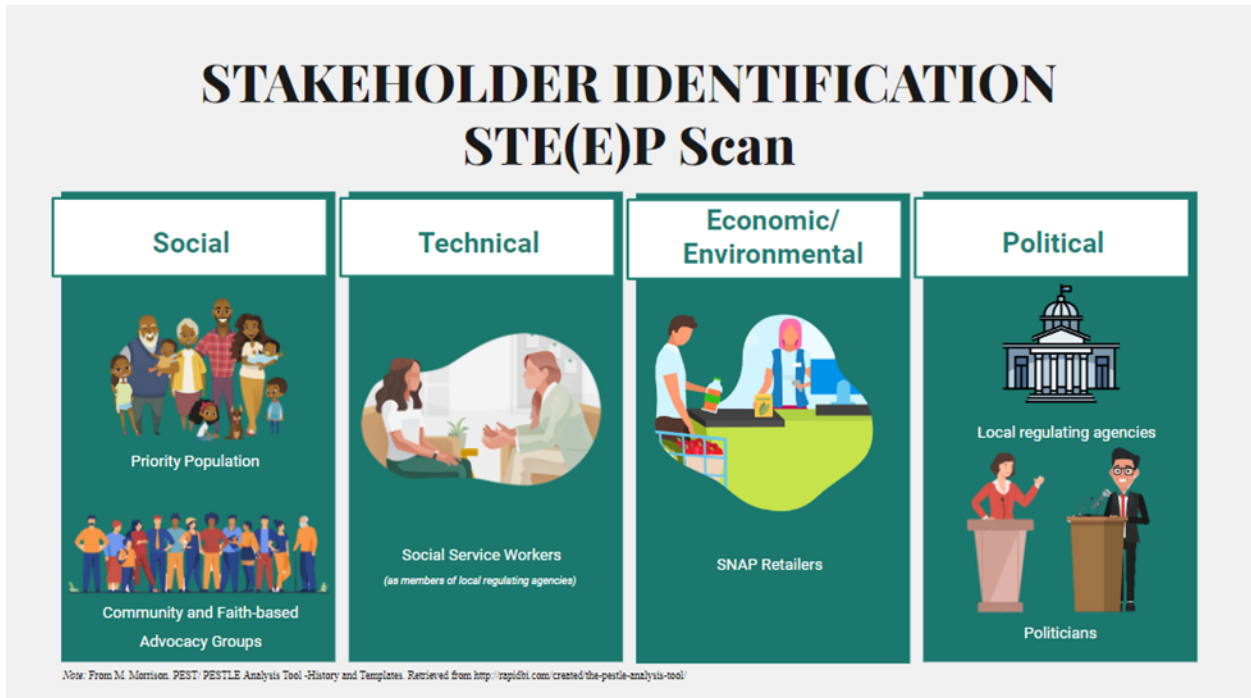
**Table D.3.4**

*RASCI Analysis Engagement Notes*

Stakeholder	Questions Asked & Answers
<p><b>Priority Population</b></p>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Access to resources to eat healthy</li> </ul> </li> <li>● <b>What level of commitment would you be able to provide for our intervention?</b> <ul style="list-style-type: none"> <li>○ once every other week</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ email</li> <li>○ option to be virtual very beneficial</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ might not be enough engagement with community</li> <li>○ time-consuming - people are busy - lot of information to take in - may be overwhelmed, may not understand the full impact</li> </ul> </li> </ul>
<p><b>Community Advocacy Groups</b></p>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ will be able to support the vulnerable populations</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ Any - call/email/in-person</li> <li>○ Faith Advocacy group would love to make the church a place of meeting if needed. Church has audiovisual capabilities; can do zoom/livestream services</li> <li>○ can hold about 200; have had townhall services</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ only so much the advocacy groups can do with limited resources</li> </ul> </li> </ul>
<p><b>Social Service Workers</b></p>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ not personally affected because can afford food</li> <li>○ but indirectly affected because many of their clients would benefit from the intervention</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ might not be enough engagement with community; ensuring that messaging is visible and culturally appropriate</li> </ul> </li> </ul>
<p><b>Access Specialists</b></p>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ not personally affected because can afford food</li> <li>○ but indirectly affected because many of their clients would benefit from the intervention</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b></li> </ul>

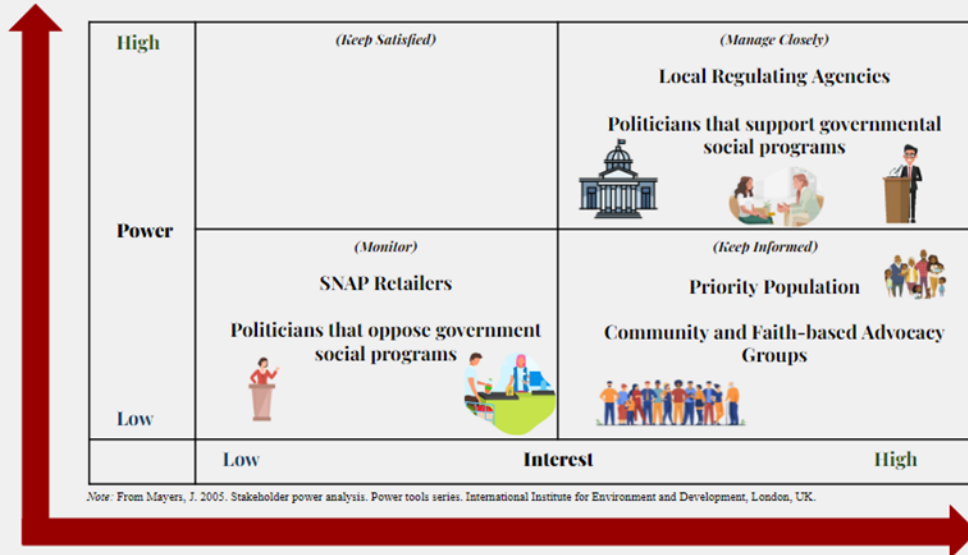
	<ul style="list-style-type: none"> <li>○ be informed; email newsletter</li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ might not be enough engagement with community; ensuring that messaging is visible and culturally appropriate</li> </ul> </li> </ul>
<b>SNAP Retailers</b>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Increased SNAP utilization may increase revenue</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ Low interest by stakeholder</li> </ul> </li> </ul>
<b>Local Food Banks</b>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Increased SNAP utilization frees up resources that can be allocated to participants who are in need but not eligible for SNAP</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ might not be enough engagement with community; ensuring that messaging is visible and culturally appropriate</li> </ul> </li> </ul>
<b>Federal, State and Local Entities/Representatives</b>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Increase of SNAP utilization is in line with governmental goals to reduce poverty and food insecurity</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter; quarterly presentations</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ competing interests and limited resources that can be provided by the stakeholder</li> </ul> </li> </ul>
<b>Non-Governmental Organizations</b>	<ul style="list-style-type: none"> <li>● <b>How do you expect to benefit from the program intervention?</b> <ul style="list-style-type: none"> <li>○ Increase of SNAP utilization is in line with organization's goals to reduce poverty, reduce food insecurity, increase equitable access to nutritious meals</li> </ul> </li> <li>● <b>How would you recommend our team engage with your stakeholder group? (when, how often, what mode)</b> <ul style="list-style-type: none"> <li>○ be informed; email newsletter;</li> </ul> </li> <li>● <b>What challenges do you anticipate may occur with engagement?</b> <ul style="list-style-type: none"> <li>○ competing interests and limited resources that can be provided by the stakeholder</li> </ul> </li> </ul>

## Appendix D.4: Individual Presentation Slides and Script



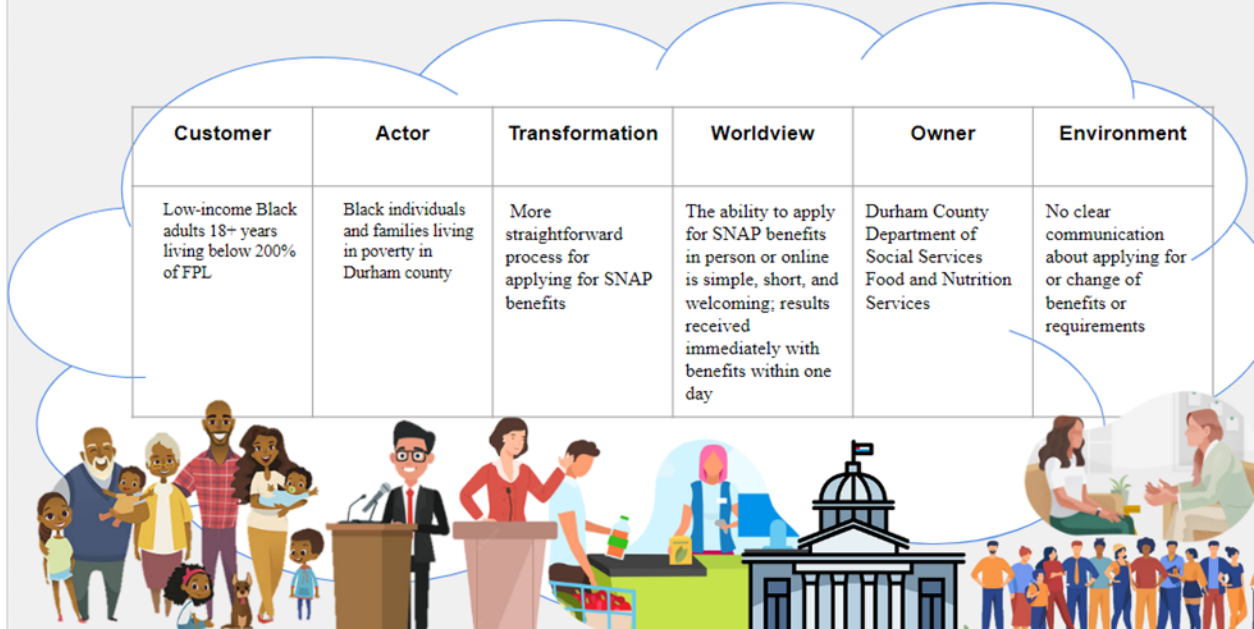
Stakeholders are key to our program. They are great resources whose perspectives, ideas and input are key for the success of our program. In order to ensure that all key stakeholders were identified for this program, we used a STEEP scan which provides a systematic way to identify key stakeholders within the social, technical, economic or environmental or political sectors of our problem. Based on our STEEP Scan, the five key stakeholders we selected were members of the priority population, community- and faith-based advocacy groups, SNAP retailers, local regulatory agencies and politicians.

# STAKEHOLDER ANALYSIS POWER/INTEREST MATRIX



After identifying our key stakeholders, we started the analysis process. We first used a Power-Interest Matrix to help map out our stakeholders based on their level of interest in the program and the level of power that they have to help inform the level of engagement we would have with these stakeholder groups. For example, local regulating agencies and politicians who support social welfare programs have high power and high interest in the program. They are decision makers and have a large impact on the project success and so we know that we must closely manage their expectations. For our community- and faith-based advocacy groups and priority population, both with high interest but lower power, we would keep them informed. We would make sure to monitor our SNAP retailers and politicians that oppose social programs.

# STAKEHOLDER ANALYSIS - CATWOE



Lastly, we used a CATWOE Analysis, a tool used to analyze what is important to stakeholders, to determine a comprehensive understanding of stakeholders' perspectives. The CATWOE prompts us to think about the different aspects of the problem, including the customer, actor, transformation, worldview, owner and environment. This is the CATWOE done for our priority population, arguably our most important stakeholder and for whom our program is designed to help the most. Here we see that from the perspective of our priority population, their worldview is that there should be a way to apply for SNAP benefits in person or online and that they should be able to access those benefits quickly, ideally within one day. The transformation that they seek is a more straightforward process for applying for SNAP benefits.

## **APPENDIX E: KOSSANA YOUNG'S DELIVERABLES**

### **Appendix E.1: Individual Problem Statement**

#### **Social Determinant of Health (SDOH)**

Defined by the CDC, social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play, that affect a wide range of health and quality-of life-risks and outcomes (CDC, 2022). There are five key areas within the social determinants of health as defined by Health People 2030's framework, including: healthcare access and quality; education access and quality; social and community context; economic stability; and neighborhood and the built environment (CDC, 2022). All five key areas are significant cross cutting factors that affect health risks and outcomes, however, economic stability is crucial for the wellbeing of all people.

Economic stability as a SDOH is defined as the connection between income, cost of living, and socioeconomic status and people's health while factoring in poverty, employment, food security, and housing stability (CDC, 2022). Poverty in this context is defined as living at or below 200% of the Federal Poverty Level (FPL), which is how Healthy NC 2030 defines it in their metrics.

Poverty is associated with health-related short-term outcomes including declining mental health, increased stress levels, and risk of both under nutrition and obesity (CDC, 2022). There are also short-term outcomes in the built environment inflicted from poverty, including food insecurity, unsafe neighborhoods, under sourced schools, lack of child care, and lack of transportation services (CDC, 2022). There are also long-term impacts associated with poverty, including chronic illness, homelessness, trauma, and substance abuse (CDC, 2022).

#### **Geographic and Historical Context**

To date, Durham County has had an impressive economic climate starting with the tobacco industry in 1869, and growing to be apart of the research triangle enterprise. As of 2021, Durham county has an unemployment rate of 4%, under the US average of 6% and has had a job market increase of 2% over the last year (Sperling, 2022). The average income of a Durham County resident is



\$29,801 a year (US average \$28,555/year) and the median household income of a resident is \$52,038 a year (US average \$53,482/year) (Sperling, 2022).

Durham County is 54% White; 35.9% Black; 5.6% Asian; and 13.8% Hispanic or Latino; with a median age of 35.5 (DataUSA, 2022). Durham County is one of the three counties containing a research university that makes up the Research Triangle in conjunction with Wake and Orange County and their research universities, which is now the world's largest university-related research park and namesake (Museum of Durham, 2022). This area has over 130 major research companies and employs more than 45,000 people, making Durham County a compelling area for implants (Museum of Durham, 2022). An increase in implants can translate to an economy boost, however, it also drives gentrification which in turn impacts poverty by making the rates increase.

Young professionals are drawn to this area for higher education, work, and research. For this reason, gentrification rates are rising as more people relocate to this ever-growing area. According to The Duke Chronicle, "The median sale price for homes sold in Durham increased by over 50% [by] October 2019. The process of gentrification results in the displacement of lower-income residents. (Duke Chronicle, 2021)." As the homes in Durham began to increase in 2010, those making less income were no longer able to afford their homes or buy homes, which has resulted in poverty levels increasing over time and economic instability.

The county is making an effort to reduce poverty and enforce economic stability by investing in programs and policies to help lessen the burden of expensive housing, health care costs, and food costs for those who meet poverty criteria. Currently, the Transformation in Ten Initiative is being implemented which is a data driven, community-led, collaborative effort to reduce poverty in Durham communities (Durham NC Gov, 2022). In addition, through COVID times, the county and state made strides in helping those who were impacted by the pandemic by removing restrictions on nutrition and economic programs, for example the SNAP program (NC, 2022).

### **Priority Population**

In Durham County, the prevalent racial or ethnic group living at or below 200% of the FPL is the adult (18+) Non-Hispanic Black population (DataUSA, 2022). Non-Hispanic Black adults with family incomes below and near 200% of the FPL experience more financial stress which is detrimental to their overall health and well-being (Healthy NC 2030). Refer to appendix A for a visual representation of specific household incomes in different FPL percentage brackets.

### **Measures of Problem Scope**

In Durham County, 13.5% (41k out of 303k people) of the community lives at least 200% below the federal poverty line, a number that is higher than the national average of 12.8% (DataUSA, 2022). Across North Carolina counties, Durham County is ranked 29<sup>th</sup> poorest out of 100, with the highest poverty rate being 29.1 and the lowest being 7 (see Appendix B). As of 2020, 16,580 non-Hispanic Black community members live below the FPL (DataUSA).

Reported key health disparities of the non-Hispanic Black population living in poverty include poor health, uninsured, smoking, obesity, physical inactivity, poor food, excessive drinking, violent crime, and housing problems (US Consensus, 2022). Across the lifespan, residents in poverty are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy (Healthy NC 2030).

### **Rationale and Importance**

Without economic stability comes lack of health care, poor housing, lack of child care, indulging in unhealthy foods, and can lead to excessive drinking, tobacco use, obesity, and violence. Durham county has significant statistics proving the lack of sufficient health, wellbeing, and outcomes in the county. To date, Durham has an adult obesity rate of 28%, an adult smoking rate of 15%, and 16% of the population excessively drinks. There are 34% single parent households, 17% severe housing problems, 13.5% of the population is uninsured, 21% of children live in poverty, and violent crime is scored at 667 (Country Health Rankings, 2022). As aforementioned, poverty has a number of short- and long-term outcomes on health and in the built environment, including substance abuse, obesity, unsafe

neighborhoods, under-sourced schools, and lack of child care. These statistics positively correlate with poverty inflicted outcomes, proving that poverty could be a factor negatively impacting the county.

### **Disciplinary Critique**

Health issues cannot be addressed or have effective interventions without considering the importance of health equity. In order to help communities, public health members need to ensure community members have positive mental, physical, and social health. A critical first step in achieving the goal of a healthy community is ensuring each human within the community is economically stable enough to achieve financial freedom. Statistics aforementioned how detrimental poverty is to health, wellness, and nutritional outcomes. As a result, people living in poverty are disproportionately facing unhealthy eating habits that have negative short- and long-term health outcomes. Public health leaders and nutritionists need to address poverty as it relates to food insecurity and food system inequities because access to healthy food is a necessity for the betterment of physical and mental health, wellbeing, and for a decrease in negative health outcomes. Addressing poverty to ensure those most impacted by financial instability are able to have access to a healthy way of living is critical to addressing health issues cross cutting all social determinants of health.

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## Appendix E.1.a: Individual Problem Statement Figures and Tables

**Figure E.1.1**

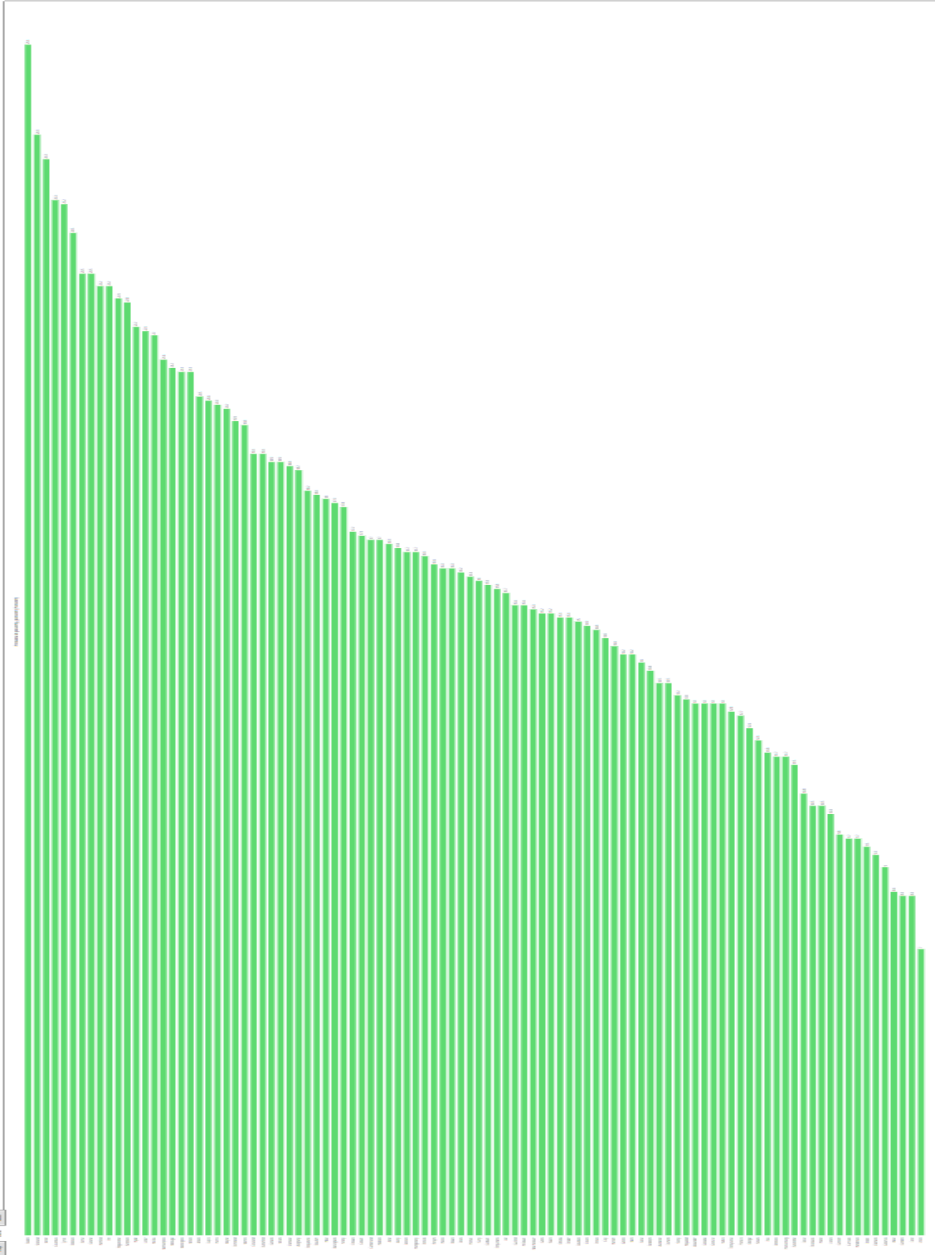
*2022 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)*

### 2022 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Household/ Family Size	<u>Per Year</u>													
	25%	50%	75%	100%	125%	133%	135%	138%	150%	175%	180%	185%	200%	225%
<b>1</b>	\$3,398	\$6,795	\$10,193	\$13,590	\$16,988	\$18,075	\$18,347	\$18,754	\$20,385	\$23,783	\$24,462	\$25,142	\$27,180	\$30,578
<b>2</b>	\$4,578	\$9,155	\$13,733	\$18,310	\$22,888	\$24,352	\$24,719	\$25,268	\$27,465	\$32,043	\$32,958	\$33,874	\$36,620	\$41,198
<b>3</b>	\$5,758	\$11,515	\$17,273	\$23,030	\$28,788	\$30,630	\$31,091	\$31,781	\$34,545	\$40,303	\$41,454	\$42,606	\$46,060	\$51,818
<b>4</b>	\$6,938	\$13,875	\$20,813	\$27,750	\$34,688	\$36,908	\$37,463	\$38,295	\$41,625	\$48,563	\$49,950	\$51,338	\$55,500	\$62,438
<b>5</b>	\$8,118	\$16,235	\$24,353	\$32,470	\$40,588	\$43,185	\$43,835	\$44,809	\$48,705	\$56,823	\$58,446	\$60,070	\$64,940	\$73,058
<b>6</b>	\$9,298	\$18,595	\$27,893	\$37,190	\$46,488	\$49,463	\$50,207	\$51,322	\$55,785	\$65,083	\$66,942	\$68,802	\$74,380	\$83,678
<b>7</b>	\$10,478	\$20,955	\$31,433	\$41,910	\$52,388	\$55,740	\$56,579	\$57,836	\$62,865	\$73,343	\$75,438	\$77,534	\$83,820	\$94,298
<b>8</b>	\$11,658	\$23,315	\$34,973	\$46,630	\$58,288	\$62,018	\$62,951	\$64,349	\$69,945	\$81,603	\$83,934	\$86,266	\$93,260	\$104,918
<b>9</b>	\$12,838	\$25,675	\$38,513	\$51,350	\$64,188	\$68,296	\$69,323	\$70,863	\$77,025	\$89,863	\$92,430	\$94,998	\$102,700	\$115,538
<b>10</b>	\$14,018	\$28,035	\$42,053	\$56,070	\$70,088	\$74,573	\$75,695	\$77,377	\$84,105	\$98,123	\$100,926	\$103,730	\$112,140	\$126,158
<b>11</b>	\$15,198	\$30,395	\$45,593	\$60,790	\$75,988	\$80,851	\$82,067	\$83,890	\$91,185	\$106,383	\$109,422	\$112,462	\$121,580	\$136,778
<b>12</b>	\$16,378	\$32,755	\$49,133	\$65,510	\$81,888	\$87,128	\$88,439	\$90,404	\$98,265	\$114,643	\$117,918	\$121,194	\$131,020	\$147,398
<b>13</b>	\$17,558	\$35,115	\$52,673	\$70,230	\$87,788	\$93,406	\$94,811	\$96,917	\$105,345	\$122,903	\$126,414	\$129,926	\$140,460	\$158,018
<b>14</b>	\$18,738	\$37,475	\$56,213	\$74,950	\$93,688	\$99,684	\$101,183	\$103,431	\$112,425	\$131,163	\$134,910	\$138,658	\$149,900	\$168,638
<hr/>														
	250%	275%	300%	325%	350%	375%	400%							
<b>1</b>	\$33,975	\$37,373	\$40,770	\$44,168	\$47,565	\$50,963	\$54,360							
<b>2</b>	\$45,775	\$50,353	\$54,930	\$59,508	\$64,085	\$68,663	\$73,240							
<b>3</b>	\$57,575	\$63,333	\$69,090	\$74,848	\$80,605	\$86,363	\$92,120							
<b>4</b>	\$69,375	\$76,313	\$83,250	\$90,188	\$97,125	\$104,063	\$111,000							
<b>5</b>	\$81,175	\$89,293	\$97,410	\$105,528	\$113,645	\$121,763	\$129,880							
<b>6</b>	\$92,975	\$102,273	\$111,570	\$120,868	\$130,165	\$139,463	\$148,760							
<b>7</b>	\$104,775	\$115,253	\$125,730	\$136,208	\$146,685	\$157,163	\$167,640							
<b>8</b>	\$116,575	\$128,233	\$139,890	\$151,548	\$163,205	\$174,863	\$186,520							
<b>9</b>	\$128,375	\$141,213	\$154,050	\$166,888	\$179,725	\$192,563	\$205,400							
<b>10</b>	\$140,175	\$154,193	\$168,210	\$182,228	\$196,245	\$210,263	\$224,280							
<b>11</b>	\$151,975	\$167,173	\$182,370	\$197,568	\$212,765	\$227,963	\$243,160							
<b>12</b>	\$163,775	\$180,153	\$196,530	\$212,908	\$229,285	\$245,663	\$262,040							
<b>13</b>	\$175,575	\$193,133	\$210,690	\$228,248	\$245,805	\$263,363	\$280,920							
<b>14</b>	\$187,375	\$206,113	\$224,850	\$243,588	\$262,325	\$281,063	\$299,800							

**Figure E.1.2**

*Poverty across North Carolina Counties*



## **Appendix E.2: Evidence-Based Nutrition Program**

### **Introduction**

Social determinants of health are conditions in the places where people live, learn, work, and play, that affect a wide range of health and quality-of-life-risks and outcomes (CDC, 2022). Economic stability as a SDOH is defined as the connection between income, cost of living, and socioeconomic status and people's health while factoring in poverty, employment, food security, and housing stability (CDC, 2022). To achieve positive health outcomes and reduce risks more people need to achieve economic stability and less people need to be in poverty.

Poverty is defined as living 200% or more below the federal poverty line (FPL), and is associated with negative short-term outcomes including declining mental health, increased stress levels, risk of both undernutrition and obesity, food insecurity, unsafe neighborhoods, under sourced schools, lack of child care, and lack of transportation services (CDC, 2022). Negative long-term outcomes associated with poverty include chronic illness, homelessness, trauma, and substance abuse (CDC, 2022). The most common racial or ethnic group living at or below 200% of the FPL in Durham County, North Carolina (NC) is the adult (18+) Non-Hispanic Black population (DataUSA, 2022). Non-Hispanic Black adults with family incomes below and near 200% of the FPL disproportionately experience more financial stress which is detrimental to their overall health and well-being (Healthy NC 2030). Due to this, the priority population for this nutrition program and implementation plan is non-Hispanic Black adults, 18+, who are living 200% or more below the FPL.

### **Evidence Based Nutrition Policy or Program**

Evidence shows poverty negatively impacts black adults. Residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy (Healthy People 2030). People enduring poverty are also usually less educated (Murray, 2016). In this population, the socioeconomic, cultural, and environmental conditions have detrimental health effects



such as higher rates of chronic diseases, communicable illnesses, health risk behaviors, and premature mortality (Price et al., 2018). Research shows that people living in poverty are also deprived of social, psychological, and political power, leading to continuation of worsening health (Price et al., 2018).

Food insecurity is a fundamental issue of poverty. The Supplemental Nutrition Assistance Program (SNAP), formerly called food stamps, is a federal government program that helps people in poverty buy food with funded assistance. SNAP increases the overall purchasing power of beneficiaries by freeing up cash to buy other essential items instead of using cash for food (Bolen & Wolkomir, 2020). Those who qualify receive monthly funds through a benefits card (EBT) similar to a debit card to buy groceries. The amount received depends on income and family size, and ranges by state. Evidence shows a positive correlation between SNAP benefits and poverty reduction since the assistance program enables food security, and helps people stretch their budgets and allocate funds to other financial needs.

With this knowledge, implications are to increase the number of SNAP recipients in the priority population of disproportionately impacted black adults (18+) living 200% or more below the FPL in Durham County. Ensuring all households that qualify are applying and receiving SNAP benefits will improve health outcomes, increase economic growth, and reduce poverty which will alleviate the associated short- and long-term negative health and environment outcomes. To do this, it is recommended that Durham County implement a local program that serves high-need and disinvested communities by increasing awareness and enrollment for SNAP benefits in order to maximize participation among eligible people.

### **Evidence Based Outcomes**

As of 2019, there are 34,765 SNAP recipients in Durham County (U.S. Census Bureau). As of 2020 the poverty population includes almost 41,000 persons (U.S. Census Bureau). Further, the SNAP participation rate across the state is lower than the national rate, 69% compared to 82%, respectively

(Hall & Nchako, 2022). By December 2024 at least 90% of black adults 18+ living 200% or more below the FPL will be a recipient of SNAP benefits, meaning they can allocate their personal income to other financial stressors including bills, housing, debt, child care, health care, or transportation, which will in turn alleviate their financial stress and slowly increase their economic stability. This short-term outcome objective will help decrease the percentage of those in poverty reported in the 2025 consensus by 3%.

In 5-10 years': an increased proportion of Non-Hispanic Black adults in Durham County will achieve improved quality of life as measured by a validated survey. Poverty rates will decrease, job security will increase as an incentive to maintain SNAP benefits, and the county will face positive economic growth.

### **Evidence Based Implementation Strategies and Activities**

Currently, in Raleigh, North Carolina, NC State University is implementing a program that helps qualifying low income residents register for the Supplemental Nutrition Assistance Program (SNAP), formerly known and often referred to as Food Stamps, and called Food and Nutrition Services (FNS) in the state of North Carolina. This program, More In My Basket (MIMB, 2022), is proven to be successful for connecting low-income residents in Raleigh with SNAP benefits through engagement, outreach, education, and assistance. Raleigh and Durham have similar demographics, and if this program can work 20 miles down the road, then it can work here in Durham.

With that being said, Durham County should implement a similar community driven program that helps reduce food insecurity by connecting their local low-income residents to SNAP. The Durham specific program would consist of four key components: community engagement, outreach, application assistance, and education resources, which address the individual, interpersonal, organizational, and community levels of the socio-ecological model framework (see appendix A). An individual will gain knowledge and financial skills from this program, as well as more financial freedom when they become

a recipient of SNAP benefits, which will impact interpersonal relationships such as families, social networks, and friends. On an organization level, this program will affect the community and build relationships between organizations and social institutions to fight food insecurity and SNAP stigma, and advocate for equity. In addition, this program could be implemented by Durham's Duke University, which would further community engagement. A breakdown of the program key components and activities are as follows:

**Community Engagement:** presentations to community groups, sharing information at large-scale events, such as resource fairs, visiting shelters, and engaging at foodbanks to teach local community members about FNS eligibility criteria, allowable food purchases, how to use an EBT card, myths, and ways to apply.

**Outreach:** Cultivate partnerships with local community groups to extend outreach efforts across the county. Share resources such as education infographics, one-pagers, and pamphlets in grocery stores, food banks, health care facilities, and administer to other local community groups for sharing and dissemination. A monthly newsletter via email registration listserv for important updates regarding FNS policies. Local advertisements on public transportation, at bus stops, and in local places in order to increase engagement with the program and reach more of the priority population.

**Application Assistance:** Aid people who are interested in applying for SNAP, answer questions and conduct screenings to help individuals determine eligibility, and receive assistance with completing and applying. Application assistance would be on-site at the local office or at various community events, or through a toll-free telephone assistance.

**Education:** Host education learning events in person where participants can learn about FNS criteria, food purchases, how to use an EBT card, and how to apply. Host monthly education events and focus groups about allocating personal finances and reliving financial stress for those who are SNAP

recipients. Education would also be a contributing factor in all community engagement practices as well as dissemination materials.

This program would be implemented by a group of (4-5) individuals with a background in public health programs, local community work, food insecurity, and advocacy and with a skill set in communications, outreach, and education. Job titles would be as follows: Program manager, program knowledge management advisor, program education liaison, program analyst, and a senior program assistant. The program would also take on interns, both in high school and in college, who are interested in local community engagement, equity, and food security.

### **Stakeholders**

Potential stakeholders include the priority population, non-Hispanic black adults currently living 200% or more below the FPL in Durham County, as they would give important perspectives on their needs in relation to food security, SNAP benefits, and their experiences surrounding poverty and registering for government assisted benefits. Community advocacy groups and social service workers would serve as beneficial stakeholders by gauging the scope and impact of the problem and providing insight on the impacts imposed by poverty. In addition, the local government and the county health department are key stakeholders, as well as local grocery store businesses, access specialists, and NGOs who work in both the nutrition and equity space.

### **Budget**

The budget for this program would need funds obtained by a grant from the local government in order to start implementation. Funds would be used primarily on personnel and office space in Durham county. Personnel would include the wages of the minimum 3 employees paid via stipend, who would carry out the program's implementation plan. In addition, funds would be allocated towards outreach materials, educational resources, supplies, tech, equipment, and subscriptions (Microsoft word, analytics tracking, website, newsletter via Mailchimp, Hootsuite for social media marketing, etc.). The

requested budget is broken down by FSY in Appendix B, and includes all anticipated costs for the program along with line items for personnel, office space, equipment, and supplies.

## **Conclusion**

To achieve positive and equitable community health outcomes and reduce health risks, more people need to achieve economic stability and less people need to be in poverty. The recommendation that Durham County implement a local program that serves high-need and disinvested communities to maximize SNAP participation among eligible people in order to increase food security comes with advantages, including: economic growth, job creation, improved health and health care, poverty reduction, decreases financial stress, and improvement in health outcomes and community wellness. Disadvantages of the program include complications reaching the priority population, low turnout at events or education sessions, long wait time for getting eligible participants their benefits, and the sustainability of the program after the two year implementation. However, food security is a basic human right, and right now there are communities in Durham County that are disproportionately impacted by poverty and its reflective outcomes while facing food insecurity. People in poverty deserve a chance at food security, and with this program the gap between those in poverty and those who receive SNAP benefits will grow smaller, meaning more people will have a shot at obtaining food, and alleviating financial stress with the means to allocate their funds to other financial obligations. The cost of implementing a program that will reduce poverty rates, increase food security, and impact the health and wellness of the community is priceless.

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## Appendix E.2.a: Evidence-Based Nutrition Program Figures and Tables

Figure E.2.1

*Socio-ecological model/framework*



*Note.* From Centers for Disease Control and Prevention (CDC)., (<http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>).



**Table E.2.1***Budget table per FSY*

<b>Item</b>	<b>Quantity</b>	<b>Cost</b>	<b>Subtotal</b>
<b>Personnel</b>			
Senior Employees monthly stipend	12 months	\$230 0	\$27600
Entry level employee's monthly stipend	12 months	\$200 0	\$24000
Interns monthly stipend	12 months	\$400	\$4800
<b>Office Space / Equipment</b>			
Durham office space rental	12 months	\$700	8400
Desks and chairs	6ea		\$1800
Laptop Computer and tech	5		\$6,895
Office supplies			\$1,500
Email MailChimp subscription	12 months	\$60	\$720
Outreach materials			\$1500
Education materials			\$1500
Event materials			\$1500
Software			\$500
<b>Total Project Allowance</b>			80, 715

Sought from Duke University for partnership			(\$15,000)
Total Grant Request			95,715

## **Appendix E.3: Program Implementation and Evaluation**

### **Introduction**

Economic stability as a social determinant of health (SDOH) is defined as the connection between income, cost of living, and socioeconomic status and people's health while factoring in poverty, employment, food security, and housing stability (CDC, 2022). Poverty is defined as living 200% or more below the federal poverty line (FPL) (CDC, 2022). Non-Hispanic black adults (18+) are the most common racial or ethnic group living at or below 200% of the FPL in Durham County, North Carolina (NC) (DataUSA, 2022). Non-Hispanic Black adults with family incomes below or near 200% of the FPL disproportionately experience more financial stress which is detrimental to their overall health and well-being (Healthy NC 2030, 2020).

Food insecurity is a fundamental issue of poverty. Without proper finance allocation, persons in poverty are not able to afford food, making them food insecure. Implications are to increase the number of Supplemental Nutrition Assistance Program SNAP recipients in the priority population of disproportionately impacted black adults (18+) living 200% or more below the FPL in Durham County. To do this, it is recommended that Durham County implements a local program that serves high-need and disinvested communities to maximize SNAP participation among eligible people. The Durham specific program would consist of four key components: community engagement, outreach, application assistance, and education resources. Ensuring all households that qualify are receiving SNAP benefits will improve health outcomes, increase economic growth, and reduce poverty. The program should be implemented by a group of individuals with a background in public health programs, local community work, food insecurity, and advocacy with the following job titles: program manager, program knowledge management advisor, program education liaison, program analyst, a senior program assistant and interns.

### **Evidence Based Evaluation Plan**

The evidence based evaluation plan is set by the following goal: by December 2024 at least 90% of black adults 18+ living 200% or more below the FPL will be educated about and a recipient of SNAP benefits.

According to the USDA, the most current data from 2019 shows that 31% of eligible persons are not participating in the SNAP program (USDA, 2019). They are not receiving benefits because they have not completed the application, may not have the knowledge to do so, or may not have the resources. To identify

eligible persons in the population, the implementation team will conduct a community needs analysis and meet with the FNS office to identify key locations in Durham county where help is needed. Then, they will conduct a needs assessment, build trust, and work with local entities to find times and places to help with online SNAP applications outside of the office. To confirm person's enrolled, the implementation team will help with the application process. The aim of this program is to benefit all eligible in the priority population.

### **Study Design and Data Collection**

The program evaluation plan will consist of quantitative and qualitative observational methods carried out by two tools: surveys and tracking. Surveying will be the qualitative as feedback surveys are completed by both recipients upon completion of any education course or application assistance session, and instructors. In addition, follow up surveys will be mailed to all recipients in of the programs services who reside in Durham county. Tracking will be the quantitative, and will consist of tracking of how many new community members are being registered. Data will be assessed by taking the average number of recipients we help and cross comparing to eliminate bias. Eventually, all data will be internally cross compared with records and information at FNS (Food and Nutrition Services Office) in order to most accurately track percentages, prevalence, and rates of registration. However, due to confidentiality, we will only be internally sharing the participants name for cross analyzation.

### **Sample and Sampling Strategy**

The sample of this program evaluation will be the entire priority population of Non-Hispanic black adults 18+ 200% or more below the poverty line. However, we are cognizant that this program will not reach every single member of the sample population, and that the program will inevitably serve members outside the priority population since we will help everyone that is SNAP eligible. We will send surveys and track data for all community members we help, but for the sake of this program we will run analytic reports on black non-Hispanic adults 18+ 200% or more below the poverty line. Additionally, we are cognizant of sampling bias that occurs with sending surveys via mail and survey completion rates. We will reduce survey bias be ensuring the surveys are appropriate for our audience and making them simple. The sample size and strategy will vary for each tool used. Survey: feedback surveys will be optional and offered to all that have participated

in the course/event/application assistance. We also expect that all of our staff instructors are actively engaged in providing both formal and informal feedback. Follow up surveys will be sent to all participants. Tracking: given the planning of having the assistance at different events, locations, and having an office in Durham, we aim for the sample size to be the entire population in NC who qualify for SNAP benefits.

### **Specific Measures**

Measurable outputs for this program include office visits, event registration, education session registration, application assistance sessions and the number of community members interacted with. Outcomes include an increase in number and percentage of SNAP recipients, and a decrease in poverty rates in Durham County. Both the outputs and outcomes will be measured on a quantitative scale. The main disparity present in the program is poverty, which serves as the problem this implementation will help. Poverty will be measured by recording the household income of applicants we help, and this information will be obtained when helping with application assistance.

### **Timing**

Progress will be defined by the number of registrants we get for events and education sessions and the number of people we help register for SNAP benefits in office or at additional sites. These numbers would be tracked on a monthly basis for target benchmark setting, evaluation, analysis, and scope of work purposes. In addition, progress will be tracked and analyzed through stakeholder engagement activities at baseline and monthly throughout implementation. The evaluation timing will vary for each tool.

Education sessions and events will vary throughout the calendar year, and will take place independently or in collaboration with other local entities.

For surveys, feedback surveys are to be completed immediately after the education, event, or assistance completion. Feedback surveys from instructors are to be collected after each course taught, and collective feedback on the program and workload via pulse surveys will be collected quarterly. Follow up surveys are to be sent to all participants and registrants at the end of every month for the chance to check in on SNAP benefits, ask if further assistance is needed, and maintain trust as a resource.

For tracking, collection of the first and last name of persons are to be completed at the beginning of application assistance sessions, events and education sessions via registration sheets. Recording of the names

will take place throughout business hours at the local Durham site. Comparison of the names across internal FNS databases will occur once monthly.

### **Analysis Plan**

The program evaluation will use mixed statistical methods as the survey tool will be qualitative and the tracking tool will be quantitative. Qualitative data will be analyzed via sorting survey responses, reviewing, and coding to explore common themes among responses. Descriptive statistics for tracking include: monthly rates, quarterly rates, and yearly rates of SNAP registration; registration averages for events; prevalence of qualifying community members; rate and ratios of those who qualified for benefits compared to those who didn't qualify. All descriptive statistics for quantitative data will be measured with confidence intervals.

### **Sources of Funding**

The program will hopefully be funded for two years via the County Commissioner with a budget of \$200,000 to cover both fiscal years. Following the two years, the program will be sustained by applying for the Community Services Block Grant (CSBG), which supports services and activities for individuals and families with low incomes that alleviate the causes and conditions of poverty in communities. (HHs, 2022) This grant will be sustained yearly for a span of five more years to carry out the implementation plan.

### **Data Use and Dissemination**

Majority of the data collected will be internal sensitive but unclassified data i.e. a person's address, income, household size, etc. Data including names of persons attending events and persons using registration services will be held internally. Dissemination of data will be on a need to know basis, but results of the program will be made public following the second year of implementation. Yearly and quarterly paperwork for the grant will be shared with the county commissioner office as needed and the NC FNS office to compare records and accurately track SNAP registration in the county.

### **Conclusion**

From an equity perspective, the first step in combating poverty as a public health crisis is to help those who are disproportionately impacted by working collaborative and interdisciplinary within the community. To help alleviate the burden of poverty in the community, implications are to increase food security by increasing the number of persons enrolled in SNAP benefits so they can allocate funds to other needs.

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**Appendix E.4: Individual Presentation Slides and Script**

**Reducing the  
Prevalence and  
Impact of Poverty**

**Durham County, NC  
November 2022  
SPHG 992**

MPH Candidates: Tandeka Burks, Joe Donahue, Sarah Wu, Kossana Young

Good evening, welcome, and thank you for listening in on “Reducing the Prevalence and Impact of Poverty in Durham County, North Carolina” presented by MPH candidates including myself, Tandeka Burks, Joe Donahue and Sarah Wu.



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Identification and Analysis  
Accountability  
Engagement



Good evening, welcome, and thank you for listening in on “Reducing the Prevalence and Impact of Poverty in Durham County, North Carolina” presented by MPH candidates including myself, Tandeka Burks, Joe Donahue and Sarah Wu



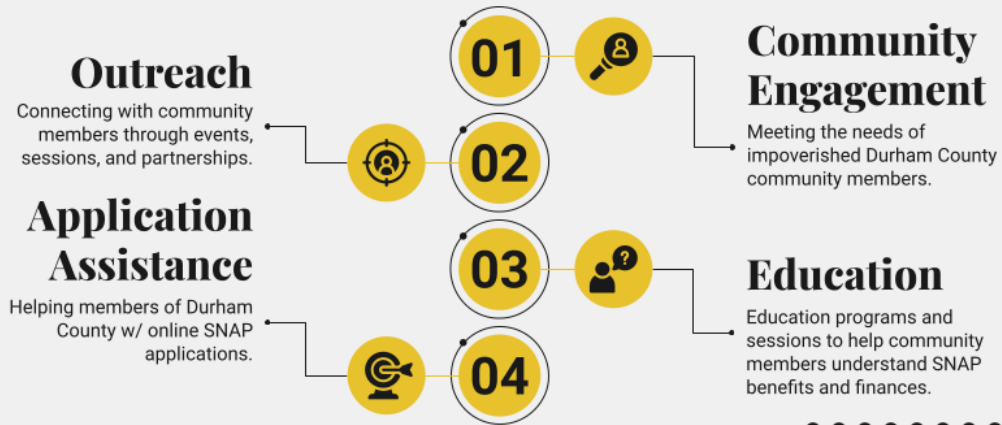
# THE PROGRAM

Addressing and mitigating poverty through food security in Durham County



Now we'll transition to our proposed program that will address and mitigate poverty through food security

# Increasing SNAP recipients in priority population



Food insecurity is a fundamental issue of poverty, therefore, recommendations are to increase the number of Supplemental Nutrition Assistance Program (SNAP) recipients in the priority population. Ensuring all households that qualify are receiving SNAP benefits will improve health outcomes, increase economic growth, and reduce poverty.

As of 2019, there are 34,765 SNAP recipients in Durham County, and as of 2020 the poverty population includes almost 41,000 people. SNAP participation rate across the state is lower than the national rate, 69% compared to 82%.

Our program would consist of four key components: community engagement, outreach, application assistance, and education resources. These four components will help community members apply for SNAP while both educating them and engaging with them through outreach methods.

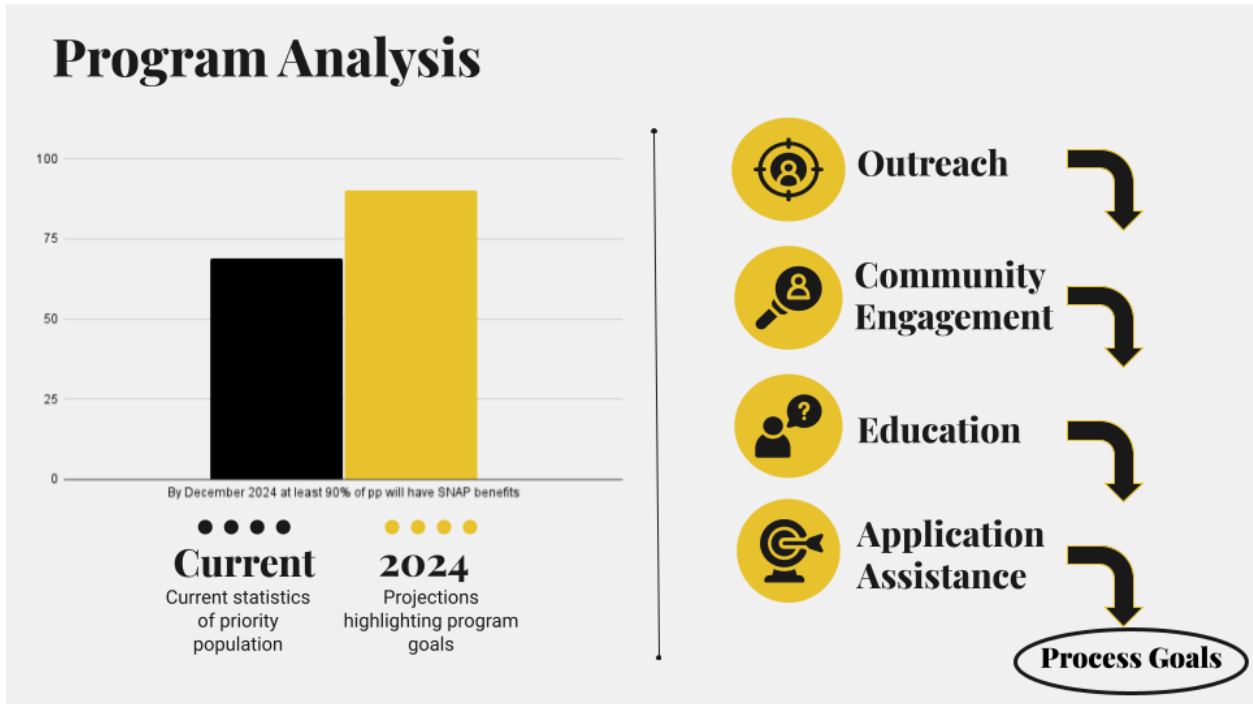
# Program Budget

Item	Quantity	Cost	Subtotal
<b>Personnel</b>			
Senior Employees monthly stipend	12 months	\$2300	\$27600
Entry level employee's monthly stipend	12 months	\$2000	\$24000
Interns monthly stipend	12 months	\$400	\$4800
<b>Office Space / Equipment</b>			
Durham office space rental	12 months	\$700	\$8400
Desks and chairs	6ea		\$1800
Laptop Computer and tech	5		\$6,895
Office supplies			\$1,500
Email MailChimp subscription	12 months	\$60	\$720
Outreach materials			\$1500
Education materials			\$1500
Event materials			\$1500
Software			\$500
<b>Total Project Allowance</b>			80, 715
Total Grant Request			95, 715 p/FSY

Here is a snapshot of the program budget per fiscal year.

As you can see, the majority of funds will be allocated towards personnel expenses, office space, and equipment.

The budget is projected to be 80 thousand per year, however, we are requesting 95 thousand per year for adjustments in unforeseen projections. In total, for this program, we are requesting 200 thousand to span over a two year implementation



For the program analysis, our goal is to have at least 90% of our priority population registered for SNAP benefits by December 2024, represented by the left yellow bar, compared to current rates which you can see in the left black bar.

In order to complete this program goal and do a thorough program analysis, we plan to set process goals and perform both qualitative and quantitative analysis via data gathering and survey feedback throughout the programs four key components highlighted on the right

Specifically, quantitative data will be collected via analysis of outreach engagement rates, event and education registration, and number of applications submitted and approved. Qualitative data will be collected via survey feedback from applicants, event attendees, and employees.

Now I'll turn it over to my colleague Sarah, who will tell you about necessary stakeholders