

Jackson County Senior Nutrition Initiative

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Mission Statement

The program will work to reduce food insecurity among older adults by strengthening community partnerships and connecting older adults to nutritious meals and food assistance programs. Through education, outreach, and expanded meal services, the program aims to increase access to healthy food, reduce stigma, and improve the overall well-being of older adults. Our vision is for older adults in Jackson County to maintain their independence, dignity, and health through supportive connections and reliable nutrition resources.

Program Goals and Objectives

Goal 1: Expand access to nutritious foods for older adults living in Jackson County.

- Objective 1.1: Partner with at least three community organizations (faith-based groups, food pantries, senior center) within the first 6 months of the program implementation.
- Objective 1.2: Increase participation in local food distribution programs by 25% over one year.
- Objective 1.3: Establish partnerships with at least three local grocery stores to collect surplus food that would otherwise be discarded, ultimately redirecting substantial food to older adults.
- Objective 1.4: Allocate funds to support home-delivered meals to serve an additional 75 older adults by 6 months after program implementation.

Goal 2: Increase awareness and enrollment in both federal and state food assistance programs.

- Objective 2.1: Assess the rate of enrollment among older adults in Jackson County within the first month after program implementation.
- Objective 2.2: Conduct ten information sessions per year at different sites (places of worship, senior center, public libraries) reaching at least 150 older adults over the first year.
- Objective 2.3: Provide enrollment assistance for at least 100 older adults over the first year to increase SNAP participation among eligible older adults.
- Objective 2.4: Distribute at least 500 outreach materials (flyers, brochures, or digital resources) across Jackson County during the first year of program implementation.

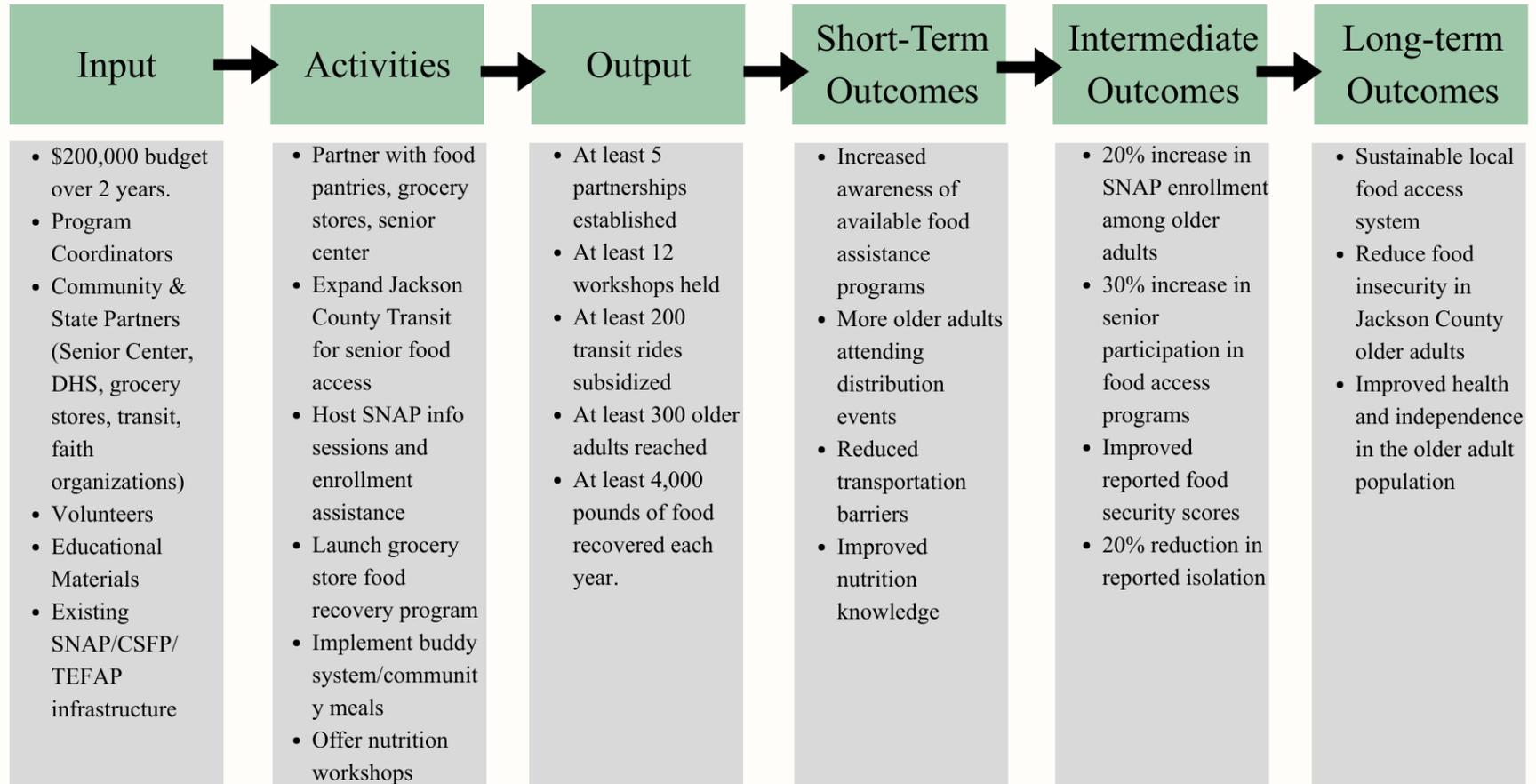
Goal 3: Reduce transportation and social isolation barriers that contribute to food insecurity.

- Objective 3.1: Partner with Jackson County transit to expand senior transportation routes while allocating resources to subsidize rides for at least 50 older adults to access food pantries, meal sites, or grocery stores.
- Objective 3.2: Partner with 3 local organizations (government councils, faith-based organizations, local businesses) to recruit and train 50 volunteers for regular senior check-ins and meal/grocery delivery support.
- Objective 3.3: Organize six community meals/social hour events over the first year, aiming to reach at least 25 older adults per event.
- Objective 3.4: Reduce the percentage of participating older adults who report eating alone most of the time by 20% by the end of the second year of the program.

Goal 4: Improve health and quality of life outcomes among participating older adults.

- Objective 4.1: Administer surveys at the beginning and end of the program, with a goal of reducing self-reported food insecurity by 20% within the first two years.
- Objective 4.2: Reduce the number of missed meals due to financial or access burdens by 20% by the end of the first two years.
- Objective 4.3: Allocate resources to support nutrition and chronic disease workshops to reach at least 100 older adults per year.

Logic Model



Needs Assessment

Food Insecurity as a National Public Health Concern

Food insecurity is a major public health concern among older adults in the United States. Nationally, about seven million older Americans face food insecurity every year.¹ Food insecurity is loosely defined as “a household-level economic and social condition of limited or uncertain access to adequate food.”² Older adults who are facing food insecurity cannot rely on getting enough food in order to live a healthy and active life. Older adults are at a higher risk for food insecurity, but about 13% of all households in the United States experience food insecurity every year.² Food insecurity disproportionately affects older adults who have a disability, are not married, or rent (instead of owning) their homes.³ Specifically, older adults with any kind of disability are twice as likely to be food insecure compared to older adults who do not have disabilities.³ Older adults who never got married or those who were divorced are three times more likely to experience food insecurity than those who are married.³ Also, older adults who rent their homes are three times more likely to be food insecure when compared to older adults who own their homes.³

Food insecurity is an extremely complex issue. Older adults facing food insecurity may face many factors that make it difficult to access resources to meet their needs. Poverty, social isolation, chronic health conditions, high healthcare costs, and the lack of affordable housing all play a pivotal role in the severity of food insecurity in the lives of older adults.³ The effects of food insecurity in older adults can be very harmful. Food insecurity has been linked with poorer health outcomes and lower nutrient intakes.⁴ Food insecurity is also linked with mental health issues in older adults who face the issue.⁵ Older adults who are food insecure are 65% more

likely to be diabetic, and they are also more likely to suffer from chronic conditions like obesity, asthma, congestive heart failure, and even gum disease.⁴ Older adults with food insecurity typically consume lower levels of crucial nutrients like protein, magnesium, calcium, iron, and vitamins A and C.⁴ A major concern that is directly related to these outcomes is that older adults who face food insecurity often have to choose between buying food and seeking healthcare or paying for medications.⁴

Food Insecurity Through a Narrow Lens: Jackson County, Georgia

In Georgia, the problem of food insecurity seems even more significant. Georgia ranks ninth in the nation for senior food insecurity, where more than 300,000 older adults are at risk of facing hunger.⁶ Scoping into Northeast Georgia, about 1 in 12 seniors face food insecurity and in Jackson County, there are about 9,000 people who live under the food insecurity rate.^{7,8} Jackson County truly reflects the broad barriers that add to the challenges of facing food insecurity. Like in other rural areas, older adults in Jackson County face barriers such as transportation issues, mobility limitations, social isolation, and fixed incomes. In Jackson County, about 10% of seniors (aged 65 and older) were classified to be experiencing poverty.⁹ Experiencing poverty combined with the high costs of living, can force older adults to make difficult tradeoffs concerning their health. These barriers not only restrict one's access to healthy food, but also to food assistance programs that can aid in alleviating food insecurity.

Assessing Current Efforts to Address Food Insecurity

Currently, there are two categories of efforts to address food insecurity that are prevalent in Jackson County. Firstly, there are state and federal programs that address food insecurity. The Supplemental Nutrition Assistance Program (SNAP), Commodity Supplemental Food Program

(CSFP), and The Emergency Food Assistance Program (TEFAP) all provide support for older adults with a lower income. SNAP is the largest federal nutrition program that is ultimately designed to assist low-income households in affording nutritious foods. SNAP can reduce food insecurity, but notably the enrollment among older adults is disproportionately low, specifically on about 42% of eligible older adults actually participate in the program.¹⁰ The main barriers that prohibit people from utilizing this resource is a complicated application process and the stigma around financial assistance.¹⁰ The CSFP is a program that provides monthly food boxes to older adults with a low income, however in Georgia there are only two food banks who can distribute these commodities.¹¹ Neither the Atlanta Community Food Bank nor the Second Harvest of South Georgia Food Banks serves Jackson County.¹¹ The TEFAP is a federally based program that helps supplement the diets of people with low incomes in Georgia by providing them with emergency food and nutrition assistance at no cost.¹²

Various agencies on aging coordinate senior nutrition programs, like congregate meals at churches and senior centers, as well as home-delivered meals.¹³ These types of programs can greatly improve both food security and social engagement among older adults, but there is a limit as to how many older adults can benefit.¹³ The Meals on Wheels program is similar, and sometimes connected, with the efforts of area agencies on aging. There are Meals on Wheels programs in Northeast Georgia, and specifically Jackson County, but they rely on volunteers and donations which ultimately restricts the impact of this program.¹⁴

While older adults in Jackson County can definitely benefit from these federal and state level resources and programs, there are a few resources that are specific to those living in the county. Firstly, the Jackson County Senior Center also provides home-delivered meals, nutrition workshops, and congregate dining opportunities.¹⁵ These programs are powerful in nourishing

older adults and facilitating social interaction, but they are limited to only reaching seniors who do not have barriers in accessing reliable transportation.¹⁵ There is also a concern of awareness of these services for older adults. Mobile food pantries, like iServe Ministries, have monthly grocery distributions to families and individuals in Jackson County. While these pantries serve to be crucial in providing short-term relief, this is not a long-term solution.⁸ It is also important to consider that the grocery options may not be nutritious or meet people's specific needs.

These programs establish that efforts to reduce food insecurity among older adults can be most effective when individuals can actually access them. Underutilization, inaccessibility, and limited awareness truly prohibit these programs from having the greatest impact on the healthy and well-being of older adults. For example, participating in SNAP has been shown to significantly reduce food insecurity and improve health outcomes, but it is underutilized, and the application process can be overwhelming to engage in.¹⁰ The current efforts in Jackson County provide a solid foundation for addressing food insecurity, but they are ultimately insufficient in meeting the full range of nutritional needs in Jackson County. Future approaches must strengthen awareness of resources, aim at increasing enrollment in federal programs, and expand access through community partnerships to ensure that older adults can consistently access nutritious foods.

Gaps in Data

Generally, data from other areas similar to Jackson County can be used to compare needs, but there are significant gaps in data that could be used in creating a more individualized

assessment of needs. More specific and recent data on senior food insecurity in Jackson County is not available to the public, but local agencies may have this data. Similarly, SNAP and other enrollment rates among older adults in Jackson County would show the true gap between eligibility and participation. More recent and sufficient data on senior housing costs, transportation costs, medical costs, and the burdens associated would help establish the intersection of various needs and also ensure that these considerations are involved in the program planning process. Geographic considerations like the number of grocery stores, accessible sidewalks, and public transportation are also useful when keeping independence at the forefront of planning. Lacking data in these areas does not discount that rural nature of many parts of Jackson County, so it is reasonable to assume that many older adults face challenges when reaching food sources. National and even state level data cannot account for whether or not grocery stores, pantries, or senior centers are within a reasonable distance for older adults who may not have personal vehicles or who cannot drive. Even with relatively limited data, it is possible that food insecurity among older adults in Jackson County is as high or higher than state and national averages. Given the many structural and systemic barriers that older adults face, the lack of specific data in this community underscores the need for a targeted intervention.

Theory of Behavior Change

The Jackson County Senior Nutrition Initiative is grounded in a Social Ecological Model framework, with supplemental application of the Health Belief Model to guide individual-level behavior change strategies, once resources are accessible. Food insecurity among older adults is nuanced and influenced by a complex web of factors, including individual knowledge and resources, interpersonal support systems, community infrastructure, and the broader context of policy and environment. Addressing food insecurity is not possible when only focusing on one barrier, it will require the sum of multiple sectors all driving towards the common goal. The Social Ecological Model was developed to help in the understanding of human development and organize the relationships between multiple levels of social systems and interactions between beings and the environment in a system.¹⁶ The Social Ecological Model provides a structured plan in addressing these multi-level influences simultaneously. This ensures that the program's focus is not limited to individual behavior change alone but also the alteration of the conditions in which those behaviors arise.

At the individual level, this program aims to increase awareness of available food assistance programs, improve knowledge of nutrition, and enhance self-efficacy to access resources. Seniors often face barriers such as transportation, lack of awareness of assistance programs, and feelings of stigma/isolation that discourage them from seeking help. Educational workshops, informational sessions, and one-on-one enrollment support directly address these personal barriers and ultimately build confidence in one's ability to navigate available programs.

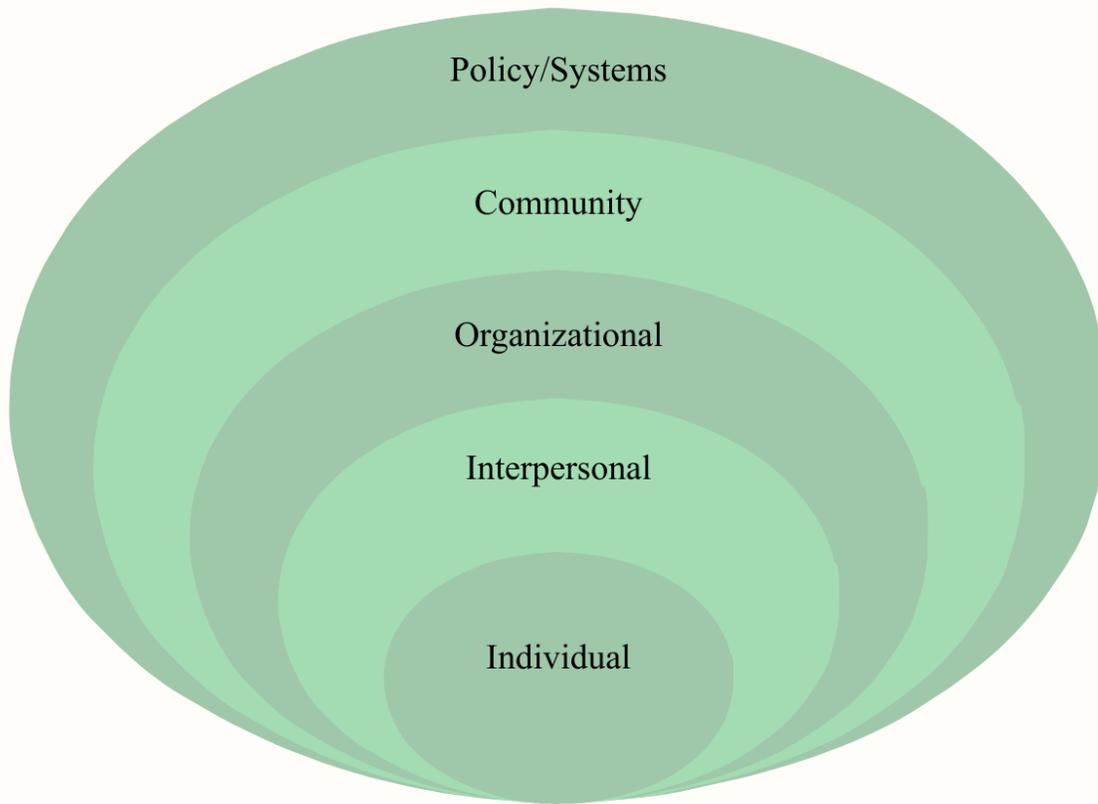
At the interpersonal level, the program incorporates volunteer "buddy" systems and community meals to strengthen the community's social support and reduce isolation. Increasing

social connection can potentially motivate seniors to participate in the program more consistently by building a community of shared initiative. At the community level, the program focuses on leveraging partnerships with local organizations to improve the social and physical environment for accessing nutritious foods. Expanding county transit routes for seniors, creating food recovery partnerships, and integrating community resources enhances the availability and accessibility of nutritious food options

While the social ecological model framework is useful in creating this intervention, true success will only come if the Health Belief Model assists. The Health Belief Model focuses on how individuals' perceptions of risks, benefits, and barriers influence their willingness to act. In this program, messaging aims to increase perceived susceptibility (recognizing the health risks of food insecurity) and perceived severity (how food insecurity affects chronic disease management). The HBM will also emphasize perceived benefits, like improved health and reduced financial strain. The perceived barriers to accessing nutritious foods include transportation, education, and stigma.

Together, both models provide a strong theoretical framework for this program by ensuring it is both structurally comprehensive and individually empowering. Using both models will increase the likelihood of sustainable behavior change and long-term improvements in food security and health among older adults in Jackson County.

Figure of Theory



SNAP, CSFAP, TEFAP, Jackson
Country Transit Expansion

Partnerships w/ food pantries,
grocery stores, senior centers

Policy/Systems

- SNAP, CSFP, TEFAP federal nutrition programs
- Jackson County Transit Expansion
- Local food recovery and waste reduction policies
- County-level senior services/funding

Community

- Partnerships with food pantries, grocery stores, faith-organizations, senior centers
- Community events
- Coordinated outreach campaigns

Organizational

- Senior centers implementing workshops and meals
- Grocery stores participating in food recovery program
- JCT integrating senior access routes

Interpersonal

- Volunteer buddy/ check-in system
- Peer support at meal sites and workshops
- increase social connectedness/shared resources

Individual

- Increased awareness of available food assistance
- Greater self-efficacy to access and use programs
- Improved nutrition knowledge and behaviors
- Reduced food insecurity and isolation

Description of Program

The Jackson County Senior Nutrition Initiative is a two-year, community-based intervention design to reduce food insecurity among older adults in Jackson County, Georgia. This intervention is structured around the Social Ecological Model and is supplemented by elements of the Health Belief Model to inform participant outreach and messaging techniques. At each level of influence, this program implements activities that are designed to enhance food access, promote resource use, and foster social support.

The program comprises five integrated components: (1) food access expansion through partnerships with senior centers, food pantries, and grocery stores, (2) transportation support via collaboration with Jackson County Transit to subsidize rides for seniors, (3) outreach and enrollment assistance for SNAP, CSFP, and TEFAP, (4) social connection mechanisms including a volunteer “buddy” system and community meals, and (5) nutrition and health education workshops. Each component corresponds with a level of the SEM: policy, community, organizational, interpersonal, and individual. HBM principles guide how materials and messaging are framed—emphasizing benefits of program participation, reducing perceived barriers, and providing cues to action.

The program was developed following a needs assessment, which identified transportation difficulties, low enrollment in food assistance programs, and social isolation as key contributors to senior food insecurity in Jackson County. Stakeholder input from senior centers, local transit, grocery stores, public health entities, and aging services will help tailor this intervention feature local context. Strategies with empirical precedent—such as food recovery, transit partnerships, and SNAP outreach—were adapted from existing evidence.

The core elements of the intervention rest on evidence from parallel or analogous programs. SNAP participation has been linked to reductions in food insecurity, improved health outcomes, and lower health care utilization among older adults. For example, in a cohort of older adults dually eligible for Medicare and Medicaid, SNAP enrollment was associated with fewer hospital admissions and lower Medicaid expenditures.¹⁷ Additionally, SNAP has been shown to reduce the likelihood of food insecurity by up to 30 % nationally.¹⁸ Home-delivered meal programs demonstrate improved diet quality, reduced food insecurity, and enhanced social well-being among homebound older adults.¹⁹ Interventions combining food insecurity and social isolation components also show promise in increasing acceptability and improving outcomes in older populations.²⁰

The intervention is expected to have strong acceptability among the target population as it builds on existing community resources rather than introducing unfamiliar structures. Rural and semi-rural communities often respond favorably to volunteer-based systems and peer support mechanisms; in a qualitative study of rural older adults, volunteer engagement in food support programs was viewed as trustworthy and community-oriented.²¹ Because fewer than half of eligible older adults qualify for but do not participate in SNAP, the inclusion of personalized enrollment assistance addresses a known barrier. Transportation support and community meals align directly with the mobility and isolation needs cited in local assessments.

This program consists of many varying sectors. It includes structured workshops on nutrition, budgeting, and chronic disease management.²¹ There are also informational sessions on food assistance programs. Overall, workshop content emphasizes gaining practical skills like recipe planning, label reading, and meal budgeting. This is not merely a clinical intervention, but it connects participants to existing medical/nutritional services when needed. It also addresses

diet-related chronic disease management through educational strategies. Workshops will utilize active learning strategies, like group demonstrations and guided shopping tours when feasible.

The intervention will be delivered by a program coordinator with experience in public health or aging services, assisted by trained volunteers, staff from senior centers, and personnel from partner organizations. A registered dietitian or certified health educator will lead the nutrition workshop components. Volunteers and partner staff will receive training on confidentiality, food security resources, transportation coordination, and basic outreach techniques. Facilitators must be proficient in adult education techniques and have domain knowledge in nutrition or public health. Those involved must have a passion for the fight against food insecurity in our aging population.

Materials will include presentations, brochures, flyers, handouts, and various data tracking tools. This intervention will require a dedicated and reliable space where participants can gather. Health and safety guidelines, specifically in respiratory season, will be enforced to ensure the participants and leaders are able to effectively be involved in the program.

Curriculum Table

| Session / Activity | Topic / Focus | Audience | Duration | Lead/Partners | Intended Outcomes |
|-------------------------------------|---|-----------------------|------------------|--|---|
| Community Information Sessions | SNAP, CSFP, TEFAP enrollment | Older adults aged 60+ | Quarterly | Program coordinator, Georgia Division of Aging | Increased program awareness and enrollment |
| Nutrition Workshops | Healthy eating on a budget, chronic disease management/prevention | Older adults aged 60+ | Monthly | Local dietitian, UGA Extension? | Improved knowledge and self-efficacy in healthy nutrition |
| Grocery Store Food Recovery Program | Surplus food collection and redistribution | Community Partners | Ongoing | Local grocery stores, food pantries | Increased supply of healthy food, reduced waste |
| Transit Access Program | Expanded Jackson County transit routes | Older adults aged 60+ | Ongoing | Jackson County Transit | Increased access to food pantries and meal sites |
| Volunteer Buddy & Check-in Program | Peer support and meal delivery | Older adults aged 60+ | Ongoing | Faith organizations, senior center | Reduced isolation, increased food security |
| Community Meals & Social Hours | Shared meals and resource fairs | Older adults aged 60+ | 3 times per year | Senior center, local partners | Increased connection, engagement, and program reach |

Implementation Plan

The Jackson County Senior Nutrition Initiative will be implemented over a two-year period using a phased approach designed to build infrastructure, expand access, and sustain engagement. During the first quarter, the program will establish its administrative foundation. This will include hiring a program coordinator and finalizing negotiations with key partners like Jackson County Transit, local grocery stores, food pantries, senior centers, and faith-based organizations. Program branding and outreach materials will be developed. A community advisory group consisting of stakeholders and senior representatives will be convened to guide implementation to ensure all voices are heard.

By Months 4–6, the program will launch its true initiative. This phase will focus on kickstarting the grocery store food recovery program, initiating expanded transit routes for seniors, and conducting the first round of SNAP and food assistance enrollment information sessions. Staff and volunteers will receive training on program protocols, enrollment support procedures, and best practices for engaging older adults. Evaluation tools, including baseline food security surveys and attendance tracking systems, will also be introduced during this period to establish a foundation for monitoring progress.

The mid-implementation phase will expand program reach and engagement. The volunteer buddy system will be launched to address social isolation and support food access, and the first community meal and social event will be held to foster connection and introduce more seniors to available resources. Nutrition and chronic disease management workshops will begin on a monthly basis, led by registered dietitians or trained health educators. By the end of Year 1, the program aims to have formalized at least five community partnerships, increased transit

access for 60 seniors, recovered and redistributed a minimum of 4,000 pounds of surplus grocery food, and conducted at least six SNAP enrollment sessions.

In Year 2, the program will focus on sustaining activities. Transportation subsidies and grocery recovery efforts will be maintained and potentially expanded, based on evaluation findings. SNAP and TEFAP outreach will continue, emphasizing hard-to-reach populations. The buddy system will grow to include at least 30 senior-volunteer pairs, and community meals will occur regularly throughout the year. Continued capacity building for volunteers and partners will ensure that the program can operate sustainably beyond the grant period. Evaluation activities, including both pre- and post-program food security and social connectedness assessments, will guide quality improvement and provide data for reporting outcomes.

Finally, in the last quarter (Months 21–24), the program team will complete a comprehensive evaluation as well as summarizing outputs and outcomes. Sustainability planning will involve working with partner organizations to embed successful components into their regular operations, seeking local funding opportunities, and leveraging state and federal programs. This phased and structured implementation ensures both short-term impact and long-term program viability within Jackson County’s senior nutrition landscape.

Program Evaluation

The Jackson County Senior Nutrition Initiative aims to improve food security, nutrition, transportation access, and social connectedness among older adults in a rural Georgia community. This intervention incorporates food recovery partnerships, expanded access to transportation, SNAP enrollment guidance, nutritional education, and community meal engagement. Because this program includes activities at an individual, interpersonal, organizational, community, and policy level, a comprehensive evaluation plan is required to assess feasibility, short-term, and long-term impacts as well as its overall effectiveness.

FORMATIVE EVALUATION

Formative evaluation protocols will ensure that the program is appropriate, acceptable, and feasible prior to total implementation. These activities will provide crucial information for refining program materials, adapting delivery methods, and establishing all baseline indicators.

A pilot test of two components of the program will be conducted. Both SNAP enrollment workshops and grocery store food recovery systems will be tested using a small group of approximately 20 older adults. Feedback related to clarity, perceived value, accessibility, and overall logistical challenges will be collected through interviews and surveys with users. This format has been popularly used in senior nutrition and food access interventions in the past.²² Baseline assessments will include household food security using the USDA's 6-item Food Security Module. This survey results in less respondent burden for food insecure households.²³ The survey is a standard short form with known relationship to the full module survey.²³ While it is brief compared to the full module, results are minimally biased relative to the 10 and 18-item

modules.²³ We will also assess transportation access perceived barriers, nutrition knowledge, and SNAP enrollment rates among older adults in Jackson County.

Similarly, we must assess the community engagement and stakeholder agreements. This includes grocery store managers, transit representatives, senior center staff, health educators, and older adult advisory members. These figures, among others, will participate in consultation meetings throughout the planning process. Emphasizing the necessity of engaging diverse partners in early program development will ensure acceptability and alignment with local needs.²⁴ All feedback will be used to adapt workshop content, tailor volunteer training, and refine food recovery logistics.

Measurement tools will be selected and adapted using validated instruments whenever possible. When adaptation is required, interviewing with about 10 older adults will ensure comprehension and appropriateness. These tools can include:

- Food Security: USDA 6-Item Short Form²³
- Nutrition Knowledge: “Healthy Eating For Successful Living in Older Adults”²⁵
- Isolation: UCLA 3-item Loneliness Scale²⁶

PROCESS EVALUATION

Process evaluation will assess program fidelity, participant reach, feasibility, and acceptability throughout implementation. This ensures activities are delivered as intended and helps identify needed mid-course adjustments.

Fidelity checklists will document whether program components (e.g., SNAP workshops, nutrition classes, food recovery pickups, transit ride coordination) are implemented according to

protocol. Program coordinators will conduct quarterly fidelity observations using structured rating forms adapted from similar meal delivery and nutrition intervention trials. Staff and volunteer competence will be monitored through performance assessments, supervision logs, and annual training sessions.

Participation will be tracked across all program components. Tracking reach is essential for evaluating population coverage, and similar metrics have been used in SNAP outreach evaluations, food recovery interventions, and Meals on Wheels research. Indicators will include:

- Number of older adults attending workshops
- Number of recovered food pounds distributed
- Number of subsidized transit rides
- Number of new SNAP enrollments
- Number of community meal participants

Acceptability will be assessed via participant satisfaction surveys, focus groups, and informal interviews with older adults and partner organizations. Feasibility will be evaluated through documentation of logistical barriers like transportation delays, volunteer shortages, and food storage issues. Stakeholder perspectives will be incorporated throughout, echoing best practices identified in food rescue and senior nutrition literature.

SUMMATIVE EVALUATION

Summative evaluation will measure the program's short-term, intermediate, and long-term outcomes consistent with the logic model and the Social Ecological Model.

Short-term outcomes include increased nutrition knowledge, improved awareness of food assistance programs, reduced transportation barriers, and increased attendance at food distribution events. Data will be collected using validated questionnaires and attendance logs. Quantitative analysis will include descriptive statistics and pre-post comparisons.

Intermediate outcomes include increased SNAP enrollment, increased participation in food access programs, improved food security, and reduced isolation. SNAP enrollment numbers will be obtained from state administrative data, while food security and isolation will be measured using validated scales. Comparative analyses will examine changes over time using repeated-measures models, aligning with methodologies used in studies evaluating SNAP participation and meal delivery outcomes.

Long-term outcomes focus on reducing food insecurity in Jackson County and improving health and independence among older adults. Long-term indicators include food security scores, functional independence measures, and healthcare utilization (if available). Effectiveness will be evaluated by using multivariable regression models controlling demographic factors. These approaches mirror previously published evaluations of senior nutrition and food access interventions.

METHODOLOGY

Participants include older adults aged 60 and above who reside in Jackson County. Inclusion criteria mirror those used in senior nutrition research: community-dwelling status, ability to consent, and experiencing food access challenges. Recruitment will occur via senior centers, clinics, grocery stores, and outreach events. Data will be collected at baseline, 12 months, and 24 months. Surveys will be conducted in person or by phone, while program

participation metrics will be recorded automatically by staff. Qualitative data will be audio-recorded and analyzed using established methods. Quantitative analyses will include descriptive statistics, pre/post comparisons, ANOVA for repeated measures, logistic regression for SNAP enrollment data. Qualitative analysis will be used to explore perceived program benefits, barriers, and satisfaction of participants.

Evaluation Table

| Evaluation Type | Objectives/Indicators | Data Collected | Methods |
|------------------------|--|---|--|
| Formative | Baseline food security; feasibility | Pilot surveys; interviews; stakeholder meetings | Mixed-Methods; descriptive statistics |
| Process | Fidelity; reach; acceptance | Attendance logs; satisfaction surveys | Descriptive; fidelity scoring; thematic analysis |
| Impact (short-term) | Increased knowledge and awareness, decreased transportation barriers | Pre and Post Surveys; transit logs and data | Descriptive |
| Outcome (intermediate) | Increased SNAP enrollment, program participation, and food security; decrease in isolation | Survey scales; Data | Logistic regression |
| Long-Term Outcome | Decrease food insecurity, increasing independence and improving health outcomes. | Food security scale; healthcare use | Regression modeling |

Marketing Plan

INCLUSION AND EXCLUSION CRITERIA

The primary population for this program includes community-dwelling older adults aged 60 and older residing in Jackson County who experience food insecurity, limited access to transportation, low income, or difficulty accessing nutrition programs. Inclusion criteria mirror those used in prior food security and senior nutrition interventions, which emphasize vulnerability, geographic eligibility, and ability to consent. Individuals will be included regardless of disability status, race, ethnicity, or SNAP enrollment history. Exclusion criteria include older adults living in long-term care facilities and individuals with cognitive impairment severe enough to prevent informed consent without a legally authorized representative. These criteria ensure the program remains focused on community dwelling older adults most likely to benefit from food access support.

REACHING THE POPULATION

A multifaceted outreach strategy will be used to maximize reach across the county. Promotional materials will include printed flyers, brochures, and posters displayed at senior centers, health clinics, public libraries, churches, community grocery partners, and food pantry sites. Each city within Jackson County will have promotional materials in their respective government buildings. Outreach workers will conduct in-person visits to community hubs frequented by older adults, consistent with best practices for SNAP outreach and home-delivered meals recruitment.

Local radio announcements, local newspapers, and the Jackson County Government Facebook page will disseminate program information digitally. We will also collaborate with Meals on Wheels, Jackson County Transit, local social workers, primary care clinics, and local grocery stores to identify eligible participants. Specific attention will be given to rural areas using mobile outreach units and pop-up information booths. At local grocery stores with community boards, like Quality Foods in Commerce, flyers will be placed. Outreach activities are supported in the program budget through materials printing, mileage reimbursement, and staff time.

RETENTION STRATEGIES

Retention efforts will focus on sustained engagement with workshops, food distribution events, SNAP enrollment assistance, and community meals. Strategies will include:

- Personalized phone reminders before each event, consistent with documented retention methods in senior nutrition research.
- Follow-up calls for missed sessions to identify barriers and offer alternative participation formats, like virtual SNAP counseling.
- Transportation coordination, including subsidized rides via Jackson County Transit to reduce access barriers.
- Social engagement incentives, like group meals, volunteer appreciation events, and peer support programs.
- Consistent scheduling, with predictable monthly calendars to reduce confusion and create reliability.

Participant feedback will be routinely collected to maintain satisfaction and adaptability. Retention activities like phone time, materials, food for community events, and transit subsidies are also reflected in the program budget.

SPECIAL CONSIDERATIONS

Legal, Ethical, and Safety Issues

This program will follow all ethical standards related to voluntary participation, informed consent, data privacy, and safe food handling. Food recovery activities will comply with the Bill Emerson Good Samaritan Food Donation Act, which protects donors and distributors from civil liability when donating food in good faith. Staff and volunteers will be trained in food safety practices and safe food transport.

Stigma Concerns

Stigma is a prominent barrier in food insecurity and SNAP participation. Outreach materials will emphasize community well-being, independence, and healthy aging rather than “neediness.” Openly talking about the program with all people will encourage conversations about the benefits of these resources. Group-based programming can be marketed as social events rather than food assistance. Staff will receive training concerning stigma as well as inclusion.

Permissions, Consent, and Assent

Participants must provide informed consent prior to enrollment. For older adults with mild cognitive impairment, verbal comprehension checks will ensure capacity. Written agreements with grocery store partners, senior centers, and transit providers will be obtained.

Organizational partners will sign memoranda of understanding specifying their roles in outreach and food recovery.

Organizational and Access Barriers

Barriers like transportation constraints, limited internet access, and disability related mobility limitations are expected. To address these, the program will provide transit assistance, offer alternative program formats, and host events at ADA-accessible locations. Coordination with county agencies will ensure facility availability and scheduling consistency.

Budget Spreadsheet

Project Title: Jackson County Senior Nutrition Initiative
 Period of Performance: July 1st 2026 to June 30th 2028

| Personnel | Salary | % effort | Calendar Months | Year 1 | Year 2 | Total |
|---|------------------|----------|-----------------|----------------|---------------|----------------|
| Program Director | 55,825 | | 1.2 | 5,583 | 5,750 | 11,332 |
| | benefits @ | 44% | | 2,456 | 2,530 | 4,986 |
| Program Coordinator | 48,000 | | 3.0 | 12,000 | 12,360 | 24,360 |
| | benefits @ | 54% | | 6,480 | 6,674 | 13,154 |
| Health Educator | 36,000 | | 3.0 | 9,000 | 9,270 | 18,270 |
| | benefits @ | 54% | | 4,860 | 5,006 | 9,866 |
| Administrative Support/Volunteer Coc | 15,000 | | 7.2 | 9,000 | 9,270 | 18,270 |
| | benefits @ | 60% | | 5,400 | 5,562 | 10,962 |
| Student Assistant | 10,000 | | 6.0 | 5,000 | 5,150 | 10,150 |
| | benefits @ | 0% | | - | - | - |
| | | | 0.0 | - | - | - |
| | benefits @ | | | - | - | - |
| Total Personnel | | | | 59,779 | 61,572 | 121,351 |
| Equipment | | | | 3,000 | - | 3,000 |
| Laptop Computers (2) | | | | \$ 1,500.00 | - | 1,500 |
| Tablet Devies (2) | | | | \$ 750.00 | - | 750 |
| Projector/Portable Screen | | | | \$ 750.00 | - | 750 |
| Printer/Scanner/Copier | | | | \$ 150.00 | - | 150 |
| Travel | | | | 3,500 | 3,500 | 7,000 |
| Foreign | | | | - | - | - |
| Domestic | | | | 3,500 | 3,500 | 7,000 |
| Supplies | | | | 8,500 | 8,500 | 17,000 |
| Office & Printing Supplies | \$ 2,000.00 | | | \$ 2,000.00 | 2,000 | 4,000 |
| Educational Materials/Handouts | \$ 3,000.00 | | | \$ 2,000.00 | 2,000 | 4,000 |
| Workshop Supplies | \$ 5,000.00 | | | \$ 2,500.00 | 2,500 | 5,000 |
| Community Event Supplies | \$ 4,000.00 | | | \$ 2,000.00 | 2,000 | 4,000 |
| Other Expenses | | | | 16,700 | 16,300 | 33,000 |
| Transit Subsidy Partnership w/ Jackson County Transit | | | | 4000 | 4000 | 8000 |
| Volunteer Training | | | | 1200 | 800 | 2000 |
| Community Meal Events (6 over 2 years) | | | | 3500 | 3500 | 7000 |
| Food Recovery Program | | | | 5000 | 5000 | 10000 |
| Marketing/Outreach | | | | 1300 | 1300 | 2600 |
| Insurance / Liability Coverage | | | | 1700 | 1700 | 3400 |
| Total Direct Costs | | | | 91,479 | 89,872 | 181,351 |
| | Indirect Costs @ | 10% | | 9,148 | 8,987 | 18,135 |
| Total Costs | | | | 100,627 | 98,859 | 199,486 |

Budget Justification

PERSONNEL

Program Director – 1.2 calendar months (10% effort) in Years 1 – 2

The Program Director will provide overall leadership and oversight for the Jackson County Senior Nutrition Initiative. With a Master of Public Health and demonstrated experience in public health program design and evaluation, the Director will coordinate all project activities, manage community partnerships, and ensure compliance with institutional and grant reporting requirements.

Duties:

- Year 1: Finalize partnerships with Jackson County Transit, grocery stores, and senior centers. Oversee development of outreach materials and initiate baseline data collection.
- Year 2: Supervise all program operations and evaluation activities, ensure sustainability planning, and lead dissemination of project findings through community and academic channels.

Program Coordinator – 3.0 calendar months (25% effort) in Years 1 – 2

The Program Coordinator will manage the day-to-day operations of the initiative, supervise volunteers, coordinate with food distribution sites, and oversee SNAP enrollment and transportation expansion efforts. The Coordinator has prior experience managing community-based nutrition and outreach programs in Georgia.

Duties:

- Year 1: Implement the grocery store food recovery system, coordinate the first six community workshops, and launch the expanded senior transit route.
- Year 2: Maintain program operations, manage participant engagement, and support data collection for final evaluation.

Health Educator – 3.0 calendar months (25% effort) in Years 1 – 2

The Health Educator, with a background in nutrition and community health education, will design and deliver all educational and training components. This includes SNAP information sessions, healthy eating workshops, and chronic disease management presentations.

Duties:

- Year 1: Develop and pilot a nutrition and chronic disease workshop curriculum and produce educational materials tailored to older adults.
- Year 2: Deliver monthly workshops, evaluate learning outcomes, and assist in training volunteers to sustain programming.

Administrative Support / Volunteer Coordinator – 7.2 calendar months (60% effort) in

Years 1 – 2

The Administrative Support / Volunteer Coordinator will manage logistics for community events, assist with scheduling and record keeping, and coordinate volunteer recruitment and training.

Duties:

- Year 1: Support program launch, track volunteer participation, and maintain communication with community partners.

- Year 2: Continue volunteer oversight, assist with community event planning, and maintain accurate records for evaluation purposes.

Student Assistant – 6.0 calendar months (50% effort) in Years 1 – 2

The Student Assistant will support program evaluation and outreach tasks, including participant recruitment, data entry, and event assistance. The position provides workforce training for public health students while expanding program capacity.

EQUIPMENT

Funds are requested to purchase equipment that is essential in implementing educational and outreach activities. All equipment will be used exclusively for project purposes and retained by the organization for ongoing community nutrition educational work.

- Laptop computers (2) – \$1,500 total for program coordination, communication, and data collection.
- Tablet devices (2) – \$750 total for mobile participant intake and SNAP enrollment assistance.
- Projector and portable screen – \$750 for use in community workshops and partner presentations.
- Printer/scanner/copier – \$150 for printing materials and data collection forms.

TRAVEL

Travel funds will support local travel within Jackson County and surrounding areas for staff attending meetings, workshops, and outreach events.

- In Years 1 and 2, we request funds to reimburse team members for travel to various parts of Jackson County and across Northeast Georgia at the UGA rate of \$0.54 per mile. This will allow the team to travel an average of 100 miles per week for meetings, workshops, and projects for the program.
- No out-of-state or foreign travel is planned for this project.

SUPPLIES

Funds will be used to purchase consumable materials necessary for program operations and participant engagement.

- Office and Printing Supplies: \$4,000 total for administrative needs, forms, and participant materials.
- Educational Materials / Handouts: \$4,000 total for printing outreach flyers, brochures, and SNAP enrollment guides.
- Workshop Supplies: \$5,000 total for demonstration food, cooking tools, and nutrition education props.
- Community Event Supplies: \$4,000 total for tableware, signage, and participant materials used during social meals and outreach events.

OTHER EXPENSES

This category includes additional operational and programmatic costs directly tied to the program's objectives.

- Transit Subsidy Partnership with Jackson County Transit: \$8,000 total for subsidized senior transportation to food pantries and grocery stores.

- Volunteer Training: \$2,000 for materials, refreshments, and orientation sessions.
- Community Meal Events: \$7,000 for six community meals over two years, covering food, space, and supplies.
- Food Recovery Program: \$10,000 for logistics, fuel, and storage for rescued grocery food redistribution.
- Marketing and Outreach: \$2,600 for local print, social media, and radio promotion.
- Insurance / Liability Coverage: \$3,400 for coverage of volunteers and community event operations.

Total personnel costs are \$59,779 in year 1 and \$61,572 in year 2, and include annual fringe benefit-rates of 44% for personnel making \$50,000 or more, 54% for personnel making \$35,000 or more, and 60% for personnel making below \$35,000. Year two includes an annual salary increase of 3%.

INDIRECT COSTS

Indirect costs are calculated at 10% of total direct costs, \$181,351. This is consistent with standard University of Georgia and community organization rates. These funds cover general administrative expenses, utilities, accounting, and facility overhead required for successful management of this program.

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