*The Healthy Hunger-Free Kids Act of 2010* transformed SNAP-Ed into a nutrition education and obesity prevention grant program, explicitly adopting obesity prevention as a major emphasis and allowing comprehensive community and public health approaches for low-income populations. The purpose of this checklist is to help States and Implementing Agencies use a public health approach for planning and implementing SNAP-Ed projects. Following a general outline for program planning in public health, there are three core steps: 1) engagement and assessment, 2) program development and implementation, and 3) monitoring and evaluation. This checklist provides examples of each of these steps. The checklist begins by describing the types of SNAP-Ed policy, systems, and environmental change strategies and interventions, and then provides steps and examples of program planning in public health. Please keep in mind that in practice, these processes are more parallel and iterative, than they are linear. SNAP-Ed programming may include comprehensive, multi-level interventions at multiple complementary organizational and institutional levels. These approaches may address several or all elements or levels of the socio-ecological model (SEM) and may target individual factors, environmental settings, sectors of influence, and social/cultural norms and values.

**Categories of Public Health Approaches**

Selected strategies should respond to unmet community need for public health approaches that will make it easier for low-income children and families to engage in lifelong behavioral changes. Policies, systems, and environmental (PSE) approaches intend to supplement individual, group and community-based educational strategies used by nutrition and physical activity educators in a multi-component program delivery model. Education combined with PSE is more effective than either strategy alone in preventing overweight and obesity.

SNAP-Ed providers can implement community and public health approaches that affect a large segment of the population rather than solely targeting the individual or a small group. Community and public health approaches include three complementary and integrated elements: education, marketing/promotion, and policy, systems, and environmental approaches. Using these three elements helps create conditions where people are encouraged to act on their education and awareness and where the healthy choice becomes the easy and preferred choice, which is facilitated through changes in policy, systems, and the environment. By focusing activities on settings with large proportions of low-income individuals and using evidence-based interventions that are based on formative research with SNAP-Ed audiences, public health approaches can reach large numbers of low-income Americans and might produce meaningful impact.

**Policy:** A written statement of an organizational position, decision, or course of action. Ideally policies describe actions, resources, implementation, evaluation, and enforcement. Policies are made in the public, non-profit, and business sectors. Policies will help to guide behavioral changes for audiences served through SNAP-Ed programming.

Example: A school that serves a majority low-income student body writes a policy that allows the use of school facilities for recreation by children, parents, and community members during non-school hours. The local SNAP-Ed provider can be a member of a coalition of community groups that work with the school to develop this policy.

**Systems:** Systems changes are unwritten, ongoing, organizational decisions or changes that result in new activities reaching large proportions of people the organization serves. Systems changes alter how the organization or network of organizations conducts business. An organization may adopt a new intervention, reallocate other resources, or in significant ways modify its direction to benefit low-income consumers in qualifying sites and communities. Systems changes may precede or follow a written policy.

Example: A local food policy council creates a farm-to-fork system that links farmers and local distributors with new retail or wholesale customers in low-income settings. The local SNAP-Ed provider could be an instrumental member of this food policy council providing insight into the needs of the low-income target audience.

**Environmental:** Includes the built or physical environments which are visual/observable, but may include economic, social, normative or message environments. Modifications in settings where food is sold, served, or distributed may promote healthy food choices. Signage that promotes the use of stairwells or walking trails may increase awareness and use of these amenities. Social changes may include shaping attitudes among teachers or service providers about time allotted for physical activity breaks. Economic changes may include financial disincentives or incentives to encourage a desired behavior, such as purchasing more fruits and vegetables. Note that SNAP-Ed funds may not be used to provide the cash value of financial incentives.

Example: A food retailer serving SNAP participants or other low-income persons institutes in-store signage with free educational materials to encourage consumer selection of healthier food options based on the Dietary Guidelines for Americans and MyPlate. A SNAP-Ed provider can provide consultation and technical assistance to the retailer on preferred educational materials and positioning of signage to reach the target audience through this channel.

| Step 1. Engagement and Assessment: Findings from assessing the needs and assets of local settings should inform the selected PSE approach. The following are common components of stakeholder engagement and community assessments. | Yes | No | Additional Info. |
| --- | --- | --- | --- |
| Collect and analyze qualitative and quantitative data from primary and secondary sources. Primary data is data that one collects directly through surveys, interviews, and focus groups; it often adds local or unique information difficult to obtain through secondary data. Secondary data is existing data which has already been collected by someone else. Previous evaluation data may also be useful to the assessment.  |  |  |  |
| Incorporate stakeholder (e.g. local decision makers, program partners, program participants) priorities and local initiatives to determine the appropriate strategies.  |  |  |  |
| Engage communities of focus and gain an understanding of current issues of importance and relevance to them.  |  |  |  |
| Form community advisory groups, or other bodies to facilitate and maintain stakeholder input. |  |  |  |
| Coordinate with other FNS-funded programs such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Child Nutrition Programs which include the National School Lunch Program, and Summer Food Service Program, to help ensure SNAP-Ed fills in gaps left by other nutrition programs. |  |  |  |
| Partner with other existing services and resources at the national, State, and local levels to further the reach and impact of SNAP-Ed activities. Developing and enhancing partnerships is critical to instituting policy, systems, and environmental change strategies in communities.  |  |  |  |
| Assess settings that are conducive to reaching a large segment of the population, which otherwise would be challenging to reach one person at a time.  |  |  |  |
| Assess areas with barriers to the availability and/or accessibility of healthy options (e.g. access to healthy and affordable grocery stores, safe pedestrian walkways, and parks and open spaces).  |  |  |  |
| Determine what will serve as baseline data. |  |  |  |

| Step 2. Program Development and Implementation: The program design is based on the conclusions drawn in the Engagement and Assessment phase, and developed as an appropriate response to the identified issues. Be sure to build goals and objectives which reflect the socio-ecological model (SEM). The following are components of program development and implementation used in public health planning processes.  | Yes | No | Additional Info. |
| --- | --- | --- | --- |
| Identify target population(s) to work with for the intervention.  |  |  |  |
| Identify appropriate PSE approaches, which complement direct and indirect education strategies, based on the results from Step 1. Engagement and Assessment.  |  |  |  |
| Select and align goals and SMART (simple, measurable, attainable, realistic, timely) objectives in at least two levels of the SEM with the Multi-Level Frameworks, such as the: SNAP-Ed Evaluation Framework <https://snaped.fns.usda.gov/snap/EvaluationFramework/SNAP-EdEvaluationFrameworkInterpretiveGuide.pdf>CDC Obesity Prevention Framework<http://www.cdc.gov/pcd/issues/2012/11_0322.htm>, or NIFA Community Nutrition Education Logic Model<https://nifa.usda.gov/resource/community-nutrition-education-cne-logic-model> |  |  |  |
| Create a logic model that clearly links each component of the policy and program changes to one another, and connects these to the overall, long-term outcome of improved nutrition, physical activity, and maintenance of normal body weight. |  |  |  |
| Select and train implementers.  |  |  |  |
| Facilitate adoption, implementation, and maintenance.  |  |  |  |
| Determine which existing materials, implementation guides, and resources are appropriate to utilize.  |  |  |  |
| Create and develop additional resources, products, and project materials. |  |  |  |
| Communicate progress to stakeholders.  |  |  |  |

| Step 3. Evaluation: The changes that occur as a result of the strategies used can be observed at the individual, environmental and systems levels. Evaluating SNAP-Ed interventions using outcome measures that are specific to each intervention and the overall impact using appropriate measures/indicators. The following are components of evaluation commonly used in public health interventions.  | Yes | No | Additional Info. |
| --- | --- | --- | --- |
| Choose evaluation outcomes with realistic and appropriate measures.  |  |  |  |
| Collect evaluation data that will inform decisions to be made throughout implementation and later, maintenance/improvement of the project. |  |  |  |
| Conduct a process evaluation.  |  |  |  |
| Determine whether implementation occurs as intended.  |  |  |  |
| Describe the reach of the intervention in terms of settings or neighborhoods. For example, the number of SNAP-Ed eligibles that benefitted from the change(s) during the period assessed. Refer to RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) model in the SNAP-Ed Evaluation Framework. |  |  |  |
| Conduct an outcome evaluation.  |  |  |  |
| Continue to monitor outcomes and make continuous program improvements.  |  |  |  |
| Replicate across multiple populations and venues, making adjustments according to context.  |  |  |  |
| Communicate and disseminate results to stakeholders and funders.  |  |  |  |

**Policy, Systems, and Environmental (PSE) Approaches**

| Examples of PSE approaches that complement direct or indirect nutrition education. Check the corresponding box for those that have the potential to fit your project. This list is not exhaustive; please write-in other proposed approaches for review. | Yes | No |
| --- | --- | --- |
| Use community or place-based messaging to promote access and appeal for healthy foods, beverages, and/or physical activity.  |  |  |
| Use digital or social media to promote access and appeal for healthy foods, beverages, and/or physical activity. |  |  |
| Mobilize community partnerships around healthy eating and active living.  |  |  |
| Develop wellness policies in schools, after-school, or child care settings sites that support children and family nutrition and health.  |  |  |
| Participate in state or local food policy councils.  |  |  |
| Create healthy corner stores or food retail policies and organizational practices.  |  |  |
| Develop nutrition standards at emergency food distribution sites.  |  |  |
| Develop point-of-purchase marketing/signage at food retailers or food distribution sites. |  |  |
| Providing training on Smarter Lunchroom Movements in school cafeterias.  |  |  |
| Develop systems that refer and link SNAP recipients to SNAP-Ed, and vice versa.  |  |  |
| Improve the quality of foods and beverages sold in vending machines.  |  |  |
| Provide training or technical assistance to health or community professionals on obesity prevention. |  |  |
| Develop healthy procurement policies, healthy nutrition standards, and/or signage for senior nutrition centers and other congregate meals providers.  |  |  |
| Promote farmers markets, including SNAP at farmers markets.  |  |  |
| Create work-site or church-based SNAP-Ed programs.  |  |  |
| Link farms to institutions through farm stands or farm-to-where-you-are initiatives. |  |  |
| Cultivate community or school gardens. |  |  |
| Allow for the use of school facilities for recreation during non-school hours.  |  |  |
| Promote access/appeal, or policy changes to support physical activity or exercise. |  |  |
| Other, specify:  |  |  |