

Introduction

This Fiscal Year (FY) 2020 Supplemental Nutrition Assistance Program Education (SNAP-Ed) Plan Guidance provides instructions for developing and submitting State nutrition education and obesity prevention grant program plans, commonly referred to as State SNAP-Ed Plans. It describes Food and Nutrition Service (FNS) expectations regarding State SNAP-Ed requirements and includes examples of activities that can be used in SNAP-Ed programming. Some sections have been broadened to provide additional instructions and in some places, new information has been added.

Sections that include new content or have revisions will be marked with text reading **New:** with the end of the new section marked with **End of new material** to assist users in identifying this information. Additional minor edits throughout have been made to assure consistency and to correct insignificant editorial and grammatical issues. Activities that are State requirements, FNS expectations, or are significant to program implementation are set in **bold** type to facilitate identification.

The FY 2020 SNAP-Ed Plan Guidance supersedes previous releases and provides instructions to States to implement all provisions of

New: In the 2020 Plan Guidance

FNS continues to support enhancement of SNAP-Ed services by providing improvements and clarifications in the SNAP-Ed Plan Guidance. This year, FNS made the following revisions to improve program operations:

- Information about FNS' new *START SIMPLE WITH MYPLATE* campaign (p.10, 164)
- Information about resources for the new Nutrition Facts Label (p.11, 164)
- Clarification on State agency requirements for monitoring implementing agencies (p.32)
- Instructions for describing how States electronically receive evaluation information about progress on SNAP-Ed State-level goals and objectives (p.46)
- Clarification of administrative cost categories in order to implement provisions of the Agriculture Improvement Act of 2018 (p.52, 61, 103, 110)
- Instructions for reporting total FY funding, including unobligated balances (p.53)
- Instructions for reporting evaluations using the SNAP-Ed Evaluation Framework Priority Indicators (p.62)
- Clarification on recordkeeping requirements (p.68)
- Considerations for measuring weight and BMI in group settings (p.69)
- Clarifications for determining necessary costs (p.70)
- Clarification on determining prorated costs (p.71)
- Clarification on entertainment costs (p.74)
- Allowability of SNAP-Ed for use in the Disaster Supplemental Nutrition Assistance Program (D-SNAP) (p.81)

End of new material.

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Section 4019 of the Agriculture Improvement Act of 2018.

Summary of Regulations and Background

The SNAP-Education Plan Guidance includes provisions of the FNA, Section 28, as amended by the Healthy, Hunger-Free Kids Act of 2010 (HHFKA), and the SNAP: Nutrition Education and Obesity Prevention Grant Program Final Rule.

The final rule, SNAP: Nutrition Education and Obesity Prevention Grant Program, adopts the amended interim rule published April 5, 2013, to implement the SNAP Education (SNAP-Education) provisions of the HHFKA. The rule also implements a provision of the Agricultural Act of 2014 to authorize physical activity promotion in addition to promotion of healthy food choices as part of this nutrition education and obesity prevention program.

Highlights include:

- States, in consultation with local operators of other Federal and State programs must present a valid and data-driven needs assessment of nutrition, physical activity, and obesity prevention needs of the target population and their barriers to accessing healthy foods and physical activity in the State SNAP-Education Plan. This helps to ensure SNAP-Education activities complement the nutrition education and obesity prevention efforts of these programs.
- Under this rule, States must implement two or more of the following complementary approaches to deliver evidence-based nutrition education and obesity prevention activities that are based on the Dietary Guidelines for Americans (DGA)
 - individual or group-based nutrition education, health promotion, and intervention strategies;
 - comprehensive, multi-level interventions; and
 - community and public health approaches.

SNAP nutrition education and obesity prevention services

Per 7 CFR §272.2 (d)(2)(vii)(B), SNAP-Education services are

“a combination of educational strategies, accompanied by supporting policy, systems, and environmental interventions, demonstrated to facilitate adoption of food and physical activity choices and other nutrition-related behaviors conducive to the health and well-being of SNAP participants and low-income individuals eligible to receive benefits under SNAP or other means-tested programs and individuals residing in communities with a significant low-income population.”

Interventions: A specific set of evidence-based, behaviorally-focused activities and/or actions to promote healthy eating and active lifestyles.

Intervention strategies: Broad approaches to intervening on specific target areas.

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- The target audience for SNAP-Ed is defined as SNAP participants and low-income individuals eligible to receive SNAP benefits or other means-tested Federal assistance programs, such as Medicaid or Temporary Assistance for Needy Families, as well as individuals residing in communities with a significant low-income population.

States must meet SNAP-Ed statutory, regulatory, and policy recommendations including:

- Implementing policy, systems, and environmental change (PSE) approaches, such as multi-level interventions and community and public health approaches in addition to individual or group-based (direct) nutrition education, to deliver effective, evidence-based nutrition education and obesity prevention programming.
- Coordinating with and complementing nutrition education and obesity prevention services delivered in other U.S. Department of Agriculture (USDA) nutrition and education programs, as well as other Federal nutrition and nutrition education programs. Programs for partnership include the Expanded Food and Nutrition Education Program (EFNEP), the Food Distribution Program on Indian Reservations (FDPIR), the Commodity Supplemental Food Program (CSFP) and the National School Lunch Program (NSLP), among others.
- Partnering with other national, State, and local initiatives to further the reach and impact of SNAP-Ed activities. Developing and enhancing partnerships is critical to instituting multi-level interventions and community and public health approaches in communities.
- Evaluating SNAP-Ed interventions using evaluation indicators across the Social-Ecological Model, such as those identified in FNS's SNAP-Ed Evaluation Framework, that are specific to each intervention and the overall plan's impact using appropriate outcome measures and indicators.
- **FNS requires States to consult with Tribes about the SNAP State Plan of Operations, which includes the State SNAP-Ed Plan. States must actively engage in Tribal consultations with Tribal leadership or their designees, as required by SNAP regulations at 7 CFR 272.2(b) and 272.2(e) (7).** FNS reminds States of this requirement as it relates to SNAP-Ed. The consultations must pertain to the unique needs of the members of Tribes.

Determining SNAP-Ed State Allocations

The method for determining State SNAP-Ed allocations is based on State shares of SNAP-Ed expenditures in addition to State shares of SNAP participation. For FY 2018 and each year thereafter, the ratio of expenditures to participation is a 50/50 weighting of expenditures to participation. Estimated FY 2018 allocations to assist States in preparing their FY 2018 Plan budgets are attached to the transmittal correspondence accompanying this document.

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SNAP Promotion Rule and SNAP-Ed

Per the 7 CFR 277.4 (b)(5), recruitment activities designed to persuade an individual to apply for SNAP benefits; television, radio, or billboard advertisements that are designed to promote SNAP benefits and enrollment; or agreements with foreign governments designed to promote SNAP benefits and enrollment are prohibited.

For SNAP-Ed, this means that information regarding SNAP enrollment should not be placed on any billboard, radio, television or video recording that may be part of a SNAP-Ed intervention. Basic SNAP Information or a link to SNAP information may be placed on handouts, brochures, recipes, etc. only.

**Want to find the full text of the regulations and resources listed in this section?
You can find them at:**

- Food and Nutrition Act of 2008, as amended:
<https://legcounsel.house.gov/Comps/Food%20And%20Nutrition%20Act%20Of%202008.pdf>
- Agriculture Improvement Act of 2018, Section 4019:
<https://www.congress.gov/bill/115th-congress/house-bill/2/text?format=txt>
- Healthy, Hunger-Free Kids Act of 2010 (HHFKA):
https://www.fns.usda.gov/sites/default/files/PL_111-296.pdf
- SNAP: Nutrition Education and Obesity Prevention Grant Program Final Rule:
<https://www.federalregister.gov/documents/2016/03/31/2016-07179/supplemental-nutrition-assistance-program-nutrition-education-and-obesity-prevention-grant-program>
- SNAP Promotion Final Rule:
<https://www.federalregister.gov/documents/2016/12/20/2016-30621/supplemental-nutrition-assistance-program-promotion>
- 2015-2020 Dietary Guidelines for Americans (DGA):
<https://health.gov/dietaryguidelines/2015/guidelines/>

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SNAP is the nation’s first line of defense against hunger and a powerful tool to improve nutrition among low-income people. A USDA study found that participating in SNAP for 6 months is associated with a significant decrease in food insecurity¹. An additional USDA study found that SNAP participants typically spend less on average on food than eligible non-participants, and spend more of their food dollars on foods prepared at home². Further studies indicate that overall, there are no major differences between the types of foods purchased by SNAP-participating households and non-participating households³.

SNAP-Ed supports SNAP’s role in addressing food insecurity and is central to SNAP’s efforts to improve nutrition and prevent or reduce diet-related chronic disease and obesity among SNAP recipients. SNAP-Ed is an important priority for the USDA/FNS, and the Agency appreciates the leadership demonstrated by States towards this mutual commitment to improve the health of low-income families. The SNAP-Ed requirements mandated by the FNA under Section 28 complement and address the FNS mission and the goal and focus of SNAP-Ed. As part of the FNS mission, [“We work with partners to provide food and nutrition education to people in need in a way that inspires public confidence and supports American agriculture.”](#)

SNAP-Ed Goal:

The SNAP-Ed goal is:

“To improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current DGA and the USDA food guidance.”

¹ Mabli, James, Jim Ohls, Lisa Dragoset, Laura Castner, and Betsy Santos. *Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security*. Prepared by Mathematica Policy Research for the U.S. Department of Agriculture, Food and Nutrition Service, August 2013.

² Tiehen, Laura, Constance Newman, and John A. Kirlin. *The Food-Spending Patterns of Households Participating in the Supplemental Nutrition Assistance Program: Findings From USDA’s FoodAPS, EIB-176*, U.S. Department of Agriculture, Economic Research Service, August 2017.

³ Garasky, Steven, Kassim Mbwana, Andres Romualdo, Alex Tenaglio and Manan Roy. *Foods Typically Purchased by SNAP Households*. Prepared by IMPAQ International, LLC for USDA, Food and Nutrition Service, November 2016.

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SNAP-Ed Focus:

The focus of SNAP-Ed is:

- Implementing strategies or interventions, among other health promotion efforts, to help the SNAP-Ed target audience establish healthy eating habits and a physically active lifestyle;
- Primary prevention of diseases to help the SNAP-Ed target audience that has risk factors for nutrition-related chronic disease, such as obesity, prevent or postpone the onset of disease by establishing healthier eating habits and being more physically active.

SNAP-Ed Guiding Principles

The SNAP-Ed Guiding Principles characterize FNS's vision of quality nutrition education and address the nutrition concerns and food budget constraints faced by those eligible for SNAP. These Guiding Principles reflect the definitions of nutrition education and obesity prevention services and evidence-based interventions that stem from the FNA.

FNS strongly encourages States to use these Guiding Principles as the basis for SNAP-Ed activities in conjunction with the SNAP-Ed goal and behavioral outcomes. States may focus their efforts on other interventions based on the DGA that address their target audiences by providing justification and rationale in their SNAP-Ed Plans.

SNAP-Ed eligible individuals refers to the **SNAP-Ed target audience**, specifically SNAP participants and other low-income individuals who qualify to receive SNAP benefits or other means-tested Federal assistance programs. It also includes individuals residing in communities with a significant (50 percent or greater) low-income population. The term **“means-tested Federal assistance programs”** for the purposes of this Guidance is defined as Federal programs that require the income and/or assets of an individual or family to be at or below 185 percent of the Federal Poverty Guidelines in order to qualify for benefits. There may be additional eligibility requirements to receive these programs, which provide cash and noncash assistance to eligible individuals and families.

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The Six SNAP-Ed Guiding Principles:

1. SNAP-Ed is intended to serve SNAP participants, low-income individuals eligible to receive SNAP benefits or other means tested Federal assistance programs, and individuals residing in communities with a significant low-income population.

REFER TO SECTION 2, GUIDELINES FOR DEVELOPING THE SNAP-ED PLAN

2. SNAP-Ed must include nutrition education and obesity prevention services consisting of a combination of educational approaches. The DGA describes the Social-Ecological Model (SEM) which illustrates how all sectors of society, including individuals and families, communities and organizations; small and large businesses; and policymakers combine to shape an individual's food and physical activity choices. The SEM, shown on the next page, offers an opportunity to address providing SNAP nutrition education and obesity prevention services to the low-income SNAP-Ed target audience through the three approaches described in the FNA.

Approach One: Individual or group-based direct nutrition education, health promotion, and intervention strategies

Approach Two: Comprehensive, multi-level interventions at multiple complementary organizational and institutional levels

Approach Three: Community and public health approaches to improve nutrition

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A Social-Ecological Model for Food & Physical Activity Decisions

The Social-Ecological Model can help health professionals understand how layers of influence intersect to shape a person's food and physical activity choices. The model below shows how various factors influence food and beverage intake, physical activity patterns, and ultimately health outcomes.



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Nutrition education and obesity prevention services are delivered through partners in multiple venues and involve activities at the individual, interpersonal, community, and societal levels. Acceptable policy interventions are activities that encourage healthier choices based on the current DGA. Intervention strategies may focus on increasing consumption of certain foods, beverages, or nutrients and limiting consumption of certain foods, beverages, or nutrients consistent with the DGA.

REFER TO CHAPTER 3 OF THE DGA FOR MORE INFORMATION ABOUT THE SEM AND HOW IT CAN INFORM NUTRITION EDUCATION AND OBESITY PREVENTION ACTIVITIES.

3. While the Program has the greatest potential impact on behaviors related to the nutrition and physical activity of the overall SNAP low-income households, when it targets low-income households with SNAP-Ed eligible women and children, SNAP-Ed is intended to serve the breadth of the SNAP eligible population. Based on a needs assessment, States have the flexibility to determine priority audience segments which would be best served by SNAP-Ed.

REFER TO GUIDELINES FOR DEVELOPING THE SNAP-ED PLAN SECTION

4. The Program must use evidence-based, behaviorally focused interventions and maximize its national impact by concentrating on a small set of key population outcomes supported by evidence-based multi-level interventions. Evidence-based interventions based on the best available information must be used. FNS encourages States to concentrate their SNAP-Ed efforts on the program's key behavioral outcomes.

An **evidence-based approach** for nutrition education and obesity prevention is defined as the integration of the best research evidence with the best available practice-based evidence.

The SNAP-Ed **key behavioral outcomes** align with the DGA key recommendations, found at

https://www.cnpp.usda.gov/sites/default/files/dietary_guidelines_for_americans/ExecSumm.pdf,

States may address other behavioral outcomes consistent with the goal and focus of SNAP-Ed and DGA messages. The primary emphasis of these efforts should remain on assisting the SNAP-Ed target population to establish healthy eating patterns and physically active lifestyles to promote health and prevent disease, including obesity. **States must consider the financial constraints of the SNAP-Ed target population in their efforts as required under the FNA.**

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5. The Program can maximize its reach when coordination and collaboration takes place among a variety of stakeholders at the local, State, regional, and national levels through publicly or privately funded nutrition intervention, health promotion, or obesity prevention strategies. The likelihood of nutrition education and obesity prevention interventions successfully changing behaviors is increased when consistent and repeated messages are delivered through multiple channels.

REFER TO COORDINATION AND COLLABORATION REQUIREMENTS SECTION

6. The Program is enhanced when the specific roles and responsibilities of local, State, regional, and national SNAP agencies and SNAP-Ed providers are defined and put into practice.

REFER TO SNAP-ED ROLES AND RESPONSIBILITIES

Sources of Nutrition and Obesity Prevention Guidance

DIETARY GUIDELINES FOR AMERICANS (DGA): These guidelines are the foundation of nutrition education and obesity prevention efforts in all FNS nutrition assistance programs. **The FNA stipulates that SNAP-Ed activities, strategies, and interventions should be consistent with the DGA and the associated USDA food guidance system, MyPlate.** MyPlate messages and resources are available at <http://www.choosemyplate.gov/>. SNAP-Ed intervention strategies may focus on limiting, as well as increasing, consumption of certain foods, beverages, and nutrients consistent with the DGA. **However, FNS has determined that States may not use SNAP-Ed funds to convey negative written, visual, or verbal expressions about any specific brand of food, beverage, or commodity.** FNS encourages State agencies to consult with their SNAP-Ed Regional Coordinators to ensure that the content and program efforts appropriately convey the DGA and MyPlate. For more information, please refer to the USDA Center for Nutrition Policy and Promotion's (CNPP) Web site at <http://www.cnpp.usda.gov/>.

One of the five guidelines from the DGA is to follow a healthy eating pattern across the lifespan at an appropriate calorie level. Doing so helps to support a healthy body weight and reduce the risk of chronic disease. **FNS expects that healthy eating patterns, weight management, and obesity prevention for the low-income population will be a key component of SNAP-Ed Plans** due to the focus on nutrition education and obesity prevention of the FNA under Section 28. States are strongly encouraged to use MyPlate and related resources found at <http://www.choosemyplate.gov/> to support their SNAP-Ed Plans. **New:** CNPP recently developed a new campaign, Start Simple with MyPlate, to promote healthy eating and physical activity.



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- *START SIMPLE WITH MYPLATE* (<https://www.choosemyplate.gov/start-simple-myplate>) provides tips from the five MyPlate food groups (Fruits, Vegetables, Grains, Protein Foods, Dairy) that Americans can easily incorporate into their busy lives
- The ideas fit a variety of food preferences, health goals, and budgets
- The goal is to help consumers with daily food choices, increase awareness of the MyPlate food groups, and provide ways to meet food group targets. **End of new material.**

Other resources that complement the DGA and can assist States in addressing healthy weight management and obesity prevention include the following:

- ***Physical Activity Guidelines (PAG)***: The PAG provide science-based information and guidance on the amounts and types of physical activities Americans 6 years and older need for health benefits. The PAG are intended for health professionals and policymakers and are accompanied by resources to help guide the physical activity of the general public. The DGA provides a key recommendation that encourages Americans to meet the Physical Activity Guidelines (PAG).
- ***Healthy People 2020 (HP 2020) Plan***: These objectives are science-based, 10-year national objectives for improving the health of all Americans that include established benchmarks and the monitoring of progress over time. The Nutrition and Weight Status and Physical Activity objectives of HP 2020 with related data and information on interventions and resources can assist States in formulating objectives and selecting interventions in these areas. More information on HP 2020 may be obtained at <http://healthypeople.gov/>.
- ***Core Nutrition Messages***: FNS's series of core nutrition messages are complementary to the DGA. The messages and related resources address motivational mediators and intervening factors that are relevant to low-income moms and children. These messages can be used in educational resources to help low-income audiences put the DGA into practice. FNS core nutrition messages resources are available at <http://www.fns.usda.gov/core-nutrition/core-nutrition-messages>.
- ***New: U.S. Food and Drug Administration Nutrition Facts Label***: The U.S. Food and Drug Administration has finalized a new Nutrition Facts label for packaged foods that will make it easier for consumers to make informed food choices that support a healthy diet. The updated label has a fresh new design and reflects current scientific information, including the link between diet and chronic diseases. More information on the Nutrition Facts label may be found at <http://www.fda.gov/nutritioneducation>. **End of new material.**

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Approaches

The FNA stipulates that SNAP-Ed funds may be used for evidence-based activities using one of the three SNAP-Ed approaches. **States must include one or more approaches in addition to Approach One in their SNAP-Ed Plans.**

FNS expects SNAP agencies to use comprehensive interventions in SNAP-Ed that address multiple levels of the SEM to reach the SNAP-Ed target audience in ways that are relevant and motivational to them. Working with partners to achieve this aim furthers SNAP-Ed's collaborative efforts, reduces the likelihood of duplication of effort, and aligns SNAP-Ed's strategies with current public health practices for health promotion and disease prevention.

Approach One: Individual or group-based direct nutrition education, health promotion, and intervention strategies

Activities conducted at the individual and interpersonal levels have been a nutrition education delivery approach in SNAP-Ed and remain important. **These activities must be evidence-based, as with interventions conducted through the other Approaches.**

Approach One activities must be combined with interventions and strategies from Approaches Two and/or Three. Direct nutrition education may be conducted by a SNAP-Ed provider organization or by a partner organization through a collaborative effort.

The direct nutrition education and physical activity interventions implemented should incorporate features that have shown to be effective such as:

- Behaviorally-focused strategies;
- Motivators and reinforcements that are personally relevant to the target audience;
- Multiple channels of communication to convey healthier behaviors;
- Approaches that allow for active personal engagement; and
- Intensity and duration that provide opportunities to reinforce behaviors.

Some examples of Approach One allowable activities for States to consider include, but are not limited to:

- Conducting nutrition education based on the DGA including:
 - Following a healthy eating pattern across the lifespan;
 - Focusing on variety, nutrient density, and amount within each food group;
 - Limiting calories from added sugars and saturated fat and reducing sodium intake; and shifting to healthier food and beverage choices.
- Conducting individual or group educational sessions on achieving and maintaining a healthy body weight based on the DGA. These sessions could

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include measuring height and weight or using self-reported heights and weight to determine body mass index (BMI).

- Integrating nutrition education into ongoing physical activity group interventions based on the Department of Health and Human Services (HHS) Physical Activity Guidelines
- Implementing classes to build basic skills, such as cooking or menu planning.
- Sponsoring multi-component communication activities to reinforce education, such as interactive Web sites, social media, visual cues, and reminders like text messages.
 - An example would be the Eating Smart Being Active curriculum at <https://snaped.fns.usda.gov/materials/eating-smart-being-active>.

Approach Two: Comprehensive, multi-level interventions at multiple complementary organizational and institutional levels

Approach Two may address several or all elements of the SEM and may target the individual, the interpersonal (family, friends, etc.), organizational (workplace, school, etc.), community (food retailers, food deserts, etc.), and public policy or societal (local laws, social norms, etc.) levels. **A key tenet of multi-level interventions is that they reach the target audience at more than one level of the SEM and that the interventions mutually reinforce each other.** Multi-level interventions generally are thought of as having three or more levels of influence.

In SNAP-Ed, States may implement PSE change efforts using the multi-level interventions of Approach Two according to the definition of nutrition education and obesity prevention services in the *INTRODUCTION* section of this document.

Examples of efforts from Approach Two that States may want to implement in conjunction with Approach One include but are not limited to, these:

- Developing and implementing nutrition and physical activity policies at organizations with high proportions of people eligible for SNAP-Ed, such as work-sites that employ low-wage earners or eligible youth- and faith-based organizations
- Collaborating with schools and other organizations to improve the school nutrition environment, including supporting and providing nutrition education classes as well as serving on school wellness committees. Local educational agencies (LEAs) are encouraged to include SNAP-Ed coordinators and educators on local school wellness policy committees (see *PARTNERING WITH SCHOOL WELLNESS PROGRAMS IN THE FINANCIAL AND COST POLICY SECTION AND OTHER FEDERAL POLICIES RELEVANT TO THE ADMINISTRATION OF SNAP-ED*).
- Coordinating with outside groups to strategize how healthier foods may be offered at sites, such as emergency food sites frequented by the target audience
- Establishing community food gardens in low-income areas, such as public housing sites, eligible schools, and qualifying community sites
- Providing consultation, technical assistance, and training to SNAP-authorized retailers in supermarkets, grocery stores, a local corner or country store to

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provide evidence-based, multi-component interventions. SNAP-Ed providers may work with key partners on strategic planning and provide assistance with marketing, merchandising, recipes, customer newsletters, and technical advice on product placement. The retailer could provide produce, healthy nutrition items, and point of sales space for a healthy checkout lane. For more information on how to develop, implement, and partner on food retail initiatives and activities see the Center for Disease Control (CDC)'s Healthier Food Retail Action Guide at <http://www.cdc.gov/nccdphp/dnpao/state-local-programs/healthier-food-retail.html>. SNAP is mentioned as a potential partner in CDC's Guide.

- Working to bring farmers markets to low-income areas, such as advising an existing market on the process for obtaining Electronic Benefits Transfer (EBT) machines to accept SNAP benefits
- Coordinating with WIC to promote and support breastfeeding activities

Approach Three - Community and public health approaches to improve nutrition and obesity prevention

Community and public health approaches are efforts that affect a large segment of the population, rather than targeting the individual or a small group. According to the CDC, public health interventions are community-focused, population-based interventions aimed at preventing a disease/condition or limiting death/disability from a disease/condition. Learn more about public health approaches through *CDC'S PUBLIC HEALTH 101 SERIES* at <https://www.cdc.gov/publichealth101/index.html>.

By focusing on neighborhoods, communities, and other jurisdictions (e.g., cities, towns, counties, districts, and Indian reservations with large numbers of low-income individuals), public health approaches aim to reach the SNAP-Ed target audience. **As with Approach Two, PSE change efforts also may be conducted using community and public health approaches.**

Approach Three activities to consider where SNAP-Ed could assist include, but are not limited to, the following:

- Working with local governments in developing policies for eliminating food deserts in low-income areas.
- Collaborating with community groups and other organizations, such as Food or Nutrition Policy Councils, to improve food, nutrition, and physical activity environments to facilitate the adoption of healthier eating and physical activity behaviors among the low-income population.
- Serving on other relevant nutrition- and/or physical activity-related State and local advisory panels, such as school wellness committees and State Nutrition Action Councils (SNAC).
- Delivering technical assistance to a local corner or convenience store to increase healthier offerings and purchases. Corner stores, often referred to as convenience stores, country stores, or bodegas, are small-scale stores that may have a more limited selection of food and other products. The Healthy Corner

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Stores Guide, which can be accessed at <http://www.fns.usda.gov/healthy-corner-stores-guide> , provides information, strategies, and resources for organizations interested in making healthy foods and beverages more available in corner stores within their communities. A Spanish language version is also available at the link above.

- Facilitating the reporting of statewide surveillance and survey data on nutrition indicators among the population that is eligible to receive SNAP benefits.
- Providing obesity prevention interventions at settings, such as schools, child care sites, community centers, places of worship, community gardens, farmers markets, food retail venues, or others with a low-income population of 50 percent or greater.
- Conducting social marketing programs targeted to SNAP-Ed eligible populations about the benefits of physical activity.
- Providing low-income individuals with nutrition information, such as shopping tips and recipes, in collaboration with other community groups who provide access to grocery stores through “supermarket shuttles” to retailers that have healthier options and lower prices than corner stores.
- Conducting health promotion efforts, such as promoting the use of a walking trail through a Safe Routes to Schools program or the selection of healthy foods from vending machines.
- Helping local workplaces establish policies for healthy food environments
- Partnering with non-profits hospitals to coordinate their Internal Revenue Service (IRS)-mandated community benefits program with SNAP-Ed (see https://www.irs.gov/irb/2015-5_IRB/ar08.html for details)

States will note that there is a degree of overlap between Approaches Two and Three and the Social Marketing and PSE change efforts are included in both of these Approaches. This overlap and intersection is indicative of the integrated nature of ways to reach the intended audience through multiple spheres of influence. This is appropriate for developing comprehensive SNAP-Ed Plans.

Social Marketing Programs

In addition to interactive groups and one-on-one instruction, social marketing programs often have been used to deliver nutrition messages to the SNAP-Ed audience. Social marketing may be delivered as part of the multi-level interventions of Approach Two or as part of community and public health efforts of Approach Three.

As described by CDC, social marketing is "the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed

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to influence voluntary behavior of target audiences in order to improve their personal welfare and that of society."⁴

Commercial marketing technologies include market segmentation; formative research and pilot testing; commercial and public service advertising; public relations; multiple forms of mass communication including social media; the 4 Ps of marketing - product, price, placement, and promotion; consumer education; strong integration across platforms; and continuous feedback loops and course correction.

Social marketing can be an important component of some SNAP-Ed interventions and may target the individual in large groups, organizational/institutional, and societal levels. Social marketing emphasizes:

- Targeting an identified segment of the SNAP-Ed eligible audience;
- Identifying needs of the target audience and associated behaviors and perceptions about and the reasons for and against changing behavior;
- Identifying target behavior to address;
- Interacting with the target audience to test the message, materials, approach, and delivery channel to ensure that these are understood and are likely to lead to behavior change; and
- Adjusting messages and delivery channels through continuous feedback using evaluation data and target audience engagement.

Reaching SNAP-Ed Eligible Audiences through Social Marketing

The advertising and public relations aspects of social marketing programs can reach SNAP-Ed eligible audiences through a variety of delivery channels. These channels can include:

- Mass media (e.g., television, radio, newspapers, billboards, and other outdoor advertising)
- Social media (e.g., social networks, blogs, and user-generated content)
- Earned media (e.g., public service announcements, letters to the editor, opinion editorials, and press conferences)
- Peer-to-peer popular opinion leaders (e.g., youth or parent ambassadors, local champions, celebrity spokespersons, and faith leaders)
- Promotional media (e.g., point-of-purchase prompts, videos, Web sites, newsletters, posters, kiosks, brochures, and educational incentive items)

Successful SNAP-Ed social marketing programs should be comprehensive in scope using multiple communication channels to reach target audiences with sufficient frequency and reach. Market research and formative evaluation can help identify communication channels and nutrition-and health-information seeking behaviors that

⁴ Alan Andreasen, *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*, Jossey-Bass, 1995.

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will best reach different segments of the SNAP-Ed eligible audience. Examples of market research tools that can help identify audience segment characteristics include:

- CDC's *AUDIENCE INSIGHTS* at <http://www.cdc.gov/healthcommunication/Audience/index.html>
- National Cancer Institute's *HEALTH INFORMATION NATIONAL TRENDS SURVEY* at <http://hints.cancer.gov/>
- Pew Research Center's *INTERNET, SCIENCE, AND TECH* at <http://www.pewinternet.org/>

Policy, Systems, and Environmental Change Interventions

The DGA recognizes that everyone has a role in helping support healthy eating patterns in multiple settings nationwide, from home to school to work to communities in which people live, learn, work, shop, and play. PSE change efforts can be implemented across a continuum and may be employed on a limited scale as part of the multi-level interventions of Approach Two or in a more comprehensive way through the community and public health approaches of Approach Three or a mix of any combination of all three approaches.

As previously stated, public health approaches are community-focused, population-based interventions aimed at preventing a disease or condition, or limiting death or disability from a disease or condition. Community and public health approaches may include three complementary and integrated elements: education, marketing/promotion, and PSE interventions. 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 produce meaningful impact.

The definitions and examples below can contribute to States understanding more fully SNAP-Ed's role in implementing PSEs.

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 or school district 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

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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.

Environment: 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. Social changes may include shaping attitudes among administrators, teachers, or service providers about time allotted for school meals or 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, but SNAP-Ed funds can be used to engage farmers markets and retail outlets to collaborate with other groups and partner with them.**

Example: A food retailer serving SNAP participants or other low-income persons increases the variety of fruits and vegetables it sells and displays them in a manner to encourage consumer selection of healthier food options based on the DGA and MyPlate. A SNAP-Ed provider can provide consultation and technical assistance to the retailer on expanding its fruit and vegetable offerings and behavioral techniques to position produce displays to reach the target audience.

Taken together, education, marketing, and PSE changes are more effective than any of these strategies alone for improving health and preventing obesity. This is done by combining reinforcing educational, PSE, and marketing strategies used in SNAP-Ed or conducted by partners such as other FNS or CDC programs. One way to envision the role of SNAP-Ed is that of a provider of consultation and technical assistance in creating appropriate PSE changes that benefit low-income households and communities. **The organization that receives the consultation and technical assistance is ultimately**

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responsible for adopting, maintaining, and enforcing the PSE change. For example, as requirements of the HHFKA are implemented in child care and school settings (<http://www.fns.usda.gov/school-meals/child-nutrition-programs>), SNAP-Ed can build on and complement required changes in menu standards, competitive foods, training, and school wellness policies. Specifically, this is accomplished by providing consultation and technical assistance, while not taking on or supplanting the responsibilities of the cognizant State and local education agencies.

An Evidence-based Approach to SNAP-Ed:

As a reminder, an evidence-based approach for nutrition education and obesity prevention is defined as the integration of the best research evidence with the best available practice-based evidence.

FOR RESOURCES THAT ASSIST IN IDENTIFYING WHAT CONSTITUTES AN EVIDENCE-BASED INTERVENTION OR APPROACH, PLEASE REFER TO APPENDIX B. CHECKLIST FOR EVIDENCE-BASED APPROACHES.

- **Research-based evidence** refers to relevant rigorous research, including systematically reviewed scientific evidence.
- **Practice-based evidence** refers to case studies, pilot studies, and evidence from the field on interventions that demonstrate obesity prevention potential.
- **Emerging strategies or interventions**, which are community- or practitioner-driven activities that have the potential for obesity prevention, but have not yet been formally evaluated for obesity prevention outcomes. **Emerging strategies or interventions require a justification for a novel approach and must be evaluated for effectiveness.**

Evidence may be related to obesity prevention target areas, intervention strategies, and/or specific interventions. FNS recognizes that there is a continuum for evidence-based practices, ranging from the rigorously evaluated interventions (research-based) that have also undergone peer review to interventions that have not been rigorously tested but show promise based on results from the field (practice-based, including emerging interventions). FNS also recognizes that interventions that target different levels of the SEM could include both research-based and practice-based interventions and approaches. Evidence-based allowable use of funds for SNAP-Ed include conducting and evaluating intervention programs, and implementing and measuring the effects of policy, systems, and environmental changes in accordance with SNAP-Ed Plan Guidance.

Evidence-Based Approach Expectations

FNS expects that SNAP-Ed providers assure that their evidence-based interventions do the following:

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- Demonstrate through research review or sound self-initiated evaluation, if needed, that interventions have been tested and are meaningful for their specific target audience(s), are implemented as intended or modified with justification, and have the intended impact on behavior as well as policies, systems, or environments;
- Provide emerging evidence and results of efforts such as State and/or community-based programs that show promise for practice-based interventions. Where rigorous reviews and evaluations are not available or feasible, practice-based evidence may be considered. Information from these types of interventions may be used to build the body of evidence for promising SNAP-Ed interventions. States should provide justification and rationale for the implementation of projects built upon practice-based evidence and describe plans to evaluate them.

PLEASE SEE ANNUAL REPORT, TEMPLATE 7: SECTION B. REPORT SUMMARY FOR OUTCOME AND IMPACT EVALUATIONS

Finding Evidence-based Materials

Curricula and other materials developed by FNS are evidence-based. FNS materials have undergone formative evaluation during the developmental phase, review by USDA and HHS experts, and testing with the target audience in most instances. Therefore, curricula and other educational materials developed for SNAP-Ed, such as MyPlate for My Family (MPFMF) and Eat Smart, Live Strong (ESLS) – available at http://pueblo.gpo.gov/SNAP_NEW/SNAPPubs.php – as well as materials developed by Team Nutrition – posted at <http://www.fns.usda.gov/tn/team-nutrition> - are considered evidence-based.

THE SNAP-ED STRATEGIES AND INTERVENTIONS: AN OBESITY PREVENTION TOOLKIT FOR STATES, which is also known as the SNAP-Ed Toolkit, features evidence-based policy, systems, and environmental changes that support education and social marketing and provides ways to evaluate interventions across various settings. It was developed by the National Collaborative on Childhood Obesity Research (NCCOR) at the request of FNS. Updates to the toolkit will continue to add strategies and interventions that are being used successfully to address obesity in communities across the nation. The interactive SNAP-Ed Toolkit can be found at <https://snapedtoolkit.org/>. The toolkit is not an exhaustive compilation of potential strategies and interventions that are appropriate for SNAP-Ed. Rather, FNS is offering the toolkit as a starting point for ideas that States may use to further their obesity prevention efforts through SNAP-Ed.

Evaluating your Evidence-Based Intervention

When existing, validated evaluation tools or instruments are not available for an intervention, the State or Implementing Agencies may need to adapt existing tools or develop new tools. There is no established or formal FNS review process for evaluation tools for SNAP-Ed. When developing new tools or adapting existing tools for your

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target audience, follow the established protocols for instrument development. The process for developing reliable and valid evaluation instruments/tools is provided Chapter 4 of the FNS publication “Addressing the Challenges of Conducting Effective SNAP-Ed Evaluations: A Step-by-Step Guide”⁵.

It is recommended that Implementing Agencies discuss evaluation tool adaptation or development ideas with their State Agency. State Agency staff should discuss with their SNAP-Ed Regional Coordinator to make sure that you are not duplicating any efforts that others may be engaged in within your State or region. Please note that evaluations should focus on specific, current SNAP-Ed interventions or initiatives in your State’s SNAP-Ed Plan. Lastly, before modifying any existing evaluation tool(s), contact the specific developer(s) to be sure that you have permission to do so, and to gain insight into whether modifications would affect the validity of the evaluation tool.

Contributing to the SNAP-Ed Evidence Base

The FNS *SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-Ed) EVALUATION FRAMEWORK: NUTRITION, PHYSICAL ACTIVITY, AND OBESITY PREVENTION INDICATORS* (SNAP-Ed Framework) was released in 2013 by the USDA/FNS Western Regional Office, updated in 2014, and finalized at the national level in 2016. The evaluation framework includes a focused menu of 51 evaluation indicators that align with SNAP-Ed guiding principles. The indicators lend support to documenting changes resulting from multiple approaches for nutrition education and obesity prevention targeted to a low-income audience. Although a summary graphic of the SNAP-Ed Framework is available on the following page, we encourage readers to visit the interactive SNAP-Ed Framework and interpretive guide at <https://snapedtoolkit.org/framework/index/> to learn more about the evaluation indicators.

States that are using the SNAP-Ed Evaluation Framework: Nutrition, Physical Activity, and Obesity Prevention indicators are strongly encouraged to report their State outcomes for priority indicators. The SNAP-Ed priority indicators are listed below, additional information is provided in Appendix B, with additional detail available at both the online SNAP-Ed Toolkit (<https://snapedtoolkit.org/framework/index/>) and in the SNAP-Ed Evaluation Framework Interpretive Guide (<https://snaped.fns.usda.gov/evaluation/evaluation-framework-and-interpretive-guide>).

- **Medium-Term(MT)1:** Healthy Eating Behaviors
- **MT2:** Food Resource Management

⁵ Cates, S., Blitstein, J., Hershey, J., Kosa, K., Flicker, L., Morgan, K. and Bell, L. *Addressing the Challenges of Conducting Effective Supplemental Nutrition Assistance Program Education (SNAP-Ed) Evaluations: A Step-by-Step Guide*. Prepared by Altarum Institute and RTI International for the U.S. Department of Agriculture, Food and Nutrition Service, March 2014.

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- **MT3:** Physical Activity and Reduced Sedentary Behaviors
- **MT5:** Nutrition Supports Adopted in Environmental Settings
- **Short-Term(ST)7:** Organizational Partnerships
- **ST8:** Multi-sector partnerships and planning
- **Population Results(R)2:** Fruits and Vegetables

SNAP-ED EVALUATION FRAMEWORK

Nutrition, Physical Activity, and Obesity Prevention Indicators

