May 10, 2022

Dear State Agencies and Partners,

The Biden administration issued an Executive Order on Advancing Racial Equity and Support for Underserved Communities that the Federal government pursue comprehensive approaches to advancing equity for all, including people of color and others that have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. In addition, improving nutrition security is a core priority for Secretary Vilsack. The United State Department of Agriculture (USDA) Supplemental Nutrition Assistance Program Nutrition Education (SNAP-Ed) plays a critical role in promoting and elevating nutrition security. This letter outlines the USDA Food and Nutrition Service’ (FNS’) expectations for the integration of nutrition security into SNAP-Ed during Fiscal Year (FY) 2023 and includes examples of approaches that States can consider when developing their plans.

Nutrition security means ensuring all Americans have consistent access, availability, and affordability of foods and beverages that promote well-being and prevent – and potentially treat – disease, particularly among racial/ethnic minority populations, lower income populations, and rural and remote populations including Tribal communities. FNS is committed to nutrition security in order to ensure that all Americans have consistent access to the safe, healthy, affordable food essential to optimal health and well-being. FNS is also committed to advancing racial equity and support for underserved communities throughout the Federal nutrition safety net including SNAP-Ed.

Poor nutrition is a leading cause of illness in the United States and is responsible for more than 600,000 deaths per year – a problem that is only getting worse. Currently, nearly 3 in 4 American adults is overweight or obese, and 1 in 2 have diabetes or prediabetes. A majority of American children will have obesity by the time they are 35, and half of American adults will have obesity by 2030. At the same time, reducing food insecurity, or a lack of reliable access to affordable, nutritious food, remains a priority for FNS. USDA’s data indicate that about 1 in 10 households were food insecure at some point in 2020. Both food insecurity and diet-related diseases disproportionately impact racial and ethnic minority populations, lower income populations, and rural/remote populations, including Tribal communities. Therefore, FNS is committed to tackling food and nutrition insecurity in an equitable way.

Without question, SNAP-Ed plays a critical role in helping SNAP participants lead healthier lives on a limited budget. There is growing evidence of impact as outlined in the research listed in the enclosure. The use of policy, system, and environmental change (PSE) strategies and interventions, among other SNAP-Ed strategies, could potentially help non-SNAP participants too. Furthermore, over the last year, FNS has made critical changes to SNAP-Ed to further promote positive public health impacts, including:

- Creating a new Nutrition Education Branch in SNAP to support SNAP-Ed;
- Improving data collection
Establishing a National license for the Program Evaluation and Reporting System (PEARS); and
Encouraging maximum flexibility in the use of policy, systems, and environmental
(PSE) change approaches.

In FY23, we ask States to adopt approaches in their SNAP-Ed programming which further prioritize nutrition security. This will best leverage limited SNAP-Ed funds and encourage more harmonization in programming across the country, while still recognizing the importance of tailoring materials to fit community culture and need. Specifically, States should:

- **Adopt approaches which address the co-existence of food insecurity and diet-related chronic diseases, particularly with an equity lens.** There is a strong link between food insecurity and poor nutrition with individuals who report being most food insecure also having higher risks of developing a host of diet-related diseases such as obesity, diabetes, and hypertension.

- **Prioritize comprehensive multi-level and/or public health approaches that involve social marketing or PSE change strategies and interventions, particularly those with the potential to reach underserved populations.** PSE is intended to shape policies, practices, and physical environments to support healthy eating and is widely considered the most effective strategy for creating large-scale improvements to the food environment and addressing food security, reducing chronic disease, and promoting health equity. Of all SNAP-Ed program partners, 87 percent have incorporated some form of PSE in their work in FY20.

- **Translate the latest science into culturally and contextually relevant actions that individuals, families and communities can integrate into their daily lives.** Addressing diet-related disparities with cultural sensitivity is critical given that the United States is increasingly diverse. To help, SNAP-Ed is conducting a webinar series coordinated by the SNAP-Ed Toolkit team, to help grantees apply racial, social and health equity considerations to program planning, implementation, and evaluation.

The SNAP-Ed Toolkit provides a variety of evidence-based examples States could use in their plans to promote and elevate nutrition security. Selected examples include:

- **Alliance for a Healthier Generation (Healthier Generation) Healthy School Program** was designed to supports school and district leaders in creating and sustaining healthy schools where students – especially those from underserved communities – can thrive. The program addresses multiple factors that lead to inadequate health and life outcomes – from physical activity and nutrition to social-emotional health and sleep. A [2012 study evaluating healthy school programs](#) found that from 2007-2009 schools typically reported making “moderate to large” changes in health-related policies/practices.
Eagle Adventure was designed to address the need for culturally relevant SNAP-Ed programming to prevent type 2 diabetes in Indian Country and was developed using the Centers for Disease Control and Prevention (CDC) Eagle Book series as the central theme. Eagle Adventures has had statistically significant impact on children asking for and helping themselves to vegetables as a snack.

An increased focus on nutrition security in SNAP-Ed programming will make this robust program even more impactful. Thank you for leveraging SNAP-Ed to enhance and promote nutrition security in your State.

Sincerely,

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SNAP-Ed plays a critical role in helping SNAP participants lead healthier lives on a limited budget. An analysis of SNAP-Ed plans shows that through the increasing use of PSE change strategies in conjunction with direct education and social marketing, SNAP-Ed could potentially have meaningful ripple effects in helping all Americans. There is growing evidence of impact; examples include:

- In FY2019, 56 Land-Grant universities implemented SNAP-Ed programs across the US. The Land-Grant Impacts Survey found 40 percent of participants increased their consumption of servings of fruits and vegetables and fewer sugar-sweetened beverages and 35 percent of participants increased physical activity frequency and reduced sedentary behaviors. For obesity prevention, PSE initiatives on nutrition and physical activity changes compromised more than 1,300 policy changes, 3,500 system changes, and 3,200 environmental changes with a reach of more than 3 million.
- A 2020 study in low-income schools found that SNAP-Ed physical activity interventions are associated with greater cardiovascular fitness.
- A 2021 study on health behavior change among adults in SNAP-Ed showed an increase in consumption of fruits and vegetables and in vigorous physical activity.
- A 2020 microsimulation on impact of health behavior interventions modelled the impacts of changes in body mass index (BMI) and exercise interventions over 10 years on future health outcomes among adults aged 25 and older that could potentially accrue from SNAP-Ed interventions. It found that, by 2029, interventions that increased vigorous physical activity by 20% would reduce the prevalence of difficulties with activities of daily living by 4.72% and that interventions that would reduce BMI by 0.5 could decrease the prevalence of diabetes and heart disease by 5.34% and 0.66%, respectively.