

Section 1: Overview

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

is a label that 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.

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

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.

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

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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>.

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 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.

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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 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

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disease/condition. Learn more about public health approaches through *CDC's ARTHRITIS – A PUBLIC HEALTH APPROACH ONLINE COURSE* at <http://www.cdc.gov/arthritis/temp/pilots-201208/pilot1/online/ph-approach/overview.htm>.

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). Examples include working with schools on Smarter Lunchroom efforts. The Smarter Lunchroom Movement uses principles that lead children to make healthy food choices. More information is available at <https://healthymeals.fns.usda.gov/healthierus-school-challenge-resources/smarter-lunchrooms>.
- 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 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

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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 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;

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

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- 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 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.

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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 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

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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 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.

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- **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:

- 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

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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 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

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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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
- **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



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Types of Evaluation

There are multiple types of intervention evaluations. SNAP-Ed definitions of evaluation types are:

- **Formative Evaluation** usually occurs up front and provides information that is used during the development of an intervention. It may be used to determine if a target audience understands the nutrition messages or to test the feasibility of implementing a previously developed intervention in a new setting. Formative research results are used to shape the features of the intervention itself prior to implementation.
- **Process Evaluation** systematically describes how an intervention looks in operation or actual practice. It includes a description of the context in which the program was conducted such as its participants, setting, materials, activities, duration, etc. Process assessments are used to determine if an intervention was implemented as intended. This checks for fidelity, that is, if an evidence-based intervention is delivered as designed and likely to yield the expected outcomes.
- **Outcome Evaluation** addresses the question of whether or not anticipated group changes or differences occur in conjunction with an intervention. Measuring shifts in a target group's nutrition knowledge before and after an intervention is an example of outcome evaluation. Such research indicates the degree to which the intended outcomes occur among the target population. It does not provide definitive evidence, however, that the observed outcomes are due to the intervention.
- **Impact Evaluation** allows one to conclude authoritatively, whether or not the observed outcomes are a result of the intervention. In order to draw cause and effect conclusions, impact evaluations incorporate research methods that eliminate alternative explanations. This requires comparing those (e.g., persons, classrooms, communities) who receive the intervention to those who either receive no treatment or an alternative intervention. The strongest impact evaluation randomly assigns the unit of study to treatment and control conditions, but other quasi-experimental research designs are sometimes the only alternative available.

Comprehensive SNAP-Ed Projects and Plans

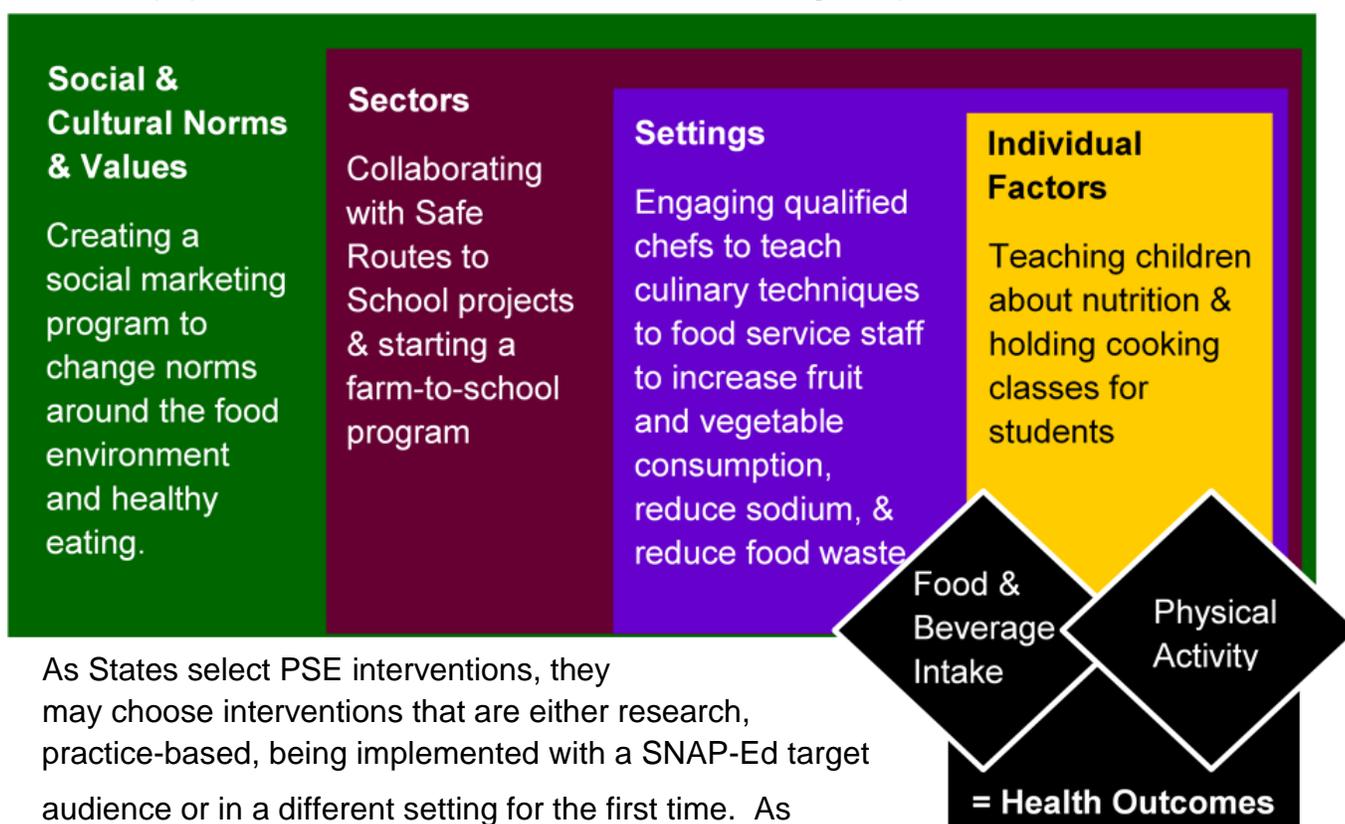
The Agency expects States to develop comprehensive SNAP-Ed Plans that provide a balance of all three approaches to deliver SNAP-Ed. FNS advises States that all SNAP-Ed Plans must include PSE change efforts that may be delivered through Approaches Two and/or Three.

States have opportunities to include a vast array of interventions into comprehensive SNAP-Ed Plans by using the definitions of nutrition education and obesity prevention services and an evidence-based approach, and by using the three approaches identified to deliver nutrition education and obesity prevention interventions described in the FNA. These interventions must comply with the [SNAP-ED FINANCIAL AND COST POLICY](#) detailed in [SECTION 3](#), including policy on allowable costs and reasonable and

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necessary expenditures. For example, while building walking trails in a low-income community would promote physical activity for the SNAP-Ed target audience, this activity would not be an allowable cost since capital expenditures are not permitted. Helping partner groups organize and plan walking trails may be an allowable SNAP-Ed expense. Promoting the walking trail and the benefits of physical activity to address weight management are SNAP-Ed allowable costs and in accord with the SNAP-Ed goals and principles.

Employing multiple approaches has been shown to be more effective than implementing any one approach. An example of implementing activities from all three approaches including social marketing and PSE change efforts in schools with a majority low-income population could include several of the following components:



As States select PSE interventions, they may choose interventions that are either research, practice-based, being implemented with a SNAP-Ed target audience or in a different setting for the first time. As

mentioned in the discussion of an evidence-based approach, PSE interventions that are practice-based or being implemented in a new setting or with the SNAP-Ed population for the first time should be evaluated. FNS expects States to evaluate these PSE interventions, which can be an allowable use of SNAP-Ed funds. Once such a PSE intervention has been rigorously evaluated it would be considered a research-based intervention.

Some may question, “What is an appropriate mix of approaches and evaluation of programs to include in a balanced comprehensive SNAP-Ed State Plan?” **The mix of approaches will be based on the needs assessment as completed by your State,**

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your State priorities, and your funding availability. Taken together, these can guide your State Plan development for a suitable balance of direct education, social marketing, PSE efforts, and evaluation. States should recognize that the selected mix may increase the need to engage additional partners when implementing interventions or conducting evaluations. Further assessment of comprehensive programming will contribute to determining an effective ratio of approaches and evaluation.

Coordination and Collaboration Requirements

In conformance with the FNA, States may coordinate their SNAP-Ed activities with other publicly or privately funded health promotion or nutrition improvement strategies. Considering that SNAP-Ed funds are capped, States may be able to leverage SNAP-Ed financial resources with funding of other organizations with complementary missions to reach SNAP-Ed eligible individuals through multiple channels and varied approaches to increase effectiveness and efficiency.

States must continue to show in their SNAP-Ed Plans that the funding received from SNAP will remain under the administrative control of the State SNAP agency as they coordinate their activities with other organizations. When SNAP-Ed funds are used, States must describe the relationship between the State agency and other organizations with which it plans to coordinate the provision of services, including statewide organizations. States should formalize these relationships through Memoranda of Agreement/Understanding or letters of support or commitment. Copies of contracts and Memoranda of Agreement/Understanding that involve funds provided under the State agency's Federal SNAP-Ed grant must be available for inspection upon request.

FNS expects States to coordinate SNAP-Ed activities with other national, State, and local nutrition education, obesity prevention, and health promotion initiatives and interventions, whether publicly or privately funded. States must consult and coordinate with State and local operators of other FNS programs, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program, Farm to School, and the Food Distribution Program on Indian Reservations to ensure SNAP-Ed complements the nutrition education and obesity prevention activities of those programs. States are encouraged to coordinate activities with other federally-funded low-income nutrition education programs, such as the EFNEP and the CSFP. States are required to describe their coordination efforts in their SNAP-Ed Plans following the instructions contained in [SECTION 2 – THE SNAP-ED PLAN PROCESS](#).

Data Exchange Guidance

The Food and Nutrition Act of 2008, as amended (the Act) §11(e)(8), as well as 7 CFR §272.1(c)(1), provides the limited circumstances where State Agencies may disclose information obtained from SNAP applicant or recipient households. These provisions

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permit the disclosure of this information to those directly connected with the administration of SNAP, including SNAP-Ed.

For the purposes of SNAP-Ed, this applies to the sharing of SNAP participant data between States and Implementing Agencies. All agencies must adhere to protections for all SNAP applicant or recipient household data, which may be used to identify individual SNAP applicants or recipients, also known as personally identifiable data (PII). Participant data must be stored and exchanged using encrypted servers. All individuals who will be handling PII must be trained on secure access and use and must annually sign a document stating that they understand their responsibilities.

State and Implementing Agencies must establish a data exchange agreement before data can be shared. These agreements are not part of the State Agency's Plan of Operation and must specify the following:

- Data to be exchanged using encrypted servers
- How data will be stored and who will have access
- Training procedures for individuals who will be handling PII
- Procedures used to exchange the data between the two entities
- Steps to be taken in case of a data breach
- Steps to securely destroy data 90 days after it is no longer in use

Data exchange examples

Use of participant data for program evaluation

The Oregon Department of Human Services (OR DHS) contracted with Oregon State University (OSU) extension for outcome evaluation of their Food Heroes project. The evaluation consisted of a phone survey with a goal sample size of 300-400 participants per county in four counties. These phone surveys paired with baseline data collected in the same areas to allow for comparison. Phone surveys were used to gain more responses than would have been possible with paper and online surveys. Subjects were recruited using a list of Oregon SNAP participants provided by OR DHS, which included household members' names, addresses, phone numbers, and household composition. All SNAP participants in county zip codes first received a direct-mail notification so that they were aware that they could be contacted to participate in the survey. A random sample of participants from each zip code was contacted without tracking individuals.

The OR DHS confirmed that their agreement with OSU contained a confidentiality clause at both State and local levels. Privacy statements were required to be posted in offices located in surveyed counties.

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Contract language for exchange of data

Rhode Island Department of Human Services entered into a contract with Brown University's Rhode Island Innovative Policy Lab to provide contact data, including full name, address, phone number, and email address for SNAP clients, for a pilot survey of food insecurity across the State. A contract was developed and clearly described the data to be used, how it would be used, along with a Mitigation Plan. The Mitigation Plan defined what conditions would constitute a data breach and the steps to be taken if such a breach of SNAP participant PII data occurred as well as who would be responsible for each of these steps. Mitigation Plan steps included lead time for notification and initiation of an investigation of a suspected breach, procedure for outside allegations of a breach, agencies for cooperation, Corrective Action Plan activities, and destruction of participant data. Liabilities were also described. This agreement was approved and signed prior to any exchange of participant data.

Opportunities for Collaboration with SNAP-Ed

Non-profit Hospitals

One collaboration opportunity is with non-profit hospitals, which provide services to low-income individuals in need of medical care which may stem from diet-related diseases. They have a strong history of supporting and promoting USDA food programs like WIC, providing access to summer meals, using their dietitians to teach healthy eating in schools, and providing farmers markets.

State Nutrition Action Councils (SNAC)

About 10 years ago, SNAC were established in FNS Regions to maximize nutrition education efforts and improve coordination and cooperation among the State agencies, FNS nutrition assistance programs, public health agencies, and EFNEP. SNAC are now primarily comprised of representatives from FNS programs who develop statewide nutrition education plans across programs. The plans focus on one or more common goals, promote collaboration, and use integrated approaches to connect effort and resources. A number of States still effectively operate SNAC or similarly named groups today. SNAC can serve as a model for coalescing State programs around nutrition education and obesity prevention efforts. Several States have established SNAP-Ed Advisory Committees that include representatives from the FNS nutrition assistance programs but have the SNAP State agency taking the lead role. FNS encourages States to engage in these types of collaborative efforts.

In FY 16, each FNS Regional Office was charged with establishing a new SNAC (or similar council) in one State with a high obesity rate, as defined by the CDC, to align nutrition and obesity prevention activities across programs. These new collaborations seek to expand the stakeholders to include interested public, private, and non-profit groups and programs to develop a State Nutrition and Food Systems Plan. The Plan

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identifies State priorities to combat food insecurity, diet-related disease, and obesity that can help serve as a needs assessment for State SNAP-Education Plans. It is appropriate for SNAP-Education to help fund these pilots and subsequent efforts in the pilot or other States. These groups are encouraged to use the SNAP-Education Evaluation Framework as a tool to help plan and evaluate SNAC and State level partnerships. States may find out more about initiating and sustaining these types of collaborative efforts by consulting with their FNS Regional SNAP-Education Coordinators.

Related State- and Federally-Funded Programs

States also are expected to coordinate activities and collaborate with community and State Departments of Health, Agriculture, and/or Education implementation of related State- and Federally-funded nutrition education and obesity prevention projects. Such collaboration provides the capacity for SNAP-Education to meet its goal and remain consistent with the FNS mission, while reaching low-income families and individuals through multiple spheres of the SEM.

Indian Tribal Organizations

FDPIR provides USDA foods to income-eligible households including the elderly, those living on Indian reservations, and Native American families residing in approved areas near reservations and in the State of Oklahoma. Because persons eligible for SNAP may participate in FDPIR as an alternative to SNAP, FDPIR participants are considered eligible to receive SNAP-Education. FNS encourages States to work with FDPIR program operators and nutritionists to explore avenues to increase nutrition education funding and resources in FDPIR communities and optimize them to provide the greatest benefit to FDPIR participants.

FNS requires States to consult with Tribes about the SNAP State Plan of Operations, which includes the State SNAP-Education 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-Education. The consultations must pertain to the unique needs of the members of Tribes.

FNS also expects States to consider the needs of Tribal populations in conducting their needs assessments for SNAP-Education and to consult and coordinate with State and local operators of FDPIR. FNS encourages States to ensure they make every effort to include a focus and devotion of resources to Tribal nutrition education. States should seek out FDPIR programs to help foster relationships at the Tribal level with SNAP-Education, as well as local health departments and university extension programs to help with on-site nutrition education implementation, especially organizations that may be submitting proposals to the State to receive SNAP-Education funding.

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SNAP-Ed State and local contact information for FDPIR programs is available from FNS Regional Office SNAP-Ed Coordinators or through the SNAP-Ed Connection at <https://snaped.fns.usda.gov/state-contacts>. Examples of collaborative activities with Indian Tribes and SNAP-Ed include:

- An implementing agency working with communities in urban and rural tribal areas to develop culturally relevant and resonant materials, such as recipes using traditional foods like bison
- A university and a Tribal Nutrition Services Program developing a video demonstrating healthy, culturally relevant cooking recipes for television or internet use
- SNAP-Ed engaging with Indian Health Services and local clinic staff to create system changes, such as encouraging and providing recommendations for physical activity. The project includes having youth conduct a map-based community assessment of the ease or difficulty with which residents can lead healthy lifestyles
- Direct nutrition interventions like food demonstrations, cooking classes, or brief interactive educational interventions
- Nutrition education classes on general nutrition, infant nutrition, food safety, food resource management, encouraging more fruits and vegetables, etc.
- Staff working with Tribal community volunteers to plant a kitchen garden at an FDPIR program site

CDC-Funded Grant Programs

FNS recommends that State agencies explore and engage in collaborative opportunities with CDC-funded obesity prevention grant programs in their State. CDC funds agencies that may be potential partners and are already working to improve nutrition and prevent obesity through evidence-based PSE change initiatives in States and communities. SNAP-Ed providers could potentially partner with CDC grant awardees on nutrition and physical activity initiatives. Additional information from CDC about overweight and obesity is available at <http://www.cdc.gov/obesity/>.

Collective Impact

States also may wish to consider other promising solutions to organize around delivering and achieving their program objectives. A promising approach to increase effectiveness is to move from an isolated impact approach to a collective impact approach. Collective impact is fundamentally different in that it offers more discipline, structure, and higher-performing approaches to large-scale social impact than other types of collaboration. In its partnership role, providing backbone support for such partnerships may be a powerful way for SNAP-Ed providers to achieve nutrition education and obesity prevention objectives. Likewise, SNAP-Ed providers may find that participating in such collective efforts best suits their programs.

SNAP-Ed Roles and Responsibilities

FNS, USDA:

- Establishes SNAP-Ed policy and develops related guidelines and procedures, intervention programs, and activities that address the highest priority nutrition problems and needs of the target audiences.
- Allocates to State SNAP agencies 100 percent funding for allowable, reasonable, and necessary SNAP-Ed costs.
- Reviews and approves State SNAP-Ed Plans.
- Monitors State SNAP-Ed projects.
- Leads the coordination of nutrition education and obesity prevention efforts at the national and regional levels, including partnerships with other Federal agencies, appropriate national organizations, and other public and private entities to address national priorities.
- Promotes and supports collaboration across programs and planning at State and local levels to ensure implementation of consistent and effective interventions.
- Consults with the Director of the CDC as well as outside experts and stakeholders.
- Aligns SNAP-Ed messages with all other FNS nutrition assistance program messages.

Isolated impact is an approach oriented toward finding and funding a solution embodied within a single organization, combined with the hope that the most effective organizations will grow or replicate their impact more widely.

Collective impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. The five conditions of successful collective impact initiatives are:

1. *A common agenda*
2. *Shared measurement systems*
3. *Mutually reinforcing activities*
4. *Continuous communication*
5. *Backbone support organizations*

To learn more about collective impact, visit

https://ssir.org/articles/entry/collective_impact

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- Provides technical assistance to program providers at all levels, including linking staff with appropriate resources.
- Develops and provides nutrition education and PSE materials for use with the SNAP-Ed target audience.
- Oversees the collection and analysis of national SNAP-Ed data.
- Incorporates the current DGA and the related USDA Food Guidance System into FNS nutrition assistance programs.
- Promotes evidence-based decisions through technical assistance, standards for research, and support for sound and systematic evaluation.

State SNAP Agency:

- Works collaboratively across State agencies, especially those administering other FNS Programs and with other appropriate agencies to promote healthy eating and active living among the SNAP-Ed target population.
- **Develops a coordinated, cohesive State SNAP-Ed Plan based on a State-specific needs assessment of diet-related disease and addresses national and State priorities while linking SNAP-Ed to SNAP benefits.**
- Provides leadership, direction, and information to entities contracted to provide SNAP-Ed services to ensure that SNAP-Ed appropriately serves the SNAP-Ed audience and is consistent with SNAP-Ed policies.
- Submits a unified State SNAP-Ed Plan to FNS and provides assurances that Plan activities comply with SNAP-Ed policies.
- **Submits a coordinated, cohesive annual SNAP-Ed performance report to FNS each year.**
- Monitors implementation of the State's approved SNAP-Ed Plan, including allowable expenditures.
- Offers training to State/local office human services staff on the availability of SNAP and SNAP-Ed services.
- Provides budget information to FNS as required.
- Collects and reports data regarding participation in SNAP-Ed and characteristics of those served.

SNAP-Ed Implementing Agency / Local Provider:

- Works with State SNAP agency, other FNS programs, and other SNAP-Ed providers within the State to develop a single comprehensive State SNAP-Ed Plan. The Plan addresses State-specific SNAP-Ed population needs as well as national/State priorities and includes sound evaluation strategies.
- Works with other State and local agencies and with private agencies to promote healthy eating and active living among the SNAP-Ed population.
- Implements evidence-based nutrition education and obesity prevention efforts as specified in the approved State SNAP-Ed Plan.
- Coordinate and collaborate with other State and local nutrition education and obesity prevention programs, especially those recognized by or receiving support from CDC.
- Submits required reports according to timelines established by the State SNAP agency.

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- Works with the State SNAP agency to provide information to State/local office human services staff on the availability of SNAP-Ed services.
- Collects and reports data regarding participation in SNAP-Ed and characteristics of those served.
- Delivers nutrition education and obesity prevention strategies and interventions to the SNAP audience according to approved SNAP-Ed Plan.
- Helps the SNAP-Ed audience understand how to eat a healthy diet on a limited food budget using SNAP benefits and managing their food resources.
- Uses appropriate evidence-based PSE strategies and interventions to reach the SNAP-Ed population.
- Collects and reports data to the State SNAP agency regarding participation in SNAP-Ed and characteristics of those served.
- Builds relationships with other local service providers (WIC, local health departments, childcare, school meals programs, etc.) so referrals of SNAP participants to other nutrition and health-related services can be made as appropriate.
- Provides referrals to SNAP for low-income non-participants to access SNAP benefits, as appropriate.

Local SNAP Office:

- Informs SNAP participants and applicants of opportunities to participate in SNAP services, including SNAP-Ed.
- Builds relationships with other local service providers (WIC, local health departments, and school meals programs) so referrals of SNAP participants to other nutrition and health-related services can be made as appropriate.
- As space and resources allow, makes SNAP-Ed information and services available in the SNAP office.
- Coordinates opportunities between SNAP and SNAP-Ed efforts, as appropriate and available.
- Participates in worksite wellness activities or community-based wellness programs, as appropriate and available.