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For 50 years, the Supplemental Nutrition Assistance Program (SNAP) has served as the foundation of America's safety net. SNAP is the nation's first line of defense against hunger and a powerful tool to improve nutrition among low-income people. SNAP is effective in its mission to mitigate the effects of poverty on food insecurity. A USDA study found that participating in SNAP for 6 months is associated with a significant decrease in food insecurity. The SNAP benefit increase in the American Recovery and Reinvestment Act of 2009 increased the food expenditures of low-income households by more than 5 percent and improved food security by more than 2 percent.¹

SNAP-Ed supports SNAP's role in addressing food insecurity. Moreover, it 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 and Focus

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 Dietary Guidelines for Americans and the USDA food guidance.**

"SNAP-Ed eligibles" is a label that refers to the target audience for SNAP-Ed, specifically SNAP participants and other low-income individuals who qualify to receive SNAP benefits or other means-tested Federal assistance programs, such as Medicaid or Temporary Assistance for Needy Families. It also includes individuals residing in communities with a significant (50 percent or greater) low-income population.

¹ Nord, Mark and Mark Prell. "Food Security Improved Following the ARRA Increase in SNAP Benefits in 2009." Washington, DC: U.S. Department of Agriculture, Economic Research Service, April 2011.

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The focus of SNAP-Ed is:

- Implementing strategies or interventions, among other health promotion efforts, to help the SNAP-Ed target audience² establish healthy eating habits and a physically active lifestyle;
- and
- 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 *Dietary Guidelines for Americans* that address their target audiences by providing justification and rationale in their SNAP-Ed Plans.

The six SNAP-Ed Guiding Principles are as follows.

The SNAP-Ed Program:

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. For this definition, significant is considered 50 percent or greater. 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.

² The Agency has determined that the population eligible for SNAP-Ed is SNAP participants and low-income individuals eligible to receive benefits under SNAP or other means-tested Federal assistance and individuals residing in communities with a significant low-income population.

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There may be additional eligibility requirements to receive these programs, which provide cash and noncash assistance to eligible individuals and families.

This SNAP-Ed principle supports the overall goal of SNAP, which is to provide eligible low-income households with nutrition benefits to ensure that they have access to an adequate diet. Persons who participate in the formal SNAP certification process (e.g., SNAP participants) are the only persons known with certainty to meet criteria for participation in the program. As such, SNAP participants, who are among the nation’s most in need of assistance, are at the core of SNAP-Ed efforts.

The definition of the population eligible for SNAP-Ed aligns SNAP-Ed with other FNS, Federal, and State-administered benefit programs, allowing the focus to remain on the low-income population while also permitting a greater reach to persons residing in communities with a significant low-income population.

Certain settings offer a high likelihood of reaching individuals eligible for SNAP-Ed and are appropriate locations for SNAP-Ed delivery. Such venues include but are not limited to SNAP or Temporary Assistance for Needy Families (TANF) offices, public housing sites, food banks, job readiness or training programs for SNAP/TANF recipients.

States may deliver SNAP-Ed to the target population through other venues if the audience meets the general low-income standard (i.e., 50 percent or more of persons have household incomes of less than or equal to 185 percent of the Federal Poverty Level {FPL}). Examples of such venues may include schools that serve a majority of free and reduced price meals, child care centers, Summer Food Service Program sites, WIC clinics, community centers participating in CACFP, and grocery stores in low-income neighborhoods.

For venues other than those previously described, States must prorate SNAP-Ed’s share of the total cost based on the estimated number of the SNAP-Ed target audience that may receive SNAP-Ed. Details pertaining to cost accounting are described in [Section 3, Financial and Cost Policy](#). **States may submit project plans for FNS consideration that include alternate delivery sites for SNAP-Ed activities and interventions that do not meet the general low-income standard described above.** The plans must propose and describe reasonable methodology the State will use to determine the proportion of the low-income target audience that may be reached. Examples of alternative targeting methodologies, such as the Community Eligibility Provision for schools, are included under *Description of the State’s target audiences* in *Section 2, Guidelines for Developing the SNAP-Ed Plan*.

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FNS expects State agencies to communicate with a variety of State SNAP staff, WIC, and CNP staffs and other programs such as EFNEP to assist in identifying low-income persons who may be eligible for SNAP-Ed. Coordinating activities with other Federal, State, and community efforts may enhance targeting efforts. Detailed information about identifying the SNAP-Ed target audience is available in [Section 2 SNAP-Ed Plan Process, Guidelines for Developing the SNAP-Ed Plan, Definition of Target Audience.](#)

1. Includes nutrition education and obesity prevention services consisting of a combination of educational strategies, accompanied by supporting environmental policy, systems, and environmental (PSE) 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 participate in SNAP and other means-tested Federal assistance programs as well as individuals residing in communities with a significant low-income population. 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.

Chapter 3 of the DGA provides detailed information about how a coordinated system-wide approach is needed to reverse the current national environment that promotes caloric overconsumption and discourages physical activity. Individual choices, in addition to the environment have contributed to dramatic increases in the rates of overweight and obesity. The DGA describes the ***Social-Ecological Model (SEM)*** which many public health experts agree illustrates how all sectors of society combine to shape an individual's food and physical activity choices. These include individuals and families, educators, communities and organizations; health professionals; small and large businesses; and policymakers. According to the DGA, consistent evidence shows that implementing multiple changes at various levels of the Social-Ecological Model is effective in improving eating and physical activity behaviors.

The SEM 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 and group-based activities, Approach Two - multi-level interventions, and Approach Three - community and public health approaches.

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Please refer to Chapter 3 of the current DGA for detailed information on the *Dietary Guidelines for Americans Social-Ecological Framework for Nutrition and Physical Activity Decisions* depicted on the following page.

Figure 3-1. 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.



DATA SOURCES: Adapted from: (1) Centers for Disease Control and Prevention. Division of Nutrition, Physical Activity, and Obesity. National Center for Chronic Disease Prevention and Health Promotion. Addressing Obesity Disparities: Social Ecological Model. Available at: http://www.cdc.gov/obesity/health_equity/addressingtheissue.html. Accessed October 19, 2015. (2) Institute of Medicine. Preventing Childhood Obesity: Health in the Balance, Washington (DC): The National Academies Press; 2005, page 85. (3) Story M, Kaphingst KM, Robinson-O’Brien R, Glanz K. Creating healthy food and eating environments: Policy and environmental approaches. Annu Rev Public Health 2008; 29:253-272.

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The second SNAP-Ed principle focuses on the needs of the low-income population eligible for SNAP. It recognizes that multi-level interventions, social marketing, and community and public health approaches including PSE efforts, in addition to educational strategies, are necessary to have an impact on nutrition and physical activity related behaviors. The principle emphasizes that policy interventions in SNAP-Ed are based on the DGA and encourages delivery of evidence-based nutrition education and obesity prevention interventions through multiple channels at a variety of levels as described through the SEM, FNS recognizes the potential impact environmental factors, such as institutional policy, neighborhood design, food access, and advertising, may have on eating and physical activity behaviors. **States must incorporate PSE change interventions into their SNAP-Ed Plans.** These activities are most effective if they are part of collaborative efforts with other national, State, or local efforts. States may determine that social marketing programs also will be effective in meeting their Plan objectives. **Both PSE change interventions and social marketing must be directed to the low-income SNAP-Ed target population and be implemented such that the FNS mission and the goal and focus of SNAP-Ed are considered.** More about social marketing and PSE efforts is contained in [Section 2, Guidelines for Developing the SNAP-Ed Plan](#).

2. Has the greatest potential impact on behaviors related to the nutrition and physical activity of the overall SNAP low-income population when it targets low-income households with SNAP-Ed eligible women and children.

To maximize SNAP-Ed funding, FNS continues to encourage States to focus their resources on changing the nutrition and physical activity behaviors of key subsets of the SNAP population within the broader SNAP-Ed target population. Specifically, FNS encourages targeting first women and then children in households participating in SNAP. Observational studies have demonstrated that higher levels of maternal nutrition knowledge are associated with increased fruit and fiber intake as well as lower fat intake by children. Thus, child-feeding behaviors may have implications for reducing childhood obesity.³

Targeting SNAP-Ed to women and children captures a significant portion of SNAP recipients. **New! In FY 2015, 44 percent of SNAP participants were under 18 years**

³ Clark, H. R., E. Goyder, P. Bissell, L. Blank, and J. Peters. "How Do Parents' Child-feeding Behaviours Influence Child Weight? Implications for Childhood Obesity Policy." *Journal of Public Health* 29.2 (2007): 132-41. Web.

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of age⁴. End of new material. In addition to women and children making up a significant portion of SNAP participants, targeting these two groups is also important to address obesity. According to data from the National Health and Nutrition Examination Survey, more than one-third of adults (36 percent) and 17 percent of children and adolescents aged 2-19 years were obese in 2011–2014.⁴ Reaching children is particularly important because as stated in *Nutrition Insight*, “The quality of children’s and adolescents’ diets is of concern because poor eating patterns established in childhood may transfer to adulthood.” Such patterns are major factors in the increasing rate of childhood obesity over the past decades and are contributing factors to related health outcomes. In addition, nutrition-related diseases that were once considered adult illnesses are increasingly diagnosed in children. For instance, in 2009 – 2012, 10% of children had either borderline hypertension or hypertension⁵

FNS recognizes that other programs, such as WIC, CACFP, and EFNEP, also target women and children to varying degrees. This shared targeting provides an opportunity to reinforce and build upon nutrition- and physical activity-related education strategies or interventions across programs. FNS believes that this will increase the likelihood of positive changes in eating and other nutrition-related behaviors for a significant portion of the SNAP population and that effective SNAP-Education intervention will further accomplish this national focus. Furthermore, SNAP-Education activities for children which include related parental activities hold greater promise of success because they reinforce behaviors in the home setting.

FNS’s national focus on women and children does not preclude States from also offering SNAP-Education to other SNAP audience segments such as the elderly, men, or adults without children. The SNAP-Education Plan needs assessment will help States identify and select their target population to effectively and efficiently focus SNAP-Education efforts to yield the greatest change in nutrition and physical activity-related behavior.

3. Uses evidence-based, behaviorally focused interventions and can maximize its national impact by concentrating on a small set of key population outcomes supported

⁴ Ogden CL, Carroll MD, Fryar CD, Flegal KM. Prevalence of obesity among adults and youth: United States, 2011–2014. NCHS data brief, no 219. Hyattsville, MD: National Center for Health Statistics. 2015

⁵ U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015-2020 Dietary Guidelines for Americans*. 8th Edition. December 2015. Available at <http://health.gov/dietaryguidelines/2015/guidelines>.

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by evidence-based direct education, multi-level interventions, social marketing, PSE change efforts and partnerships. Evidence-based interventions based on the best available information must be used.

To magnify the impact of SNAP-Ed, FNS encourages States to concentrate their SNAP-Ed efforts on the program's key behavioral outcomes described later under SNAP-Ed Key Behavioral Outcomes. These behaviors are associated with a reduced risk of obesity, some forms of cancer, type 2 diabetes, and cardiovascular disease. The focus on the Key Behavioral Outcomes for the SNAP-Ed population is appropriate since low-income individuals often experience a disproportionate share of obesity and diet-related problems that are risk factors in the major diseases contributing to poor health, disability, and premature death. Other evidence-based interventions that are consistent with the *Dietary Guidelines for Americans* and consider the FNS mission and the goal and focus of SNAP-Ed may be included in Plans as well.

4. 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. Cross-program coordination and collaboration at the State and community levels include working together, as State agencies, Implementing Agencies, and with other FNS programs and partners, toward common goals to reinforce and amplify each other's efforts. Collaborative projects necessitate commitments of staff support and time, and leverages funds among all involved entities. Refer to the [Coordination and Collaboration Requirements](#) section for additional information.

To further support healthy lifestyles, State agencies are encouraged to provide wellness training for human service professionals to increase their awareness of healthy eating and active living so that they may serve as role models for the population being taught as well as for general overall health in their professions. Such training would not be a cost of SNAP-Ed per se, but would be an allowable SNAP administrative cost similar to other training or personnel benefits.

5. 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.

Providing nutrition education and obesity prevention services to the SNAP-Ed target audience requires the cooperation and ongoing communication between Federal, State, and

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local entities and the recognition that each of these sets of organizations has key roles and responsibilities as noted below. FNS also acknowledges that there are many roles and responsibilities, such as program development, financial management, and training, which are common at all levels of SNAP-Ed operations.

SNAP-Ed Key Behavioral Outcomes

FNS encourages States to focus their efforts on the DGA and its key recommendations, found at

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

in order to magnify the impact of SNAP-Ed.

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.

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 must promote healthy food and physical activity choices based on the most recent DGA. Therefore, strategies and interventions used in SNAP-Ed should be consistent with the DGA and the associated USDA food guidance system, MyPlate, as well as messages and resources available at <http://www.choosemyplate.gov/>.** As SNAP-Ed nutrition education and obesity prevention activities and interventions are grounded in the DGA, States may base their project activities on any or all of its recommendations or messages. **SNAP-Ed intervention strategies may focus on limiting, as well as increasing, consumption of certain foods, beverages, and nutrients consistent with the DGAs. 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/>.

The DGA notes the close relationship between diet and health. About half of all American adults—117 million individuals—have one or more preventable, chronic

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diseases, many of which are related to poor quality eating patterns and physical inactivity. Rates of these chronic, diet-related diseases continue to rise along with associated increased health risks and high costs. Medical costs associated with obesity are part of these costs. Considering this, 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 and to meet the DGA. 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 Office of Disease Prevention and Health Promotion (ODPHP), within the U.S. Department of Health and Human Services (HHS), led the development of the first PAG in 2008 and the subsequent PAG Midcourse Report in 2013. 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. These materials are valuable resources for planning and implementing physical activity components of nutrition education and obesity prevention efforts. 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, enabling consumers to meet the *MyPlate Selected Messages for Consumers* accessible at <http://www.choosemyplate.gov/content/dietary-guidelines-2010-selected-messages-consumers> and to address some of the key food groups. 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>.

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Definitions

To align with the HHFKA, FNS has provided a definition of nutrition education that States must use within SNAP-Ed. The definition considers the FNS mission and has been updated for FY 2018.

New! Per 7 CFR §272.2 (d)(vi)(B), “Interventions are a specific set of evidence-based, behaviorally focused activities and/or actions to promote healthy eating and active lifestyles.” End of new material. SNAP nutrition education and obesity prevention services are a combination of educational strategies, accompanied by supporting policy, systems, and environmental interventions, that have been shown to facilitate adoption of food and physical activity choices and other nutrition-related behaviors. These strategies are conducive to the health and well-being of SNAP participants and low-income individuals eligible to receive benefits under SNAP or other means-tested Federal assistance programs in addition to individuals residing in communities with a significant low-income population. Nutrition education and obesity prevention services are delivered through multiple venues, often through partnerships, and involve activities at the individual, interpersonal, community, and societal levels⁶. Acceptable policy interventions are activities that encourage healthier choices based on the current Dietary Guidelines for Americans. Intervention strategies may focus on increasing or limiting consumption of certain foods, beverages, or nutrients consistent with the Dietary Guidelines for Americans.

Another provision of the FNA requires that allowable activities in SNAP-Ed be evidence-based. FNS considered definitions related to evidence-based activities used by other agencies and groups such as the National Academy of Sciences and the Centers for Disease Control and Prevention (CDC) and feedback from FNS stakeholders. The Agency additionally reflected on the types of activities that would have the greatest impact and show promise in demonstrating the effectiveness of a wide range of approaches. The following defines an evidence-based approach that is required in SNAP-Ed activities and was updated in FY 2017. For resources that assist in identifying what constitutes an evidence-based intervention or approach, please refer to Appendix C.

⁶Adapted from definition by Isobel R. Contento, PhD in *Nutrition Education, Linking Research, Theory, and Practice*, Jones and Bartlett Publishers, 2011

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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 best research 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.

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. For example, an intervention targeting elementary school children could combine a research-tested nutrition education and obesity prevention curriculum with a set of changes to school environment that have been observed to increase healthier choices but have not undergone a rigorous evaluation. The SNAP-Ed provider would evaluate this intervention and add to the SNAP-Ed evidence base. Once the school environment intervention has been rigorously evaluated, it would be considered a research-based intervention. Evaluating practice based interventions, such as emerging interventions, is an appropriate use of SNAP-Ed funds. FNS has developed its SNAP-Ed Evaluation Framework to help states identify appropriate evaluation indicators and outcome measures.

Evidence may be related to obesity prevention target areas, intervention strategies, and/or specific interventions. SNAP-Ed services may also include 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.

Intervention strategies are broad approaches to intervening on specific target areas. Interventions are a specific set of evidence-based, behaviorally-focused activities and/or actions to promote healthy eating and active lifestyles. 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. 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.
- **New! 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”⁷.**

We recommend that Implementing Agencies discuss evaluation tool adaptation or development ideas with their State Agency and have individuals there raise it to your SNAP-Ed 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. End of new material.

⁷ 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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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.

Approaches

State agencies must implement SNAP-Ed interventions from multiple levels of the *Dietary Guidelines for Americans Social-Ecological Framework for Nutrition and Physical Activity Decisions (SEM)*. States must include one or more approaches in addition to Approach One, individual or group-based nutrition education, health promotion, and intervention strategies in their SNAP-Ed Plans. States may find that by implementing projects through collaborative efforts with partners they can achieve goals and objectives while maximizing resources.

The FNA stipulates that SNAP-Ed funds may be used for evidence-based activities using the following three approaches. **States are required to incorporate two or more of these approaches in their SNAP-Ed Plans to include Approach 1 and Approach 2 and/or Approach 3, as indicated by the numbers below.**

1. Individual or group-based direct nutrition education, health promotion, and intervention strategies;
2. Comprehensive, multi-level interventions at multiple complementary organizational and institutional levels; and
3. Community and public health approaches to improve nutrition

FNS expects SNAP agencies to use comprehensive interventions in SNAP-Ed that address multiple levels of this framework to reach the SNAP-Ed target population in ways that are relevant and motivational to them, while addressing constraining environmental and/or social factors. This is in addition to providing direct nutrition education. 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.

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Using the Three FNA Nutrition Education and Obesity Prevention Approaches in SNAP-Ed

1. **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.**

SNAP-Ed and Team Nutrition materials may be used to deliver direct nutrition education and physical activity through Approach One. See more about Team Nutrition materials in Appendix F, Notes about Educational Materials. ESLS was evaluated as part of the SNAP Education and Evaluation Study, Wave II (see <http://www.fns.usda.gov/sites/default/files/SNAPedWaveII.pdf>). MPFMF is an update of the Loving Your Family, Feeding their Future nutrition education kit and is considered practice-based. States are encouraged to conduct evaluations of this resource if implemented as part of their nutrition education and obesity prevention interventions.

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;

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- 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 HHS *Physical Activity Guidelines*
- Implementing classes to build basic skills, such as cooking or appetite management
- 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> .

2. 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 [Interventions](#) 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

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wellness policy committees⁸ (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 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

3. 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 Arthritis – A Public Health Approach Online Course at <http://www.cdc.gov/arthritis/temp/pilots-201208/pilot1/online/ph-approach/overview.htm> and

⁸ Local School Wellness Policy Implementation Under the Healthy, Hunger-Free Kids Act of 2010 Proposed Rule, February 26, 2014

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through the SNAP-Ed Connection at <https://snaped.fns.usda.gov/professional-development-tools/public-health-approaches>.

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 Committees (SNAC). Examples include working with schools on Smarter Lunchroom efforts. The Smarter Lunchroom Movement uses research-based 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>.
- Providing training to retailers on healthy foods to stock and strategies to encourage people to purchase and use such foods or partnering with other groups on a healthy food financing initiative.
- **New! Delivering technical assistance to a local corner or convenience store to create a designated healthy checkout lane. Corner stores, often referred to as convenience 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. It is the latest initiative in ongoing USDA efforts to promote healthy food and lifestyle choices by SNAP recipients and residents of low-income communities where the availability of healthy foods may be at a minimum. A Spanish language version is also available at the link above. End of new material.**

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- 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. More about Social Marketing and PSE efforts and how they may be included in SNAP-Ed programming is detailed in this section.

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."⁹

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)

⁹ Alan Andreasen, *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*, Jossey-Bass, 1995

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- **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/>

New! For SNAP-Ed, 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. End of new material.

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.

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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.

Environmental: Includes the built or physical environments which are visual/observable, but may include economic, social, normative or message environments. Modifications in settings where food is sold, served, or distributed may promote healthy food choices. 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 *Dietary*

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Guidelines for Americans 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 preventing overweight and obesity. While PSE changes have the potential to reach more people than can be served through individual or group contacts, PSE change efforts will provide additional benefit. This is done by combining them with reinforcing educational and marketing strategies used in SNAP-Ed or conducted by partners such as other FNS programs or CDC, as examples. 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.

SNAP-Ed Interventions Toolkit: Obesity Prevention Interventions and Evaluation Framework

To help States identify evidenced-based strategies and interventions, FNS engaged NCCOR in FY 2013 to develop an intervention toolkit to make it easier for States to select evidence-based PSE interventions. *SNAP-Ed Strategies and Interventions: An Obesity Prevention Toolkit for States* is a package of off-the-shelf options that can be readily adopted by SNAP-Ed State agencies and providers and are highly likely to produce positive outcomes. **New! The hard copy toolkit has now evolved in to an interactive, searchable website site located at <https://snapedtoolkit.org/>. End of new material.** The toolkit provides existing, proven effective and actionable tools that embody community-based and public health approaches to nutrition education and obesity prevention, consistent with the context and policies of SNAP.

As part of the FY 2016 revisions, 20 additional evidence-based strategies and interventions were made available for States to use in crafting their SNAP-Ed Plan. This revised toolkit builds on the initial set of more than 60 interventions identified by NCCOR and Center TRT. Additionally, it highlights PSE and social marketing approaches and collects strategies and interventions, along with additional resources.

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These are categorized by the following settings and focus areas: schools, child care, communities, helping families, and social marketing and media. More interventions may be added as they become available.

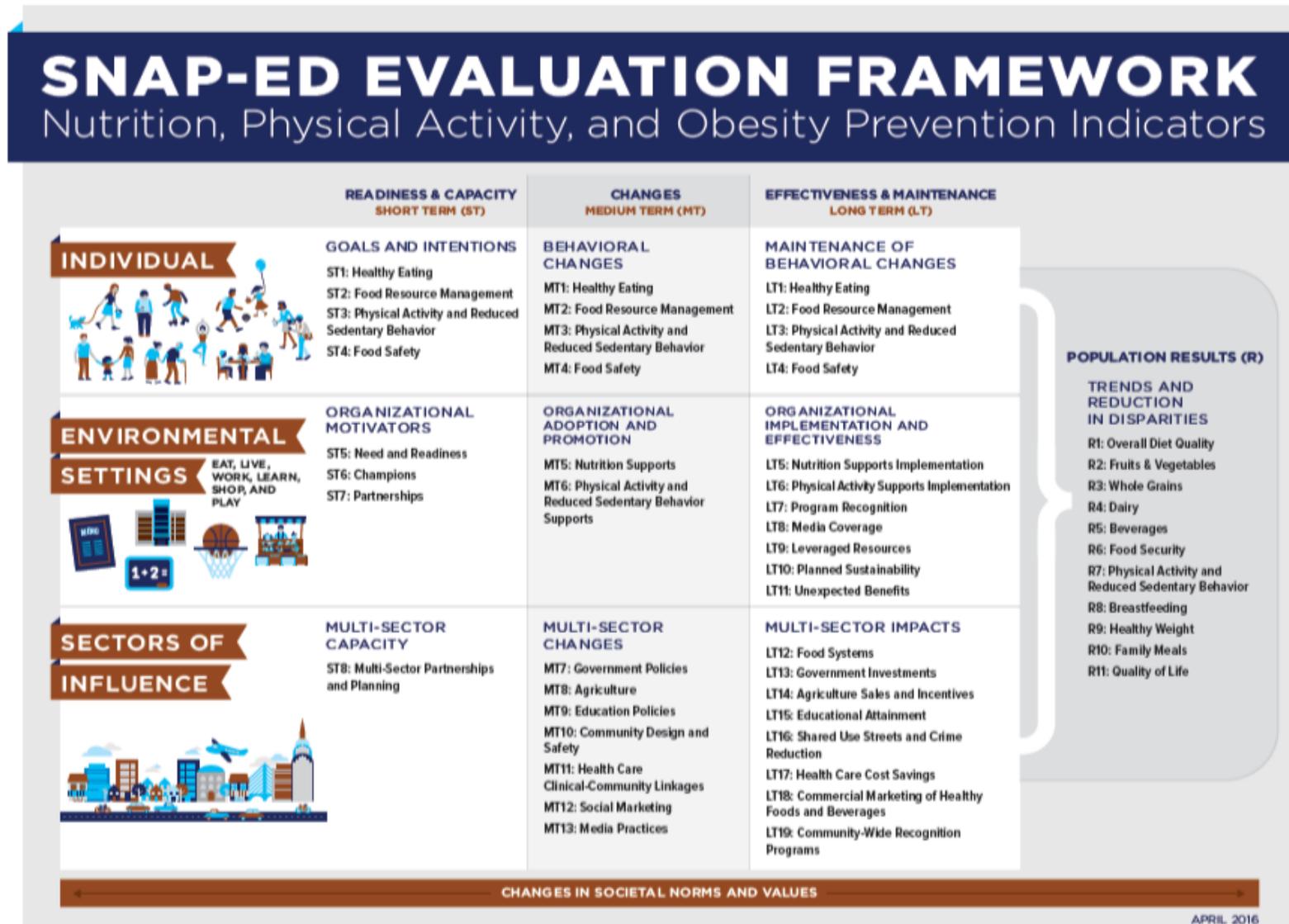
The toolkit is not an exhaustive compilation of potential strategies and interventions that are appropriate for SNAP-Ed. Rather, FNS is offering the toolkit as a starting point for ideas that States may use to further their obesity prevention efforts through SNAP-Ed. FNS sees the toolkit as a dynamic resource that will have supplementary content added to it as more evidence-based strategies and interventions that are appropriate for use with the low-income SNAP population are identified. States are encouraged to engage partners as they embark on expanding their nutrition education and obesity prevention activities and are advised that these efforts are subject to Regional Office approval.

New! A call for submissions will be promoted to organizations that have evidence-based interventions that they wish to submit for review and possible inclusion in future updates of the Toolkit.

The FNS Supplemental Nutrition Assistance Program Education (SNAP-Ed) Evaluation Framework: Nutrition, Physical Activity, and Obesity Prevention Indicators 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. The three approaches include 1) individual, group, and family nutrition education and physical activity promotion in addition to related interventions; 2) comprehensive, multi-level interventions in environmental settings; and 3) community and public health approaches that reach a large segment of the population. End of new material.

SNAP-Ed Evaluation Framework Logic Model

This graphic is provided for illustrative purposes. Please refer to the SNAP-Ed Evaluation Framework’s Interpretive Guide for the most up-to-date version.



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New! 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/snap/EvaluationFramework/SNAP-EdEvaluationFrameworkInterpretiveGuide.pdf>).

- 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

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.

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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.

End of new material.

Comprehensive SNAP-Ed Projects and Plans

State agencies must integrate multiple approaches in implementing evidence-based nutrition education and obesity prevention interventions. 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 [SNAP-Ed financial and cost policy](#) detailed in *Section 3*, including policy on allowable costs and reasonable and 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 are 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

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including social marketing and PSE change efforts in schools with a majority low-income population could include several of the following components:

- Teaching children about nutrition;
- Holding cooking classes for students;
- Working on school wellness committees to improve school meals and the school food environment;
- Creating/implementing/assessing wellness policies that address food served at parties, fundraisers, and school events;
- Engaging qualified chefs to teach culinary techniques to food service staff to increase fruit and vegetables consumption, reduce sodium, or increase whole grains;
- Sending home information for parents and families to use;
- Assisting with starting a school garden and starting a farm-to-school program;
- Including nutrition education efforts in service projects such as community and church gardens;
- Safe Routes to Schools programs, improving access to community parks; and
- Creating a social marketing program to change norms around the food environment and healthy eating.

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, 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 augment 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.

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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 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 letters of support or commitment. Copies of contracts and Memoranda of Agreement or 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 may engage in breastfeeding education, promotion, and support that is supplementary to and coordinated with WIC, which has the lead and primary role in all breastfeeding activities among FNS programs. States are encouraged to coordinate activities with other federally-funded low-income nutrition education programs, such as EFNEP and 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](#).

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

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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

4. 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.

Shown below are examples of opportunities for collaboration between SNAP-Ed providers and other groups. End of new material.

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 Committees (SNAC)

About 10 years ago, SNAC were established in FNS Regions to maximize nutrition education efforts and improve coordination, cooperation, partnerships, and communication 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 FY2016, it has included this work in the FNS Agency Priority to "Help America Eat Smart and Maintain a Healthy Weight" under the goal to work toward

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improving the health of SNAP recipients by providing SNAP nutrition education and obesity prevention strategies as defined in the HHFKA.

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 identifies state priorities to combat food insecurity, diet-related disease, and obesity that can help serve as a needs assessment for State SNAP-Ed Plans. It is appropriate for SNAP-Ed to help fund these pilots and subsequent efforts in the pilot or other States. These groups are encouraged to use the SNAP-Ed 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-Ed 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-Ed 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-Ed.** 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-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.

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FNS also expects States to consider the needs of Tribal populations in conducting their needs assessments for SNAP-Ed 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-Ed 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-Ed funding.

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. One example is the Partnerships to Improve Community Health grants, which are working to make healthy living easier and more affordable where people eat, learn, live, play, shop, and work. To improve health and wellness in their communities, awardees focus on four risk factors: tobacco use and exposure, poor

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nutrition, physical inactivity, lack of access to opportunities for chronic disease prevention, risk reduction, and disease management. SNAP-Ed providers could potentially partner with these awardees on nutrition and physical activity initiatives.

More information is available at

<http://www.cdc.gov/nccdphp/dch/programs/partnershipstoimprovecommunityhealth/index.html>.

Another example is the grants for the Programs to Reduce Obesity in High Obesity Areas, which fund Land-Grant Colleges and Universities to conduct intervention strategies to improve nutrition and physical activity, among other health objectives, through cooperative extension and outreach services at the county level. See

<http://www.cdc.gov/obesity/highobesitycounties> for details.

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 new approach to increase effectiveness is to move from an isolated impact where members of nonprofit, business, and government organizations each work to address social problems independently to a collective impact approach.¹⁰ 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. Collective impact is the commitment by a group of actors from different sectors to a common agenda to solve complex social problems such as healthy eating or obesity prevention. **Collective impact requires five conditions for success: a common agenda, shared measurement, mutually reinforcing activities based on a common action plan, continuous communication, and backbone support to guide the group's actions, provide technical support, and mobilize resources.** 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. More information about community collaboratives can be found in the White House Council for Community Solutions Community Collaboratives Whitepaper at http://www.serve.gov/sites/default/files/ctools/CommunityCollaborativesWhitepaper_0.pdf.

¹⁰ Kania, John and Kramer, Mark, *Collective Impact*, Stanford Social Innovation Review, Winter 2011, p.36-41

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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.
- 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 *Dietary Guidelines for Americans* 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.

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- 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 final 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.
- Considers offering wellness training to State/local office human services professionals

State SNAP-Ed 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.
- May coordinate and collaborate with other State 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.
- 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.

Local SNAP Office:

- Informs SNAP participants and applicants of opportunities to participate in SNAP services, including SNAP-Ed.

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- 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-Education information and services available in the SNAP office.
- Coordinates opportunities between SNAP and SNAP-Education efforts, as appropriate and available.
- Participates in worksite wellness activities or community-based wellness programs, as appropriate and available.

Local SNAP-Education Provider:

- Delivers nutrition education and obesity prevention strategies and interventions to the SNAP audience according to approved SNAP-Education Plan.
- Helps the SNAP-Education 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-Education population.
- May coordinate and collaborate with other local nutrition education and obesity prevention programs, especially those recognized by or receiving support from USDA and CDC.
- Collects and reports data to the State SNAP agency regarding participation in SNAP-Education 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.