



Washington SNAP-Ed State Plan

FEDERAL FISCAL YEAR 2021–2023



Washington State
Department of Social
& Health Services

Transforming lives

Submitted by Washington State
Department of Social and Health Services
SNAP-Ed State Agency
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Glossary

Activity refers to work performed by program personnel to implement objectives.

Behavior indicates action rather than knowledge or attitudes.

Census Tracts are small, relatively permanent geographic entities within counties (or the statistical equivalent of counties) delineated by a committee of local data users.

Generally, census tracts have between 2,500 and 8,000 residents and boundaries that follow visible features. Census tract data may be used in targeting audiences for delivery of SNAP-Ed.

Child Nutrition Programs include the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, the Fresh Fruit and Vegetable Program, the Summer Food Service Program, the Special Milk Program, and the Seamless Summer and the Afternoon Snacks Program.

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.

Expanded Food and Nutrition Education Program (EFNEP) of the National Institute of Food and Agriculture. EFNEP is a Federal Extension (community outreach) program that operates through the 1862 and 1890 Land-Grant Universities. EFNEP uses paraprofessionals to deliver evidence-based, hands on, interactive lessons to participants.

Emerging Strategies or Interventions 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 in SNAP-Ed require a justification for a novel approach and must be evaluated for effectiveness.

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 nutrition and public health nutrition research including systematically reviewed scientific evidence. Practice-based evidence refers to case studies, pilot studies, and evidence from the field on nutrition education interventions that demonstrate obesity prevention potential.

- Evidence may be related to obesity prevention target areas, intervention strategies, and/or specific interventions. The target areas are identified in the [2015-2020 Dietary Guidelines for Americans](#). 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 Guidance.

Fiscal Year is the Federal Fiscal Year that runs from October 1 of one year through September 30 of the following year.

Food Bank refers to a public or charitable institution which maintains an established operation involving the delivery of food or edible commodities, or the products of food or edible commodities, to food pantries, soup kitchens, hunger relief centers, or other food or feeding centers that, as an integral part of their normal activities, provide meals or food to feed needy persons on a regular basis.

Food Pantry/Food Shelf is a public or private nonprofit organization which distributes food to low-income and unemployed households, including food from sources other than the Department of Agriculture, to relieve situations of emergency and distress.

Food Distribution Program on Indian Reservations (FDPIR) provides USDA foods, formerly known as commodity foods, to low-income households, including the elderly, living on Indian reservations, and to Native American families residing in designated areas near reservations and in the State of Oklahoma.

Full-Time Equivalent (FTE) employment, as defined by the Federal government, means the total number of straight-time hours (i.e., not including overtime pay or holiday hours) worked by employees divided by the number of compensable hours (2,080 hours) in the fiscal year. According to this definition, annual leave, sick leave, compensatory time off, and other approved leave categories are considered "hours worked" for purposes of defining FTE employment. States may define FTEs differently than the Federal standard. States may use their own definition of FTEs in their SNAP-Ed Plan, but shall clearly state the definition and the basis for the calculation.

GIS is Geographic Information System Mapping and refers to a system for storing, editing, and displaying geographical information on a computer.

Implementing Agencies contract with State agencies to provide SNAP-Ed and include Cooperative Extension offices, universities, State departments of health or education, State level nutrition networks, food banks, and other organizations.

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

Low-Income Persons / Families are people participating in or applying for SNAP, as well as people with low financial resources defined as gross household incomes at or below 185 percent of poverty. National School Lunch Program data on the number of children eligible for free and reduced-price meals, which represents children in families with incomes at or below 185 percent of poverty, or Census data identifying areas where low-income persons reside, are examples of available data sources that can be used to identify low-income populations. Participation in other means-tested Federal assistance programs may also be used as a proxy for low-income since these individuals have gross family incomes below 185 percent of poverty.

Multi-level interventions refers to reach the target audience at more than one level of the SEM and mutually reinforce each other. Multi-level interventions generally are thought of as having three or more levels of influence.

Needs Assessment is the process of identifying and describing the extent and type of health and nutrition problems and needs of individuals and/or target populations in the community.

Outreach is providing information or assistance to individuals who might be eligible for SNAP (<https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>) to help them make an informed decision whether to apply for the Program.

State SNAP agencies seeking Federal funding for outreach activities may annually submit an Outreach plan to FNS for approval. Outreach is not an allowable SNAP-Ed expense.

Federal Poverty Guidelines (FPG) are an administrative version of the Federal poverty measure and are issued annually by the Department of Health and Human Services in the Federal Register. Sometimes referred to as the Federal Poverty Level, these guidelines are often used to set eligibility for certain programs. <https://aspe.hhs.gov/poverty-research>.

Poverty Thresholds are the statistical version of the Federal poverty measure and are released annually by the Census Bureau. They are used to estimate the number of persons in poverty in the United States or in States and regions. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

Practice-Based Evidence refers to case studies, pilot studies, and evidence from the field on nutrition education interventions that demonstrate obesity prevention potential. Evidence from the field includes evidence from emerging strategies and interventions.

Project means a discrete unit of nutrition education or obesity prevention intervention at the local level, which is distinguished by a specifically identified low-income target population.

Public health approach as defined by CDC is a four-step process that is rooted in the scientific method. It can be applied to violence and other health problems that affect populations. The public health approach steps are: define and monitor the problem; identify risk and protective

factors; develop and test prevention strategies; and assure widespread adoption. These efforts affect a large segment of the population rather than targeting the individual or small group. Learn more about the public health approach here:

<http://www.cdc.gov/violenceprevention/pdf/phappviolence-a.pdf>

Public Housing, defined by the [U.S. Department of Housing and Urban Development](#), public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single family houses to high-rise apartments for elderly families. There are approximately 1.2 million households living in public housing units managed by some 3,300 housing authorities.

SNAP-Ed eligible individuals refer 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 low-income population.

SNAP-Ed Target Audience includes SNAP participants, low-income individuals eligible to receive benefits under SNAP or other means-tested Federal assistance programs, and individuals residing in communities with a significant (50 percent or greater) low-income population.

SNAP-Ed Toolkit is an obesity prevention toolkit of evidence-based policy, systems, and environmental change (PSE) strategies & interventions that are appropriate for the SNAP-Ed population. The Toolkit was developed by FNS in collaboration with NCCOR and CenterTRT and lists strategies and interventions for child care, school, community, and family settings and how to evaluate them.

Social Marketing is described by CDC as "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."

Soup Kitchen is a public or charitable institution that, as an integral part of the normal activities of the institution, maintains an established feeding operation to provide food to needy homeless persons on a regular basis.

State Agency means the agency of State government, including the local offices thereof, which is responsible for the administration of the federally aided public assistance programs within the State, and in those States where such assistance programs are operated on a decentralized basis; it includes the counterpart local agencies, which administer such assistance programs for the State agency.

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State SNAP-Ed Plan is the official written document that describes SNAP-Ed services to be provided. It should clearly describe goals, objectives, priorities, specific activities/interventions, resources needed including staffing and budget information as well as evaluation methods.

Strategies are the broad approaches to intervening on nutrition education and obesity prevention target areas.

Supplemental Nutrition Assistance Program (SNAP) Eligible Population are SNAP participants and low-income individuals eligible to receive SNAP benefits or other means-tested Federal assistance.

Technical Assistance is guidance and support to State agencies to achieve regulatory compliance and program improvement.

Executive Summary

SNAP-Ed in Washington

The goal of SNAP-Ed is to improve the likelihood that persons eligible for SNAP make healthy food choices within a limited budget and choose physically active lifestyles consistent with the *Dietary Guidelines for Americans* and federal food guidance.

As the State Agency (SA), DSHS partners with three implementing agencies (IAs)—Washington State University, Washington Department of Health, and Spokane Regional Health District—that support five regions across the state. Implementing agencies subcontract with local implementing agencies (LIAs) to deliver evidence-based interventions, including direct education, and policy, systems, and environmental (PSE) change. Statewide initiatives—Washington State Farmers Market Association Regional Leads Program; Evaluation; Curriculum, Training and Websites; and coordination for Washington State University—work across the state to implement projects or provide consistent support.

Needs Assessment

Background

In FFY19, Spokane Regional Health District Public Health Centers conducted a statewide needs assessment to identify the nutrition, physical activity, and obesity prevention needs of the Washington State SNAP-eligible population and their barriers to accessing healthy food and physical activity.

Methodology

The Centers for Excellence used quantitative and qualitative methods, including secondary analysis of public health data; analysis of qualitative data from key-informant interviews, focus groups, and forces of change exercise; analysis of survey data; and geographic information system data and mapping. The Centers for Excellence also conducted Latent Class Analysis of selected youth indicators to determine subgroups and develop a model that describes predictive factors of desired food and nutrition, physical activity, and food security outcomes.

Results

The SNAP-eligible population lives in diverse geographic locations throughout Washington. In 2018, an estimated 30% of all SNAP-eligible individuals lived in rural counties, while 70% lived in urban counties. Adults, age 18–24 years old, had the highest rate of eligibility (40%). Based on family structure, single mothers and female householders with no husband present had the highest rate of eligibility. American Indian and Alaska Native, other race, Black, and Hispanic individuals had disproportionately higher rates of eligibility than other races or ethnicities.

Nearly one million SNAP-eligible adults were overweight or obese in 2017. Adults with the highest rate of obesity included American Indian and Alaska Native, other race, Hispanic origin,

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and individuals with a high school education or lower. In 2018, youth populations with the highest rate of obesity included American Indian or Alaska Native, Black, Hispanic origin, and youth whose mothers have lower educational attainment.

In 2017, over 600,000 SNAP-eligible adults in Washington experienced food insecurity. Adults with the highest rate of food insecurity included females, American Indian and Alaska Native, Black, Hispanic origin, other race, and individuals with less than a high school education or those with some college. Youth with the highest rates of food insecurity included females, American Indian and Alaska Native, Black, Hawaiian or other Pacific Islander, white, other race, and older students (grade 12).

This needs assessment revealed several potential priority topics. Through comparison of adult SNAP-eligible and non-eligible population rates, the assessment identified food insecurity and physical activity as areas of focus. Similarly, the assessment identified youth food insecurity, obesity, and physical activity as primary areas of concern.

Guiding Principles, Priorities, Goals, and Objectives

Informed by the needs assessment and LIA input, the SNAP-Ed Leadership Team (LT) developed the guiding principles that represent core values SNAP-Ed will aim to meet in its long-term programming. After establishing the guiding principles, the LT identified the following priorities for the federal fiscal year (FFY) 21–23 multi-year plan:

- Work Across the Social Ecological Model
- Support Food Security and Healthy Food Access
- Active Living
- Collaboration with Representation

With input from the statewide evaluation team, the LT identified the following goals, each with corresponding objectives:

1. Increase consumption of healthy foods and beverages and decrease consumption of unhealthy foods and beverages.
2. Improve food resource management among SNAP-Ed participants.
3. Increase physical activity and reduce sedentary behavior.
4. Improve policy, systems, and environments to support healthy eating and active living.

Interventions and Projects

The SNAP-Ed LT used the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) templates to describe the state's interventions and projects. The FNS FFY2021 SNAP-Ed Guidance defines **interventions** as a specific set of evidence-based, behaviorally-focused activities and/or actions to promote healthy eating and active lifestyles. **Projects** are defined as a discrete unit of nutrition education or obesity prevention intervention at the local level, which is distinguished by a specifically identified low-income target population. Using

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these definitions, the LT identified five interventions—Direct Education; Farm to Community; Access to Healthy Foods; Physical Activity; and Health Promotion—each of which is made up of projects.

Evaluation

Evaluation of the FFY21-23 SNAP-Ed interventions will track progress toward statewide goals and objectives using a combination of formative, process, outcome, and impact evaluations. Questions will address participation, program efficacy, equity, and partnerships. In addition, evaluation will assess the efficacy of multi-level interventions to inform program delivery. Because the COVID-19 pandemic has impacted in-person SNAP-Ed programming, particularly direct education, the evaluation will be modified to assess the indirect nature of programming.

Introduction

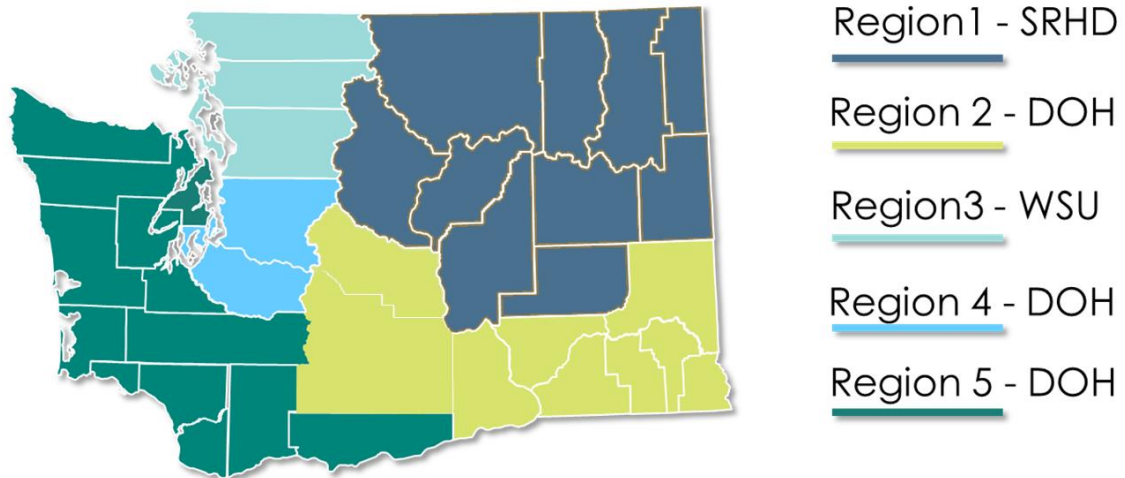
SNAP-Ed in Washington

The mission of SNAP-Ed is to improve the likelihood that persons eligible for SNAP make healthy food choices within a limited budget consistent with the *Dietary Guidelines for Americans* and federal food guidance and choose physically active lifestyles. Specifically, SNAP-Ed helps people follow a healthier eating pattern—including fruits, vegetables, whole grains, fat-free or low-fat dairy, a variety of protein foods, and healthy oils—to achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease. SNAP-Ed programming also aims to limit consumption of added sugars, sodium, and saturated fats.

In Washington, the Department of Social and Health Services (DSHS) is the State Agency and contracts with three implementing agencies (IAs)—Washington State University, Washington State Department of Health, and Spokane Regional Health District—that support programming in five regions (Table 1). IAs subcontract with local implementing agencies (LIAs or providers) to deliver evidence-based interventions, including direct education, and policy, systems, and environmental (PSE) change. The three IAs guide and support programming in five geographic regions. This regional model was adopted in FFY2017 and allows for tailored programming that meets the needs of the SNAP-eligible population in each region. Statewide Initiatives—Washington State Farmers Market Association Regional Leads Program; Evaluation; Curriculum, Training and Websites; and coordination for Washington State University—work across the state to implement specific projects or provide consistent support.

Table 1: Washington SNAP-Ed Regions

Region	Counties	Implementing Agency
1	Okanogan, Ferry, Stevens, Pend Oreille, Spokane, Lincoln, Douglas, Chelan, Grant, Adams	Spokane Regional Health District
2	Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Whitman, Garfield, Asotin	Department of Health
3	Whatcom, San Juan, Island, Skagit, Snohomish	Washington State University
4	King, Pierce	Department of Health
5	Clallam, Jefferson, Kitsap, Grays Harbor, Mason, Thurston, Pacific, Lewis, Wahkiakum, Cowlitz, Clark, Skamania, Klickitat	Department of Health



The SNAP-Ed Leadership Team (LT) is convened by DSHS and consists of staff from the three IAs and four statewide support initiatives. DSHS convenes the LT for monthly check-in meetings and quarterly in-person meetings.ⁱ The LT is important for coordinating services to prevent duplication and identify opportunities for improving SNAP-Ed programming.

Development of the FFY21–23 Three-Year Plan

In FFY2019, DSHS contracted with Public Health Centers for Excellence to complete a statewide needs assessment to inform the FFY21–23 State Plan (see *Needs Assessment Description*, page 41). The results of the needs assessment were initially presented to the SNAP-Ed LT in September 2019 and all LIAs at the state SNAP-Ed Forum later that month. At the forum, the LT held several facilitated listening sessions to gather input from LIAs. Specifically, LIAs were asked what was successful in their SNAP-Ed work, their perceptions of the biggest challenge SNAP-eligible individuals face eating healthy and being physically active, and what worked well for the FFY18–20 SNAP-Ed State Plan. Facilitated discussion groups allowed LIAs to share initial impressions of the needs assessment, including potential gaps or outstanding questions.

Informed by the needs assessment and LIA input, the LT met in November 2019 to establish guiding principles, or core values for the Washington SNAP-Ed program (see *State Guiding Principles, Priorities, Goals, and Objectives*). The guiding principles were established as foundational elements of the FFY21–23 and future SNAP-Ed state plans. Once established, the LT considered how to prioritize programming for the FFY21–23 plan to ensure the interventions and projects were consistent with the guiding principles. The LT identified four priorities for FFY21–23 programming.

ⁱ Because the COVID-19 pandemic, all SNAP-Ed in-person meetings are being held virtually. The LT will resume in-person quarterly meetings when Washington State Department of Health guidance indicates it is safe to do so.

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To set state program goals and SMART objectives, the Evaluation team reviewed the goals from the FFY18–20 state plan and the SNAP-Ed Evaluation Framework. The guiding principles, priorities, goals and objectives were posted publicly to the SNAP-Ed Provider three-year planning page to advise LIAs in their planning.

Throughout FFY20, the LT regularly met about the direction and organization of the FFY21–23 state plan. With input from the LT, DSHS made small adaptations to the FNS templates to better reflect programming in Washington. Each SNAP-Ed contractor contributed to various sections of the plan. IAs coordinated in describing interventions and projects and submitted descriptions of LIA projects in their region(s). Contractors that manage statewide initiatives created their plans to support LIAs and expand on existing work. DSHS believes the process of developing a more integrated state plan, rather than individual regional plans, will lead to better coordination within and between regions.

Funding

Washington State SNAP-Ed requests funds of **\$10,005,135** from FFY 2021 and **\$889,630** from FFY 2020 unspent (carry-in) funds.

SNAP-Ed Agency	FFY 2021 Allocation	FFY 2020 Carry-in Funds	Total
State Agency—Department of Social and Health Services	\$286,634	\$164,191	\$450,825
Implementing Agency—Spokane Regional Health District	\$1,721,542	\$40,203	\$1,761,745
Implementing Agency—WA State Department of Health	\$5,045,497	\$497,425	\$5,542,922
Implementing Agency—Washington State University	\$1,219,424	\$32,345	\$1,251,769
Washington State Farmers Market Association	\$246,630		\$246,630
Statewide Evaluation— WA State Department of Health	\$620,753	\$119,808	\$740,561
Curriculum, Training, and Websites— Washington State University	\$519,600	\$35,658	\$555,258
Washington State University Statewide Support—Washington State University	\$345,055		\$345,055
Total	\$10,005,135.00	\$889,630.00	\$10,894,765.00

State Agency

DSHS provides a variety of community, social and health programs and services across all 39 counties in rural and metropolitan communities. Spanning six different administrations, DSHS commits to serving individuals and families to fulfill the agency mission: transform lives.



Within the Economic Services Administration of DSHS, the Community Services Division is responsible for the statewide oversight of the SNAP-Ed program, along with administering Basic Food (Washington's SNAP program), Temporary Assistance for Needy Families, and medical and cash benefits for aged or disabled individuals. In addition to administering its programs, DSHS partners with community-based organizations and supports them by providing opportunities in education, training, health, and well-being.

Washington residents can apply for benefits online, at a Community Service Office (Washington's SNAP offices) or through the Customer Service Contact Center. The Community Services Division operates on a shared workload model, which means general eligibility determination is shared with staff across the state and not managed by specific regions or districts. Through this model, clients receive timely decisions regarding their benefits. In addition to determining eligibility, staff may assist in providing general resources and information on other community and agency programs.

Within the Community Services Division, the Food Programs and Policy Unit manages Basic Food, SNAP-Ed and Basic Food Outreach. Policy staff in the Food Programs and Policy Unit ensure DSHS is correctly administering Basic Food with FNS guidance and serve as a resource on policy clarifications, rules and federal guidance affecting eligibility and procedures. Policy staff also work across the agency to support pilots and projects to improve client services.

The SNAP-Ed team regularly coordinates with policy and program staff within DSHS to provide opportunities for SNAP-Ed to complement other programs and create new opportunities for programming. In FFY21-23, DSHS will focus on connecting DSHS staff with SNAP-Ed LIAs so that clients can be more easily referred to programming.

Implementing Agencies

Spokane Regional Health District

Spokane Regional Health District's (SRHD) mission statement is, "As a leader and partner in public health, we protect, improve, and promote the health and well-being of all people through evidence-based practices." To fulfill their mission, one goal in their strategic plan is to reduce cardiovascular disease through strategies that increase access to healthy foods and places for physical activity. To carry out their mission, SRHD identifies and serves specific populations experiencing high disease burdens, health disparities, health inequities, and increased risk factors for developing disease. Priority populations include low-income women, children, and families; neighborhoods with high morbidity and mortality rates; children with disabilities; youth at risk for substance abuse, and racial and ethnic populations. SRHD has been providing SNAP-Ed services for over a decade, including three years as an IA, and is committed to improving health within the region. Many of the programs within SRHD work regionally and provide oversight to region-wide grants with other county health departments, health systems, and social support entities.



As the IA for Region 1, SRHD brings a public health and collaborative approach to the role and is dedicated to SNAP-Ed Approaches Two and Three. In FFY21–23, SRHD will focus on improving the work across Region 1 to be more comprehensive and multi-level through technical assistance to support best practices. Project managers and coordinators have extensive experience in nutrition, physical activity and obesity prevention programs outside of SNAP-Ed. SRHD's structure is designed to include input from the region—both local providers and non-providers alike—to help inform the needs within communities and identify opportunities to better serve the SNAP-eligible population.

For FFY21–23, SRHD conducted a competitive application through a request for applications (RFA) process to attract qualified applicants dedicated to serving SNAP eligible populations and skilled in following complex guidance such as SNAP-Ed. SRHD sought applications that:

- Included multi-level or multi-component strategies with an emphasis on PSE.
- Included at least one strategy to connect with a local CSO to promote and explain SNAP-Ed activities to SNAP clients and CSO staff.
- Included one or more strategies that increases awareness and/or educates about the benefits of available fruit/vegetable incentive program(s).
- Addressed racial, ethnic, and/or rural health disparities.

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For FFY21–23 Region 1 subcontractors include two non-profits focused on food security and nutrition, an educational service district, a health clinic serving the community and five Washington State University Extension offices serving the 10 counties.

Washington State Department of Health

The Washington State Department of Health's (DOH) [mission](#) is to work with others to protect and improve the health of all Washingtonians. SNAP-Ed at DOH works to infuse public health best practices throughout SNAP-Ed programming to prevent and decrease the occurrence of obesity and obesity-related diseases and to increase the likelihood of positive [health outcomes](#) for the SNAP-Ed audience.



The DOH SNAP-Ed IA is part of the Division of Prevention and Community Health and Office of Nutrition Services that has successfully administered public health programs and grants for over 25 years. Working with these programs enhances opportunities for collaborating across units, deepens subject matter expertise, fills gaps in service and ensures program delivery for the benefit of the SNAP-Ed audience. DOH internal partners include:

- Healthy Eating & Active Living Unit
- Washington WIC Office
- Chronic Disease Prevention Unit
- Children with Special Health Care Needs Unit
- DOH Rural Health Program
- DOH Refugee Health Program
- DOH Tribal Liaisons
- DOH Health Equity Team
- DOH Health Promotion Team

Serving as a SNAP-Ed IA since 2005, DOH collaborates and coordinates with state, regional, and local organizations to build SNAP-Ed programming based on local strengths and needs. In addition, the DOH IA team:

- Provides tools, training, resources and technical assistance to support best practices;
- Assesses and provides feedback on program quality and fiscal management to improve team operations, services, and impact on low-income communities in Washington state;
- Leads public health approaches and facilitates healthy changes to PSE; and
- Ensures deliverables and expectations of the SNAP-Ed grant are met.

Connecting with Local Implementing Agencies to Advance SNAP-Ed

In FFY21–23, DOH will provide funding and program support to [35 LIAs](#) in 22 counties in SNAP-Ed Regions 2, 4 and 5. LIAs include a network of large and small local public health jurisdictions, county Extension offices, non-profit service organizations, small and large food banks and hunger relief organizations, community action agencies, the Washington State Department of Agriculture, and local and regional health system and health clinics. The breadth of LIA organizations strengthens SNAP-Ed programming as LIAs are able to address local needs for

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low-income communities across the socio-ecological model. LIAs plan, deliver, and evaluate community-based SNAP-Ed interventions and projects to increase the likelihood of healthy eating and active living for the SNAP-Ed audience.

DOH IA Implementation Plan to Advance SNAP-Ed

For all local implementing agency projects, DOH drew from its public health expertise to provide specific guidelines for strong, evidence-based local project design that will further the positive impact to SNAP-eligible communities. Interventions in the FFY21–23 plan:

- Include at least one public health approach and/or PSE change strategy
- Are cohesive and reinforce each other
- Address two or more levels of the [Spectrum of Prevention](#)
- Are driven by community engagement and participation
- Include sustainability plans or measures
- Include ongoing evaluation to adjust and improve, and to track progress towards the local project's goals and objectives

Specifically, DOH LIAs are required to incorporate the following priority areas into project and strategy planning:

- Include at least one strategy to connect with a local Community Service Office (CSO) to promote and explain SNAP Ed activities to SNAP clients and CSO staff.
- Include one or more strategies that increase awareness and/or educate about the benefits of available Federal, State, or locally available fruit/vegetable incentive program(s) to SNAP clients or SNAP Ed participants. Available programs in Washington include the state Fruit & Vegetable Incentive Program.
- Address racial, ethnic, and/or rural health disparities.

Implementing Agency Priorities

For FFY21–23, DOH identified four program direction priorities that support and further focus the Washington SNAP-Ed state goals and priorities, address common needs identified across all three DOH SNAP-Ed Regions 2, 4 and 5, and align with DOH agency mission and priorities.

1. Address Racial and Ethnic Health Disparities
2. Address Rural Health Disparities
3. Embrace Whole Family Approach
4. Promote Engagement

In addition to programming within LIA plans, the following DOH initiatives address the IA's priorities:

Reduce Racial and Ethnic Health Disparities

- Refugee Health Program Learning Initiative: Address Racial and Ethnic Health

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Disparities in SNAP-Ed communities; learn from and coordinate with WA Refugee Health Program at DOH.

- Increase consultation with DOH Tribal Liaisons: Support informed, ongoing connection of SNAP-Ed to Washington tribes.

Reduce Rural Health Disparities

- Rural Health Program Learning Initiative: Address Rural Health Disparities in SNAP-Ed communities; learn from and coordinate with WA Rural Health Program at DOH.

Embrace Whole Family Approach

- Expanding Cooking Matters with SNAP-Ed Initiative: Broaden support of family-friendly, evidence-based Cooking Matters program through SNAP-Ed while enhancing at-home cooking knowledge and skills during the COVID-19 pandemic.
- WIC & SNAP-Ed Coordination Initiative: Promote breastfeeding, increase WIC Farmers' Market Nutrition Program redemption, and enhance WIC nutrition education with SNAP-Ed LIAs that are also WIC providers; learn from and coordinate with WA WIC Breastfeeding Promotion team at DOH.

Promote Engagement

- Regional Advisory Council Pilot: Pilot a regional advisory council (RAC) that includes SNAP-Ed LIA representatives from each region. The council would broaden collaboration between DOH and LIAs and offer more methods for continuous local agencies perspective and representation on strategies, communication plans, and training opportunities.
- DSHS SNAP Office Strategy: Connect with local DSHS SNAP offices to promote and educate SNAP-Ed eligible audience and DSHS staff about the benefits of SNAP-Ed. Included in all LIA projects.
- State/Federal Fruit & Vegetable SNAP Incentive Strategy: Educate SNAP-Ed audience about the availability and benefits of federal, state, or local fruit & vegetable incentive programs for SNAP clients. Included in all LIA projects.

Washington State University Extension

Washington State University (WSU) Extension has conducted SNAP-Ed programming since 1991, implementing nutrition education and obesity prevention programs in collaboration with community partner agencies. Washington was one of the first four states in the nation to access



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SNAP-Ed funding and WSU Extension helped to lead that effort. The WSU Extension mission is to “engage people, organizations, and communities to advance knowledge, economic well-being, and quality of life by fostering inquiry, learning, and the application of research.” WSU Extension uses university-based education, research, and expertise to meet the needs identified by community members. WSU Extension faculty, staff, and community partners first launched SNAP-Ed in three communities, growing to programs in 29 counties and four tribal projects.

WSU Extension is uniquely positioned to deliver innovative and comprehensive SNAP-Ed programming that connects participants to other WSU programs. These include, but are not limited to, Master Gardeners, food preservation specialists, support of small farms and community-based agriculture and gardens, Master Composters, 4-H youth development, and Strengthening Families. WSU is also a leader in academic research and offers additional knowledge and resources from the School of Medicine, Nutrition and Exercise Physiology, Food Systems Team, and Navigating Difference (a cultural competency training). In addition, SNAP-Ed has strong linkages to other WSU nutrition education programs including Emergency Food Nutrition Education Program (EFNEP) & Diabetes Prevention, as well as a network of WSU County Directors and Faculty that supports locally implemented SNAP-Ed programming. Members of the WSU IA team participate in the Western Region Land Grant University SNAP-Ed Team and WSU Land Grant University SNAP-Ed advocacy in Washington, D.C.

WSU Extension has served as the IA for Region 3 since the shift to the regional model in 2017. The IA team formed strong partnerships with long-time SNAP-Ed providers as well as the newer subcontractors representing public health, tribal government, and non-profit grassroots agencies. These partnerships complement the work of WSU Extension to maximize the reach to SNAP-eligible individuals. One role of the IA is to leverage individual agency work by facilitating connections and communications between agencies across the five counties. Efficiencies and improved outcomes happen when resources and ideas are shared across the region rather than each agency working independently. The Region 3 IA team is dedicated to providing support to the LIAs that is responsive and follows the Extension model that values relationships and community first and foremost.

Local Implementing Agencies

Region One – Spokane Regional Health District

Catholic Charities Eastern Washington

Since 1912, Catholic Charities Eastern Washington (CCEW), a nonprofit, has fulfilled its mission as a pioneer of regional programs addressing their community’s most urgent needs. CCEW serves more than 63,000 at-risk community members annually, without discrimination, through crisis response and shelters, housing and stabilization, and advocacy. One aspect of their work is Food For All (FFA), which reaches more than 4,800 clients annually with programming that improves health equity, food security and nutrition, and knowledge of the local food system.

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CCEW has more than 30 years' experience with designing and implementing complex programs to meet community needs, managing public and private funds, including four years as SNAP-Ed grant sub-recipients.

In FFY21–23, CCEW will serve five of the 10 counties in Region 1 collaborating with early childcare centers, low income housing, community organizations and farmers markets. They will build on their experience in these settings and expand their work to more locations by building capacity with existing partners.

Second Harvest

Second Harvest builds healthier communities through food. Founded in 1971, Second Harvest currently has hunger solution centers in Spokane and Pasco (SNAP-Ed regions 1 and 2) that supply donated food to a network of 220 partner food banks, meal sites and other programs in 21 Eastern Washington counties. This includes Second Harvest's own Mobile Market, which provides food directly to people in need at easily accessible locations like community centers, church parking lots, youth centers, schools and subsidized senior housing. Second Harvest provides food for 62,500 meals per day that feed close to 49,000 people each week in Eastern Washington. Almost half of Second Harvest's food is nutrient-rich fresh fruits and vegetables. Second Harvest also provides nutrition education, recipes and prompts to encourage low-income people to choose and consume more healthy fresh produce.

Food from Second Harvest stabilizes families and improves their nutrition. Money people do not have to spend on groceries can be used for everyday needs like rent, utility bills, prescriptions, children's clothing, and gas for a car to get to school or work. When hunger is addressed, children are more focused in school, adults perform better at work, and elderly people see improved health and reduced malnutrition. Food assistance helps move low-income families forward to healthy, self-sustaining ways of life.

Northeast Washington Educational Service District 101

Northeast Washington Educational Service District (NEWESD) 101 promotes and supports educational excellence through the provision of essential, cooperative services to schools, learning communities and valued partners. Their service area includes seven of the ten counties in Region 1, of which they will be working in five counties through SNAP-Ed. In 2017, NEWESD 101 began offering nutrition services to predominantly rural regional school districts. Many rural/remote districts lack the skilled personnel and equipment necessary to support nutrition and healthy behaviors. NEWESD 101 organized the Child Nutrition Cooperative among fourteen rural districts to provide staff with resources, education, and training opportunities. NEWESD 101 will expand existing work addressing high-risk populations in all districts to include chef-led trainings for school nutrition staff, education on the availability of local fresh produce and incorporation of the Cornell University Smarter Lunchrooms techniques.

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Mattawa Community Medical Clinic

The Mattawa Community Medical Clinic is a Federally Qualified Health Center deeply rooted in the community. Most clinic employees and all the SNAP-Ed staff are local community residents, which has the advantage of multiple connections and established trust. The Mattawa community is primarily Hispanic (>98%) and approximately 54% were born in Latin America. Because the clinic staff are of the community and have a firsthand understanding of the community's culture and needs, they are well-positioned to address the barriers to healthy lifestyle choices by providing culturally relevant services to influence healthy behaviors.

The Mattawa Community Medical Clinic implemented SNAP-Ed programming for many years and has substantial community partnerships, including schools, the local grocery store, the food bank, and the CSO.

Washington State University Extension

Washington State University, the state's land grant university, has a presence in all 39 counties. Extension builds the capacity of individuals, organizations, businesses and communities, empowering them to find solutions for local issues and to improve their quality of life. Extension collaborates with communities to create a culture of life-long learning and is recognized for its accessible, learner-centered, relevant, high-quality educational programs.

WSU Extension has delivered SNAP-Ed, in collaboration with community partner agencies, since 1991. Extension staff connect people to the research and knowledge base WSU, building capacity and empowering communities to find solutions for local issues to improve their quality of life. Local WSU Extension offices have access to resources from WSU to provide staff training, human resources and budgetary support to the program. Other programs that operate within WSU Extension provide complement the impact of SNAP-Ed initiatives, including Master Gardeners, 4-H, Strengthening Families, WasteWise, Shore Stewards, and WSU Food Systems Team. Research and expertise that exists within the university are extended to SNAP-Ed eligible participants through these locally focused programs. Research and knowledge generated at the university level help inform and guide the PSE change work that takes place in each of their communities. The following Extension offices will implement SNAP-Ed in Region 1:

- **Chelan, Douglas, Okanogan**
- **Grant, Adams, Lincoln**
- **Pend Oreille**
- **Spokane**
- **Stevens, Ferry**

Region Two – Department of Health Implementing Agency

Asotin County Public Health Department

Asotin County Public Health leads the community through education and evidence-based practices to prevent illness, promote health, and protect the environment to improve the quality of life in its communities.

Columbia County Public Health Department

To protect and promote the health and safety of each resident in Columbia County, Columbia County Public Health Department provides health related information, addresses public health concerns, partners with the State of Washington and the National Public Health Network to provide up-to-date information to our community. Programs and services offered support health and aim to prevent adverse health-related conditions. Services tailored to individuals who are low-income include WIC and SNAP-Ed. Columbia County Public Health continues to connect and engage the rural communities within Columbia County, including Dayton and Starbuck, in all areas of health and wellness through the SNAP-Ed program.

Through the continued support from SNAP-Ed interventions, Columbia County Public Health is confident the youth, families and senior citizens of Columbia County can build healthy living fundamentals needed to benefit the overall health of the communities they are in by engaging all age levels in cooking lessons, afterschool program and direct education opportunities. Columbia County Public Health knows their efforts will promote and encourage community members to continue striving to achieve better health.

Community Action Center Whitman

Community Action Center is a private 501(c)3 non-profit organization providing the following services to Whitman County, Washington: Weatherization Program, Rental Assistance and Eviction Prevention Programs, Housing Choice Voucher (Section 8) Program, Energy Assistance Programs, Community Food Bank and Gardens—inclusive of cooking classes, gardening and hydroponics, 17 Rental Properties—inclusive of senior, disabled, developmentally disabled, homeless, transitional, low income tax credit and Housing and Urban Development based projects. Community Action Center is funded by federal, state, local and private grants as well as donations.

Garfield County Health District

The Garfield County Health District, located in Pomeroy, WA, monitors public health risks, coordinates Pomeroy agencies responding to public health threats, and enforces Washington public health standards. As a Department of Public Health, the department works to prevent the spread of diseases, promote healthy behaviors, and ensure a clean water supply. The Garfield County Health District is committed to supporting and engaging the community in all areas of health and wellness.

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Garfield County Health District will implement programming to encourage family meal planning on a limited budget, fruits and vegetables as an important role in a healthy diet, and physical activity as an essential part of healthy living. Through partnerships within the community, such as the local School District, 4-H program and the local community prevention coalition, the SNAP-Ed program will immerse families on a multi-generational level, encompassing the entire community and laying a foundation for total health throughout Garfield County.

Kittitas County Public Health Department

As part of the public health network, the Washington State and Kittitas County Public Health Department provides critical programs and services for all people in its county—from drinking water protection to disease prevention. Its services help the Easton, Roslyn, Ronald, Cle Elum, South Cle Elum, Thorp, Liberty, Ellensburg, Kittitas and Vantage communities to be safe and promote a healthy place to live, work and play. Kittitas County Public Health Department serves as a resource for reliable health information and strives to protect all of its communities from hazards in the environment.

Northwest Community Action – Yakima Valley Farm Workers Clinic

For the past 30 years, Northwest Community Action Center (NCAC) has been the cornerstone of the community effort to end poverty. From providing emergency services to low-income families in crisis, to services that help build individuals skills with the goal of self-sufficiency through education, employment training and empowerment. NCAC prides itself on being part of the Yakima Valley Farm Workers Clinic and on the services it provide to its communities.

NCAC’s Mission “is to create measureable change that will empower at-risk and economically disadvantaged individuals and families to achieve a greater level of self-sufficiency by engaging the local communities and business through advocacy and coordination of economic, educational, social, employment, and human resources.”

Opportunities Industrialization Center of Washington

Opportunities Industrialization Center (OIC) of Washington, a nonprofit Community Action Agency established in 1971, strives to eliminate unemployment, poverty, illiteracy, and racism so all people can live with greater human dignity. OIC works to afford a second chance to individuals and families with multiple life challenges. OIC provides services through four divisions including Housing and Financial Services, Nutrition and Health Services, Education and Career Services and Community Services.

OIC is dedicated to helping individuals and families improve the quality of their lives. Through innovative collaborations and partnerships, OIC looks forward to many more years of making its vision for the underserved populations a working reality through the Valley.

Second Harvest

See Second Harvest description on page 22.

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Walla Walla County Department of Community Health

Walla Walla County Department of Community Health (DCH) formally serves all of Walla Walla County. The majority of the county's more than 61,000 residents live in the cities of College Place or Walla Walla; however, there are several rural towns, such as Dixie, Burbank, Touchet, Prescott and Waitsburg, where local government is the only provider of services outside of the school districts. Thus, the DCH makes a targeted effort to ensure communities have access to services and resources they need to thrive.

The DCH mission is to improve the quality of life and wellbeing of communities within Walla Walla County through prevention, promotion and protection. As Chief Health Strategist in several areas, DCH is well positioned in the community to lead efforts that align with SNAP-Ed goals in promoting increased consumption of healthy foods and beverages and active lifestyle habits.

The DCH is a joint public health and human services department. It provides all foundational public health services, such as communicable disease investigation, emergency preparedness, maternal child health and environmental health inspections, among others. However, much of the work it does is not traditional governmental work. DCH also oversees several community-based programs focused on social determinants of health and health equity, such as housing services, veteran outreach, employment coaching for individuals with developmental disabilities, and behavioral health system oversight and prevention. DCH work is rooted in strong community partnerships across many sectors—business, healthcare, faith-based organizations, education (early learning, K-12, and higher education), local jurisdictions, as well as the resource rich not-for-profit community service programs. DCH has community support because they have the community's best interest at heart.

Washington State University Extension

See WSU Extension description on page 23. The following Extension offices will implement SNAP-Ed in Region 2:

- **Asotin County**
- **Benton Franklin**
- **Walla Walla**
- **Yakima**

Yakima Health District

The Yakima Health District is the first, and oldest, health district in the nation having provided public health services to people in Yakima County for over 100 years. Its work spans public health education and prevention, communicable disease surveillance and intervention, as well as environmental health oversight. The Yakima Health District is committed to its public health mission and recognizes the health issues facing its community are immense. As such, the

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Yakima Health District recognizes the importance of providing access to safe recreation and healthier food in high-need communities to improve physical, mental and emotional well-being.

Yakima Neighborhood Health Services

Yakima Neighborhood Health Services (YNHS) is a Community Health Center providing full scope primary care in Yakima County. Serving both urban and rural communities, the goal of the YNHS Food Smarts program is to increase families' knowledge of healthy foods, physical activities, and community resources.

The Food Smarts program has targeted activities for children age 8-12 and for adults. Registered Dietitians and Nutrition Educators provide individual and group instruction in healthy eating. Staff work closely with YNHS medical staff to coordinate education and resources for patients.

Targeted efforts of the Food Smarts program will focus on people living in supportive housing programs, as well as people experiencing homelessness, including those at risk of homelessness in the LGBTQ community. Case managers will work with YNHS nutrition staff to provide healthy eating information, meal planning, healthy snacks and food preparation skills in these environments

Washington State Department of Agriculture - Food Assistance

Washington State Department of Agriculture (WSDA) Food Assistance (FA) programs serve communities and lower-income families by improving access to safe and nutritious foods. WSDA FA honors its connections with agriculture and strengthens the emergency food system by providing food, funding, logistical support, and outreach to hunger relief agencies and tribes.

WSDA FA programs manage and create statewide policy for eight unique federal and state food assistance programs, each with a different set of regulations. WSDA FA works with over 50 contractors made up of a mix of food banks, community action agencies, tribes and tribal organizations, who typically operate more than one of our programs. WSDA FA works with a wide variety of partners, stakeholders, and state agencies to support mutual goals of increasing food access.

Region Three – Washington State University

Washington State University Extension

See WSU Extension description on page 23. The following Extension offices will implement SNAP-Ed in Region 3:

- **Snohomish**
- **Island**
- **Skagit**
- **Whatcom**

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Tulalip Tribes

The Tulalip SNAP-Ed Program is located at the Tulalip Community Health Department in Tulalip, Washington. SNAP-Ed staff provide nutrition, cooking and physical activity initiatives with the goal of encouraging and strengthening the overall health and wellness of the community.

Tulalip Tribes' SNAP-Ed mission is to educate individuals about healthy lifestyle choices that will translate into an overall healthier and happier community. Tulalip Tribes will address barriers to accessing healthy whole foods by providing education on shopping on a budget, meal planning, recipe sharing, understanding food labels, and developing cooking skills, all of which will be complemented by physical activity demonstrations.

United General-CHOP

United General District 304 is a rural hospital district serving Skagit County, Washington, through preventative services and programs. United General District 304's work is organized into six pillars: Healthy Eating, Thriving Children and Families, Community and Professional Education, Active Living, Engaged Youth and Community, and Stewarding Assets and Opportunities. Their SNAP-Ed work with the Sedro-Woolley and Concrete School Districts serves students and families with PSE changes to encourage healthy eating and physical activity including Harvest of the Month and school gardens.

San Juan County Health and Community Services

San Juan County Health and Community Services (SJCHS) provides a wide array of public health services to ensure access to preventative healthcare and referrals to additional social services in the community. SJCHS serves all of San Juan County, including San Juan, Lopez, Orcas and Shaw islands with the mission of promoting, protecting and preserving with dignity the health and wellbeing of the people and communities of San Juan County.

Common Threads Farm

Founded in 2007 and based in Bellingham, Common Threads helps kids across Whatcom County learn to make food choices that are good for their bodies, their communities, and the environment. Through gardening, cooking, and eating, Common Threads creates joyful opportunities for kids to practice teamwork, learn healthy habits, take risks and try new things. 2020 is Common Threads' 14th year of gardening and cooking with children. Currently over 7,000 children are provided the opportunity to fall in love with healthy food each year.

Common Threads vision is of a world where:

- All children are given the resources, information, and experiences they need to make healthy food choices every day.
- The food kids are exposed to sets them up for a life of healthy eating.

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- Healthy food and healthy food education becomes a joyful, expected norm: understood as an integral part of basic education.

Region Four - Department of Health

MultiCare Health System Center for Health Equity & Wellness

MultiCare Health System's Center for Health Equity & Wellness will utilize the SNAP-Ed guiding principles to deliver three targeted interventions, each educating participants about the importance of a healthy diet and regular physical activity to reduce the risk of obesity and chronic disease. The interventions are layered at different points in the social-ecological model, designed to influence individual behaviors, train educators and providers, implement integrated health care practices, and adapt workplace policies. Its existing Older Youth Nutrition Education (OYNE) and Empowering Pregnancy and Motherhood (EPM) programs target middle school students and pre-/post-natal women. Over the project period, it will expand these two interventions while also adding Young Adult Nutrition Supports. Key partners include the Tacoma Public Schools, Pacific Lutheran University School of Nursing, Washington State University Extension-Pierce County, Pierce County Community Service Organizations, the YMCA and Pierce County Farmers Markets.

Public Health - Seattle & King County

Public Health — Seattle & King County (Public Health) works to protect and improve the health and well-being of all people in King County as measured by increasing the number of healthy years that people live and eliminating health disparities.

Public Health is one of the largest metropolitan health departments in the United States with 1,400 employees, 40 sites, and a biennial budget of \$686 million. The department serves a resident population of nearly 2.2 million people in an environment of great complexity and scale, with 19 acute care hospitals and over 7,000 medical professionals. Over 100 languages are spoken here, and King County is an international destination welcoming nearly 40 million visitors annually. Public Health protects the public from threats to their health, promotes better health, and helps to ensure people are provided with accessible, quality health care.

Solid Ground

Solid Ground believes poverty is solvable. With the understanding that a stable home is foundational to ending poverty, Solid Ground provides housing and homeless prevention in combination with services that meet basic needs to allow individuals and families to rebuild and thrive. Solid Ground works with its participants to nurture multigenerational success by providing tools, training, and counseling for long-term stability – including stability planning, social-emotional supports for youth and children, financial empowerment counseling, legal assistance to access and maintain public benefits, nutrition classes to encourage healthy eating while on a budget, and more. Solid Ground recognizes we cannot end poverty without the

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voices of those who experience it, so they catalyze systemic change through direct testimony and state-level public policy advocacy led by those disproportionately impacted by systemic barriers. Embedded in Solid Ground's mission is an Anti-Racism Initiative – grounded in the recognition that communities of color experience homelessness and poverty at more than double the percentage of the general population. Solid Ground strives to deliver focused services with cultural humility and advocates for structural change, working to identify, learn, and connect policies and systems that perpetuate poverty and racism in the lives of program participants and our day-to-day work.

Solid Ground has a 46-year legacy of providing stabilizing, supportive services to people living on low incomes, including 38 years of delivering responsive housing solutions. It has a demonstrated history of innovation in housing and human services, pioneering models and advocating for dozens of stabilizing laws that protect community members experiencing compounding barriers to stability – piloting its housing first Rapid Re-Housing program in 1997 and founding the Non-Profit Anti-Racism Coalition in 2001. Solid Ground's broad reach, strong infrastructure, and depth of experience position Solid Ground as a principal leader in the fight against poverty, housing instability, and homelessness across King County.

Tacoma-Pierce County Health Department

Every day the Tacoma Pierce County Health Department is hard at work to ensure the community can enjoy a meal, drink tap water, breathe clean air, and stay healthy and disease free.

- Vision: Healthy People in Healthy Communities.
- Mission: We protect and improve the health of all people and places in Pierce County.
- Priorities:
 - People are healthy and safe here.
 - People have equitable opportunities for health.
 - Children, families and communities thrive.
- Core Values:
 - Integrity: We show honesty, trust and fairness in words and actions. We encourage professional and personal growth. We share knowledge and skills with our colleagues and partners. We rely on one another and know those we serve rely on us. We help.
 - Respect: We value our customers, partners and co-workers. We celebrate diversity in all forms. We pursue kindness, compassion and acceptance. We listen to and learn from others and encourage people to share ideas. We care.
 - Leadership: We are all leaders, leading from different roles within the agency. We make sound decisions consistent with our values and policies. We strive for and promote excellence. Our communication is clear, positive and constructive. We serve.

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Washington State University Extension

See WSU Extension description on page 23. The following Extension offices will implement SNAP-Ed in Region 4:

- King
- Pierce

Washington State Department of Agriculture - Food Assistance

See Washington State Department of Agriculture description on page 27.

Region Five – Department of Health

Garden Raised Bounty

For 20+ years, Garden Raised Bounty (GRuB) successfully implemented innovative programs driven by its mission to grow healthy food, people and community. GRuB works alongside and empowers people who are experiencing food insecurity to grow their own culturally appropriate food, increase physical and mental wellbeing and resilience, and strengthen community. GRuB serves 1,500+ people annually through eight programs, which are led by and serve GRuB priority audiences: children, youth, families with limited incomes, tribal communities, military veterans, and seniors experiencing hunger.

Program activities include youth empowerment and employment training on GRuB's three acre sustainable farm, growing produce to donate to Thurston County Food Bank, building free backyard gardens with and for families with low incomes, sharing gardening resources and training to ensure a successful bounty and so much more.

HOPE Hands On Personal Empowerment

HOPE engages Mason County youth to become empowered, productive members of their community and the world they will inherit. HOPE Garden staff are passionate. They love food, health, and outdoor education. At HOPE, youth learn to farm the land, they learn to take care of themselves, and they learn to love each other. HOPE believes good health begins with how we feed ourselves, how we take care of our bodies, and how we engage with the community.

HOPE Garden teaches job skills, leadership, communication, social justice, nutrition, and health all through a garden modality. Youth are engaged at every level of our work from building the gardens, maintaining the gardens, and of course, eating from the gardens. With a holistic, hands-on approach, youth gain valuable life experience, learn about healthy food options, and get to have a lot of fun.

Kitsap Public Health District

Kitsap Public Health District is an accredited local health jurisdiction serving Kitsap County. The mission of Kitsap Public Health District is to prevent disease, and protect and promote the

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health of all persons in Kitsap County. The vision is to make Kitsap County a safe and healthy place to live, learn, work, and play.

Lewis County Public Health & Social Services

Lewis County Public Health & Social Services' (LCPHSS) mission is "to encourage local, regional, state and national relationships and opportunities to protect, promote and improve the health of our community," and its vision is "A Safe, Healthy and Thriving Lewis County." Its mission and vision mirror that of Washington State Department of Health's SNAP-Ed program, "to improve health equity through interventions that support healthy behaviors and increase of food security." LCPHSS wants its residents to have access to healthy foods and healthy lifestyle choices to meet their wellness goals. By promoting access to healthy foods through the proposed Farmers Market Nutrition Program and Breastfeeding Coalition projects, LCPHSS is informing residents of options they may not have known they had access to and methods for maximizing resources. LCPHSS is helping to reduce barriers in making the healthy choice the easy choice where people live, work, and shop through these interventions.

Pacific County Health and Human Services

Pacific County Public Health and Human Services provides health education and promotion services on a variety of health topics including: Substance Use Prevention, Tobacco Prevention & Control, Obesity Prevention, Mental Health promotion, Nutrition, and Physical Activity. The majority of its health education occurs directly in its local schools with students at multiple grade levels in each of its five local districts receiving curriculum directly.

In addition to school-based curriculum, Pacific County Health and Human Services also works closely with and helps support several community coalitions in an effort to strengthen community capacity to address public health needs. These groups include WellSpring Community Network (south county substance use prevention and mental health promotion), Teen Advocacy Coalition (TAC- north county SA prevention and mental health promotion), Healthy Communities Work group, Peninsula Farm to School, Naselle SHAC, North County Gardening Coalition, and the Pacific County Health Care Coalition.

Thurston County Food Bank

The Thurston County Food Bank's mission is to eliminate hunger in our community in the spirit of neighbor helping neighbor. The Thurston County Food Bank serves 15,000 families annually through a variety of programs. These families include 47,000 individuals, half of which are children. The Food Bank prioritizes a shopping model where clients are able to select food to meet their diets and preferences. Its 22 Satellites and many programs work to provide healthy, appropriate food for people in the community.

The Thurston County Food Bank has been working to educate clients about healthy food choices increasingly since 2003. It has been expanding the supply of fresh produce and other healthy perishable foods through its extensive network of food pantries, developing local

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collaborative relationships and increasing the infrastructure to support more fresh foods. Its nutrition education program works in food bank locations, schools, and community organizations to provide nutrition education to eligible populations through classes, outreach events, and through policy, systems, and environmental changes. The Nutrition Education Team works across Food Bank programs to support the prioritization and promotion of healthy food options and physical activity.

Currently, the Thurston County Food Bank operates a School Backpack program that provides weekend meals for homeless youth. It operates a School Garden program at five elementary schools that promotes learning and healthy eating through garden education. It operates a Summer Meal program through two van routes that provide lunch meals for low-income children. Additionally, the Thurston County Food Bank's role as a regional redistribution organization for two nonprofit networks and under contract with Washington State Department of Agriculture creates opportunities for leveraging current partnerships and increasing SNAP-Ed program reach.

Thurston County Food Bank has hundreds of relationships with individuals, businesses, and organizations in its community partners that it leverages in its work to end hunger in Thurston County. By connecting different sectors and generations, it is able to create collective impact for change, and provide a continuity that acts as a bolster to our community.

Wahkiakum County Health and Human Services

Wahkiakum Health and Human Services' mission is to enhance the health and well-being of Wahkiakum County by providing effective health and human services and by fostering and implementing sound, sustained advanced in the sciences underlying medicine, public health and social services. The department provides a variety of public health, mental health, substance abuse and prevention services as well as many other services to help the community overcome unmet needs. The department works closely with the school system, family health center local food pantries, and senior meal sites.

The closest Community Service Office (CSO) is 30+ miles away and the department is working with them to be able to host a CSO caseworker one day a week in one of its facilities so that it could bring those services to its community.

Washington State University Extension

See WSU Extension description on page 23. The following Extension offices will implement SNAP-Ed in Region 5:

- Clallam
- Clark
- Cowlitz
- Grays Harbor
- Jefferson
- Kitsap
- Lewis
- Mason

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- Thurston

Washington State Department of Agriculture - Food Assistance

See Washington State Department of Agriculture description on page 27.

Statewide Initiatives

Regional Leads Program—Washington State Farmers Market Association

Founded in 1979, the Washington State Farmers Market Association (WSFMA) is a 501(c)3 nonprofit, membership organization whose mission is to support vibrant and sustainable farmers markets



in Washington state through member services, education and advocacy. The WSFMA is governed by an 11-member board of directors and has a staff of three with a team of Regional Lead contractors. The WSFMA represents and serves 110 member farmers markets in 30 counties and 86 cities throughout the state. The WSFMA also works with non-member farmers markets through contracts, by providing open information on our website, and through open training such as our annual conference.

WSFMA believes everyone should have access to healthy, local food and has a long-history of working with partners to ensure farmers markets were able to accept SNAP, especially when the shift was made from paper vouchers to EBT. Since FFY2014, WSFMA has served as the lead agency on Washington SNAP-Ed's Farmers Market Statewide Initiative. The WSFMA's Food Access Program directly supports farmers markets' ability to accept SNAP payments, participate in SNAP matching programs, and in the WIC and Senior Farmers Market Nutrition Programs. In 2019, at King County farmers markets alone, \$277,660 in SNAP and \$277,586 Fresh Bucks match was redeemed, and \$410,072 of Farmers Market Nutrition Program checks were used to buy fresh fruits and vegetables. In addition, through work with DSHS and DOH, WSFMA facilitates partnerships between farmers markets and SNAP-Ed providers to increase participation in food access programs at farmers market and access to healthy foods. Other core programs include farmers markets education and training; promotions, facilitating networking, data tracking, advocacy, and a wide range of special projects.

Evaluation—Washington State Department of Health

The SNAP-Ed Evaluation Team is based at the Washington State Department of Health (DOH). The evaluation team sits in the Research, Evaluation, and Analysis Unit of the Office of Nutrition Services, within DOH's Prevention and Community Health Division.



The evaluation team consists of an evaluation coordinator, a data liaison, two data analysts, and an epidemiologist. The team brings a variety of experience from public health, nutrition education and dietetics, program evaluation, infectious disease, epidemiology, and data analytics to Washington's SNAP-Ed evaluation. The evaluation team regularly uses their skills in literature review, quantitative and qualitative analysis, GIS mapping, and survey development and validation in the SNAP-Ed evaluation.

The team is also able to collaborate with other programs within Prevention and Community Health Division, including the Women, Infant, and Children Program (WIC) and Washington State's Farmers Market Match program. The team also brings in expertise in graphic design, communications, and programming from other offices throughout DOH.



Curriculum, Training, and Website—Washington State University Extension

The statewide initiative for Curriculum, Training and Website (CTW) supports Washington State SNAP-Ed programming across all five regions. The CTW team works in collaboration with the state agency, IAs, other statewide initiatives and LIAs to deliver SNAP-Ed programming as a coordinated, focused program designed to serve SNAP-eligible participants. Responsibilities include:

- Review and selection of direct education curricula for WA SNAP-Ed
- Development and implementation of a statewide training program which reflects the goals and objectives of the program
- Management of two websites designed to reach Washington State SNAP-Ed providers and SNAP-eligible participants

The CTW team is committed to a cohesive program at the state level. It collaborates with IAs, the other two SWIs and the state agency to ensure statewide programming is consistent, relevant and has the greatest impact. Two workgroups are in place to ensure work aligns with implementation of programming across the state.

- The CTW Planning Action Committee was established to collaborate with the CTW

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team to determine the best decisions for direct education interventions, statewide training topics and management of two websites. This group is comprised of IA representatives from all five regions, SWIs and the state agency. In FFY21 the CTW team will explore ways to include the voice of both LIAs and SNAP-Ed participants. The CTW will also address the best way to include representation that is participant-focused and client-centered on the Planning Action Committee.

- A second workgroup operates to research the use of social media and online direct education for Washington SNAP-Ed. Originally established to determine the best plan for adopting social marketing as a SNAP-Ed intervention in Washington, the workgroup was forced to quickly expand its focus because of the global pandemic. Since the onset of COVID-19, more LIAs use social media platforms and other online platforms to connect with the SNAP-Ed audience. Comprised of an IA representative, a state agency representative, and two CTW staff, this group devised a set of [statewide guidelines](#) for the use of social media for Washington SNAP-Ed. A similar document will be written in the last quarter of FFY20 to reflect delivery of direct education, online and with fidelity. Secondary workgroups may be formed to address the need for implementation of online direct education and will expand to include LIAs.

Statewide Support—Washington State University Extension

The WSU Statewide Support Project provides hands-on technical assistance, coaching and coordination to the WSU SNAP-Ed project leads across the state. This support builds capacity by linking WSU LIAs to each other and to business, finance, and personnel services on the university campus. The core staffing for the Statewide

Support project includes one full-time lead, who is assisted by one half-time fiscal specialist. Together, they support the local project leads with planning and budget guidance, expertise in navigating university personnel and human resource services, purchasing, and contract systems.



The WSU Statewide Support Project Administrative Manager works closely with DSHS, other LIAs, subcontractors, Extension staff, community and statewide partners, and national organizations in directing the program and ensuring activities meet the requirements of the FNS Guidance for SNAP-Ed. Their role is to work with all WSU SNAP-Ed project leads to coordinate the grant submission processes, provide networking opportunities, administrative support, technical assistance, and guidance, assist in contingent planning efforts and resource management, and to interpret and advise staff on the implementation of WSU, DSHS, and FNS operational procedures to ensure practices are in compliance with regulations and policies. Having a primary liaison to navigate the project leads through the WSU accounting,

Introduction

business, contract, grant, and personnel services provides better continuity, stability, and project success within the multi-county programs and statewide projects. SNAP-Ed dollars are leveraged through connections between local projects and other WSU Extension programs such as Master Gardeners, Emergency Food Nutrition Education Program, Production Agriculture, Community and Economic Development, Parenting and 4-H Youth Development, resulting in expanded services and richer programming for SNAP-Ed participants without added cost to SNAP-Ed.

An additional combined total of 1.5 FTE of fiscal analysts and specialists serve SNAP-Ed to ensure compliance with WSU, DSHS and other IAs in processing payroll, personnel, purchasing, subcontract, and travel expenditures for approximately 80 staff statewide. This includes subcontracts with IAs and subcontracts to LIAs in the region where WSU serves as the IA. The WSU Statewide Support Project team strives to use SNAP-Ed funds as efficiently as possible to ensure most of the SNAP-Ed funding directly benefits participants.

Identifying and Understanding the SNAP-Ed Target Audience

Definition of Target Audience in SNAP-Ed Plans

Income and Poverty

The FFY21 SNAP-Ed Guidance defines the target audience as “SNAP participants and low-income individuals eligible to receive SNAP benefits or other means-tested Federal assistance programs, such as Medicaid or Temporary Assistance for Needy Families, as well as individuals residing in communities with a significant low-income population.”

SNAP-Ed Target Audience:

- SNAP/Basic Food participants
- Low-income individuals who qualify to receive SNAP benefits
- Other means-tested Federal assistance programs
- Individuals residing in communities with a significant (50 percent or greater) low-income population

Qualifying Locations

Locations serving low-income populations

Some sites—including, but not limited to, community service offices (SNAP offices), food banks, food pantries, soup kitchens, public housing sites, SNAP/ TANF job readiness sites—qualify by nature because their primary audience is the SNAP-eligible population. The following sections describe the criteria the state agency would use on a case-by-case basis to determine whether a site qualifies if the site does not meet the criteria described in the guidance. When noted, FNS has approved the alternative site-specific criteria in previous plans Washington SNAP-Ed plans. If an LIA proposed working with a site that did not meet the criteria below, the state agency would seek FNS review.

Schools and School Districts

Important school decisions often occur at the district level. In some cases, an individual school might qualify according to the guidance,ⁱⁱ but the whole school district does not qualify. In order to conduct SNAP-Ed projects that impact the qualifying school, it may be necessary to work at the district level. Therefore, WA SNAP-Ed will work at the district level, even in cases when the district does not qualify, if the efforts are focused on the qualifying school(s) in that district. District-level changes will also benefit students eligible for free- and reduced-price lunches at

ⁱⁱ Schools are qualifying sites, per FFY21 SNAP-Ed Guidance, if (a) they are located in census tract areas or other defined areas where at least 50 percent of persons have gross incomes that are equal to or less than 185 percent of the poverty threshold; (b) at least 50 percent of children receive free and reduced priced meals; or (c) they implement the community eligibility provision.

Identifying and Understanding the SNAP-Ed Target Audience

schools where fewer than 50% of students qualify and are therefore not eligible for SNAP-Ed. In addition, if a school district qualifies for SNAP-Ed, SNAP-Ed staff can work at the district level to support SNAP-Ed goals and objectives.

In cases when an entire school does not qualify, SNAP-Ed activities can be done at the school that specifically reach the SNAP-Ed audience so long as data or documentation are available to show that the activities reach the SNAP-Ed audience. For example, if a data from the Office of Superintendent of Public Instruction (OSPI) demonstrate the majority of school lunches are served to students who qualify to receive free and reduced-price lunches, SNAP-Ed can conduct activities related to the meals, such as promoting healthier items or training food service staff in healthier culinary techniques. Washington SNAP-Ed has used this approach to implement direct education among a subset of qualifying students as it would in a non-school site.

In response to COVID-19, school food operations have drastically changed. In Washington, the OPSI received approval from FNS to waive eligibility requirements for the Summer Food Service Program (SFSP) and the Seamless Summer Option (SSO) during the event of school closures. SNAP-Ed LIAs would like to offer indirect nutrition education materials along with the SFSP/SSO meals. Data show the majority of meals served are free or reduced, and students relying on SFSP/SSO during a school closure are most likely students who rely on free or reduced-price lunches when the school is open.

Retail locations serving low-income populations

For retail locations that do not meet the criteria for qualifying locations detailed in the SNAP-Ed Guidance,ⁱⁱⁱ WA SNAP-Ed will use the following criteria to qualify specific retail locations serving low-income populations on a case-by-case basis.

Grocery Stores

Grocery stores that accept SNAP fruit and vegetable incentives or prescription programs for low-income shoppers would qualify for store-wide (PSE or health promotion) projects. As of July 2020, Safeway and Albertsons accept state-funded incentive coupons. At select stores, additional healthy food incentive programs are available for SNAP and other low-income shoppers. If Washington receives funding for the Gus Schumacher Nutrition Incentive Program in FFY21, an additional 52 independent grocers would offer SNAP incentives.

ⁱⁱⁱ Retail stores are qualifying sites, per FFY21 SNAP-Ed Guidance, if they (a) redeem average monthly SNAP benefits of $\geq \$50,000$; or (b) are located in census tract or block group where $\geq 50\%$ of persons have gross incomes that $\leq 185\%$ of the poverty threshold.

Identifying and Understanding the SNAP-Ed Target Audience

Corner Stores

The following alternative qualifying criteria were slightly adapted from those approved by FNS in the FFY18–20 plan. In FFY21, a workgroup made up of IAs and WSFMA will further review and update these criteria.

Corner stores are enrolled regardless of whether the store accepts SNAP and/or WIC benefits at the time of enrollment. The intervention will include promotion of SNAP and/or WIC acceptance as appropriate. Corner stores owned by immigrants or persons of color are prioritized.

- Corner stores within two miles of a qualified census tract or block group and supermarkets and/or large grocery stores available are beyond one mile walking distance.

OR

- Corner stores in high foot traffic areas that are not near or within a qualified census tract or block group but are in remote areas with only one supermarket and/or large grocery store available.

AND (applies to both of the above)

- Enrolled corner stores have formerly pledged to improve at least two (2) of SNAP-Ed best practices retail modifications (ex. increasing quality produce sales).

Farmers Markets:

The following alternative qualifying criteria were slightly adapted from those approved by FNS in the FFY18–20. In FFY21, a workgroup made up of IAs and WSFMA will further review and update these criteria.

- ✓ Farmers located within two miles of a qualified low-income census tract or and are authorized SNAP and/or WIC/Senior Farmers Market; OR
- ✓ Farmers markets within two miles of a qualified census tract and do not accept SNAP or WIC, but the goal it to implement EBT; OR
- ✓ Farmers Markets in which there are no other qualifying farmers markets located within two miles (for urban) or 10 miles (for rural) farmers markets, and are authorized SNAP or WIC/Seniors Farmers Markets. The markets are designated as rural or urban based on the Rural-Urban Commuting Area (RUCA) Levels; OR
- ✓ Farmers Markets in which there are no other qualifying farmers markets "close by" based on visual GIS mapping of surrounding markets, and are authorized SNAP or WIC/Seniors Farmers Markets. (Definition of "close by" will be developed in FFY21. In the meantime, LIAs should use the criteria described above).

If a market does not meet the criteria listed above, the market would qualify for PSE and health promotion work if it accepts SNAP Market Match or participates in other fruit and vegetable incentive programs for low-income shoppers.

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Federally-Qualified Health Centers

Federally-qualified health centers (FQHCs) provide primary care services in underserved areas, and, in 2018, 91 percent of the patients with income data were at or below 200 percent of the poverty threshold (consistent with SNAP eligibility in Washington, as described above) and 68 percent of patients were at or below 100 percent of the poverty threshold.¹ Therefore, all FQHCs would be considered qualifying locations for SNAP-Ed programming.

Needs Assessment Description

Introduction

In FFY19, DSHS contracted with Spokane Regional Health District Public Health Centers for Excellence to conduct a comprehensive, valid and data-driven statewide needs assessment of the SNAP-eligible population. The needs assessment was conducted in response to a finding from the FFY18 Management Evaluation by FNS requiring Washington SNAP-Ed to complete a statewide—as opposed to regional—needs assessment for future program planning. The Centers for Excellence was responsible for all primary data collection, analysis, and reporting.

The Needs Assessment was written by:

- Steve Smith, Research Scientist 2
- Morgan O'Dell, Research Scientist 1
- Danielle Wrenn, Research Scientist 1
- Yu-Yu Tien, Research Scientist 1
- Ashley Beck, Senior Research Scientist
- Amy Riffe, Research Scientist 2
- Emily Turk, Program Analyst
- Boyd Foster, Research Scientist 2
- Stacy Wenzl, Program Manager

The Public Health Centers for Excellence submitted the [needs assessment](#) to DSHS in September 2019. Public Health Centers for Excellence also submitted the following data profiles to supplement the needs assessment:

- [Washington State Data Profile](#)
- [Region 1 Data Profile](#)
- [Region 2 Data Profile](#)
- [Region 3 Data Profile](#)
- [Region 4 Data Profile](#)
- [Region 5 Data Profile](#)

The results of the needs assessment are reported in the following sections. DSHS made slight adaptations to the needs assessment as it was submitted by Public Health Centers for Excellence, including modifying the formatting and, when appropriate, updating or adding data.

Purpose

The purpose of the Washington State SNAP-Ed Needs Assessment was to identify the nutrition, physical activity, and obesity prevention needs of the Washington SNAP-eligible population and their barriers to accessing healthy food and physical activity. To accomplish this purpose, the Public Health Centers for Excellence sought to answer the following questions:

1. What are the socio-demographic, health and environmental characteristics of the SNAP-eligible population in Washington?
2. What are the barriers to accessing healthy foods and physical activity for the SNAP-eligible population in Washington?
3. What existing programs and services exist for SNAP-eligible populations in Washington and to what extent are existing programs and services utilizing best practices?
4. What are community-based suggestions for increasing access to healthy foods and physical activity for the SNAP-eligible population in Washington?

Assessment Framework

The Public Health Centers for Excellence used the Mobilizing for Action through Planning and Partnerships (MAPP) assessment framework for the design of the Needs Assessment. MAPP is a strategic planning framework developed by the National Association of County and City Health Officials in partnership with the Public Health Practice Office and Centers for Disease Control and Prevention. The MAPP assessment framework emphasizes the importance of community input and ownership in planning while utilizing traditional strategic planning concepts. The assessment phase of the MAPP process is composed of four subcomponents: assessment of community status, assessment of community themes, assessment of the system, and assessment of forces of change.

² More information regarding the MAPP process, including a detailed guide, can be found at www.NAACHO.org.

Assessment Scope

This assessment considered residents within 185% of the Federal Poverty Level in all five Washington State SNAP-Ed regions and 39 counties.^{iv} Target populations include all age (preschool to older adults and seniors) and population groups (pregnant/breastfeeding,

^{iv} The Centers for Excellence used 185 percent of the poverty guidelines/thresholds to describe the target audience as it is defined in the Guidance. However, the results of the needs assessment highlighted that 185 percent was not consistent with the state's SNAP-eligibility criteria, and therefore SNAP-Ed proposes using 200 percent of the poverty guidelines/threshold to be more consistent with the SNAP-eligible population in Washington.

Identifying and Understanding the SNAP-Ed Target Audience

parents, homeless, and food pantry) outlined in the SNAP-Ed Guidance.³ The assessment considered all settings where SNAP-eligible populations live, work, shop, eat, and play.

For ease of readability key takeaways and assessment summaries are highlighted in blue boxes. Tips and suggestions for usage of the findings are included at the beginning of each section in orange boxes. Where available, tables with corresponding regional supplements are noted with ∞. For supplemental tables for each region, see Appendix I–M.

Methodology

The Centers for Excellence used a mixed-methods approach to complete the needs assessment. This assessment used both quantitative and qualitative methods including secondary analysis of public health data, analysis of qualitative data from key-informant interviews, focus groups, and forces of change exercise, analysis of survey data, and GIS data and mapping. The Centers for Excellence was responsible for all primary data collection, analysis, and reporting. Primary data collection took place from December 2018 to July 2019. Data collected and analyzed for the purpose of the assessment are described below.

Socio-Demographic and Outcome Data

The Centers for Excellence analyzed existing (secondary) data from means-tested state and national sources including the Washington State Healthy Youth Survey (HYS), Behavioral Risk Factor Surveillance System (BRFSS), and American Community Survey (ACS). Additional sources and definitions are listed in appendices and footnotes of this plan. Where available, the Centers for Excellence analyzed data at the state, regional and county levels for comparison.

Significance testing used chi-square and independent sample t-tests where appropriate. The following is a description of the methodology for the secondary data analysis components of the assessment.

State and Regional Data Profiles

The Centers for Excellence created data profiles on the socio-demographic, health, and environmental characteristics of the SNAP-eligible population at the state and regional level. Data profiles include the presentation and significance analysis of 53 indicators. Where possible, comparisons were made between rates for the SNAP-eligible and non-eligible population, state and regional rates, and regional and county rates. Indicator topics include:

- Eligibility
- Demographics and social characteristics
- Food and nutrition behavior (adult and youth)
- Physical activity behavior (adult and youth)
- Quality of life outcomes and behaviors

Sources for the data profiles included the American Community Survey, Healthy Youth Survey, and Behavioral Risk Factor Surveillance System.

Identifying and Understanding the SNAP-Ed Target Audience

Latent Class Analysis

To better understand the SNAP-eligible audience, the Centers for Excellence performed Latent Class Analysis (LCA) on selected indicators to identify subgroups among the SNAP-eligible youth population. LCA is a statistical mixture model that suggests individuals can be divided into subgroups (latent classes) based on an unobserved construct. While true class membership is unknown, it can be inferred from a set of measured variables.⁴ The Centers for Excellence used LCA to understand how multiple characteristics, behaviors, and risks interact with the target population to better understand profiles of risk and protection for specific behavioral outcomes.

This model can help identify a small set of underlying subgroups characterized by their behaviors (such as dietary habits and physical activity). Each subgroup may differ in their need for SNAP-Ed interventions or differ in their response to selected interventions. This model helps better understand the audience in terms of their characteristics (such as individual and family factors) and SNAP-Ed outcomes (such as obesity and food insecurity). SNAP-Ed program staff can use this information to target subpopulations or tailor interventions to specific subpopulations.

Priority Indicator Severity Scoring

To determine priority nutrition, physical activity, and food security topics, the Centers for Excellence created a severity scoring method for selected indicators for the SNAP-eligible population. The analysis was completed at the state and SNAP-Ed region level. Comparable adult and youth indicators were assigned severity scores based on the following criteria:

- Change in indicator (getting better, worse, or staying the same)
- Comparison between eligible and non-eligible (better, worse, same)
- Disparities (differences in rates) between demographic groups
- Estimated magnitude (percent of the population experiencing the issue)

Determination of performance (getting better or worse, trend, demographic disparities) was based on chi-square tests of significance. Indicators with no significant differences were assigned scores of staying the same, same, or no difference.

Key-Informant Interviews

The Centers for Excellence conducted key-informant interviews with representatives from the SNAP-Ed Leadership Team LIA representatives from regions. Between December 2018 and January 2019, researchers conducted 33 interviews with representatives from all implementing agencies, the curriculum, training and website team, statewide evaluation team, and 33 local providers in 20 counties. Participants from the Leadership Team were recruited through recurring calls. Participants for local provider interviews were recruited through IAs. All

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interviews were conducted over the phone and recorded. Recordings of the interviews were transcribed by a third-party transcription service (Rev.com). Interview topics included:

- Process for selecting program activities and using best practices
- Populations most in need of SNAP-Ed programming
- Topics most in need of addressing with SNAP-Ed programming
- Over/underserved populations (including geography)
- Barriers and opportunities for addressing populations most in need

A complete list of participants and questions can be found in Appendix B.

Community Partner Survey

The Centers for Excellence conducted an electronic survey with representatives of agencies working with or connected to SNAP-Ed programming in Washington from March to April 2019. Participants of the convenience sample survey were recruited through IAs and local SNAP-Ed providers. Eighty participants, representing organizations working in all SNAP-Ed settings and with all SNAP-Ed populations, completed the survey. The instrument included both close and open-ended questions. A short pilot of the survey with local providers was completed in February 2019 to test the instrument. Survey topics included:

- Background on clients and types of services
- Perceived level of need for SNAP-Ed topics and populations
- Barriers and opportunities for working with the SNAP-eligible population
- Effectiveness of interventions in reaching SNAP-eligible populations

Only background participant frequency data and qualitative responses to open-ended questions were considered in this assessment. A complete list of questions can be found in Appendix C.

Focus Groups

The Centers for Excellence conducted 29 focus groups in 22 counties in all Washington State SNAP-Ed regions with a total of 237 participants. Participants of the focus groups were recruited through local SNAP-Ed providers and contacts. The Centers for Excellence supported recruitment through flyers in English and Spanish. Focus groups were conducted in English, Spanish, and Vietnamese. Centers for Excellence staff conducted all English focus groups and recruited local native language speakers for the Spanish and Vietnamese language focus groups. All focus groups were recorded by the facilitator and transcribed by a third-party transcription service (Rev.com for English and The Spanish Group for Spanish and Vietnamese languages). All participants received a \$15 gift card to a grocery store of their preference to offset opportunity costs such as meals and travel. The Centers for Excellence allowed selection of the location for the gift card in order to respect local preference and need. Focus group participants were also provided a light, healthy snack (usually fruits and vegetables and water). Focus group topics included:

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- Physical activity preferences, barriers, motivators
- Healthy eating preferences, barriers, motivators

A complete list of questions can be found in Appendix D.

Qualitative Analysis

All qualitative data were analyzed using Grounded Theory technique. Grounded Theory can be applied when conducting studies in any discipline. Traditionally, Grounded Theory is applied in studies that are qualitative in nature. Principles of Grounded Theory applied in the needs assessment included initial (open) coding, concurrent data collection and analysis, memoing, and focused (selective) coding.⁵

Centers for Excellence staff analyzed qualitative data at both the state and Washington State SNAP-Ed region level and identified both question-based and overarching themes. Qualitative analysis was initially conducted independently by two Centers for Excellence staff then reviewed by additional analysts for final themes.

Geographic Information System Mapping and Analysis

The Centers for Excellence used geographic information system (GIS) mapping and analysis to display and analyze geographic location and concentration of the SNAP-eligible population, obesity and food insecurity rates, and SNAP-Ed and nutrition-related service provision and gaps for the SNAP-eligible population. Specific topics include:

- SNAP-eligibility
- Free and reduced lunch rates for school districts
- SNAP-Ed direct and indirect education activities (2018)
- Local services (Community Service Offices, WIC, farmers markets)
- Obesity rates
- Food insecurity rates

All maps are currently available [here](#).

Gaps Assessment

Gaps assessments included the review of current services and programming (both SNAP-Ed and other organizations) and comparing this information to the SNAP-eligible population and geography. To complete the gaps assessment, the Centers for Excellence considered the following information:

- Federal Fiscal Year 2018 program activity information reported in the Program Evaluation and Reporting System (PEARS)
- Basic Food (SNAP) claims data
- GIS mapping of eligibility, services, and resources
- Other nutrition-related programs serving low-income persons

Assessment of Community Status

Assessment of the community status for the SNAP-eligible population involved the systematic analysis of existing (secondary) data to describe and analyze the socio-demographic, health, and environmental characteristics of the Washington SNAP-eligible population. Sources of the data analyzed include Washington State Healthy Youth Survey (HYS), Behavioral Risk Factor Surveillance System (BRFSS), American Community Survey, and population estimates provided by the Washington State Office of Financial Management. This section of the assessment will summarize key findings and descriptions of the population from the analysis. A detailed summary of all indicators can be found in the State and Regional Data Profiles companion publication. This section of the assessment consists of three parts:

- Description of the SNAP-eligible population
- Latent class analysis of key indicators and populations
- Priority indicator severity scoring

Key Takeaways:

- SNAP-eligible individuals live in diverse geographic areas throughout Washington State.
- 30% of all SNAP-eligible individuals live in rural counties.
- 70% of all SNAP-eligible individuals live in urban counties.
- Rural counties, on average, have higher proportions of SNAP-eligibility, but fewer total eligible individuals.

Information in this section and associated tables and appendices can help state, regional, and local SNAP-Ed providers:

- Determine priority topics for SNAP-Ed interventions.
- Determine priority populations for SNAP-Ed interventions.
- Locate geographic areas with the highest need for SNAP-Ed programming.
- Describe the target audience to the community, policy makers, and other current and potential stakeholders.
- Better understand the target population in terms of interrelated characteristics that can influence outcomes such as obesity and food insecurity.

Description of the SNAP-Eligible Population

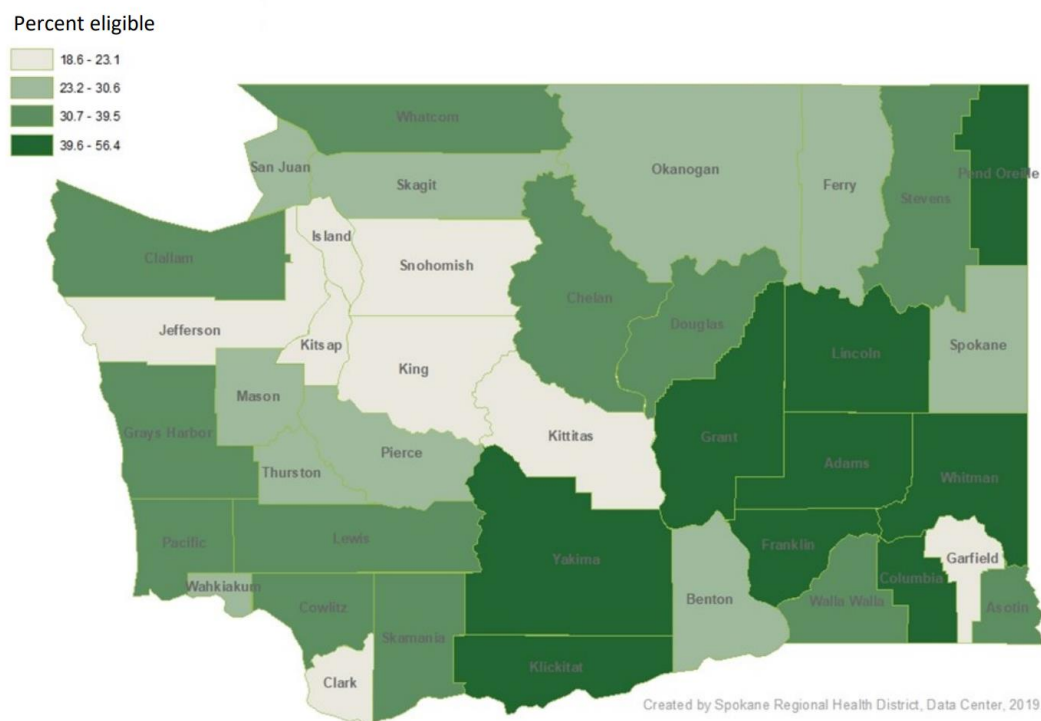
Geographic Locations

Washington State is the 18th largest state by area and 13th largest by population with an estimated 7.4 million residents within 71 thousand square miles.^{6,7} Of the 39 counties in

Identifying and Understanding the SNAP-Ed Target Audience

Washington, Office of Financial Management designates 30 counties as rural (less than 100 persons per square mile.)⁸ Individuals living in rural counties account for an estimated 22% of the total population, while an estimated 29% of the total population resides in the most populated county in the state (King).

Figure 1: SNAP Eligibility by County, ACS 2013-2017



An estimated 1.8 million individuals (24%) in Washington are eligible for SNAP-Ed (<200% FPL). SNAP-eligible individuals living in the 30 rural counties account for an estimated 30% of the Washington State SNAP-eligible population. The proportion of eligible individuals varies greatly between counties (Figure 1), with rural counties having, on average, a higher percent of the total population eligible. The five counties with the highest proportion of SNAP-eligible individuals are rural while three of the five counties with the lowest proportion of SNAP-eligible individuals are urban.

The Washington State SNAP-Ed Program is divided into five geographic regions across the state that represent between 14% (Regions 2 and 3) and 33% (Region 4) of the total SNAP-eligible population.

Table 2 displays state and regional total and SNAP-eligible population estimates and their rural or urban designation. Additional geographic information on the SNAP-eligible population can be found in the [systems assessment section](#).

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Table 2: Population Estimates and SNAP-Eligibility (<200% FPL) by State, Region, and County and Urban or Rural Designation

Region	County	Rural Status	Total Population	Estimate Eligible	% Eligible
Washington State			7,546,410	1,816,838	24%
Region 1	Total	N/A	876,210	291,404	33%
	Adams	Rural	20,150	9,395	47%
	Chelan	Rural	78,420	25,635	33%
	Douglas	Rural	42,820	14,067	33%
	Ferry	Rural	7,830	3,166	40%
	Grant	Rural	98,740	35,893	36%
	Lincoln	Rural	10,960	2,989	27%
	Okanogan	Rural	42,730	18,377	43%
	Pend Oreille	Rural	13,740	4,716	34%
	Spokane	Urban	515,250	161,482	31%
	Stevens	Rural	45,570	15,684	34%
Region 2	Total	N/A	740,230	285,255	35%
	Asotin	Rural	22,520	7,551	34%
	Benton	Urban	201,800	54,997	27%
	Columbia	Rural	4,160	1,237	30%
	Franklin	Rural	94,680	33,922	36%
	Garfield	Rural	2,220	655	30%
	Kittitas	Rural	46,570	13,957	30%
	Walla Walla	Rural	62,200	18,001	29%
	Whitman	Rural	50,130	18,278	36%
	Yakima	Rural	255,950	109,657	43%
Region 3	Total	N/A	1,275,170	271,203	21%
	Island	Rural	84,820	17,611	21%
	San Juan	Rural	17,150	4,373	25%
	Skagit	Rural	129,200	31,037	24%
	Snohomish	Urban	818,700	149,361	18%
	Whatcom	Urban	225,300	68,821	31%
Region 4	Total	N/A	3,114,600	609,111	20%
	King	Urban	2,226,300	413,489	19%
	Pierce	Urban	888,300	195,622	22%
Region 5	Total	N/A	1,540,200	386,865	25%
	Clallam	Rural	76,010	23,719	31%
	Clark	Urban	488,500	107,726	22%
	Cowlitz	Rural	108,950	35,713	33%
	Grays Harbor	Rural	74,160	28,820	39%
	Jefferson	Rural	31,900	8,982	28%
	Kitsap	Urban	270,100	53,004	20%

Identifying and Understanding the SNAP-Ed Target Audience

Region	County	Rural Status	Total Population	Estimate Eligible	% Eligible
	Klickitat	Rural	22,430	7,809	35%
	Lewis	Rural	79,480	22,810	29%
	Mason	Rural	64,980	21,795	34%
	Pacific	Rural	21,640	8,026	37%
	Skamania	Rural	12,060	3,315	27%
	Thurston	Urban	285,800	64,185	22%
	Wahkiakum	Rural	4,190	961	23%

Source: ACS 2013-2017, Office of Financial Management

Demographic and Social Characteristics of the Target Population

Key Takeaways:

- Adults age 18–24 years old had the highest rate among all age groups of eligibility (40%), followed by youth under 6 years of age and youth ages 6–11 years.
- Single mothers (59%), female householders with no husband present, and single fathers had the highest rates of eligibility by household type.
- American Indian and Alaska Native, other race, and Hispanic populations had higher rates of being at or below 125% FPL than all other races or ethnicities.
- Tribal populations experienced diverse rates of household incomes but on average had lower median incomes and received lower levels of SNAP benefits than non-Tribal populations.

In Washington, 40% of adults age 18 to 24 years old are eligible for SNAP, while 36% of youth under 6 years of age and 34% of youth ages 6 to 11 years meet the poverty guidelines for SNAP eligibility. Older adults have a lower rate of eligibility than children and young adults. All eligibility by age group can be seen in Table 3.

Differences in SNAP eligibility are reported by household type in Washington in

Table 4. The highest proportion of SNAP-eligible individuals by household type are single mothers (59%), female householders with no husband present (47%), and single fathers (38%). Fewer married couple families are eligible for SNAP, with 18% of married couple families with children and 8% of married couple families without children under 18 years present qualifying.

Higher proportions of Black or African American, American Indian and Alaska Native, and Native Hawaiian and other Pacific Islander populations experience poverty at or below 125 percent of the FPG than White or Asian populations (Table 5). In 2018, more than half of Basic Food Clients/SNAP recipients in WA were white (Table 6).

Identifying and Understanding the SNAP-Ed Target Audience

Table 3: Percent of the Population Living at or Below 185% of the Federal Poverty Level, by Age Groups, ACS 2013-2017

	Under 6 years	6 to 11 years	12 to 17 years	18 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over
State	36%	34%	31%	40%	26%	22%	18%	18%	18%	27%
Region	48%	46%	38%	49%	38%	30%	23%	23%	22%	31%
Region	51%	50%	45%	52%	38%	35%	24%	20%	22%	31%
Region	30%	29%	26%	36%	23%	19%	15%	16%	17%	27%
Region	28%	28%	26%	37%	21%	17%	16%	16%	17%	25%
Region	39%	35%	32%	38%	31%	24%	20%	19%	18%	27%

Table 4: Percent of Population Living Below 185% of the Poverty Level, by Household Type, ACS 2013-2017

	WA State	Region 1	Region 2	Region 3	Region 4	Region 5
Married-couple family	12%	18%	19%	10%	10%	13%
<i>With related children of the householder under</i>	18%	27%	30%	15%	14%	20%
<i>No related children of the householder under</i>	8%	11%	11%	7%	6%	9%
Male householder, no wife present	31%	41%	43%	23%	26%	32%
<i>With related children of the householder under</i>	38%	51%	51%	30%	33%	38%
<i>No related children of the householder under</i>	19%	25%	26%	14%	17%	22%
Female householder, no husband present	47%	54%	59%	45%	41%	50%
<i>With related children of the householder under</i>	59%	67%	70%	56%	52%	62%
<i>No related children of the householder under</i>	25%	27%	31%	25%	22%	28%

Table 5: Percent of Population Living at or below 125% of the Federal Poverty Level, ACS 2013–2017

	Washington State	Region 1	Region 2	Region 3	Region 4	Region 5
Ethnicity						
Hispanic	29%	32%	34%	26%	25%	31%
Race*						
White	14%	18%	21%	13%	11%	15%
Black or African American	28%	40%	28%	19%	29%	26%

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	Washington State	Region 1	Region 2	Region 3	Region 4	Region 5
American Indian and Alaska	32%	34%	37%	28%	28%	35%
Asian	13%	18%	21%	12%	13%	14%
Native Hawaiian and Other	24%	56%	28%	13%	24%	20%
Some other race	31%	36%	34%	30%	27%	34%
Two or More	20%	30%	26%	18%	18%	21%
*Due to reporting margin of error, percentages do not total 100%.						

Table 6: Basic Food Client Population by Race/ Ethnicity, DSHS 2018

	Washington State	Region 1	Region 2	Region 3	Region 4	Region 5
Ethnicity						
Hispanic	22%	21%	53%	19%	15%	14%
Not Hispanic or Latino	78%	79%	47%	81%	85%	86%
Race						
White	62%	75%	55%	68%	46%	77%
Black or African American	10%	4%	2%	6%	23%	4%
American Indian and Alaska Native	3%	5%	5%	4%	3%	4%
Asian	7%	1%	1%	5%	9%	2%
Native Hawaiian and Other Pacific Islander	1%	2%	1%	2%	5%	2%
Other or Two or More	15%	13%	36%	15%	15%	10%
Basic Food Clients						
% of Total for Washington State	100%	16%	14%	14%	33%	23%
Number of	1,253,209		172,809			

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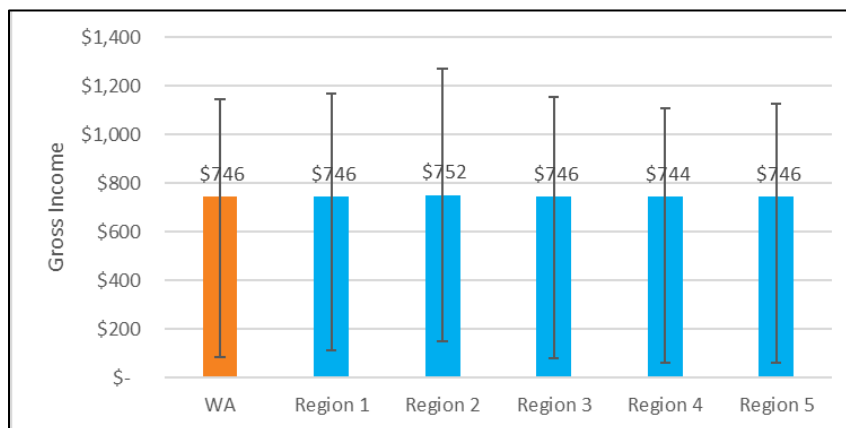
	Washington State	Region 1	Region 2	Region 3	Region 4	Region 5
Clients		200,384		169,835	419,006	291,175

In Washington, 72% of the population over 5 years old living below the poverty level speak only English, while 15% speak Spanish, and 6% speak Asian and Pacific Island languages. Less than 5% of the population living below the poverty level speak other Indo-European languages or other languages.⁹

To further understand the SNAP-eligible population, the Centers for Excellence analyzed 2018 claims data from all Basic Food (SNAP) clients in Washington. Statewide, Basic Food clients have similar financial situations. In 2018, the median household gross income (earned and unearned) of Basic Food clients was \$746 per month. Gross income for Basic Food clients ranged from \$0 to \$8,729 per month. Figure 2 displays median gross income for Washington and all SNAP-Ed regions. Error bars on the figure represent the upper and lower quartiles (bottom and top 25%) for all client households.

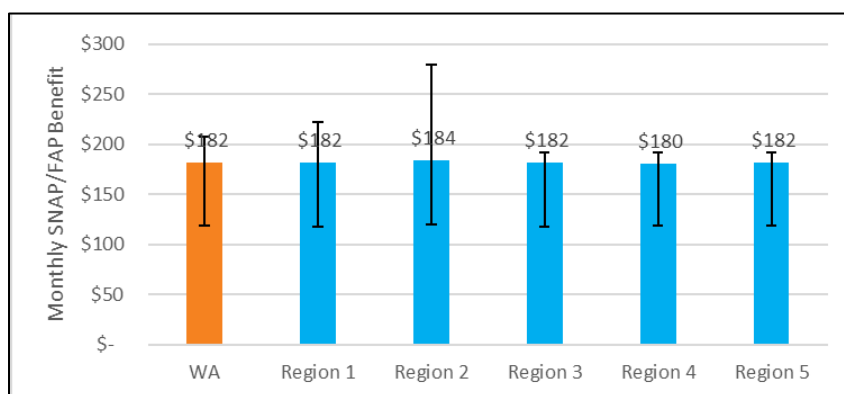
All Washington State Basic Food clients received similar monthly SNAP/Food Assistance Program (FAP) benefits. In 2018, the median monthly SNAP/FAP benefit per household was \$182. Monthly benefits ranged from \$0 to \$1,833 depending on qualification and calculated need. More information of how benefits are calculated can be found [here](#). Figure 3 displays median SNAP/FAP benefit for Washington and all SNAP-Ed regions. Errors bars represent the upper and lower quartiles for all client benefits. According to the U.S. Bureau of Labor Statistics Consumer Expenditure Survey, the average monthly expenditure for food at home in the Western Region of the United States in 2017 was about \$395.¹⁰

Figure 2: Median Gross Income by Location



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Figure 3: Median Monthly SNAP/FAP Benefit by Region



Additional statistics on Washington SNAP claims data is included in the Systems Assessment section. A detailed description of selected demographic and social characteristics of the SNAP-eligible population can be found in the Washington State SNAP-Ed Data Profile companion publication.

Tribal Focus

Washington is home to 29 federally recognized tribes that live on and off 28 reservation trust lands. SNAP-Ed is required to consult with local Tribal leadership and encouraged to collaborate with Tribal communities throughout the state. Table 9 provides an economic snapshot of Tribal members living on and off reservation trust land. Blank areas indicate data not reported by the Census Bureau.

The Centers for Excellence also reviewed Basic Food (SNAP) claims data specific to Tribal populations. The following tables and figures provide details on claims-based data for Tribal populations.

Table 7: Percent of Total Claims by Identified Tribal Membership per Region, DSHS 2018

Region	% of All Claims as Tribal Member
1	6%
2	6%
3	6%
4	4%
5	5%

Table 8: Percent of Claims by Age Tribal and Non-Tribal, DSHS 2018

Age	Tribe	Non-Tribe
0–6	12%	14%
7–11	13%	15%
12–17	11%	12%
18–24	12%	11%
25–34	19%	18%
35–44	13%	12%
45–54	10%	9%
55–64	7%	6%
65–74	2%	2%
75+	1%	1%

Figure 4: Claims Data by Tribal and Non-Tribal

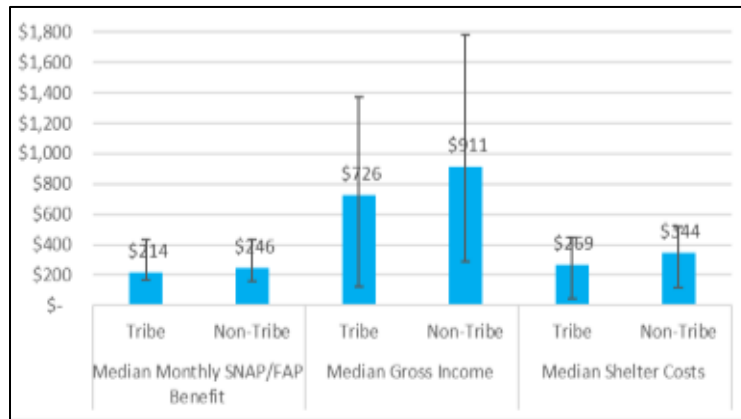


Table 9: Economic Factors of Tribal Communities in Washington State

	Total Households	Civilian Population	Median Household Income	Families Below Poverty	>18 Yrs Below Poverty	18 Yrs and Over Poverty	65 Yrs and Over Poverty
Chehalis Reservation and Off-Reservation	326	1,016	\$52,917	18%	27%	21%	25%
Colville Reservation and Off-Reservation Trust Land	2,924	7,720	\$38,182	24%	36%	25%	16%
Hoh Indian Reservation and Off-Reservation Trust Land	35	114	\$25,625	37%	63%	36%	0%
Jamestown S'Klallam Reservation Trust Land	9	27	\$58,125			11%	
Kalispel Reservation and Off-Reservation Trust Land	81	210	\$55,313	9%	7%	15%	19%
Lower Elwah Reservation and Off-Reservation Trust Land	235	725	\$28,086	40%	50%	40%	6%
Lumi Reservation	1,842	5,320	\$50,747	17%	28%	20%	15%
Makah Reservation	492	1,545	\$37,500	20%	26%	23%	21%
Muckleshoot Reservation and Off-Reservation Trust Land	1,426	3,929	\$49,514	16%	31%	17%	11%
Nisqually Reservation	226	688	\$54,250	16%	33%	23%	21%
Noolsack Reservation and Off-Reservation Trust Land	308	1,132	\$43,846	23%	37%	27%	14%
Port Gamble Reservation and Off-Reservation Trust Land	176	592	\$38,929	28%	37%	26%	19%
Port Madison Reservation	3,172	7,574	\$63,306	8%	16%	10%	6%
Puyallup Reservation and Off-Reservation Trust Land	17,949	50,588	\$70,355	11%	22%	11%	10%
Quileute Reservation	130	414	\$36,250	32%	29%	33%	22%
Quinault Reservation	380	1,167	\$35,277	26%	26%	32%	39%
Samish TDSA	17,329	37,397	\$63,007	7%	13%	9%	6%
Sauk-Suiattle Reservation	21	67	\$58,438	14%	33%	7%	0%
Shoalwater Bay Indian Reservation and Off-Reservation Trust Land	39	90	\$39,063	6%	0%	30%	62%
Skokomish Reservation	218	857	\$43,125	21%	30%	26%	6%
Snoqualmie Reservation							
Spokane Reservation and Off-Reservation Trust Land	784	2,145	\$34,250	25%	39%	30%	13%
Squaxin Island Reservation and Off-Reservation Trust Land	145	573	\$42,188	25%	30%	30	9%
Stillaguamish Reservation and Off-Reservation Trust Land	10	11					
Swinomish Reservation and Off-Reservation Trust Land	1,282	2,192	\$61,570	6%	13%	9%	5%
Tulalip Reservation and Off-Reservation Trust Land	3,632	9,957	\$74,839	6%	14%	10%	7%
Upper Skagit Reservation	104	304	\$33,400	26%	49%	30%	17%
Yakama Reservation and Off-Reservation Trust Land	8,486	30,920	\$43,322	23%	36%	23%	16%

Adult Food and Nutrition, Physical Activity, and Health Behaviors and Outcomes

Key Takeaways:

- SNAP-eligible adults had higher rates of food insecurity, insufficient physical activity, and poor mental health compared to non-eligible adults.
- Across all regions, SNAP-eligible adults had higher rates of food insecurity and poor mental health. In all but Region 3, SNAP-eligible adults had higher rates of insufficient physical activity.
- Among the adult SNAP-eligible population, Asian, American Indian or Alaska Native, Hispanic, and adults with lower levels of educational attainment had disproportionately lower rates of physical activity.
- Among the adult SNAP-eligible population, individuals with lower levels of educational attainment had lower rates of fruit and vegetable consumption.
- Among the adult SNAP-eligible population, American Indian and Alaska Native, other race, and adults with lower levels of education had higher rates of obesity.
- Among the adult SNAP-eligible population, females, Black, American Indian and Alaska Native, Hispanic, other race, adults with less than a high school education, and adults with some college had higher rates of food insecurity.

The Centers for Excellence analyzed 18 food and nutrition, physical activity, and health behavior and outcome indicators to describe the health-related behaviors and outcomes of the adult SNAP-eligible population. Detailed tables and figures can be found in the data profile companion publication. Table 10 displays a selection of indicators and comparisons of outcomes between the SNAP-eligible and non-eligible populations. Areas marked with a red square indicate that the SNAP-eligible population had significantly ($p < 0.05$) worse rates, and areas marked with green indicate the SNAP-eligible population had significantly better rates. Blank areas indicate no significant difference between the eligible and non-eligible population.

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Table 10: Selected Indicators and Comparison to Non-Eligible Population, BRFSS 2017

	State	Region				
		1	2	3	4	5
Less than 5+ Servings per Day of Fruits and Vegetables						
Sometimes, Usually, Always Stressed About Having Money to Buy Nutritious Meals						
Less than 150+ Moderate or 75+ Vigorous Minutes Physical Activity per Week						
Muscle Strengthening Less than 2+ Days per Week						
Not Physical Activity Other than Job						
Overweight or Obese						
14+ Days Poor Mental Health						
Diabetes						
High Blood Pressure						
High Cholesterol						
Green = Eligible has better rates than non-eligible; Red = Eligible has worse rates than non-eligible						
<i>Better or worse is defined as either going toward or away from the desired behavior</i>						

SNAP-eligible adults in Washington had significantly higher rates of food insecurity (sometimes, usually, always stressed about having enough money to buy nutritious meals), lower rates of physical activity and muscle strengthening, and higher rates of poor mental health and diabetes than the non-eligible population. Higher rates of food insecurity for the SNAP-eligible population are consistent across all regions, as are higher rates of poor mental health. Four out of five (excluding Region 3) regions had worse rates of physical activity. There were no significant differences between the eligible and non-eligible populations in fruit and vegetable consumption or high cholesterol. There was not a significant difference between the eligible and non-eligible population in obesity rates, while the Region 4 SNAP-eligible population had a significantly higher rate of obesity and the Region 3 SNAP-eligible population had a significantly lower rate of obesity than the respective non-eligible populations.

The Centers for Excellence also analyzed several indicators based on statistically different ($p < 0.05$) outcomes between demographics (disparities).

Table 11 displays demographic disparities for selected indicators. Table cells marked in red indicate a significant difference between demographic classes and that the specific population had worse rates than the overall eligible population. If no cells are marked in red for a group, this indicates no significant difference among the eligible population in that demographic category. For example, in the overweight or obese column, American Indian and Alaska Native, Hispanic, and other race rows are marked in red. This demonstrates that there is a significant difference in rates of overweight or obese adults associated with race among the SNAP-eligible

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population and American Indian and Alaska Native, Hispanic, and other race populations had worse rates than the overall state eligible population.

Table 11: Selected Indicators and Comparison by Demographics, BRFSS 2017 ∞

	Less than 150+ Moderate or 75+ Vigorous Minutes Physical Activity	Overweight or Obese	Sometimes, Usually, Always Stressed About Having Money to	
All SNAP-Eligible Adults	77%	52%	64%	44%
Gender				
Female	75%	52%	63%	51%
Male	80%	51%	65%	35%
Race				
White	75%	48%	63%	41%
Black	72%	45%	60%	52%
Asian	82%	59%	36%	35%
American Indian and Alaskan Native	73%	57%	71%	59%
Hispanic	83%	59%	74%	48%
Other	70%	48%	73%	57%
Education				
<HS Grad	84%	59%	67%	51%
HS Grad	78%	53%	69%	40%
Some College	74%	48%	60%	45%
College Grad	72%	41%	57%	36%
Red indicates the demographic group has significant differences and the specific population has worse rates than the overall eligible population.				

Youth Food and Nutrition, Physical Activity, and Health Behaviors and Outcomes

Key Takeaways:

- SNAP-eligible youth had higher rates of sugary drink consumption, not eating breakfast, not eating dinner with the family, food insecurity, insufficient physical activity, screen time, and being overweight or obese than non-eligible youth.
- Across all regions, SNAP-eligible youth had higher rates of food insecurity, not eating dinner with the family, and being overweight or obese than non-eligible youth. In all but Region 3, eligible youth had higher rates of insufficient physical activity and not eating breakfast.
- Among the youth SNAP-eligible population, females, Black, white, and youth whose mothers had lower levels of educational attainment had lower rates of fruit and vegetable consumption.
- Among the youth SNAP-eligible population, females, American Indian and Alaska Native, Asian, Black, Hispanic, older youth (grades 10 and 12), and youth whose mothers had lower levels of educational attainment had higher rates of insufficient physical activity.
- Among the youth SNAP-eligible population, American Indian and Alaska Native, Black, Hispanic, Native Hawaiian or other Pacific Islander, and youth whose mothers had lower educational attainment had higher rates of being overweight or obese.
- Among the youth SNAP-eligible population, females, American Indian and Alaska Native, Native Hawaiian or other Pacific Islander, white, other race, and older youth (grade 12) had higher rates of food insecurity.

The Centers for Excellence analyzed 24 food and nutrition, physical activity, and health behavior and outcome indicators of youth grades 8, 10 and 12 (HYS) to describe the health-related behaviors and outcomes of the youth SNAP-eligible population. Detailed tables and figures for each region can be found in the Washington State SNAP-Ed Data Profile companion publication. Table 12 displays a selection of indicators and comparisons of outcomes between the SNAP-eligible and non-eligible populations. Areas marked with a red square indicate that the SNAP-eligible population had significantly ($p < 0.05$) worse rates and areas marked with green indicate the SNAP-eligible population had significantly better rates. Blank areas indicate no significant difference between the eligible and non-eligible population.

SNAP-eligible youth in Washington had significantly higher rates of drinking sugar-sweetened beverages (sugary drinks), significantly lower rates of eating breakfast and eating dinner with the family, higher rates of cutting or skipping meals (food insecurity), significantly lower rates of meeting the recommended amounts of physical activity and muscle strengthening, and significantly higher rates of screen time and being obese or overweight. Across the state, SNAP-

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eligible youth had significantly worse rates in eating dinner with the family, food insecurity, and being obese or overweight. There were no significant differences between SNAP-eligible and non-eligible youth in consuming the recommended amount of fruits and vegetables.

Table 12: Selected Indicators and Comparison to Non-Eligible Population, HYS 2018

	State	Region				
		1	2	3	4	5
Consume Less than 5+ Fruits and Vegetables per Day						
Consume at Least One Sugary Drink in Past 7 Days						
Did Not Eat Breakfast Today						
Rarely or Never Eat Dinner with Family						
Skip or Cut Meals in Past 12 Months						
Physically Active Less than 60+ Mins, 5+ Days						
Did Not Participate In Muscle Strengthening in Past 7 Days						
Watch More than 1 Hour TV per Day						
Play More than 1 Hour Video Games per Day						
Obese or Overweight						
Green = Eligible has better rates than non-eligible						
Red = Eligible has worse rates than non-eligible						
<i>Better or worse is defined as either going toward or away from the desired behavior</i>						

The Centers for Excellence also analyzed several indicators statistically different ($p < 0.05$) outcomes between demographics (disparities). **Error! Reference source not found.** displays demographic disparities for selected indicators. Interpretation of Table 13 is the same as

Table 11.

Table 13: Selected Youth Indicators and Comparison by Demographics, HYS 2018 ∞

	Less than 5+ Servings per Day of Fruits and Vegetables	Physically Active Less than 60+ Mins, 5+ Days	Overweight or Obese	Skip or Cut Meals
All SNAP-Eligible Youth Grades 8-	82%	52%	36%	23%
Gender				
Female	84%	59%	36%	25%
Male	79%	44%	35%	21%
Race				
American Indian and Alaskan	76%	53%	38%	27%
Asian	81%	61%	23%	11%
Black	85%	58%	41%	26%

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	Less than 5+ Servings per Day of Fruits and Vegetables	Physically Active Less than 60+ Mins, 5+ Days	Overweight or Obese	Skip or Cut Meals
Hispanic	81%	54%	42%	18%
Native Hawaiian or Other Pacific	79%	50%	50%	34%
White	84%	49%	33%	25%
Other	79%	49%	36%	27%
Grade				
8	81%	48%	34%	20%
10	82%	53%	35%	23%
12	83%	54%	37%	27%
Mother's education				
Less than HS or HS	83%	54%	37%	26%
Some college	81%	49%	34%	24%
4 year degree or higher	78%	45%	31%	24%
<i>Red indicates the demographic group has significant differences and the specific population has worse rates than the overall eligible population.</i>				

Latent Class Analysis

To better understand the SNAP-Ed target audience, the Centers for Excellence performed Latent Class Analysis (LCA) on selected indicators to identify subgroups among the SNAP-eligible youth population. LCA is a statistical mixture model that suggests individuals can be divided into subgroups based on an unobserved (latent) construct. While true class membership is unknown, it can be inferred from a set of measured variables.¹¹

The Centers for Excellence used LCA to understand how multiple characteristics, behaviors, and risks co-occur within the target population to better understand profiles of risk and protection for specific behavioral outcomes.

This model can help identify a small set of underlying subgroups characterized by their behaviors (such as dietary habits and physical activity). Each subgroup may differ in their need for SNAP-Ed interventions or differ in their response to selected interventions. This model helps to better understand the target audience in terms of their characteristics (such as individual and family factors) and SNAP-Ed outcomes (such as obesity and food insecurity). SNAP-Ed program staff can use this information to target subpopulations or tailor interventions to specific subpopulations.

The LCA model was based on responses to the following variables from the Healthy Youth Survey Grades 8, 10, and 12:

- Ate less than 5+ servings of fruits/ vegetables per day

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- Drank 2+ sugary drinks per day
- Food insecure (had to skip or cut meals once in the past 12 months)
- Did not eat breakfast
- Did not eat dinner with family
- Less than 60 minutes of physical activity, 5+ days per week
- Less than 5 days muscle strengthening per week
- Watched or played TV/ video games 5+ hours per school day
- Less than 8 hours of sleep

The Centers for Excellence created a 4-class model to describe the subpopulations. The decision to create a 4-class model was based on goodness of fit^v and ability to interpret the subpopulations. Table 14 displays the results of this analysis. For interpretation, this table displays the probability a SNAP-eligible youth grades 8, 10, and 12 will be in a given class or group and the likelihood individuals within the group demonstrate the given behavior. For example, in the first group described as low physical activity, low structure, there is a 34% probability a SNAP-eligible youth will belong to this class. Youth belonging to the low physical activity, low structure group have a 32% probability of being food insecure.

The Centers for Excellence only considered youth outcomes and behaviors for this analysis. An initial analysis of adult outcomes and behaviors from BRFSS data was completed, but the corresponding adult model did not create subgroups with high levels of fit or interpretation. For this reason, analysts decided to only include results for the youth model.

Table 14: Latent Class Membership and Probability of Behavior

	Class 1 Low PA, Low Structure	Class 2 Low PA, High Structure	Class 3 High PA, Low Structure	Class 4 High PA, High Structure
Probability of belonging to this class.	34%	20%	27%	20%
Percent of individuals belonging to	37%	17%	28%	17%
Probability of:				
Ate less than 5+ servings of fruits/vegetables per day	89%	87%	82%	65%
Drank 2+ sugary drinks per day	13%	0%	14%	12%
Food insecure	32%	6%	33%	12%
Did not eat breakfast	56%	26%	66%	22%
Sometimes, rarely, never eat dinner with family	65%	21%	63%	24%

^v Goodness of fit was determined by examining Akaike information criterion (AIC) and Bayesian information criterion (BIC) for 2 to 6 subgroup models.

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	Class 1 Low PA, Low Structure	Class 2 Low PA, High Structure	Class 3 High PA, Low Structure	Class 4 High PA, High Structure
Less than 60 mins physical activity, 5+ days per week	100%	62%	14%	9%
Less than 5 days muscle strengthening per week	98%	97%	50%	25%
Watched or played TV/ video games 5+ hours per school day	50%	27%	46%	32%
Less than 8 hours of sleep	78%	51%	86%	46%

The 4-class model suggests distinguishing behaviors include physical activity and the latent construct of structure in the home indicated by eating breakfast, eating dinner with the family, limited screen time, and adequate sleep. These are factors often controlled by parents and guardians, leading analysts to call this latent characteristic structure. This model did not find fruit and vegetable consumption or sugary drink consumption to strongly distinguish subgroups.

This analysis suggests the majority of SNAP-eligible youth belonged to low physical activity, low structure (37%) and high physical activity, low structure (28%) subgroups.

To further understand the subgroups the Centers for Excellence analyzed the frequency at which members in each subgroup experienced several risk factors. Additional factors considered include:

- Homelessness
- Unstable housing
- Overweight or obese
- Suicide ideation
- Depression

By analyzing the rate of these outcomes in each subgroup, SNAP-Ed program staff can better understand subsets of the SNAP-eligible youth population and target or adapt interventions to best address populations with co-occurring risk factors. Table 15 displays the rate of the outcomes for each subgroup. In addition to the added outcome factors, this table is different than **Error! Reference source not found.** in that it shows the prevalence of SNAP-eligible youth experiencing this outcome or behavior as opposed to the probability a member of this group would experience the outcome or behavior.

The analysis of frequencies suggests several characteristics of the subgroups. Frequency of SNAP-eligible youth being overweight or obese and food insecure was highest for the two low structure groups. This was irrespective of fruit and vegetable consumption. The low physical activity, high structure group had lower levels of recommended fruit and vegetable

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consumption than all other groups, but the second lowest levels of being overweight and obese and lowest overall frequency of food insecurity. Physical activity rates were less predictive than structure as well, as the low physical activity high structure group had relatively low rates of exercise compared to the high physical activity groups, but lower levels of being overweight or obese or food insecure. This model suggests membership in lower structure subgroups is highly predictive of SNAP-eligible youth being overweight or obese, or food insecure.

Table 15 combines both subgroup probability and frequencies and includes interpretation of risk among the groups as well as comparison of frequencies to the overall SNAP-eligible population. Risk levels are defined as follows:

- High risk (red): over 50% of youth in the subgroup experience the outcome or behavior
- Medium risk (yellow): Between 25% and 49% of youth in the subgroup experience the outcome or behavior
- Low risk (green): Less than 25% of youth in the subgroup experience the outcome or behavior

Bolded frequencies in Table 16 signify that individuals in the subgroup have lower rates than the overall statewide rate for eligible youth.

Table 15: Frequency of Outcomes and Behaviors by Subgroup

	Class 1 Low PA, Low Structure	Class 2 Low PA, High Structure	Class 3 High PA, Low Structure	Class 4 High PA, High Structure
Frequency of:				
Homelessness	3%	1%	3%	1%
Unstable housing	14%	10%	12%	8%
Overweight	41%	32%	35%	29%
Food insecure	31%	3%	33%	10%
Ate less than 5+ servings of fruits/vegetables per day	89%	92%	84%	55%
Drank 100% Fruit Juice	34%	29%	28%	22%
Drank 2+ sweetened drinks per day	13%	0%	13%	12%
Did not eat breakfast	59%	12%	70%	14%
Sometimes, rarely, never dinner with family	65%	10%	68%	16%
Less than 60 mins physical activity, 5+ days per week	100%	59%	9%	9%
Less than 5 days muscle strengthening per week	100%	100%	49%	14%
Watched or played TV/ video games 5+ hours per school day	53%	19%	44%	31%
Less than 8 hours of sleep	81%	37%	90%	40%
Suicide ideation	28%	14%	28%	11%
Depression	51%	27%	49%	26%

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Table 16: Combined Probability of Class and Frequency of Variables and Associated Risk

	Class 1 Low PA, Low Structure	Class 2 Low PA, High Structure	Class 3 High PA, Low Structure	Class 4 High PA, High Structure	State
Probability of belonging to this class.	34%	20%	27%	20%	
Percent of individuals belonging to this	37%	17%	28%	17%	
Probability of:					
Ate less than 5+ servings of	89%	87%	82%	65%	
Drank 2+ sweetened drinks per day	13%	0%	14%	12%	
Food insecure	32%	6%	33%	12%	
Did not eat breakfast	56%	26%	66%	22%	
Sometimes, rarely, never eat dinner with	65%	21%	63%	24%	
Less than 60 mins physical activity, 5+ days	100%	62%	14%	9%	
Less than 5 days muscle strengthening per	98%	97%	50%	25%	
Watched or played TV/ video games 5+ hours per school day	50%	27%	46%	32%	
Less than 8 hours of sleep	78%	51%	86%	46%	
Frequency of:					
Homelessness	3%	1%	3%	1%	2%
Unstable housing	14%	10%	12%	8%	12%
Overweight	41%	32%	35%	29%	36%
Food insecure	31%	3%	33%	10%	23%
Ate less than 5+ servings of	89%	92%	84%	55%	82%
Drank 100% Fruit Juice	34%	29%	28%	22%	29%
Drank 2+ sweetened drinks per day	13%	0%	13%	12%	11%
Did not eat breakfast	59%	12%	70%	14%	46%
Sometimes, rarely, never eat dinner with	65%	10%	68%	16%	48%
Less than 60 mins physical activity, 5+ days	100%	59%	9%	9%	52%
Less than 5 days muscle strengthening per	100%	100%	49%	14%	71%
Watched or played TV/ video games 5+ hours per school day	53%	19%	44%	31%	41%
Less than 8 hours of sleep	81%	37%	90%	40%	69%
Suicide ideation	28%	14%	28%	11%	22%
Depression	51%	27%	49%	26%	42%

Key implications of this analysis include:

- Based on variance in behavior, subgroups were distinguished by the latent construct of structure and by physical activity.
- Membership in high structure subgroups is highly predictive of lower rates of food insecurity.
- Membership in high structure subgroups is highly predictive of lower rates of being overweight or obese.
- Membership in high physical activity subgroups is predictive of lower rates of being overweight or obese and food insecure, but less so than membership in high structure subgroups.
- The majority (65%) of SNAP-eligible youth belonged to low structure subgroups.
- Healthy eating behaviors such as fruit and vegetable consumption or drinking less than two sugary drinks per day were not distinguishing factors in subgroups.

The results of this analysis can be used to better understand the target population, identify specific groups to refine the target, and tailor SNAP-Ed interventions to meet the needs of or address the environment of the target population.

Priority Indicator Severity Scoring

Key Takeaways:

Through analysis and severity scoring based on change in indicator, differences between the eligible and non-eligible populations, demographic disparities, and overall magnitude, the Centers for Excellence determined the following topics to be of highest severity in Washington:

- Youth physical activity
- Youth fruit and vegetable consumption
- Adult food insecurity

To determine priority topics for the Washington State SNAP-Ed program, the Centers for Excellence created a scoring system for eight primary indicators (4 HYS, 4 BRFS). The eight indicators were selected because they are consistent in definition between youth and adult and represent the primary focus of the SNAP-Ed program in general. Definitions of all indicators in this report can be found in Appendix E. Indicators include:

- Physical activity (adult and youth who met recommended weekly levels)
- Adult and youth rates of obesity
- Fruit and vegetable consumption (adults and youth who consumed recommended daily amounts)

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- Adult and youth food insecurity

The Centers for Excellence assigned severity scores based on the following criteria:

- Change in Indicator: Are rates in the indicator for the SNAP-eligible population getting better or worse over time?
- Eligible to Non-Eligible: Is there a significant difference between rates for the SNAP-eligible and non-eligible? Are these differences better or worse?
- Demographic Disparities: Are there identifiable and significant differences between demographic groups within the SNAP-eligible population?
- Magnitude: What percent of the SNAP-eligible population is experiencing this outcome negatively (i.e., rates going in the undesired direction)?

Table 17 displays the results of the severity scoring process. Based on the selected criteria and scoring methodology, the indicators with the highest level of severity are youth physical activity, youth fruit and vegetable intake, and adult food insecurity. The indicator with the lowest severity score is adult fruit and vegetable intake. In the table, red boxes indicate areas of concern while green boxes indicate areas where the SNAP-eligible population is performing better or better than the non-eligible population.

Indicator severity scoring is not intended to determine absolute importance of topics for the Washington SNAP-Ed program, as many other factors are important in obesity prevention, but should be considered in addition to results from all needs assessment components including the assessment of community themes and strengths and systems assessment.

Assessment of Community Status Summary

This assessment involved the systematic analysis of existing data to describe and analyze the socio-demographic, health, and environmental characteristics of the SNAP-eligible population. Through analysis of the data, Latent Class Analysis, and indicator severity scoring, the following are presented as key findings:

- SNAP-eligible individuals live in diverse geographic locations. On average, rural counties have higher proportions of eligibility while urban counties have higher numbers of SNAP-eligible individuals.
- Young adults (18–24), children between 0–11 years old, single mothers, female householder with no husband present, and single fathers had higher rates of SNAP-eligibility among their respective age groups and household types.
- In 2017, over 600,000 SNAP-eligible adults experienced food insecurity.
- In 2017, nearly one million, or two thirds of, SNAP-eligible adults could be considered overweight or obese.

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- In 2018, only one in six SNAP-eligible youth consumed the recommended daily servings of fruits and vegetables.
- Only one in two SNAP-eligible adults and youth got enough physical activity according to recommended guidelines.
- Through the use of Latent Class Analysis, it was determined that membership in high structure subgroups (eating breakfast, eating meals with the family, limited screen time, and adequate sleep) was highly predictive of lower rates of SNAP-eligible youth being overweight or obese or food insecure.
- 65% of SNAP-eligible youth belonged to low structure subgroups.
- Based on severity scoring that includes consideration of change in indicator, comparison between the SNAP-eligible and non-eligible population, existence of demographic disparities, and magnitude, youth fruit and vegetable intake, youth physical activity, and adult food insecurity are the indicators of highest concern SNAP-eligible population.

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Table 17: Washington State Severity Scoring for Selected Indicators, HYS 2018, BRFSS 2017 ∞

Statewide Scoring	Change in Indicator	Eligible to Non-Eligible	Demographic Disparities	Magnitude (Estimated)	Scoring
Physical Activity (150+ Minutes per week)- Adult	2	3	2	4	11
Physical Activity (60 min 5+ days per week)- Youth	2	3	3	4	12
Obesity- Adult	2	2	2	4	10
Obesity- Youth	2	3	2	4	11
Fruit and Vegetable Intake (5+ servings per day)- Adult	1	2	2	4	9
Fruit and Vegetable Intake (5+ servings per day)- Youth	3	2	3	4	12
Food Insecurity- Youth (skip or cut meals at least once in last 12 months)	2	3	3	3	11
Food Insecurity-Adult (sometimes, usually, always stressed about having enough money to buy nutritious meals past 12 months)	2	3	3	4	12
Scoring	1: Getting Better 2: No Change 3: Getting Worse	1: Better 2: No Difference 3: Worse	1: None 2: 1-2 Indicators w/ Differences 3: More than 2 Indicators with Differences	0: Less than .01% 1: 0.01-.9% 2: 1-9.9% 3: 10-24.9% 4: >25%	Percentage of SNAP-Ed Eligible Experiencing Condition

Assessment of Community Themes and Strengths

The assessment of community themes and strengths answers the questions: “How is the healthy food and physical activity environment perceived by the SNAP-eligible population?” “What are community-identified barriers to accessing healthy foods and physical activity?” and “What are community-based suggestions for increasing access to healthy foods and physical activity?” This phase of the assessment ensured that the SNAP-eligible population was directly involved in the planning and assessment of SNAP-Ed activities. Community engagement in planning and evaluation is proven to increase efficacy of program implementation.¹²

The primary method of obtaining community voice was through a series of 29 focus groups in 22 counties throughout Washington. A total of 237 SNAP-eligible individuals participated in the focus groups. The following is a summary of the themes from all focus groups. A copy of the focus group guide can be found in Appendix C.

Information in this section and associated tables and appendices can help state, regional, and local SNAP-Ed providers:

- Consider community-based suggestions to increase healthy eating and physical activity behaviors and reduce food insecurity.
- Better understand the target population in terms of their perceived barriers and motivations to healthy behavior.

Preferred Type of Physical Activity

Consistent physical activity is a core factor in obesity prevention.¹³ Focus group moderators began each session by asking participants about their preferred type of physical activity. Table 18 displays a detailed count of preferences of the focus group participants. Statewide, the most preferred type of physical activity by all participants was walking, followed by wheeled activities such as bike riding and roller blading, cardio such as running, aerobics, and dancing, and housework or yardwork. The responses to this question reflect a preference of focus group participants for low-impact and low-cost activities.

Table 18: State-wide physical activity preference

Type	Count*	Details
Walk	92	Participants that said "walk"
Wheeled activities	29	Participants that said, "roller blading," "bike riding"
Cardio	27	Participants that said "running," "aerobics," "jump roping," "dancing," "stair climbing"
Housework/yardwork	21	Participants that said "garden," "housework," "yardwork."

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Type	Count*	Details
Water activities	17	Participants that said "swimming," "water aerobics," "kayaking," "rowing a boat"
Group exercise	10	Participants that said any exercise that is done in a group
Outdoor recreation	9	Participants that said, "outdoor stuff," "horseback riding," "climbing rocks," "clamming," "fishing," "hunting mushrooms"
Activities with kids	9	Participants that said any activity involving their children
Hiking	9	Participants that said "hiking"
Gym	7	Participants that said "gym" or named a gym
Strength training	7	Participants that said "lifting weights"
Low-impact activities	4	Participants that said "golf," "stretching," "balance,"
Winter activities	3	Participants that said "skiing"
Organized sports	3	Participants that said "basketball," "volleyball," "baseball"
Physical therapy	2	Participants that said "physical therapy"
Caretaking	1	Participants that said "caretaking"

Motivations, Barriers, and Strategies to Increase Physical Activity

Focus group respondents answered several questions regarding their motivations to be physically active, barriers to participating in physical activity, and suggestions to overcome any barriers to being physically active. While responses varied greatly throughout the state, several themes emerged including the importance of social supports and connectivity, improving resources for SNAP-eligible individuals to access opportunities for physical activity, and the need for adaptive exercises for different levels of physical health and ability. Table 19 provides a summary of themes for physical activity related questions.

Motivations, Barriers, and Strategies to Increase Healthy Food Consumption

Focus group participants answered several questions regarding their motivations to eat healthy, barriers to selecting and cooking healthy foods, and suggestions to improve healthy eating habits. Similar to responses about physical activity, responses varied greatly throughout the state. Emerging themes included addressing the cost of healthy food, increasing skill-based education on selecting and preparing healthy food, addressing physical barriers such as transportation to food resources (grocery stores, food banks, etc.) and storing healthy food.

Table 20 provides a summary of themes for healthy food related questions.

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Table 19: Physical Activity Focus Group Themes

What motivates you to be physically active?	
<ul style="list-style-type: none"> • Family/ friends/ pets <ul style="list-style-type: none"> • Social connectivity • Provide motivation • Weather <ul style="list-style-type: none"> • Nature • Sun • Self-motivation <ul style="list-style-type: none"> • Positive body image • Music/hobbies 	<ul style="list-style-type: none"> • Practical reasons <ul style="list-style-type: none"> • Yardwork • Gardening • Clean house • Transportation • Physical health <ul style="list-style-type: none"> • Health/weight loss • More energy • Prevent aging • Mental health <ul style="list-style-type: none"> • Feel better • Clear mind • Fight depression
What keeps you from participating in things that are physically active?	
<ul style="list-style-type: none"> • Bad/adverse weather • Lack of personal motivation • Embarrassment • Conflicting priorities/ lack of time • Access/resources <ul style="list-style-type: none"> • Cost of gym membership • Transportation • Childcare 	<ul style="list-style-type: none"> • Safety <ul style="list-style-type: none"> • Streetlights • Sidewalks/traffic • Hunting season • Physical health/limitations <ul style="list-style-type: none"> • Sickness • Injuries • Pain • Mental health <ul style="list-style-type: none"> • Depression • Stress • Isolation
What would help you overcome those barriers?	
<ul style="list-style-type: none"> • Improved weather • Better personal health <ul style="list-style-type: none"> • Improved diet • Massage therapy • Awareness of safety issues • Low impact exercises <ul style="list-style-type: none"> • Indoor • Sitting in a chair • Walking spaces 	<ul style="list-style-type: none"> • Education/communication about what is available <ul style="list-style-type: none"> • Prioritize time • Improve access • Childcare • Transportation • Parks/beaches • Free gym memberships • Community spaces

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Table 20: Healthy Food Focus Group Themes

When you are hungry, what makes it harder for you to eat healthy foods?	
<ul style="list-style-type: none"> • Price of healthy foods • Convenience <ul style="list-style-type: none"> • Time to prepare • Planning • Cooking <ul style="list-style-type: none"> • Don't want to cook • Lack of knowledge/skills • Difficult to cook for one or two people • Availability/resources 	<ul style="list-style-type: none"> • Medical/dietary restrictions • Limited options/unfamiliar options at food bank • School lunch policies • Transportation to get healthy food • Storage space and cooking equipment
What makes it hard to eat healthy foods when you're on the go, at a restaurant, or away from home?	
<ul style="list-style-type: none"> • Fast food <ul style="list-style-type: none"> • Receive coupons for fast food • Portion sizes are large • Availability <ul style="list-style-type: none"> • Hard to transport perishable foods when on the go • Long trips to get groceries 	<ul style="list-style-type: none"> • Temptation • Convenience • Quality • Cost
What makes it harder for you to select healthy foods from a grocery store?	
<ul style="list-style-type: none"> • Habits/temptation • Selection/variety <ul style="list-style-type: none"> • Limited in rural areas • Transportation <ul style="list-style-type: none"> • Long trips (distance and time to travel) • Restrictions on number of bags allowed on the bus • Storage space • Knowledge <ul style="list-style-type: none"> • Cooking skills • Willingness to try new things 	<ul style="list-style-type: none"> • Store policies <ul style="list-style-type: none"> • Store layout • Labeling • Scales • Accessibility • Cost <ul style="list-style-type: none"> • Not enough money • Prices for healthy foods are too high • Shop for sales/coupons

What would help you eat healthier foods?	
<ul style="list-style-type: none"> • Storage space for food <ul style="list-style-type: none"> • Freezer • Refrigerator • Community programs <ul style="list-style-type: none"> • Community gardens • Backpack meals • Soup kitchens • Food drives • Accountability <ul style="list-style-type: none"> • Self-discipline • Planning <ul style="list-style-type: none"> • Budget • Meal plan • Prepare food at home 	<ul style="list-style-type: none"> • Affordability <ul style="list-style-type: none"> • Incentives for SNAP recipients • Store rewards • Free hunting/ fishing license • Coupons • Lower prices • Transportation • Healthy foodbank options • Education/ knowledge <ul style="list-style-type: none"> • Hands on skills <ul style="list-style-type: none"> • Cooking • Gardening • Canning • Get information out about programs/opportunities <ul style="list-style-type: none"> • Nutrition guidance
What would help you select healthy foods in a grocery store?	
<ul style="list-style-type: none"> • Money <ul style="list-style-type: none"> • More EBT money • Lower prices • Time <ul style="list-style-type: none"> • Food preparation 	<ul style="list-style-type: none"> • Education <ul style="list-style-type: none"> • Preserve foods • Food sources • Food preparation • Convenience <ul style="list-style-type: none"> • Delivery
What would help you select healthy foods when on the go or in a restaurant?	
<ul style="list-style-type: none"> • Have a plan <ul style="list-style-type: none"> • Pack foods on the go 	<ul style="list-style-type: none"> • Choose healthy options <ul style="list-style-type: none"> • Drink water • Read nutrition labels

Community Themes Summary

The assessment of community themes and strengths revealed information about focus group participants' perception of community issues and needs for increased healthy eating and physical activity. Across all topics, the following themes emerged:

- Social connectivity and accountability are drivers of increased physical activity. Focus group participants frequently commented on the importance of having social support to motivate them to participate in exercise activities. This could include having exercise or walking groups and classes or exercising as a family or community. Social connectivity also reduces isolation and depression.
- Focus group participants frequently discussed the link between physical and mental health. Improved mental health was often mentioned as a benefit of increased physical activity. The communication of this benefit is an opportunity for SNAP-Ed programming.
- Physical activity and healthy eating programming and education should reflect the priorities of the community. Focus group participants frequently discussed the need of SNAP-Ed programming to reflect their personal situations. This includes adapting curriculum or programming to reflect the realities of SNAP-eligible adults including time, transportation, childcare and other supports, and having culturally and locally relevant topics and activities. For physical activity, programming should reflect the physical abilities of the target population. For food and nutrition programming, activities and curriculum should reflect the food and nutrition environment including what is locally available and the skills of the target audience.
- Improved and increased communication of available resources is desired. Focus group participants commented on the need for increased communication of what resources are available to them. Many stated they did not know about all the potential resources to improve their food and nutrition and physical activity behaviors.
- Rural audiences face unique challenges. Focus group participants in rural communities frequently discussed the unique challenges they face to increase physical activity and improve their diets. Challenges include long distance travel to healthy food resources such as grocery stores and associated costs and concerns (spoilage and storage), dependence on weather for travel and physical activity, and limited resources in their communities.

Assessment of the System

The assessment of the system involves a detailed analysis of the current programmatic environment SNAP-Ed operates in and seeks to identify what service providers in the community see as issues facing the SNAP-eligible population and SNAP-Ed program as well as

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perceived gaps and resources. Information collected and analyzed for the assessment of the system include key-informant interviews with SNAP-Ed program staff (statewide initiatives, implementing agencies, LIAs), a community-partner survey, and a review of FFY18 SNAP-Ed programming activities and other services available for the SNAP-eligible population.

Key-Informant Interviews

The Centers for Excellence conducted 33 key-informant interviews with representatives from the Leadership Team and local SNAP-Ed providers from all regions. Interview topics included:

- Process for selecting program activities and using best practices
- Populations most in need of SNAP-Ed programming
- Topics most in need of addressing with SNAP-Ed programming
- Over/ underserved populations (including geography)
- Barriers and opportunities for addressing populations most in need

Information in this section and associated tables and appendices can help state, regional, and local SNAP-Ed providers:

- Identify areas of improvement in the SNAP-Ed system to ensure high-quality programming
- Identify potential partnerships and areas of opportunity for SNAP-Ed programs
- Identify gaps in service provision for the SNAP-eligible population
- Consider recommendations from community partners to best serve the target population

The following is a summary of themes from the interviews by provider group and topic.

Implementing Agency and Statewide Initiative Program Processes

Representatives from all SNAP-Ed implementing agencies and statewide initiatives discussed their process for selecting activities, providing guidance, and ensuring the utilization of best practices. Table 21 provides a summary of themes from these questions.

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Table 21: Implementing Agency and Statewide Initiative Program Process Themes

Can you describe the process your agency or other local agencies use for selecting program activities?	
<ul style="list-style-type: none"> • Conduct local needs assessment <ul style="list-style-type: none"> • Identify gaps • Regional focus areas/interests are considered • Stakeholder input <ul style="list-style-type: none"> • Partners • Clients • Agencies 	<ul style="list-style-type: none"> • Follow SNAP-Ed guidelines <ul style="list-style-type: none"> • Budget • Implementing agency oversight and input • Professional development <ul style="list-style-type: none"> • Trainings • Collaboration • Evidence-based practices • Continuously communicate <ul style="list-style-type: none"> • Quarterly check-ins • Phone calls and check-ins • Site visits
Do you as an implementing agency or statewide initiative guide activity selection or provide guidance for preferred or accepted activities?	
<ul style="list-style-type: none"> • Provide technical assistance • Facilitate collaboration • Regional resource sharing 	<ul style="list-style-type: none"> • Goal alignment with state, regional, local activities • Discourage drastic changes in programming
Can you describe the process your agency uses for ensuring that SNAP-Ed activities are utilizing best practices, meet requirements, and address the target population?	
<ul style="list-style-type: none"> • Track program performance/program monitoring and evaluation • Determine qualifying sites and audiences • Communication and reporting 	<ul style="list-style-type: none"> • Check programming for fidelity/evidence based • Facilitate collaboration (peer to peer) • Do not have a way to evaluate programs at local level

Implementing Agency and Statewide Initiative Program Focus

Representatives from all SNAP-Ed implementing agencies and statewide initiatives provided insight about target populations, food and nutrition and physical activity topics most in need of addressing and barriers and opportunities for successful program implementation. Emerging themes include the need to address environmental and systems factors, adapting programming to meet the needs of the community, and the value of collaboration and partnerships. Table 22 provides a summary of themes about these topics.

Table 22: Implementing and Statewide Initiative Program Focus

In your experience, what audiences are most in need of SNAP-Ed programming?	
<ul style="list-style-type: none"> • Youth • Parents • Low-income adults <ul style="list-style-type: none"> • Hard to reach 	<ul style="list-style-type: none"> • Older youth/teens <ul style="list-style-type: none"> • Beginning to make decisions • Seniors • Whoever is feeding the household
What physical activity or obesity prevention topics are most in need of addressing?	
<ul style="list-style-type: none"> • Must address the environment and systems <ul style="list-style-type: none"> • Schools • Access • Food insecurity • Opportunities for physical activity • Affordability • Increase fruit and vegetable consumption • Healthy recipes 	<ul style="list-style-type: none"> • Remove barriers to acting on education <ul style="list-style-type: none"> • Housing • Unemployment • Trauma • ACEs • Physical activity in general • Chronic disease prevention • Health equity
In your experience, are there any populations that are underserved in your area?	
<ul style="list-style-type: none"> • Youth • Low-income parents • Tribes • Adults • Older youth 	<ul style="list-style-type: none"> • Seniors • Individuals that still have need but do not qualify by guidelines • Rural communities • Non-English speakers
Are there populations that are overserved?	
<ul style="list-style-type: none"> • Always more need than resources available • Schools (convenience/familiar) • Urban areas 	<ul style="list-style-type: none"> • Young kids • Easy to qualify sites (certain schools, food banks, etc.)

In your opinion, what are the barriers to reaching SNAP-eligible populations most in need of programming?	
<ul style="list-style-type: none"> • Understanding and responding to the community/culture <ul style="list-style-type: none"> • Takes time • Need to be a trusted member • Understand barriers • Methodology for qualifying sites • SNAP-Ed resources <ul style="list-style-type: none"> • Staffing • Turnover • Money • Time 	<ul style="list-style-type: none"> • Personal barriers <ul style="list-style-type: none"> • Busy participant schedules • Lack of teeth • Lack of transportation • Curriculum <ul style="list-style-type: none"> • Rigid delivery guidelines • Structure • Inability to tailor to community/audience
What opportunities exist to reach the SNAP-eligible populations most in need of programming?	
<ul style="list-style-type: none"> • Translator on staff • Local needs assessment • Flexibility in curriculum • Partnerships <ul style="list-style-type: none"> • Explore new partnerships • Empower partners and community to do the work • Participatory planning • Leverage across strategies to expand reach 	<ul style="list-style-type: none"> • Community health workers • More policy, systems, and environmental (PSE) approaches • Alternative methodology for qualifying sites

Local Provider Program Processes

Representatives from 26 LIAs discussed their process for selecting activities, providing guidance, and ensuring the utilization of best practices. Table 23 provides a summary of themes from these questions.

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Table 23: Local Provider Program Process Themes

Can you describe the process your agency or other local agencies use for selecting program activities?	
<ul style="list-style-type: none">• Leverage partnerships• Gather community voice• Follow SNAP-Ed guidance• Collaboration with implementing agencies	<ul style="list-style-type: none">• Efficient use of funds and resources• Use data to qualify eligible populations• Receive guidance on planning, goals, and best practices from implementing agencies and statewide initiatives
Can you describe the process your agency uses for ensuring that SNAP-Ed activities are utilizing best practices, meet requirements, and address the target population?	
<ul style="list-style-type: none">• Follow SNAP-Ed guidelines• Learn from others• Implementing agency input	<ul style="list-style-type: none">• Data and assessment• Resources/ professional development external to SNAP-Ed
What resources do you utilize to ensure you are utilizing best practices?	
<ul style="list-style-type: none">• Implementing agency guidance• Local evaluation	<ul style="list-style-type: none">• Professional development• SNAP-Ed guidance

Local Provider Program Focus

Representatives from LIAs provided insight about target populations, food and nutrition and physical activity topics most in need of addressing, and barriers and opportunities for successful program implementation. Emerging themes include the need to reach historically underserved populations such as homeless individuals and non-English speaking or non-native populations, the value of collaboration and partnerships, and opportunities associated with skill-based programming. Table 24 provides a summary of themes about these topics.

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Table 24: Local Provider Program Focus Themes

In your experience, what audiences are most in need of SNAP-Ed programming?	
<ul style="list-style-type: none"> • Families • Food banks • Native American populations • People of color • Immigrants • Homeless 	<ul style="list-style-type: none"> • Youth • Non-English speakers • Seniors • Rural communities • Schools • Those who face socioeconomic barriers
What physical activity or obesity prevention topics are most in need of addressing?	
<ul style="list-style-type: none"> • Hands-on skills • Healthy eating • Environment and policy 	<ul style="list-style-type: none"> • Chronic disease • Increasing physical activity
In your experience, are there any populations that are underserved in your area?	
<ul style="list-style-type: none"> • Adults • Families • Hispanic populations • Homeless • People of color • Re-entry populations • Rural areas • Seniors 	<ul style="list-style-type: none"> • Immigrants • Low-income • Mentally ill • Non-English speakers • Those who experience trauma • Tribes/ Native Americans • Youth in schools
Are there populations that are overserved?	
<ul style="list-style-type: none"> • Most said no • Some said there are over resourced areas <ul style="list-style-type: none"> • urban vs rural • areas with higher funding • some sites are served over and over 	<ul style="list-style-type: none"> • Seniors • Schools

In your opinion, what are the barriers to reaching the SNAP-eligible populations most in need of programming?	
<ul style="list-style-type: none">• Partnerships• SNAP resources• Participant personal motivation• Equity	<ul style="list-style-type: none">• Participant personal barriers• Curriculum• Rural areas
What opportunities exist to reach the SNAP-eligible populations most in need of programming?	
<ul style="list-style-type: none">• Partnerships• Schools• Middle schools• Finding captive audiences (local-based, preexisting groups, etc.)• Faith communities	<ul style="list-style-type: none">• PSE approaches• Creative approaches• Remove barriers• SNAP-Ed resources

Key-Informant Interview Themes Summary

Key-informant interviews revealed information about SNAP-Ed programmatic processes, target populations, topics most in need of addressing, and barriers and opportunities for SNAP-Ed program success. Across all topics, the following themes emerged:

- SNAP-Ed leadership and providers value collaboration to improve and sustain high-quality programming through resource sharing and professional development. Collaboration and communication between implementing agencies, statewide initiatives, and local providers ensures appropriate and evidence-based practices are happening at all levels. Professional development opportunities increase the quality of services provided. Many participants discussed the value of external partnerships as a way of leveraging resources and improving programming.
- SNAP-Ed program staff value data and evaluation to improve and sustain high-quality programming. Implementing agencies, statewide initiatives, and local providers frequently discussed the need for local and relevant data to improve programming throughout the state. There was an expressed desire for increased access to and support of local evaluation.
- Adaptation of programming and curriculum to meet the needs of the community are essential to successful program implementation. Interview participants frequently mentioned the need to have locally relevant program activities and curriculum. For some, limited flexibility in allowable activities and curriculum was described as a primary barrier to reaching the SNAP-Ed target audience. Adaptive and culturally appropriate activities and curriculum address structural inequities and enhance reach to historically underserved communities.
- Hands on, skill-based curriculum and activities are effective in reaching the SNAP-Ed target audience. Curriculum and activities that incorporate life skills tools and techniques, such as cooking classes and providing recipes, are engaging and desired by the target audience. Skill based programming also addresses many of the perceived and real barriers to increased healthy eating and physical activity behaviors.
- The SNAP-Ed target audience is often burdened with competing priorities and schedules and SNAP-Ed programming must consider this in planning. Many interview participants discussed struggles with meeting the target audience where they are, or providing activities that are accessible to a busy and under-resourced population. Several interview participants also discussed the personal motivation of SNAP-eligible individuals as a barrier. SNAP-Ed programming should consider motivations when planning. Engaging the community in planning will improve the likelihood of appropriate programming that will engage the audience.

Community Partner Survey

The Centers for Excellence conducted an electronic survey with representatives of agencies working with or connected to SNAP-Ed programming in Washington from March to April 2019. Participants of the convenience sample survey were recruited through implementing agencies and local SNAP-Ed providers. Survey topics included:

- Background on clients, types of services
- Perceived level of need for SNAP-Ed topics and populations
- Barriers and opportunities for working with the SNAP-eligible populations
- Effectiveness of interventions in reaching SNAP-eligible populations

Only background participant frequency data and qualitative responses to open-ended questions were considered in this assessment. The following is a summary of survey participant background and themes from open-ended questions.

Participant Background

Eighty valid respondents from 72 different organizations completed the survey. Of the total valid respondents, 60% indicated they partnered directly with SNAP-Ed. A response was considered valid if the respondent completed over 50% of the survey with varied (not marking all answers with the same rating) responses.

The majority (57%) of respondents worked in food banks or food pantries. A high proportion (44%) worked in community settings. Food pantry and community settings are common locations for SNAP-Ed programming.

As this was a convenience sample, it should be noted that responses to questions are greatly influenced by the respondents and should not be considered representative of all partners working with the SNAP-eligible population. Detailed tables about survey participants and a list of participating organizations can be found in Appendix E.

Barriers to Reaching the SNAP-Eligible Population

Key Takeaways:

Barriers to reaching the SNAP-eligible population include:

- Motivation and time
- Transportation
- Communication and knowledge of resources
- Education and skills
- Cultural concerns such as language, appropriate lessons, and immigration status
- Available resources and equipment

Identifying and Understanding the SNAP-Ed Target Audience

Survey respondents provided responses to the question “From your experience, what are the barriers to reaching SNAP-eligible populations most in need of physical activity and healthy eating programs?” The following is a summary of themes to the responses.

Motivation and Time: The most common answer to this question involved SNAP-eligible population not being motivated or not having enough time to attend SNAP-Ed programming. Lack of motivation stems from both intrinsic motivation or disinterest and competing priorities of the SNAP-eligible population. Lack of time was often described regarding the busy lives of SNAP-eligible adults, particularly those working multiple jobs or caring for children.

Transportation: The second most common barrier described was lack of transportation to SNAP-Ed programming. Transportation was described as both a barrier to attending SNAP-Ed programming (classes, demonstrations, activities, etc.) and to accessing food through stores or food pantries.

Communication and Knowledge of Resources: Another common barrier was communication of activities and programming and knowledge of resources. Many respondents stated that SNAP-eligible audiences often do not know about the resources available to them and thus don’t receive programming.

Education and Skills: Lower levels of education and poor food and nutrition, cooking, and physical activity skills were also considered barriers. Many respondents described the SNAP-eligible population as having a limited level of education and skills to access and use SNAP-Ed resources and programming, or to sustain lessons learned.

Cultural Concerns: Many respondents described cultural barriers to receiving SNAP-Ed programming. These barriers included immigration status, language barriers, and culturally inappropriate or irrelevant programming.

Available Resources and Equipment: Several respondents describe limited resources and equipment to reach SNAP-eligible populations as a barrier. Resources included incentives, curriculum, and equipment such as cooking materials.

Opportunities to Reach the SNAP-Eligible Population

Key Takeaways:

Opportunities to reach the SNAP-eligible population include:

- Provide location-based services
- Build and expand partnerships
- Provide healthy eating/cooking and physical activity demonstrations
- Expand communication and outreach
- Engage the community in planning
- Provide incentives

Survey respondents provided responses to the question “What opportunities exist to reach the SNAP-Eligible populations most in need of programming?” The following is a summary of themes to the responses.

Provide Location-Based Services/Bring Services to Clients: The most common response to this question involved bringing services to locations where SNAP-eligible populations live, work, learn, play, and shop. The most common specific locations included food banks or pantries, schools, senior centers and churches, and housing sites.

Build and Expand Partnerships: A common theme involved building new or expanding current partnerships to leverage resources and improve reach. Many respondents mentioned specific partnerships with organizations that have enhanced service provision.

Provide Healthy Eating/ Cooking and Physical Activity Demonstrations: Many respondents described healthy eating and cooking and physical activity demonstrations as an opportunity to better reach the SNAP-eligible population. This often included providing food and recipes for participants.

Expand Communication and Outreach: Several respondents stated that expanding communication and outreach efforts is an opportunity to engage more SNAP-eligible individuals. Rural outreach is a specific under-utilized opportunity.

Engage the Community in Planning: Several respondents stated there is an opportunity to engage the community in planning SNAP-Ed activities. Increased engagement in planning is seen as an opportunity to increase participation and ownership of the activities.

Provide Incentives: Several respondents described the use of incentives, including Food Insecurity Nutrition Incentive vouchers, transportation costs, and meals, as an opportunity to reach SNAP-eligible populations.

Activities that Best Influence Behavior Change

Key Takeaways:

According to survey participants, activities that best influence behavior change include:

- Provide healthy eating/cooking and physical activity demonstrations
- Implement group and family activities
- Provide direct education in schools and other sites
- Provide incentives

Survey respondents answered the question “From your experience, what types of activities best influence healthy behavior change of the SNAP-eligible populations?” The following are summary themes from the responses.

Provide Healthy Eating/ Cooking and Physical Activity Demonstrations: The most common response involved providing healthy eating, cooking, and physical activity demonstrations to SNAP-eligible populations.

Implement Group and Family Activities: Many described the benefits of group activities, classes, and lessons, including the social benefit and improved participation.

Provide Direct Education in Schools and Other Sites: Many stated that direct education best influenced behavior change. This included in school settings and other structured class settings.

Provide Incentives: Many described the effectiveness of providing incentives to the SNAP-eligible population. Incentives are considered a way to ensure participation in activities, address food insecurity, and are an ethical way to engage the community.

Gaps Assessment

Gaps assessments include the review of current services and programming (both SNAP-Ed and other organizations) and comparing this information to the SNAP-eligible population and geography. To complete the gaps assessment, the Centers for Excellence considered the following information:

- FFY18 program activity information reported in the Program Evaluation and Reporting System (PEARS)
- Basic Food (SNAP) claims data
- GIS mapping of eligibility, services, and resources
- Other nutrition-related programs serving low-income persons

Identifying and Understanding the SNAP-Ed Target Audience

FFY18 PEARS Activity Data

The Centers for Excellence reviewed FFY18 PEARS activity data to understand the service-provision environment of SNAP-Ed programs. PEARS data reviewed did not include indirect activities, PSE approaches, or social marketing. While this is not a complete picture of SNAP-Ed programming, this information provides insight on the target audience, settings, topics, and intervention types as well as who received SNAP-Ed services in FFY18. The following are highlights from this review. Detailed tables of this information for Washington State and all SNAP-Ed regions can be found in Appendix F.

Basic Food Claims Data

For the gaps assessment, the Centers for Excellence reviewed claims data by age, race, Hispanic origin, marital status and special status (student, veteran, etc.). Analysts compared claims rates by representative demographics throughout the state to determine any potential gaps in service provision. For the purpose of the gaps assessment, claims serve as a proxy for the target audience receiving support.

Service Gaps



To identify potential gaps in service provision, the Centers for Excellence compared breakdowns of demographics for all FFY18 SNAP-Ed direct activity participants and claims recipients based on estimates for the demographic group. Table 25 displays this information and highlights potential under or overserved populations.

Based on review of the data, audiences potentially underrepresented by Basic Food include white, Hispanic or Latino, and adults over age 18. Non-Hispanic/Latino populations are potentially overrepresented by Basic Food. SNAP-Ed direct education is fairly representative for gender, race, and urban or rural status. There is a large difference in SNAP-Ed activity participation for age. While 30% of all SNAP-eligible individuals in Washington State are under 18 years of age, 64% of all SNAP-Ed participants were under 18 years of age.

The gaps assessment is subject to limitations in the data. Estimates for gender and race are not available for individuals living at or below 185% FPL. As such, estimates are generally lower than the true SNAP-eligible population in Washington.

Identifying and Understanding the SNAP-Ed Target Audience

Table 25: Estimates of the Target Population, Service Provision, and Gaps

	Total Population	Percent Total Population	Estimate Eligible	Estimate # Eligible	Percent of Eligible Population	Percent Claims	Activity Participation (Total Participants)
Total	7,037,413	100%	16%		100%	100%	100%
Female	3,502,836	49.8%	17%		54%	NA	55%
Male	3,534,577	50.2%	15%		46%	NA	44%
White	5,406,760	77%	14%	767,760	74%	62%	72%
Black or African American	251,919	4%	28%	70,285	7%	10%	13%
American Indian or Alaska Native	91,418	1%	32%	29,254	3%	4%	6%
Asian	570,724	8%	13%	75,906	7%	5%	6%
Native Hawaiian and Other Pacific Islander	45,057	1%	24%	10,724	1%	3%	3%
Some other race	288,191	4%	31%	89,916	9%	NA	NA
Hispanic or Latino	865,738	15%	29%	252,795	28%	22%	27%
Not Hispanic	4,916,673	85%	13%	634,251	72%	78%	73%
Under 18 years of	1,589,742	23%	32%	534,991	30%	37%	64%
Over 18 years of	5,447,671	77%	22%	1,277,226	70%	63%	36%
Rural	1,605,990	22%	34%	564,290	30%	28%	34%
Urban	5,821,580	78%	25%	1,333,981	70%	72%	66%
Population demographics represent estimates of those living at or below 125% FPL ACS 2013-2017 Urban and rural represent estimates of this living at or below 185% FPL, ACS 2013-2017  Red = 5%+ difference under estimated population (underserved)  Green = 5% difference over estimated population (overserved)							

GIS Analysis

The Centers for Excellence used GIS mapping to analyze potential service and resource gaps in Washington State. The following geographic data were included in the maps:

- FFY18 PEARS direct activities
- Department of Social and Health Services Community Service Office (CSO) locations
- Women, Infants, and Children (WIC) locations
- Food bank locations

To identify areas with potential resource gaps, the Centers for Excellence created a 10-mile radius around direct activities, CSOs, WIC offices, and food banks. This 10-mile radius represented the likely service area of the resource. All GIS maps can be found [here](#).

For Washington, geographic areas with limited SNAP-Ed activities include rural sections of northwest Washington (eastern Skagit, Snohomish, and Whatcom counties and northwest Chelan county), south central Washington (Klickitat, Skamania, and eastern Lewis counties and the Yakima Nation Reservation), and the northwestern peninsula (Clallam and Jefferson counties). SNAP-Ed activities are highly concentrated around large urban centers and transportation routes (I-5 corridor, Spokane and Yakima).

For Washington, geographic areas with limited services (CSOs, WIC, food banks) include central Washington and the northwest peninsula. While service coverage is good for most of the state, services are primarily located in urban centers and near major freeways and highways.

The maps created for this analysis should also serve as a resource when planning activities and determining the target populations and geographies.

Other Nutrition Programs Serving Low-Income Persons

The final component of the gaps assessment involves a brief review of other nutrition programs serving low-income persons. While not exhaustive of all potential nutrition programs working with low-income populations, the following is a list that describe several programs in Washington. The intent of this review is help SNAP-Ed program staff determine gaps in clients served and subject matter to deliver effective, but non-redundant services.

Expanded Food and Nutrition Education Program (EFNEP): EFNEP is a diverse low-income nutrition education program that helps promote healthy eating, saving money on food, and food safety. EFNEP is targeted to serve families.

Target Population: Low income families

Locations: Four counties; Clark, Pierce, Spokane, Yakima

Women, Infants, and Children Nutrition Program (WIC): WIC is for pregnant women, new and breastfeeding moms, and children under 5 years of age. WIC helps improve the health of mothers and children through nutrition education, breastfeeding support,

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monthly checks for healthy food, and health screening and referrals.

Target Population: Low income families

Locations: 215 locations throughout Washington State

WIC and Senior Farmers Market Nutrition Program (SFMNP): SFMNP provides fresh fruit and vegetables to lower income seniors and supports local farming by increasing the use of farmers markets, roadside stands, and community supported agriculture. Produce is also purchased directly for delivery to seniors.

Target Population: WIC clients (WIC) and Low-income seniors (SFMNP)

Locations: 56 approved farm stands and 139 farmers markets statewide. No locations in Ferry, Garfield, and Lincoln counties

Complete Eats (FINI): Shoppers can earn Complete Eats coupons at any Safeway location in Washington (except Seattle). Shoppers earn a \$5 coupon when spending \$10 on qualifying fruits and vegetables using their SNAP/EBT card. FINI also provides fruit and vegetable “prescriptions”, , which can be redeemed at participating farmers markets and grocery stores, through health care providers, including WIC and certain community health workers.

Target Population: SNAP-eligible adults

Locations: 256 farmers markets and grocery stores, 16 health care systems, and public health agencies

Child Nutrition Programs: Assists school districts and other institutions in providing quality nutrition programs that promote life-long healthful living while providing nutritious meals each day that prepare children for learning. Child Nutrition Programs include: National School Lunch and Breakfast Program, Child and Adult Care Food Program, Summer Food Service Program, Special Milk Program, Food Distribution, Fresh Fruit and Vegetable Program.

Target Population: Low income children and adults (depending on program)

Locations: Statewide, depends on program

Older Americans Nutrition Program (Senior Nutrition Program): This program aims to reduce hunger and food insecurity, promote socialization, promote health and well-being, and delay the onset of adverse health conditions for older individuals. The program offers two services: Congregate Nutrition Services and Home-Delivered Nutrition Services. The program also provides nutrition education.

Target Population: Older adults, individuals with disabilities, unpaid caregivers of eligible participants

Locations: Statewide program

Food Distribution Program on Indian Reservations (FDPIR): FDPIR provides food to participating Indian Tribal Organizations and state agencies from the USDA. The food is distributed to income-eligible households residing on Indian reservations or living in

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designated areas near reservations. The program offers two services: delivery of food and distribution of administrative funds. The program is used as an alternative to SNAP by groups who do not have easy access to SNAP offices or locations.

Target Population: Colville Confederated Tribes, Lummi Indian Business Council, Makah Indian Tribe, Quileute Indian Tribe, Quinault Indian Nation, Small Tribes of Western Washington, South Puget Intertribal Planning Agency, Spokane Tribe of Indians, Yakama Indian Nation

Locations: 8 counties in Washington State – Okanogan, Whatcom, Clallam, Grays Harbor, Pierce, Thurston, Stevens, and Yakima

Commodity Supplemental Food Program (CSFP): CSFP aims to improve the health of elderly people by supplementing their diets with healthy food and educating them about nutritious foods. The Washington State Department of Agriculture (WSDA) distributes food and educational resources locally. Operational funding comes from the United States Department of Agriculture.

Target Population: Individuals 60 years or older

Locations: 27 counties in Washington state, 13 lead contractors

4-H: 4-H provides education to youth on being healthy through decision making and lifestyle choices. There are four types of programming: fitness, health, nutrition and safety programs. Primary focus in these programs is on youth being active and the importance of eating right. Specifically, 4-H's Healthy Habits is disseminated by Teen Healthy Living ambassadors who deliver evidence-based programming to youth.

Target Population: Youth 5-18 years of age

Location: Statewide through the WSU Extension

Future Farmers of America (FFA): The organization focuses on creating a path of achievement for youth in leadership, personal growth and career success through agricultural education. Programs include school-based agricultural education, which focuses on contextual inquiry-based instruction through an interactive classroom, premier leadership, personal growth and career success through engagement in FFA and experiential, service or work-based learning through supervised agricultural experience programs.

Target Population: Youth and young adults 12–21 years of age

Location: Statewide

Systems Assessment Summary

The assessment of the system involved a detailed analysis of the current programmatic environment SNAP-Ed operates in to identify what service providers in the community consider issues facing the SNAP-eligible population and SNAP-Ed program. Information from key-informant interviews, a community partner survey, and review of SNAP-Ed program activities and other services revealed the following themes:

- SNAP-Ed providers and partners value collaboration to both sustain and improve high-quality programming and leverage opportunities in service gaps and resources for the SNAP-eligible community. This includes continued communication and sharing resources across programs as well as professional development opportunities. SNAP-Ed is a valued partner to many organizations and increased collaboration will expand reach and better serve the target audience.
- SNAP-Ed staff value data and evaluation to improve service and ensure evidence-based, targeted programming. Local data and evaluation capacity is desired to assist providers in evaluating their services and ensuring success. SNAP-Ed providers utilize data where available.
- SNAP-eligible populations, particularly adults, are burdened with busy schedules and competing priorities. Adaptation of programming and curriculum to meet the needs of the community are essential to successful implementation. This includes consideration for competing priorities and schedules, as well as providing culturally relevant programming.
- Service need is greater than resources. Demand is high for SNAP-Ed services for all populations across the state. Leveraging partnerships provides an opportunity to address the needs and resource gaps.
- Hands-on, skill-based curriculum and activities are effective in reaching the SNAP-Ed target audience. Curriculum and activities that incorporate life skills tools and techniques, such as cooking classes and providing recipes, are engaging and desired by the target audience, particularly older audiences (teens, adults, seniors). Direct education is seen as effective for youth.
- Policy, system, and environmental (PSE) changes are identified as a need to improve health outcomes of the SNAP-Ed population, but there is limited understanding of processes for implementation and what works. Further development of techniques and programs to address PSE changes are desired and could further clarify the meaning and value of this type of work.
- Service provision is concentrated in urban centers, but many services are available throughout the state. Geographic concentration is often unavoidable due to transportation and other barriers. SNAP-Ed providers should consider available resources when planning.

Assessment of Forces of Change

The Forces of Change Assessment ensures the leadership and planning team honors the dynamic nature of SNAP-Ed work by assessing what could happen in a complex system. The assessment will assist the Leadership Team in aligning strategic issues and plans to a changing environment while acknowledging the current and past climate.

On July 10, 2019 the Centers for Excellence facilitated the Forces of Change Assessment as the final data collection process of the statewide needs assessment. Participants included representatives from all IAs as well as representatives from the statewide evaluation team, curriculum, website, and training team, and the state agency.

While separated into IA groups with statewide program teams intermixed, participants brainstormed forces that may impact the successful implementation of the SNAP-Ed program. Participants considered any local, regional, and national forces in the following categories: social, economic, political, technological, environmental, scientific, legal, and ethical. After thinking through potential forces, the groups described broad themes and the opportunities and threats posed by these forces. The following is a summary of the themes, opportunities, and barriers from the exercise. Additional forces for each IA can be found in Appendix G.

Table 26: Forces of Change Themes, Opportunities, and Threats – Spokane Regional Health District

Theme	Opportunities	Threats
Moving toward increased client/ community involvement and representation	<ul style="list-style-type: none"> • Programming can better meet community needs • Increase our own awareness of community needs • May be more cost effective 	<ul style="list-style-type: none"> • Quality and fidelity of programming • May require more resources • Alienation (if bad experience or populations not included) • Tradeoffs: working for \$0 or losing benefits
Drug epidemics, trauma, and ACEs	<ul style="list-style-type: none"> • Hot topics – lots of attention and money • Comprehensive programs • Referrals/ social determinants of health 	<ul style="list-style-type: none"> • Priorities of community are not healthy eating and physical activity • Will require training and resources
Farm Bill	<ul style="list-style-type: none"> • Educating legislature • 2020 elections • Microscope is on us • We can now focus on measuring impact and demonstrating success 	<ul style="list-style-type: none"> • Increased divisiveness and competition • 2020 elections • Microscope is on us • No more money. Funding constraints

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Theme	Opportunities	Threats
Misinformation overload	<ul style="list-style-type: none"> • Easy to message – lots of platforms • People are receptive to health information and educating themselves 	<ul style="list-style-type: none"> • Our message gets lost • Distrust of government sources • Hard to compete with well-funded industries
Collective impact opportunities	<ul style="list-style-type: none"> • We can do more with less • Layering approaches – reinforce message • We can be more successful by playing to our strengths 	<ul style="list-style-type: none"> • Funding scrutiny • Competition • More meetings, resources needed
Urban sprawl and rural life	<ul style="list-style-type: none"> • Stronger relationships with tribes and rural populations • Food systems work and local economic benefits • Creative programming and ways to reach folks 	<ul style="list-style-type: none"> • Financial – more money • We may not reach everyone • Time required to build trust • If not done right, could harm relations with tribes
Needs assessment and planning	<ul style="list-style-type: none"> • We can work in the areas with most need • FNS will be happy • Strategic direction and logical based decisions (justifications) • Integrating initiatives • Focusing more – collective buy-in 	<ul style="list-style-type: none"> • We may lose good work and partners if too reactive • Could increase territorialism • Could threaten relationships and progress • Change is hard • Need buy-in at all levels
FINI	<ul style="list-style-type: none"> • Increase participation (incentives) • Collective impact opportunities 	<ul style="list-style-type: none"> • Unpredictability of availability • Inequitable distribution • Adds to hardships (time and travel)
Territorialism and competition	<ul style="list-style-type: none"> • More diversity, strengths, and creativity • More intimately connected to local needs • Passion and drive raise the bar • Opportunities to learn from unique local work 	<ul style="list-style-type: none"> • Siloed work – not as impactful • Lack of collective state effort – harder to measure – ultimate failure - stagnation

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Table 27: Forces of Change Themes, Opportunities, and Threats – Washington State University Extension

Theme	Opportunities	Threats
Political uncertainty and change	<ul style="list-style-type: none"> • Opposite of threats • Other partners stepping up -> less dependent on a single funding sources, opportunity to explore blended funding 	<ul style="list-style-type: none"> • Defunding of SNAP • Changes in representation • Changing guidelines, guidance, laws, that are more restrictive, favorable to corporations, less favorable to local • Decreased services to underserved populations • Increased unemployment • Administration unsupportive of SNAP
Representativeness, inclusion, diversity	<ul style="list-style-type: none"> • Training staff • Diversity in who has skills • Representation in materials • Reviewing curriculum and service delivery for inclusion, cultural appropriateness • Evolving strategies to engage more communities • Recruit and hire those who look like those they serve • Allowing changes in service delivery 	<ul style="list-style-type: none"> • Emboldened radical ideas • Increased disenfranchisement • Less trust in government • Increased chronic stress and trauma • Bias in workplace = less diverse staff
Well-funded, powerful counter messages to healthy behavior	<ul style="list-style-type: none"> • Social media to counter campaigns • PSE: make healthy environments easier • Policies for healthy foods • Using healthy foods and behaviors to increase revenue for schools • Leverage effective healthy campaign messages (Seahawks/ champions) 	<ul style="list-style-type: none"> • They influence our target audience • Influence partners, strategies • Sponsoring guiding agencies and voices

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Theme	Opportunities	Threats
Increased reach of technology	<ul style="list-style-type: none"> • More opportunities to share message, reach more (if they have access) • Online classes can increase reach 	<ul style="list-style-type: none"> • Increased screen time and decreased physical activity • Conflicting messages – hard to tell good and bad • Increased isolation • Online EBT/ shopping hurting small business • Delivery increases waste and emissions • Increased wealth gap
Changing physical and built environment	<ul style="list-style-type: none"> • Partner with city and transportation planners • Undercurrent for all other factors • Built environment design 	<ul style="list-style-type: none"> • Food system and water at risk and uncertainty • Larger cities, more depressed rural areas • Undercurrent to all • Built environment design
Increased interest in engagement in sustainable practices	<ul style="list-style-type: none"> • Increased opportunity to grow their own food and make money • Increased interest in food gardens over grass • Increased consciousness in reducing waste • Spin budget conscious to sustainable conscious • Sustainable policy changes and influence • Working with food banks • Bridging physical activity and healthy eating (gardening as exercise) 	<ul style="list-style-type: none"> • SNAP-eligible populations don't have access to these resources • Cultural/ economic gap increases • Increased price in products • Infrastructure not in place to make accessible to low income/ SNAP (EBT system at farmers markets broken)

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Table 28: Forces of Change Themes, Opportunities, and Threats – Washington Department of Health

Theme	Opportunities	Threats
Access to healthy food is a challenge	<ul style="list-style-type: none"> • Farm stands growing own food – community gardens • Developing pathways/ avenues to capture food waste • Change what food is offered – food systems • Capitalize on community participatory approaches – help communities solve access in a way that meets their needs health 	<ul style="list-style-type: none"> • Can't encourage healthy choice if access doesn't exist (can't change behavior without choice)
Insecure/ instabilities in federal government funding	<ul style="list-style-type: none"> • Build in sustainability measures • "Claim" and market success through evaluation and communication • Improve framing work • Programs building off each other • Work to identify efficiencies together • Leveraging/ building on other programs, avoid duplication of efforts 	<ul style="list-style-type: none"> • Can/ will program survive and at what levels • Threatens sustainability of programs
Rapidly changing technology	<ul style="list-style-type: none"> • Can counteract misinformation by capitalizing on social media – increase visibility • Piloting new program delivery modes • Spin the "new thing" toward healthy good, prevent waste 	<ul style="list-style-type: none"> • Hard for program to keep up with changes • Increases misinformation • Program has not been built to deliver services through technological means • Changing food packaging and delivery

Identifying and Understanding the SNAP-Ed Target Audience

Theme	Opportunities	Threats
Access to healthy food is a challenge	<ul style="list-style-type: none"> • Farm stands growing own food – community gardens • Developing pathways/ avenues to capture food waste • Change what food is offered – food systems • Capitalize on community participatory approaches – help communities solve access in a way that meets their needs health 	<ul style="list-style-type: none"> • Can't encourage healthy choice if access doesn't exist (can't change behavior without choice)
Sustained culture of obesity	<ul style="list-style-type: none"> • Use stages of change to meet people where they are • Statewide concerted effort • Deep dive story with audience (sub-pop) long-term to see change • Reinforce public health best practices (multi-layered approaches/ environments) • Transformation • Concentrating programming 	<ul style="list-style-type: none"> • If it is sustained, hard to prove program impact at population level
Food industry (conflicting science)	<ul style="list-style-type: none"> • Community empowered (their voice, work their system) • Advocacy like sugar tax • Program prioritization – maximize impacts, community participating 	<ul style="list-style-type: none"> • Hard to compete with industry about messages

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Theme	Opportunities	Threats
Access to healthy food is a challenge	<ul style="list-style-type: none"> • Farm stands growing own food – community gardens • Developing pathways/ avenues to capture food waste • Change what food is offered – food systems • Capitalize on community participatory approaches – help communities solve access in a way that meets their needs health 	<ul style="list-style-type: none"> • Can't encourage healthy choice if access doesn't exist (can't change behavior without choice)
Shifting demographics: need to be adaptable and proactive to maintain relevance	<ul style="list-style-type: none"> • Groundwork being laid to increase communication within the Leadership Team • DEI goals, training and resources • More time flexibility in grant cycle • Build in flexibility in 3-year plan • Need to build in time for reflection and planning – refresh plans for relevancy • Structural organization to map what we do • Enhanced marketing 	<ul style="list-style-type: none"> • Hard to forecast need • Makes communicating and planning challenging • Continued or lack of communication • Can't be a resource for a community if we can't adapt

Forces of Change Summary

Several dominant themes emerged from the forces of change assessment. Those themes mentioned across all groups performing the exercise include:

- Adaptation and inclusion of the community and diverse clients in the face of changing demographics.
- Planning in the face of political uncertainty and change.
- Addressing conflicting, often counter messaging, from the food industry, political and social lobbies, and scientific community.
- Adapting to and addressing changing technology.
- Addressing the physical and built environment and challenges to access to healthy food and resources.

Synthesis and Conclusions

The four components of the needs assessment revealed detailed information about SNAP-Ed target audience, priority content and focus of SNAP-Ed interventions, and suggestions for successful implementation of SNAP-Ed programming. The following sections describe the synthesized themes for these topics as well as recommendations based on the findings. While the Centers for Excellence provided recommendations, IAs, LIAs, and all SNAP-Ed staff are encouraged to consider the results of the needs assessment holistically and make programmatic decisions that fit the SNAP-Ed community and environment.

Population Findings and Recommendations

Geographic Locations

The SNAP-eligible population lives in diverse geographic locations throughout the state from densely populated urban centers to remote rural communities. In 2018, an estimated 30% of all SNAP-eligible individuals lived in rural counties, while 70% lived in urban counties. The five counties with the highest rate of SNAP-eligibility are rural. These estimates may not be completely accurate, as many SNAP-eligible individuals live in rural parts of urban counties, for instance rural communities outside of Seattle, Tacoma, and Spokane.

Services for SNAP-eligible populations tend to concentrate in urban centers and along main transportation routes. Based on GIS mapping analysis, areas with limited service include rural northwest and central Washington, south and east central Washington, and the northwest peninsula. Locations with limited service often include areas with high concentrations of public or park land or are located far from high traffic transportation routes.

Populations with High Eligibility and Need

The SNAP-eligible population faced higher rates of obesity and food insecurity than the non-eligible population. In 2017, over 600,000 SNAP-eligible adults in Washington experienced food insecurity, and nearly 1 million SNAP-eligible adults could be considered overweight.

Differences in eligibility, food and nutrition, physical activity, and food security rates existed between demographic groups throughout Washington. Specifically:

- 18–24-year-old adults had the highest rate (40%) of eligibility among all age groups in Washington. Youth under 6 and ages 6–1 also had high rates of eligibility compared to other age groups (36% and 34% respectively).
- Based on family structure, single mothers (59%) and female householders with no husband present (47%) had the highest rate of eligibility.
- American Indian and Alaska Native, other race, Black, and Hispanic populations had disproportionately higher rates of SNAP-eligibility than other races and ethnicities.
- Adult American Indian and Alaska Native, other race, Hispanic, and individuals with a high school education or lower experienced disproportionate rates of being overweight or obese.
- Youth American Indian or Alaska Native, Black, Hispanic, and youth whose mothers have lower educational attainment experienced disproportionate rates of being overweight or obese.
- Adult females, American Indian or Alaska Native, Black, Hispanic, other race, and individuals with less than a high school education or some college experienced disproportionate rates of food insecurity.
- Youth females, American Indian or Alaska Native, Black, Hawaiian or other Pacific Islander, white, other race, and older students (grade 12) experienced disproportionate rates of food insecurity.

The Centers for Excellence conducted Latent Class Analysis to identify subgroups among the Washington youth SNAP-eligible population, as well as discover patterns in groups with similar outcomes and behaviors. Based on this analysis, the Centers for Excellence identified the following:

- The majority (65%) of SNAP-eligible youth belonged to low structure subgroups. Low structure is defined as lower rates of eating breakfast and eating dinner with the family, high rates of screen time, and lower rates of adequate sleep.
- SNAP-eligible youth in the high structure subgroups had consistently lower rates of being overweight and obese, food insecurity, suicide ideation, and depression.
- Through focus groups with the SNAP-eligible population, key-informant interviews with SNAP-Ed staff, and a community partner survey, the following barriers to healthy behaviors were identified:

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- The SNAP-Ed population is burdened with busy schedules and conflicting priorities. These barriers greatly impact motivation and availability to participate in SNAP-Ed activities.
- Transportation is consistently a barrier to accessing healthy resources. This is true for both urban and rural populations.
- Life skills such as cooking, shopping on a budget, and participating in appropriate and adaptive physical activity are lacking for many community members, preventing them from participating in healthy behaviors.
- Cultural concerns such as appropriate topics and interventions, language barriers, and concerns about immigration status are consistently a barrier to reaching the SNAP-eligible population.
- Financial barriers persist and often overshadow knowledge and skills when addressing healthy food and nutrition and physical activity behaviors.

Recommendations

- Where possible, SNAP-Ed program staff should target interventions in locations and among communities with disproportionate rates of poverty and adverse food and nutrition, physical activity, and food security rates. Specifically, young adults, single parents, American Indian or Alaska Native, Black, and Hispanic populations had consistently disproportionate rates of poverty, obesity, and food insecurity. While not always possible to reach communities with disproportionate rates due to resources and geographic barriers, SNAP-Ed program staff should make efforts to understand challenges within their specific community and address needs in a culturally appropriate manner.¹⁴
- SNAP-Ed program staff should account for differences in the food and nutrition, physical activity, and food security environments of rural communities and develop activities that reflect their situation.¹⁵ Specific concerns related to rural communities include challenges with access and transportation, as well as limited services in their communities.

Content Findings and Recommendations

Priority Topics

The goal of SNAP-Ed 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.”¹⁶ Washington SNAP-eligible individuals often experience different rates of food and nutrition and physical activity outcomes than the non-eligible populations. The needs assessment revealed several potential priority topics. Through comparison among SNAP-eligible and non-eligible rates, the needs assessment identified the following adult food and nutrition and physical activity topics where the SNAP-eligible population consistently performed lower than the non-eligible population:

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- Food insecurity
- Physical activity

Similar to adult populations, the needs assessment identified the following youth food and nutrition and physical activity topics where the SNAP-eligible population consistently performed lower than the non-eligible population:

- Food insecurity
- Obesity
- Physical activity

Demographic disparities related to food and nutrition and physical activity behaviors also exist among SNAP-eligible adults and youth. These disparities include:

- Adult Asian, American Indian and Alaska Native, Hispanic individuals and adults with lower levels of educational attainment had disproportionately lower rates of physical activity.
- Adults with lower levels of educational attainment had disproportionately lower rates of fruit and vegetable consumption.
- Youth females, Black and white youth, and youth whose mothers had lower levels of educational attainment had disproportionately lower levels of fruit and vegetable consumption.
- Youth females, American Indian and Alaska Native, Asian, Black and Hispanic youth, older youth and youth whose mothers had lower levels of educational attainment have disproportionately lower levels of physical activity.

The Centers for Excellence conducted Latent Class Analysis to identify subgroups among the Washington youth SNAP-eligible population, as well as discover patterns in groups with similar outcomes and behaviors. Based on this analysis, the Centers for Excellence determined the following topical information:

- Based on variance in behavior, subgroups were distinguished by the latent construct of structure and by physical activity.
- Membership in high structure subgroups is highly predictive of lower rates of food insecurity.
- Membership in high structure subgroups is highly predictive of lower rates of being overweight or obese.
- Membership in high physical activity subgroups is predictive of lower rates of being overweight or obese and food insecure, but less so than membership in high structure subgroups.
- Healthy eating behaviors such as fruit and vegetable consumption or drinking less than two sugary drinks per day were not distinguishing factors in subgroups.

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Through analysis and severity scoring based on change in indicator, differences between the eligible and non-eligible population, demographic disparities, and overall magnitude, the Centers for Excellence determined the following topics to be of highest severity:

- Youth physical activity
- Youth fruit and vegetable consumption
- Adult food insecurity

SNAP-Ed program staff, the community, and community partners also provided insight into priority topics for the SNAP-eligible population. Results regarding priority topics from community themes include:

- Life skills and practical education are important factors in the health of the SNAP-eligible population.
- Topics of importance depend greatly on the physical and social environment of the SNAP-eligible population.

Recommendations

- SNAP-Ed program staff should consider topics that have high rates of disproportionate outcomes among the target audience such as physical activity and food security and are highly predictive of adverse outcomes (obesity and food insecurity) when developing programming including increasing structure and consistent habits such as eating breakfast, eating dinner with the family, reducing screen time and getting adequate sleep. SNAP-Ed staff may need to consider creative approaches when addressing these topics and should work directly with the target population to determine culturally appropriate and relevant program activities.
- Where appropriate, SNAP-Ed program staff should consider activities and education that focus on skill-based whole family health and healthy routine behaviors such as eating breakfast, eating dinner with the family, limiting screen time, and getting sleep. Membership in high structure subgroups is highly predictive of health for the youth SNAP-Ed population, and programming should reflect this whenever possible. Life skills education and training such as cooking classes and physical activity demonstrations support these topics and is well-received by the SNAP-eligible population.¹⁷
- While not as predictive of obesity and food insecurity, youth fruit and vegetable consumption rates are consistently low across all Washington youth, including both the eligible and non-eligible population. Healthy eating, including fruit and vegetable consumption for youth, is considered a topic of high importance by SNAP-Ed program staff and community partners and should be reinforced effectively through SNAP-Ed activities and education.¹⁸ The consistently low rates of fruit and vegetable consumption make this a topic well-tailored to mixed populations (e.g., schools).

SNAP-Ed Program Process Findings and Recommendations

Community-Based Suggestions

Through focus group discussions with over 230 participants in every SNAP-Ed region in Washington, the following themes emerged:

- Social connectivity and accountability influence participation in healthy behaviors.
- SNAP-Ed activities should reflect the needs of the community and planning should include community input.
- Improved communication of available resources will improve participation in activities and assist the SNAP-eligible community in accessing food and nutrition, physical activity, and food security services and resources available to them.
- Rural audiences face unique situations and programming should reflect this.
- Financial barriers are drivers for healthy behaviors and programming and activities that address these are effective.

SNAP-Ed Processes

Through key-informant interviews, focus groups, a community partner survey, and a forces of change assessment, the following themes regarding current SNAP-Ed processes emerged:

- The Washington SNAP-Ed program values diverse partnerships. Programming is enhanced through increased collaboration.
- SNAP-Ed staff value data and evaluation to improve and sustain high-quality programming.
- Adaptation of approved activities and curriculum is critical to the success of SNAP-Ed programming and supports equity among SNAP-Ed participants.
- SNAP-eligible populations, particularly adults, are burdened with busy schedules and competing priorities. SNAP-Ed programming should reflect these barriers.
- Political uncertainty and change must be addressed when planning SNAP-Ed activities.
- SNAP-Ed programming should reflect the changing technological, physical, and environmental realities of the SNAP-eligible population.

Opportunities

Several additional opportunities for successful implementation of SNAP-Ed programming were identified through the assessment. Opportunities include:

- Improving partnerships to leverage resources
- Providing location-based services to reach SNAP-eligible populations where they live, learn, eat, work, play, and shop
- Utilizing hands-on, skill-based programming to engage SNAP-eligible populations and improve healthy behaviors

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- Providing incentives such as FINI to increase participation and support the SNAP-eligible population

Recommendations

- SNAP-Ed program staff should engage the target audience directly in planning appropriate SNAP-Ed activities. Participatory planning will enhance the effectiveness of interventions and ensure that culturally appropriate activities and messages are being promoted.^{19,20}
- The Washington State SNAP-Ed program should expand program staff's ability to consistently assess and evaluate their program activities to ensure effective and adaptive programming. Assessment and evaluation capacity at all levels (state to local) is necessary to ensure quality programming and will enhance outside support through communication of successes.
- SNAP-Ed program staff should continue expanding and enhancing partnerships and support collaboration among program units.
- The Washington SNAP-Ed program should expand and enhance communication of resources and activities. Communication should be culturally appropriate and adaptive (e.g., in different languages).

State Guiding Principles, Priorities, Goals and Objectives

Guiding Principles

Informed by the needs assessment and LIA input, the SNAP-Ed Leadership Team (LT) developed the following guiding principles, which represent core values SNAP-Ed aims to meet in its long-term programming. These supplement the SNAP-Ed guiding principles in the FNS Guidance.

WA SNAP-Ed Programming will be:

1. Rooted in addressing health equity in all levels of programming, from representation in planning to delivery of participant-focused and client-centered interventions to evaluation methods that capture the impact on target populations.
2. Made up of comprehensive multi-level interventions to reach target populations at multiple levels of the social-ecological model and spectrum of prevention by leveraging the work of SNAP-Ed and non-SNAP-Ed partners through collaboration and communication.
3. Cohesive at the state level so focus areas are reinforced within and across regions.
4. Enhanced by the strengths of providers and historical SNAP-Ed successes to deliver robust programming throughout the state.
5. Evidence-based and data driven to reach populations where there is the need and opportunity for the biggest impact.
6. Dynamic and flexible enough to adjust interventions to best serve SNAP-Ed recipients based on formative assessments while maintaining fidelity of evidence-based approaches.

Priorities

After establishing the guiding principles, the LT identified priorities for the FFY21–23 multi-year plan. These represent particular areas of focus the LT determined to be important to continue or better develop in the three-year plan.

Work Across the Social Ecological Model

Historically, SNAP-Ed focused exclusively on individual-factors through direct education. SNAP-Ed has expanded to include policy, systems, and environmental (PSE) changes to reinforce direct education. Working across the social ecological model includes strategies to change PSE, taking a comprehensive look at the whole person and what goes into their food and activity options.^{21, 22}

Support Food Security and Healthy Food Access

Addressing the structures preventing people from having real access to healthy foods is critical to seeing an impact of SNAP-Ed programming. Food security and access include both expanding

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the healthy options available and making them stand a chance against more pervasive unhealthy options by considering price, appeal, marketing, and promotion.

Active Living

Strategies to promote active living were included in the FFY18–20 plan, and LT emphasized multi-level strategies for supporting active living for FFY21–23. In particular, LIAs were encouraged to consider active living strategies within the context of the guiding principles and other priorities, particularly *Working Across the Social Ecological Model* and *Collaboration with Representation*.

Collaboration with Representation

Partnerships have been central to SNAP-Ed's work. For FFY21–23, the SNAP-Ed LT encourages providers to focus on meaningful collaboration with current and future partners and the SNAP-Ed audience. One of the guiding principles focuses on health equity in all levels of programming. Therefore, LIAs were encouraged to engage in collaborations that are representative of the recipients of programming. In doing so, LIAs were asked to consider programmatic offerings and how that serves their partners' needs. In addition, the SNAP-Ed LT recognizes the burden asking for representation and partnership might present and will continue to develop strategies to engage in more fair representation.

Goals and Objectives

“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 DGS and the USDA food guidance.”

Goal 1: Increase consumption of healthy foods and beverages and decrease consumption of unhealthy foods and beverages.

Objectives:

- 1.1 By September 2023, 65% of participants 3rd grade to adult will report eating fruit two or more times per day and 45% of participants will report eating vegetables two or more times per day.
- 1.2 By September 2023, 60% of participants 3rd grade to adult will report eating more than one kind of fruit and 45% of participants will report eating more than one kind of vegetable.
- 1.3 By September 2023, 75% of participants 3rd grade to adult will report drinking sugar-sweetened beverages two or fewer times per day.
- 1.4 By September 2023, 25% of participants in 6th–12th grades will report eating

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fast food or takeout less often.

- 1.5 By September 2023, 70% of 3rd grade to adult participants wash their hands “most of the time” before eating.

Goal 2: Improve food resource management among SNAP-Ed participants.

Objectives:

- 2.1 By September 2023, at least 50% of adult participants never worry about running out of food.
- 2.2 By September 2023, 25% of participants aged 6th grade to adult use nutrition labels most of the time.
- 2.3 By September 2023, 70% of adult participants will report preparing meals at home five to seven days per week.

Goal 3: Increase physical activity and reduce sedentary behavior.

Objective

- 3.1 By September 2023, 80% participants in K–2nd grades identify physical activities and 35% of participants in 3rd–5th grades are physically active more times per day.
- 3.2 By September 2023, 85% participants 6th grade through adult are physically active for more than 30 minutes.
- 3.3 By September 2023, 90% of 6th–12th grade participants will reduce screen time to six hours or less per day.

Goal 4: Improve policy, systems, and environments to support healthy eating and active living.

- 4.1 By September 2023, 50% of sites will implement a policy, systems, or environmental change focused on increasing healthy food/beverage among the eligible population.
- 4.2 By September 2023, 20% of sites will implement a policy, systems, or environmental change focused on increasing physical activity and reduce sedentary behavior.
- 4.3 By September 2021, the dollar value of incentives redeemed by SNAP participants for purchase of targeted food items at farmers markets will increase by 5% (over September 2020 baseline).
- 4.4 By September 2021, the number of unique SNAP participants using SNAP or SNAP incentives at participating farmers markets will increase by 10%.

Interventions and Projects

Introduction

Intervention and Project Overview

Washington SNAP-Ed sought to create a coordinated plan in which interventions and projects are described for the whole state, rather than individually for each of the five regions, to make it easier for IAs and LIAs to collaborate on programming. Using definitions from the FFY21 SNAP-Ed Guidance (Figure 5), the LT identified five interventions that would capture the multitude of projects in the state (Table 29). The following section describes each of the interventions and corresponding projects, including the specific strategies and activities. This section includes the information required for description of projects/interventions in FNS Template 2 but was modified to appropriately report interventions being conducted by multiple IAs and LIAs.

Figure 5: FFY21 SNAP-Ed Guidance Definitions

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

Project means a discrete unit of nutrition education or obesity prevention intervention at the local level, which is distinguished by a specifically identified low-income target

Table 29: Interventions and Corresponding Projects

Direct Education	Farm to Community	Healthy Food Access	Physical Activity	Health Promotion
Projects(Curricula): <ul style="list-style-type: none"> Choose Health, Food, Fun and Fitness CATCH (Coordinated Approach to Child Health) Grazin' with Marty Moose, WSU Edition MyPlate in Practice Growing Healthy Habits Food Smarts 	Projects: <ul style="list-style-type: none"> Farmers Markets Gleaning Community Gardens Farm and Sea to School Farm to Food Bank Food Systems Improvement 	Projects: <ul style="list-style-type: none"> Schools Food Banks and Mobile Pantries Retail and Restaurants Breastfeeding Medical Professionals and Affordable Care Clinics Improved Transit, Walkability, Physical Access to Healthy Food Outlets 	Projects: <ul style="list-style-type: none"> Schools Community Community Physical Activity Events 	Projects: <ul style="list-style-type: none"> Indirect Education Social Media Social Marketing

Interventions and Projects: Direct Education

Direct Education	Farm to Community	Healthy Food Access	Physical Activity	Health Promotion
<ul style="list-style-type: none"> • Around the Table • Read for Health/WSU Edition • Nutrition to Grow On • Nutrition in Me • EatFit • Teen Cuisine • Cooking Matters • Plan, Shop, Save & Cook • Eating Smart • Being Active • Youth Participatory Action Research 		<ul style="list-style-type: none"> • Healthier Vending Machine Initiatives • Improvements in Water Access • Low Income housing • SNAP Offices (CSOs) 		

Table 30: Interventions by Domain

Intervention	Domain					
	Shop	Learn	Live	Work	Play	Eat
Direct Education	X	X	X	X	X	
Farm to Community	X	X	X	X		X
Healthy Food Access	X	X	X	X	X	X
Physical Activity	X	X	X	X	X	
Health Promotion	X	X	X		X	X

COVID-19 Intervention and Project Adjustments

The SNAP-Ed interventions and projects described in this FFY21–23 plan are subject to change based on shifting safety conditions impacted by the COVID-19 pandemic. SNAP-Ed staff will follow the most current health and safety guidelines of their organization, partner organizations, county, state and/or Centers for Disease Control and Prevention when implementing SNAP-Ed activities outlined in this plan. As FFY20 progresses, activities may be suspended, continue partially, or be allowed in full based on COVID-19 guidance. Washington

Interventions and Projects: Direct Education

SNAP-Ed leadership and staff will continue to keep personal safety and the safety of SNAP-Ed participants the highest priority when implementing planned activities. If at any time SNAP-Ed activities in this plan cannot continue, SNAP-Ed staff will adjust to work on allowable SNAP-Ed activities within the scope of any interrupted project/intervention or will submit a plan amendment if needed. Contingency plans for SNAP-Ed activities may include:

- Education delivered virtually (see page 117)
- Increase of indirect education/health promotion activities including:
 - Distribution of education materials to SNAP through partners
 - Sharing resources through social media and websites
 - Sharing videos created to demonstrate preparation of healthy affordable recipes and other skills that support SNAP-Ed objectives
 - Consultation and technical support for partners navigating changing conditions due to COVID-19

Intervention 1: Direct Education

Related State Objectives

Table 31: Related State Objectives for Direct Education

Intervention Purpose: To provide nutrition education during interactive programming that supplements policy, systems, and environment work and supports behavior changes regarding healthy eating, physical activity, and food resource management for SNAP eligible participants.				
Goal	1. Increase consumption of healthy foods and beverages and decrease consumption of unhealthy foods and beverages.	2. Improve food resource management among SNAP-Ed participants.	3. Increase physical activity and reduce sedentary behavior.	4. Improve policy, systems, and environments to support healthy eating and active living.
Objectives	<input checked="" type="checkbox"/> 1.1 <input checked="" type="checkbox"/> 1.2 <input checked="" type="checkbox"/> 1.3 <input checked="" type="checkbox"/> 1.4 <input checked="" type="checkbox"/> 1.5	<input checked="" type="checkbox"/> 2.1 <input checked="" type="checkbox"/> 2.2 <input checked="" type="checkbox"/> 2.3	<input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3	<input type="checkbox"/> 4.1 <input type="checkbox"/> 4.2 <input type="checkbox"/> 4.3

Audience

- Adults
- Youth/children
- Families
- Latinx Spanish-speaking youth and adults
- Tribal youth and adults
- Staff and volunteers at partner organizations

Food and Activity Environments

State and local implementing agencies work together to deliver direct education in places where SNAP-eligible populations live, learn, work and play. These interventions reach SNAP-eligible youth, adults and seniors and complement work done in local communities to change systems, policies and environments. All direct education is participant focused, learner centered and part of a comprehensive approach to reduce obesity and chronic disease. Resources and trainings are available to all educators for participant engagement and include an emphasis on facilitated dialogue. This method of teaching involves active participation by both the educator and the participant.²³ While direct education reaches the SNAP-Ed audience at an individual level, the use of this intervention is meant to work in synergy with other

Intervention 1: Direct Education

interventions to achieve behavior change. This multi-level intervention approach works to improve nutrition and obesity prevention and reflects the SNAP-Ed Guidance.^{24,25,26}

Key educational messages are consistent across all curricula (see Table 33, page 120). Reinforcement of these messages through multiple interventions in a community increase the SNAP-Ed audience's awareness of their access to healthy food and beverages and how to be active in their community. Key messages support PSE strategies to improve behavior change. For example, decreasing sugar sweetened beverages and school wellness policies; increasing fruit and vegetable intake supports Smarter Lunchroom, work with local farmers markets, community gardens and healthy retail efforts. Key messages that influence increased physical activity work hand in hand with community PSE work promoting policies and infrastructure for walkable communities and shared use agreements.

The Direct Education intervention will take place in SNAP-Ed qualifying locations like schools, food banks, community centers and health clinics (see description of qualifying locations on page 38) throughout the state. Partnerships between LIAs and community organizations are essential to recruit and retain participants. The importance of the synergy between approaches, and therefore interventions, is recognized and taken into consideration when direct education is implemented in a community. This is especially true for rural communities.^{27,28}

Virtual Education Plans

In response to the COVID-19 pandemic and the Governor's Stay Home, Stay Healthy Order, direct education may be delivered online until regular, face-to-face interactions are safe for participants and providers to resume. In the meantime, SNAP-Ed needs to reach SNAP-eligible participants via online platforms instead of traditional learning model. Guidelines for delivery of online direct education will be finalized in the last quarter of FFY20. The development of these guidelines is done in collaboration with staff at the University of California CalFresh program as well as through consultation with other SNAP-Ed partner organizations. A shift to online delivery provides an opportunity to pilot methods and will inform future program planning. Delivery of SNAP-Ed programming in rural communities presents barriers for attending in-person classes and the use of online delivery during the pandemic may help Washington SNAP-Ed better serve this group of participants, both during and beyond the pandemic.²⁹ However, Washington also connectivity challenges in certain parts of the state and will work with partners to consider how to reach populations without internet access.

LIAs will choose one of three delivery methods for online direct interventions. These include:

- Live webinar with actively engaged participants: The nutrition educator will deliver content in real time and follow up with activities designed to reinforce the lesson objectives during the live webinar class.

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- Flipped classroom: Online content provided to participant for self-study. Classroom webinar follow-up with educator during a live, interactive session to reinforce lesson objectives.
- Interactive Media: Participant views a self-paced presentation. Question and answer section allow the user to branch into other parts of the lesson or review content.

Curriculum fidelity will be done through review of online materials, meetings with educators and, when possible, joining online classes to observe lesson delivery.

Intervention Description

The Direct Education intervention will be delivered in places where the SNAP-eligible populations play, learn, live, shop and work. SNAP-Ed staff will coordinate with the partners and seek input from potential participants to choose the most appropriate curriculum and logistics for the lessons. Direct Education reaches SNAP-eligible youth, and adults and is often the foundation on which SNAP-Ed staff develop relationships that open the door for influencing changes to PSE. Curricula are all participant focused and learner centered and part of a comprehensive approach to reduce obesity and chronic disease. Prior to delivering lessons, SNAP-Ed staff receive training and resources that emphasize participant engagement including the use of facilitated dialogue techniques. This method of teaching involves active participation by both the educator and the participant. While direct education reaches SNAP-eligible participants at an individual level, the use of this intervention is meant to work in synergy with other interventions to achieve behavior change. This multi-level intervention approach works to improve nutrition and obesity prevention and have the greatest impact on the SNAP-Ed audience and communities.

Table 32: Sites Where Direct Education Projects Will Be Delivered, by Domain

Play	Eat	Learn	Live	Shop	Work
<ul style="list-style-type: none">• Community and recreation centers• Youth organizations (e.g., Boys and Girls Clubs, YMCA)		<ul style="list-style-type: none">• Family resource centers• Schools (K–12)• Schools (colleges and universities)• WIC clinics	<ul style="list-style-type: none">• Community organizations• Emergency shelters and temporary housing sites• Group living arrangements• Health care clinics and hospitals• Indian Reservations• Individual homes and	<ul style="list-style-type: none">• Food assistance sites, food banks, food pantries	<ul style="list-style-type: none">• Adult education, job training, temporary assistance for needy families (TANF), and veteran sites• SNAP offices• Worksites with low-wage workers

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Play	Eat	Learn	Live	Shop	Work
			public housing sites • Residential treatment centers		

Key Educational Messages

In FFY21-23, LIAs will provide evidence-based direct education to an estimated 15,617 SNAP-eligible residents across the state. Key educational messages align with state SNAP-Ed goals and objectives (see page 110) and the *Dietary Guidelines for Americans*.

All curricula and materials used to implement direct education will be from an approved list of curricula. This list is reviewed on an annual basis by the CTW Planning Action Committee (see page 224 for more information about the committee). LIAs select direct education materials from the approved list that are most relevant to the age and culture of their local target audience, the purpose of their intervention, and which best aligns with PSE work in the community.

Key educational messages for each curriculum used in FFY21 are summarized in Table 33.. Key messaging is directly tied to program goals and objectives (see page 110) and based on the *Dietary Guidelines for Americans*. The following are messages included in DE interventions:

- Fruits and Vegetables: Make half your plate fruits and vegetables. Eat a variety of fruits and vegetables each day. Look for seasonal items, sales and use of canned, frozen and fresh options.
- Food Resource Management: Menu planning, selection of healthy foods on a budget, reading nutrition labels, preparing meals at home and using food resources.
- Food Labels: Reading and understanding food labels to make healthy food choices.
- Food Safety: Basic food safety practices with an emphasis on proper hand washing.
- Physical Activity: Be physically active every day in a way that matches your age and ability. Reduce the amount of screen time
- Healthy Beverages: Choose beverages with little or no added sugars.

LIAs may select the curriculum that best aligns with their plan of work and how the direct education complements work done with other intervention projects to elicit behavior change in the communities they serve.

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Table 33: Key Educational Messages for Direct Education Intervention by Project

Intervention Timeline

	F & V	Food Resource	Food Labels	Food Safety	PA or reduce sedentary behavior	Reduce SSBs
Read for Health	X			X	X	
CATCH	X		X		X	X
My Plate in Practice	X		X	X	X	X
CHFFF	X		X		X	X
Growing Healthy Habits	X	X		X	X	
Food Smarts	X	X	X	X	X	X
Marty Moose	X			X	X	X
Nutrition in Me	X		X		X	X
Nutrition to Grow On	X	X	X	X	X	X
YPAR	X*	X*	X*	X*	X*	X*
Around the Table	X	X	X	X		X
EatFit	X		X	X	X	X
Teen Cuisine	X	X	X	X	X	X
Cooking Matters	X	X	X	X	X	X
Plan, Shop, Save & Cook	X	X	X	X		X
Eating Smart Being Active	X	X	X	X	X	X

FFY2021 (Year One): During the first year, SNAP-Ed staff will work with partners to identify the most appropriate curriculum and dates/times for lessons to meet the needs of the intended audience. Implementation of approved direct education curricula in Year 1 may be significantly different from past years with greater use of virtual learning. Regular direct education classroom teaching will resume as soon as it is feasible and safe to do so and only continue if it remains so. The engagement with teachers and the scheduling of SNAP-Ed classes may be altered.

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SNAP-Ed providers, when able, will engage school staff such as nurses, teachers, lunchroom aids, and principals in modeling healthy and safe eating behaviors for the students. Teachers may have more of an opportunity to do this if meals are eaten in classrooms instead of the cafeteria. The participant perspective will be gathered through community conversations and/or surveys and will be prioritized when scheduling classes. SNAP-Ed staff will receive any needed training and implementation of lessons will begin.

Several LIAs will build on SNAP-Ed partnerships and direct education activities started during the FFY18–20 SNAP-Ed plan, while other agencies will join this project “new” in FFY21. Note that LIAs building on direct education successes from FFY18–20 will establish new initiatives in FFY21 and will complete many or most of the same developmental steps and elements as agencies joining the project in FFY21.

Throughout FFY21–23, agencies will share resources and strategies to better align efforts and strategy throughout the regions. LIAs new to direct education in FFY21 will benefit from the experience and lessons learned of agencies that implemented direct education strategies during FFY18–20.

Details for initiating projects in the Direct Education intervention (the following list may not be a linear progression and may include iterative steps):

- **Prioritize community engagement and partnerships:** All agencies will continually work on how to engage and partner with the community.
- **Identify needs:** The environments, learning channels, and audiences for direct education have changed substantially because of restrictions associated with the COVID-19 pandemic. SNAP-Ed providers will select and use the appropriate tool(s) to assess needs, such as: focus groups, key informant interviews, surveys, and environmental scans to determine if and how plans made during pre-COVID times need to be adjusted. With the community, providers will work to identify needs, opportunities, readiness, leverage points, and strengths of the community.
- **Establish realistic objectives:** In collaboration with partners, SNAP-Ed providers will use the information found in SNAP-Ed state and local needs assessments to establish realistic SMART outcome objectives for FFY21.
- **Finalize implementation plan:** With partners and others, LIAs will finalize the proposed activities, processes, timelines, and resources needed to reach the statewide goals and objectives. The evaluation methods (process and outcomes) for the strategy will also be determined and tools identified. Strategies will be selected for FFY21 implementation and/or or phased over the course of FFY21–23.
- **Implement and evaluate:** The activities of the strategies will commence and be monitored. Evaluation will be used at designated points.

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- **Collaborate:** Agencies participating in this intervention will convene regularly to discuss common objectives and agenda items, best practices, and other project measures to achieve collective impact. Throughout FFY21–23, LIAs will share resources and ideas to better align efforts and strategy throughout the regions. Agencies new to the Direct Education intervention in FFY21 will benefit from the experience and lessons learned of agencies that implemented direct education during FFY18–20.
- **Communication:** Information about the availability of direct education in locations outside of schools will be shared with the SNAP-Ed audience, other interested organizations who may refer SNAP-eligible populations to direct education, and the community.

FFY2022 (Year Two): The activities for Year 2 will be based on the public health safety requirements. If altered learning environments need to continue, the learnings from Year 1's implementation will be applied to more effectively engage the learners. If direct education can resume in person and has not already in year 1, it will be initiated. Relationships with teachers and other site personnel will be re-established where necessary. SNAP-Ed instructors will assess if grade progression has occurred as usual in the pre-COVID time or whether instruction, curricula or teaching styles may need to be altered to meet students where they are.

SNAP-Ed staff will continue to deepen relationships with partners and participants as PSE work is implemented in conjunction with direct education. SNAP-Ed staff will consult with partners and participants to assess if direct education is meeting community need. Based on results of consultation and evaluation, SNAP-Ed staff will make any needed adjustments to the Direct Education plan.

When applicable, providers will link the direct education contents to PSE changes happening in the cafeteria, on the playground, in the garden, or at other places in the school or community. Reinforcing key messages and offering opportunities to use the information learned will help reinforce healthy behaviors.

Year Two activities include:

- Connect direct education with additional interventions and projects
- Continue partnership development and capacity building
- Process evaluation and refine project plan, as needed
- Sustainability planning

FFY2023 (Year Three): SNAP-Ed staff will work with partners and participants to assess the impact and effectiveness of direct education lessons delivered. SNAP-Ed instructors will continue to learn through pre-post surveys and instructor feedback and improve their instruction styles as needed. When possible, additional schools, classes, or sites will be added and linked with PSE changes and health promotion. Continued PSE

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interventions will support environments that encourage participants to use their knowledge and skills to make positive nutrition and physical activity behavior changes.

Continue steps from year 1 and 2, and in addition:

- Evaluate or document outcomes and redefine or refine project plan as needed for large-scale implementation.
- Implement sustainability plan.

Curriculum Descriptions & Use of Existing Nutrition Education Materials

Detailed descriptions of direct education curricula, approved for use in the Washington SNAP-Ed program, can be found [here](#). The process for selecting curricula is described on page 224. LIAs are trained on the use of the curriculum and the importance of adhering to curriculum fidelity. Before implementing direct education, the nutrition educator must review the curriculum overview to understand the goals and objectives and to align with key education messages for Washington SNAP-Ed. Assessment tools are written for all lessons and available for educators to use in their lesson planning. Training and technical support is available to support the delivery of direct education (see Training, page 227).

Choose Health, Food, Fun and Fitness

Source/Author: Cornell University

Audience/Language: Youth, Grades 3–6/English and Spanish

Description/Cost Justification: *Choose Health: Food, Fun, & Fitness (CHFFF)* is a direct education curriculum for third to sixth graders that uses experiential learning to teach healthy eating and active play. Designed for use by paraprofessional and professional educators in a variety of settings, the goal is to improve research-behaviors for preventing obesity and chronic disease by eating more vegetables, fruits, and whole grains; consuming fewer sweetened beverages and high-fat, high-sugar foods; and increasing active play.

The full curriculum and teaching kit can be purchased for \$155. This includes all printed items (spiral bound lessons, 16 laminated posters, numerous visuals including 56 food package labels & 28 fast food cards, seven two-page family newsletters, two worksheets, 32 game instruction cards, and recipes).

This is optional as all files can be downloaded for free, although printing the 29 files/318 pages in color, some onto cardstock and/or laminated, some poster size, etc., is complex, costly and time-consuming.

CATCH (Coordinated Approach to Child Health)

Intervention 1: Direct Education

Source/Author: CATCH Global Foundation; University of Texas School of Public Health (UT Health)

Audience/Language: Youth, Grades K–6/English and Spanish

Description/Cost Justification: CATCH is a PSE change and direct education intervention aiming to prevent childhood obesity in school-age children. The two main behavioral targets are helping children identify and choose healthy foods and increasing moderate-to-vigorous physical activity (MVPA). CATCH's training and curriculum materials provide the information and resources teachers need to implement strategies to improve child health.

CATCH curriculum and materials are available for purchase through Flaghouse:

- [Grades K-5](#)
- [Grades 6-8](#)
- [Pre-K](#)
- [Afterschool](#)

CATCH trainings are available through CATCH Global Foundation. For current pricing, please see the [CATCH website](#).

Grazin' with Marty Moose, WSU Edition

Source/Author: Washington State University Extension/Adapted with permission from University of Wyoming

Audience/Language: Grade 2, English and Spanish

Description/Cost Justification: *Grazin' with Marty Moose, WSU Edition* lessons help children make safe and healthy food choices, develop healthy attitudes toward food, enjoy and engage in physical activity, and appreciate differences in themselves and others. To encourage parent involvement, weekly letters about the program are sent home to the parents. The letters tell parents what their child is learning and list some ideas for parents to interact with their children, tips for making healthier food choices, and a lesson-related recipe to try at home. Lesson objectives are specified at the beginning of each lesson.

Grazin' with Marty Moose can be downloaded and printed from [here](#). Cost will vary depending on number of pages printed.

MyPlate in Practice

Source/Author: Washington State University Extension

Audience/Language: Youth, Grade 3/English and Spanish

Intervention 1: Direct Education

Description/Cost Justification: *MyPlate in Practice* introduces basic nutrition concepts and encourages physical activity and healthy eating using the Experiential Learning Model. Lesson-specific objectives are found at the beginning of each lesson. Objectives describe what students should know and be able to do after each lesson.

MyPlate in Practice is available for download and printing [here](#). Cost will vary depending on number of pages printed.

Growing Healthy Habits

Source/Author: University of Maryland Extension

Audience/Language: Youth, Grades K–5

Description/Cost Justification: *Growing Healthy Habits* is a curriculum that provides nutrition education through gardening. Lessons use gardening as a tool to teach about nutrition, encourage students to consume more fruits and vegetables, and increase physical activity. There are nine units. Each unit contains introductory materials, four lessons and associated handouts. One lesson in each unit includes a healthy recipe demonstration, making use of garden produce when available.

Growing Healthy Habits is available to download and print [here](#). Cost will vary depending on number of pages printed.

Food Smarts

Source/Author: Leah's Pantry

Audience/Language: Youth, grades 4–12 and Adults/English, Spanish, Russian, Vietnamese, Korean and Chinese

Description/Cost Justification: *Food Smarts* covers a variety of core nutrition principles including eating the rainbow, whole foods, water consumption, sleep, exercise, lean protein sources, and veggies. In addition to these topics, home cooking from whole ingredients, fresh food or minimally processed foods are encouraged.

Food Smarts can be purchased through Leah's Pantry [here](#). Instructor guidebooks are \$35 and participant workbooks range between \$5-10. In addition, all materials are available for download and printing [here](#). Cost will vary depending on number of pages printed.

Around the Table

Source/Author: Leah's Pantry

Audience/Language: Older youth, ages 14–21 and Adult caregivers/English

Intervention 1: Direct Education

Description/Cost Justification: *Around the Table* is a curriculum that upholds principles of trauma-informed engagement and nourishment. Participants enjoy hands-on cooking, facilitated conversations, and interactive activities that build healthy connection to food, self, and community. It is a six-week curriculum designed for groups of 7–15 youth, aged 14–21, conducted in community spaces with or without a kitchen.

Around the Table can be purchased through Leah’s Pantry [here](#). Instructor guidebooks are \$35. Caregiver and participant workbooks are \$10/each.

Read for Health, WSU Edition

Source/Author: Washington State University Extension

Audience/Language: Grades 1–2, English and Spanish

Description/Cost Justification: *Read for Health* focuses on sources of food, emphasizing on fruits, vegetables, and whole grains, physical activity, and related links to the environments from which foods are sourced and accessed. Each lesson applies an interactive read-aloud format with a discussion that relates reading content to the child. The program focuses on increasing exposure of fruits, vegetables, and whole grains through activities, food demonstrations and tastings. Newsletter communication provides families with ideas and tools to increase access and consumption.

Read for Health is available for download [here](#). Cost will vary depending on the number of pages selected to print.

Nutrition to Grow On

Source/Author: California Department of Education Nutrition Services Division

Audience/Language: Youth, Grades 4–6/English

Description/Cost Justification: *Nutrition to Grow On* is a nine-lesson curriculum that teaches children about nutrition while taking them through the steps of planting, maintaining, and harvesting their own vegetable garden. Garden activities have been incorporated into the lessons to teach children more about where their food comes from.

Nutrition to Grow On is available for downloading and printing [here](#). Cost will vary depending on the number of copies selected to print.

EatFit

Source/Author: University California ANR

Audience/Language: Grades 6–8/ English

Intervention 1: Direct Education

Description/Cost Justification: *EatFit* teaches students to set goals to establish personal health habits appropriate to the changing needs of adolescence. Students explore and practice the skills necessary for a physically active lifestyle and healthy food choices. This curriculum is designed to improve eating and fitness choices of middle school adolescents. Lessons include nutrition basics, web-based diet analysis, information about energy and calories, label reading, exercise, fast food, breakfast, and media influence.

EatFit curriculum and student workbooks can be ordered [here](#). Teacher's curriculum is \$35/each and student workbooks are sold in sets of 10 for \$15.

Teen Cuisine

Source/Author: Virginia Cooperative Extension

Audience/Language: Older Youth, Grades 6–12/English

Description/Cost Justification: *Teen Cuisine* is designed to teach youth (grades 6–12) important life skills to promote optimal health. The curriculum addresses key concepts about nutrition, food preparation/cooking, food safety, and physical activity by using approaches and strategies that enhance learning and behavior change among teens.

Teen Cuisine is available to purchase [here](#). A full set of the curriculum (one leader guide, 10 student workbooks and multiple visual resources) is \$195. Additional student workbooks are sold in a pack of 10 for \$135.

Cooking Matters

Source/Author: Share Our Strength

Audience/Language: Adults/English and Spanish

Description/Cost Justification: *Cooking Matters* is a series of six consecutive lessons that teach low-income adults, families and parents to “shop smarter,” make healthier food choices using nutrition information, and cook affordable meals.

Cooking Matters in the state of Washington is managed through Solid Ground. SNAP-Ed providers who use this curriculum must become a satellite partner to obtain the curriculum.

Plan, Shop, Save & Cook

Source/Author: University of California CalFresh Nutrition Education Program

Audience/Language: Adults/English and Spanish

Intervention 1: Direct Education

Description/Cost Justification: *Plan, Shop, Save & Cook* based on a lesson from Eating Smart • Being Active. Four lessons teach participants to plan meals, use a shopping list, understand and use food labels, save money, and cook a meal.

Plan, Shop, Save & Cook is available to download and print [here](#). Cost will vary depending on the number of pages selected to print.

Eating Smart • Being Active

Source/Author: Colorado State University Extension

Audience/Language: Adults/English and Spanish

Description/Cost Justification: *Eating Smart • Being Active* focuses on healthy eating and active living and is designed for paraprofessional nutrition educators to use when teaching low-income families to learn healthy lifestyle choices. The curriculum consists of nine consecutive core lessons, and three pregnancy lessons. The teaching techniques in the lesson plans of *Eating Smart • Being Active* are based on adult learning principles, dialogue-based learning and learner-centered education.

Cost for the curriculum depends on how much a 90-piece curriculum a person wants to order. Materials can be ordered [here](#).

Youth Participatory Action Research (YPAR) YA4-H! Youth Advocates for Health

Source/Author: Oregon State University Extension Service; College of Public Health and Human Services

Audience/Language: Youth, grades 6–12/English

Description/Cost Justification: YPAR engages middle and high school youth (ages 12–18) in projects that address and promote nutrition and physical activity issues in their community. YPAR aims to empower youth and achieve environmental changes related to health and nutrition. An adult ally works with the youth to help mentor, support, and facilitate the youth team. Through YPAR, youth engage in leadership, critical thinking, problem solving, strategizing skills, and service learning to address their target issue related to nutrition and physical activity. The goal is to engage, empower and activate youth to increase fruit and vegetable consumption and physical activity among low-income youth in Washington. The cost of the curriculum is \$80.

Table 34: Local Implementing Agencies Direct Education Curricula

	Local Implementing Agency	Curricula Used
Region 1	Second Harvest	Choose Health, Fun and Fitness; Food Smarts; Cooking Matters
	Mattawa Community Medical Clinic	CATCH; Growing Healthy Habits; Food Smarts; Around the Table

Intervention 1: Direct Education

	Local Implementing Agency	Curricula Used
	WSU Chelan, Douglas & Okanogan	Read for Health; Nutrition in Me; Plan, Shop, Save & Cook
	WSU Grant, Adams, Lincoln	Read for Health; My Plate in Practice; Choose Health, Fun and Fitness; Food Smarts; Nutrition in Me
	WSU Pend Oreille	Read for Health; Choose Health, Fun and Fitness; Growing Healthy Habits; Food Smarts; Nutrition in Me; Cooking Matters; Plan, Shop, Save & Cook
	WSU Spokane	CATCH; Food Smarts; Nutrition in Me; Around the Table; Plan, Shop, Save & Cook; Eating Smart Being Active
	WSU Stevens, Ferry	Read for Health; Choose Health, Fun and Fitness; Food Smarts; Plan, Shop, Save & Cook
Region 2	Columbia County Public Health Department	TBD
	Garfield County Health District	TBD
	OIC of Washington	TBD
	Walla Walla County Department of Community Health	TBD
	WSU Benton Franklin County	TBD
	WSU Walla Walla County	TBD
	WSU Yakima County	TBD
	Yakima Neighborhood Health Services	TBD
	Yakima Valley Farm Workers Clinic	TBD
Region 3	Tulalip Tribes	Eating Smart, Being Active, Food Smarts (Youth & Adult)
	WSU Skagit	CATCH Kids Club, Food Smarts (Adult),
	WSU Snohomish	Around the Table, CATCH 3 rd -5 th , Food Smarts (Youth), Read for Health, YPAR
	WSU Whatcom	Around the Table, Food Smarts (Youth & Adult)
Region 4	MultiCare	TBD
	WSU Pierce County	TBD
	WSU King County	TBD
Region 5	HOPE	TBD
	Thurston County Food Bank	TBD
	WSU Clark County	TBD
	WSU Cowlitz County	TBD
	WSU Grays Harbor-Mason County	TBD
	WSU Kitsap County	TBD
	WSU Lewis-Thurston County	TBD

Intervention 1: Direct Education

Partner Organizations

Partners include organizations where direct education programming takes place, or from where the audience is recruited, including schools, food banks and pantries, healthcare organizations, tribal communities, places where people live, and community organizations. Organizations receiving direct education will provide the space and setting for the lessons to be delivered. Additionally, these organizations support the integration of direct education with indirect education and PSE efforts, as well as fostering collaboration with staff, participants, and other organizations serving the community.

As partnerships develop, those that focus on common goals are more likely to include meaningful program participation. Structures such as steering committees or coalitions can be important elements to provide a method of on-going feedback to promote relevant and timely program development that addresses community needs. Such site-level partners contribute their expertise to the benefit of SNAP-Ed programs through providing recruitment assistance, space, materials, staff time and consultation services, and organizational data. Additionally, SNAP-Ed staff will partner with organizations that leverage or enhance direct education in the form of in-kind or monetary incentives for participants, volunteers for support with hands-on learning opportunities, and program promotion through additional print and virtual media channels. These partners contribute their time and knowledge not simply for the benefit of SNAP-Ed programming; they do so to make progress on their own organizational goals as a mutually beneficial and sustainable outcome.

Table 35: Estimated Reach of Direct Education Intervention by Implementing Agency

Implementing Agency	Estimated Number of Individuals Reached
Spokane Regional Health District (Region 1)	8,817
Washington State Department of Health (Region 2, 4, 5)	5,682
Washington State University (Region 3)	1,118
Total	15,617

Evidence Base

Table 36: Evidence Base for Direct Education Curricula

Curriculum Title	Evidence-based Approach
<i>Choose Health, Food, Fun and Fitness (CHFFF)</i>	Research tested (SNAP-Ed Toolkit)
<i>CATCH (Coordinated Approach to Child Health)</i>	Evidence Based ^{30,31,32,33,34,35,36,37,38,39,40,}
<i>Grazin' with Marty Moose, WSU Edition</i>	Practice tested
<i>MyPlate in Practice</i>	Practice tested
<i>Growing Healthy Habits</i>	Practice tested
<i>Food Smarts</i>	Practice tested ^{41,42} (SNAP-Ed Toolkit)
<i>Around the Table</i>	Practice tested ^{43,44} (SNAP-Ed Toolkit)
<i>Read for Health/WSU Edition</i>	Practice tested
<i>Nutrition to Grow On</i>	Research tested ^{45,46,47,48,49,50,51,52,53,54,55,56,57}

Intervention 1: Direct Education

Curriculum Title	Evidence-based Approach
<i>Nutrition in Me</i>	Practice tested
<i>EatFit</i>	Research tested ^{58,59,60,61,62,63}
<i>Teen Cuisine</i>	Research tested ⁶⁴
<i>Cooking Matters</i>	Evidence based ⁶⁵
<i>Plan, Shop, Save & Cook</i>	Practice tested ^{66,67,68} (SNAP-Ed Toolkit)
<i>Eating Smart • Being Active</i>	Research tested ^{69,70} (SNAP-Ed Toolkit)
<i>Youth Participatory Action Research (YPAR)</i> (Washington SNAP-Ed will use YPAR curriculum YA4-H! Youth Advocates for Health.)	Practice tested ^{71,72,73} (SNAP-Ed Toolkit)

Key Performance Indicators

The Washington SNAP-Ed LT and LIAs involved in this intervention will work together during Year 1 (FFY21) to create meaningful and intentional key performance indicators (KPIs) that can be measured and tracked throughout the three-year plan (FFY21–23). The SNAP-Ed LT believes it is vital each set of KPIs are determined in a way that supports Washington’s SNAP-Ed FFY21–23 guiding principles and priority of "Collaboration with Representation." This approach will engage the Washington SNAP-Ed LT and LIAs in creating practical, relevant, and aspirational performance measures. Collaboration in Year 1 will enable KPIs to be standardized and consistently measured across the state. KPIs will align closely with individual LIA objectives, expected yearly outcomes, as well as overarching state goals and objectives. KPIs will demonstrate successful program implementation and progress, and be measurable at the LIA, regional, and state level. Common KPIs identified through collaborative effort will be added to the state plan for Year 2. In years 2 and 3, Washington will continue to improve and adjust KPIs based on specific SMART objectives for the interventions as they are updated in the state plan each year.

Intervention 2: Farm to Community

Intervention 2: Farm to Community

Related State Objectives

Intervention Purpose: Increase access to, appeal of, and knowledge of locally produced foods for SNAP eligible participants				
Goal	1. Increase consumption of healthy foods and beverages and decrease consumption of unhealthy foods and beverages.	2. Improve food resource management among SNAP-Ed participants.	3. Increase physical activity and reduce sedentary behavior.	4. Improve policy, systems, and environments to support healthy eating and active living.
Objectives	<input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4 <input type="checkbox"/> 1.5	<input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3	<input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3	<input checked="" type="checkbox"/> 4.1 <input type="checkbox"/> 4.2 <input checked="" type="checkbox"/> 4.3

Audience

- Adults
- Youth/children
- Families
- Latinx Spanish-speaking youth and adults
- Tribal youth and adults
- Staff and volunteers at partner organizations
- Farmers and food producers
- Refugees/immigrants

Food and Activity Environments

Farm to Community projects aim to make changes at multiple levels of the social-ecological model to increase knowledge of and access to locally produced foods among the SNAP-Ed audience. Projects will focus on educating at the individual and community level, improving retail options for purchasing locally produced foods, and increasing the amount of locally produced foods that are included in meals served to the SNAP-Ed audience.

Educational activities will help to increase awareness of healthy Washington-grown foods. Farm to school activities, including Harvest of the Month programs, will bring farm fresh foods to students to taste and experience while learning more about where their food comes from. Educational activities at farmers markets and food banks will help shoppers with choosing, storing, and cooking farm fresh food. School and community gardens will serve as outdoor classrooms that provide valuable knowledge and skills about growing your own food while experiencing and tasting fresh fruits and vegetables.

Intervention 2: Farm to Community

Small farms and food producers are excited about providing their crops to schools, other institutions serving low-income eaters, and SNAP shoppers; however, challenges within the system prevent them from selling to these buyers. Improved connectivity between involved stakeholders and buy-in from all parties can improve the likelihood efforts to promote Farm to Community projects are successful. SNAP-Ed staff will assist with activities that help to increase the amount of locally produced food purchased for use in places SNAP-Ed eligible individuals are served.

Farmers markets are an important access point for SNAP shoppers to purchase locally produced foods. Working with markets to establish and strengthen food access programs that not only allow SNAP shoppers to use benefits at the market, but also promote and encourage them to shop there, helps to increase use of this access point. SNAP Ambassadors, technical assistance and consultation with market staff and vendors, and assistance with promotion of benefit and incentive programs in the community all serve to increase the number of SNAP shoppers at markets as well as to improve their shopping experience.

Working with other organizations, coalitions, and local interest groups dedicated to improving the food system, particularly with a focus on creating a more equitable food system, will help to improve the lives of the SNAP-Ed audience. SNAP-Ed staff can offer the perspective of SNAP-Ed participants and collaborate on these efforts.

All of these activities work together to improve the food and activity environment for SNAP-eligible populations through improvements to supply chains, increased purchasing options, increased demand, increased awareness and appeal, and increased access to and consumption of locally produced foods among SNAP-eligible populations. These activities are amplified by and complementary to other SNAP-Ed interventions and direct education activities by reinforcing messages about eating more fruits and vegetables and at the same time increasing access to these foods.

Intervention Description

The Farm to Community intervention includes a variety of projects intended to increase access to locally produced foods, to educate students and consumers on the source and benefits of locally produced foods, and to assist with the coordination of school and community gardens that provide hands-on learning opportunities and fruits and vegetables to participants. This intervention includes PSE changes that bring local foods to priority communities through five primary projects: Farmers Markets, Community Gardens, Farm and Sea to School, Farm to Food Bank, and Food Systems Improvement.

This intervention will connect locally produced healthy foods and beverages to the SNAP-Ed audience. This project delivers services in a way to maximize local food system resources to benefit the SNAP-eligible population. Centered on PSE changes that will facilitate opportunities for SNAP-eligible populations to make healthy eating choices more often, projects within the Farm to Community intervention are complementary. When used together and with the other

Intervention 2: Farm to Community

projects in this plan, they produce a synergy resulting in greater effectiveness than would be possible by implementing any single activity or linear initiative. All services are part of a comprehensive multi-level approach to reach the SNAP-Ed audience at multiple levels of the social-ecological model and spectrum of prevention by leveraging the work of SNAP-Ed and non-SNAP-Ed partners through collaboration and communication. Providers will engage a broad array of partners from many aspects of the food system and community to bring the SNAP-Ed consumers and the food system closer.

Additionally, services will be rooted in addressing health equity in all levels of programming, from representation in planning to delivery of participant-focused and client-centered activities to evaluation methods that capture the impact on the audience of focus. Combining consumer perspectives with the entities making policy and systems changes will create outcomes that meet needs. Services will incorporate formative assessment results and other community needs while maintaining fidelity of evidence-based approaches. Ongoing evaluation will occur to ensure quality of services is maintained and changes are sustainable.

The strength of PSE changes, including those in the Farm to Community intervention, is their sustainability. Providers will engage partners with training, technical assistance, and other needed resources to make durable changes that will become engrained and not dependent on SNAP-Ed. The amount of time it takes to make these changes and shift internal processes and resources will be different for each strategy and partner organization. SNAP-Ed providers will continue to monitor changes and provide technical support as needed.

Building off the Farm to Community intervention and evaluation conducted in FFY18–20, providers will expand their successes to other locations (e.g., taking the learnings from working with farm to school in early child care education sites in one neighborhood and initiating work in another). Other providers are starting new Farm to Community strategies for the FFY21–23 plan.

Opportunities to advance Farm to Community projects for the benefit of the SNAP-Ed audience will be identified over the next three years. Those that further the Farm to Community purpose of enriching and enabling the connection of the SNAP-Ed audience with fresh, healthy food and local producers, and that are within the SNAP-Ed guidance, adhere to best practices, and that are within the budget, will be prioritized.

Intervention 2: Farm to Community

Table 37: Sites Where Projects Will Be Delivered, by Domain

Play	Eat	Learn	Live	Shop	Work
	<ul style="list-style-type: none"> • Soup Kitchens • USDA Summer Meal Sites 	<ul style="list-style-type: none"> • Soup Kitchens • Early care and education facilities • Extension offices • Schools (K–12) • WIC clinics 	<ul style="list-style-type: none"> • Community organizations • Emergency shelters and temporary housing sites • Health care clinics and hospitals • Indian Reservations • Individual homes and public housing sites • Residential treatment centers • Community level work that serves multiple types of organizations 	<ul style="list-style-type: none"> • Food assistance sites, food banks, food pantries • Retail • Farmers markets • Food distribution program on Indian Reservation distribution sites • Small food stores (<3 registers) 	<ul style="list-style-type: none"> • Adult education, job training, temporary assistance for needy families (TANF), and veteran sites • Military bases • SNAP offices • Worksites with low-wage workers

Key Educational Messages

Individuals

- Increase fruit and vegetable consumption, nutrition knowledge, food source and food system knowledge
- Improve food resource management knowledge and skills
- Increase food preparation, cooking, and storage knowledge and skills
- Increase awareness of resources for healthy foods

Systems and Advocacy

- Improve food access and health equity
- Support local economies and local farmers
- Reduce food insecurity
- Consider health equity in decision making
- Engage SNAP-eligible populations in decision making
- Support local economies and local farmers
- Decrease food insecurity
- Reduce food waste

Intervention 2: Farm to Community

Implementation Timeline

FFY2021 (Year One): During the first year of implementation, SNAP-Ed staff will focus on assessing current practices and conditions as well as partner readiness for change. In sites where work has already begun, this assessment will include process evaluation including identification of what is working well and what is not. Note that agencies building on Farm to Community successes from FFY18–20 will establish new initiatives in FFY21 and will complete many or most of the same developmental steps and elements as agencies joining the intervention in FFY21. Assessment efforts will be rooted in equity and focused on understanding the impact at the participant level. Efforts will be made to establish a model of collaboration with representation, which may include key informant interviews, gathering groups of potential and existing participants, and listening sessions. Formalized assessment tools will be used when it is possible from an equity and relationship building perspective.

Adjustments to plans, including timelines for FFY21 will be made if needed. Providers will review the evidence base, as described below, for their chosen strategies to ensure alignment. For strategies that are starting in FFY21, the providers will confirm partnerships and roles, reassess or assess needs considering the economic and health environments of SNAP-Ed populations and their communities, and review SMART objectives, plan details, and evaluation methods.

Details for initiating Farm to Community projects (the following list may not be a linear progression and may include iterative steps):

- **Prioritize community engagement and partnerships:** All agencies will continually work on how to engage and partner with the community.
- **Tailor approach:** Using the statewide needs assessment as a foundation, SNAP-Ed providers will select and use the appropriate tool(s) to assess local needs, such as: focus groups, key informant interviews, surveys, and environmental scans to tailor their approaches to have maximum impact in their communities. With the community, providers will work to identify additional partners, opportunities, readiness, leverage points, and strengths of the community.
- **Establish realistic objectives:** In collaboration with partners, SNAP-Ed providers will use the information found in SNAP-Ed state and local needs assessments to establish realistic process objectives for FFY21.
- **Finalize implementation plan:** With partners and others, LIAs will finalize the proposed activities, processes, timelines, and resources needed to reach the statewide goals and objectives. The evaluation methods (process and outcomes) for the strategy will also be determined and tools identified. Strategies will be selected for FFY21 implementation and/or or phased over the course of FFY21–23.
- **Implement and evaluate:** The activities of the strategies will commence and be monitored. Evaluation will be used at designated points.

Intervention 2: Farm to Community

- **Collaborate:** With other agencies participating in this project, agencies will convene regularly to discuss common objectives and agenda items, best practices, and other project measures to achieve collective impact. Throughout FFY21–23, LIAs will share resources and ideas to better align efforts and strategy throughout the regions. Agencies new to Farm to Community in FFY21 will benefit from the experience and lessons learned of agencies that implemented Farm to Community strategies during FFY18–20.
- **Communication:** Information about the strategy including locations, times and access of Farm to Community sources will be shared with the intended audiences through promotional tactic, and with organizations such as community service offices that may refer SNAP-Ed populations to the strategy.

FFY2022 (Year Two): Based on results of assessment efforts in year one, a list of multi-level strategies and a plan for implementation will be established according to individual timelines. If not started in year one, the technical assistance, training and policy development is likely to start in this time to help make the strategy sustainable. Partnerships will continue to develop, and new partners may be engaged. SNAP-Ed staff will work closely with partners on this implementation plan and establish frequent opportunities to evaluate progress and impact to the community. In addition, SNAP-Ed staff will work with partners to explore options for sustaining activities beyond SNAP-Ed involvement. Monitoring of the strategy implementation will continue through process evaluation.

Year Two activities include:

- Connect PSE strategies with additional interventions and projects
- Continue partnership development and capacity building
- Process evaluation and refine project plan, as needed
- Sustainability planning

FFY2023 (Year Three): SNAP-Ed staff will work with partners to assess the effectiveness of program activities, adjust implementation plans to meet changing community need, and some will begin to collaboratively develop plans for sustaining activities. Successes and challenges will be documented and reported to key stakeholders. Firm plans for sustainability will be discussed with partners.

Continue steps from year 1 and 2, and in addition:

- Build on and fully implement PSE strategies
- Evaluate or document outcomes and redefine or refine project plan as needed for large-scale implementation
- Implement sustainability plan.

Intervention 2: Farm to Community

Projects

Farmers Markets: SNAP-Ed staff will coordinate with the Washington State Farmers Market Association Regional Leads (see more information about the Regional Leads Program below) to increase use of SNAP benefits and other farmers market incentive programs by SNAP shoppers at local markets. Activities supporting this project include:

- Identifying and recruiting growers to establish new farmers market or farm stand sites;
- Training and technical assistance to farmer related to obtaining Electronic Benefit Transfer (EBT) machines to accept SNAP or technical assistance leading to WIC Farmers Market Nutrition Program authorization;
- Assisting with the initiation of SNAP acceptance or market match program at markets that do not already have one;
- Other training and technical assistance to site location and growers to increase or improve the shopping experience for low-income shoppers;
- Supporting SNAP Ambassador programs at the market
- Coordinating programs that encourage youth to visit and shop in farmers markets;
- Promoting program to SNAP population; and
- Nutrition education with food demonstration to SNAP population.

WSFMA Farmers Market Regional Leads Program

Project Purpose: To grow the potential of Washington State farmers markets as the source of healthy foods for SNAP customers by partnering with regional SNAP-Ed providers to provide education at farmers markets and by strategically contributing to PSE changes that promote healthy eating for everyone.

Audience

- Adults
- Youth/Children
- Families
- Seniors

Program Description

The Regional Leads Program is a statewide project within the Farm to Community intervention led by Washington State Farmers Market Association.

The estimated 160–170 farmers markets in Washington State are ongoing, community-based organizations and cultural institutions that are dedicated to connecting shoppers and

local farms, artisans and other vendors. While their mission statements vary and reflect their individual contexts, Washington farmers markets have taken on an increasingly important role in food access programs and fostering economic inclusion. This is evidenced by the growing number of farmers markets that now accept SNAP and the rise in matching programs such as Fresh Bucks and now SNAP Market Match. To a lesser extent there are farmers markets explicitly calling out food access in their mission statements and intentionally locating markets in food deserts. USDA-funded research conducted by Colleen Donovan and Karen Kinney in 2017 documented the high value that farmers market operators, vendors, and shoppers of every income place on food access programs. As such, farmers markets are key partners in PSE work that leads to sustainable impacts in their local communities and statewide. That said, there has been little work to systematically collect, analyze and report on examples of farmers markets' PSE work. More often, they tend to be conceptualized more as an event or program rather than an institution.

SNAP-eligible shoppers are ten times less likely than the general population to shop at farmers markets. Barriers to SNAP client participation at farmers markets may include:

- Lack of awareness SNAP benefits can be used at the market
- Perception of limited market accessibility and higher food prices.
- More complicated process to access and use benefits as markets have no central Point of Sales system and require use of tokens, vouchers, or other "currency"
- Limited knowledge of how to purchase and/or prepare available foods at home
- Lack of transportation to farmers market
- Market has limited products or variety

Research from the University of Washington SNAP-Ed farmers market evaluation show the Regional Leads Program positively impacts SNAP participants. Survey data shows: SNAP recipients who lived in zip codes with more food access activities (i.e., direct education and PSE change efforts) tended to eat more fruits and vegetables per day than those who lived in zip codes with fewer activities; and SNAP recipients who lived in zip codes with more farmers market food access activities tended to shop at farmers markets more frequently.

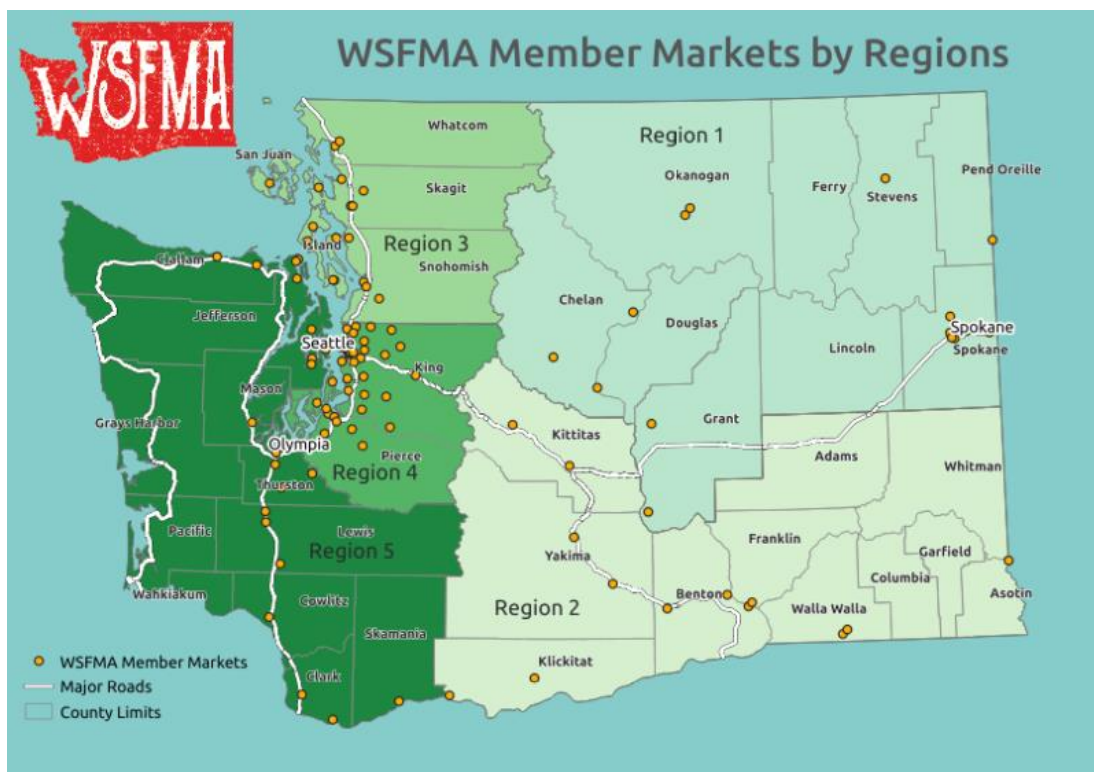
In addition to facilitating communication and information sharing at the policymaker and administrative level, this project provides support for practitioners through statewide technical assistance to SNAP-Ed qualified farmers markets and local agencies. WSFMA creates and distributes resources via its website, conferences, trainings, listserv, and Food Access Forums (monthly forums October through April). WSFMA participates in statewide and national partnerships, such as the Farmers Market Coalition State Leaders, the Anti-Hunger Nutrition Coalition, WA State Food Policy Forum, and state farmers markets associations across the county in order to share lessons learned and inform program strategy. Washington is a geographically diverse state with approximately 170 farmers

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markets which vary in terms of the population they serve, market size, organizational structure, and location.

Over the last seven years, the WSFMA has developed a regional approach that identifies key leaders to work with local farmers markets and the WSFMA. In 2019, WSFMA adapted its regional model to mirror the five SNAP-Ed regions to facilitate coordination and reduce confusion among farmers markets and partners. WSFMA contracts with high capacity farmers market managers or other market partners that live in each of the five regions to serve as Regional Leads. Regional Leads are able to get to know the farmers markets and offer tailored technical support to meet their needs and connect them with local opportunities.

More specifically, Regional Leads work with local communities to develop strategies to increase access to healthy foods, reduce food insecurity, and strengthen local food systems. Trained by WSFMA, Regional Leads are experts in the operations, strengths, needs, and contexts of their regions' markets. Understanding farmers market organizations have limited staffing and funding, each Regional Lead acts as an important resource for market organizations. Regional Leads add capacity to farmers markets through region-wide food access efforts including training, marketing, relationship building, and collaboration with community agencies that support food assistance benefit recipients. Regional Leads collaborate with each other to share best practices and information throughout the state.



Key Educational Messages

The key educational messages center on healthy eating, specifically fresh fruits and vegetables, for both parents and children. This includes a focus on cooking, food preservation, shopping tips, and how to maximize SNAP benefits through farmers market-specific matching programs.

Farmers markets commonly cite two barriers to starting or continuing SNAP-EBT programs: a lack of capacity to administer the program and the perception that clients on food assistance do not attend the farmers market. This project will continue to equip farmers, market boards, staff and volunteers with the knowledge necessary to run successful and sustaining food access programs (SNAP-EBT, WIC & Senior Farmers Market Nutrition Programs, and fruit and vegetable incentive programs). The program will communicate the advantages of accepting food assistance benefits to market managers and boards. Additionally, WSFMA will create and distribute promotional materials markets can use to increase outreach to SNAP-eligible shoppers.

WSFMA launched an EBT market signage project in FFY17 and worked with DOH in FFY20 to incorporate the new statewide fruit and vegetable matching program, SNAP Market Match, into this existing signage. WSFMA will continue to provide signs to markets starting SNAP-EBT programs.

Collaboration with IAs and LIAs

Based on experience, WSFMA recognizes the most successful farmers market SNAP-Ed programs have come from strong partnerships with IAs and LIAs. With the Regional Lead model now aligned with SNAP-Ed regions, WSFMA will focus on developing relationships with regional IAs and LIAs to assess, develop and implement farmers market projects. This approach puts more focus on bringing partners to farmers markets and less focus on developing programming at the market level. When farmers market staff are presented with a developed plan there is a greater buy-in and less strain on their capacity. A priority in this approach is providing consultation and training to IAs and LIAs on best practices for working with and at farmers markets.

WSFMA seeks to increase collaboration and coordination with IAs and LIAs to develop PSE and direct education activities at farmers markets. Because of the nature of farmers markets, Regional Leads will work with these partners during the market off-season (October through April) for the upcoming year. WSFMA and Regional Leads will hold regional meetings with IAs to determine opportunities to collaborate with LIAs in FFY21 and will build and expand on the resulting identified activities and priorities in FFY22 and FFY23. WSFMA expects regional priorities to vary based on IA priorities, local capacity of LIAs, and farmers market interest. Coordination with SNAP-Ed providers across each region will be key to our

approach:

- a) Regional Leads will work with IAs to engage in existing team meetings or to schedule a specific meeting for collaboration and updates.
- b) WSFMA will email monthly updates to the SNAP-Ed LT to be distributed to their networks as appropriate.
- c) WSFMA and Regional Leads will highlight regional success stories and share them with food access partners across the state

In addition to the regional work, this project convenes statewide and regional partners to streamline information, collect data, coordinate efforts, and inform policy that supports low-income shoppers, local farms, and farmers markets. In an era of reduced public resources, rapidly changing technology, and increasing opportunities for farmers markets to promote healthy foods and direct marketing farms to food insecure shoppers, coordination has never been more important.

WSFMA facilitates collaboration and conversation between stakeholders to:

- a) Streamline information and resources for markets and community partners participating in the Farmers Market Nutrition Program, SNAP, and other programs; and
- b) Advance policy and implementation discussions regarding technology and food benefit redemptions.
- c) Ensure its FFY21–23 scope of work does not duplicate or supersede other work in the region.

Recognizing the COVID-19 pandemic may still impact operations for all partners in FFY21, WSFMA will continue to work with farmers markets and food access partners to promote and maintain safe shopping experiences. WSFMA will continue to evaluate and adapt PSE and direct education strategies to ensure they can be successfully implemented with all pandemic safety protocols in place. For strategies that cannot be adapted, WSFMA will work with farmers markets, IAs and LIAs to brainstorm new approaches to programming at farmers markets that can still meet goals.

Over the three-year planning period, WSFMA will continue to assess the efficacy of the model through informal stakeholder feedback, specifically from the Regional Leads, farmers markets, IAs, LIAs. Based on this feedback and the evolving farmers market landscape, WSFMA may revisit regional boundaries; expand or shrink Regional Lead team; and/or create a new funding allocation structure to meet regional needs more appropriately.

Implementation Timeline

The WSFMA's three overarching objectives over three years are:

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1. To ensure farmers markets have the support they need to offer and increase participation in SNAP/EBT, Farmers Market Nutrition Program, SNAP Market Match, and/or other incentive matching programs.
2. To build lasting regional partnerships between farmers markets and IAs, LIAs and other food access partners to identify and implement common strategies for PSE and direct education with farmers markets.
3. All food access partners working with farmers markets have on-going training, education, and a coordinated approach to increase their effectiveness.

Over the course of three years, the project will evolve in the following ways:

- The number of farmers markets that participate in SNAP/EBT, Farmers Market Nutrition Program, SNAP Market Match, and/or other incentive matching programs increase each year and will reach 75% of all farmers markets by Year 3.
- Build on work from Year 1 and 2 so by Year 3 SNAP Market Match redemption and farmers markets will increase by 50% (using 2020 as baseline).
- After consulting with IAs and LIAs in Year 1, the working partnerships between WSFMA Regional Leads and IAs and LIAs will have been normed and be a productive part of the strategic planning and program development in Years 2 and 3.
- In Year 1 WSFMA will identify gaps in resources and training needed by food access partners working with farmers markets. Training and education resources will be developed in Years 1 and 2 and by Year 3 all food access partners will participate in training and know how to access resources.

In FFY21, the Regional Leads program will build on significant progress made in FFY18–20:

- Adjusted the regional model to mirror the five SNAP-Ed regions, increasing service to cover the entire state
- The number of farmers markets that accept SNAP increased from 74 to 97 (2016-2018)ⁱ
- The number of farmers markets that offer SNAP-based incentive programs increased from 80 to over 110 (2018-2020)
- Worked with DOH to develop new statewide fruit and vegetable incentive program (SNAP Market Match), which is now accepted at 110 farmers markets across the state
- Provided training to market managers on food access programs, incentive match opportunities, fundraising and marketing
- Provided training to community food access partners on food access programs at farmers markets and opportunities for partnership
- Distributed materials, signage, and tools for promotion of food access programs at farmers markets
- Conducted cooking demos, kids activities, and market tours targeted at SNAP-eligible population at farmers markets

In addition, with the onset of the COVID-19 pandemic in early 2020, WSFMA worked with a variety of partners to establish safety guidelines for farmers markets. The onset of this pandemic coincided with the traditional start of the farmers market season, which resulted in delayed opening dates, some market re-locations to better suited sites, reduced vendor counts, and increased capacity to manage new safety protocols. With more complicated permitting regulations, farmers markets worked with local and state health officials to re-think sales practices that incorporated new social distancing and sanitization standards, adjusting from week to week as new information and guidance developed. With these new safety standards, WSFMA worked with farmers markets and food access partners to adjust programming to accommodate COVID-19 safety protocols. Some adjustments included:

- Sharing information about new contactless systems for purchasing SNAP benefits and incentive match at farmers market information booths
- Developing unified “Shop Safely” signage in partnership with DOH for farmers markets to adapt for their use
- Working with LIAs and the Curriculum, Training and Website Team to create videos to promote SNAP and SNAP Market Match use at farmers market using COVID-19 safety guidelines
- Collaborating with LIAs to create “grab and go” activity bags for children to replace traditional Power of Produce (POP) or Kids Eating Right-Nutrition and Exercise for Life (KERNEL) activities at farmers markets
- Asking regional school districts and food banks to incorporate farmers market food access information with their food distribution boxes
- Increased use of social media to promote SNAP and SNAP Market Match use at farmers markets

Recognizing the COVID-19 pandemic may still impact operations for all partners in FFY21, WSFMA will continue to work with farmers markets and food access partners to promote and maintain safe shopping experiences. WSFMA will continue to evaluate and adapt PSE and direct education strategies to ensure they can be successfully implemented with all pandemic safety protocols in place. For strategies that cannot be adapted, WSFMA will work with farmers markets, IA’s and LIAs to brainstorm new approaches to programming at farmers markets that can still meet goals.

Partner Organizations

This project requires collaboration and coordination to share resources, align program activities and implement projects/direct education, distribute materials, and share technical information. Partners include the SNAP-Ed IAs and regional LIAs and other contractors. Additional partners include: Washington Connection, Within Reach, WIC & Senior Farmers Market Nutrition Program, Department on Aging, local farmers markets and local farmers market associations, DOH SNAP Market Match TAs, University of Washington Center for Public Health Nutrition, Northwest Harvest, anti-hunger and advocacy groups, and the Washington State Department of Agriculture. Project activities align with on-going efforts

within the state, prevent duplication, and work toward the common goals of improving access to healthy foods and support of low-income clients in behavior change.

Key Performance Indicators

- Number of farmers markets in each of the five SNAP-Ed regions
- Number of farmers markets that participate in SNAP/EBT, Farmers Market Nutrition Program, SNAP Market Match, and/or other incentive matching programs for FFY21–23.
- Percentage of increase in the number of farmers markets that participate in SNAP/EBT, Farmers Market Nutrition Program,, SNAP Market Match, and/or other incentive matching programs for FFY21–23 (2020 will be used as a baseline)
- Annual, aggregated SNAP redemption at farmers markets and SNAP Market Match redemption (in collaboration with DOH and DSHS)
- Annual, aggregated redemption of WIC and Senior FMNP (in collaboration with DOH)
- Number of active partnerships between WSFMA Regional Leads and IAs and LIAs
- Number of direct education activities that IAs and LIAs co-plan and/or implement at farmers markets
- Number of Farmers Market Food Access brochures distributed
- Number of translations provided for the Farmers Market Food Access brochure.
- Number of farmers market food access training and education resources developed and distributed

Educational Materials

WSFMA will collaborate with DOH SNAP Market Match and Farmers Market Nutrition Program administrators to develop a unified, regional piece that clearly identifies which programs are available at which farmers markets. In FFY18, WSFMA began producing regional rack cards listing area farmers markets, locations, hours and the food access programs available. These cards were sent to regional SNAP providers, Community Service Offices, and farmers markets to distribute to SNAP eligible populations. Feedback indicated the cards were useful in pin-pointing benefits available at local farmers markets, but it was also apparent there was a duplication of efforts from Farmers Market Nutrition Program and SNAP Market Match partners producing similar informational pieces. Data shows low-income populations are bombarded with information about available resources, which can lead to confusion.

With this collaboration, WSFMA will provide up-to-date farmers market data and work with the DOH graphics team to develop the rack cards. WSFMA will print approximately 100,000 cards and provide a platform for community partners to order for their region. DOH will warehouse the rack cards and provide shipping.

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WSFMA will work with the curriculum, website, and training team to create short videos showing SNAP shoppers how to access various food benefits at farmers markets; how to shop for SNAP-eligible products; and how to use seasonal ingredients. These videos will be designed for statewide use for both SNAP-Ed providers and farmers markets through their social media and educational platforms.

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Objective	Steps	FFY21	FFY22	FFY23
1. To ensure that farmers markets have the support they need to offer and increase participation in SNAP/EBT, FMNP, SNAP Market Match, and/or other incentive matching programs.				
1a. Assist markets with SNAP/EBT	Identify farmers markets that do not have SNAP/EBT and verify their desire and capacity to sustain the program	X	X	X
	Provide guidance to farmers markets interested in establishing SNAP/EBT at their market to include 1) obtaining FNS authorization, 2) securing equipment, 3) developing currency and 4) establishing appropriate bookkeeping and tracking protocols	X	X	X
	Provide technical support to farmers markets with existing SNAP/EBT	X	X	X
1b. Assist farmers markets with FMNP	Identify farmers markets that do not have FMNP and verify their desire and capacity to sustain the program	X	X	X
	Provide guidance and required training opportunity to farmers markets interested in becoming authorized FMNP	X	X	X
	Provide technical support to farmers markets with existing FMNP	X	X	X
1c. Assist farmers markets with SNAP Market Match	Identify farmers markets that do not have SNAP Market Match and verify their desire and capacity to sustain the program	X	X	X
	Provide guidance to farmers markets interested in participating in SNAP Market Match and work with DOH to verify eligibility	X	X	X
	Working with DOH, provide technical support to farmers markets with existing SNAP Market Match	X	X	X
	Work with DOH to secure funding for SNAP Market Match	X	X	X
	Work with DOH to develop promotion, training tools, and educational materials as needed	X	X	X
1d. Promote food access programs at farmers markets	Provide SNAP/EBT signage to farmers markets as needed (A-boards and banners)	X	X	X
	Work with SNAP Market Match and FMNP partners to create new unified, regional farmers market food access rack card to be distributed statewide	X		
	Create annual rack card and distribute statewide	X	X	X
	With support from CTW Team, develop social media toolkit for farmers markets and food access partners to promote food access programs	X		

Intervention 2: Farm to Community

Objective	Steps	FFY21	FFY22	FFY23
	With support from CTW, develop short "How to Use food benefits" videos (note videos created in FFY20 are COVID-19 related and will need to be updated post COVID-19)	X		
	Maintain farmers market food access and Regional Lead information on WSFMA website.	X	X	X
	Work with CTW Team to provide up-to-date farmers market food access and Regional Lead information for the SNAP-Ed Provider and Live Well websites.	X	X	X
	Regional Leads will work with SNAP-Ed providers and farmers markets to develop nutrition activities for families and distribute approved SNAP-Ed books at farmers markets	X	X	X
1e. Support statewide SNAP Market Match Program	Regional Leads will work with DOH SNAP Market Match to conduct surveys of SNAP Market Match customers at farmers markets for evaluation and program efficacy.	X	X	X
	WSFMA will work with DOH to secure funds for SNAP Market Match incentives and other program administration.	X	X	X
	WSFMA will provide technical support for SNAP Market Match, includes potential collaborations for any GusNIP funded projects.	X	X	X
2. To build lasting regional partnerships between farmers markets and IAs, LIAs and other food access partners to identify and implement common strategies for PSE and direct education with farmers markets.				
2a. Develop regional plan that incorporates IA and LIA goals around farmers markets to alleviate duplication of efforts and share resources	Consult with IA's to establish strategy for annual planning around farmers market programming	X		
	Implement regional strategy for annual planning		X	X
2b. Establish on-going communication with partners to ensure successful implementation of strategies, identify barriers, and evaluate best practices	Conduct regional calls with Regional Lead and IA team	X	X	X
	Develop online toolkit for SNAP-Ed partners to share best practices for working with farmers markets	X		

Intervention 2: Farm to Community

Objective	Steps	FFY21	FFY22	FFY23
2c. Implement activities identified in regional strategy	Regional Leads connect local partners to farmers markets to implement activities and education (cooking demos, kids activities, recipe cards, promotion, etc.)		X	X
3. All food access partners working with farmers markets have on-going training, education, and a coordinated approach to increase their effectiveness.				
*3a. Provide food access track at annual WSFMA Conference that brings together SNAP-Ed partners, Regional Leads, and farmers market managers to share successes, resources, and new ideas	Consult with SNAP-Ed LT, Regional Leads and farmers market partners to identify learning goals to establish workshop topics and key presenters	X	X	X
	Provide regional networking opportunity for SNAP-Ed partners, Regional Leads, and farmers market staff	X	X	X
3b. Conduct monthly Farmers Market Food Access Forum calls for all food access partners (farmers market off-season to ensure best attendance from farmers market staff - October thru April)	Identify topics and develop annual calendar for calls	X	X	X
	Promote and conduct calls monthly (October -April)	X	X	X
	Provide recording of calls to be shared and posted on SNAP-Ed Provide Website	X	X	X
3c. Provide guidance and expertise on farmers markets to food access stakeholders as appropriate	Identify regional and statewide opportunities to share farmers market expertise and reach out to partners (i.e., WIC Team Meetings, Basic Food Outreach Trainings, etc.)	X	X	X
	With CTW Team, develop "How to Work with Farmers Markets" training and participate in one SNAP-Ed Friday Forum, or similar opportunity	X	X	X
	Send out monthly Farmers Market SNAP-Ed Updates to IAs to share with their networks	X	X	X

Interventions and Projects: Farm to Community

Gleaning: Whether from farmers markets, fields, community or household gardens, gleaning contributes additional nutritious food to systems serving the SNAP-Ed audience. Activities supporting this project include:

- Expanding a robust gleaning program by finding additional organizations to reliably collect excess healthy foods to be redistributed to needy individuals and charitable organizations;
- Working with a community organization to set up a gleaning program in a bountiful, rural community to augment healthy food for nonprofit organizations serving the SNAP-Ed audience;
- Assisting their partner organizations from gleaning to consumer, the provider will encourage healthy eating through food demonstrations, recipes, and established materials. Identifying local opportunities to glean extra produce from farms and food producers for donation to people eligible for SNAP; and
- Coordinating gleaning activities and tracking amounts of food provided as a result of these efforts.

Community Gardens: Community gardens serve as a tool for education and an environmental change strategy within the Farm to Community project when they are new, expanded, reinvigorated or actively maintained. Community gardens also provide fresh fruits and vegetables for low-income populations. SNAP-Ed staff will assist with the establishment and maintenance of gardens located in community spaces, including affordable housing sites and adjacent to food banks. Food from these gardens will be available to residents and clients. The garden space will also be used to promote gardening as a food resource management strategy and opportunity to share SNAP-Ed messages about eating healthy and being physically active. Activities supporting this project include:

- Convening community partners to identify new sites for community garden and additional community resources for garden;
- Engaging low-income housing sites in adding and maintaining resident gardens;
- Conducting assessments to evaluate site and community readiness;
- Providing technical assistance for maintaining a successful garden; and
- Using gardens to provide nutrition education for youth.

Farm and Sea to School: Farm to School programs link schoolchildren with farm fresh food and educational activities that bring true sources of food to life and instill lifestyle choices that nurture their bodies and their community. PSE changes providers will work towards include initiating opportunities for schools, including early child education , to grow gardens and students to access fruits and vegetables from them. They will initiate farm-to-table use of fresh produce by improving food purchasing agreements with local producers and establishing a novel distribution system to reach high-need population

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(e.g., EBT use for CSA delivered at early care sites). Multiple providers will work with food producers and educational partners to formalize linkages, establish gardens, learn about food production, and promote healthy eating behaviors. Families will be engaged in learning about healthy eating and food sources when possible.

- School Gardens: SNAP-Ed staff will assist with the coordination of school gardens and their integration into the school environment. This includes coordinating efforts to maintain the garden, provide activities for students in the garden, and assisting with utilizing produce from the garden in the cafeteria.
- Harvest of the Month and Agriculture Education: SNAP-Ed staff will also assist with coordinating activities to highlight locally produced foods through Harvest of the Month activities. This can include tastings, providing educational materials, farmer visits, and recipe demonstration for students and families. Students will participate in farm based field trips to increase knowledge of where and how food is grown.
- Procurement: SNAP-Ed staff will serve as a conduit between food service staff and local farmers and food hubs to build relationships that facilitate a greater amount of locally produced food being purchased for meals served to students.

Activities supporting this project include:

- Working with school partners to assess needs and goals;
- Supporting school gardens (see also Community Gardens for additional examples of SNAP-Ed support for gardens), Harvest of the Month; and
- Developing local food procurement policies and practices.

Farm to Food Bank: Farm to Food Bank connects local growers to food banks to support more fresh produce for SNAP-eligible population. Food banks are some of the organizations that will benefit from the gleaning work described above. Activities supporting this project include:

- Coordinating with food bank staff and volunteers to highlight locally produced foods to their clients. This will include technical assistance for display, signage, and bundling of items, recipe demonstrations, coordination of grow a row programs to encourage local gardeners to grow food for their local food bank, establishing relationships with local farmers to increase the amount of locally produced foods purchased for use in food banks, and establishment and coordination of gardens adjacent to food banks;
- Working with food bank partners to assess needs and goals;
- Gleaning and garden donations for food pantries; and
- Supporting food bank gardens (see also Community Gardens for additional examples of SNAP-Ed support for gardens).

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Food System Improvement: This project will enable or encourage PSE changes to benefit SNAP-eligible population using a health equity framework. Activities supporting this project include:

- Serving in coalition or workgroup convened to improve local food systems, assist in improvements to supply chain between local producers and organizations providing food to SNAP-eligible populations; and
- Providing support to efforts that reduce the amount of food wasted including establishing composting protocols and mechanisms for donating unused food.

The projects described above are complementary and interconnected. Some SNAP-Ed agencies will implement more than one project under the Farm to Community intervention. In many communities, partners work to improve local food access using multiple strategies across local food system sectors. When resources and activities are transferable across strategies SNAP-Ed agencies may seek to create greater impact by employing a combination of Farm to Community strategies.

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Table 38: Local Implementing Agencies Delivering Farm to Community Projects

Region	Provider	Farmers Markets	Gleaning	Community Gardens	Farm and Sea to School	Farm to Food Bank	Food Systems
Region 1	Catholic Charities		X	X	X	X	X
	NEW ESD 101				X		
	Mattawa Community Medical Clinic				X		
	Pend Oreille County WSU	X		X	X		
	Spokane County WSU				X		
	Stevens, Ferry WSU				X	X	
Region 2	Asotin County Public Health District			X			X
	Community Action Center	X					X
	Garfield County Health District				X		
	Kittitas County Public Health Department	X					
	Walla Walla County Department of Community Health				X		
	WSDA					X	
	WSU Yakima	X		X			
	Yakima Neighborhood Health Services	X					
	Northwest Community Action-Yakima Valley Farm Workers Clinic	X			X		
Region 3	Snohomish County WSU	X	X	X	X	X	X
	Tulalip Tribes			X	X	X	X
	Skagit County WSU	X	X	X	X	X	X
	United General-CHOP				X		X
	San Juan Community Health Services	X	X	X		X	X
	Whatcom County WSU	X	X	X	X	X	X
	Common Threads		X	X	X		X
	Island County WSU	X		X	X	X	X
Region 4	Public Health Seattle-King County	X		X			
	Solid Ground			X			
	Tacoma-Pierce				X		
	WSDA					X	
	WSU King	X		X	X	X	
	WSU Pierce				X	X	
Region 5	GRUB			X			
	HOPE		X	X	X	X	
	Lewis County Public Health	X					
	Wahkiakum HHS				X	X	
	WSDA					X	
	WSU Clallam-Jefferson		X	X	X	X	X
	WSU Clark	X			X		
	WSU Cowlitz			X			

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Region	Provider	Farmers Markets	Gleaning	Community Gardens	Farm and Sea to School	Farm to Food Bank	Food Systems
	WSU Grays Harbor-Mason	X			X		
	WSU Kitsap		X				
	WSU Lewis-Thurston	X	X		X		

Partners

Partner organizations where program activities occur will provide the connection to participants and assist with coordination of activities. For the Farm to Community project, site specific partners will include nonprofit organizations, schools, early childcare, farmers markets, food pantries, tribal food store, local farm distribution cooperative, low-income housing properties and SNAP-eligible individuals. Site-level partners contribute space, materials, staff time and consultation services, and organizational data and will be involved in the initial assessment and establishment of desired outcomes and potential activities. During implementation, staff from partner sites will help coordinate activities and provide valuable feedback on progress toward goals.

SNAP-Ed staff will consult and collaborate with partner organizations with expertise in local food systems, agriculture, garden education, waste reduction, and retail sales of locally produced foods for the Farm to Community project. The working partners include WSU Master Gardeners and 4-H programs, WIC, the Washington State Department of Agriculture, Washington State Farmers Market Association, nonprofit organizations, community colleges, community food security coalitions, health care providers, public health jurisdictions, and local agriculture producers.

These organizations provide referrals, technical expertise, community will, and donations to support SNAP-Ed strategies. Expertise from these organizations will help to inform interventions and activities and provide connections to resources that support and improve outcomes. Other partners include community stakeholders and SNAP-Ed audience members that contribute feedback and resources through a direct partnership with SNAP-Ed or through group collaborations such as steering committees or coalitions.

Table 39: Estimated Reach of Farm to Community Intervention by Implementing Agency

Implementing Agency	Estimated Number of Individuals Reached
Spokane Regional Health District (Region 1)	17,479
Washington State Department of Health (Region 2, 4, 5)	846,443
Washington State University (Region 3)	1,118
Total	865,040

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Evidence Base

Farm to Community projects use a variety of strategies aimed at changing policy, systems, and environments that increase access to, consumption of, and awareness of locally produced foods. A variety of evidence-based approaches are available from the SNAP-Ed toolkit. Interventions are community driven and depend on formative evaluation that is less formal and requires connecting with partners and participants directly. This creates an excellent opportunity to participate in Collaboration with Representation, one of Washington SNAP-Ed's FFY21–23 priorities.

Approaches are identified in the SNAP-Ed toolkit for each of the projects providers have included in planned activities. Identified projects are practice-tested and represent new and emerging strategies for SNAP-Ed. The evaluation team, along with IAs, will continue to work with LIAs to evaluate these PSE activities and capture successes for future duplication.

Table 40: Evidence Base for Farm to Community Intervention

Project	SNAP-Ed Toolkit	Additional Evidence
Farmers Markets	X	
Gleaning	X	Let's Glean! United We Serve Toolkit ⁷⁴
Community Gardens	X	
Farm to School	X	GREEN (Garden Resources, Education, and Environment Nexus) Tool: An Evidence-Based Model for School Garden Integration ⁷⁵ Using Family-Focused Garden, Nutrition, and Physical Activity Programs To Reduce Childhood Obesity: The Texas! Go! Eat! Grow! Pilot Study ⁷⁶ Feasibility and acceptability of a gardening-based nutrition education program in preschoolers from low-income, minority populations ⁷⁷
Farm to Food Bank	X	
Food Systems	X	

Key Performance Indicators

The Washington SNAP-Ed LT and LIAs involved in this intervention will work together during Year 1 (FFY21) to create meaningful and intentional key performance indicators (KPIs) that can be measured and tracked throughout the three-year plan (FFY21–23). The SNAP-Ed LT believes it is vital each set of KPIs are determined in a way that supports Washington's SNAP-Ed FFY21–23 guiding principles and priority of "Collaboration with Representation." This approach will engage the Washington SNAP-Ed LT and LIAs in creating practical, relevant, and aspirational

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performance measures. Collaboration in Year 1 will enable KPIs to be standardized and consistently measured across the state. KPIs will align closely with individual LIA objectives, expected yearly outcomes, as well as overarching state goals and objectives. KPIs will demonstrate successful program implementation and progress, and be measurable at the LIA, regional, and state level. Common KPIs identified through collaborative effort will be added to the state plan for Year 2. In years 2 and 3, Washington will continue to improve and adjust KPIs based on specific SMART objectives for the interventions as they are updated in the state plan each year.

Educational Materials

Use of Existing Educational Materials

- Growing Healthy Habits in English and Spanish
- Nutrition to Grow On in English and Spanish

Development of New Educational Materials

- Providers working to educate partners and stakeholders may be required to create materials to assist with technical assistance, education, and training.

Intervention 3: Access to Healthy Foods

Related State Objectives

Table 41. Related State Objectives for Access to Healthy Foods Intervention

Intervention Purpose: Increase the availability, accessibility, affordability, and acceptability of healthy foods and beverages in places where people get food. Additionally, expand the places and accessibility of where people can get healthy foods and beverages, including supporting accommodations that ensure that SNAP-eligible individuals can purchase healthier food and beverages.				
Goal	1. Increase consumption of healthy foods and beverages and decrease consumption of unhealthy foods and beverages.	2. Improve food resource management among SNAP-Ed participants.	3. Increase physical activity and reduce sedentary behavior.	4. Improve policy, systems, and environments to support healthy eating and active living.
Objectives	<input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4 <input type="checkbox"/> 1.5	<input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3	<input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3	<input checked="" type="checkbox"/> 4.1 <input type="checkbox"/> 4.2 <input type="checkbox"/> 4.3

Audience

- Adults
- Youth/children
- Families
- Latinx Spanish-speaking youth and adults
- Tribal youth and adults
- Native adults (living off reservation)
- Refugees/immigrants
- Childcare providers
- Staff and volunteers at partner organizations

Food and Activity Environments

Washington SNAP-Ed and partners from across the state will work collaboratively to improve access to healthy foods and beverages for SNAP-eligible audiences. The Access to Healthy Foods intervention will address the many factors that shape a person's or community's access and awareness of healthy food options, in particular: availability, accessibility, affordability, acceptability, and accommodation, heretofore known as 5As. This designation recognizes collaboration among the SNAP-Ed LT and acknowledges earlier work at the Washington State Department of Health Healthy Eating Active Living unit. The overarching factors that define the Washington SNAP-Ed 5As are as follows:

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1. Availability: an adequate supply of healthy foods and beverages are available
2. Accessibility: healthy food is nearby, or reliable transportation accessible to get to healthy food
3. Acceptability: healthy foods are culturally acceptable and familiar and meet personal and communal standards
4. Accommodation: healthy food is available through convenient store hours and acceptance of various types of payment
5. Affordability: each person and community have enough resources to buy healthy foods

The Access to Healthy Foods intervention will change how the SNAP-Ed audience navigates and experiences the 5As. The intervention will encourage behavior change and healthy communities by making it easier for people to eat healthier, wherever they are. Approaches emphasize improvements in social and physical food environments and are part of a collective effort of community projects throughout the state. Common areas of focus will be school, food pantry, and retail environments; additionally, the intervention will also include projects tailored to more unique community needs, including breastfeeding and linkages to healthcare and childcare. Projects within this intervention will align with other interventions to create a synergistic effect that addresses multiple levels of the social-ecological model. Together, SNAP-Ed interventions will have broad reach and sustained health impact. A brief overview of how projects in this intervention will address the 5As is included below:

1. Availability: an adequate supply of healthy foods and beverages are available

Access to Healthy Foods projects will employ strategies to support availability of healthy foods and beverages where SNAP-Ed audiences live, work, learn and shop. Strategies will address a variety of barriers and needs ranging from lack of variety of healthy options, including fresh produce in school lunchrooms, to lack of storage for seasonal abundance in food pantries, to uninviting breastfeeding environments.

Examples of strategies to increase *Availability*:

- Encourage nutrition standards or policies to ensure adequate supply of healthy foods and beverages within institutions and in the community.
- Support systems for healthy food procurement within institutions and in the community.
- Foster networks, coalitions, and councils that support or promote availability of healthy foods and beverages within institutions or in the community.
- Foster breastfeeding friendly environments.

Strategies identified will reinforce the efforts of other SNAP-Ed interventions. Farm to Community projects that seek to increase availability of local foods will work in conjunction with Access to Healthy Foods projects, and projects will collaborate on assessments, materials,

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etc. Additionally, Direct Education and Health Promotion interventions link availability of healthy foods with understanding of how and why to eat them.

2. Accessibility: healthy food is nearby, or reliable transportation is accessible to get to healthy food

Access to Healthy Foods projects will employ strategies to support accessibility of healthy foods and beverages. The strategies will work to address needs and barriers to healthy food accessibility in Washington, including the challenges the SNAP-Ed audience faces getting to healthy food outlets due to lack of resources. Lack of a car, gas, insurance, or limited public transit all impact food accessibility. Additionally, lack of childcare options or conflicts with job schedules, or disability may also limit food accessibility.

Examples of strategies to increase *Accessibility*:

- Work with partners to assess opportunities to increase accessibility of healthy foods and beverages within institutions and in the community
- Support new retail access points in the community or online
- Foster networks, coalitions, and councils that address food deserts, transportation barriers for lower income residents, and other projects with aims to make healthy food options accessible to the community

Strategies within Access to Healthy Foods will reinforce efforts in other SNAP-Ed interventions. In many areas, Farm to Community projects that seek to increase accessibility of locally grown or cultivated foods, such as mobile farm stands, will work in conjunction with Access to Health Food projects. Similarly, Health Promotion projects will expand SNAP-Ed audience knowledge accessible food and/or transportation options in their communities and physical activity projects that will work on Complete Streets and Safe Routes to School can help with overall accessibility in communities.

3. Acceptability: healthy foods are culturally acceptable, familiar and meet personal and communal standards

Access to Healthy Foods intervention projects will employ strategies to ensure healthy foods are culturally acceptable and appealing to the SNAP-Ed audience. Strategies will work to address needs and barriers related to acceptability, such as lack of understanding of what foods would meet the culture and personal preferences of clients, lack of procurement of requested foods, and lack of staff or volunteer training regarding the quality and cultural appropriateness of the food available.

Examples of strategies to increase *Acceptability*:

- Incorporate student or client voice in organizational planning
- Assist partners with environmental audits or assessment and evaluation of customer services practices

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- Provide technical assistance or training on methods for community engagement
- Provide technical assistance or training on behavioral economics and/or nutrition messaging techniques

Strategies within Access to Healthy Foods will reinforce efforts in other SNAP-Ed interventions. Farm to Community strategies will provide opportunities for grow foods requested by community members and create farm to place strategies that bring acceptable foods into institutions. Additionally, health promotion strategies and direct education food demonstrations will also employ strategies that ensure that the foods promoted and shown are culturally acceptable and meet personal and communal standards.

4. Accommodation: healthy food is available through convenient store hours and acceptance of various types of payment

Projects within the Access to Healthy Foods intervention will employ strategies to support accommodation of healthy foods and beverages. A variety of needs and barriers exist that limit or inhibit healthy food accommodation. For example, clients of both urban and rural food pantries have described difficulties getting to food pantries due to limited hours and days open. SNAP clients and retail outlet managers have expressed confusion and frustration related to new state SNAP incentive programs and an inability for customers to use all forms of payment, including WIC checks and EBT cards.

Examples of strategies to increase *Accommodation*:

- Assist partners with environmental audits or assessment and evaluation of customer services practices
- Work with organizations to change policies or other norms to meet client needs
- Assist retail outlets to onboard and troubleshoot new SNAP incentive programs

Strategies within Access to Healthy Foods will reinforce efforts in other SNAP-Ed interventions. Health Promotion, Farm to Community, and other intervention efforts will work in conjunction with Access to Healthy Foods strategies to promote accommodation through use of joint materials, assessment, or provider education.

5. Affordability: each person and community have enough resources to buy healthy foods

Access to Healthy Foods intervention projects will employ strategies to support affordability of healthy foods and beverages. Needs and barriers to healthy food affordability include healthy foods being more expensive than unhealthy foods.

Examples of strategies to increase *Affordability*:

- Assist health care providers on prescription programs that provide access to free fresh produce

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- Partner with food policy groups that work on price breaks for healthy foods and additional taxes for unhealthy foods
- Assist partners to develop incentives or discounts for healthy foods

Strategies within Access to Healthy Foods will reinforce efforts in other SNAP-Ed interventions. Farm to Community projects that facilitate growing foods, such as community or school gardens, will allow clients access to healthy foods for little to no cost. Health Promotion efforts for fruit and vegetable incentive programs will support clients getting more food for less money. Additionally, direct education projects focused on food resource management will allow clients to make healthy choices that cost less.

Washington SNAP-Ed acknowledges and continually seeks to better understand the inequities in accessing healthy foods due to the many other components that support health—including education, environmental conditions, safety, economic resources and geographic location, and additional inequities that differ between races and ethnicities, and between rural and urban areas. Washington SNAP-Ed will incorporate trauma-informed approaches into programming, including an overview of adverse childhood experiences and traumatic-stress and their impact on population health.

Intervention Description

This intervention includes complementary PSE change strategies that prioritize and maximize the availability, accessibility, acceptability, affordability, and accommodation of healthy foods and beverages in various locations where people get food (Table 42). When used together and with the other projects in this plan, they produce a synergy that results in greater effectiveness than would be possible by implementing any single activity or linear initiative. All services are part of a comprehensive multi-level approach to reach eligible population at multiple levels of the social-ecological model and spectrum of prevention by leveraging the work of SNAP-Ed and non-SNAP-Ed partners through collaboration and communication.

Services will incorporate formative assessment results and other community needs while maintaining fidelity of evidence-based approaches. Ongoing evaluation will occur to ensure quality of services is maintained and changes are sustainable. Additionally, services will be rooted in addressing health equity and food equity in all levels of programming, from representation in planning to delivery of activities that are participant-focused and client-centered to evaluation methods that capture the impact on the audience of focus. Washington SNAP-Ed will incorporate trauma-informed approaches into programming including projects that will use PSE strategies and collaboration with partners to improve health for people who have experienced traumatic-stress.

Healthy food access activities include efforts to make it easier for SNAP-eligible populations to make healthy food choices in all aspects of their lives. Activities will focus on ensuring:

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- There is an adequate amount of healthy food available for SNAP-eligible individuals and communities.
- SNAP eligible individuals and communities can access a healthy food source.
- Healthy foods are affordable for SNAP-eligible individuals and communities.
- The healthy foods available to SNAP-eligible individuals are culturally acceptable and familiar.
- Accommodations are made to meet local needs including maintaining convenient store hours and accepting various types of payment.
- Organizational policies and practices support and encourage healthy choices for SNAP eligible individuals and families.

By including strategies at the individual, family, organizational, community, and public policy level, SNAP-Ed participants are able to apply more easily the increased skills and knowledge gained in educational outreach to their daily life.

Table 42: Sites Where Projects Will Be Delivered, by Domain

Play	Eat	Learn	Live	Shop	Work
<ul style="list-style-type: none"> • Community and recreation centers • Parks and open spaces • Youth organizations (e.g., Boys and Girls Clubs, YMCA) 	<ul style="list-style-type: none"> • Congregate meal sites • Mobile vending/food trucks • USDA Summer Meal Sites 	<ul style="list-style-type: none"> • Early care and education facilities • Extension offices • Family resource centers • Mobile education sites • Schools (K–12) • Schools (colleges and universities) • WIC clinics • Teaching Kitchen 	<ul style="list-style-type: none"> • Community organizations • Emergency shelters and temporary housing • Group living arrangements • Health care clinics and hospitals • Indian Reservations • Individual homes and public housing sites • Residential treatment centers 	<ul style="list-style-type: none"> • Food assistance sites, food banks, food pantries • Retail • Farmers markets • Food distribution program on Indian Reservation distribution sites • Large food stores or retailers (4+ registers) • Small food stores (<3 registers) 	<ul style="list-style-type: none"> • Adult education, job training, temporary assistance for needy families (TANF), and veteran sites • Military bases • SNAP offices • Worksites with low-wage workers

Intervention 3: Access to Healthy Foods

Key Educational Messages

Individuals

- Increase fruit and vegetable consumption, nutrition knowledge, food source and food system appreciation
- Improve food resource management knowledge and skills
- Increase food preparation, cooking, and storage knowledge and skills
- Increase awareness of resources for healthy foods

Systems and Advocacy

- Improve food access and health equity
- Support local economies and local farmers
- Reduce food insecurity
- Consider health equity in decision making
- Engage SNAP-eligible populations in decision making
- Support local economies and local farmers
- Decrease food insecurity
- Reduce food waste
- understand benefits of healthier eating for learning brains, consider healthy equity in decision making, engage SNAP-eligible populations in decision making, reinforce messages at multiple components and levels, improve appeal to help SNAP-eligible individuals make healthy food choices, provide convenient options for low-income people to access healthy food, ensure adequate supply and variety of healthy foods to enable low-income shoppers to make healthy choices.

Implementation Timeline

FFY2021 (Year One): During the first year of implementation, SNAP-Ed staff will focus on assessing current practices and conditions as well as partner readiness for change. In sites where work has already begun, this assessment will include process evaluation including identification of what is working well and what is not. Note that agencies building on Access to Healthy Foods successes from FFY18–20 will establish new initiatives in FFY21 and will complete many or most of the same developmental steps and elements as agencies joining the project in FFY21. Assessment efforts will be rooted in equity and focused on understanding the impact at the participant level. Efforts will be made to establish a model of collaboration with representation, which may include

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key informant interviews, gathering groups of potential and existing participants, and listening sessions. Formalized assessment tools will be used when it is possible from an equity and relationship building perspective.

Adjustments to plans, including timelines for FFY21, will be made if needed. Providers will review the evidence base, as described below, for their chosen strategies to ensure alignment. For strategies that are starting in FFY21, the providers will confirm partnerships and roles, reassess or assess needs considering the economic and health environments of SNAP-Ed populations and their communities, and review SMART objectives, plan details, and evaluation methods.

Details for initiating Access to Healthy Foods projects (the following list may not be a linear progression and may include iterative steps):

- **Prioritize community engagement and partnerships:** All agencies will continually work on how to engage and partner with the community.
- **Identify needs:** SNAP-Ed providers will select and use the appropriate tool(s) to assess needs, such as: focus groups, key informant interviews, surveys, and environmental scans. With the community, providers will work to identify needs, opportunities, readiness, leverage points, and strengths of the community.
- **Establish realistic objectives:** In collaboration with partners, SNAP-Ed providers will use the information found in SNAP-Ed state and local needs assessments to establish realistic process objectives for FFY21.
- **Implement and evaluate:** The activities of the strategies will commence and be monitored. Evaluation will be used at designated points.
- **Collaborate:** With other agencies participating in this project, agencies will convene regularly to discuss common objectives and agenda items, best practices, and other project measures to achieve collective impact. Throughout FFY21–23, LIAs will share resources and ideas to better align efforts and strategy throughout the regions. Agencies new to Access to Healthy Foods in FFY21 will benefit from the experience and lessons learned of agencies that implemented Access to Healthy Foods projects during FFY18–20.
- **Communication:** Information about the strategy, such as time, location, etc., will be shared with the intended audiences through promotional tactics and with organizations such as Community Service Offices that may refer SNAP-Ed populations to the strategy.

FFY2022 (Year Two): Based on results of assessment efforts in year one, a list of projects and a plan for implementation will be established according to individual timelines. Plans will incorporate multi-level strategies working across the social-ecological model. If not started in year one, the technical assistance, training and policy development is likely to start in this time to help move the strategy toward sustainability. Partnerships will continue to develop, and new partners may be engaged. SNAP-Ed staff will work

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closely with partners on this implementation plan and establish frequent opportunities to evaluate progress and impact to the community. Implementation of the planned activities will begin. In addition, SNAP-Ed staff will work with partners to explore options for sustaining activities beyond SNAP-Ed involvement. Monitoring of the strategy implementation will continue through process evaluation.

Year Two activities include:

- Connect direct education with additional interventions and projects
- Continue partnership development and capacity building
- Process evaluation and refine project plan, as needed
- Sustainability planning

FFY2023 (Year Three): SNAP-Ed staff will work with partners to assess the effectiveness of program activities, adjust implementation plans to meet changing community need, and some will begin to collaboratively develop plans for sustaining activities. Reporting of successes and challenges will be documented and reported to key stakeholders. Firm plans for sustainability will be discussed with partners.

Continue steps from year 1 and 2, and in addition:

- Build on and fully implement PSE strategies
- Evaluate or document outcomes and redefine or refine project plan as needed for large-scale implementation
- Implement sustainability plan.

Projects

The PSE change strategies and health promotion activities in the Healthy Food Access project will focus on making healthy choices an easier, preferred choice of SNAP-eligible individuals. The aim of implementing evidence-based changes is to increase consumption of healthy foods and beverages, decrease consumption of unhealthy foods and beverages, and improve food resource management among SNAP-eligible populations.

Schools: SNAP-Ed staff will work with school partners in a variety of ways to increase access and appeal to healthy foods and beverages among children, staff, and families. During the school year, students eat nearly half of all their meals at school. Food preferences and eating habits are shaped in childhood and can be influenced by what is plentiful, modeled, and appealing. The following are four subcategories of the changes that will be pursued in schools, in conjunction with Farm to School projects:

1. **Wellness Committees** help guide PSE changes in schools and are comprised of district staff, community members, and parents. The PSE changes to foster healthier foods in schools may include improved implementation of guidelines on use of food as rewards or during celebrations, policies for increasing nutrition

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education or cooking activities, limiting unhealthy foods and increasing healthy food and beverage options, and providing oversight for healthy competitive food policies. Providers may suggest using an established assessment and planning tool, if one has not been used in the past, to develop a school wellness plan.

2. **Smarter Lunchroom Design** is a behavioral economics approach to encouraging healthier eating. Collaboration among the adults and involvement of the students will move the projects forward more effectively.
3. **Food Purchasing** is critical to schools being able to obtain healthy foods with a limited budget.
4. **Menu Design and Healthy Cooking** in schools will help low-income students eat healthier school meals, which make up almost half of their meals per week during the school year.

Activities in this project include but are not limited to:

- Educating staff and parents as well as helping to promote changes in the school community;
- Working with school cafeteria staff to make changes to the school lunchroom that encourage healthy choices. This can include timing of meals, placement of menu items, and cafeteria design;
- Providing training for food service that supports scratch cooking, healthier menu options, and increasing the amount of fruits and vegetables served;
- Conducting school environment assessments;
- Participating in school wellness councils and offering expertise and consultation for wellness policies as well as assisting with implementation of these policies;
- Offering technical assistance, particularly to rural school districts which have limited technical capacity, to help the districts qualify for and apply for the Fresh Fruit and Vegetable Program and the Department of Defense Fresh Fruit and Vegetable Program and assisting food service staff and administration in implementing the programs.;
- Supporting Student Action Councils (youth engagement to change policy or practices);
- Wellness policy development and implementation;
- Training staff on nutrition and wellness;
- Promoting Smarter Lunchrooms through training and technical assistance to schools to redesign school lunchrooms;
- Promoting healthy procurement strategies, improving rules for foods served in classrooms or meetings;
- Promoting improvements in hours of operation/time allotted for meals or food service;
- Promoting breakfast after the bell; and

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- Implementing nutrition education training and technical assistance for peer-leaders to facilitate effective peer-led education.

Whenever possible, SNAP-Ed staff will include students in the assessment, planning, and implementation of changes made to the lunchroom.

Food Banks and Mobile Pantries: As a critical point of contact for SNAP-eligible individuals and families, food banks are in a unique position to highlight and promote healthy choices. Activities include:

- Completing an assessment of the food bank's environment and policies, whenever possible and in conjunction with food bank staff and volunteers, to illustrate how food could be arranged to promote selection of healthy options;
- Offering food banks a variety of activities to help increase access to healthy food for clients. These may include changes to donation policies, placement of items offered to clients, signage, procurement practices, foods offered in take-home backpack programs, hours and days of operation, and options for mobile access for clients;
- Assisting with promotion of healthy options by providing recipe demonstrations utilizing items that are commonly available but unfamiliar to clients when possible;
- Facilitating ways that will make it easier for the SNAP-Ed audience to receive food, such as backpack programs, mobile vending, adjusting food pantry hours of operation, establishing new pantry sites in underserved communities;
- Encouraging and supporting establishment of nutrition standards for food distribution;
- Promoting healthy procurement strategies including healthy donations, food rescue, etc.;
- Expanding a successful backpack program from one community to another, a provider will recruit, train, and connect volunteers to resources for establishing the new program;
- Participating in local coalitions that support food security or fostering networks of food pantries to identify and support best practices; and
- Providing technical assistance related to implementation of behavioral economics in the food pantry.

Retail: SNAP-Ed plans to assess opportunities to partner with grocery retailers near the school and food bank locations where current services are provided. Retail stores, particularly in small rural communities, can be sources of healthy foods. Activities include but are not limited to:

- Determining stores that qualify and approaching qualifying grocery stores to develop relationships to assess interest and readiness to improve accessibility,

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affordability and desirability of healthy food options (see page 39 for more information about qualifying retail stores);

- Working with local retailers and partners to promote nutrition incentive programs such as Complete Eats and Veggie Rx;
- Working with retail partners to strategize the placement, pricing, promotion, and standards of healthy foods and beverages in order to increase access to and purchase of healthy options;
- Recruiting partner sites and conducting site assessments to identify areas of opportunity;
- Promoting inventory and display improvements;
- Promoting state-level or local healthy food incentive programs;
- Assisting State Fruit and Vegetable Incentive program onboarding and technical assistance of independent retail partners (pending federal GusNIP funding); and
- Encouraging changes in menus or vending options to improve variety, quality and healthy choices.

Additional strategies such as community or built environment assessments or audits may be implemented to improve transit, walkability and physical access to food outlets.

Medical Professionals and Affordable Care Clinics: SNAP-Ed staff will work with local clinics that serve SNAP-eligible individuals and families to coordinate and promote fruit and vegetable prescription programs. These programs put funds directly into the hands of SNAP shoppers to allow for an increase in purchasing healthy foods. Activities include but are not limited to:

- Collaborating with Diabetes Prevention Programs offered at these clinics by providing additional resources and information;
- Recruiting eligible participants and collaborating with healthcare providers;
- Participating in coalitions and workgroups;
- Promoting fruit and vegetables prescription programs; and
- Supporting to implement patient food insecurity and diet-related chronic disease screening by health care provider.

Improved Transit, Walkability and Physical Access to Healthy Food Outlets: SNAP-Ed staff will complete community walkability assessments with people participating in SNAP-Ed in affordable housing sites, food banks, schools, and farmers markets. The results of these assessments will be shared with decision makers to educate them on the benefits of Complete Streets ordinances with an emphasis on assisting SNAP-eligible individuals and families have improved access to healthy food outlets. See *Intervention 4: Physical Activity*, page 175, for more information about physical activity.

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Breastfeeding Friendly Environments: SNAP-Ed staff will work with partners to support breastfeeding, including [Breastfeeding Friendly WA, which](#) is a voluntary recognition program for birthing facilities and community health clinics that encourages organizations to promote and support breastfeeding through changes in their policies and procedures. Activities within this strategy include but are not limited to:

- Conducting place-based environmental assessments;
- Supporting implementation of Breastfeeding Friendly WA in birthing facilities;
- Organizing health care clinics and community breastfeeding support community groups ; and,
- Facilitating breastfeeding supports and breastfeeding space at workplaces.

Childcare: SNAP-Ed staff will improve healthy food and beverage environment in childcare settings. Activities within this strategy include but are not limited to:

- Conducting site-based assessments; training childcare providers;
- Promoting healthy procurement strategies; and
- Providing technical assistance on ways to support environmental and systems changes to create a healthier childcare setting.

Low-Income Housing: SNAP-Ed providers will work with residents and housing managers to:

- Assess the interest in forming a wellness committee within the housing properties;
- Reinforce student learning at school; and
- Further changes may proceed from these committees.

Community Service Offices (CSOs or SNAP Offices): All work with the SNAP offices will start with relationship building and readiness assessments with staff and clients in year one to determine future goals and activities. Stay home orders and increased application demand at CSO offices, due to the COVID-19 pandemic, will limit the ability to do collaborative work until it is safe to do so. Activities include but are not limited to:

- Promoting access to healthy foods through having a garden at the office;
- Teaching direct education classes; and
- Establishing a new food pantry in the office location.

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Table 43: Local Implementing Agencies Delivering Healthy Food Access Projects

	Local Implementing Agency	Schools	Food Banks and Mobile Pantries	Retail and Restaurants	Breastfeeding	Healthcare and Care Providers	Improved Transit, Walkability, Physical Access to Healthy Food Outlets	Low Income housing	SNAP Offices (CSOs)	Community Meal Sites	Adult Learning and Training Sites	Community Wide Projects
Region 1	Second Harvest		X									
	NEW ESD 101	X										
	Mattawa Comm. Clinic	X		X								
	WSU Chelan, Douglas, Okanogan	X	X						X			
	WSU Grant, Adams, Lincoln	X										
	WSU Pend Oreille	X	X									
	WSU Spokane	X							X			
	WSU Stevens, Ferry		X					X				
Region 2	Asotin County Public Health									X		
	Columbia County Public									X		
	Community Action Center		X									
	Garfield County Health	X		X								
	Kittitas County Public Health Department*	X	X	X				X	X			
	Walla Walla County Department of Community WSDA	X	X			X		X				
	WSU Asotin	X	X									
	WSU Benton-Franklin	X	X									
	WSU Walla Walla	X	X									
	WSU Yakima	X				X		X		X		
	Yakima Health District	X	X									X
	Yakima Neighborhood Health Services					X		X				
	Northwest Community	X	X									
Region 3	Snohomish County WSU	X	X				X	X	X			
	Tulalip Tribes	X	X			X						
	Skagit County WSU	X	X	X			X	X	X			
	United General-CHOP	X		X		X						
	San Juan Community Health	X	X	X		X	X	X	X			
	Whatcom County WSU	X	X	X			X	X	X			
	Common Threads	X					X	X				
	Island County WSU	X	X	X					X			

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	Local Implementing Agency	Schools	Food Banks and Mobile Pantries	Retail and Restaurants	Breastfeeding	Healthcare and Care Providers	Improved Transit, Walkability, Physical Access to Healthy Food Outlets	Low Income housing	SNAP Offices (CSOs)	Community Meal Sites	Adult Learning and Training Sites	Community Wide Projects
Region 4	MultiCare	X			X	X						
	Public Health Seattle-King		X	X		X						
	Solid Ground	X						X				
	Tacoma-Pierce	X										
	WSDA		X									
	WSU King	X	X					X				
	WSU Pierce	X	X					X				
Region 5	HOPE	X										
	Lewis County Public Health				X							
	Kitsap Public Health District		X	X		X					X	
	Pacific Health and Human	X	X									
	Thurston County Food Bank	X	X							X	X	
	Wahkiakum HHS		X									
	WSDA		X									
	WSU Clallam- Jefferson		X									
	WSU Clark	X	X									X
	WSU Cowlitz											X
	WSU Grays Harbor-Mason	X	X									X
	WSU Kitsap	X	X									
	WSU Lewis-Thurston	X	X									
* Improving trauma-informed approaches will be them across projects.												

Partner Organizations

Partner organizations where program activities occur will provide the connection to participants and assist with coordination of activities. Specific partners include school personnel (primary and secondary), parent teacher associations, residential treatment centers for youth, job training centers, food banks and pantries, retail, farmers markets, low-income housing sites, Community Service Offices/SNAP offices, healthcare organizations, tribal communities, and childcare centers. Their roles will include collaboratively planning, implementing, and evaluating strategies to effect change. Staff from these organizations will be involved in the initial assessment, collaboratively planning, implementing, and evaluating strategies to effect change. During implementation, staff from partner sites will help coordinate activities,

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contribute space, materials, staff time and consultation services, and feedback and organizational data on progress toward goals.

Additionally, SNAP-Ed staff will partner with organizations rooted in improving healthy food access and appeal such as public health organizations and other programs (e.g., WIC), food service organizations, community and food coalitions and as well several partners in the community who are working towards health and nutrition goals and plan to work with SNAP-Ed to further goals. These partners will provide their expertise, donations, community connections, food donations, and other resources to help make the strategies more effective.

Most importantly, SNAP-Ed partners with community stakeholders and the SNAP-Ed audience contributes feedback and resources through a direct partnership with SNAP-Ed or through group collaborations such as steering committees or coalitions. Expertise from these organizations and stakeholders will help to inform interventions and activities and provide connections to resources that support and improve outcomes

Table 44: Estimated Reach of Healthy Food Access Intervention by Implementing Agency

Implementing Agency	Estimated Number of Individuals Reached
Spokane Regional Health District (Region 1)	59,088
Washington State Department of Health (Region 2, 4, 5)	1,446,301
Washington State University (Region 3)	34,310
Total	1,539,699

Evidence Base

Activities in Schools	SNAP-Ed Intervention Toolkit	Other evidence base
Conducting school assessments (such as Smarter Lunchrooms, Healthy Schools Index, SPAN-ET, etc.)	x	
Participating in school wellness councils	X	
Supporting Student Action Councils (youth engagement to change policy or practices)	X	
Promoting healthy procurement strategies	X	
Promoting Smarter Lunchrooms	X	
Improving rules for foods served in classrooms or meetings	X	
Promoting strategies that encourage breakfast intake	X	
Promoting strategies that encourage menu items to reflect the ethnic-specific and culturally-specific foods that students eat at home	X	
Promoting improvements in hours of operation/time allotted for meals or food service	X	
Supporting wellness policy development and implementation	X	

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Implementing nutrition education training and technical assistance for peer-leaders to facilitate effective peer-led education.	X	
Training staff on nutrition and wellness	X	
Projects with Food banks and mobile pantries	SNAP-Ed Intervention Toolkit	Other evidence base
Conducting environmental scans of food pantry sites to identify areas of opportunity	X	
Encouraging nutrition standards in the food pantry	X	
Facilitating ways that will make it easier for the SNAP population to receive food, such as backpack programs, mobile vending, or adjusting food pantry hours of operation	X	
Promoting healthy and culturally diverse procurement strategies including healthy donations, food rescue, etc.	X	
Participating in local coalitions that support food security or fostering networks of food pantries to identify and support best practices	X	
Providing technical assistance related to implementation of behavioral economics in the food pantry	X	
Projects with Retail and Restaurants	SNAP-Ed Intervention Toolkit	Other evidence base
Recruiting partner sites and conducting site assessments to identify areas of opportunity	X	
Conducting community or built environment assessments or audits to improve transit, walkability and physical access to food outlets.	X	
Promoting financial incentive programs	X	
Promoting inventory and display improvements	X	
Changes in menus or vending options to improve variety, quality, and healthy choices	X	
Projects around Breastfeeding	SNAP-Ed Intervention Toolkit	Other evidence base
Conducting place-based environmental assessment	X	
Facilitating breastfeeding supports and breastfeeding space at workplaces	X	
Supporting Breastfeeding Friendly Hospital Initiative in birthing facilities, health care clinics	X	
Supporting community breastfeeding support community groups	X	
Projects with Healthcare	SNAP-Ed Intervention Toolkit	Other evidence base
Recruiting and collaborating with healthcare providers	X	
Participating in coalitions and workgroups	X	
Promoting fruit and vegetables prescription programs	X	
Supporting patient food insecurity and diet-related chronic disease screening by health care providers	X	

Intervention 3: Access to Healthy Foods

Projects with Childcare	SNAP-Ed Intervention Toolkit	Other evidence base
Conducting site-based assessments	X	
Training childcare providers	X	
Promoting healthy procurement strategies	X	
Providing technical assistance on ways to support environmental and systems changes to create a healthier childcare setting	X	
Projects around Water Access and Appeal	SNAP-Ed Intervention Toolkit	Other evidence base
Increasing the safety, taste, and appeal of water, and access to water	X	

Key Performance Indicators

The Washington SNAP-Ed LT and LIAs involved in this intervention will work together during Year 1 (FFY21) to create meaningful and intentional key performance indicators (KPIs) that can be measured and tracked throughout the three-year plan (FFY21–23). The SNAP-Ed LT believes it is vital each set of KPIs are determined in a way that supports Washington’s SNAP-Ed FFY21–23 guiding principles and priority of "Collaboration with Representation." This approach will engage the Washington SNAP-Ed LT and LIAs in creating practical, relevant, and aspirational performance measures. Collaboration in Year 1 will enable KPIs to be standardized and consistently measured across the state. KPIs will align closely with individual LIA objectives, expected yearly outcomes, as well as overarching state goals and objectives. KPIs will demonstrate successful program implementation and progress, and be measurable at the LIA, regional, and state level. Common KPIs identified through collaborative effort will be added to the state plan for Year 2. In years 2 and 3, Washington will continue to improve and adjust KPIs based on specific SMART objectives for the interventions as they are updated in the state plan each year.

Educational Materials

Use of Existing Educational Materials

- Around the Table
- CATCH
- Choose Health: Food, Fun, Fitness
- Food Smarts
- Grow Healthy Habits
- Nutrition in Me
- My Plate
- Plan, Save, Shop, Cook
- Read for Health

Development of New Educational Materials

- Agencies working to educate providers and stakeholders may be required to create materials to assist with education and training.

Intervention 4: Physical Activity

Related State Objectives

Table 45: Related State Objectives for Physical Activity Intervention

Intervention Purpose: Increase opportunities for SNAP eligible people to participate in and enjoy physical activity and decrease sedentary behavior by prioritizing and maximizing the accessibility, affordability, and appeal of physical activity.				
Goal	1. Increase consumption of healthy foods and beverages and decrease consumption of unhealthy foods and beverages.	2. Improve food resource management among SNAP-Ed participants.	3. Increase physical activity and reduce sedentary behavior.	4. Improve policy, systems, and environments to support healthy eating and active living.
Objectives	<input type="checkbox"/> 1.1 <input type="checkbox"/> 1.2 <input type="checkbox"/> 1.3 <input type="checkbox"/> 1.4 <input type="checkbox"/> 1.5	<input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 2.3	<input checked="" type="checkbox"/> 3.1 <input checked="" type="checkbox"/> 3.2 <input checked="" type="checkbox"/> 3.3	<input type="checkbox"/> 4.1 <input checked="" type="checkbox"/> 4.2 <input type="checkbox"/> 4.3

Audience

- Adults
- Youth/children
- Families
- Latinx Spanish-speaking youth and adults
- Tribal youth and adults
- Childcare providers
- Staff and volunteers at partner organizations

Food and Activity Environments

The Physical Activity intervention seeks to improve the health and quality of life for SNAP-eligible individuals by improving and increasing physical activity opportunities as well as their appeal. Studies show that physical activity not only helps kids and adults stay active and healthy, but it can enhance important skills like concentration and problem solving, which can improve academic and work performance. Additionally, the statewide needs assessment identified physical activity as a key area of focus/priority due to the differences in amount of physical activity reported between SNAP-eligible and non-eligible populations in both youth and adults.

This intervention aims to deliver healthier students to Washington schools, healthier workers to Washington employers, and contribute to an overall healthier population, making it a wise

Intervention 4: Physical Activity

SNAP-Ed investment in public health. To achieve these aims, the Physical Activity intervention will direct efforts towards addressing organizational and community barriers to being physically active on a routine, daily basis.

Schools and Organizations

SNAP-Ed agencies will work with partners to reduce barriers to physical activity, including limited time for physical education in schools, limited access to recreational spaces, lack of organizational policy or norms that support physical activity, and environmental safety concerns.

Projects will respond to site or organizational barriers that impact daily physical activity through strategies such as:

- Support increased active time and physical education in schools (e.g., Brain Breaks,), early childhood education, and at other organizations/locations.
- Train staff and other providers serving the SNAP-Ed audience in the delivery of structured physical activity or physical activity messaging.
- Support for student or employee engagement (e.g., councils) to change policy or practices.
- Promote accessible recreation and physical activity within facilities serving the SNAP-Ed audience.

Community

SNAP-Ed agencies will work to eliminate barriers to physical activity within communities. Many of the communities have environmental concerns such as uneven sidewalks, limited walking trails or paths, and unsafe neighborhoods that create challenges for physical activity. Some communities have limited options for low-cost, indoor physical activity environments during Washington's cold and rainy months. In the summer, some communities do not have access to free recreational facilities, like swimming pools or skate parks.

Local projects across the state will work to address community physical activity barriers through strategies such as:

- Encourage the establishment, improvement and use of outdoor spaces, including streets, parks, recreation areas, trails, beaches and other public spaces that are safe.
- Promote accessible recreation facilities.
- Improve physically active transportation options through community design and transportation planning.

Intervention 4: Physical Activity

- Support integration of health language into land use, community, and transportation plans, including Complete Streets or Safe Routes to School policy development.

A shared purpose to enhance SNAP-Ed audience knowledge and attitudes about physical activity and to inspire environmental settings where people of all ages and abilities can be physically active will connect projects within the Physical Activity intervention. Additionally, the Physical Activity intervention will align with other SNAP-Ed interventions to work on multiple levels of the social-ecological model to change perceptions and environments. This will include direct education that will promote individual physical activity, Health Promotion projects that will reinforce where and how to be physically active, and Farm to Community projects that can provide opportunities for physical activity in the garden.

Intervention Description

SNAP-Ed eligible individuals and families face many challenges to participating in physical activity. Improvements in achieving recommended daily amounts of activity help to achieve calorie balance and a healthy weight. SNAP-Ed staff will work with partner agencies to assess the policies and environments of participants to identify barriers and opportunities to increase physical activity.

Project strategies described above are complementary and interconnected. In many communities, efforts to increase physical activity by reshaping site-level or organizational norms overlap or are complementary to larger reaching community efforts such as Safe Routes to School or shared use agreements. This project positions SNAP-Ed agencies to leverage partnerships and resources gathered through the organizations strategy and transition or expand to the larger reaching community strategy in future years.

This project prioritizes and maximizes the accessibility, affordability and appeal of physical activity within the SNAP-Ed community. Project strategies are complementary and support the project purpose. When used together and with the other projects in this plan, they produce a synergy that results in greater effectiveness than would be possible by implementing any single activity or linear initiative. All services are part of a comprehensive multi-level approach to reach the eligible population at multiple levels of the social-ecological model and spectrum of prevention by leveraging the work of SNAP-Ed and non-SNAP-Ed partners through collaboration and communication.

Additionally, services will be rooted in addressing health equity in all levels of programming, from representation in planning to delivery of activities that are participant-focused and client-centered to evaluation methods that capture the impact on the audience of focus. Services will incorporate formative assessment results and other community needs while maintaining fidelity of evidence-based approaches. Ongoing evaluation will occur to ensure quality of services is maintained and changes are sustainable.

Intervention 4: Physical Activity

Table 46: Sites Where Projects Will Be Delivered, by Domain

Play	Eat	Learn	Live	Shop	Work
<ul style="list-style-type: none"> • Bicycle and walking paths • Community and recreation centers • Parks and open spaces • Youth organizations (e.g., Boys and Girls Clubs, YMCA) 		<ul style="list-style-type: none"> • Early care and education facilities • Family resource centers • Libraries • Schools (K–12) 	<ul style="list-style-type: none"> • Community organizations • Emergency shelters and temporary housing sites • Health care clinics and hospitals • Indian Reservations • Individual homes and public housing sites • Residential treatment centers 	<ul style="list-style-type: none"> • Food assistance sites, food banks, food pantries 	<ul style="list-style-type: none"> • Adult education, job training, temporary assistance for needy families (TANF), and veteran sites • SNAP offices • Worksites with low-wage workers

Physical Activity Key Educational Messages

Individuals

- Increase physical activity to help bodies and brains
- Do 60 minutes per day for youth and 30 minutes per day for adults of moderate physical activity to improve well-being
- Increase physical activity and decrease sedentary behavior to help maintain good health
- Physical activity is fun
- Increase physical activity to help weight management (age appropriate settings)
- Staying active at home
- Active at all ages
- Physical activity as recreation
- Physical activity as transportation
- Whole-family Physical activity
- Physical activity for all seasons

Systems and Advocacy

- Increase physical activity to help bodies, brains and behavior (classroom management)
- Model physical activity to help youth form healthy habits
- Improve safety for bikers, pedestrians, transit riders, and people driving cars
- Allow people to drive less and support those unable to drive
- Boost economy
- Reduce traffic congestion

Intervention 4: Physical Activity

Implementation Timeline

FFY2021 (Year One): For year 1, most of the physical activity strategies will focus on direct education in classrooms while SNAP-Ed providers work with school wellness committees to assess the opportunities to create multi-component interventions. One provider has experience pursuing a multi-component strategy in schools. Through engagement with the physical education coordinator, several paraprofessional staff have been trained in structured physical activity games to engage with students during recess. Through sharing the successes of this approach with other LIAs, this strategy may become more widespread.

The adult physical activity strategies will progress along the same path as many of the schools. Starting with existing direct education programs that include physical activity while SNAP-Ed providers assess opportunities to expand to multi-component strategies.

During the first year of implementation, SNAP-Ed staff will focus on assessing current practices and conditions as well as partner readiness for change. In sites where work has already begun, this assessment will include process evaluation including identification of what is working well and what is not. Note that agencies building on Physical Activity successes from FFY18–20 will establish new initiatives in FFY21 and will complete many or most of the same developmental steps and elements as agencies joining the project in FFY21. Assessment efforts will be rooted in equity and focused on understanding the impact at the participant level. Efforts will be made to establish a model of collaboration with representation, which may include key informant interviews, gathering groups of potential and existing participants, and listening sessions. Formalized assessment tools will be used when it is possible from an equity and relationship building perspective.

Adjustments to plans, including timelines for FFY21 will be made if needed. Providers will review the evidence base, as described below for their chosen strategies to ensure alignment. For strategies that are starting in FFY21, the providers will confirm partnerships and roles, reassess or assess needs considering the economic and health environments of SNAP-Ed populations and their communities, and review SMART objectives, plan details, and evaluation methods.

Health equity will be a lens through which decisions about project delivery are made. Fundamental to equity is understanding the needs of SNAP-Ed consumers locally. Input will be sought in strategy design and delivery and used for evaluation. Combining consumer perspectives with the entities making policy and systems changes will create outcomes that meet needs.

Details for initiating Physical Activity projects (the following list may not be a linear progression and may include iterative steps):

Intervention 4: Physical Activity

- **Prioritize community engagement and partnerships:** All agencies will continually work on how to engage and partner with the community.
- **Identify needs:** SNAP-Ed providers will select and use the appropriate tool(s) to assess needs, such as: focus groups, key informant interviews, surveys, and environmental scans. With the community, providers will work to identify needs, opportunities, readiness, leverage points, and strengths of the community.
- **Establish realistic objectives:** In collaboration with partners, SNAP-Ed providers will use the information found in SNAP-Ed state and local needs assessments to establish realistic SMART outcome objectives for FFY21.
- **Finalize implementation plan:** With partners and others, LIAs will finalize the proposed activities, processes, timelines, and resources needed to reach the statewide goals and objectives. The evaluation methods (process and outcomes) for the strategy will also be determined and tools identified. Strategies will be selected for FFY21 implementation and/or or phased over the course of FFY21–23.
Implement and evaluate: The activities of the strategies will commence and be monitored. Evaluation will be used at designated points.
- **Collaborate:** With other agencies participating in this project, agencies will convene regularly to discuss common objectives and agenda items, best practices, and other project measures to achieve collective impact. Throughout FFY21–23, LIAs will share resources and ideas to better align efforts and strategy throughout the regions. Agencies new to the Physical Activity intervention in FFY21 will benefit from the experience and lessons learned of agencies that implemented Physical Activity projects during FFY18–20.
- **Communication:** Information about the strategy, such as time and location, will be shared with the intended audiences and organizations that may refer SNAP-eligible populations (e.g., Community Service Offices) to the strategy.

FFY2022 (Year Two): Based on results of assessment efforts in year one, a list of projects and a plan for implementation will be established according to individual timelines. Plans will incorporate multi-level strategies working across the social-ecological model. If not started in year one, the technical assistance, training and policy development is likely to start in this time to help move the strategy toward sustainability. Partnerships will continue to develop, and new partners may be engaged. SNAP-Ed staff will work closely with partners on this implementation plan and establish frequent opportunities to evaluate progress and impact to the community. Implementation of the planned activities will begin. In addition, SNAP-Ed staff will work with partners to explore options for sustaining activities beyond SNAP-Ed involvement. Monitoring of the strategy implementation will continue through process evaluation.

Year Two activities include:

- Connect PSE strategies with additional interventions and projects
- Continue partnership development and capacity building

Intervention 4: Physical Activity

- Process evaluation and refine project plan, as needed
- Sustainability planning

FFY2023 (Year Three): SNAP-Ed staff will work with partners to assess the effectiveness of program activities, adjust implementation plans to meet changing community need, and some will begin to collaboratively develop plans for sustaining activities. Reporting of successes and challenges will be documented and reported to key stakeholders. Firm plans for sustainability will be discussed with partners.

Continue steps from year 1 and 2, and in addition:

- Build on and fully implement PSE strategies
- Evaluate or document outcomes and redefine or refine project plan as needed for large-scale implementation
- Implement sustainability plan.

Projects

Schools: SNAP-Ed staff will focus on incorporating physical activity into the school day or during classroom-based instruction (e.g., not recess/free play or PE). Wherever possible, students will be involved in the assessment, planning, and implementation of these initiatives. Activities will include but are not limited to:

- Working with site-level/organization-level partners to assess needs and opportunities;
- Partnering with school staff to improve the policies and practices that will promote students being physically active;
- Working with partners and/or coalitions at allowable sites to incorporate more opportunity for physical activities during the day (includes time for PA breaks, organized PA and more);
- Improving the quality of existing physical activity opportunities;
- Supporting shared use policies that increase access to vital space needed for physical activity, the frequency of physical education, and timing of lunch and recess are all opportunities to increase the amount of time students are active; Participating in wellness councils;
- Supporting youth or employee engagement (e.g., councils) to change policy or practices; and,
- Training staff in the delivery of structured physical activity or physical activity messaging.

Community: SNAP-Ed staff will focus on increasing opportunities for structured physical activity in a community setting. These changes will most often be combined with direct education curriculum that includes physical activity along with healthy eating. Activities include but are not limited to:

Intervention 4: Physical Activity

- Completing community walkability assessments with people participating in SNAP-Ed in affordable housing sites, food banks, schools, and farmers markets;
- Sharing the results of assessments with decision makers to educate them on the benefits of Complete Streets ordinances with an emphasis on assisting SNAP eligible individuals and families have improved access to places to participate in active recreation and physical activity;
- Developing or improving environmental assets to increase community physical activity and active transportation;
- Assisting with the coordination and implementation of community events—including walking clubs, healthy fundraisers, community wide cooperative collection of activity completed to reach a shared goal, and clubs at schools—that promote and engage SNAP-eligible individuals and families in physical activity;
- Working with partners and coalitions to support environmental assessments or audits;
- Supporting implementation of community plans (e.g., local or regional comprehensive plans, transit plans, and bike-pedestrian plans) or improvements (e.g., sidewalks, bike lanes/signage, benches, lighting, crosswalks) that encourage walking and biking; and
- Working with allowable sites to provide complementary or alternative uses of a site to provide increased opportunity for physical activity (i.e., joint use/shared use agreements).

Intervention 4: Physical Activity

Table 47: Local Implementing Agencies Delivering Physical Activity Projects

	Provider	Schools	Communities	Community Physical Activity Events
Region 1	Mattawa Community Clinic	X		
	WSU Chelan, Douglas, Okanogan	X		X
	WSU Grant, Adams, Lincoln	X		
	WSU Pend Oreille	X		
	WSU Spokane	X	X	X
Region 2	Walla Walla County Department of Community Health		X	
	WSU Asotin	X		
	WSU Benton Franklin County	X		
	WSU Yakima	X	X	
	WSU Walla Walla		X	
	Yakima Health District		X	
Region 3	Tulalip Tribes	X	X	X
	Skagit County WSU	X	X	X
	United General-CHOP			
	San Juan Community Health Services	X	X	X
	Whatcom County WSU	X	X	X
	Common Threads			
	Island County WSU	X		
Region 4	Public Health Seattle King County	X		
	Tacoma-Pierce Health Department	X		
Region 5	Kitsap Public Health District		X	
	Thurston County Food Bank	X		
	WSU Clark	X		
	WSU Cowlitz	X		
	WSU Grays Harbor-Mason	X		
	WSU Kitsap	X		
	WSU Lewis-Thurston	X		

Intervention 4: Physical Activity

Partner Organizations

Organizational partners include specific site locations such as schools and public housing. Partner organizations where program activities occur—including schools, libraries, a Boys and Girls Club, and a job training program—will provide the connection to participants and assist with coordination of activities. Staff from these organizations will be involved in the initial assessment and establishment of desired outcomes and potential activities. Site-level partners contribute space, materials, staff time and consultation services, and organizational data. During implementation, staff from partner sites will help coordinate activities and provide valuable feedback on progress toward goals.

SNAP-Ed staff will consult and collaborate with partner organizations that have expertise physical activity, policies to promote shared use, and community wide complete streets policies. Organizational partners include specific site locations such as schools and public housing. Community-level efforts involve partners and key environment and transportation stakeholders (e.g., Department of Natural Resources, National Park Service, local governments, Department of Transportation) as well as SNAP-Ed audience members that will contribute feedback and resources through group collaborations (e.g., advisory committees, coalitions). Expertise from these organizations will help to inform interventions and activities and provide connections to resources that support and improve outcomes.

Table 48: Estimated Reach of Physical Activity by Implementing Agency

Implementing Agency	Estimated Number of Individuals Reached
Spokane Regional Health District (Region 1)	2,858
Washington State Department of Health (Region 2, 4, 5)	340,383
Washington State University (Region 3)	894
Total	344,135

Evidence Base

Projects within Community	SNAP-Ed Intervention Toolkit	Other Evidence Base
Supporting implementation of community plans (e.g., local or regional comprehensive plans, transit plans, and bike-pedestrian plans) and community plan improvements (e.g., sidewalks, bike lanes/signage, benches, lighting, crosswalks) that encourage walking and biking	X	
Working with partners and coalitions to support environmental assessments or audits	X	
Supporting complementary or alternative uses of a site to provide increased opportunity for physical activity (i.e., joint use/shared use agreements).		Evidence County health rankings. What works for health –

Intervention 4: Physical Activity

		Shared use agreements
Projects within Schools and Organizations	SNAP-Ed Intervention Toolkit	Other Evidence Base
Working with site-level/organization-level partners to assess needs and opportunities	X	
Participating in wellness councils	X	
Supporting youth or employee engagement (councils, etc.)	X	
Supporting programs that promote physical activity	X	
Training staff in the delivery of structured physical activity or physical activity messaging	X	

Key Performance Indicators

The Washington SNAP-Ed LT and LIAs involved in this intervention will work together during Year 1 (FFY21) to create meaningful and intentional key performance indicators (KPIs) that can be measured and tracked throughout the three-year plan (FFY21–23). The SNAP-Ed LT believes it is vital each set of KPIs are determined in a way that supports Washington’s SNAP-Ed FFY21–23 guiding principles and priority of "Collaboration with Representation." This approach will engage the Washington SNAP-Ed LT and LIAs in creating practical, relevant, and aspirational performance measures. Collaboration in Year 1 will enable KPIs to be standardized and consistently measured across the state. KPIs will align closely with individual LIA objectives, expected yearly outcomes, as well as overarching state goals and objectives. KPIs will demonstrate successful program implementation and progress, and be measurable at the LIA, regional, and state level. Common KPIs identified through collaborative effort will be added to the state plan for Year 2. In years 2 and 3, Washington will continue to improve and adjust KPIs based on specific SMART objectives for the interventions as they are updated in the state plan each year.

Educational Materials

Use of Existing Educational Materials

- Food Smarts
- Plan, Shop, Save, Cook
- CATCH
- Read for Health
- Nutrition in Me
- My Plate
- Choose Health: Food, Fun, Fitness

Development of New Educational Materials

- Providers working to educate partners and stakeholders may be required to create materials to assist with technical assistance, education, and training.

Intervention 5: Health Promotion

Related State Objectives

Table 49: Related State Objectives for Health Promotion

Intervention Purpose: Increase awareness of and reinforce healthy behaviors for SNAP-Ed populations by promoting culturally responsive and engaging messages about living a healthy lifestyle within the SNAP-Ed community.				
Goal	1. Increase consumption of healthy foods and beverages and decrease consumption of unhealthy foods and beverages.	2. Improve food resource management among SNAP-Ed participants.	3. Increase physical activity and reduce sedentary behavior.	4. Improve policy, systems, and environments to support healthy eating and active living.
Objectives	<input checked="" type="checkbox"/> 1.1 <input checked="" type="checkbox"/> 1.2 <input checked="" type="checkbox"/> 1.3 <input checked="" type="checkbox"/> 1.4 <input checked="" type="checkbox"/> 1.5	<input checked="" type="checkbox"/> 2.1 <input checked="" type="checkbox"/> 2.2 <input checked="" type="checkbox"/> 2.3	<input checked="" type="checkbox"/> 3.1 <input checked="" type="checkbox"/> 3.2 <input checked="" type="checkbox"/> 3.3	<input checked="" type="checkbox"/> 4.1 <input checked="" type="checkbox"/> 4.2 <input checked="" type="checkbox"/> 4.3

Audience

- Adults
- Youth/children
- Families
- Latinx Spanish-speaking youth and adults
- Tribal youth and adults
- Staff and volunteers at partner organizations

Food and Activity Environments

The Health Promotion intervention consists of indirect educational activities and marketing strategies that build awareness of and guide access to healthy foods and beverages, and places to be physically active. They complement and reinforce the direct education and PSE strategies put in place to make the healthy choice, the easy choice for SNAP-eligible populations. Health promotion can be designed and implemented to assist with behavior change of individuals, groups, or specific communities.

According to the *Dietary Guidelines for Americans*, “evidence demonstrates that both multi-component and multi-level changes must be implemented to effectively influence public health.”⁷⁸ Health promotion can be combined with other strategies to promote behavior change (multi-component) and targeted at different levels of the social-ecological model to

shape and influence a person's food, beverage and physical activity choices (multi-level). For example, direct education can increase an individual's knowledge and skills to make choices about eating healthy and being physically active. PSE changes create the conditions to make it easier for individuals to make choices about healthy food and/or opportunities to be physically active. Health promotion supports these strategies by reinforcing concepts, raising awareness and access, and influencing social and cultural norms and values about healthy eating and physical activity.

The COVID-19 pandemic has increased demand for information and reliance on remote forms of communication to fill the gaps. Health promotion has a critical role to play in this landscape of SNAP-Ed programming as the ability to provide face-to-face interventions may be limited due to physical distancing measures. SNAP-Ed providers will rely on a variety of in-person (when safe to do so) and remote interventions to educate, promote, and reinforce healthy eating and physical activity behaviors, including:

- Indirect education and resource-sharing through handouts such as posters, flyers, fact sheets, and newsletters;
- Low-cost, health-related products to reinforce/encourage healthy eating or physical activity behaviors or skills;
- Signage, displays, menu labeling, product placement, and convenient distribution strategies to prompt healthy eating and physical activity choices near points of decision;
- Marketing/promotion of healthy eating and physical activity messages through electronic media channels (website, email, text, social media) or traditional media channels (radio, newspaper, TV, PSA, billboards, public transit signage); and
- Social marketing campaigns that provide targeted, strategic, integrated strategies to promote healthy social norms and encourage specific behavior changes.

In-person health promotion strategies like cooking or physical activity demonstrations, food sampling, and others will be implemented when it is safe to do so.

Intervention Description

Providing partners and participants with valuable resources and information is a critical part of SNAP-Ed. SNAP-Ed staff are able to share evidence based healthy eating and physical activity messages, recipes, and success stories with SNAP-eligible individuals and families through a variety of channels including distribution of written materials, bulletin boards, social media, and locally maintained websites. Along with statewide websites, this messaging supports the SNAP-Ed direct education and PSE interventions by reinforcing key points and behavior change goals.

Health promotion is an important aspect of multi-component and multi-level interventions to increase the likelihood the SNAP-Ed audience will make healthy food choices on a limited budget and be physically active. Best practice SNAP-Ed direct education and PSE interventions incorporate health promotion strategies such as signage, social media, take aways (recipes, exercise sheets, brochures), and social marketing. One-time events, such as taste testings, food

Interventions and Projects: Health Promotion

demonstrations, and health fairs, when incorporated into PSE changes or direct education also help support behavior change. Prompts and reinforcements that are visually, proximally, and temporally linked to the direct education and PSE changes in multi-component and multi-level strategies to reinforce messages, create awareness, and build recognition.

Particularly in this time of COVID-19, LIAs will rely more heavily on health promotion tactics when face-to-face interactions are not possible or safe. With this increased reliance, LIAs are encouraged to use existing health promotion resources and strategies for effectiveness and improve where needed. Representatives of the SNAP-Ed population will be engaged in the methods chosen to review and improve the health promotion strategies.

Table 50: Sites Where Projects Will Be Delivered, by Domain

Play	Eat	Learn	Live	Shop	Work
<ul style="list-style-type: none">• Bicycle and walking paths• Community and recreation centers• Parks and open spaces• State/county fairgrounds• Youth organizations (e.g., Boys and Girls Clubs, YMCA)	<ul style="list-style-type: none">• Congregate meal sites• Restaurants (including fast food chains)• Mobile vending/food trucks• Soup Kitchens• USDA Summer Meal Sites	<ul style="list-style-type: none">• Early care and education facilities• Extension offices• Family resource centers• Libraries• Schools (K–12)• Schools (colleges and universities)• WIC clinics	<ul style="list-style-type: none">• Community organizations• Emergency shelters and temporary housing sites• Faith-based centers/places of worship• Group living arrangements• Health care clinics and hospitals• Indian Reservations• Individual homes and public housing sites• Residential treatment centers	<ul style="list-style-type: none">• Food assistance sites, food banks, food pantries• Retail• Farmers markets• Food distribution program on Indian Reservation distribution sites• Large food stores or retailers (4+ registers)• Small food stores (<3 registers)• Farm stands	<ul style="list-style-type: none">• Adult education, job training, temporary assistance for needy families (TANF), and veteran sites• Military bases• SNAP offices• Worksites with low-wage workers

Key Educational Messages

Health promotion will reinforce key educational methods listed in other interventions.

Implementation Timeline

FFY2021 (Year One): During the first year of implementation, SNAP-Ed staff will focus on assessing current practices and conditions as well as partner readiness for change. In

sites where work has already begun, this assessment will include process evaluation including identification of what is working well and what is not. Note that agencies building on Physical Activity successes from FFY18–20 will establish new initiatives in FFY21 and will complete many or most of the same developmental steps and elements as agencies joining the project in FFY21. Assessment efforts will be rooted in equity and focused on understanding the impact at the participant level. Efforts will be made to establish a model of collaboration with representation, which may include key informant interviews, gathering groups of potential and existing participants, and listening sessions. Formalized assessment tools will be used when it is possible from an equity and relationship building perspective.

Adjustments to plans, including timelines for FFY21 will be made if needed. Providers will review the evidence base, as described below, for their chosen strategies to assure alignment. For strategies that are starting in FFY21, the providers will confirm partnerships and roles, reassess or assess needs considering the economic and health environments of the SNAP-Ed target audience and their communities, and review SMART objectives, plan details, and evaluation methods.

Details for initiating Health Promotion projects (the following list may not be a linear progression and may include iterative steps):

- **Prioritize community engagement and partnerships:** All agencies will continually work on how to engage and partner with the community.
- **Identify needs:** SNAP-Ed providers will select and use the appropriate tool(s) to assess needs, such as: focus groups, key informant interviews, surveys, and environmental scans. With the community, providers will work to identify needs, opportunities, readiness, leverage points, and strengths of the community.
- **Establish realistic objectives:** In collaboration with partners, SNAP-Ed providers will use the information found in SNAP-Ed state and local needs assessments to establish realistic SMART outcome objectives for FFY21.

Finalize implementation plan: With partners and others, LIAs will finalize the proposed activities, processes, timelines, and resources needed to reach the statewide goals and objectives. The evaluation methods (process and outcomes) for the strategy will also be determined and tools identified. Strategies will be selected for FFY21 implementation and/or or phased over the course of FFY21–23. FFY2022 (Year Two): Based on results of assessment efforts in year one, a list of projects and a plan for implementation will be established according to individual timelines. Plans will incorporate multi-level strategies working across the social-ecological model. If not started in year one, the technical assistance, training and policy development is likely to start in this time to help move the strategy toward sustainability. Partnerships will continue to develop, and new partners may be engaged. SNAP-Ed staff will work closely with partners on this implementation plan and establish frequent opportunities to evaluate progress and impact to the community. Implementation of the planned activities will begin. In

Interventions and Projects: Health Promotion

addition, SNAP-Ed staff will work with partners to explore options for sustaining activities beyond SNAP-Ed involvement. Monitoring of the strategy implementation will continue through process evaluation.

Year Two activities include:

- Connect PSE strategies with additional interventions and projects
- Continue partnership development and capacity building
- Process evaluation and refine project plan, as needed
- Sustainability planning

FFY2023 (Year Three): SNAP-Ed staff will work with partners to assess the effectiveness of program activities, adjust implementation plans to meet changing community need, and some will begin to collaboratively develop plans for sustaining activities. Reporting of successes and challenges will be documented and reported to key stakeholders. Firm plans for sustainability will be discussed with partners.

Continue steps from year 1 and 2, and in addition:

- Build on and fully implement PSE strategies
- Evaluate or document outcomes and redefine or refine project plan as needed for large-scale implementation
 - Implement sustainability plan.

Indirect Education

SNAP-Ed staff will provide partners with flyers, posters, recipes, signage, point of sale prompts, and other written materials that provide and reinforce SNAP-Ed messages through the following channels:

- Articles
- Billboards, bus/van wraps, or other signage
- Calendars
- Community events/fairs (sponsored or participated)
- Electronic materials
- Hard-copy materials
- Nutrition education reinforcement items
- Point-of-sale or distribution signage
- Radio interview or public service announcement
- Software Application
- Social media
- TV
- Videos
- Websites

Interventions and Projects: Health Promotion

Social media and hard-copy materials are the most common indirect education channels in Washington SNAP-Ed. In FFY20, many LIAs focused efforts on indirect education because direct education, which is primarily conducted in person, was not safe because of the COVID-19 pandemic, relying heavily on social media to share messages with the SNAP-Ed audience. A working group in Washington is planning for virtual, interactive, direct education as an option for LIAs working with sites that remain closed or are not safe to conduct in-person activities. Indirect education activities are meant to reinforce direct education and PSE projects.

Following [guidelines](#) developed by IAs, statewide initiative teams and the State Agency, SNAP-Ed providers will post relevant messages, links, and resources tailored to their SNAP-Ed audience on their local SNAP-Ed social media pages. In addition, SNAP-Ed staff will make contributions to their local agency websites that target SNAP-eligible individuals and families.

Due to COVID-19, LIAs had to quickly adapt to an online environment. Part of that has been the inclusion of social media. In preliminary research, 66% of LIAs surveyed were using some form of social media to reach SNAP-eligible participants. However, such use was often uncoordinated and at times resulted in a duplication of effort. Research has found that social media can be beneficial for providing information about nutrition to low-income audiences and for increasing awareness and attention to potential resources and information. While social media can be useful, it is imperative that messages be developed based on principles of behavior change, theoretical guidance, and formative research to be most effective. It is also important to consider the strategies for disseminating messages to the SNAP-Ed audience and solicit interest and engagement. In FFY21, a pilot project to develop a repository of social media messages and sample distribution strategies for LIAs will take place.

Social Marketing

Social marketing is a recognized approach that markets a behavior and provides an additional layer of messaging reinforcement to other SNAP-Ed approaches. The SNAP-Ed Guidance recommends multi-level approaches to help support behavior change in the SNAP-eligible population.

In the FFY18–20 WA SNAP-Ed Plan, Spokane Regional Health District piloted a social marketing campaign in the Spokane-metro area and explored region-wide expansion as an opportunity to emphasize educational messages and resource connections. SRHD has experience and expertise in implementing this type of work, along with results and products that can be a foundation for expansion. This multi-year project involved formative research within the SNAP-eligible population of Spokane County to identify barriers, 22 motivators, messaging and methods that would resonate with them. It resulted in the “My Healthy Life” campaign, which used multiple modes of advertising, driving interested individuals to a tailored website developed out of this research.

The [website](#) provides information and resources to help with access to food, healthy eating and active living. Evaluation results showed a significant percentage of the population that were driven to the website and recognized it when asked to recall.

Meanwhile, the Curriculum, Training, and Websites (CTW) team was directed to build two websites for WA SNAP-Ed—one for LIAs (the provider site) and one for SNAP-Ed participations (or potential participants). In FFY20, the State Agency worked with both teams to ensure lessons were shared and efforts were not duplicated. The statewide participant website developed by the CTW team launched in the spring of 2020 when the COVID-19 pandemic shifted programming to predominantly online.

In FFY20, the State Agency began exploring whether to implement a statewide social marketing campaign and, if so, how it would be organized and disseminated to the SNAP-eligible community. To inform the potential statewide social marketing campaign, the CTW team will continue work started in FFY20 to conduct a literature review about the use of social marketing with low-income audiences. Information gathered in the process will be used to help inform direction for Washington SNAP-Ed and to look at the distribution of resources across multi-level interventions. Preliminary findings indicate that social media can be a viable option for disseminating SNAP-Ed content, but that messaging should be tailored to the intended audience to be the most effective. These efforts will help advise the State Agency about the potential benefit of establishing a statewide social marketing campaign and the appropriate mix of direct education, PSE and social marketing, particularly in terms of resource allocation.

Focus groups provide a valuable way to collect in-depth, qualitative data about a topic. To inform the decision about the use of social marketing in the statewide program, the CTW team is looking to gain insight about the experiences and perceptions of social media and marketing from providers and the SNAP-Ed audience. The SNAP-Ed provider focus groups will be held first: there will be an online focus group conducted with providers from each of the five regions during FFY20. During FFY20–21, in-person focus groups with SNAP-eligible individuals will be held within the five regions. These focus groups will take place in person and will be scheduled when it is deemed safe to meet in person. Given the diversity of participants, the SNAP-eligible focus groups will be conducted in either English or Spanish. The two sets of focus group questions—provider and SNAP-eligible— will be designed to be complementary to each other. Overall, the intent is to gain a better understanding about how social marketing can be effectively used from both the provider and participant perspectives.

As part of the focus group protocol, the focus group attendees will also be asked to fill out a brief survey either at the time of registration or on the day of the focus group. The survey questions will be developed in conjunction with the focus group questions to ensure there is no duplication from the two collection sources. Instead, the questions will be complementary, with the survey focused on collecting quick facts and short answers about social marketing and the focus group intending to collect the narrative behind those answers. This information can be used to provide formative research relevant to the creation of a social marketing campaign.

Interventions and Projects: Health Promotion

Table 51: Local Implementing Agencies Delivering Health Promotion/Indirect Education

	Local Implementing Agency
Region 1	Catholic Charities
	Second Harvest
	New ESD 101
	Mattawa Community Clinic
	WSU Chelan, Douglas, Okanogan
	WSU Grant, Adams, Lincoln
	WSU Pend Oreille
	WSU Spokane
	WSU Stevens, Ferry
Region 2	Asotin County Public Health Department
	Columbia County Public Health Department
	Community Action Center Whitman
	Garfield County Health District
	Kittitas County Public Health Department
	Opportunities Industrialization Center (OIC) of WA
	Second Harvest
	Walla Walla County Department of Community Health
	WSU Asotin
	WSU Benton-Franklin
	WSU Walla Walla
	WSU Yakima
	Yakima Health District
	Yakima Neighborhood Health Services
	Yakima Valley Farm Workers Clinic dba Northwest Community Action Center
Region 3	Snohomish County WSU
	Tulalip Tribes
	Skagit County WSU
	United General-CHOP
	San Juan Community Health Services
	Whatcom County WSU
	Common Threads
	Island County WSU
Region 4	MultiCare Health System Center for Health Equity & Wellness
	Public Health - Seattle & King County (PHSKC)
	Solid Ground
	Tacoma-Pierce County Health Department
	WSU King
	WSU Pierce
	Garden Raised Urban Bounty (GRUB)

Interventions and Projects: Health Promotion

	Local Implementing Agency
Region 5	Hand-On Personal Empowerment (HOPE)
	Kitsap Public Health District
	Lewis County Public Health & Social Services
	Pacific County Health and Human Services
	Thurston County Food Bank
	Wahkiakum County Health and Human Services
	WSU Clallam-Jefferson
	WSU Clark
	WSU Cowlitz
	WSU Grays Harbor-Mason
	WSU Kitsap
	WSU Lewis-Thurston
	WSDA (operating in Regions 2,4,5)

Partner Organizations

As partnerships develop, those that focus on common goals are more likely to include meaningful program participation. Structures such as steering committees or coalitions can be important elements to provide a method of on-going feedback to promote relevant and timely program development that address community needs. Partner organizations will distribute hard copy materials, host health promotion activities, and promote health messaging through their communication channels including in-person and online SNAP client interactions or through services and social media. Staff from these organizations will be involved in the initial assessment of needed materials and best options for posting materials. Partners make contributions not simply for the benefit of SNAP-Ed programming; they do so to make progress on their own organizational goals as a mutually beneficial and sustainable outcome.

SNAP-Ed staff will consult and collaborate with partner organizations that have expertise in accessing particular audiences through social media, adaptation of materials for specific audiences, and use of social media for health promotion. Expertise from these organizations will help to inform interventions and activities and provide connections to resources that support and improve outcomes.

Working partners will be encouraged to use health promotion materials with their existing SNAP eligible populations. For example, WIC clinics, farmers markets, grocery stores, food pantries, soup kitchens and other places SNAP-eligible populations live, work, shop, learn and plan will be encouraged to use the SNAP-Ed materials to reinforce messages they receive in SNAP-Ed programs.

Interventions and Projects: Health Promotion

Table 52: Estimated Reach of Health Promotion by Implementing Agency

Implementing Agency	Estimated Number of Individuals Reached
Spokane Regional Health District (Region 1)	184,007
Washington State Department of Health (Region 2, 4, 5)	1,768,917
Washington State University (Region 3)	71,914
Total	2,024,838

Evidence Base

SNAP-Ed uses evidence-based programs to help people lead healthier lives. This is done through building partnerships in the community to offer direct education classes across the lifespan, implementing PSE strategies to support healthy eating and activity, and using health promotion strategies to raise awareness and support the progress of nutrition and physical activity interventions being done in the community.

Health promotion can be a stand-alone activity to share healthy eating and physical activity information through different communication channels (e.g., handouts, posters, social media, websites.). It is most effective in changing behaviors, however, when it is combined with other evidence-based interventions (multi-component) in the places where people live, learn, work, and play (multi-level). Social marketing campaigns are a multi-component, multi-level health promotion strategy that combines education, marketing, and public health approaches, including PSEs. “They use specific, action-oriented messaging with a unified look and feel, memorable taglines or calls to action, and distinctive logos” through multiple channels to motivate behavior change in target populations.”⁷⁹

Social marketing campaigns are effective when formative research is done to determine what target audiences are currently doing or thinking about a behavior to develop realistic goals, messaging, and communication channels for behavior change. “Social marketing is about identifying the specific target audience segment(s), describing the potential benefits, and then creating interventions that will influence or support the desired behavior change.”³ It uses the “Four Ps of Marketing” to develop a behavior change strategy including:

1. **Product** represents the desired behavior you are asking your audience to do, and the associated benefits, tangible objects, and/or services that support behavior change.
2. **Price** is the cost (financial, emotional, psychological, or time-related) of overcoming the barriers the audience faces in making the desired behavior change.
3. **Place** is where the audience will perform the desired behavior, where they will access the program products and services, or where they are thinking about your issue.
4. **Promotion** stands for communication messages, materials, channels, and activities that will effectively reach your audience.

Interventions and Projects: Health Promotion

Sometimes there is a fifth “P” – Policy, describing the laws and regulations that influence the desired behavior, such as requiring sidewalks to make communities more walkable, or prohibiting smoking in shared public spaces.”⁸⁰

Health promotion strategies are evidenced-based when they combine with other SNAP-Ed interventions to amplify and reinforce healthy eating and physical activity messaging.

The Direct Education intervention involves teaching SNAP-eligible clients the importance of healthy eating and physically activity, as well as how to plan, shop, cook, and save to improve their health. Health promotion complements direct education by reinforcing the concepts taught in class and highlighting opportunities to eat well and be physically active.

The Farm to Community intervention uses education and PSE interventions to increase access to healthy, local foods through food purchasing and gardening in a variety of places that reach SNAP-eligible populations. It can be combined with health promotion strategies to encourage fruit and vegetable consumption and guide consumers on how to find, grow, purchase, and prepare locally grown food.

The Healthy Food Access intervention uses PSE interventions to increase the availability and affordability of healthy food and beverages in environments where SNAP-eligible clients live, learn, work, and play. Health promotion strategies can support PSE by making people aware of PSE changes and making healthy food accessible and appealing.

The Physical Activity intervention include direct education strategies, to increase knowledge and skills, as well as PSE strategies to make physical activity easier, safer, and more accessible. Health promotion strategies can complement these efforts by reinforcing concepts learned and highlighting opportunities to be more active.

Health Promotion Projects	SNAP-Ed Intervention Toolkit	Other Evidence Base
Indirect education <ul style="list-style-type: none">• On-site ads, on-site signage, end-aisle and check-out displays e.g., food pantries and farmers markets• In-Language: Outlets that use a language other than English.• Public relations (“earned media”)• Techniques of behavioral economics;	X	County Health Rankings & Roadmaps, What Works for Health: <ul style="list-style-type: none">• Fruit & Vegetable Taste Testing• Point-of-Purchase Prompts• Healthy Eating Promotion Programs• Nutrition and Exercise Prescriptions• Restaurant nutrition labeling• School-based nutrition education programs• Workplace Supports• Community-based social support for PA• Community-wide PA campaigns• Family-based PA interventions• Multi-component school-based obesity prevention

Interventions and Projects: Health Promotion

Health Promotion Projects	SNAP-Ed Intervention Toolkit	Other Evidence Base
<ul style="list-style-type: none"> Food demonstrations and taste tests, expert speakers, trainings, online outreach 		<ul style="list-style-type: none"> Nutrition and PA interventions in preschool/child care Screen time interventions for children
Social Media	X	County Health Rankings & Roadmaps, What Works for Health: <ul style="list-style-type: none"> Community-wide PA campaigns School-based nutrition education programs
Social Marketing	X	County Health Rankings & Roadmaps, What Works for Health: <ul style="list-style-type: none"> Community-wide PA campaigns School-based nutrition education programs

Key Performance Indicators

The Washington SNAP-Ed LT and LIAs involved in this intervention will work together during Year 1 (FFY21) to create meaningful and intentional key performance indicators (KPIs) that can be measured and tracked throughout the three-year plan (FFY21–23). The SNAP-Ed LT believes it is vital each set of KPIs are determined in a way that supports Washington’s SNAP-Ed FFY21–23 guiding principles and priority of "Collaboration with Representation." This approach will engage the Washington SNAP-Ed LT and LIAs in creating practical, relevant, and aspirational performance measures. Collaboration in Year 1 will enable KPIs to be standardized and consistently measured across the state. KPIs will align closely with individual LIA objectives, expected yearly outcomes, as well as overarching state goals and objectives. KPIs will demonstrate successful program implementation and progress, and be measurable at the LIA, regional, and state level. Common KPIs identified through collaborative effort will be added to the state plan for Year 2. In years 2 and 3, Washington will continue to improve and adjust KPIs based on specific SMART objectives for the interventions as they are updated in the state plan each year.

Educational Materials

Use of Existing Educational Materials

- Food Hero
- Eat Fresh
- Choose MyPlate
- Cooking Matters in Your Community
- From approved curriculum list (see page 123), as needed

Development of New Educational Materials

- Plan will be updated as needed

Evaluation Plans

Background

The purpose of the SNAP-Ed statewide evaluation is to establish a widespread evaluation effort that will help stakeholders understand the process, outcomes and impact of SNAP-Ed activities in Washington. Results inform annual reports and continual program improvement activities.

The evaluation team collaborates with SNAP-Ed IAs, DSHS, the SNAP-Ed Curriculum, Training and Websites (CTW) team, and within the Washington State Department of Health to identify and implement evaluation strategies that will help tell the story of SNAP-Ed in Washington. Specifically, the evaluation team will coordinate with:

- **SNAP Market Match:** The SNAP Market Match Team sits within the same division as the evaluation team. The groups collaborate on surveys and other evaluation methods that relate to SNAP Market Match, to identify if there are opportunities to streamline data collection and analysis.
- **Washington State WIC:** WIC sits within the same office as the evaluation team, which provides many opportunities for collaboration and coordination. In this three-year plan, the evaluation team plans to work with WIC on a statewide needs assessment. The evaluation team works with its own staff, some of whom are funded by Washington State WIC, as well as the state WIC director and a variety of other State WIC staff.

The evaluation plans included in this plan are closely tied to the SNAP-Ed Evaluation Framework and follow tenets of the Social Ecological Model and the Equitable Evaluation Framework (EEF).⁸¹ The EEF notes that evaluation should be in service of equity, should address historical and structural context of evaluation work and its impact on the population served, and should be participant centered. To operationalize EEF, the evaluation team employs culturally responsive evaluation⁸² strategies when developing and establishing evaluation strategies.

Guiding principles of the SNAP-Ed Evaluation follow:

- **Utility:** Evaluation data and deliverables will be useful and meaningful at all levels of SNAP-Ed implementation. It will address regional and state goals, as well as address USDA-FNS' SNAP-Ed Evaluation Framework priority outcome indicators. It will be meaningful to LIAs, and will enhance program equity.
- **Quality:** Provide training, technical assistance, and reference materials to IAs and LIAs, so that they have the tools to complete evaluation activities accurately and with fidelity.
- **Consistency:** Evaluation methods will include long-term population-based indicators. They will be generally consistent during the three years of this plan, while also allowing changes to enhance cultural responsiveness, program equity, or when new information is available.

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- **Accuracy:** Evaluation methods will be culturally and linguistically appropriate, culturally responsive, evidence-based, and validated or practice-tested. Adapted or newly created evaluation tools will be audience tested and validated before statewide implementation.
- **Feasibility:** The evaluation will minimize redundancy where possible, be practical in terms of the evaluation team's capacity, and data collection and entry will not unduly burden local SNAP-Ed providers or IAs.
- **Collaborative Improvement:** Ongoing communication and coordination with DSHS, IAs, and LIAs will foster a culture of ongoing feedback, and continual process and program improvement.

Intended Use

The information produced by these evaluations will be shared in-person and online via presentations, reports, and potentially in publications. Evaluation results will be used by the Washington SNAP-Ed Leadership Team and other stakeholders for annual reporting requirements, continual improvement, and to guide future SNAP-Ed activities.

Over-Arching Washington SNAP-Ed Evaluation Plan

This high-level evaluation plan describes methods used to evaluate Washington SNAP-Ed. This includes plans to evaluate overarching goals and objectives, as well as the following interventions: Direct Education, Farm to Community, Access to Healthy Foods, Physical Activity, and Health Promotion.

Evaluation Type

This evaluation plan combines formative, process, outcome, and impact evaluations to help the evaluation team tell the story of SNAP-Ed. Formative evaluation will be used in year 1 to help the evaluation team develop long-term evaluation plans, including identifying types of activities, evaluation tools, and evaluation needs. Process evaluation will be used on an ongoing basis to look at how SNAP-Ed is performing overall, and may be tied to key performance indicators. Process evaluation will be a key component of PSE evaluation. Outcome evaluation will be used to learn whether or not SNAP-Ed is making a difference, and will be a key component of direct education evaluation. Impact evaluation will be used to assess whether the SNAP-eligible population in Washington is making healthier choices within a limited budget. Impact evaluation may be based on population measures.

Evaluation Questions

Evaluation approaches are noted in

Table 53.

1. How many SNAP-eligible residents participate in SNAP-Ed activities?
 - a. In each region and county?
 - b. In what types of activities do they participate?
2. Are SNAP-Ed programs effective and equitable?
 - a. Do outcomes differ among different SNAP-eligible audiences?
 - i. What factors lead to differences in outcomes (e.g., race, ethnicity, language, gender, location)?
 - b. What role does race, ethnicity, language, etc. play in SNAP-Ed participation, and why?
 - c. Are there certain audiences that SNAP-Ed could do a better job at reaching?
3. Do PSE approaches strengthen SNAP-Ed outcomes?
 - a. What type of PSE activities work best?
 - b. In what settings are multilevel interventions most effective?
 - c. What are the strengths and challenges of various PSE approaches?
4. What are the food-related behaviors among the SNAP-eligible population?
5. To what extent do LIAs form or participate in partnerships, collaborations, or work with local champions?
 - a. How do IAs and LIAs engage partners?
 - b. How strong do partnerships need to be in order to implement effective PSE approaches?
 - c. How do partnerships affect SNAP-Ed activities and outcomes?
 - d. How does relationship depth impact SNAP-Ed activities and outcomes?
6. How does COVID-19 continue to affect SNAP-Ed in Washington (if applicable)?
 - a. How effective are adaptations to programming?
 - b. What are promising practices?
 - c. How does COVID-19 impact program reach?
7. What is the long-term effectiveness of SNAP-Ed in Washington?
8. How are IAs and LIAs engaging the SNAP-eligible community?
 - a. How are LIAs working with communities to develop programming?
 - b. What approaches work well when engaging with communities?

Evaluation Plans

Table 53: Evaluation Approaches

Topic	Evaluation Question	Evaluation Method/Tool	Data Collection and Analysis Timeline
Program Reach & Demographics	1	Reach: PEARS ^{vi} data Demographics: Demographic Card; OSPI ^{vii} data; PEARS data	Local providers collect adult demographic sheets and youth student ID numbers. Evaluation team obtains demographic information from OSPI. Quarterly data entry deadlines. Evaluation team will pull data and do analysis quarterly and annually. Information may be collected electronically.
Program Equity	2	Comparison of survey data and demographic information; interviews or focus groups	Pulled from PEARS, OSPI, and Survey data. Compared annually if data is available. Focus groups and interview process to begin in year one, be conducted in year two, and analyzed in year three.
Multi-Level Interventions	3	To be determined in year 1	To be determined pending evaluation methodology
Population-Level Healthy Eating and Food Resource Management	4	NHANES, ^{viii} BRFSS, ^{ix} WA Healthy Youth Survey, other statewide evaluation tools	Data will be obtained from statewide evaluation tools and analyzed on an annual basis.
Partnership and Coalition Strength	5	PEARS Partnerships module; PEARS coalitions module;	Additional tools to assess relationships will be selected in year

^{vi} DSHS contracts with Kansas State Research and Extension for access to the Program Evaluation And Reporting System (PEARS), which is designed for SNAP-Ed programs to collect and analyze SNAP-Ed data and streamline federal reporting.

^{vii} Office of State Superintendent of Public Instruction

^{viii} National Health And Nutrition Examination Survey

^{ix} Behavioral Risk Factor Surveillance System

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Topic	Evaluation Question	Evaluation Method/Tool	Data Collection and Analysis Timeline
		partnership assessment; additional tools to be determined	1. PEARS data will be pulled and analyzed annually at a minimum.
COVID-19	6	PEARS, quarterly reports, success stories, health promotion evaluation (see health promotion section), partnership assessment. WA Food Security Survey Report	Information will be collected quarterly from LIA quarterly reports and PEARS, and will be analyzed annually at a minimum. See health promotion evaluation section for details about health promotion evaluation; partnership assessment to be determined in year 1
Long-term effectiveness	7	To be determined in year 1	To be determined pending evaluation methodology
Community Engagement	8	Quarterly reports, partnership assessment, additional methods to be determined in year 1	Quarterly reports will be collected and analyzed on a quarterly basis, additional information may be included pending additional evaluation methodology.

Additional evaluation methods and strategies may be added in year 1.

Additional Evaluation Activities

Enhance and Expand Evaluation Methods, Strategies, and Utility:

- **Regional Evaluation:** The evaluation team will work with IAs and LIAs to identify and evaluate special regional and local projects. Evaluation tools and methods will be identified on a case-by-case basis, after submission of an evaluation request form.
- **Develop Long-Term Evaluation Methods:** In year 1, the evaluation team will conduct a literature review and key informant interviews to identify promising practices around

long-term indicator measurement. Once promising practices have been identified, the evaluation team will adopt or create, and validate evaluation tools with the goal of rolling out the metric prior to the end of year 2.

- **Adapt to Program and Community Need:** Because SNAP-Ed projects shift and evolve based on community need, evaluation methods also may need to shift. The evaluation team will put together a comprehensive list of tools to pull from for new and innovative projects.
- **Pilot Online Surveys:** The evaluation team will pilot online surveys in year 1. They will adapt the existing SNAP Happy surveys, for online use, and do face validation.
- **Conduct Evaluation Improvement Activities:** The evaluation team will conduct a process assessment to identify how evaluation activities can improve so that evaluation methods are feasible, equitable, appropriate, and meet LIA and participant needs.
- **Develop Evaluation SNAPshots:** The evaluation team will develop annual and mid-year SNAPshots to provide IAs and LIAs with an up to date picture of what is happening in Washington SNAP-Ed.

Develop Guidance and Technical Assistance Materials

- **Develop Library of Approved Evaluation Tools:** The evaluation team will curate a library of evaluation tools for use in Washington SNAP-Ed. The goal of creating this library is to ensure there is sufficient support for technical assistance, cultural and linguistic adaptability and appropriateness, and a variety of qualitative, quantitative, and participant-centered methods.
- **Develop Toolkits for Formative and Process Evaluation:** In year 1, the evaluation team will develop toolkits that include evaluation methods, tools, and guidance specific to Washington State SNAP-Ed interventions. Toolkit methods may include focus groups, client intercept surveys, environmental scans, and walkability assessments. Other types of tools may be incorporated based on program activities and LIA need.
- **Develop Evaluation Guidance:** The evaluation team will develop evaluation guidance prior to or in early year 1, and will update guidance annually.
- **Provide Evaluation Technical Assistance:** The evaluation team will provide technical assistance to IAs and LIAs to help them develop the capacity to administer evaluation tools and methods.

Maintain Partnerships:

- **Serve as the liaison between PEARS and the SNAP-Ed LT:** An evaluation team representative will attend PEARS Advisory Committee calls, and will communicate changes in PEARS to the SNAP-Ed Leadership Team. The evaluation team will also communicate desired changes to PEARS.
- **Coordinate with the Curriculum, Training, and Websites Team:** The evaluation team will work with CTW to assess whether new and emerging curricula are effective in

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Washington, identify methods to determine the impact that COVID-19 has had on direct education, participate on the CTW Planning Action Committee, and additional activities as needed.

Prior Evaluation

A similar evaluation was done in FFY18–20. This plan builds on the previous plans, and has been adapted to reflect shifting program goals, settings, and approaches.

Direct Education Evaluation Plan

This evaluation plan describes methods used to evaluate the Direct Education intervention and associated projects. It aligns with state goals and objectives and the SNAP-Ed Evaluation Framework.

Evaluation Type

This evaluation plan primarily focuses on outcome evaluation. Process evaluation measures are also included in this plan.

Evaluation Questions

Evaluation approaches are noted in the table that follows the evaluation questions. Numbers in the “Topic or Objective” column of Table 54 correspond to the state SNAP-Ed objectives.

1. What are participants’ healthy eating behaviors?
 - a. Do participants eat fruit more frequently after SNAP-Ed participation?
 - b. Do participants eat vegetables more frequently after SNAP-Ed participation?
 - c. Do participants eat a wider variety of fruit and vegetables after participation?
 - d. Do participants drink fewer sugar-sweetened beverages after participation?
 - e. Do youth participants eat fast food or takeout less often after participation?
2. What are participants’ food safety behaviors?
 - a. Do participants wash their hands more often after participation?
3. What are participants’ food resource management behaviors?
 - a. Do participants use the nutrition facts label more often after participation?
 - b. Do adult participants worry about running out of food less often after participation?
 - c. Do participants prepare meals at home more frequently after participation?
4. What are participants’ physical activity behaviors?
 - a. Do participants spend more time doing physical activity after participation?
 - b. Are 3rd–5th grade participants active more times per day after participation?
 - c. Do youth participants have less screen time after participation?
5. Which direct education approaches are most effective at improving outcomes?
 - a. How many sessions or hours are needed to achieve positive behavioral outcomes?

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- b. Do different curriculum work better for different populations?
- c. Do different delivery formats work better than others (e.g., web-based vs face to face)?
- d. Of web-based direct education delivery formats, which is the most effective at achieving outcomes?
- e. Does curriculum fidelity affect outcomes?
- 6. How does youth participatory action research (YPAR) influence youth behavior?
 - a. What is the level of youth engagement?
 - b. What is the level of youth behavior change?

Prior Evaluation

Direct education has been evaluated at a statewide level since FFY17. These evaluation questions are similar to those used in prior years, but have been adapted to better suit Washington SNAP-Ed goals and objectives.

Evaluation Plans

Table 54: Topics and Objectives for Direct Education

Topic or Objective	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
1.1 By September 30, 2023, 65% of participants 3 rd grade to adult will report eating fruit two or more times per day and 45% of participants will report eating vegetables two or more times per day.	1	MT1L Proxy, MT1m Proxy	SNAP Happy; Cooking Matters Survey	LIAs administer surveys before first session and after last session, and due on a quarterly basis. Evaluation team will pull survey data and do analysis quarterly and annually. Surveys may be administered electronically.
1.2 By September 30, 2023, 60% of participants 3 rd grade to adult will report eating more than one kind of fruit and 45% of participants will report eating more than one kind of vegetable.	1	MT1c, MT1d	SNAP Happy; Cooking Matters Survey	
1.3 By September 30, 2023, 75% of participants 3 rd grade to adult will report	1	MT1h	SNAP Happy; Cooking Matters Survey	

Evaluation Plans

Topic or Objective	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
drinking sugar-sweetened beverages two or fewer times per day.				
1.4 By September 30, 2023, 25% of participants in 6th–12th grades will report eating fast food or takeout less often.	1	MT1, MT2 (no outcome measures)	SNAP Happy	
1.5 By September 30, 2023, 70% of 3 rd grade to adult participants wash their hands “most of the time” before eating.	2	MT4a	SNAP Happy; Cooking Matters Survey	
2.1 By September 30, 2023, at least 50% of adult participants never worry about running out of food.	3	MT2g	SNAP Happy; Cooking Matters Survey	LIAs administer surveys before first session and after last session, and due on a quarterly basis. Evaluation team will pull survey data and do analysis quarterly
2.2 By September 30, 2023, 25% of participants 6 th grade to adult use	3	MT2b	SNAP Happy; Cooking Matters Survey	

Evaluation Plans

Topic or Objective	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
nutrition labels most of the time.				and annually. Surveys may be administered electronically.
2.3 By September 30, 2023, 70% of adult participants will report preparing meals at home five to seven days per week.	3	MT2	SNAP Happy; Cooking Matters Survey	
3.1 By September 30, 2023, 80% participants in K–2 nd grades identify physical activities and 35% of 3 rd –5 th grades are physically active more times per day.	4	ST3a, ST3g, MT3a, MT3d, MT3e	Eat Well + Move, SNAP Happy	LIAs administer surveys before first session and after last session, and due on a quarterly basis. Evaluation team will pull survey data and do analysis quarterly and annually. Surveys may be administered electronically.
3.2 By September 30, 2023, 85% participants 6 th grade through adult are physically active for more than 30 minutes.	4	MT3a	SNAP Happy, Cooking Matters Survey	
3.3 By September 30, 2023, 90% of 6 th –12 th grade participants will reduce screen time to six hours or less per day.	4	MT3g, MT3h	SNAP Happy	

Evaluation Plans

Topic or Objective	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
Curriculum Effectiveness	5	N/A	Surveys, PEARS data, demographic data	LIAs administer surveys before first session and after last session, and due on a quarterly basis. Evaluation team will pull survey data and do analysis quarterly and annually. Surveys may be administered electronically.
Youth Engagement	6	N/A	YPAR Curriculum Evaluation, Youth Action Research Inventory, additional methods to be determined in year 1	LIAs administer surveys after last session, and due on a quarterly basis. Evaluation team will pull survey data and do analysis quarterly and annually. Surveys may be administered electronically.

Additional evaluation methods and strategies may be added in year 1 pending community need.

Farm to Community Evaluation Plan

This evaluation plan describes methods used to evaluate the Farm to Community intervention and associated projects. It aligns with state goals and objectives and the SNAP-Ed Evaluation Framework.

Evaluation Type

This evaluation plan primarily focuses on process evaluation strategies that may be used to assess program outcomes if used at multiple points in time. The evaluation team will do some formative work in year 1 to build out this evaluation plan further, with the intent of adding outcome or impact evaluation strategies.

Evaluation Questions

Evaluation approaches are noted in Table 55. Numbers in the “Topic or Objective” column of Table 55 correspond to the state SNAP-Ed objectives.

1. How many sites are in each phase of implementation of a PSE initiative focused on Farm to Community or agricultural settings?
2. What are key PSE approaches for the Farm to Community intervention?
 - a. What are successes and challenges of each PSE approach?
3. What is the impact of SNAP Market Match at farmers markets?
 - a. How does SNAP Market Match impact farmers/vendors (e.g., dollars redeemed)?
 - b. How many WSFMA farmers markets take SNAP benefits?
 - c. How many WSFMA farmers markets offer SNAP Market Match incentives?
4. What level of community engagement is there with PSE changes related to Farm to Community activities?
 - a. How many PSE changes are led or co-led by community members?
 - b. How does Farm to Community PSE work affect community participation at project sites?
 - c. How do SNAP-Ed IAs and LIAs engage partners and community members?
 - d. How do consumer and community perspectives drive Farm to Community activities?
5. What is the impact of Farm to Community approaches?
 - a. How does Farm to Community impact partner inventory?
 - b. How does Farm to Community impact food bank partners?

Prior Evaluation

Each project within this intervention has been evaluated in the FFY18–20 plan. Because this is the first year Washington SNAP-Ed has organized projects by intervention in this manner, this intervention has not been evaluated previously.

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Table 55: Topics and Objectives for Farm to Community

Objective	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
4.1 September 30, 2023, 50% of sites will implement a PSE change focused on increasing healthy food/beverage among the eligible population.	1	MT5a, LT5	PEARS PSE Module	LIAs will enter data quarterly, and evaluation team will pull and analyze data annually, at a minimum
PSE Approaches	2	N/A	PEARS PSE Module	LIAs will enter data quarterly, and evaluation team will pull and analyze data annually, at a minimum
4.3 By September 2021, the dollar value of incentives redeemed by SNAP participants for purchase of targeted food items at farmers markets will increase by 5% (over September 2020 baseline).	3	MT8a-1, MT8b	Washington's SNAP Market Match Program and WSFMA Data	Data will be collected and reported as available, ideally annually
4.4 By September 2021, the number of unique SNAP participants using SNAP or SNAP	3	MT8a-1, MT8b	Washington's SNAP Market Match	Data will be collected and reported as available, ideally annually

Evaluation Plans

incentives at participating farmers markets will increase by 10%.			Program and WSFMA Data	
Community Engagement	4	N/A	PEARS PSE Module, PEARS Partnerships Module, PEARS Coalitions Module, Success Stories, LIA Quarterly Reports, additional methods to be determined in year 1	LIAs will enter data quarterly, and evaluation team will pull and analyze data annually, at a minimum
Farm to Community Impact	5	N/A	PEARS PSE Module, inventory measures including weight or inventory sheets, policy analysis,	LIAs will enter data quarterly, and evaluation team will pull and analyze data annually, at a minimum. Timeline for additional tools to be determined in year 1.

Evaluation Plans

			additional methods to be determined in year 1	
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Additional evaluation methods and strategies may be identified in year 1.

Access to Healthy Foods Evaluation Plan

This evaluation plan describes methods used to evaluate the Access to Healthy Foods intervention and associated projects. It aligns with state goals and objectives and the SNAP-Ed Evaluation Framework.

Evaluation Type

This evaluation plan primarily focuses on process evaluation strategies. The evaluation team will do some formative work in year 1 to build out this evaluation plan further, with the intent of adding outcome or impact evaluation strategies in years 2 and 3.

Evaluation Questions

Evaluation approaches are noted in Table 56. Numbers in the “Topic or Objective” column of Table 56 correspond to the state SNAP-Ed objectives.

1. How many sites are in each phase of implementation of a healthy food or beverage related PSE change?
2. What are key PSE approaches for the Access to Healthy Foods intervention?
 - a. What are successes and challenges of each PSE approach?
 - b. How well does each strategy address availability, accessibility, affordability, acceptability, and accommodation (the 5As)?
3. What level of community engagement is there with PSE changes related to healthy food access and availability?
 - a. How many PSE changes related to healthy food access and availability are led or co-led by community members?
 - b. How does Washington SNAP-Ed engage community partners and community members?
 - c. How many PSE changes are led or co-led by community members?
 - d. How do PSE work affect community participation at project sites?
 - e. How do SNAP-Ed IAs and LIAs engage partners and community members?
4. What is the impact of the Access to Healthy Foods intervention?
 - a. How does community perspective change with respect to the 5As?
5. How does the Access to Healthy Foods intervention support breastfeeding?

Prior Evaluation

Each project within this intervention has been evaluated in the FFY18–20 plan. Because this is the first year Washington SNAP-Ed has organized projects by intervention in this manner, this intervention has not been evaluated previously.

Evaluation Plans

Table 56: Topics and Objectives for Access to Healthy Foods

Objective	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
4.1 September 30, 2023, 50% of sites will implement a PSE change focused on increasing healthy food/beverage among the eligible population.	1	MT5a, LT5	PEARS PSE Module	LIAs will enter data quarterly and data will be pulled and analyzed annually, at a minimum
PSE Approaches	2	N/A	PEARS PSE Module, client intercept surveys, environmental scan (TBD year 1), community-focused evaluation method (like PhotoVoice or CBPR), to be determined in year 1	LIAs will enter data quarterly, and evaluation team will pull and analyze data annually, at a minimum

Evaluation Plans

Objective	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
Community Engagement	3	N/A	PEARS PSE Module, LIA Quarterly Reports, partnership assessment, additional methods to be determined in year 1	LIAs will enter data quarterly, and evaluation team will pull and analyze data annually, at a minimum
Access to Healthy Food Impact	4	N/A	Client intercept survey, focus groups, additional methods to be identified in year 1	To be determined in year 1
Breastfeeding Supports	5	N/A	PEARS PSE Module, additional methods to be identified in year 1	To be determined in year 1

Additional evaluation methods and strategies may be identified in year 1.

Physical Activity Evaluation Plan

This evaluation plan will describe methods used to evaluate Washington SNAP-Ed’s Physical Activity intervention and associated projects. It aligns with Washington SNAP-Ed goals and objectives and the SNAP-Ed Evaluation Framework.

Evaluation Type

This evaluation plan primarily outcome evaluation strategies. The evaluation team will do some formative work in year 1 to build out this evaluation plan further, with the intent of adding process or impact evaluation strategies in years 2 and 3 to enhance evaluation of PSE projects within this intervention.

Evaluation Questions

Evaluation approaches are noted in Table 57. Numbers in the “Topic or Objective” column of Table 57 correspond to the state SNAP-Ed objectives.

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1. How many sites are in each phase of implementation of a physical activity or sedentary behavior related PSE change?
 - a. Do SNAP-Ed participants at Physical Activity intervention sites show larger changes in self-reported physical activity than sites without a physical activity PSE?
2. What are key PSE approaches for the Physical Activity intervention?
 - a. What are successes and challenges of each PSE approach?
 - b. How do PSE approaches support physical activity?
3. What level of community engagement is there with PSE changes related to physical activity or sedentary behavior?
 - a. How many PSE changes related to physical activity or sedentary behavior are led or co-led by community members?

Prior Evaluation

Each project within this intervention has been evaluated, in the FFY18–20 plan. Because this is the first year Washington SNAP-Ed has organized projects by intervention in this manner, this intervention has not been evaluated previously.

Evaluation Plans

Table 57: Topics and Objectives for Physical Activity

Objective	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
3.1 By September 30, 2023, 80% participants in K–2 nd grades identify physical activities and 35% of 3 rd –5 th grades are physically active more times per day.	1	ST3a, ST3g, MT3a, MT3d, MT3e	Eat Well + Move, SNAP Happy	LIAs administer surveys before first session and after last session, and due on a quarterly basis. Evaluation team will pull survey data and do analysis quarterly and annually. Surveys may be administered electronically.
3.2 By September 30, 2023, 85% participants 6 th grade through adult are physically active for more than 30 minutes.	1	MT3a	SNAP Happy, Cooking Matters Survey	
3.3 By September 30, 2023, 90% of 6 th –2 th grade participants will reduce screen time to six hours or less per day.	1	MT3g, MT3h	SNAP Happy	

Evaluation Plans

Objective	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
4.2 By September 30, 2023, 20% of sites will implement a P, S, or E change focused on increasing physical activity and reduce sedentary behavior.	1	MT6a, LT6	PEARS PSE Module	LIAs enter data quarterly, and data will be pulled and analyzed annually, at a minimum
PSE Approaches	2	N/A	PEARS PSE Module, additional tools to be identified in year 1	LIAs enter data quarterly, data will be pulled and analyzed annually, at a minimum
Community Engagement	3	N/A	PEARS PSE Module, LIA quarterly reports, additional methods to be identified in year 1	LIAs enter data quarterly, data will be pulled and analyzed annually, at a minimum

Additional evaluation methods and strategies may be identified in year 1.

Health Promotion Evaluation Plan

This evaluation plan describes methods used to evaluate the Health Promotion intervention and associated projects. It aligns with state goals and objectives and the SNAP-Ed Evaluation Framework.

Evaluation Type

This evaluation plan primarily process evaluation strategies. The evaluation team will do some formative work in year 1 to build out this evaluation plan further, with the intent of adding short- and long-term outcome evaluation strategies in years 2 and 3.

Evaluation Questions

Evaluation approaches are noted in the table that follows the evaluation questions. Numbers in the “Topic or Objective” column of Table 58 correspond to the state SNAP-Ed objectives.

1. What health promotion strategies are most common?
 - a. What is the reach of different health promotion strategies?
 - b. What is the level of engagement with different health promotion strategies?
2. On what topics do health promotion strategies focus?
 - a. With what health promotion topics does the SNAP-Ed audience engage?
3. What audiences are reached through health promotion?
 - a. What strategies are best for different audiences?
4. How are communities and community stakeholders helping to spread health promotion messages and materials?
5. How does this impact Washington SNAP-Ed social marketing campaign(s)?

Prior Evaluation

This project intervention has not been evaluated previously.

Evaluation Plans

Table 58: Topics and Objectives for Health Promotion

Topic	Evaluation Question	Framework Indicator	Evaluation Method/Tool	Data Collection and Analysis Timeline
Health Promotion Strategies	1	N/A	PEARS Indirect Module, PEARS PSE Module, Social Media Analytics	LIAs enter data quarterly, data will be pulled and analyzed annually, at a minimum
Health Promotion Messaging	2	N/A	PEARS Indirect Module, PEARS PSE Module, Social Media Analytics	LIAs enter data quarterly, data will be pulled and analyzed annually, at a minimum
Health Promotion Audience	3	N/A	PEARS Indirect Module, Social Media Analytics, additional evaluation methods to be identified in year 1	LIAs enter data quarterly, data will be pulled and analyzed annually, at a minimum
Health Promotion in Communities	4	NA	PEARS Indirect Module, additional evaluation methods to be identified in year 1	LIAs enter data quarterly, data will be pulled and analyzed annually, at a minimum

Additional evaluation methods and strategies may be identified in year 1.

Supplemental Evaluation Strategies

This evaluation plan describes supplemental methods that will be used to evaluate Washington SNAP-Ed. These methods may be incorporated to any of the above evaluation plans

Evaluation Type

Supplemental evaluation strategies include process, impact, and formative evaluation approaches.

Evaluation Questions

1. How do state and local policies affect the SNAP-eligible population?
 - a. What state and local nutrition and physical activities exist in Washington?
 - b. How are the policies implemented?
2. How does the SNAP-eligible population perceive SNAP-Ed in Washington?
 - a. Do SNAP participants use SNAP-Ed? Why or why not?

Evaluation Strategies

This evaluation may include:

- Policy analysis of state and local nutrition and physical-activity related policies using WELLSAT or a similar tool
- Assessment of the statewide nutrition environment
- Environmental assessments
- PhotoVoice
- Community Based Participatory Evaluation
- Interviews with SNAP participants
- Statewide survey
- Statewide assets or needs assessment
- Network analysis
- Asset mapping
- Partner with Washington's Office of the Superintendent of Public Instruction to new ways to assess school-based physical activity

Evaluation Timeline

Evaluation strategies will be incorporated into the above evaluation plans, including a timeline, if they are funded.

Curriculum, Training, and Websites

Curriculum

Quality direct education is an integral part of SNAP-Ed. To ensure positive outcomes, direct education must be meaningful for the SNAP-Ed audience (including being culturally and linguistically appropriate), behaviorally focused, updated with current scientific information and government recommendations, and personally engaging. Expanding on state-level efforts that began in FFY16, Washington SNAP-Ed will continue to design guidance, tools, and trainings that LIAs implement curricula with fidelity. Access to curriculum fidelity assessment tools for all curricula used are [available on the provider website](#). CTW staff use these tools during site visits for training, coaching and to provide technical support for all LIAs involved in direct education.

The FFY21 SNAP-Ed Guidance⁸³ calls for an evidence-based approach for nutrition education:

“...FNS has provided a definition of nutrition education that States must use within SNAP-Ed. The definition considers the FNS mission, Per 7 CFR §272.2 (d)(2)(vii)(B), SNAP-Ed services are:

“a combination of educational strategies, accompanied by supporting policy, systems, and environmental interventions, demonstrated to facilitate adoption of food and physical activity choices and other nutrition-related behaviors conducive to the health and well-being of SNAP participants and low- income individuals eligible to receive benefits under SNAP or other means- tested programs and individuals residing in communities with a significant low- income population.”¹

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 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).⁸⁴ The evidence base for the curricula used in Washington SNAP-Ed is described on page 123.

Key to implementation of direct education is an understanding of curriculum fidelity. Poor implementation or lack of implementation fidelity can, and often does, change or decrease the impact of the intervention. CTW staff will provide curriculum training, fidelity monitoring and technical assistance to ensure consistent implementation of direct education curricula across the state. During the course of each fiscal year, staff will meet with local providers to review their use of curriculum, with fidelity, and how to best integrate direct education with other intervention strategies employed at the local level. This work will support the IAs in the work

they do to ensure program implementation is done with fidelity and leads to better quality outcomes and confidence in the outcomes. Site observations made by the CTW team are a multi-year process. The CTW and evaluation teams work together to look at fidelity data collected from site visits and determine areas for improvement and also examples of success for the program.

Curriculum fidelity monitoring via site visits offers an avenue for on-site, one-on-one mentoring and coaching that ties direct education to related interventions the LIA is conducting. Continued statewide fidelity monitoring will include use of curriculum-specific assessment tools, on-site observations, reviews of educator training and technical assistance to ensure consistent curriculum implementation with fidelity across the state. The CTW team will work with IAs to address any concerns that arise as a result of site visits. All efforts will be coordinated with the evaluation team to collect meaningful outcome data for direct education.

During the COVID-19 pandemic, in-- person site visits may not be possible. The CTW team will meet with LIAs, via Zoom or a similar online application, to discuss implementation of direct education and how the intervention is related to other SNAP-Ed strategies as described within the social -ecological model. The CTW team will work with IAs and LIAs to develop online direct education options during FFY21 to continue reaching the SNAP-Ed audience when the traditional face-to-face learning model is not possible due to COVID-19-related site closures. Curriculum fidelity will continue to be an important aspect as work continues to reach SNAP-eligible participants during the pandemic. While this mode of delivery will not remain the “norm,” it will help inform future decisions about delivery of direct education to participants that have previously not participated in SNAP-Ed (see Direct Education Intervention, page 116).

Curriculum Selection

Careful consideration is given in the selection of curricula used for direct education. Each curriculum must not only be evidence based but must also align with the priorities and goals of the program. Selection is driven by the need to provide client-centered, interactive direct education. The needs of local communities and target populations are paramount, and curricula need to take into account the life experience of those living with poverty. Approved curricula include age appropriate materials that help address language barriers, cultural differences and practical application for selection and preparation of healthy food and the importance of daily physical activity.

The CTW team leads the review, evaluation and recommendations for curricula to be used in the Washington SNAP-Ed program. A review of the current approved curriculum list starts in November of each federal fiscal year to facilitate planning for the following year. Use of an established rubric is used to review potential curriculum (Appendix N).

In FFY20, the CTW established the Planning Action Committee to collaborate with the CTW team to determine the best decisions for direct education, statewide training topics and management of two, statewide websites. This group is currently comprised of IA

representatives from all five regions, SWIs and the state agency. Starting in FFY21, the CTW team will add representation of LIAs to the Planning Action Committee. In alignment with the statewide priority of collaboration with representation, a plan will be made to include SNAP-eligible participants in the process. The CTW team aims to have participant representation no later than FFY23.

The CTW and Evaluation teams will work together to review outcome data, frequency of use, input from LIAs and needs assessment findings and data to narrow the list and recommend curriculum for each fiscal year. This list should be completed no later than March 30 of each fiscal year for the purposes of planning for the next fiscal year. Materials selected will follow current SNAP-Ed Guidance with focus on tools that are research and practice tested.

Starting in FFY21, curricula on the WA SNAP-Ed Curriculum List will be in one of two categories—preferred and acceptable. The new curriculum list format was established for two reasons. First, it will help the evaluation team more accurately assess the impact of each curriculum’s impact by having more outcome data and therefore more statistical power. Second, it allows for more in-depth training and technical assistance from the CTW and evaluation teams. LIAs are asked to consider the needs of the community for the best selection possible for their community. The list was established considering a number of factors, including:

- 1) A score assigned to each curriculum using an established rubric;
- 2) Impact data from FFY19 and Q1 of FFY20;
- 3) Number of LIAs using a curriculum; and
- 4) Number of participants reached by a curriculum.

Preferred curricula scored higher in all these factors. Those in the acceptable list did not score as high. Choices in the list span all age groups and complement the state guiding principles, priorities, goals and objectives.

A curriculum for each age group will be selected for online direct education from the FFY21 approved curriculum list. A workgroup comprised of LIAs, the CTW team and members of the Leadership Team will determine which curricula are best suited for online delivery.

Modifications for curricula will be made according to guidance developed by the workgroup and subsequent fidelity assessment tools will be made to ensure consistent delivery for direct education (see Direct Education Intervention, page 116). Consideration will be given for new curriculum that may be released that is designed for use on an online platform.

The CTW team will support LIAs in the work they do on a daily basis. Consultation with a member of the CTW team is encouraged and they provide technical assistance to LIAs across the state. Guidance is written for allowable modification of curriculum and is updated on an annual basis. Because the CTW Team interacts with all LIAs in the state, they are able to connect and coordinate efforts between agencies which help with the most efficient use of dollars and impact for the statewide program.

The list of curricula approved for FFY21 can be found in the Direct Education Intervention section, page 116.

Curriculum Fidelity

The goal of work for curriculum fidelity during FFY21–23 is to assess and improve direct education across the state. CTW staff conduct statewide-monitoring and provide technical assistance to ensure that the curriculum is implemented consistently and with fidelity at all locations.

The FFY21 SNAP-Ed Guidance notes the importance of fidelity as part of evaluation: “Evaluation should assess whether local practitioners are implementing the evidence- based intervention with fidelity. Program fidelity means that the intervention was implemented as designed. In some cases, you may need to adapt the original evidence- based intervention to meet the needs of your target audience. Under such circumstances, it is important to document what changes were made and how they were implemented.”⁸⁵

“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.”⁸⁶

Fidelity can be defined as the faithfulness with which a program is implemented or stays true to the original program design. Implementing a program with fidelity improves the likelihood of getting similar program effects.^{87,88} Poor implementation or lack of implementation fidelity can, and often does, change or decrease the impact of the intervention. This raises concerns about the legitimacy of combining data from multiple sites using the same intervention. It is difficult to judge program strengths/shortcomings or develop effective strategies to improve programs without knowing what was implemented. The goal of the CTW team is to measure implementation fidelity to be able to answer these questions:⁸⁹

- Is the program being delivered as designed (e.g., Are core components being implemented in the proper order?)?
- Are program recipients receiving the proper “dose” of the program (e.g., Are all sessions implemented? Is each session of the length specified?)?
- Is the quality of program delivery adequate (e.g., Are providers trained and skilled in delivery of the program?)?

The CTW Team uses assessment tools designed to assess curriculum fidelity. The tools can also be used by LIAs to assess educator performance as well as to identify program implementation and curriculum acceptance issues. SNAP-Ed educators can use the tools for self-evaluations. These self-reported snapshots can help educators and supervisors plan direct education that is

taught with fidelity. Trained observers can also provide immediate feedback to educators and determine additional training needs.⁹⁰ Work during FFY16–20 has reinforced what we know from the literature. As part of monitoring done to date, the CTW Team has noted several common pitfalls:

- Reducing number or length of sessions
- Lowering the level of participant engagement
- Eliminating key messages or skills learned
- Removing topics
- Changing the theoretical approach
- Using fewer staff than recommended

Any of these changes can compromise the fidelity of the program.⁹¹ Assessment tools for all FFY21–23 curricula will be completed, shared with IAs and LIAs and used for site observations. In addition, overviews for each curriculum will be available. The overviews discuss the objectives set forth in the curriculum, describe recommended pacing and outline specific requirements for fidelity. All tools are available on the [Washington State SNAP-Ed website](#). Continued development and editing of these tools, as needed, for all curricula is ongoing.

Training

The CTW Team will plan and conduct statewide training on topics to support implementation of SNAP-Ed interventions. Training will align with and reinforce statewide guiding principles, priorities and goals. This provides a consistent, coordinated approach for implementation of SNAP-Ed programming. Training will incorporate the social-ecological model to provide context to the interrelationship of interventions in communities across the state. Some interventions only address one level of the social-ecological model, and trainings will emphasize combining interventions to target multiple levels of the social-ecological model. These trainings will be a combination of face-to-face, video conference and web-based trainings. Whenever possible, trainings are recorded and [posted to the WA SNAP-Ed provider website](#).

The training plan includes a process to assess state and local training needs, design training, and deliver training topics to ensure both IAs and LIAs are receiving the level and type of training support needed to successfully implement SNAP-Ed activities each year. Surveys are conducted annually and after each training to evaluate training and to gather input on future topics and needs of LIAs, IAs and statewide initiatives.

Training and technical assistance services and support for LIAs will improve effectiveness of interventions reaching SNAP-eligible communities where they live, learn, work and play. Combining interventions better addresses multiple levels of the social-ecological model. Statewide training will increase the capacity of LIAs to deliver comprehensive, multi-level interventions.

Because of the COVID-19 pandemic, fall trainings in FFY21 will be done online or in small groups. Determination for the mode of delivery for trainings scheduled later in the year will be made based on guidance from the Washington State Department of Health. The change in our method of delivery provides an opportunity to use different approaches to training and allows for participation of LIAs who might not be able to travel for a face-to-face meeting.

The CTW team provides statewide capacity building through training and support to IAs, LIAs and other statewide initiatives. The multi-level activities described in the SNAP-Ed State Plan are supported by a comprehensive and robust training plan. Key advantages of coordinating trainings at the state level include the ability to disseminate trainings widely and ensures consistency in messaging that meets collective programmatic and administrative needs of IAs and LIAs. It also reinforces the importance of leveraging resources with internal and external stakeholders.

Friday Forums

When surveyed, LIAs consistently express interest in time to share programs, ideas and strategies for implementation. Work that was started in FFY19 to connect regions and local providers to common work will continue during FFY21–23. Monthly meetings, called Friday Forums, take place via Zoom to discuss a topic of interest. These meetings are generally peer presented with a focus on PSE work being done across the state. The CTW team identifies topics of interest, coordinates the meetings and secures presenters for each session. Friday Forum topics include:

- Farm to Food Pantry
- School Food Pantry Programs
- Supporting Breastfeeding Moms
- Effective Partnerships with Community Service Offices
- Gleaning
- Farmers Market Tours and How to Redeem Benefits
- Outreach and Education to Basic Food Educational Training Eligible Audiences
- Trauma-informed Approaches

Workgroups and Communities of Practice

Starting in FFY21, workgroups and communities of practice will be launched to support customized training, technical assistance and professional development for LIAs. They will serve to foster and maintain local connections and enhance networking and collaboration opportunities among common interests. Topics will be determined through a collaborative process between the state agency, IAs, LIAs and statewide initiatives. Examples of topics are evaluation, health equity, facilitation skills, farm-to-school, student engagement, and farmers markets. The number of workgroups established will be determined by interest in topic areas.

In addition, network and collaboration with state agencies and organizations that work with SNAP-eligible participants will help strengthen program delivery. CTW staff will continue current partnerships and seek to establish new collaboration with agencies that complement SNAP-Ed work. These collaborations serve a two-fold purpose: professional working relationships with other organizations and programs such as WIC, the Office of Superintendent of Public Instruction, and community health clinics; and increased awareness of SNAP-Ed programming among individuals accessing services at such community organizations. Information and opportunity for collaboration with LIAs will be communicated via IAs and the provider website. This effort will foster and develop relationships with state agencies and organizations that provide service and support for the SNAP-eligible population. These relationships will provide information and opportunities for LIAs to expand interventions to multiple levels of the social-ecological model and help to improve health outcomes for SNAP-eligible individuals.

Pre-Recorded Webinar Training

The CTW Team will continue to manage webinar training available to all Washington SNAP-Ed staff via our [online training platform](#). The on-line and recorded trainings cover topics including:

- **Trauma Informed Basics and the Relationship to Nourishment:** Developed by Leah's Pantry, this 90-minute interactive webinar introduces how trauma and adversity impact nutrition health, eating habits, and our relationship to food.
- **National Nutrition Certification Program:** This program was developed by the Utah SNAP-Ed program and created to increase nutrition knowledge and teaching skills of nutrition educators.
- **Washington SNAP-Ed Current Topics:** Each year, the CTW team, in collaboration with the Planning Action Committee, identifies current or emerging topics of interest for the SNAP-Ed program and works to develop recorded webinars. In addition, the CTW team will identify partners who may have information relevant to the SNAP-Ed community and will invite them to present and record on topics of interest. Examples of topics include current nutrition topics, changes to the nutrition facts label, curriculum fidelity updates.

Statewide Training

The CTW team will lead the planning and implementation of three to six statewide trainings each federal fiscal year. In-person training is the preferred method for statewide training. It provides the opportunity to network and allows for group discussion on topics of interest. However, in-person training may not be an option during all of FFY21–23. Online and web-based training will be conducted in lieu of in-person training, if necessary depending on

current health advisories in the state. The statewide training program will build capacity with SNAP-Ed staff through a step-wise progression on key topic areas that reflects the goals of the program. These topic areas include:

- **Health Equity and the SNAP-Ed Program:** Starting in FFY21 Washington SNAP-Ed will train all SNAP-Ed staff on topics related to health equity and how it relates to food access and health outcomes. All these trainings will address the relationship between systemic racism, poverty, PSE, and food insecurity/access. Training staff will emphasize the need for providers to understand root causes to best conduct equitable SNAP-Ed interventions.
- **Direct Education Intervention:** During each fiscal year there will be at least one training on direct education interventions. Select curricula will be used to build capacity of educators in delivery of interactive, participant-focused lessons. The intersection of direct education with related interventions will be emphasized.
- **Policy, Systems and Environment (PSE):** Washington State SNAP-Ed will continue work started in FFY18 to provide training and technical support for PSE work. Training staff will continue to utilize the online training program developed by the University of Minnesota Extension, *Systems Approaches for Healthy Communities*. In addition, trainings in FFY21 will include in-depth discussion about topics related to PSE work. Examples include:
 - Identifying community assets and gaps, using focus groups/ surveys for community engagement
 - Understanding policy, policy change and its relationship to statewide goals and priorities and the role of SNAP-Ed in policy change
 - Understanding how systems affect behavior change and identifying systemic barriers in communities (e.g., walkability studies, grocery store assessments)
 - Working with PSE in each level of the social-ecological model and the Spectrum of Prevention

Statewide SNAP-Ed Forum

The Washington SNAP-Ed State Forum provides training and technical assistance opportunities for all LIAs. The meeting is planned collaboratively with the state agency, statewide initiatives, IAs and LIAs with a planning committee convened each year. The CTW team will plan and implement relevant training at the forum in coordination with the planning committee. Content includes administrative updates/trainings, program training, capacity building, best practices for program implementation, networking and hands-on learning opportunities. The State Agency will determine if an in-person forum is appropriate for FFY21, considering the forum represents a large gathering of people from counties that may be in different stages of the state's re-opening plan. If not, the State Agency will plan a

virtual forum.

Based on FFY17–20 curriculum fidelity findings, observations during site visits, conversations with IAs, agency supervisors and nutrition educators, a statewide training survey and discussion with our CTW Planning Action Committee, training topics are noted in Table 59 and Table 60. Topics are subject to change depending on changes that may occur at the state or national level that would necessitate a change in topic. For example, online direct education may remain in place beyond FFY21.

Curriculum, Training, and Websites

Table 59: Face to Face or "Live" Online* Trainings

	Year One FFY21	Year Two FFY22	Year Three FFY23
Training	Direct Education Intervention: Food Smarts-Food Waste Lessons	Direct Education Intervention-TBD	Direct Education Intervention-TBD
Time	2 days	TBD	TBD
Where	Fall, FFY21 On-line	Spokane and Puyallup	Spokane and Puyallup
Training	Health Equity and SNAP-Ed	Health Equity and SNAP-Ed	Health Equity and SNAP-Ed
Time	Winter FFY21	TBD	TBD
Where	Spokane and Puyallup*	Spokane and Puyallup	Spokane and Puyallup
Training	Policy Systems and Environment	Policy Systems and Environment	Policy Systems and Environment
Time	2 days	TBD	TBD
Where	Spokane and Puyallup*	Spokane and Puyallup	Spokane and Puyallup
Training	Annual State Forum	Annual State Forum	Annual State Forum
Time	2-3 days	2-3 days	2-3 days
Where	Spokane	Seattle Area	Central Washington
*Delivery mode dependent on state guidance from Department of Health in regard to meeting size and health advisory.			

Curriculum, Training, and Websites

Table 60: Web-based/recorded trainings

	Year One-FFY21	Year Two FFY22	Year Three FFY23
Webinar	Current Topics in Nutrition and PA	Current Topics in Nutrition and PA	Current Topics in Nutrition and PA
Time	1 Hour	1 hour	1 Hour
Webinar	Systems Approaches for Healthy Communities	Systems Approaches for Healthy Communities	Systems Approaches for Healthy Communities
Time	On -Going: 5 Modules	On-Going: 5 Modules	On-Going: 5 Modules
Webinar	Trauma Informed Basics and the Relationship to Nourishment	Trauma Informed Basics and the Relationship to Nourishment	Trauma Informed Basics and the Relationship to Nourishment
Time	90 minutes	90 minutes	90 minutes
Webinar	National Nutrition Certification Program	National Nutrition Certification Program	National Nutrition Certification Program
Time	On-going: 18 Modules	On-going: 18 Modules	On-going: 18 Modules

Websites

Statewide communication, for both SNAP-Ed providers and the SNAP-Ed audience, is managed by the CTW team via two websites used to support the SA, IAs, SWIs and LIAs in their implementation of programming. The [provider-facing site](#) provides current information about the Washington State SNAP-Ed program and resources for program implementation. A second website, [Live Well](#), is designed to reach the SNAP-Ed audience. With content in English and Spanish, this site provides current information about shopping on a budget, cooking skills, food safety, access to food resources and ways to stay active every day. The CTW team will explore translation to other languages in FFY21.

The provider site will continue to allow all Washington SNAP-Ed providers to access and submit documents, provide links to relevant information, access to online training, register for statewide meetings and communicate programmatic details of the SNAP-Ed program. The site supports the state agency communicate information and resource efficiently, as well as support the IAs in dissemination of information. It provides all LIAs a centralized platform to share and access success stories and resources as well as see programming done by other LIAs. The site serves as a hub of communication for the state program. This website connects SNAP-Ed stakeholders and supports all SNAP-Ed staff, ultimately resulting in better service to the SNAP-Ed audience. This work will strengthen communication between LIAs, SWIs, IAs and the SA and will facilitate administrative, programmatic communication across the state to a broad range of stakeholders.

Live Well was launched at the start of the COVID-19-pandemic and subsequent site closures as a way to reach SNAP-eligible individuals and families when the traditional means of communication were not available. The website reaches SNAP-eligible individuals with up-to-date information about healthy food choices, food resource management, food safety, food access, recipes, cooking tips and physical activity. The CTW team will continue to add up to date information to the site and create print materials related to the content for LIA distribution at food access points across the state. In FFY21 a new section will be added to Live Well called “Learn,” which will include videos and other media related to food preparation, healthy food choices, food safety and physical activity. The site will continue to emphasize the need to be healthy during the COVID-19 pandemic and will evolve based on program decisions in regard to social media and social marketing.

The communication priorities of the two websites have three components: 1) an internal-component to share administrative and program resources for the local providers, IAs, LIAs, the state agency and statewide initiatives; 2) a component for professional and community stakeholders to promote and showcase the SNAP-Ed approach, priorities and impacts throughout the five regions; and 3) a component for SNAP-eligible participants with relevant

content based on the statewide needs assessment and focus groups.

The CTW team will continue to work with the WSU College of Agriculture, Human and Natural Resource Sciences (CAHNRS) Communications staff to update and maintain the websites. In addition, work with CAHNRS will include production of video, print materials and copy writing for messaging to both SNAP-Ed providers and the SNAP-eligible audience. Below are benefits for Washington SNAP-Ed as a result of this collaboration with CAHNRS Communication:

- Improved search engine optimization: CAHNRS Communications staff optimize the site for searches which results in a more accessible site.
- Greater ease-of-use for website editors: Each regional IA has a password protected page for their region that they are able to edit. They share information between their subcontractors and have access to free training resources through the CAHNRS Communication team. There are no ongoing costs for routine technical support and training.
- Access to ongoing technology updates: There are routine updates needed for both WordPress and the server where the websites are hosted. These technology updates are necessary for the ongoing function of the site. If they are not made, the site runs the risk of “breaking” due to incompatible code. CAHNRS Communications will provide ongoing technology updates for both websites.
- Website code compliance with accessibility requirements: Because the SNAP-Ed program is federally funded, it is important that the sites meet all requirements for accessibility. CAHNRS Communication has experts on staff who work with federal accessibility requirements on a daily basis. Both sites are monitored to ensure full compliance with federal regulations pertaining to accessibility.
- Assistance and expertise in website design/management, print and video production, social media and copy writing services.

Washington SNAP-Ed is exploring the implementation of a statewide social marketing campaign, which would have implications for the statewide website intended for the SNAP-eligible audience. In FFY21, the CTW will complete work started in FFY20 to conduct a literature review about the use of social marketing with low-income audiences. Information gathered in the process will be used to help inform direction for Washington SNAP-Ed and to look at the distribution of resources across multi-level interventions. Preliminary findings indicate that social media can be a viable option for disseminating SNAP-Ed content, but that messaging should be tailored to the intended audience to be the most effective.⁹² These efforts will help advise the State Agency about the potential benefit of establishing a

statewide social marketing campaign and the appropriate mix of direct education, PSE and social marketing, particularly in terms of resource allocation.

Focus Groups

Focus groups provide a valuable way to collect in-depth, qualitative data about a topic. To inform the decision about the use of social marketing in the statewide program, the CTW team is looking to gain insight about the experiences and perceptions of SNAP-Ed social media and marketing from providers and participants. The SNAP-Ed provider focus groups will be held first: there will be an online focus group conducted with providers from each of the five regions during FFY20. During FFY20–21, in-person focus groups with SNAP--eligible individuals will be held within the five regions. These focus groups will take place in person when it is deemed safe to do so and will be conducted in either English or Spanish. The two sets of focus group questions—provider and SNAP-eligible individuals—will be designed to be complementary to each other. Overall, the intent is to gain a better understanding about how social media and marketing can be effectively used from both the provider and participant perspectives.

As part of the focus group protocol, the focus group attendees will also be asked to fill out a brief survey either at the time of registration or on the day of the focus group. The survey questions will be developed in conjunction with the focus group questions to ensure there is no duplication from the two collection sources. Instead, the questions will be complementary, with the survey focused on collecting quick facts and short answers about social media and marketing and the focus group intending to collect the narrative behind those answers. This information can be used to provide formative research relevant to the creation of the social media content and the best methods for dissemination.

Due to the COVID-19 pandemic, LIAs had to quickly adapt to an online environment. Part of that has been the increased use of social media. In preliminary research, 66% of LIAs surveyed were using some form of social media to reach SNAP-eligible individuals. However, such use was often uncoordinated and at times resulted in a duplication of effort. Research has found that social media can be beneficial for providing information about nutrition to low-income audiences and for increasing awareness and attention to potential resources and information.^{93,94,95} While social media can be useful, it is imperative that messages be developed based on principles of behavior change, theoretical guidance, and formative research to be most effective. It is also important to consider the strategies for disseminating messages to the target audience to and solicit interest and engagement. In FFY21, a pilot project to develop a repository of social media messages and sample distribution strategies for LIAs will take place. As part of this pilot project, information gathered from focus groups described earlier will be used to for the creation of messages that will be taken to SNAP-eligible individuals for their feedback. These engagements will strengthen SNAP-Ed's message, further bolstering credibility with the people served. The participant survey used in focus groups aimed at use of social media/marketing will be used to inform quantitative focused questions for this pilot. An evaluation to assess the perceived benefits and barriers to using such messages with members of the target audience will follow with results used to help inform and shape future

Curriculum, Training, and Websites

social media and social marketing plans for statewide use. This work will be done in collaboration with the WSU Murrow College of Communications.

WSU Statewide Support

Overview

In FFY19, the State Agency determined there was a need to separate the statewide administrative support for WSU programs across the state who subcontract to DOH and SRHD from the Region 3 WSU IA contract and budget, creating a separate contract for FFY20,. As the year has evolved, the need for this support has proved useful, necessary, and efficient for WSU SNAP-Ed project leads, WSU administration, the IAs and the state agency. This structure provides the following:

- Technical support and coaching for WSU SNAP-Ed project leads
- Connection of project leads to WSU Pullman Business Center, Sponsored Programs, Office of Research Support and Operations
- Single WSU point of contact for SNAP-Ed IAs and statewide initiatives
- Connection between WSU SNAP-Ed and the SNAP-Ed Land Grant University system

WSU Statewide SNAP-Ed Lead Role Duties

The WSU Statewide SNAP-Ed Lead serves as the WSU SNAP-Ed Department Head/Principal Investigator providing support and guidance to the 24 WSU SNAP-Ed projects across 29 counties, plus the Region 3 IA team. The Principal Investigator is the point person for all WSU SNAP-Ed contracts and is charged with the fiscal responsibility for the grants or contracts. They ensure that the terms of the award are observed, and the expenditures incurred during a given period are not in excess of the funds awarded.

Support for County SNAP-Ed Project Leads

- Technical support and coaching for county project leads
- Direct supervision of seven SNAP-Ed Leads and staff
- Assist in preparation for audits
- Assist with local staff educator hiring and changes to position classifications
- Lead annual position reappointment process for all SNAP-Ed employees (currently 80 staff)
- Coordinate and facilitate monthly Zoom meeting for SNAP-Ed Leads to provide WSU updates and answer questions
- Assist with budget development and monitoring (e.g., coordinated approach to addressing mass salary increases)
- Connect employees to WSU benefits and services (e.g, Employee Assistance Services, SmartHealth)
- Facilitate collaboration between SNAP-Ed and other WSU resources and services that broaden impact and deepen partnerships (e.g., Master Gardeners, 4-H, Dietetic and other internship programs, and the Navigating Difference Training Team)

WSU Statewide Support

- Mentorship, training and coaching to assure SNAP-Ed compliance with WSU policies and procedures (e.g., Federal, State, Calendar fiscal year-end requirements & deadlines)
- Support connection with WSU faculty and County Extension Directors to find efficiencies and touch points of county work to leverage SNAP-Ed dollars through local investment

Support for County Projects

- Regular communication of SNAP-Ed updates with Extension County Directors
- Recruitment, hiring and onboarding of new project leads as vacancies occur to ensure continuation and consistency of local program
- Assist/support training of new county SNAP-Ed Leads
- Work with Emergency Food Nutrition Education Program faculty to identify opportunities for collaboration and avoid duplication of services between programs
- Increase efficiencies between counties to assure the maximum percentage of SNAP-Ed dollars supports programming
- Connection to WSU resources such as interns, faculty expertise, and Land Grant University services
- Address and mediate conflict when it arises
- Address corrective action if needed

Connection between WSU Pullman Business Center, Grants, Sponsored Program Services, ORSO, Human Resources, CAHNRS Finance, and County Projects

- Personnel
- Travel
- Purchasing
- Payroll
- Grants
- Invoicing
- Budgets

Support for SNAP-Ed IAs, SWIs and the State Agency

- Single point of contact for WSU processes
- Confirm IA timelines and coordinate with WSU grants system
- Increase program efficiencies through strategic personnel placement
- Administrative support between WSU subcontractors and their IAs
- Monitor budgets (e.g., changes to staff FTE & benefits or mass salary increases, budget amendments through WSU grants system)
- Monitor subcontracts and work with grants staff to shepherd through WSU system
- Monitor and communicate WSU systems changes/updates with IAs

WSU Statewide Support

- Supervise, coach and support Region 3 IA

Support for 24 SNAP-Ed program leads and 60 WSU SNAP-Ed staff across 30 counties:

Region 1: Five WSU sub-contracts (Counties: Pend Oreille, Spokane, Stevens, Grant/Lincoln/Adams, Okanogan/ Douglas/Chelan)

Region 2: Four WSU sub-contracts (Counties: Yakima, Walla Walla, Asotin, Benton/Franklin)

Region 3: Two Co-Implementing Agency leads and 4 local WSU SNAP-Ed programs (Counties: Whatcom, Skagit, Island, and Snohomish)

Region 4: Two WSU sub-contracts (Counties: King, Pierce)

Region 5: Six WSU sub-contracts (Counties: Mason/Grays Harbor, Thurston/Lewis, Clark, Cowlitz, Clallam/Jefferson, Kitsap)

Leveraged Resources

WSU Extension houses SNAP-Ed programs in 25 offices across the state (see list above). Each of these offices provides SNAP-Ed staff with resources and services paid by non-SNAP-Ed funds. Each office is different, and resources and services may include any combination of: office space, telephones, computers, IT support, office administrative assistant services, and use of county vehicles. Within WSU, office space alone is valued at \$6,000 per year. Using this amount as a conservative estimate, the value of leveraged resources and services offered by WSU Extension offices is at least \$150,000 per year.

In addition to resources and services, SNAP-Ed program staff are supported by WSU faculty and county directors who are paid with non-SNAP-Ed funds. T Unit Director and Unit Administrative Personnel and Operations Manager provide their time for high-level oversight and problem solving with university processes and relationships. Twenty five county faculty and directors across the state provide guidance on local county programming and how other WSU Extension programs can be leveraged to increase the impact of SNAP-Ed. They also assist the State SNAP-Ed Lead in the process to recruit, hire and mentor WSU SNAP-Ed County Leads as needed.

Coordination of Efforts

State Agency Coordination

In addition to overseeing and managing contracts with Implementing Agencies and Statewide Initiatives, the SNAP-Ed staff at the Department of Social and Health Services (DSHS) convene the SNAP-Ed Leadership Team to ensure there is statewide coordination within and between SNAP-Ed regions, as well as other state programs and policies that impact the SNAP- eligible audience.

For the FFY21–23 State Plan, SNAP-Ed state agency staff will prioritize strong integration and coordination efforts within DSHS. Increasing SNAP-Ed resources in Community Services Offices (CSOs) and the Customer Service Contact Center (CSCC) will allow DSHS staff to understand and educate households on support available from SNAP-Ed contractors. State agency staff will ensure that staff screening for eligibility in CSOs or through the CSCC will have consistent and accessible information about SNAP-Ed, including program availability, provider locations, and activities located in the communities we serve to better connect clients with SNAP-Ed programming. The progression of strategies is outlined below:

FFY21 (Year One)–Reintroduce SNAP-Ed within the Community Services Division

1. Enhance SNAP-Ed communication by:

- a. Adding a page to the [DSHS CSD Website](#) that provides an overview of SNAP-Ed with provider and local programming information. This will also help create distinction between SNAP-Ed, Basic Food Outreach services and [food incentive programs](#) offered to SNAP clients.
- b. Developing new print material focused on promoting SNAP-Ed and providing information on providers, locations, and contact information.
- c. Connect with DSHS CSD regional offices to promote on internal DSHS share points, staff portals, newsletters, and other online communication forums.

2. Connect SNAP-Ed with internal CSD programs, staff and partners by:

- a. Joining internal partnership meetings and workgroups that aim to improve program interconnectivity.
- b. Collaborating with other CSD community programs such as Basic Food, Employment & Training and WorkFirst and seek opportunities that may bridge programming.
- c. Conducting presentations on SNAP-Ed to interested CSOs when applicable and showcase other office initiatives to motivate staff to connect with the program.
- d. Connecting with Washington Connection partners and adding SNAP-Ed resources and programming under the [services](#) page.

3. Create staff tools and resources by:

- a. Designing training courses on SNAP-Ed, which may include supportive desk aids and material staff can utilize upon completion of their training.
- b. Exploring ways to refer clients to local programming and enhance system functionality to support this.
- c. Reviewing and updating any additional tools to reference SNAP-Ed as necessary, such as the [Eligibility A-Z \(EAZ\) manual](#), Procedures Handbook, Automated Client Eligibility System (ACES) letter attachments, etc.

FFY22 (Year Two)–Build Engagement within CSD

With important tools and communication in place, DSHS foresees SNAP-Ed will begin to become more recognized by year two. To help continue further awareness and understanding, DSHS will focus on exploring methods to integrate SNAP-Ed program referrals within CSD eligibility systems including (but not limited) to ACES, Barcode, and Electronic Jobs Automated System (eJAS). DSHS will partner with long term work groups and projects aimed to improve service delivery and connect clients with local community programming and resources. In addition, DSHS will plan to facilitate partnerships between SNAP-Ed and CSOs in hopes of continual collaboration, which has shown to be successful in past endeavors.

1. SNAP-Ed and Local Office Partnerships

- a. With the staff tools created in year 1 one DSHS will provide opportunities for staff in the local offices and call center environments to connect and build an ongoing partnership with SNAP-Ed providers in their neighboring communities and become subject matter experts (SMEs).
- b. DSHS will create sharable contact lists of local community service offices that can be used by local SNAP-Ed providers.
- c. DSHS will create and facilitate quarterly calls with SMEs to provide updates on SNAP-Ed programming.
 - Local SNAP-Ed providers will be encouraged to join these calls and engage with members on the calls.
 - Quarterly calls will act as an outlet for local offices to share best practices, events, and local planning area meetings that proved effective.

2. SNAP-Ed Program Referrals by Eligibility Staff

- a. CSO Referral and Integration Strategies
 - How staff will refer clients in local offices and partnerships
 - Coordinate SNAP-Ed information that is displayed in the local offices

Coordination of Efforts

- Ensure regional specific information is in the correct office and ongoing fulfillment of brochures and other created material are reordered ongoing
- b. CSCC Referral and Integration Strategies
 - How to refer clients to programming over the phone
 - Instructions on how CSCC staff can access available SNAP-Ed information.
- c. Create IT and project requests for systems enhancements to propose updates that can accommodate SNAP-Ed referrals.

FFY23 (Year Three)–Establish Strong Foundation of SNAP-Ed within CSD

In years one and two, DSHS will have focused time and efforts to increase communication and awareness of SNAP-Ed amongst CSD staff. With momentum increased, SNAP-Ed will have become a generally recognized program, with communication, tools, and informed staff in place to communicate program updates, discuss referral techniques, and report any issues. By year three, DSHS will hope to maintain progress of this foundation and continue to support the overall program by:

1. Continuing Staff Support with SNAP-Ed

- a. Continue ongoing quarterly calls as created in year two
- b. Continue to encourage partnerships and facilitate opportunities for SNAP-Ed to connect with CSD staff via local office or call center
- c. Consider ways to continuously improve tools and communication in place to adapt to evolving service delivery and staff structures

2. Maintaining coordination with systems updates to assist SNAP-Ed

- a. If any systems updates to improve SNAP-Ed program or referral processes have been implemented in year two, year three will focus on sustaining these changes and work with IT staff on updates with coding and other technological issues that may arise.
- b. Review any received suggestions and feedback from internal or external partners to improve the way our systems are connecting with SNAP-Ed.
- c. Remain aware of any systems changes that may impact the ability to make referrals.

3. Evolving SNAP-Ed alongside with DSHS

- a. DSHS CSD continues to innovate and improve ways it brings benefits and services to clients in Washington, and SNAP-Ed will engage with any ongoing workgroups or pilots.

Coordination of Efforts

- b. SNAP-Ed will continuously collaborate with other DSHS CSD community programs and discuss new ways for programming to be delivered that is consistent with FNS Guidance.
- c. SNAP-Ed will continue to collaborate with internal and external community partners to integrate their expertise and strategies in the overall SNAP-Ed program and how this will continue to expand the foundation SNAP-Ed has made within DSHS.

In addition, the state agency coordinates with other national, state, and local nutrition education, obesity prevention, and health promotion initiatives and interventions. SNAP-Ed staff at DSHS meet regularly with the state Department of Health, Department of Agriculture, and Office of Superintendent of Public Instruction, whose agencies manage the Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program, Summer Food Service Program, and Farm to School initiatives. In addition, representatives from these agencies also manage the state-funded fruit and vegetable incentive program and a State Physical Activity and Nutrition grant funded by the Centers for Disease Control and Prevention Division of Nutrition, Physical Activity, and Obesity. SNAP-Ed also coordinates with the Emergency Food Nutrition Education Program, which is implemented by WSU.

Tribes

Washington state includes 29 federally-recognized tribes, and in FFY20 SNAP-Ed worked to some extent with 15 tribes. To strengthen how SNAP-Ed can serve indigenous people in Washington—both those residing on and off tribal reservations—the Leadership Team identified the importance of having better tribal representation in planning to ensure that any programming offered would be relevant, culturally appropriate, and meet the self-identified needs of the population.

Tribal Needs Assessment

In FFY21, WA SNAP-Ed will conduct a tribal needs assessment to identify community-informed approaches to better serve Washington's tribal members and begin the process of co-design programming for tribal populations. FNS approved an FFY20 mid-year amendment for DSHS to contract for a supplement to the FFY19 statewide needs assessment that would focus on tribes. DSHS determined that it would be more appropriate to conduct the needs assessment in FFY21 in response to the limitations of in-person meetings because of COVID-19.

The needs assessment will be conducted with a sample of tribal nations in Washington, including tribes with and without previous SNAP-Ed engagement, as well indigenous people living outside reservations. The needs assessment may include surveys, data analysis, focus groups, and key informant interviews, and the specific components will be determined through a co-design process and based on the availability of existing data and reports.

Consultation with Tribes

Confederated Tribes of the Colville Reservation

- **Name of individual(s) contacted:** Joe Pakootas; Nancy Johnson; Molly Morris; Alison Boyd-Ball; Jenny Slagle
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** During the Region 1 RFA process, each person received emails announcing the RFA and all subsequent emails about the process. There was no response from tribal members.

Jamestown S’Klallam Tribe

- **Name of individual(s) contacted:** Christine Kiel
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** Jamestown S’Klallam Tribal Food Pantry Manager; SNAP-Ed support for tribal-identified goals including Tribal Gleaning Program.

Kalispel Tribe of Indians

- **Name of individual(s) contacted:** Cory Swennumson; Matt Hawes; Jalee Palmer; Mary Russell; Tracy Morgan
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** WSU Pend Oreille County Extension has worked with the Kalispel Tribe for the past 14 years. These tribal partners were involved in planning for FFY21-23. Existing projects include community/school gardens, direct education for youth and seniors, consultation on menu planning for camps, and participation in tribal wellness events. These will continue with improvements based on evaluation and tribal input. An important improvement will be the co-teaching of the tribal adults by the SNAP-Ed provider and a tribal member. This collaboration arose based on years of relationship building.

Lower Elwha Klallam Tribe

- **Name of individual(s) contacted:** Sateva Henderson Lower Elwha Klallam Tribal Food Pantry Manager and Aleilah Lawson - Tribal Health Department Wellness Coordinator
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** SNAP-Ed support for tribal-identified goals including tribal fish processing and distribution. This program will connect local elders with the LEKT youth program to teach how to clean and prepare excess fish. Youth will take some home and then the rest will be donated through either the tribal elders lunch program or the tribal food bank.

Coordination of Efforts

Lummi Tribal Health Center

- **Name of individual(s) contacted:** Monica Sulier, Diabetes Prevention Coordinator; Melinda Mahoney Resident Dietitian
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** WSU Whatcom SNAP-Ed will continue consultation with partners at the Lummi Tribal Health Center with focus on increasing opportunities to work collaboratively to increase Tribal community wellness. In consultation with partners, WSU Whatcom will complete an assessment of client needs that includes identifying opportunities, gaps, and primary health concerns among clients at the Lummi Tribal Health Clinic.

Makah Tribe

- **Name of individual(s) contacted:** Wendi Corpuz – Makah Tribal Food Bank Manager
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** SNAP-Ed support for tribal-identified goals including Tribal Gleaning Program and Makah Farmers Market

Quinault Indian Nation

- **Name of individual(s) contacted:** Jacki McCauley Baller- QIN TANF Employment and Training Specialist
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** Build relationships and learn about tribal health priorities with appropriate tribal entities through our existing contacts.

Skokomish Tribe

- **Name of individual(s) contacted:** Laila Longshore-Smith- Native Healthy Families Program at Tuwaduq Family Services
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** build relationships and learn about tribal health priorities with appropriate tribal entities through our existing contacts.

Squaxin Island Tribe

- **Name of individual(s) contacted:** Existing contacts
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** Build relationships and learn about tribal health priorities with appropriate tribal entities through our existing contacts, build relationships and learn about tribal health priorities with appropriate tribal entities through our existing contacts.

Coordination of Efforts

Spokane Tribe of Indians

- **Name of the individual(s) contacted:** Kim Ewing, Principal, Wellpinit Elementary School; Cathy Moss, Manager, The Trading Post; Norm Lebet and Luis Brigman with Farm to Community work
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** WSU Stevens County Extension has provided direct education with the Wellpinit Elementary School and facilitated farm to store at The Trading Post (small store on the reservation) for the past four years. Future work plans include pop-up farm stands in residential areas since car ownership is low.

Tulalip Tribes

- **Name of the individual(s) contacted:** Anne Cherise Jensen
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** WSU Region 3 IA contracts directly with Tulalip Tribes to provide a full-time SNAP-Ed Coordinator. The SNAP-Ed Coordinator consults and collaborates with tribal leadership, elders, and community health promotion staff to provide SNAP-Ed activities and interventions that encourage healthy eating and physical activity for tribal members living on the reservation and in the surrounding area.

Yakama Nation

- **Name of individual(s) contacted:** HollyAnna Littlebull
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** Coordination with Yakama Nation on Heritage Connectivity Trails project.
- **Name of individual(s) contacted:** Adam Strom
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** Interested in SNAP-Ed programming at Yakama Tribal schools.
- **Name of individual(s) contacted:** Linda Moncrief
- **Brief description of the outcome of the consultation and how it will impact the SNAP-Ed plan:** Cooking Matters administrative services to continue if SNAP-Ed funding provided by FFY2020 carry-in request. Conversation with Linda Moncrief indicates they are interested in continuing Cooking Matters. Cooking Matters materials, training and technical assistance provided to staff within Yakama Nation so they can teach Cooking Matters to SNAP-Ed eligible audience within tribe.

References

- ¹ Health Resources & Services Administration. (2020, July 31). *2018 National Health Center Data*. <https://bphc.hrsa.gov/uds/datacenter.aspx>
- 2 National Association of City and County Health Officials. *Mobilizing for Action through Planning and Partnerships (MAPP)*. <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>
- 3 Food and Nutrition Service. (2018). *SNAP-Ed Plan Guidance FY 2019*. U.S. Department of Agriculture. <https://snaped.fns.usda.gov/snap/Guidance/FY2019SNAPEdPlanGuidanceFULL.pdf>
- 4 Lanza, S.T., & Rhoades, B.L. (2013) Latent class analysis: an alternative perspective on subgroup analysis in prevention and treatment. *Prevention Science*, 14.2, 157–168.
- 5 Charmaz, K., & Belgrave, L.L. (2007). Grounded theory. In *The Blackwell Encyclopedia of Sociology*.
- 6 US Census Bureau. (2018, Dec 20). *2018 National and State Population Estimates*.” <https://www.census.gov/newsroom/press-kits/2018/pop-estimates-national-state.html>
- 7 US Census Bureau. (2018, Aug 9). *State Area Measurements and Internal Point Coordinates*. <https://www.census.gov/geographies/reference-files/2010/geo/state-area.html>
- 8 Office of Financial Management. *Population Density and Land Area Criteria Used for Rural Area*. <https://www.ofm.wa.gov/washington-data-research/population-demographics/population-estimates/population-density/population-density-and-land-area-criteria-used-rural-area-assistance-and-other-programs>
- 9 Poverty Status in the Past 12 Months by Age by Language Spoken at Home for the Population 5 Years or Over. 2013–2017 American Community Survey 5-Year Estimates (Accessed August 2019).
- 10 U.S. Bureau of Labor Statistics. (2019, April 26). *Consumer Expenditures Survey (CEX)*. <https://www.bls.gov/cex/tables.htm#annual>
- ¹¹ Lanza, 2013, *op. cit.*
- 12 Minas, M., Ribeiro, M.T., & Anglin J.P. (2019). Social and community program approaches to participants: Exploring best practices. *Journal of Community Psychology*, 47(2), 398–413.
- 13 Food and Nutrition Service 2019, *op. cit.*
- 14 Glanz, K., Rimer, B.K., & Viswanath, K. (2008) Health behavior and health education: theory, research, and practice. *John Wiley & Sons*. [book]
- 15 Dean, W. R., & Sharkey, J.R. (2011). Rural and urban differences in the associations between characteristics of the community food environment and fruit and vegetable intake. *Journal of Nutrition Education and Behavior*, 43(6), 426–433.
- 16 Food and Nutrition Service 2019, *op. cit.*
- 17 Ciliska, D, et al. (2000). Effectiveness of community-based interventions to increase fruit and vegetable consumption. *Journal of Nutrition Education*, 32(6), 341–352.
- 18 Wall, D.E., et al. (2012). Nutrition education intervention improves vegetable-related attitude, self-efficacy, preference, and knowledge of fourth-grade students. *Journal of School Health*, 82(1), 37–43.
- 19 Kok, G. (2018). A practical guide to effective behavior change: How to apply theory-and evidence-based behavior change methods in an intervention. *The European Health Psychologist*, 16(5), 156–170.
- 20 Glanz 2008, *op. cit.*
- 21 Food and Nutrition Service (2020). *SNAP-Ed Plan Guidance FY 2021*. U.S. Department of Agriculture. https://snaped.fns.usda.gov/sites/default/files/documents/508_Compliant_FY_2021_SNAP-Ed_Plan_Guidance_04-13-2020_No_Doc_Number.pdf
- 22 Office of Disease Prevention and Health Promotion and Center for Nutrition Policy and Health Promotion. *2015–2020 Dietary Guidelines for Americans*. U.S. Department of Health and Human

-
- Services and U.S. Department of Agriculture.
https://www.dietaryguidelines.gov/sites/default/files/2019-05/2015-2020_Dietary_Guidelines.pdf
- 23 Norris, J.A. (2003). *From Telling to Teaching* Learning By Dialogue.
- 24 Food and Nutrition Service 2020, *op. cit.*
- 25 Savoie, M.R., et al. (2015). Intention to Change Nutrition-Related Behaviors in Adult Participants of a Supplemental Nutrition Assistance Program–Education. *Journal of Nutrition Education and Behavior*, 47(1), 81–85. doi: 10.1016/j.jneb.2014.08.009
- 26 Rivera, R.L., Maulding, M.K., & Eicher-Miller, H.A. (2019). Effect of Supplemental Nutrition Assistance Program–Education (SNAP-Ed) on food security and dietary outcomes. *Nutrition Reviews*, 77(12), 903–921, doi:10.1093/nutrit/nuz013
- 27 Haynes-Maslow, L., Osborne, I., Jilcott Pitts, S.B. (2019). Examining Barriers and Facilitators to Delivering SNAP-Ed Direct Nutrition Education in Rural Communities. *American Journal of Health Promotion*, 33(5), 736–744. doi:10.1177/0890117118821845
- 28 Haynes-Maslow, L., Osborne, I., Jilcott Pitts, S.B. (2018). Best Practices and Innovative Solutions to Overcome Barriers to Delivering Policy, Systems and Environmental Changes in Rural Communities. *Nutrients*, 10(8), 1012. doi:10.3390/nu10081012
- 29 Harnack, L., Valluri, S., & French, S.A. (2019). Importance of the Supplemental Nutrition Assistance Program in Rural America. *American Journal of Public Health*, 109(12), 1641–1645. doi:10.2105/AJPH.2019.305359
- 30 Cawley, J. (2010). The economics of childhood obesity. *Health Affairs*, 29(3), 364–371.
- 31 Institute of Medicine. (2012). *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. <https://www.nap.edu/catalog/13275/accelerating-progress-in-obesity-prevention-solving-the-weight-of-the>
- 32 Geier, A.B., Foster, G.D., Womble, L.G., et al. (2007). The relationship between relative weight and school attendance among elementary schoolchildren. *Obesity*, 15(8), 2157–2161.
- 33 Taras, H., Potts-Datema, W. (2005). Obesity and student performance at school. *Journal of School Health*, 75(8), 291–295.
- 34 Luepker, R.V., Perry, C.L., McKinlay, S.M., et al. (1996). Outcomes of a field trial to improve children’s dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). *Journal of the American Medical Association*, 275, 768–776.
- 35 Nader, P., Stone, E.J., Lytle, L.A., et al. (1999). Three year maintenance of improved diet and physical activity: the CATCH cohort. *Archives of Pediatric & Adolescent Medicine*, 153(7), 695–704.
- 36 Coleman, K.J., Tiller, C.L., Sanchez, M.A., et al. (2005). Prevention of the epidemic increase in child risk of overweight in low-income schools: the El Paso coordinated approach to child health. *Archives of Pediatric & Adolescent Medicine*, 159, 217–222.
- 37 Hoelscher, D.M., Kelder, S.H., Perez, A, et al. (2010). Changes in the regional prevalence of child obesity in 4th, 8th, and 11th grade students in Texas from 2000–2002 to 2004–2005. *Obesity*, 18(7), 1360–1368.
- 38 Hoelscher, D.M., Springer, A.E., Ranjit, N., et al. (2010). Reductions in child obesity among disadvantaged school children with community involvement: the Travis County CATCH Trial. *Obesity*. 2010;18(S1):S36-44
- 39 Murray, N., Garza, J., Diamond, P., et al. (2009). Physical activity improves academic achievement in elementary school children. *Science*. 2009; under review
- 40 Brown, H.S., Perez, A., Li, Y.P., Hoelscher, D.M., Kelder, S.H., Rivera, R. (2007). The cost-effectiveness of a school-based overweight program. *International Journal of Behavioral Nutrition and Physical Activity*, 4, 47.

-
- 41 Pugliese, J., Rider, C., Linares, A., & Bricker, A. (2018). What Works: Identifying Effective Nutrition Education Curricula Delivered to Low-Income California Adults. *Journal of Nutrition Education and Behavior*, 50(7S), S51.
- 42 Perales & Associates Evaluation Services. (2017). *Supplemental Nutrition Assistance Program Nutrition Education and Obesity Prevention (SNAP-Ed) Evaluation Report*. Leah's Pantry.
- 43 Markworth, A. (2019). *Around the Table Outcome Evaluation*. CalFresh Healthy Living, Leah's Pantry.
- 44 Markworth, A. (2019). *Around the Table Nourishing Families Outcome Evaluation*. CalFresh Healthy Living, Leah's Pantry.
- 45 Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Prentice-Hall.
- 46 Birch, L. L., McPhee, L., Shoba, B. C., Pirok, E. & Steinberg, L. (1987). What Kind of Exposure Reduces Children's Food Neophobia? Looking vs. Tasting. *Appetite*, 9(3), 171–78.
- 47 Blanchette, L., & Brug, J. (2005). Determinants of Fruit and Vegetable Consumption Among 6-to 12-Year-Old Children and Effective Interventions to Increase Consumption. *Journal of Human Nutrition and Dietetics*, 18, 431–43.
- 48 Bryan, J., Osendarp, S., Hughes, D., Calvaresi, E., Baghurst, K., and van Klinken, J.W. (2004). Nutrients for Cognitive Development in School-Aged Children. *Nutrition Reviews*, 62(8), 295–301.
- 49 Harvey-Benino, J., Hood, V., Rourke, J., Terrance, T., Dorwaldt, A., & Secker-Walker, R. (1997). Food Preferences Predict Eating Behavior of Very Young Mohawk Children. *Journal of the American Dietetic Association*, 97(7), 750–53.
- 50 Morris, J. L., & Zidenberg-Cherr, S.. (2002). Garden-Enhanced Nutrition Curriculum Improves Fourth-Grade School Children's Knowledge of Nutrition and Preferences for Vegetables. *Journal of the American Dietetic Association*, 102(1), 91–3.
- 51 Morris, J. L., Briggs, M., and Zidenberg-Cherr, S. (2002). Development and Evaluation of a Garden-Enhanced Nutrition Education Curriculum for Elementary School Children. *Journal of Child Nutrition and Management*, Issue 2.
- 52 Morris, J. L., Koumjian, K.L., Briggs, M., & Zidenberg-Cherr, S. (2002). Nutrition to Grow On: A Garden-Enhanced Nutrition Education Curriculum for Upper-Elementary School Children. *Journal of Nutrition Education Behavior*, 34, 175–6.
- 53 Muñoz, K. A., Krebs-Smith, S. M., Ballard-Barbash, R., & Cleveland, L.E. (1997). Food Intakes of U.S. Children and Adolescents Compared with Recommendations. *Pediatrics*, 100 (3), 323–29.
- 54 Ibid.
- 55 Pollitt, E. (1995). Does Breakfast Make a Difference in School? *Journal of the American Dietetic Association*, 95(10), 1134–39.
- 56 Robinson-O'Brien, R., Story, M., & Heim, S. (2009). Impact of Garden-Based Youth Nutrition Programs: A Review. *Journal of the American Dietetic Association*, 109(2), 273–80.
- 57 Dietary Guidelines for Americans 2015–2020, *op. cit.*
- 58 Shilts, M.K., Lamp, C., Horowitz, M., & Townsend, M. (2009). Pilot Study: EatFit Impacts Sixth Graders' Academic Performance on Achievement of Mathematics and English Education Standards. *Journal of Nutrition Education and Behavior*, 41(2), 127–131.
- 59 Shilts, M.K., Horowitz, M., Townsend, & M. (2009). Guided goal setting: Effectiveness in a dietary and physical activity intervention with low-income adolescents. *International Journal of Adolescent Medicine and Health*, 20(1), 111–122.
- 60 Shilts, M.K., & Townsend, M. (2012). A goal setting intervention positively impacts adolescents' dietary behaviors and physical activity self-efficacy. *Journal of Youth Development Bridging Research & Practice*, 7(4), 92–108.

-
- 61 Horowitz, M., Shilts, M.K., & Townsend, M. (2004). EatFit: A Goal-Oriented Intervention that Challenges Adolescents to Improve Their Eating and Fitness Choices. *Journal of Nutrition Education and Behavior*, 36, 43–44.
- 62 Warner, J., & Byron, J. (2004). EatFit guides adolescents to improve health and fitness. *California Agriculture*, 58(1), 10–11.
- 63 Shilts, M.K., Townsend, M., Horowitz, M. (2002). Pilot Study of the EatFit Intervention to Determine Sample Size and Protocol for a Randomized Controlled Trial. Center for Advanced Studies in Nutrition and Social Marketing, University of California at Davis, 2.
- 64 Price, T.T., et al. (2017). Teen Cuisine: Impacting Dietary Habits and Food Preparation Skills in Adolescents. *Journal of Nutrition Education and Behavior*, 49(2), 175–178. doi: 10.1016/j.jneb.2016.10.008
- 65 Alarum Institute. (n.d.). *Cooking Matters Course Impact Evaluation* [Executive Summary]. <http://bestpractices.nokidhungry.org/sites/default/files/download-resource/Cooking%20Matters%20Course%20Impact%20Evaluation%20Executive%20Summary.pdf>
- 66 Kaiser, L., Schneider, C., & Chaidez, V. (2013). Plan, Shop, Save, Cook: Influence of SNAP on Program Outcomes. *Journal of Nutrition Education and Behavior*, 45(4S), S15–S16.
- 67 Kaiser, L., Chaidez, V., & Algert, S. (2015). Food Resource Management Education with SNAP Participation Improves Food Security. *Journal of Nutrition Education and Behavior*, 47(4), 374–378.
- 68 Nicoli, A., Ganthavorn, C., Mendoza, C., Martin, A., Neelon, M., & Kaiser, L.A. (2016). Qualitative Evaluation of UC CalFresh Plan, Shop, Save, Cook Curriculum Reveals Additional Outcomes. *California Agriculture*, 70(2), 83–88.
- 69 Auld, G., Baker, S., & Conway, L. (2015). Outcome Effectiveness of the Widely Adopted EFNEP Curriculum Eating Smart Being Active. *Journal of Nutrition Education and Behavior*, 47(1), 19–27.
- 70 United States Department of Agriculture. (2016, June 20). *SNAP-Ed Strategies & Interventions: An Obesity Prevention Toolkit for States*. <https://snaped.fns.usda.gov/sites/default/files/uploads/NCCORSNAPEdToolkit2016UpdateApril2016FINAL.pdf>
- 71 Anyon, Y., Bender, K., Kennedy, H., & Dechants, J. (2018). A Systematic Review of Youth Participatory Action Research (YPAR) in the United States: Methodologies, Youth Outcomes, and Future Directions. *Health Education & Behavior*, 45(6), 865–878. doi:10.1177/1090198118769357
- 72 Ozer, E. J., & Schotland, M. (2011). Psychological empowerment among urban youth: measure development and relationship to psychosocial functioning. *Health Education & Behavior*, 38(4), 348–356. doi:10.1177/1090198110373734
- 73 Weybright, E. H., Martinez, A. D., Varrella, G., Deen, M., & Wright, K. (2018). Teens as teachers: Positive outcomes and recommendations for promoting healthy nutrition in adolescents [Special Issue]. *Journal of Youth Development*, 13(3), 37–54. doi:10.5195/jyd.2018.595
- 74 United States Department of Agriculture. *Let's Glean! United We Serve Toolkit*. https://www.usda.gov/sites/default/files/documents/usda_gleaning_toolkit.pdf
- 75 Gardner Burt, K., Burgermaster, M., Jacquez, R. (2018). Predictors of School Garden Integration: Factors Critical to Gardening Success in New York City. *Health Education and Behavior*, 45(6), 849–854. <https://doi.org/10.1177/1090198118760685>
- 76 Spears-Lanoix, E.C., McKyer, E.L.J., Evans, A., et al. (2015). Using Family-Focused Garden, Nutrition, and Physical Activity Programs to Reduce Childhood Obesity: The Texas! Go! Eat! Grow! Pilot Study. *Childhood Obesity*, 11(6), 707–14. doi: 10.1089/chi.2015.0032.
- 77 Sharma, S.V., Hedberg, A.M., Skala, K.A., et al. (2014). Feasibility and acceptability of a gardening-based nutrition education program in preschoolers from low-income, minority populations. *Journal of Early Childhood Research*, 13(1), 93–110. <https://doi.org/10.1177/1476718X14538598>
- 78 2015–2020 Dietary Guidelines for Americans, *op. cit.*

-
- 79 SNAP-Ed Toolkit (2019, September 26) Social Marketing Search. Retrieved from <https://snapedtoolkit.org/page/5/?s=social+marketing>
- 80 Centers for Disease Control and Prevention. (2020, Jan 22). *Health Communication Basics*. <https://www.cdc.gov/healthcommunication/healthbasics/WhatIsHC.html>
- 81 Equitable Evaluation Initiative (2020, July 31). *The Equitable Evaluation Framework*. <https://www.equitableeval.org/ee-framework>
- 82 https://www.cdc.gov/dhdsp/docs/cultural_competence_guide.pdf
- 83 SNAP-Ed State Plan Guidance, FY2021, *op. cit.*
- 84 Ibid. pg 24
- 85 Ibid. pg 65
- 86 Ibid. pg 38
- 87 Youth and Family Services Bureau. *Fidelity Monitoring Tip Sheet*. U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/sites/default/files/fysb/prep-fidelity-monitoring-ts.pdf>
- 88 Baker, S., Auld, G., MacKinnon, C., Ammerman, A., et al. et al. (2014). Best Practices in Nutrition Education for Low-Income Audiences. <http://snap.nal.usda.gov/snap/CSUBestPractices.pdf>
- 89 Borrelli, B. (2011) The Assessment, Monitoring and Enhancement of Treatment Fidelity in Public Health Clinical Trials. *Journal of Public Health Dentistry*, 71(s1), S52–S63.
- 90 Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. *Implementation Science*, 2, 40. doi:10.1186/1748-5908-2-40.
- 91 O'Connor, C., Small, S. A., & Cooney, S.M. (2007). *Program Fidelity and Adaptation: Meeting Local Needs Without Compromising Program Effectiveness*. What Works Wisconsin. http://whatworks.uwex.edu/attachment/whatworks_04.pdf
- 92 Elmer, S.R., Harrison, J.A., & da Silva, V.R. (2016). Social Media as a Supplement to Face-to-Face Education: The Perspectives of Expanded Food and Nutrition Education Program Paraprofessionals and Graduates. *Journal of Extension*, 54(3), 3FEA5.
- 93 Elmer, S.R. (2016). Social media as a supplement to face-to-face education: The perspectives of expanded food and nutrition education program paraprofessionals and graduates. *Journal of Extension*, 54(3), 11
- 94 Ibid.
- 95 Shan, L.C., Panagiotopoulos, P., Regan, A., De Brun, A., McConnon, A. (2015). Interactive communication with the public: Qualitative exploration of the use of social media by food and health organizations. *Journal of Nutrition Education and Behavior*, 47(1), 104–108.