Policy, Systems, and Environmental Change Strategies in the Supplemental Nutrition Assistance Program-Education (SNAP-Ed)

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ABSTRACT

Objective: To categorize and quantify how states planned to use policy, systems, and environmental (PSE) change strategies in the *Supplemental Nutrition Assistance Program-Education* (SNAP-Ed).

Methods: Qualitative content analysis of SNAP-Ed annual plans from all 50 states, District of Columbia, Guam, and the US Virgin Islands between fiscal years 2014 and 2016.

Results: Between 2014 and 2016, the percentage of states that included PSEs as a statewide goal increased from 25% to 47%, and the percentage that planned to implement at least 1 PSE increased from 56% to 98%. Among states that planned to implement PSEs in 2016, the 3 most common settings were places in which people learn (92%), live (90%), and work (83%).

Conclusions and Implications: The increased planned use of PSEs in SNAP-Ed was considerable and encouraging as PSEs are important to use in conjunction with direct education and social marketing to improve nutrition and prevent obesity.

Key Words: SNAP-Ed, SNAP, nutrition education, policy, system, environmental strategies (*J Nutr Educ Behav.* 2022;54:320–326.)

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INTRODUCTION

The *Supplemental Nutrition Assistance Program* (SNAP) is the largest nutrition assistance program in the US and a critical component of the social safety net. In addition to providing 39 million eligible low-income people with an average of \$155 of benefits per month, improving food insecurity and health,^{1,2} SNAP also has a nutrition education and obesity prevention component called *Supplemental Nutrition Assistance Program-Education* (SNAP-Ed), which is available to low-income populations in general, not just those that participate in SNAP. Administered and regulated by the

Food and Nutrition Service (FNS) of the US Department of Agriculture, 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 Dietary Guidelines for Americans and US Department of Agriculture food guidance.”³ Although it began in the 1990s, SNAP-Ed was not implemented in all states until 2004; currently, all states, the District of Columbia, Guam, and the Virgin Islands, implement SNAP-Ed at an annual cost of \$441 million.⁴

The SNAP-Ed provides federal funds to states that in turn deliver the

program through implementing agencies. Implementing agencies are institutions such as universities, state agencies, and nongovernmental organizations. Although the federal government regulates SNAP-Ed and provides guidance to states, there is considerable flexibility in how the program is delivered. States are free to choose from a wide variety of evidenced-based direct education; social marketing; and policy, systems, and environmental (PSE) change strategies to nutrition programming. This flexibility and variety allow for tailored nutrition programming that is most relevant for meeting the needs of the target audience within each state but also poses challenges for systematic data collection. States and implementing agencies are encouraged to partner with institutions to implement SNAP-Ed—especially PSE partnerships—so that PSEs have a higher chance of being adopted and sustained.

The 2010 Child Nutrition Act⁵ included language around the use of public health approaches in SNAP-Ed, which was operationalized through PSEs. These approaches seek to facilitate the adoption of healthy

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behaviors by changing the policies, systems, and environments in which individuals make decisions.⁶ The settings in which PSEs occur are often conceptualized as the places in which people eat, learn, live, play, shop, and work. Examples of PSEs include school-wide practices that promote the availability of healthy foods⁷; a food bank developing a system to link local farmers with food pantries to increase the availability of fresh produce to clients⁸; and promoting responsive bottle-feeding within the *Special Supplemental Nutrition Program for Women, Infants, and Children*.⁹ Policies, systems, and environmental changes are not delivered to individuals but instead to the settings in which people occupy; however, PSEs can complement and strengthen individual-level nutrition education.¹⁰

States are required to submit to FNS each year a state SNAP-Education plan, annual report, and administrative data. The state plan and annual reports are narrative documents and are effective at monitoring and understanding state SNAP-Education activities; however, because they are text-based and descriptive, it is difficult to systematically collect information on PSEs from them. Although FNS does collect some administrative data on the use of PSEs, these data are nascent and do not provide contextual information that is included in state plans and annual reports. More broadly in the academic literature, PSEs have proven to be difficult to implement and evaluate,^{11,12} with calls for more research and translational science on PSEs and their role in improving public health nutrition.^{13,14} Although difficult, PSEs are successfully implemented and evaluated in community nutrition. For example, Coleman and colleagues¹⁵ found that school policy changes to improve nutrition led to more healthy food choices during lunchtime and fewer unhealthy outside foods in intervention schools than control schools. Walkinshaw and colleagues¹⁶ found that systems and environmental changes successfully strengthened farmers' markets in Washington state and were associated with increased fruit and vegetable consumption among SNAP participants. Nord and Prell¹⁷ found

that policy changes in the American Recovery and Reinvestment Act increased SNAP benefits and reduced food insecurity.

The use of PSEs within SNAP-Education is relatively new, and little is known about their planned use across states and time. Although the 2010 Child Nutrition Act was passed in late 2010, FNS first provided guidance on the use of PSEs in the 2013 SNAP-Education guidance, meaning states would begin planned implementation in 2014. The objective of this study was to categorize, quantify, and describe how states planned to use PSEs in SNAP-Education between fiscal years (FYs) 2014 and 2016. More specifically, this study aimed to (1) examine the percentage of state agencies that had PSEs incorporated into their SNAP-Education goals, (2) examine the percentage of state agencies that planned to use any type of PSEs, (3) define the settings in which PSEs were planned for use, and (4) describe planned PSE partnerships by type.

METHODS

This study examined plans for all states, the District of Columbia, Guam, and the US Virgin Islands, between FYs 2014 and 2016. The study—part of a larger project on the analysis of SNAP-Education state plans, annual reports, and administrative data¹⁸—was exempt from approval from an Institutional Review Board by the Office of Management and Budget of the US Government under federal regulation 45 46.101 (b) CFR. Data analysis was conducted using SAS (version 9.3, SAS Institute, 2011).

The primary data sources were publicly available SNAP-Education state plans submitted to FNS each FY. Broadly, these plans are written in a narrative format and are text-based, although they can contain tables and graphics with numerical data. State plans can cover a single year or be multiyear covering 2–3 years. The FNS provides states with templates for completing their state plan. In addition, beginning in FY 2015, states were required to use an approved version of the template. These templates provide consistency across states and request that states report on SNAP-Education projects and interventions, evaluation plans,

coordination efforts, staffing, and budgets. Given considerable differences between the size and complexity of state SNAP-Education activities, state plans vary widely in the amount and level of detail provided. For example, the average state plan length was 213 pages; however, many states submitted plans that were > 500 pages long. It is important to note that state plans describe activities the state plans to do, not what was actually done.¹⁸

Given the text-based and qualitative nature of the data sources, content analysis was used to transform qualitative information into numerical data. Content analysis is appropriate when the goal is to systematically interpret and code text to be used in numeric analyses. The study team developed an online tool tailored to the content and structure of state plans to perform the content analysis.¹⁸ This allowed for an efficient coding process that provided real-time results for the study team to examine. The study team examined all state plans available to FNS. This resulted in 52 state plans in FY 2014 (the US Virgin Islands did not participate in SNAP-Education in FY 2014) and 53 state plans in FYs 2015–2016.

All coders were professional staff at a social science contracting firm and had considerable experience with SNAP-Education, PSEs, and public health. The coders also received additional training specifically related to the content and format of state plans. Each coder was assigned 6 states to review and performed a content analysis on the state plans for those states. Coders specifically noted when state plans described PSEs incorporated into SNAP-Education goals; planned to use any type of PSEs in SNAP-Education; the settings in which PSEs were planned for use; and planned PSE partnerships. After the coders completed their initial review, the study team met to discuss any issues or inconsistencies. To check intercoder reliability, 5 states were reviewed by multiple coders, and any discrepancies between coders were discussed until consensus was reached. The study team continued to meet throughout the project period to discuss any issues and inconsistencies and consensus on their solution.

Table 1. Percentage of States With PSE Change Strategies as a Statewide Goal and Planned Use of PSE Change Strategies, Fiscal Years 2014–2016

PSE Element	Fiscal Year		
	2014 ^c	2015	2016
PSE change strategy as a statewide goal (% of states) ^{a,b}	25	30	47
Example: use community health approaches designed to increase the consumption of fruits and vegetables by low-income families and children	—	—	—
Example: to use educational strategies, accompanied by environmental supports, that will enable participants to choose healthful, safe foods, and active lifestyles to help reduce obesity and chronic disease and increase general well-being	—	—	—
Example: identify, provide support, and actively engage in community and public health approaches as well as PSE change for obesity prevention	—	—	—
Example: SNAP-Ed will influence the environment to make healthy choices easier and more desirable	—	—	—
Example: comprehensive, multilevel interventions at multiple complementary organizational and institutional levels	—	—	—
Example: SNAP-Ed programs will create partnerships with other organizations and institutions to identify opportunities for community-level changes that can improve dietary and physical activity choices in settings in which nutrition education and/or social marketing is provided	—	—	—
Planned use of PSE change strategy (% of states) ^{a,d}	56	93	98
Example: Urban Gardens – the goal of Urban Gardens is to empower families to improve their health and food security by providing educational opportunities and creating sustainable, food-producing neighborhood community gardens	—	—	—
Example: <i>Nutrition and Consumer Education Program</i> SNAP-Ed Community Coalitions – through a coalition process, increase the awareness and knowledge of policy-level partners and collaborators regarding the needs, challenges, barriers, and opportunities of low-income individuals that influence their success in achieving positive nutrition, physical activity, and obesity prevention behaviors	—	—	—
Example: Healthy Client-Choice Food Pantries – work with food pantry managers to develop and implement a healthy food pantry, whereby the pantry is designed to encourage the selection of healthy food items through the use of pantry architecture (location, display, and placement of foods), nutrition information signage, educational brochures, healthy recipes, and food demonstrations for healthy foods that are unfamiliar to clientele or are otherwise harder to distribute	—	—	—
Example: <i>Just Say Yes to Fruits and Vegetables</i> – a nutrition education initiative designed to prevent overweight/obesity and reduce long-term chronic disease risks through the promotion of increased fruit and vegetable consumption, physical activity, and healthy beverages. <i>Just Say Yes to Fruits and Vegetables</i> uses nutrition education workshops, food and physical activity demonstrations, and environmental strategies that support healthier lifestyles	—	—	—
Example: School Community Sites Initiative – a comprehensive, multilevel intervention that addresses the school environment to impact behavior change among children, teachers, families, and other members of the school community	—	—	—
Example: healthy environments – focused on increasing access to healthy foods in low-income neighborhoods that currently lack access by partnering with and promoting farmers' markets, mobile markets, grocery stores, and convenience stores	—	—	—

PSE indicates policy, systems, and environmental; SNAP-Ed, *Supplemental Nutrition Assistance Program-Education*.

^aStates includes the District of Columbia, Guam, and the Virgin Islands; ^bexamples are quotes from state SNAP-Ed plans; ^cthe US Virgin Islands did not participate in SNAP-Ed in fiscal year 2014; ^dexamples are planned PSE change strategies to be implemented.

RESULTS

Results include all states, the District of Columbia, Guam, and the US Virgin Islands unless otherwise noted.

States that included a PSE as a statewide goal in their state plan grew from 25% in 2014 (excluding the US Virgin Islands) to 30% in 2015, to 47% in 2016 (Table 1). Examples of

PSE goals stated in 2016 State Plans include “Comprehensive, multi-level interventions at multiple complementary organizational and institutional levels” and “SNAP-Ed programs

Table 2. Number and Percentage of States That Planned to Implement Policy, Systems, and Environmental Change Strategies Across Settings, Fiscal Years 2014–2016

Setting ^{a,b}	Fiscal Years		
	2014 (n = 29) ^c	2015 (n = 49)	2016 (n = 52)
Eat	10 (35)	19 (39)	26 (50)
Learn	19 (66)	44 (90)	48 (92)
Live	22 (76)	43 (88)	47 (90)
Play	9 (31)	19 (39)	21 (40)
Shop	9 (31)	25 (51)	29 (56)
Work	20 (69)	34 (69)	43 (83)
Unclear/not reported ^d	10 (35)	11 (22)	11 (21)

^aResponse categories are not mutually exclusive and may total > 100%; ^bsettings are conceptualized as places people eat, learn, live, play, shop, and work; ^cthe US Virgin Islands did not participate in *Supplemental Nutrition Assistance Program-Education* in fiscal year 2014; ^dindicated plans to implement policy, systems, and environmental change strategy, but the setting was unclear or not reported.

Note: Values are n (%).

will create partnerships with other organizations and institutions to identify opportunities for community-level changes that can improve dietary and physical activity choices in settings where nutrition education

and/or social marketing is provided.”

The increase of statewide goals is reflected in the planned use of any PSEs, which grew from 56% in 2014 to 93% in 2015 to 98% in 2016 (Table 1).

Among states that planned to implement PSEs in 2016, the 3 most common settings were places in which people learn (eg, schools) (92%), live (eg, local communities) (90%), and work (eg, worksites) (83%). Other common settings were places in which people shop (eg, grocery stores) (56%), eat (eg, cafeterias) (50%), and play (eg, parks) (40%) (Table 2). States increasingly included plans to partner with organizations to help deliver PSE strategies, increasing from 56% of states in 2014 to 98% in 2016 (Table 3). Furthermore, states planned to partner with a wide range of organizations to deliver PSEs, with the 3 most common being government programs or agencies (77%), agricultural organizations (58%), and others nonspecified (eg, food alliances, wellness committees) (48%). Other common planned partners included public health organizations (44%), foundations/philanthropy organizations or nonprofits (40%), and schools (from prekindergarten to 12th grade) (37%).

Table 3. Number and Percentage of States With Planned Partnerships to Implement Policy, Systems, and Environmental Change Strategies by Type of Partner, Fiscal Years 2014–2016

Partnership Type ^a	Fiscal Years		
	2014 (n = 29) ^b	2015 (n = 49)	2016 (n = 52)
Agricultural organizations (includes farmers markets)	15 (52)	20 (41)	30 (58)
Chefs/culinary institutes	2 (7)	2 (4)	2 (4)
City and regional planning groups	3 (10)	12 (25)	11 (21)
Early care and education facilities	4 (14)	8 (16)	10 (19)
Faith-based groups	4 (14)	5 (10)	9 (17)
Food banks/food pantries	3 (10)	15 (31)	16 (31)
Food stores	6 (21)	15 (31)	16 (31)
Foundations/philanthropy organizations/nonprofits	11 (38)	18 (37)	21 (40)
Government program/agency	14 (48)	31 (63)	40 (77)
Hospitals/health care organizations	4 (14)	12 (25)	12 (23)
Human services organizations	3 (10)	11 (22)	10 (19)
Indian Tribal Organizations	3 (10)	8 (16)	9 (17)
Labor/workforce development groups	2 (7)	2 (4)	2 (4)
Media/advertising groups	0 (0)	1 (2)	1 (2)
Parks and recreation centers	3 (10)	10 (20)	13 (25)
Public health organizations	8 (28)	15 (31)	23 (44)
Restaurants	1 (3)	2 (4)	1 (2)
Schools (colleges and universities)	5 (17)	13 (27)	15 (29)
Schools (from prekindergarten to 12th grade)	10 (35)	24 (49)	19 (37)
Transportation groups	1 (3)	2 (4)	3 (6)
Worksites	2 (7)	2 (4)	3 (6)
Other	17 (59)	24 (49)	25 (48)
Unclear/not reported	15 (52)	20 (41)	22 (42)

^aResponse categories are not mutually exclusive and may total > 100%; ^bthe US Virgin Islands did not participate in *Supplemental Nutrition Assistance Program-Education* in fiscal year 2014.

Note: Values are n (%).

DISCUSSION

The increased attention to and planned use of PSEs in SNAP-Ed was considerable and encouraging as the use of PSEs in conjunction with direct nutrition education, and social marketing is important to improve nutrition and prevent obesity.¹⁰ With regard to SNAP-Ed, this study shows that states: (1) incorporated PSEs into state goals, (2) planned to implement PSEs across a variety of settings, and (3) planned to partner with a variety of organizations and institutions to deliver PSEs.

The passage of the 2010 Child Nutrition Act (also known as the Healthy, Hunger-Free Kids Act) allowed states to use “community and public health approaches to improve nutrition (US Congress, P.L. 111-296, 2010, pg. 3233).” The passage of the Act prompted FNS, states, and other organizations to better use PSE approaches to nutrition education in SNAP-Ed. This led to the development of the SNAP-Ed Evaluation Framework and Toolkit,¹⁹ which seeks to provide users with a roadmap and guide on using evidenced-based SNAP-Ed interventions that improve nutrition and prevent obesity. The inclusion of the Healthy, Hunger-Free Kids Act legislative language and increased attention on the use of PSEs, likely played a considerable role in the increased attention paid to and planned use of PSEs observed in this study and sets the context in which these results should be interpreted. Indeed, states were required to use public health approaches in SNAP-Ed starting in FY 2016. Therefore, these results should be interpreted within the context of a federal- and national-level push to incorporate PSEs into SNAP-Ed.

A program goal is “a broad statement about the long-term expectation of what should happen as a result of a program.”²⁰ Compared with objectives and research questions, goals serve a higher-level purpose and as a reminder of the outcome, a program is ultimately attempting to achieve. In 2016, nearly half of states (47%) had a statewide goal that included a PSE approach, a considerable increase from 25% in 2014. This could be because states

expected PSEs to help achieve healthier diets and address obesity in low-income populations, the 2 central goals of SNAP-Ed. It also shows that more states incorporated PSE approaches into state goals over time, suggesting that they were becoming more aware, familiar, and comfortable with PSE changes. Although only about half of states incorporated a PSE approach into a state goal in 2016, nearly all states planned to implement a PSE change, suggesting that PSE approaches are a popular approach in SNAP-Ed even when they are not incorporated into state SNAP-Ed goals. It is important to note again that states were required to incorporate public health approaches into their state plans; however, they were not required to include them as a statewide goal.

A key feature of SNAP-Ed is its flexibility in delivering nutrition education across a variety of settings. This allows SNAP-Ed to be tailored to local populations and places, including where people eat, learn, live, play, shop, and work. Direct nutrition education has historically been delivered in all of these settings, and this study shows that states plan to deliver PSEs across these settings as well. The places in which people learn was the most common setting (92% of states) in which states planned to deliver PSEs, and this is in line with SNAP-Ed’s focus on improving nutrition and preventing obesity in school-aged children. For example, a common SNAP-Ed intervention in child care settings is Eat Well Play Hard in Child Care Settings,²¹ which combines direct education with PSE changes, including teacher and care provider role modeling and classroom and center-level positive reinforcement of healthy food choices and physical activity. The second and third most common planned settings were places in which people live and work. These may include programs such as *Thumbs Up for Healthy Choices in Food Pantries*,¹⁹ in which local food pantries improve the visibility and appeal of healthy choices, or the *Farm to Work*²² program that increases fruit and vegetable availability in the workplace. In addition, this study shows that states planned to implement PSEs across all

SNAP-Ed settings in 2016, suggesting that states have accepted PSEs and can implement them in diverse settings.

Partnerships are legislatively encouraged in SNAP-Ed and play an important role in the development and implementation of the program. With regard to PSEs, states are encouraged to consult with or provide technical assistance to organizations that can ultimately adopt and become responsible for sustaining PSE change strategies.³ This study found that states partnered with a wide range of organizations, with the majority of states (79%) planning on partnering with an outside organization to deliver PSEs. Partnerships are an important component of delivering many types of PSE changes as they can be complex and far-reaching, which can be difficult for a single organization to implement but are more feasible with partnerships.^{11,23} This is reflected in the breadth and type of partners within SNAP-Ed covering sectors such as government, agriculture, city planning, faith-based groups, food stores, and food banks.

This study had 2 primary strengths. First, it used a novel data set that includes SNAP-Ed state plans to get a comprehensive understanding of planned PSE activities across multiple years. To our knowledge, it was the most comprehensive examination of PSEs in SNAP-Ed. Second, a qualified team of coders systematically and thoroughly reviewed the state plans using a custom-built online tool, helping to ensure a robust content analysis. The study also had 3 primary limitations. First, it only captured what states planned to do on the basis of what was included in their annual plans, not what they actually did. It is possible states listed PSE change strategies, either as standalone interventions or as a component of a broader intervention, but did not actually implement the change. The broader project that this work was a part of attempted to examine what was planned vs what was done; however, because of limitations linking state plans and reports, the analysis was not reliable at the national level. However, FNS expects that state

plans translate into action, and the authors believe in most cases, this occurs and states report all SNAP-Ed planned activities. Second, we did not know the size or scope of the PSE change strategies, and it is possible they were only a small component of overall SNAP-Ed programming. Finally, given the nature of the data, it is possible some PSEs were not identified as such in the state plans and were therefore not counted; however, given the coder training, this should be rare.

IMPLICATIONS FOR RESEARCH AND PRACTICE

The use of PSEs in public health nutrition is an integral part of improving dietary intake and reducing obesity.²⁴ This study provided a comprehensive national examination of PSEs in SNAP-Ed, a program that reaches millions of people from low-income areas and positively impacts nutrition behaviors.²⁵ Having information on PSEs in SNAP-Ed, as our study provides, can help policy-makers better plan for changes to the program. This is critical as data-driven policy making aimed at improving program delivery is an important topic in government.²⁶ In addition, poor nutrition and obesity are 2 pressing issues facing populations from low-income areas, and there is growing consensus that direct nutrition education alone is insufficient to solve these issues.¹⁰ Our results show that SNAP-Ed had planned to incorporate PSEs into the program and could strengthen the delivery of interventions aimed at improving nutrition and reducing obesity. Future research could consider the relationship between state SNAP-Ed plans for PSE delivery and actual implementation.

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