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ABSTRACT

Objective: Provide a nuanced understanding of how Supplemental Nutrition Assistance Program-Education (SNAP-Ed) implementers decide what programming a school is ready to implement and the organizational factors that facilitate the initial implementation of programming in schools.

Design: Case studies conducted at schools during 2018–19.

Setting: Nineteen School District of Philadelphia schools receiving nutrition programming funded by SNAP-Ed.

Participants: Interviews were conducted with 119 school staff and SNAP-Ed implementers. A total of 138 hours of observations of SNAP-Ed programming were completed.

Phenomenon of Interest: How do SNAP-Ed implementers decide what PSE programming a school is ready to implement? What organizational factors can be developed to facilitate the initial implementation of PSE programming in schools?

Analysis: Interview transcripts and observation notes were coded deductively and inductively on the basis of theories of organizational readiness for programming implementation.

Results: Supplemental Nutrition Assistance Program-Education implementers focused on schools’ existing capacity when determining readiness for programming.

Conclusions and Implications: Findings suggest that if SNAP-Ed implementers only focus on a school’s existing capacity when assessing its readiness for programming, the school might not receive the programming it needs. Findings suggest SNAP-Ed implementers could develop a school’s readiness for programming by concentrating efforts on cultivating relationships, program-specific capacity, and motivation at schools. Findings have equity implications for partnerships in underresourced schools that may have limited existing capacity and consequentially could be denied vital programming.

Key Words: readiness, implementation, schools, health equity, SNAP-Ed

INTRODUCTION

Nutrition is an important and often overlooked consideration in student engagement and achievement and the opportunity gap between students with low and high income.1–3 There is an urgent need for innovative policies and partnerships to address student nutrition, especially in high-poverty schools. Implemented well, school-community partnerships can offer necessary support, including food assistance for students and families, support for policy implementation, and alignment and purpose among stakeholders to improve school nutrition environments.4,5

The US Department of Agriculture Supplemental Nutrition Assistance Program-Education (SNAP-Ed) provides nutrition programming to SNAP-Ed-eligible individuals with low income, including students and their families.

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In the School District of Philadelphia (SDP), SNAP-Ed provides federal funding to 7 community partners—which include local nonprofit organizations and universities—to implement nutrition programming. These partners, referred to here as the SNAP-Ed implementing agencies, implement nutrition lessons in classrooms and policy, systems, and environmental (PSE) initiatives. In the school setting, PSE programming is intended to change school policies and practices, school systems, and/or school environments to better help students and families act on their education by making healthy choices easier and more desirable. Community partners make the implementation of PSE changes more feasible for schools by providing resources and support for programming. However, SNAP-Ed implementing agencies often encounter school implementation obstacles, such as staff shortages, lack of capacity, standardized testing, and school climate issues.

Organizational readiness is the extent to which an organization is willing and able to implement a particular program. It is a key factor in determining whether a school-community partnership will succeed and helps identify key barriers to implementation. The research presented in this article aimed to understand how SNAP-Ed implementing agencies decide what PSE programming a school is ready to implement. It also aims to identify the organizational factors that can be developed to facilitate the initial implementation of PSE programming in schools. This research is part of a larger case study process evaluation conducted in 2018–19 to provide a nuanced understanding of how schools and community partners can better collaborate to implement SNAP-Ed-funded programming.

Organizational Readiness

The theory of organizational readiness guides this analysis of factors that influence the initial implementation of PSE changes and how SNAP-Ed implementing agencies can help schools become ready to adopt them. Organizational readiness to implement nutrition programming includes the extent to which a school prioritizes the program, whether school staff perceives themselves and/or their colleagues as capable of implementing it, and the organizational climate of the school.

This research is specifically framed using a model that suggests organizational readiness to adopt programming includes 3 distinct components:

1. Motivation is driven by the beliefs about the program and perceptions of how much support for the program exists within the school, and it is what makes programming desirable.
2. General organizational capacity refers to attributes of an organization that impacts its ability to implement any new programming. This includes organizational climate and staff capacity.
3. Innovation-specific capacity refers to the knowledge and skills needed for an organization to implement specific programming with fidelity.

In this understanding of readiness, motivation and both types of capacity are necessary to make a school ready to implement PSE.

METHODS

This project was conducted by a research team from the SDP Office of Research and Evaluation during the 2018–19 school year. Our research team, guided by a senior researcher, changed composition throughout the project. The first and second authors of this paper were involved in the research design, data collection, analysis, and writing stages of the project. Both are White women with doctoral degrees in urban education and have classroom experience in urban schools. In addition, 9 full-time and part-time SDP employees of varied racial, ethnic, and cultural backgrounds contributed to the data collection, coding, and analysis and added expertise in public health, political science, nonprofit administration, and public policy.

Supplemental Nutrition Assistance Program-Education Programming in the School District of Philadelphia

In 2018–19, SDP served approximately 125,000 students in 215 district schools, kindergarten through grade 12. Philadelphia is a city that struggles with poverty, food access, food insecurity, and other barriers to health and wellness. During the 2018–19 school year, almost half (48%) of SDP students identified as Black or African American; 22% identified as Hispanic or Latinx; 14% identified as White; 9% identified as Asian; 6% identified as multirace; < 1% identified as Native American; and < 1% as Pacific Islander. Approximately 12% were English language learners. The district’s economically disadvantaged rate is 100%, representing the percentage of students identified as economically disadvantaged, multiplied by a US Department of Agriculture-defined community eligibility provision factor of 1.6 and capped at 100%.

The SNAP-Ed implementers provide a range of programming to SDP schools related to nutrition and physical activity, including education, social marketing, and activities to change or influence PSE. Nutrition education is delivered through a SNAP-Ed-approved curriculum, either by SNAP-Ed implementing agencies or classroom teachers with support. Social marketing includes posters and handouts about nutrition and physical activity. Examples of school-level PSE changes include: adopting a policy to limit the number of unhealthy snacks for celebrations, starting a program to increase physical activity during recess, or removing a vending machine that sells candy from the cafeteria.

Although nutrition education and social marketing are key aspects of SNAP-Ed programming, this research focuses on PSE. The SNAP-Ed implementing agencies do provide direct programming and work with schools to implement a variety of initiatives, but SNAP-Ed intends that school staff are “ultimately responsible for adopting, maintaining, and enforcing the PSE change.” For this research, school staff included (1) administrators
of PSE programming in schools? Facilitational factors can be developed to facilitate the initial implementation of PSE change programming and goals and SDP wellness policies; their priorities and capacity; and overall satisfaction with the program.

In addition, research team members conducted 138 hours of observations at the 19 schools in our sample until data saturation was reached. We observed and recorded field notes during PSE change programming and other related school activities (e.g., recess, lunch, physical education) to understand and describe each setting, its participants, and events. The purpose of the observations was to generate a holistic picture of the SNAP-Ed programming at each school. We used an observation protocol to guide research team members in taking field notes on aspects of PSE change programming and school activities (Table 1). The protocol also guided the observer in noting aspects of PSE change programming such as the implementation stage, audience reached, and level of school staff involvement. The first author, whose doctoral training was in qualitative methods, oversaw all aspects of data collection and development of interview and observation protocols, with extensive input from the SNAP-Ed directors.

### Data Analysis
We analyzed data in 4 stages. As part of the larger case study process evaluation, in the first stage, the first and second authors drafted an initial codebook by coding a portion of the transcripts using open coding, in which any code ideas were recorded. The team revised the codebook through several iterations of coding, resulting in a codebook of 19 codes and 25 subcodes. Examples of codes included ease and difficulty of implementation, school context for health and nutrition, and SNAP-Ed programming at schools with different levels of PSE presence. For example, a tier 3 school might have (1) only indirect lessons, in which SNAP-Ed lesson plans are taught by the classroom teacher, and/or (2) 1 or 2 PSE initiatives that reached only small groups of students once or twice, or a 1-time PSE event, such as a food tasting or tabling at a health fair. After the 185 schools were categorized into tiers, we used a purposive sampling process to select sites that would provide rich information about various school contexts across the district, considering grade levels served, geographic location, and student demographics. We selected first, second, and third choice schools from each tier for each of the 7 SNAP-Ed implementing agencies and recruited principals from the selected schools for the study. If a principal did not agree to participate, another principal was approached from the list of top choices. Two SNAP-Ed implementing agencies did not have any schools in one of the tiers, resulting in a sample of 19 schools.

School staff and SNAP-Ed implementers at those schools were recruited via email or in person during observations. Participants were required to provide written consent as per Solutions Institutional Review Board approval, which was approved through an expedited review process.

### Data Collection and Instrumentation
We conducted a total of 119 interviews, approximately 4–5 staff per school, including 17 school administrators, 39 classroom teachers, 10 nurses, 6 climate staff, 13 other school staff, 7 SNAP-Ed directors, and 27 other SNAP-Ed implementers. Interviews were experienced and participated in continuous meetings to ensure that data was collected reliably. Interviews were semistructured with a protocol to guide the interview. Participants were asked about their role and length of time in the partnership with SNAP-Ed; perceptions of successes, challenges, and outcomes; awareness of PSE programming and goals and SDP wellness policies; their priorities and capacity; and overall satisfaction with the program.
In the second data analysis stage, we used Dedoose data analysis software (version 9.0.46, SocioCultural Research Consultants, 2022) for focused data coding. We coded a variety of interview transcripts representing different participant roles (e.g., teacher, SNAP-Ed implementers, school administrator) and used those coded transcripts to establish inter-rater reliability using Dedoose’s training feature until each coder reached a Cohen’s kappa between 0.6 and 0.8.25,26 In the third stage of data analysis, 2 research team members used focus coding to code all data,23 starting with interview data by tier, followed by observation data by tier. The team created new codes as needed. In addition, we used Dedoose’s qualitative analysis tools to identify codes that needed to be merged or further divided into subcodes.

For this article, an additional data analysis stage was necessary to compare PSE readiness factors in schools with similar levels of programming and school staff buy-in. In this fourth stage, we used PEARS data from the year we collected data (2018–19) to separate the 19 case study schools into 4 PSE groups. These groupings reflected PSE changes reported in PEARS that we directly observed during the study period (whereas the original tiers for site selection used data from the prior year and included direct education). The groups were determined by the amount of PSE programming in each school (e.g., programming reach and frequency as reported in PEARS) and the level of involvement of school staff in implementing programming (as reported in PEARS open-ended comments describing programming; Table 2). During initial memoing and then again during the writing process, we presented our codebook, themes, and emerging conclusions to SNAP-Ed implementers to confirm the findings.27 To ensure the highest transferability and external validity level,28 we used thick description throughout all data collection.29 Through the triangulation of data collected, we aimed to provide a variety of accounts of the implementation of SNAP-Ed programming at schools.

**RESULTS**

Results indicate 2 overarching themes. First, SNAP-Ed implementers primarily focused on existing capacity—such as school climate, school staff motivation, and administrative support—when making programming decisions. Second, data reveal areas in which SNAP-Ed implementers could develop school staff motivation and capacity to implement programming, which would facilitate the initial implementation of PSE changes: relationships with school staff, resources and support, responding to needs, engaging parents and families, and prioritizing health at the school.
Findings indicate the most common factors considered by SNAP-Ed implementers when making programming decisions were related to (1) school climate; (2) school staff motivation, general capacity, and champion identification; and (3) administrator support.

School climate. One main factor SNAP-Ed implementers considered when making programming decisions was school climate. When asked how they made decisions about what to offer at a particular school, a SNAP-Ed implementer said, “depends on the school, depends on the stress level of people at the school.” In group 4 schools with little to no PSE programming, SNAP-Ed implementers said they did not offer more programming because of student behavior. For instance, one SNAP-Ed implementer provided a hypothetical example: “...if you go to a school where the whole school is out of control because there’s nobody setting expectations for behavior then that’s a different environment. We can only do so much.”

School staff motivation, capacity, and champion identification. The SNAP-Ed implementers felt that school staff motivation and capacity were needed to adopt PSE changes. However, they discussed motivation and capacity more in terms of a quality that does or does not exist and less in terms of something they could increase. Assessments of whether school staff were motivated and had the capacity to implement PSE changes were generally based on past relationships and knowledge of the school. One SNAP-Ed implementer explained that they only have the capacity to offer programming to so many schools, so they select schools “where we have a relationship, where we know they want it, and where they know the school will support it and be easy to work with.” The SNAP-Ed implementers described looking for schools that are “excited and want to do more” and schools that “can handle us coming to the school 2 or 3 days a week.” The SNAP-Ed implementers made decisions on the basis of perceptions of the motivation at a school and perceptions of the existing capacity to manage programming, as opposed to identifying when they could increase it.

Table 2. Group Categories for the 19 Case Study Schools Representing Levels of PSE Change Programming

<table>
<thead>
<tr>
<th>Group</th>
<th>PEARs Data*</th>
<th>Description</th>
<th>No. of Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High reach</td>
<td>Schools with high PSE change programming and support/buy-in from staff and administration. These are schools where school staff members take on a larger role in programming</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Medium-high reach</td>
<td>Schools with medium-to-high levels of PSE change programming. Programs are mostly led by SNAP-Ed implementers and have less involvement from school staff</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Low-medium reach</td>
<td>Schools with low-to-medium levels of programming. Any PSE change programming is led by SNAP-Ed implementers with little to no school staff involvement. SNAP-Ed implementers reported actively trying to increase programming in these schools and struggling to increase school staff involvement and buy-in</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Little to no reach</td>
<td>Schools with little to no programming and SNAP-Ed implementers reported not trying to increase programming because of a lack of capacity, staff turnover, or other higher-level programming decisions</td>
<td>5</td>
</tr>
</tbody>
</table>

PEARs indicates Program Evaluation and Reporting System; PSE, policy, systems, and environmental; SNAP-Ed, Supplemental Nutrition Assistance Program-Education.

*PEARs is a system used by SNAP-Ed to document programming. PEARs data refers to data on reach and frequency and open-ended comments describing programming.
implementer advised: “You need a champion. It doesn’t have to be the principal; it could really be anybody, but you need a champion. Our most successful projects are always with a champion.” Supplemental Nutrition Assistance Program-Education implementers identified the existence of a program champion as a factor in their decisions because champions were already motivated to implement programming.

Administrator support. Despite the existence of motivated school staff, SNAP-Ed implementers found it difficult to initiate PSE changes without support from school administrators. One SNAP-Ed implementer said, “We’ve been finding that if principals are more reluctant to [implement SNAP-Ed programming] then it’s harder to create an impact overall.” A SNAP-Ed implementer at a school with a medium to low level of programming said, “Traditionally we have not done much. The principal there has sort of just been like, ‘Yeah, whatever’ and walks away.” When administrators were not receptive to nutrition programming, adoption was limited. Before supporting SNAP-Ed programming specifically, SNAP-Ed implementers said school leaders needed to prioritize health and wellness more broadly. One said, “... if they’re in a school where the principal does not prioritize health and wellness it’s going to be a challenge...” Supplemental Nutrition Assistance Program-Education implementers felt that administrators needed to support programming and prioritize health and wellness for the school to be ready to begin to adopt PSE changes.

**Influences on School Staff**

**Motivation and Capacity to Implement Programming**

Interview data with SNAP-Ed implementers and school staff suggest that influences on school staff motivation and general capacity to implement programming include: (1) building relationships; (2) providing resources and support; (3) responding to needs school staff saw at their school related to health and wellness; (4) engaging parents and families in SNAP-Ed programming; and (5) prioritization of health and wellness by the school.

**Building relationships.** Building relationships between SNAP-Ed implementers and school staff was key to increasing school staff motivation and capacity to implement programming. For instance, a SNAP-Ed implementer explained that schools with limited staff involvement were “more apt to be the schools with turnover from our staff.” One determining factor in SNAP-Ed implementer ability to build relationships was how long they had worked at a school. On average, during the 2018–19 school year, SNAP-Ed implementers at group 1 schools had been there for almost 8 years, ranging from 3 to 18 years. Group 1 schools had the highest level of programming, staff involvement, and support/buy-in from staff and administration. In contrast, SNAP-Ed implementers at groups 2, 3, and 4 schools had been at their school on average for less than 2 years (Figure). Groups 2, 3, and 4 schools have low-to-medium levels of programming and school staff involvement.

To illustrate, a SNAP-Ed implementer described their efforts at a group 1 school and said, “being there and learning the people is really why I feel like I’m so successful here.” An administrator at a second group 1 school described SNAP-Ed implementers as “part of the family.” In contrast, SNAP-Ed implementers at a group 3 school said they had just “picked up” the school in the middle of the previous year and that it was “hard to get to know people” because they had only visited a few times. At a group 4 school, SNAP-Ed implementers said, “We’re still figuring it out—what we were doing, and we changed the program a lot from last year... So, it’s definitely been a growing relationship.” Across the 19 case study schools, we found that the longer SNAP-Ed implementers were at a school, the more they could build relationships and buy-in, increasing SNAP-Ed programming and staff involvement. In other words, the length of the relationship between the SNAP-Ed implementer and the school seemed to be the most important factor in the amount of PSE programming possible at a school.

**Providing resources and support.** Another strategy SNAP-Ed implementers used to increase school staff capacity was to provide resources and support to adopt PSE changes. Data show that in group 1 schools, SNAP-Ed implementers more often provided resources and support, which made it easier for school staff to be involved with PSE changes. For instance, SNAP-Ed implementers at a group 1 school purchased and delivered fruit directly to a teacher who ran an after-school fruit market with their class and provided recipes and materials to another teacher who led an after-school cooking club. Supplemental Nutrition Assistance Program-Education implementers at another group 1 school described a healthy celebration they wanted school staff to take over. They explained that

**Figure.** The average number of years SNAP-Ed implementers worked with schools by school group representing the level of policy, systems, and environmental change programming in the 19 case study schools.
after helping school staff make healthy pizzas for one celebration, school staff decided “the hot stuff wasn’t for them.” In response, the SNAP-Ed implementers provided a simpler option of fruit cups with whipped cream for the next celebration. In these examples, the SNAP-Ed implementers ran errands during school hours and problem-solved, enabling school staff to implement PSE changes. However, in some cases, school staff felt they would benefit from more support or direction on PSE changes, even after receiving initial training or information. For example, a teacher at a group 2 school who helped operate a classroom tower garden provided by SNAP-Ed said they wished SNAP-Ed implementers would provide help because they had challenges they were too busy to figure out their own.

Responding to perceived needs. A third strategy SNAP-Ed implementers used to increase motivation was to respond to specific needs school staff saw at their school related to health and wellness. Supplemental Nutrition Assistance Program-Education implementers more often initiated programming responsive to needs at group 1 schools. For example, the nurse and food service manager at a group 1 school identified increasing breakfast participation as an area of need and, with the help of SNAP-Ed, implemented a breakfast cart to provide breakfast to late students as they walked in the door. As another example, school staff members at a second group 1 school felt limited food access in the neighborhood was a problem for students and worked with SNAP-Ed to introduce food distributions. At a third group 1 school, the issue of produce access was written into their school plan, and school staff partnered with SNAP-Ed to implement low-cost produce stands.

Engaging parents and families in SNAP-Ed programming. Overall, school staff was less motivated to implement health and nutrition programming if they thought their efforts were incompatible with health and nutrition options at home. Many school staff pointed to the importance of involving and educating families on healthy eating and saw their role as more limited compared to what students received at home. One staff member at a group 1 school said, “We expose them to healthy things, but you know, their access is limited. What their parents provide them is what they’re given... I don’t know how to fix that.” Similarly, a group 2 school teacher said that having students taste new foods and learn about nutrition in the classroom is great, “but they can’t shop for themselves and that’s where it falls apart.” These school staff felt SNAP-Ed programming met a need by exposing students to healthy foods but felt that its outcomes were limited because of students’ food options at home.

Prioritization of health and wellness by the school. In general, the extent to which a school prioritized health and wellness was an additional factor that influenced staff motivation and capacity. School staff reported being pressured to meet academic demands, and taking on what they saw as extra work for PSE changes was not a priority. For example, several teachers said that they could not implement movement breaks because it would take too much instructional time. When asked about movement breaks, a teacher at a group 4 school said, “...where can we fit extra stuff?” Similarly, when asked about prioritizing health and wellness, a group 2 school administrator said, “We have these restraints, like we’re trying to please too many masters...something’s got to give.” This administrator viewed nutrition programming as a competing priority instead of a way to support academic success.

Perceived administrative support for prioritizing health and wellness was a factor in the motivation of teachers and other school staff. When asked about implementing movement breaks, a teacher at a group 4 school said, “I would never want the principal or assistant superintendent walking in, and my kids are exercising.” School staff shared that if their supervisor did not understand or approve of students being out of their seats or how health and wellness were connected to school priorities, they felt they lacked permission and that it may reflect poorly on their classroom management or teaching evaluations. Similarly, a group 1 school nurse wanted to initiate students eating breakfast in the classroom as a PSE change but said, “I can only do so much with it if we don’t get the push from administration.” If a school staff member was personally motivated to prioritize a PSE change, they still needed administrative support to allow the time to implement it, or they felt they did not have the capacity.

However, in 4 of the 5 group 1 schools, school staff thought health was a priority, even though schools must meet academic demands. A staff member in a group 1 school said,

...we always put our students first. And not just academically, but just as a whole person. ...Nutrition is something that they need, not just in school, but beyond, for healthy brain development, healthy physical development. I would just say [SNAP-Ed] just fits in so well...

This school staff member felt that SNAP-Ed programming fit with the priorities of their school. In schools in which school staff prioritized health and nutrition, there was more SNAP-Ed programming and staff involvement in PSE changes.

DISCUSSION

This study contributes to the literature on SNAP-Ed PSE implementation in the following ways. First, prior research has shown the important role that partnerships play in establishing PSE programming, and have found schools to be the most common site for PSE implementation, making our in-depth study of school-community partnerships particularly relevant. Supplemental
partnerships vary greatly in purpose, design, and implementation, as no 2 schools have the same needs, and no 2 SNAP-Ed implementers use the same approach. The SNAP-Ed implementers in this study collectively work in 185 schools with various needs, contexts, and approaches, leading to significant challenges to collecting data for needs assessments and evaluation purposes. To better understand the complex organizational factors at work, we used a qualitative approach to illustrate how SNAP-Ed implementers decide whether schools are ready to implement PSE programming and how to do so. This case study of multiple schools within a single, large urban district accounts for occurrences in a unique contextual setting, enabling an in-depth examination of a singular period. Although the findings might inform other unique settings of programming in high-poverty schools, within demands for academic progress.

Finally, we contribute to the body of literature on school-based PSE changes by comparing the perspectives of school staff with those of SNAP-Ed implementers, identifying an important area of disjuncture in determining readiness. Our findings show that when considering a school’s readiness, the SNAP-Ed implementers primarily focused on the school’s existing general capacity to implement any new program (eg, school climate, school staff capacity, and administrator support) and made programming decisions without fully considering how they might help develop the 2 other readiness components of school staff motivation and innovation-specific capacity over time. Previous research focuses mostly on what SNAP-Ed implementers perceive as indicators of a setting’s readiness for PSE programming to develop and refine tools to assess whether a school is ready to implement PSE or not; instead, we identify key components of school readiness that SNAP-Ed implementers can help develop in partnership with school staff.

IMPLICATIONS FOR RESEARCH AND PRACTICE

Instead of viewing readiness as a static or binary characteristic that a school has or does not have, SNAP-Ed implementers could approach readiness as something they have an active role in cultivating. There are several ways to increase school staff capacity and motivation for PSE changes, despite a school’s limited general capacity: retaining SNAP-Ed implementers at the same school is crucial to allow relationships to grow; providing new or inexperienced SNAP-Ed implementers time to shadow long-term staff during a typical school visit could facilitate new relationships; and providing resources up front, with ongoing support, can make it as easy as possible for schools to implement PSE changes.

Moreover, SNAP-Ed implementers could consider creating systems to follow up with teachers and staff to identify and alleviate any barriers to implementation and connect with as many people as possible at a school to assess what they see as the most important needs or areas for change. Many schools prioritize academic needs; emphasizing how PSE changes can improve academic performance may increase the likelihood of prioritizing health and nutrition within a school. In addition, SNAP-Ed implementers can collaborate with other community partners to directly provide healthy foods to families (such as food distributions and produce stands) and can lead or help plan community events that promote nutrition and physical activity so parents/guardians can create a connection between health and nutrition programming at school and options at home.

When SNAP-Ed implementers make decisions about programming based primarily on a school’s existing capacity, they often avoid the schools most in need. Schools struggling with limited general capacity are most often our highest-poverty schools. They are the very schools that would most benefit from PSE changes that promote health because there is a strong link between students’ physical health and their social-emotional health, attendance, and academic progress. Without considering additional readiness components, SNAP-Ed implementers cluster resources in schools that may already have support, leading to inequitable distribution. Furthermore, this approach ignores the important role SNAP-Ed implementers have in cultivating schools’ readiness. The SNAP-Ed implementers could emphasize factors within their control, such as relationship-building, increasing school staff motivation, and directly providing resources, so that the partnership can develop readiness over time. By doing so, SNAP-Ed implementers can make more equitable decisions about where to direct programming to ensure that schools that need SNAP-Ed the most have access to the health and wellness support they need.
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