# Table of Contents

I. Introduction .................................................................................................................. 3

II. Background .................................................................................................................. 3

   1. Supplemental Nutrition Assistance Program (SNAP) and SNAP Education (SNAP-Ed) .................................................................................................................. 3
      Supplemental Nutrition Assistance Program (SNAP) .................................................................................................................. 3
      History of SNAP-Ed ........................................................................................................ 3
      Recent Changes to SNAP-Ed ........................................................................................ 3
      Incorporating the Socio-Ecological Model (SEM) into SNAP-Ed Activities ............................................................................. 4
      Changes to Funding Allocations ..................................................................................... 5

   2. Pennsylvania SNAP-Ed: Nutrition Education TRACKS ............................................. 6
      Adult/Senior Track ........................................................................................................ 6
      School-Age Track .......................................................................................................... 6
      Preschool Track ............................................................................................................ 7

III. Pennsylvania Nutrition Education TRACKS Implementation .................................... 7
    Partnerships For TRACKS Implementation .................................................................... 7
    Education Strategies/Evidence-based Nutrition Education ............................................ 8
    Environmental Supports for Nutrition Education and/or Physical Activity ................. 9

IV. Challenges of SNAP-Ed policy changes .................................................................... 9
    Need for Additional Training ...................................................................................... 9
    Access to Existing Evidence-Based PSE Interventions ............................................... 9
    Need for New Partnerships ........................................................................................... 10
    Maintaining Adequate Funding .................................................................................... 10

V. Conclusions .................................................................................................................. 10

VI. References .................................................................................................................. 12

VII. Appendices .................................................................................................................. 14
    Appendix 1. FY 2013 TRACKS Local Partners and Delivery Areas ............................ 14
I. Introduction

More than one-third of U.S. adults (78.6 million) and approximately 17% (12.7 million) of children and adolescents aged 2-19 years are obese. Evidence suggests that changes to policies, systems, and the environment (PSE) are effective strategies for obesity prevention. To combat the obesity epidemic, the Supplemental Nutrition Assistance Program Education (SNAP-Ed) has shifted its focus from nutrition education alone to nutrition education plus obesity prevention with emphasis on evidence-based PSE changes. This paper will discuss the implications of recent policy changes on the delivery of SNAP-Ed by first reviewing those changes, then examining Pennsylvania as an example of SNAP-Ed implementation, and finally describing the challenges states face and the opportunities that address the challenges.

II. Background

1. Supplemental Nutrition Assistance Program (SNAP) and SNAP Education (SNAP-Ed)

**Supplemental Nutrition Assistance Program (SNAP)**

The Supplemental Nutrition Assistance Program (SNAP) is the program formerly known as the Food Stamp Program. SNAP provides nutrition assistance to low-income households to stretch their food budget and buy healthy food. USDA administers SNAP at the federal level through its Food and Nutrition Service (FNS). State agencies administer the program at the state and local levels including determination of eligibility, allotments, and distribution of benefits. The FNS works with state agencies, nutrition educators, and faith-based organizations to ensure that those who are eligible for SNAP apply for the program and receive SNAP benefits. In 2013, more than 47 million low-income Americans received SNAP.

**History of SNAP-Ed**

The Food Stamp Act was passed in 1964 to make the Food Stamp program permanent. In 1977, the Food Stamp Act revised the regulations to include nutrition education. In 1981, the nutrition education component of the Food Stamp Program was established as an optional program in each state. States could apply for matching funds from the federal government to deliver nutrition education to SNAP eligible audiences. In 1992, nutrition education programs were initiated in seven states. In 2008, the Farm Bill changed the Food Stamp Act of 1977 to the Food and Nutrition Act (FNA) of 2008, and the Food Stamp Program name to the Supplemental Nutrition Assistance Program (SNAP), which places greater emphasis on nutrition. The nutrition education component of the SNAP is called Supplemental Nutrition Assistance Program Education (SNAP-Ed), but states have flexibility to name their SNAP-Ed programs on their own.

**Recent Changes to SNAP-Ed**

In 2010, SNAP-Ed’s national funding and guidelines were changed to improve the effectiveness of the program. Historically, SNAP-Ed focused primarily on providing nutrition education to the individual recipient, but Section 241 of the Healthy Hunger-Free Kids Act of 2010 (HFFKKA), which amended Section 28 of the FNA of 2008, transformed SNAP-Ed into the Nutrition Education and Obesity Prevention Grant Program. The HFFKKA restructures
SNAP-Ed to emphasize obesity prevention in addition to nutrition education. SNAP-Ed is mainly aimed at helping low-income households, particularly SNAP recipients, to make healthy food choices on a limited budget and increase physical activity consistent with the message reflected in the current Dietary Guidelines for Americans and MyPlate. FNS encourages states to focus their efforts on the following behavioral outcomes for SNAP-Ed participants:

- Make half your plate fruits and vegetables, at least half your grains whole grains, and switch to fat-free or low-fat milk and milk products;
- Increase physical activity and reduce time spent in sedentary behaviors as part of a healthy lifestyle; and,
- Maintain appropriate calorie balance during each stage of life --- childhood, adolescence, adulthood, pregnancy and breastfeeding, and older age.

In addition to reshaping SNAP-Ed’s emphasis, the HHFKA requires SNAP-Ed to address the following rules that became effective April 5, 2013:

- Promote healthy food choices consistent with the most recent Dietary Guidelines for Americans.
- Provide coordinated services to participants in all Federal food assistance programs and other low-income persons.
- Coordinate and collaborate among Federal agencies and stakeholders, including the public health community.
- Implement activities that are evidence-based and outcome driven, ensuring accountability and transparency through State plans and collaboration among stakeholders.

To identify evidence-based strategies to incorporate into SNAP-Ed programming, the HHFKA requires FNS to consult with various stakeholders and experts, including the director of the Centers for Disease Control and Prevention (CDC), representatives of the academic and research communities and State and local governments, nutrition education practitioners, and community organizations that serve low-income populations.

Incorporating the Socio-Ecological Model (SEM) into SNAP-Ed Activities

FNS sought definitions of nutrition education and obesity prevention services to help develop SNAP-Ed activities. Isobel R. Contento describes nutrition education as “any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other nutrition-related behaviors conducive to health and well-being; nutrition education is delivered through multiple venues and involves activities at the individual, community and policy levels”. CDC defines obesity prevention services as “interventions that address one or multiple levels of the socio-ecologic model (SEM) related to nutrition, physical activity, or select lifestyle behaviors that have been shown to impact obesity, and address that level through policy, system, and environmental supports”. Institute of Medicine (IOM) states that “the most promising approaches for obesity prevention are population-based and multilevel, focus on environmental and policy change, and require participation from actors in multiple sectors”. In accordance with these definitions, the SEM has been incorporated into SNAP-Ed activities through the following approaches:
- Individual and group-based nutrition education, health promotion, and intervention strategies are the most common level of nutrition education delivery in SNAP-Ed. Activities conducted using this approach remain essential; however, the activities must be evidence-based and combined with multi-level interventions and/or community and public health approaches to support individual behavior change.\textsuperscript{11}

- Comprehensive, multi-level interventions at multiple complementary organizational and institutional levels. These approaches may address several or all levels of the SEM and may target individuals, families, organizations, communities, social norms, and public policy.

- Community and public health approaches to improve nutrition. Community and public health approaches include three complementary and integrated elements: education; marketing/promotion; and policy, systems, or environmental (PSE) change interventions. Since PSE change is a way of modifying the environment to make health choices practical and available to a large segment of population, three elements together are more effective for obesity prevention than any element alone. To reach large numbers of low-income people and prevent obesity in an effective way, states are required to combine PSE strategies with education.\textsuperscript{16}

| Table 1. PSE Definition and Examples\textsuperscript{17} |
|-----------------|-----------------|-----------------|
| **Type of Change** | **Definition** | **Examples** |
| Policy | Policy change includes the passing of laws, ordinances, regulations, or rules. | • Requiring chain restaurants to provide calorie information on menus  
• Establishing a school policy to prohibit soft drinks in vending machines |
| Systems | Systems change involves changes made to the rules across the network of an organization, institution, or community. | • Implementing the Universal Free Breakfast across the state school system  
• Ensuring parks/recreation centers have healthy food vending options available |
| Environmental | Environmental change involves changes to the physical, social, or economic environment. | • Building sidewalks and bike routes in the community  
• Provide worksites and employees with access to fresh, local fruits and vegetables |

Changes to Funding Allocations

The HHFKA of 2010 restructured funding for SNAP-Ed from state and local matching funds to a capped grant. Previously, states were given the option of applying for matching funds from the federal government to deliver SNAP-Ed to eligible individuals. States contracted with several implementing agencies such as Cooperative Extension services and food banks to deliver SNAP-Ed. Each implementing agency had to submit a proposal to the state that detailed what kind of nutrition education they delivered and how much funding they were willing to set aside for SNAP-Ed. The state then had to submit an inclusive state nutrition plan to the FNS for approval. With the FNS approval, the implementing agencies then submitted invoices for SNAP-Ed expenses to the state, which reimbursed the expenses from the federal government funds.\textsuperscript{11}
Currently, states no longer have to provide matching funds. The federal government provided 100% funding for the SNAP-Ed program with a national cap of $375 million for FY 2011. For FY 2011-2013, each state received a two-year grant based on its share of total National SNAP-Ed expenditures in 2009. Beginning in FY 2014, states received 90% of what they received in FY 2009, and 10% of the funds states received based on the number of SNAP participants served in the preceding 12-month period ending January 31, 2013. Every year, the allocation will shift by 10% so that by 2018, the division will be 50% guaranteed, and 50% based on the number of SNAP participants from the previous year. If a state does not use all the funds allocated by the USDA for SNAP-Ed, the Secretary of Agriculture will reallocate unexpended funds to other states.11

2. Pennsylvania SNAP-Ed: Nutrition Education TRACKS

Under current regulations, states have the option of providing SNAP-Ed to SNAP recipients and eligible audiences as part of SNAP program operations, but the FNS strongly encourages states to participate.18 States that are interested in SNAP-Ed must submit an annual SNAP-Ed plan to the FNS in order to request grant funds to implement SNAP-Ed activities.19 The FNS also releases SNAP-Ed Plan Guidance annually to assist states in planning and implementing SNAP-Ed.19

In Pennsylvania, the Department of Public Welfare (DPW) administers both SNAP and SNAP-Ed. DPW contracts with Pennsylvania State University (PSU) to manage and implement the SNAP-Ed Plan that has been approved by the FNS. Pennsylvania SNAP-Ed is called Pennsylvania Nutrition Education Tracks (TRACKS). TRACKS is a statewide program that partners with local agencies to deliver nutrition education to low-income Pennsylvanians. In Pennsylvania’s SNAP-Ed program, the term “Track” refers to a statewide intervention that is implemented by local partners. TRACKS is structured in three specific life-cycle programming areas: Adult/Senior Track, School-Age Track, and Preschool Track.20,21

Adult/Senior Track

The Adult/Senior Track provides nutrition education to SNAP eligible individuals aged 18 and older. The primary audience is caregivers with dependent children. TRACKS partners such as Penn State Extension Nutrition Links and Adagio Health provide audiences with nutrition education based on evidence-based curricula (see examples in Table 2) through direct or indirect education. Direct education for this track includes series or single session group classes, one-on-one education, online modules, food demonstrations and tastings, and community health fairs. Indirect education is delivered via community events, food tastings, and printed materials such as newsletters or fact sheets to supplement the direct education. Adult/Senior Track delivery sites include county assistance offices, food pantries, Commodity Supplemental Food Program (CSFP) distribution sites, public housing, farmers markets, grocery stores with SNAP redemption more than $50,000 monthly, group living sites where more than 50% of residents receive or are eligible for SNAP benefits, health care sites serving low income patients, and senior centers where more than 50% of clients receive Farmers’ Market Nutrition Program (FMNP) vouchers.21

School-Age Track

The School-Age Track provides nutrition education to SNAP eligible children aged 5-17 (K-
12th grade). While the primary audience is children aged 5-17, caregivers are often included to improve family nutrition behaviors and increase reach to adults. TRACKS partners such as Drexel University and The Food Trust provide nutrition education based on evidence-based curricula (see examples in Table 2) to children or caregivers through direct or indirect education. Direct education for this track includes single or series session classes, class or school assemblies, web-based educational activities, computer games, food demonstrations and tasting, and school gardens. Indirect education is delivered via community events, food tastings, newsletters, fact sheets, posters, bulletin board displays, and classroom TV programming to supplement the direct education. School-Age Track delivery sites are primary schools where at least 50% of students who are eligible for free or reduced lunch.

Preschool Track

The Preschool Track provides nutrition education to preschool age children from SNAP eligible families. Since caregivers are responsible for selecting food for preschoolers, preschoolers and caregivers are both targeted by the Preschool Track. TRACKS partners such as Einstein Healthcare Network and Center for Childhood Obesity Research provide nutrition education based on evidence-based curricula (see examples in Table 2) to preschoolers or caregivers through direct or indirect education. Direct education for preschoolers includes food tasting and recognition, and a series lessons involving hands-on activities, songs, games, and books. Indirect education is provided via family events, food tastings, and distribution of newsletters or fact sheets to caregivers. Preschool Track delivery sites are primarily preschools and day care facilities.

III. Pennsylvania Nutrition Education TRACKS Implementation

Partnerships For TRACKS Implementation

TRACKS partners with local agencies to deliver SNAP-Ed to low-income Pennsylvanians. TRACKS partners coordinate with each other not only for nutrition education, but also other nutrition-related programs such as the Expanded Food and Nutrition Education Program (EFNEP) and Women, Infants, and Children (WIC). For example, TRACKS partners may partner with school wellness programs to provide nutrition education and obesity prevention services to SNAP-Ed eligible schools. TRACKS partners may also collaborate with the Congregate Meal Program to provide SNAP-Ed to eligible senior centers.

TRACKS partners are encouraged to communicate their efforts to avoid delivering the same services in the same PA county and same Track. TRACKS partners that serve the same location are required to implement a Letter of Agreement, which provides details on services provided by each partner and how data will be reported to avoid duplication of services and to avoid reporting data on the same participants, respectively. For instance, TRACKS partners that have WIC-based/school-based/Head Start based interventions complete Memoranda of Understanding (MOU) that outline the responsibilities of all parties to coordinate nutrition education efforts.

Pennsylvania Nutrition Education Network (PANEN) is one of TRACKS partners and also the SNAP-Ed representative. PANEN provide a statewide forum to facilitate communication and collaboration among individuals and organizations that provide nutrition education materials to SNAP-Ed eligible Pennsylvanians via professional development activities and
the sharing of information and best practices. PANEN works to identify evidence-based activities that are eligible for SNAP-Ed and ensure those activities are available across the state.\textsuperscript{22}

According to FY 2013 PA SNAP-Ed Statewide Report, TRACKS local partners provide nutrition education in all 67 PA counties (Appendix 1). TRACKS partners deliver over 400,000 education sessions annually in more than 2,000 sites including: public schools, preschools, food pantries, county assistance offices, senior centers, Head Start programs, after school programs, public housing, and farmers markets.\textsuperscript{23}

**Education Strategies/Evidence-based Nutrition Education**

As previously described, TRACKS partners provide direct education and indirect education to low-income Pennsylvanians and choose different education strategies for their specific tracks. Direct education includes single or series session group classes, one-on-one education, online modules, food demonstrations, food tasting/ recognition, community health fairs, and school gardens. Indirect education is delivered via community events and printed materials such as newsletters or fact sheets to supplement the direct education.\textsuperscript{21}

Curricula and supporting materials used to provide direct or indirect education are based on one of two kinds of evidence: research-based or practice-based. Research-based curricula have been tested via impact studies that included control groups; practice-based curricula have been tested via case studies, pilot studies and/or outcome studies. Results of these studies have shown obesity prevention potential.\textsuperscript{21}

**Table 2. Examples of Existing Educational Curricula\textsuperscript{21}**

<table>
<thead>
<tr>
<th>Type of Track</th>
<th>Title of Curriculum</th>
<th>Evidence base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult/Senior Track</td>
<td><strong>About Eating</strong></td>
<td>Practice-based. <em>About Eating</em> is 6 web-based modules focused on physical activity, body image, eating attitudes, food acceptance, regulation of food intake, and contextual skills such as meal planning and shopping on a budget.</td>
</tr>
<tr>
<td></td>
<td><strong>A New You: Health for Every Body</strong></td>
<td>Practice-based. <em>A New You: Health for Every Body</em> is a 10-lesson curriculum offers insights and tools for setting and achieving goals for health behavior changes in the areas of food, physical activity and body image.</td>
</tr>
<tr>
<td>School-Age Track</td>
<td>4\textsuperscript{th} Grade Vegetable Core</td>
<td>Research-based. <em>4\textsuperscript{th} Grade Vegetable Core</em> is a 4-lesson curriculum to improve 4\textsuperscript{th} grade children’s knowledge and behaviors related to vegetables.</td>
</tr>
<tr>
<td></td>
<td><strong>NEEDs for Bones</strong></td>
<td>Practice-based. <em>NEEDs for Bones</em> is a 4-lesson curriculum focused on teaching 11 to 14 year olds about calcium and its impact on health.</td>
</tr>
<tr>
<td>Preschool Track</td>
<td><strong>Color Me Healthy</strong></td>
<td>Research-based. <em>Color Me Healthy</em> is designed to improve fruit and vegetable intake and increase physical activity among children ages 4-5 years.</td>
</tr>
</tbody>
</table>
Environmental Supports for Nutrition Education and/or Physical Activity

Environmental supports may include changes in organizational practices, a policy change, or system changes. Some TRACKS partners offer environmental supports in the settings where nutrition education and physical activity are provided. For example, the Food Trust operates farmers markets in Philadelphia. The Food Trust farmers markets located in low-income areas provide cooking and nutrition education to ensure that a SNAP-Ed eligible audience has access to healthy food and information to make healthy decisions. Several TRACKS have identified grocery stores with SNAP redemption more than $50,000 monthly to serve as their program delivery sites, and provide nutrition education in these stores.

IV. Challenges of SNAP-Ed policy changes

Adequate resources and organizational capacity are necessary for successful implementation of recent policy changes on the delivery of SNAP-Ed. As SNAP-Ed shifts its focus from nutrition education alone to nutrition education plus obesity prevention with emphasis on evidence-based PSE changes, states face several challenges to implementing the policy changes. These challenges, discussed below, were identified as major barriers to implementing those policy changes.

Need for Additional Training

Studies have identified limited workforce skills as a barrier to implementing PSE changes in obesity prevention. Stamatakis et al. conducted 28 key informant interviews with state and regional health department employees from 22 states. Informants mentioned that "policy and environmental change is still very new that requires a different skill set. They are asking local health to talk to planners, municipal engineers, mayors....Policy and environmental change is a new and different way of doing business." Fagen et al. interviewed school district personnel, technical assistance (TA) providers, and Communities Putting Prevention to Work (CPPW) staff in order to understand how school districts were conducting their PSE change work, and what barriers and facilitators they were encountering. The results show that though policies might be created at the district level, schools will ultimately be tasked with implementing PSE changes and so it will be necessary to train school-level personnel such as teachers and food service directors how to make those changes. To implement successful PSE changes, developing staff with skill in this area will be necessary as SNAP-Ed shifts its focus from nutrition education to nutrition education plus PSE changes for obesity prevention.

Access to Existing Evidence-Based PSE Interventions

The HHFKA requires SNAP-Ed to implement activities that are evidence-based and combined with multi-level interventions and/or community and public health approaches to
support individual behavior change. However, unlike other areas of public health practice, obesity prevention does not have clear sets of guidelines grounded in the evidence. A study conducted by Stamatakis et al. has shown that local health departments and the local communities often use the strategies least supported by research to address obesity prevention. For instance, local health departments enjoyed having community health fairs that did not lead to sustainable policy change in the community. In Pennsylvania, TRACKS provides a list of evidence-based curricula that are allowable for SNAP-Ed use, but only a few of them address PSE changes. Therefore, to help states plan their SNAP-Ed PSE interventions, states will need access to existing evidence-based PSE interventions.

Need for New Partnerships

Studies have shown that successful implementation of PSE interventions requires the formation of partnerships, advisory boards, and coalitions to bring stakeholders together to promote PSE changes. Barnidge et al. conducted key informant interviews with public health professionals who engaged in planning, implementing, or evaluating environmental or policy interventions to promote physical activity or healthy eating. The key informants stated that it was necessary to develop partnerships with the right people. Also, it is important to use existing networks and build on the work that is already being done, and facilitate partnerships with non-traditional partners. Fagen et al. reported that school districts with existing partnerships were well positioned to pursue and achieve PSE changes. Building partnerships with local business provided additional funding for school gardens or other health promotion initiatives. Fagen et al. also stated that strong leadership is critical to PSE interventions, and an expert can help sustain PSE change efforts. To help states effectively and successfully implement SNAP-Ed PSE changes, states are strongly encouraged to develop new or enhance existing partnerships with groups that have experience with PSE changes.

Maintaining Adequate Funding

A reduction of SNAP-Ed funding not only limits nutrition education to SNAP eligible audiences, but also impedes SNAP-Ed PSE changes. As previously described, beginning with FY 2014, SNAP-Ed funding allocation is based on state shares of SNAP-Ed expenditures in addition to state shares of SNAP participation, and the weight of expenditures to participation will be adjusted annually until the ratio of expenditures to participation is 50/50 in FY 2018. In FY 2014, Pennsylvania received $24,832,680 in SNAP-Ed funding, and North Carolina received $2,945,642. In FY 2015, an estimated $24,103,597 will be received by Pennsylvania and $4,191,931 by North Carolina. Since the final SNAP participation data are not yet available, FY 2015 estimated allocations are for planning purposes only and do not reflect final state allocations. To ensure SNAP recipients and eligible audiences receive SNAP-Ed services, states such as Pennsylvania must make every effort to protect SNAP-Ed funding from further cuts.

V. Conclusions

Although recent policy changes to SNAP-Ed create challenges, these changes also present opportunities. Opportunities for increasing staff capacity for PSE changes include providing training workshops or webinars through public health professional organizations such as State Departments of Public Health and the National Association of County and City Health Officials. On February 27, 2014, California SNAP-Ed Implementing Agencies held the
SNAP-Ed Local Implementing Agency Forum to bring all SNAP-Ed Implementing Agencies and subcontractors together. The Forum provided: 1) SNAP-Ed Integrated Work Plan Sessions that focused on facilitated work to move forward on planning and developing an integrated work plan for local jurisdictions, and 2) SNAP-Ed Interventions Training Sessions that focused on training to build knowledge, skills and capacity around evidence-based SNAP-Ed interventions. Arizona’s State Health Department has partnered with Change Lab Solutions to put together a series of webinars for their staff. In Pennsylvania, PANEN or TRACKS may offer training workshops to help local partners get ready for SNAP-Ed PSE changes. To provide access to existing evidence-based PSE changes, the SNAP-Ed Strategies and Interventions Toolkit was developed by USDA, the Center for Training and Research Translation (Center TRT) at UNC Center for Health Promotion and Disease Prevention, and the National Collaborative on Childhood Obesity Research (NCCOR) to help states identify evidence-based PSE change strategies and interventions to include in their SNAP-Ed Plans. The Center TRT and Research-tested Intervention Programs (RTIPs) websites also provide easy access to evidence-based materials.

States are strongly encouraged to develop new or enhance existing partnerships with groups already engaged in PSE changes in order to effectively and successfully implement SNAP-Ed PSE changes. For example, TRACKS local partners could build partnerships with school districts and develop joint use agreements to allow children and families to use school facilities such as gyms, playgrounds, and sports fields during non-school hours. TRACKS partners could establish partnerships with local Safe Routes to School chapters to create safe environments for children to bicycle and walk to and from schools. Other groups like the Communities Putting Prevention to Work (CPPW) initiative, the National School Lunch Program (NSLP), and CDC’s Division of Nutrition, Physical Activity, and Obesity (DNPAO) that have already engaged in PSE changes are ideal partners.

Maintaining adequate funding is critical for states to operate their SNAP-Ed services. Because the weight of SNAP participation in determining budget increases annually, states can avoid further cuts by reaching out to more people, particularly underserved groups including newly jobless workers, low-income workers, working families with children, older adults, immigrants, homeless people, and rural populations. The Montana Food Bank Network holds SNAP application workshops for workers at WIC Program offices and Head Start locations to learn the details of SNAP. The partnership allows WIC and Head Start providers to help reach more eligible families. The Greater Philadelphia Coalition Against Hunger provides application assistance to immigrants through partnering with community-based organizations representing different immigrant communities such as the Philadelphia Chinatown Development Corporation, and the Philadelphia Arab-American Community Development Corporation.

In summary, recent policy changes to SNAP-Ed pose both challenges and opportunities. Although most states have experience operating their SNAP-Ed programs, the changes in SNAP-Ed policy require states to reassess their existing resources and organizational capacity. States may also have to build new capacities in order to overcome the challenges. To achieve SNAP-Ed’s goal to help SNAP eligible audiences make healthy food choices on a limited budget and increase physical activity consistent with the messages in the current Dietary Guidelines for Americans and MyPlate, states must make every effort to ensure adequate program capacity and program services.
VI. References


VII. Appendices

Appendix 1. FY 2013 TRACKS Local Partners and Delivery Areas

- Adagio Health
- Albert Einstein Healthcare Network
- Commission on Economic Opportunity
- CAP of Lancaster County
- Drexel University
- Fayette County Community Action Agency
- The Food Trust
- Fulton County Food Basket
- Health Promotion Council of Southeastern PA
- Maternal & Family Health Services
- Penn State Cooperative Extension Nutrition Links
- Penn State Cooperative Extension of Westmoreland County
- Penn State Faculty Projects
  - Center for Childhood Obesity Research • NEEDs Center
  - Cooking Camp • Dr. Rhonda Belue • Dr. Lori Francis • Dr. Matt Kaplan
- Pennsylvania Nutrition Education Network (Indirect Only)
- School District of Philadelphia
- Urban Nutrition Initiative
- Williamsport Area School District