The Southeast Multi-State Racial and Health Equity SNAP-Ed Needs Assessment
Federal Fiscal Year 2022

FULL REPORT

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Acknowledgments

***Please note all quotes in this report represent the perspectives and views of the survey participants and interviewees.

Table of Contents

Abbreviations

CWN	Center for Wellness and Nutrition
DEI	Diversity, Equity, and Inclusion
FFY	Federal Fiscal Year
FNS	Food and Nutrition Service
IA	Implementing Agency
PHI	Public Health Institute
PSE	Policy, Systems, and Environmental
SER	Southeast Region
SER EWG	Southeast Region Evaluation Working Group
SNAP	Supplemental Nutrition Assistance Program
SNAP-Ed	Supplemental Nutrition Assistance Program Education
USDA	United States Department of Agriculture

Executive Summary

Background

The Supplemental Nutrition Assistance Program Education (SNAP-Ed) is the largest federal nutrition education program administered by the United States Department of Agriculture Food and Nutrition Service. In the federal fiscal year 2022, four Food and Nutrition Service Southeast Region states (Georgia, Mississippi, North Carolina, and South Carolina) and 18 implementing agencies from these states in partnership with Public Health Institute Center for Wellness and Nutrition, jointly decided to undertake a formative evaluation to identify strategies to ensure that a racial equity lens is used in the context of the *SNAP-Ed Evaluation Framework*, specifically related to the following priority indicators: MT1, 2, 5, 6, and ST5. Although there is no definition of equity or racial equity in the SNAP-Ed guidance or *SNAP-Ed Evaluation Framework*, equity involves giving people what they need to enjoy full, healthy lives. This project focused specifically on racial equity and defined it as, "a process of eliminating racial disparities and improving health outcomes for everyone."

The Public Health Institute Center for Wellness and Nutrition facilitated monthly Southeast Region Evaluation Working Group (SER EWG) meetings with representatives from participating states and implementing agencies to collaborate on the project's evaluation goals, objectives, and interpretation. The SER EWG provided input into the methods used, and survey tools implemented, identified key leaders to interview, and reviewed the overall results and recommendations. Additionally, two volunteers provided feedback on this report before finalizing.

Methods

Literature Review

A systematic and comprehensive literature review was conducted for selected indicators to determine the need for a racial equity lens to be applied to SNAP-Ed framework activities as well as to identify best practices and existing frameworks for conducting a similar type of evaluation with a racial equity lens. Indicators of interest were identified by participating states and implementing agencies to include MT1: Healthy Eating, MT2: Food Resource Management, ST5: Need and Readiness, MT5: Nutrition Supports, and MT6: Physical Activity Supports.

SNAP-Ed Implementer Survey

An electronic survey, hosted by Survey Monkey for SNAP-Ed implementers was developed to better understand the perception of current practices and needs for tailored approaches for racial and ethnic groups served by SNAP-Ed programs. The Public Health Institute Center for Wellness and Nutrition worked collaboratively with the SER EWG members to develop the survey tool. Before answering the first survey question, informed consent was obtained by informing participants that participation was strictly voluntary.

Stakeholder Key Informant Interviews

Key informant interviews were conducted with leaders in SNAP-Ed and related programs with expertise in racial equity strategies in the Southeast region and across the country to get a

broad understanding of equity practices in SNAP-Ed implementation. The focus of the interviews was on nutrition and food security evaluation to inform promising practices and recommendations. Purposeful sampling, including recommendations from SER EWG members, was used to identify key informants to complete the interviews. Finalized notes were uploaded and analyzed using Dedoose qualitative software. Data analysis was undertaken using content analysis and the use of an inductive analysis allowed unrestricted analysis of the data.

Findings

Literature Review

Several racial disparities were identified in the literature for the SNAP-Ed indicators, suggesting the need for modifications within the *SNAP-Ed Evaluation Framework* as well as to SNAP-Ed programming itself. It is also critical that SNAP-Ed programs consider systemic barriers to equity and are looking at data disaggregated by race/ethnicity to better understand disparities in their communities/interventions.

SNAP-Ed Implementer Survey

Eighty-two implementers across all four study states completed the survey. The majority of respondents were coordinators, managers, directors, or nutrition educators, White, and very few spoke a language other than English. About half of the respondents indicated that their organization aims to increase the racial and ethnic diversity of their staff. The primary way they are serving diverse populations is by using translated materials, providing equity training, or using culturally adapted curricula. However, they report that they need more translated materials, training, and culturally adapted curricula to better serve their populations.

Although some cultural adaptations are being used, most direct education is being taught in English. Over half of the respondents are collecting feedback about direct education at the end of every session or series. Almost all respondents indicated that racial/ethnic diversity and inclusion are at least sometimes considered when planning programs and that input from SNAP-Ed populations from diverse racial/ethnic groups is included in the policy, systems, and environmental planning.

Stakeholder Key Informant Interviews

Seven key informants with experience incorporating racial equity in SNAP-Ed or a closely related nutrition program with familiarity with the *SNAP-Ed Evaluation Framework* were interviewed. The objectives of the interviews were twofold; first, to determine the barriers and facilitators faced by those implementing racial equity efforts within SNAP-Ed, and second, to collect recommendations for incorporating and addressing racial equity in the *SNAP-Ed Evaluation Framework*.

Several barriers were identified including the lack of defining equity, framing racial equity, and naming racism. Additionally, the lack of leadership support, workforce diversity, and authentic community engagement were also seen as barriers. Lastly, systems, structural barriers, and rigid timelines were all pointed out as obstacles to equity work in SNAP-Ed. The three primary facilitators of equity work were identified under the categories of partnerships, building bridges with strong community champions, and investing in capacity building and training for staff and

partners. Interviewees' recommendations are incorporated in the overall recommendations of this report.

Conclusions

The following conclusions were drawn from the comprehensive needs assessment based on general themes that were seen across multiple components (literature review and environmental scan, staff survey, and key informant interviews). Common themes include a lack of knowledge around what equity means, as it is not universally defined, or understood how it can be applied to SNAP-Ed work consistently, indicating a need for more diversity, equity, and inclusion training for staff and the SNAP-Ed community. Leadership support for equity work also varies across different organizations, thus making it harder to shift the culture resulting in various levels of equity work happening across SNAP-Ed. There is also a need to develop more diverse resources and increase workforce diversity. Additionally, community engagement that includes residents with lived experience and local trusted partners and leaders can help agencies serve the SNAP-Ed population better.

Recommendations

In general, reducing the required number of indicators and sub-indicators measured annually in SNAP-Ed would be beneficial to support a more equitable approach to evaluation. In addition, allowing different methods like collecting qualitative feedback or other community inputs beyond traditional metrics can help capture what success looks like in diverse communities. Below are specific recommendations that will make SNAP-Ed programming and evaluation activities more equitable and better serve the unique needs of diverse low-resourced communities in the Southeast and across the country. **An overarching recommendation is to pilot a subset of these recommendations with interested implementing agencies across the participating four states to assess the recommendations in practice and build evidence for using an equity approach in SNAP-Ed programs.**

- Adopt a Common Definition of Equity.

- Adapt Program Timelines and Funding Models for a more Equitable Approach.

- Build a Diverse and Equity-Focused SNAP-Ed Workforce.

- Create and Adapt Nutrition Education Curriculum and Resources to be more Culturally and Linguistically Responsive.

- Build Strategic and Inclusive Partnerships.

- Community Engagement Opportunities for SNAP-Ed Eligible Residents.

- Disaggregate Data by Race/Ethnicity.

- Deemphasize Individual Behavior Change.

- Fix Methodological Issues with priority indicators and Survey Tools.

Background

SNAP-Ed (Supplemental Nutrition Assistance Program Education) is the largest federal nutrition education program administered by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS). SNAP-Ed is designed to increase the likelihood that individuals with limited budgets can eat a healthy diet and achieve a physically active lifestyle based on the *2020-2025 Dietary Guidelines for Americans* (U.S. Department of Health and Human Services & U.S. Department of Agriculture, 2020). SNAP-Ed implements evidence-based programs that provide nutrition and physical activity education, environmental changes using public health approaches, and social marketing campaigns and promotion to increase awareness and nudge behavior change. To ensure consistent and high-quality evaluation of SNAP-Ed interventions, the USDA FNS adopted the *SNAP-Ed Evaluation Framework* for its programs nationally in 2016. This framework includes recommendations for assessing and reporting on short-term, medium-term, and long-term indicators that evaluate outcomes related to individual, environmental and multi-sectoral changes.

Since 2015, the Public Health Institute Center for Wellness and Nutrition (PHI CWN) has coordinated with the USDA FNS Southeastern Regional Office in the implementation of SNAP-Ed evaluation projects. PHI CWN worked directly with representatives from the state and local SNAP-Ed implementing agencies to select and evaluate common, priority indicators from the *SNAP-Ed Evaluation Framework*. The FNS Southeast Region (SER) includes eight states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. Two regional evaluation projects in 2017 and 2020 have been completed.

In federal fiscal year (FFY) 2022, four SER states (Georgia, Mississippi, North Carolina, and South Carolina) and 18 implementing agencies from these states in partnership with PHI CWN, jointly decided to undertake a formative evaluation to identify strategies to ensure that a racial equity lens is used in the context of the *SNAP-Ed Evaluation Framework*, specifically related to the following priority indicators: MT1, 2, 5, 6, and ST5. Equity and racial equity are ill-defined within SNAP-Ed and these concepts are also not well defined outside of SNAP-Ed consistently. There is no definition of equity in the SNAP-Ed guidance or *Evaluation Framework*. Equity involves giving people what they need to enjoy full, healthy lives. This project focused specifically on racial equity and defined racial equity as, "a process of eliminating racial disparities and improving health outcomes for everyone." Racial equity is the intentional practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color (Race Forward).

PHI CWN facilitated monthly Evaluation Working Group (EWG) meetings with representatives from participating states and implementing agencies (Table 1) to collaborate on the project's evaluation goals, objectives, and interpretation. The EWG provided input into the methods used, survey tools implemented, identified key leaders to interview, and reviewed the overall results and recommendations and two volunteers provided feedback on this report before finalizing.

Table 1. Participating SER Implementing Agencies in FFY 2022

State	Implementing Agency*
Georgia	**Georgia Department of Public Health (DOH)**
	HealthMPowers
	Open Hand Atlanta
	The University of Georgia College of Family and Consumer Sciences

State	Implementing Agency*
Mississippi	**Mississippi State University**
North Carolina	Alice Aycock Poe Center for Health Education
	Down East Partnership for Children
	Durham County Health Department
	East Carolina University
	North Carolina Agricultural and Technical University
	North Carolina State University
	Second Harvest Food Bank of Northwest North Carolina
	University of North Carolina at Chapel Hill
	University of North Carolina at Greensboro
South Carolina	**Clemson University, Youth Learning Institute (CYLI)**
	Lowcountry Food Bank (LCFB)
	South Carolina Department of Health and Environmental Control (DHEC)
	University of South Carolina Arnold School of Public Health

*Evaluation Working Group participants listed in **bold** above*

Methods

Literature Review

A literature review was conducted for selected indicators to determine the need for a racial equity lens to be applied to SNAP-Ed framework activities as well as to identify best practices and existing frameworks for conducting a similar type of evaluation with an equity lens. During the initial SER EWG meeting, indicators of interest were identified by participating states and implementing agencies focusing on those that are commonly reported for state and national deliverables for SNAP-Ed programming and have been previously evaluated across the region. These indicators include MT1: Healthy Eating, MT2: Food Resource Management, ST5: Need and Readiness, MT5: Nutrition Supports, and MT6: Physical Activity Supports (Table 2).

Table 2: Indicators of Interest for Literature Review

SNAP-Ed Indicator	Outcome Indicators
MT1: Healthy Eating	MT1c. Ate more than one kind of fruit MT1d. Ate more than one kind of vegetable MT1g. Drinking water MT1h. Drinking fewer sugar-sweetened beverages MT1i. Consuming low-fat or fat-free milk, milk products, or fortified soy beverages MT1l. Cups of fruit consumed per day MT1m. Cups of vegetables consumed per day
MT2: Food Resource Management	MT2a. Choose healthy foods for my family on a budget MT2b. Read nutrition facts labels or nutrition ingredients lists MT2g. Not run out of food before month's end MT2j. Shop with a list
ST5: Need and Readiness	ST5a. Number of SNAP-Ed staff who have documented readiness for changes in PSE ST5b. Number of sites or organizations with an identified need for improving access or creating appeal for nutrition and physical activity supports ST5c. Number of organizations or sites that have documented readiness for changes in PSE
MT5: Nutrition Supports	MT5a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for healthy eating MT5b-d. Total number of policy, systems, environmental changes MT5e. Total number of promotional efforts for a PSE change MT5f. Reach
MT6: Physical Activity Supports	MT6a. Number and proportion of sites or organizations that make at least one change in writing or practice to expand access or improve appeal for physical activity or reduced sedentary behavior MT6b-d. Total number of policy, systems, environmental changes MT6e. Total number of promotional efforts for a PSE change MT6f. Reach

The literature review was undertaken using a systematic and comprehensive approach. Biomedical and life sciences literature was searched via PubMed[1] using unique and tailored

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[1] https://pubmed.ncbi.nlm.nih.gov/

search terms (e.g., including Medical Subject Headings (MeSH) terms) for each SNAP-Ed Framework Indicator of interest. Relevant articles published since 2000 were reviewed and a summary of disparities in outcomes based on racial/ethnic differences was recorded as well as social determinants of health and/or barriers to implementation. In addition to the scientific literature search, a targeted search of national surveillance and epidemiological datasets, including grey literature and additional articles was conducted to fill in gaps in the review. Articles were organized into a matrix by SNAP-Ed indicator or topic area highlighting relevant information from each article, such as the presence of racial disparities, equity frameworks, and cultural adaptations to SNAP-Ed evaluation.

SNAP-Ed Implementer Survey

An electronic survey for SNAP-Ed implementers was developed to better understand the perception of current practices and needs for tailored approaches for racial and ethnic groups served by SNAP-Ed programs. PHI CWN worked collaboratively with the SER EWG members to develop the survey tool and one implementing agency pre-tested the questionnaire with SNAP-Ed implementers in their state (Appendix I). The survey included both quantitative and qualitative questions about the demographics of the respondents and the populations they serve, how they adapt direct education tools to meet the needs of diverse populations, how race and ethnicity, and community feedback are incorporated into direct education and policy, systems, and environmental (PSE) planning, workforce diversity policies, and to gather what supports or resources implementers need to better serve their communities.

SNAP-Ed implementers were contacted via email with information about the study and a link to the online survey hosted by SurveyMonkey. Before answering the first survey question, informed consent was obtained by informing participants that participation was strictly voluntary and providing information about the study's purpose, how the data would be used, and who to contact with questions. If a respondent did not wish to participate, they were directed to the end of the survey.

The survey was administered from March 15 through May 1, 2022, with a total of 82 respondents across all four participating states (GA, MS, NC, SC). Survey data were downloaded and examined for completeness. Descriptive statistics were produced for each quantitative question using R Statistical Software and Microsoft Excel for Windows. Open-ended question responses were reviewed and categorized into overarching themes and relevant quotes were highlighted for reporting.

Stakeholder Key Informant Interviews

Key informant interviews were conducted with leaders in SNAP-Ed and related programs with expertise in racial equity strategies in the Southeast region and across the country to get a broad understanding of equity practices in SNAP-Ed implementation. The focus of the interviews was on nutrition and food security evaluation to inform promising practices and recommendations. The interviews aimed to 1) capture participants' past experiences incorporating racial equity in SNAP-Ed, food, nutrition, and evaluation programs, 2) determine the facilitators and barriers faced by participants in SNAP-Ed and racial equity work, and 3) collect participant recommendations for incorporating and addressing racial equity in the *SNAP-Ed Evaluation Framework* indicators and/or measures.

Purposeful sampling, including recommendations from EWG members, was used to identify key informants to complete the interviews. All participants were contacted via a standard introductory email, which was followed up with further information on the study based on their initial response. Nine participants were invited to participate, two did not respond, and seven responded positively. Verbal consent was obtained from key informant participants before the interviews. All participants agreed to be interviewed, to have their interviews recorded, and to have their data utilized in the final report.

The study conducted key informant interviews using a structured interview guide (Appendix II). The interview guide started with introductory questions before focusing on experiences, barriers, facilitators, and recommendations. The interviews were carried out by two team members experienced in conducting qualitative interviews. The interviews were audio recorded online using the platform Zoom, between May 12 and June 3, 2022. The interviews lasted between 45 and 75 minutes and were stored securely on the PHI CWN password-protected internal drive.

Notes were taken during the meetings, and audio recordings were transcribed on Zoom to supplement the notes. Finalized notes and transcripts were uploaded and analyzed using Dedoose qualitative software. Data analysis was undertaken using content analysis. The use of an inductive approach allowed for unrestricted analysis of the data. The interviews were coded in Dedoose, then the codes were grouped into larger categories (Mayring, 2014).

The study results are supported using direct participant quotes selected for poignancy (Anderson, 2010, Sandelowski, 1994). Each quote is identified with the participant's name, place of work, and years of experience with public health programs.

Results

Literature Review

There were 931 peer-reviewed articles identified for review from the systematic search. After narrowing the selection based on applicability to nutrition, SNAP-Ed, and equity, 53 articles were included that explored disparities in outcomes based on racial/ethnic differences for SNAP-Ed-related indicators. In addition, various other relevant grey literature and organizational documentation were reviewed to examine best practices in programming and evaluation for racial equity. The literature review results by indicator (as identified in Table 2) are described below.

Framework for Racial Equity Practices in Evaluation

In examining best practices in evaluation for racial equity, the equity-oriented *Obesity Prevention Action Framework* and the Kellogg Foundation's practice guide three-part series *Doing Evaluation in Service of Racial Equity* for evaluation professionals were used to develop a combined framework (Figure 1).

Figure 1. Combined Equity Framework for Evaluation
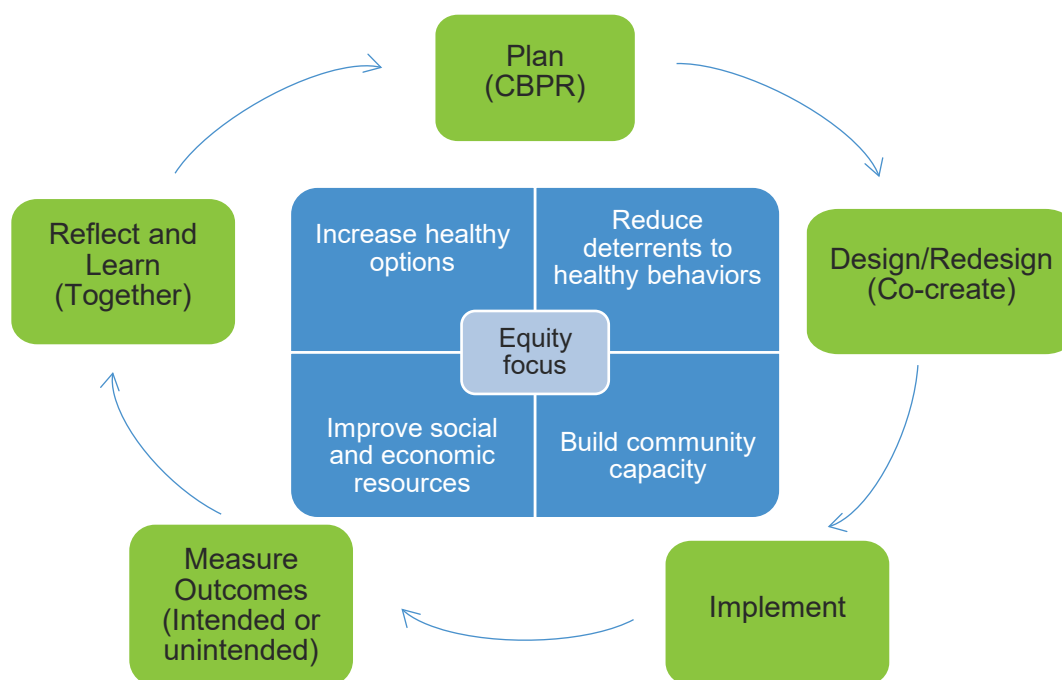
The *Equity-oriented Obesity Prevention Action Framework* can assist in identifying or tailoring acceptable interventions unique to a community's needs. The *Framework* is designed to continuously ask the key question "What is it we are trying to accomplish?" and to look at how inequities can be lessened across four categories directly tied to the social determinants of health (Kumanyika, 2017).

Additionally, the practice guide series (W.K. Kellogg Foundation, 2021) describes how to incorporate racial equity as a core value, embedded in every aspect of the evaluation process, and shares best practices in designing an evaluation to ensure a racial equity frame is considered. Some of the most pertinent strategies that could be incorporated into SNAP-Ed evaluation practices are as follows:

- Recognizing the implicit biases that influence evaluation practice and understanding and applying a systems lens in evaluations.
- Data disaggregation is a critical step in understanding racial inequities and differences in health outcomes through data and allows evaluators to look at data collected through a more focused lens. This helps identify barriers and hyperfocus resources where they are needed.
- Using community-centered approaches such as community participation from the planning phase, co-creating plans, implementing, measuring intended and unintended outcomes, and reflecting and learning together (evaluators and community).
- Using a mixed method approach building off the strength of qualitative and quantitative methods to highlight lived experience and quantify positive behaviors.
- Allowing for culture- and community-based metrics that may be different and may not have been perceived as evidence-based by traditional science.

Literature Review: Results by Indicator

Fruit and Vegetable Consumption Indicators (MT1c, MT1d, MT1l, MT1m)

Disparities

Multiple factors were identified that drove disparities for indicators MT1c (Ate more than one kind of fruit), MT1d (Ate more than one kind of vegetable), MT1l (Cups of fruit consumed per day), and MT1m (Cups of vegetables consumed per day), which include consumption, access, cost/quality, and acculturation.

- For consumption, total vegetable and total fruit intake vary by race/ethnicity, with the highest intake among non-Hispanic Asian and the lowest intake among non-Hispanic Black populations (NHANES, 2018).
- For access, predominantly Black or African American and Latinx or Hispanic neighborhoods have less access to supermarkets and healthy food retailers (Powell et al., 2007). Also, there are racial/ethnic differences in perceptions around farmers markets (Freedman et al., 2016).
- For cost and quality, there is a demonstrated higher cost and lower quality produce in smaller markets and convenience stores (Goslinger et al., 2019).
- For acculturation, there is an association between decline in diet quality and a decrease in fruit/vegetable intake, especially among Latinx or Hispanic individuals (Abraído-Lanza et al., 2006).

Methodological considerations:

- Defining what counts as a fruit or vegetable and determining how to accurately measure intake of fruits and vegetables (Roark & Niederhauser, 2013).
- Interventions should consider geographic proximity to food stores, perceived access, affordability, quality, variety, and cooking knowledge/skills (Caldwell, 2009).

Drinking water (MT1g)

Disparities

For MT1g, it was found:

- Percent of water consumption to total beverage consumption varies by race/ethnicity (Herrick et al., 2018; Rosinger & Herrick, 2016).
- There are safety and/or perceived safety issues of consuming tap water, which is most cited among Latinx or Hispanic populations (Colburn & Kavouras, 2021).

Methodological considerations:
- Incorporating ways to accurately estimate water intake, inconsistency, and/or difficulty in designing response options for water consumption, and accurately estimating water consumption concerning the various units of volume (e.g., liters, cups, bottle, etc.).
- Current SNAP-Ed questionnaires also do not include questions on the perceived safety of tap water.

Drinking fewer sugar-sweetened beverages (MT1h)

Disparities

For MT1h, the literature indicates the variability of sugar-sweetened beverages (SSB) consumption by race and ethnicity, partly due to increased marketing in predominantly Black/African American or Latino neighborhoods as evidenced by the following:
- Consumption of (SSB) is higher among non-Hispanic Black/African American and Latino/Hispanic youth and adults (Herrick, 2018; Chevinksy et al., 2021).
- In recent years, the prevalence of heavy SSB intake has decreased among most demographics except Mexican Hispanic adults (Vercammen, 2020).
- The most popular type of SSB consumed varies by race/ethnicity (Russo, 2020).
- Neighborhoods with higher concentrations of Black or African American and Latinx or Hispanic populations may be at greater risk of higher soda consumption (Kern, 2016), in part due to increased marketing during SNAP benefit issuance days compared to other days of the month (Moran, 2018).
- Food related marketing continues to disproportionately target Black or African American or Latinx or Hispanic consumers, specifically the youth, with advertisement of nutritionally poor products, including SSBs (Harris, J.L., et al., 2019).
- Eight out of 10 commercials on foods in Spanish language television promote nutritionally poor products, such as fast food and SSBs (Harris, J.L., et al., 2019).
- According to data from 2018, companies spent $84 million dollars on advertisement for sugary drinks on Spanish language television and Black teens saw 2.3 times more ads on television for sugary drinks than white teens (Harris, J.L., et al., 2020)

Methodological considerations:
- Sociodemographic and geographic differences in SSB intake should be considered when designing interventions and popular types of SSBs should be represented in evaluation questions (e.g., coffee, sweet tea, etc.) (Chevinsky et al., 2021).

Consuming low-fat or fat-free milk, milk products, or fortified soy beverages (MT1i.)

Disparities

For MT1i, it was shown that consumption of milk, lactose intolerance, and access to milk varies by race and ethnicity:

12

- It has been found that Latinx/Hispanic and Black/African American populations consume less calcium, vitamin D, and potassium (nutrients in dairy foods) compared to White populations (Brown-Riggs, 2016).
- Lactose intolerance is more common among Black/African American and Latinx/Hispanic individuals (Brown-Riggs, 2016).
- There is also less availability and higher cost of dairy foods in neighborhoods with higher BIPOC populations (Rimkus et al., 2015).

Methodological considerations:
- Cultural issues around the acceptance of food should be considered, specifically regarding culturally appropriate dairy foods and alternatives.

Choose healthy foods for my family on a budget (MT2a)

Disparities

For MT2a, healthy food purchasing varies by race/ethnicity and environmental factors influence access to healthy foods.
- Multiple studies show that healthier food is more expensive (Andrieu, Darmon, & Drewnowski, 2006; Drewnowski, 2010; Kern, et al., 2016; Lipsky, 2009; Reed, Frazão, & Itskowitz, 2004; Stewart, 2011)
- Healthy food purchasing varies by race/ethnicity, with Black or African American households purchasing more calories from processed meats, sweeteners, and sugar-sweetened beverages than White households. (Evans, 2015)
- Latinx or Hispanic households had healthier purchasing habits compared to White households (Grummon & Taillie, 2018).
- Barriers to healthy eating include financial uncertainty, cost of healthy foods, lack of time, rationing food within family, lack of transportation/access to larger stores (Dave et al., 2017).

Methodological considerations:
- Some of the indicators use poorly defined terms or ambiguous language like "choosing healthy food"
- When choosing which indicators to measure, be specific. For example, "choosing green, leafy vegetables" is more specific than "choosing healthy foods" when identifying which indicators to measure.
- Avoid choosing indicators that include multiple topics or ask two questions at once such as "choosing healthy foods and shopping on a budget" to reduce confusion when attributing the outcomes to each indicator.
- The definition of what is "healthy food" is important to consider, as direct education participants could change their understanding of this from pre- to post-survey.

Read Nutrition Facts labels or nutrition ingredients lists (MT2b)

Disparities

Race and ethnicity are associated with understanding the Nutrition Facts label.
- Average label understanding scores are lower among African American/Black and Hispanic populations than among non-Hispanic White (Coleman-Jensen et al., 2021; Chen et al., 2012; Persoskie, 2017).

- Barriers to MT2b include comprehension of the label content versus use of label, literacy levels and confusion with (unregulated) front-of-package labeling (Sharif, 2014; Speirs 2012).

Methodological considerations:
- Consider indicators that measure utilization and not comprehension.
- Multiple parts of nutrition labels should be prioritized, including an ingredient list, product dates, calories, daily value, servings per container, etc**.**

Not run out of food before month's end (MT2g)

Disparities

Food insecurity varies by race and ethnicity and is categorized as a social determinant of health.
- Black/African American and Latinx/Hispanic households are more food insecure than White households (Coleman-Jensen et al., 2021).
- Food insecurity is associated with higher stress, more personal problems, higher experiences of physical symptoms, and lower social support (Quintiliani, 2021).

Methodological considerations:
- Because limited food dollars can only be stretched so far, consider pairing interventions (like specific food bank/pantry interventions) aimed at decreasing food insecurity with direct education to have a greater impact.
- More evaluation of different food security interventions is needed (such as widespread enrollment in SNAP).
- Per the 7 CFR 277.4 (b)(5), recruitment activities designed to persuade an individual to apply for SNAP benefits; television, radio, or billboard advertisements that are designed to promote SNAP benefits and enrollment are prohibited from using SNAP-Ed funds creating a huge barrier to reducing food insecurity.

Shop with a list (MT2j)

Disparities

There is an overall lack of literature on racial and ethnic differences or comparisons for shopping with a list.
- It has been found that shopping with a list may be a useful tool for low-income individuals to improve diet or decrease body mass index (Dubowitz, 2015).
- Culturally tailored videos that model food-purchasing behavior and mindfulness show promise for improving the quality of foods (Amaro, 2017).

Methodological considerations:
- Culturally tailored curriculum for shopping with a list is needed (Amaro, 2017).
- Considerations for literacy when shopping with a list should be made, as well as more causal studies to better understand the topic concerning race and ethnicity are needed.

Summary of Literature Review Findings

Given the above-described racial disparities for the SNAP-Ed indicators, modifications are needed within the *SNAP-Ed Evaluation Framework* as well as to SNAP-Ed programming itself.

It is also critical that SNAP-Ed programs consider systemic barriers to equity and are looking at data disaggregated by race/ethnicity to better understand disparities in their communities/interventions. Table 3, on the next page, summarizes the barriers to promoting racial equity as identified in the literature and its implications for future SNAP-Ed programming.

Table 3: Summary of Barriers and Implications by SNAP-Ed Evaluation Framework Indicator for Literature Review

SNAP-Ed Evaluation Framework Indicator(s)	System Barriers to Equity	Implications for SNAP-Ed
MT1: Healthy Eating Selected Sub-Indicators: **MT1c, MT1d, MT1g, MT1h, MT1i, MT1l, MT1m**	• Inequities in access, affordability, quality, safety of healthy foods and beverages • Predatory advertising practices of unhealthy foods toward Black and Hispanic youth, leading to differing consumption patterns by group	• Develop/tailor culturally appropriate curricula and nutrition education messaging • Consider systemic inequities in development of surveys and other data collection tools • Train staff on racial equity practices in the workplace to help equip educators to provide equitable nutrition education
M2: Food Resource Management Selected Sub-Indicators: **MT2a, MT2b, MT2g, MT2j**	• Policy preventing SNAP-Ed ability to promote enrollment in SNAP to participants • Lack of referral system of SNAP recipients to SNAP-Ed programs • Inequities in access to affordable, healthy food • Racial disparities in food insecurity rates	• Pair direct education with PSE to help improve food resource management indicators • Pair SNAP-Ed with food distribution programs (GusNip, Food Pantry distributions, etc.) to improve food and nutrition security • Allow intentional SNAP-Ed and SNAP coordination through policy change
Organizational Motivators: **ST5: Need & Readiness** **ST6: Champions** **ST7: Organizational Partnerships**	• Need and readiness does not emphasize capacity in a system approach or equity principles • Lack of racial equity tools for needs assessments and priority on completion of assessments not on a collaborative process with residents • Champions are more focused on intermediaries or established leaders than community residents • Social, structural, political, historical barriers to forming equitable partnerships in SNAP-Ed • Current SNAP-Ed indicators focus more on organization-level vs. engaging community residents with lived experience	• Include participants in collaborative process inclusive of assessing, planning, implementing, and evaluating • Compensate community champions for their participation in advancing SNAP-Ed goals • Amend the *SNAP-Ed Evaluation Framework* to capture community capacity which might measure leadership skills, knowledge gained, etc. • Consider innovative methods to identify and understand need/readiness in communities
Organizational Adoption and Promotion: **MT5: Nutrition Supports** **MT6: Physical Activity and Reduced Sedentary Behavior Supports**	• Lack of community-level disaggregated data by race/ethnicity to inform PSE development • Lack of community and cultural level metrics to inform success	• Implement community engagement as a critical component in PSE prioritization, selection, and implementation • Use racial equity assessment tools to understand how racial/ethnic groups will be affected by PSE changes. • Use available data to map inequities across communities • Train staff on racial equity practices in the workplace to help equip educators to engage in equitable PSE work

SNAP-Ed Implementer Survey

There were 82 SNAP-Ed implementers across the SER states who consented to and completed the SNAP-Ed Implementer survey that was disseminated via SurveyMonkey. There were about 20 respondents from each of the four study states as shown in Figure 1.

## Figure 1: Number of SNAP-Ed Implementer Survey Respondents by State
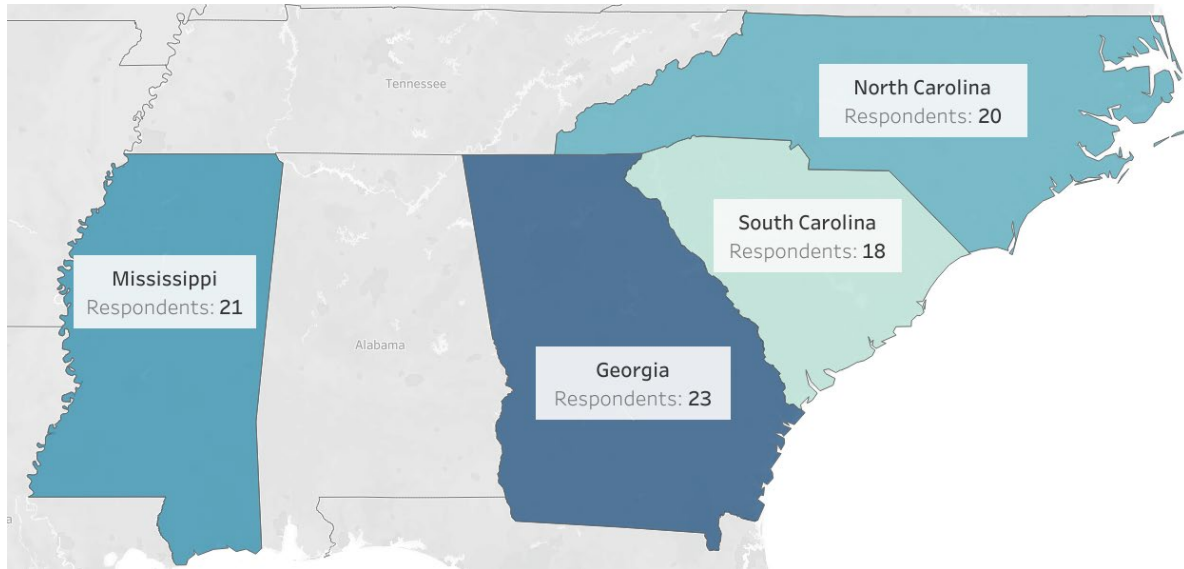
Workforce

As shown in Figure 2, multiple roles were represented by the survey respondents including coordinators or managers (n=20), nutrition educators or specialists (n=16), wellness planners (n=15), and director-level staff (n=12), among others.

## Figure 2. Job role of SNAP-Ed Implementer Survey Respondents (n=82)
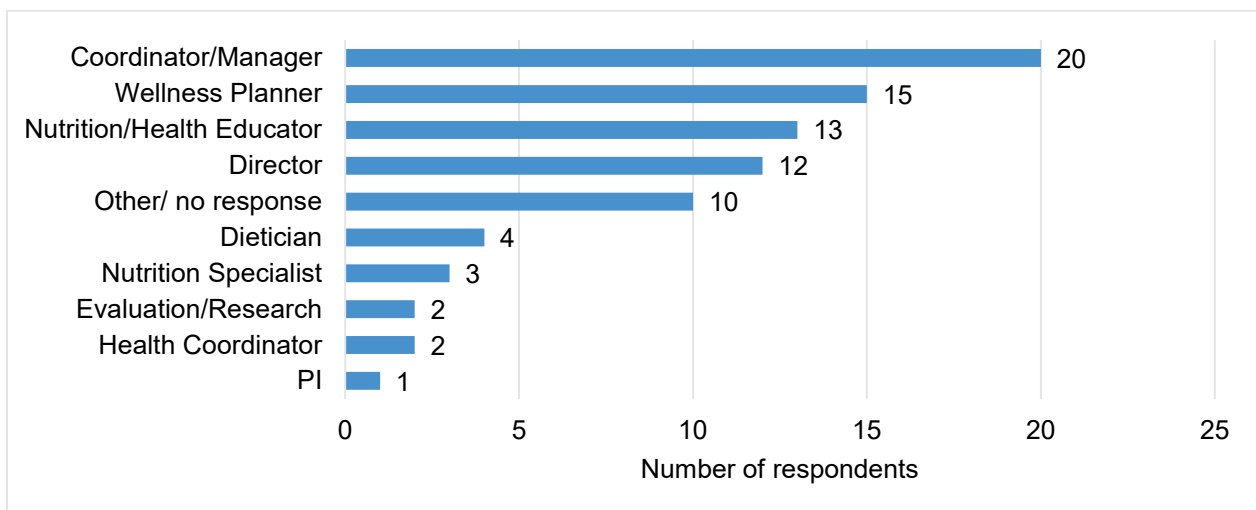
Only 10 respondents (12%) reported being fluent in a language other than English (Spanish, n=8, Arabic, n=1, Farsi, n=1). Figure 3 shows the self-reported race and ethnicity of the SNAP-Ed implementers who responded to the survey, with over two-thirds identifying as White and almost one-quarter as Black or African American.

Figure 3. Race and Ethnicity of SNAP-Ed Implementer Survey Respondents (n=82)
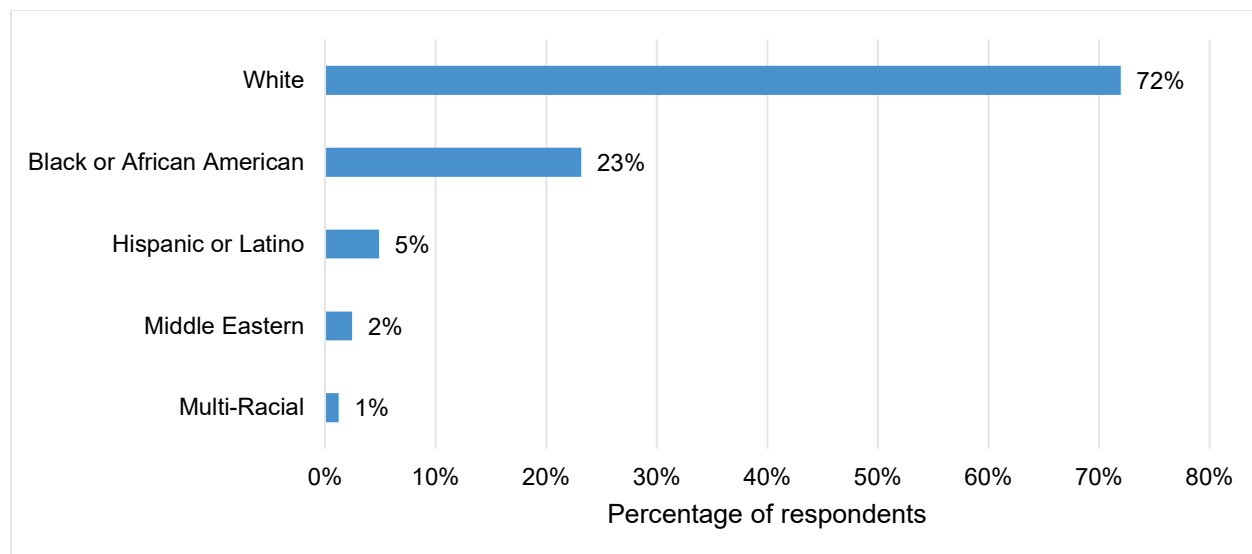
Note: Numbers do not add to 100% since respondents could check multiple categories.

Figure 4. Respondents report efforts to increase staff diversity (n=82)
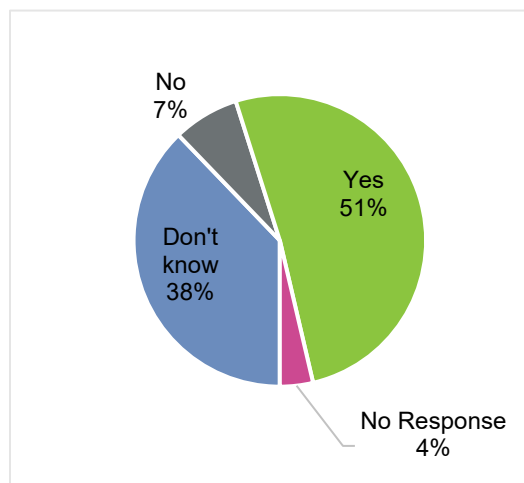
About half of respondents (51%) reported that their organization has programs and/or initiatives that aim to increase the racial and ethnic diversity of staff at their organization, while 38% do not know if there are efforts and 7% said there are no efforts to increase staff diversity (Figure 4).

The most common programs include diversity, equity, and inclusion (DEI) (n=16) efforts and committees; recruitment aimed to diversify staff (n=12); and training and professional development opportunities (n=11). Among the training opportunities, staff reported participating in civil rights training, training organized by DEI committees, and racial equity inclusion training.

Populations Served

When asked about the top 3 populations served through direct education efforts by their organization, most respondents (82%) listed the combination of Black or African American, Hispanic or Latino, and white, as shown in Table 3. Almost three-quarters of respondents (74%) said 1-25% of their population speak another language than English as their primary language.

Table 3. Populations Served by SNAP-Ed Implementer Organizations

Populations	Number of respondents	Percent of respondents
Black or African American, Hispanic or Latino, and White	67	82%
Asian, Black or African American, and White	4	5%
Black or African American	2	2%
Black or African American and White	2	2%
Asian, Black or African American, and Hispanic or Latino	1	1%
Black or African American and Hispanic or Latino	1	1%
Asian and Black or African American	1	1%
White	1	1%
No response	3	4%

Several different methods for promoting racial and ethnic diversity were mentioned in an open-ended question with the most frequently reported being translating materials or working with a translator. Training on diversity, equity, and inclusion for SNAP-Ed staff and using images of diverse participants in marketing materials were also mentioned by more than 10 respondents, as shown in Table 4.

Table 4. Methods Used for Promoting Racial and Ethnic Diversity in SNAP-Ed

Methods	Number of mentions
Translating materials and/or working with interpreters	30
Training and/or continuing education efforts for staff on diversity, equity and/or inclusion	14
Using images of diverse participants on the website and in marketing materials	12
Inclusive recruitment efforts of SNAP-Ed participants	8
Using culturally appropriate recipes	8
Hiring a diverse workforce	5
Engaging with the community for program development, participation, and/or community voice	5

Several respondents indicated a combination of these methods to serve their diverse populations.

"Hire a diverse staff, diversity trainings for staff, outreach to a variety of participants to make sure our reach is equitable, certified interpreters on staff, access to tele-language interpreter phone service, review programs for representation of ethnicities, family combinations and differing abilities, use a variety of recipes to have appropriate food options for different cultures..."

While most responses centered on adapting curricula and materials as well as training, one respondent noted centering on racial equity in their work as shown below.

"Our projects list racial equity as a foundational principle. While working to build existing coalition and assist with PSE strategies we are intentional to make sure racial equity is a part of that work."

The top needs identified by respondents to better serve various racial/ethnic groups in SNAP-Ed align with some of the things that are already happening in the States to promote racial and ethnic diversity (Table 5). The most commonly mentioned need was more translated materials (especially Spanish) and access to translators (n=20). Respondents also mentioned additional training opportunities for staff on the needs of different cultures and outreach to diverse communities (n=11). Respondents also mentioned needs assessments (n=5), more culturally appropriate curricula (n=5), and hiring a more diverse workforce (n=4).

Table 5. Needs Identified to Better Serve Diverse Populations

Methods	Number of mentions
Translating materials and/or translators	20
Training and/or continuing education efforts for staff on diversity, equity, and/or inclusion	11
More culturally appropriate curricula	5
Needs assessment/ Engaging with the community for program development, participation, and/or community voice	5
Hiring a diverse workforce	4

Direct Education

Among survey participants, 69% (n=57) were involved in implementing direct education. Figure 5 shows the age groups served by direct education at the respondents' organizations with many serving a wide range of participants.

Figure 5. Age Groups Served by Direct Education (n=57)
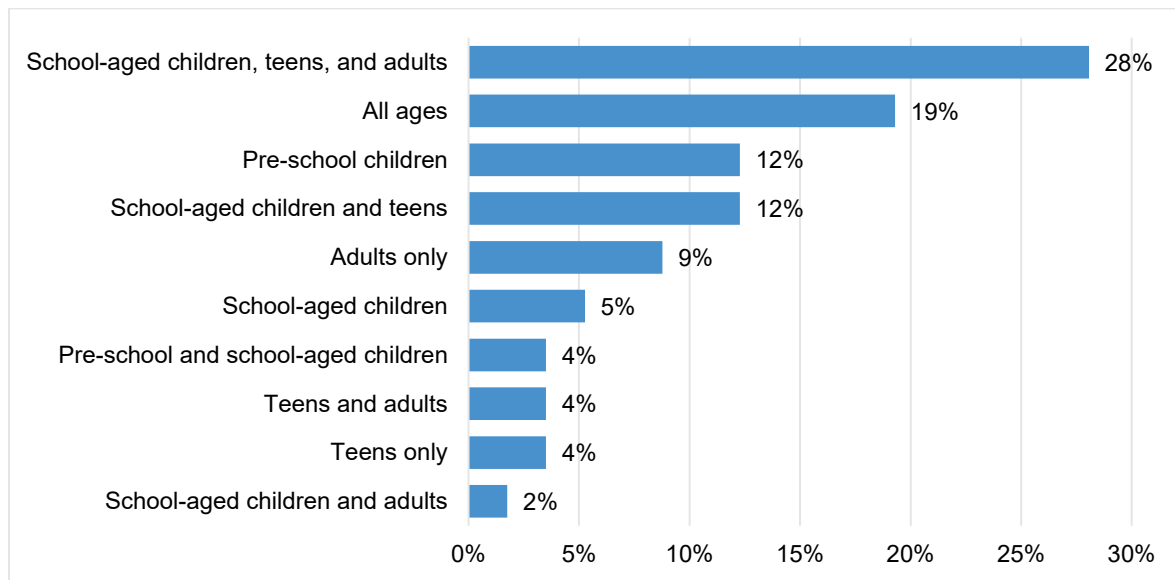
Almost all respondents implementing direct education indicated that they provide instruction in English (n=54, 95%), 30% (n=17) provide instruction in Spanish and 2% (n=1) use an interpreter for other languages.

Specifically adapted curricula currently used by agencies include Cooking Matters Spanish version (Cocinar es importante), Walk with Ease (Caminar con gusto), A Taste of African Heritage, and Color Me Healthy, with videos that have Spanish voice overs (n=8). However, most respondents stated they either use recipe adaptations, translated materials/handouts, and/or translators to adapt curricula (n=14).

> *"While we do not have specific curricula, we do try to incorporate different cultures into all our courses."*

Evaluation

More than half of the respondents 72.0% (n=59) reported involvement in evaluation activities with SNAP-Ed participants. Many respondents (63%, n=36) stated they collect feedback from participants during every direct education session or series whereas 14% (n=8) reported never collecting feedback from participants (Figure 6).

Figure 6. How Often Feedback is Collected from Direct Education Participants (n=57)

Category	Percentage
At every direct education session/series	63%
Once a year	5%
Twice a year	7%
Quarterly	11%
Never	14%
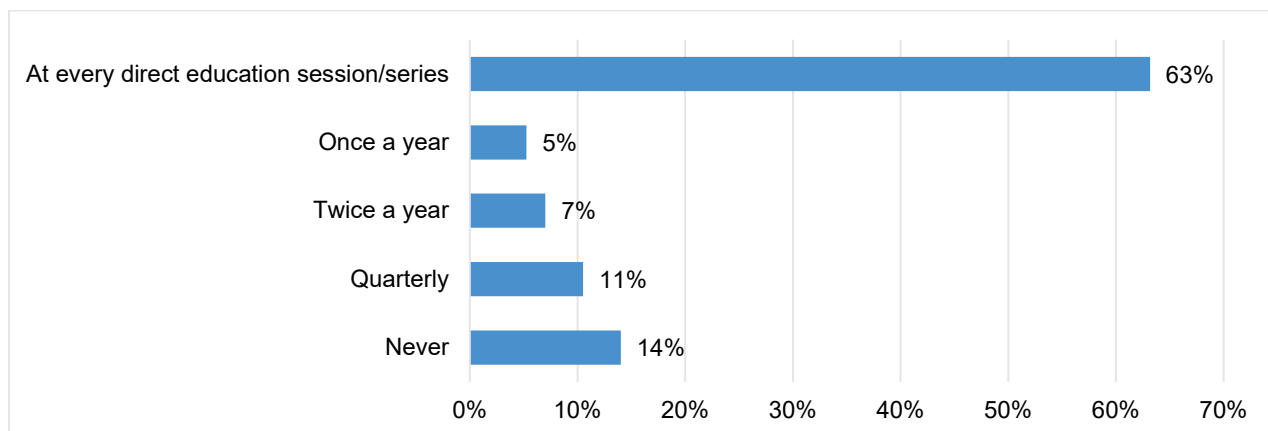
As shown in Figure 7, about two-thirds of respondents involved in the evaluation indicated that participants rarely or never ask for help answering questions for direct education courses due to language barriers or cultural differences.

Figure 7. How Often Direct Education Participants Ask for Help Answering Evaluation Questions Due to Language or Cultural Barriers (n=57)

Category	Percentage
Always	2%
Sometimes	29%
Often	3%
Rarely	47%
Never	19%
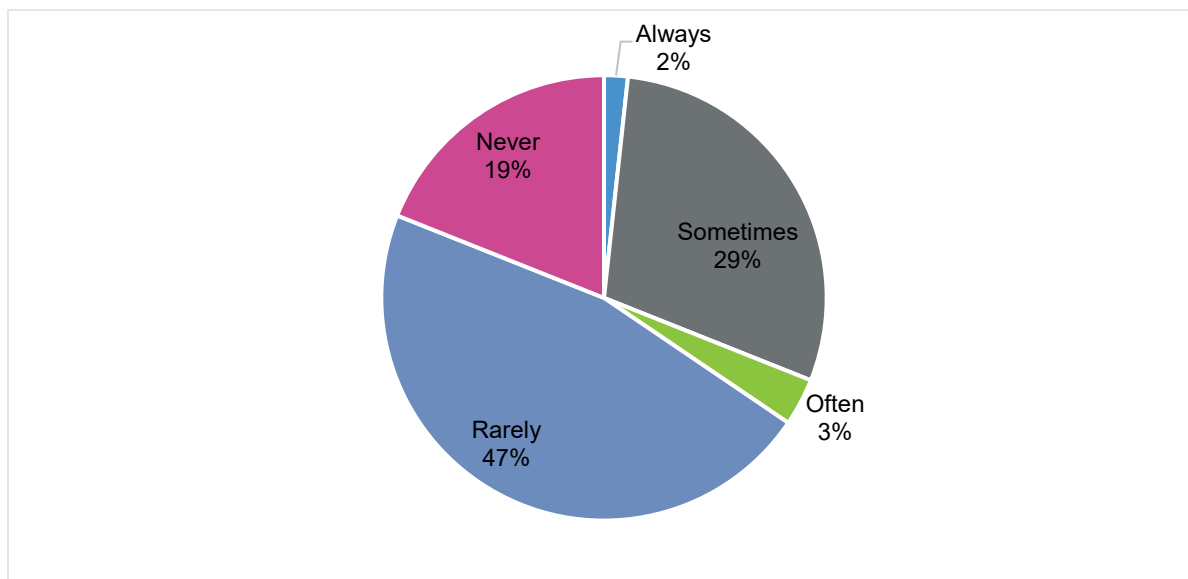
Types of questions that participants find difficult include identifying one's race/ethnicity (n=4) and questions related to eating habits, behaviors, and/or food preparation (n=4). Others mentioned the surveys are long, sometimes not translated well, and some organizations reported supporting participants by reading questions aloud to them.

"There are lot of participants with a low educational level… have to spend a lot of time explaining the surveys, which are also sometimes very long and

19

PSEs

Almost three-quarters (73%, n=70) of respondents were involved in PSE implementation. As shown in Figure 8, almost all (86%) respondents involved in PSEs stated that racial/ethnic diversity and inclusion are sometimes, often, or always considered in PSE planning and 82% stated that input from SNAP-Ed populations from diverse racial/ethnic groups is included in PSE planning.

Figure 8. DEI and Community Input included in PSE Planning
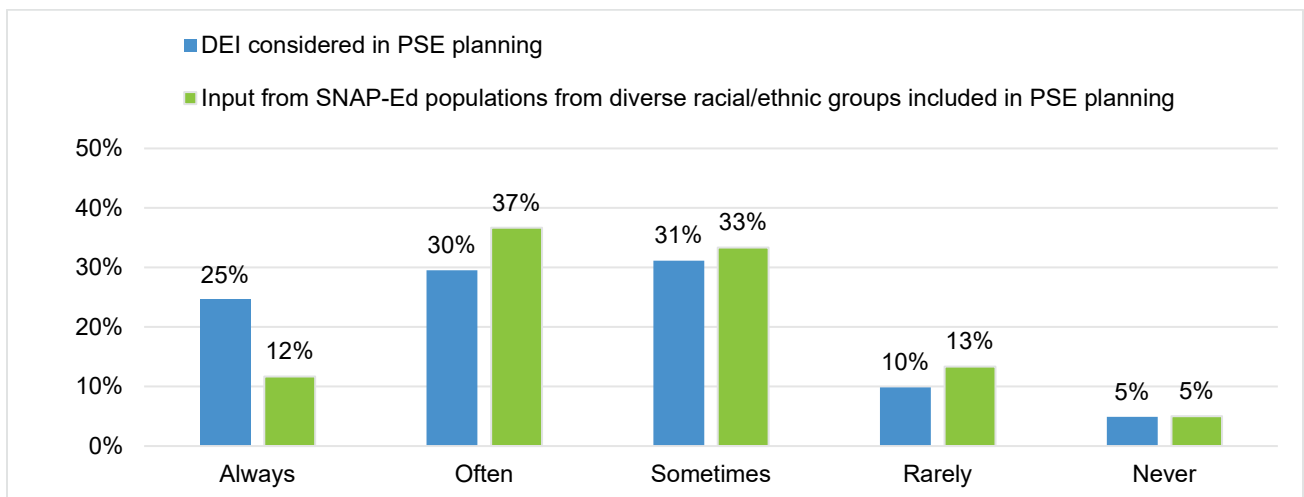
The most frequent ways that SNAP-Ed implementers reported including racial/ethnic diversity and inclusion in their PSE planning are shown in Table 6. They include providing an inclusive environment that makes all feel welcome, tailoring or adapting PSE activities to the needs of the community in terms of language, location, etc., and incorporating community input.

Table 6. Ways in Which Racial and Ethnic Diversity is Included in PSE Planning (n=57)

Methods	Number of mentions
Tailoring or adapting to the needs of the community (e.g., language, location, and population adaptations)	16
Providing inclusive environments and/or providing interventions that are inclusive of the population	13
Including community voice directly or through community partners	13

One respondent talked about creating a racial equity committee to examine racial equity in the food system which will help to guide PSEs.

> *"We are developing new committees … on a range of topics, one of which is Racial Equity in the Food System. … I am working to ensure that the Racial Equity Committee has resources and will be a cross-cutting foundation of the Food Policy Council as a whole."*

Key Informant Interviews

Study Participants

Seven key informants with experience incorporating racial equity in SNAP-Ed or a closely related nutrition program and had familiarity with the *SNAP-Ed Evaluation Framework* were interviewed. The objectives of the interviews were twofold; first, to determine the barriers and facilitators faced by those implementing racial equity efforts with SNAP-Ed, and second, to collect recommendations for incorporating and addressing racial equity in the *SNAP-Ed Evaluation Framework*.

Three of the key informants working in the Southeast Region (2 states), while the remaining four work across the United States (1 Midwest Region; 1 from Northwest Region; 1 from Southwest Region; and 1 from Western Region). Interviewees' experience ranged from 7 years working in evaluation to 30+ years working in SNAP-Ed (Table 7).

Table 7. Key Informants Interviewed

Code	State	Years in Evaluation
S1	New York	15 years
S2	Georgia	10 years
S3	Minnesota	7 years
S4	Georgia	10 years
S5	North Carolina	12 years
S6	Washington	20 years
S7	Oklahoma	30+ years

Table 8. Key Informants Interview Theme Breakdown

Themes	Sub-themes
Theme 1: Barriers to conducting health and racial equity work	Barriers in framing: naming and defining the issue
	Barriers at the community level: engagement, communication, diversity
	Barriers at the systemic level: structures, timeline, funding
Theme 2: Facilitators in conduct health and racial equity work	Creating partnerships
	Building bridges in the community
	Building capacity
Theme 3: Recommendations for conducting and	Recommendation at the individual and community level: internal assessment and forging community engagement
	Recommendation at the institutional level: funding, timelines, diversity

Themes	Sub-themes
evaluating health and racial equity work	Recommendation for research: developing and utilizing data tools, methods

Barriers to Implementing Racial Equity

Key informants identified a variety of barriers they have experienced in their efforts to incorporate racial equity strategies into SNAP-Ed programs.

Framing Equity: Naming and Defining the Issue

A cross-cutting challenge identified in the key informant interviews was how to **frame racial equity**. Framing racial equity as an actionable concept proved difficult for two reasons, first because interviewees faced difficulties **defining equity,** and second because identifying and **naming racism** remains a social hurdle in some communities and institutions.

Equity work for informants stemmed in part from increased knowledge and awareness of unjust, inequitable, and at times racist processes and systems. Recognizing inequity constitutes the first step toward defining and then addressing the problem. According to some informants, naming the problem represents the first barrier to integrating equity into their work. (S6) stated, "*[the] first success is the acknowledgement of racism. Just naming racism as a problem is a huge hurdle.*" Naming the issue, factors into the difficulty of framing the issue. S6 continued by saying that equity work is "*difficulty because of others' [varying] opinions of what racial equity justice looks like. There are centuries to unpack and unwind. We can't just solve this problem in a few years*". Because it's such a complex subject, correctly framing the issue is essential. S1 shared that "*One of the things that I think is interesting is how the conversations get framed. It is still like a grand gesture that we have equity on the table when equity should just be incorporated into normal work.*" In her department, equity is framed as a conceptual gesture but not as an actionable concept to be integrated into routine activities.

The second main challenge informants enumerated was the difficulty of defining equity. Key informant S5 explained, "*People don't understand what equity means. People don't think it's their place. People aren't empowered to work on these issues. People have been doing the same thing, the same way, with the same money for years and years and years and change is hard...*" Here the informant highlights that staff members working in SNAP-Ed programs don't inherently understand what equity means. Without a starting or standard definition and understanding of the concept, its implementation is impossible. In addition to not understanding equity, the staff is not empowered to approach this issue, nor are they intrinsically motivated to change their ways of working and the existing system in which they work.

Part of the difficulty in defining equity for some informants has been the inability to use and employ equity terminology. S4 stated "*Equity can be a flag word. Some departments have been told that there are certain words that can't be used, so this will be a challenge for states that have put people in positions where words like" racial equity" or "justice" flag a response from leadership.*" In such departments, there is a systematic hindrance to racial equity work since the initial steps of naming, defining, understanding, and conceptualizing the term cannot take place.

In settings where equity-centered discussions and learning are possible, S4 explained that its introduction to staff must be clear, explicit, and repeatedly communicated "*…being intentional*

around how I define equity has been a lesson learned. Because I thought it was really clear in trainings or state plans, but I have received feedback that it's a bit unclear. So, I would like to make sure that it is a bit more clear and that I communicate that message early and often."

Staff members' understanding of racial equity is key to helping communities embrace the concept. S3 indicated "*Educators have different ideas about equity which is a barrier. Communicating equity work with communities is difficult especially in rural areas. If the meeting is called "equity", community members will not join the meeting."* This illustrated that framing, naming, and defining racial equity work also remains a barrier at the community level.

Community: Engagement, Communication, Diversity, and Leadership

At the community level, key informants listed **superficial community engagement, insufficient communication, and lack of diversity** as barriers in SNAP-Ed, racial equity, and evaluation work.

According to informants, the superficial nature of some institutions' engagement with the community is evident through an (**1) insufficient and non-transparent communication practices and (2) insufficient exchange of information between programs and target communities**. Communities are engaged to provide specific contributions, such as data, then left out of the remaining evaluation process, published results, and discussion of the next steps. S4 shared, "*I know of organizations that worked with agencies and they never got a final report. They [the organization] have no idea where their data went. They [the agency] took the data and produced peer-reviewed journal articles from it…taking information and leaving communities without the [resulting] wealth of knowledge."* S4 also emphasized such experiences, with partial communication and veiled processes creating an unwillingness in communities to continuously engage with agencies and organizations.

Working with communities, according to key informants, is one way to increase the diversity of activities and individuals creating and advising programs. Beyond that, key informants have identified a lack of diversity throughout the entire hierarchy of health and nutrition programs. This, according to them, is a significant barrier. S2 explained that there is a "*lack of diversity in the field of public health nutrition and a lack of diversity in SNAP-Ed leadership. There's a need to [also] have researchers that have a lived experience of their communities."* Informants emphasized that **diversity** is not a fix-all solution to addressing racial equity, however, it can lower the barrier to cultural understanding, perceptions of lived experiences, and diversity can facilitate the generation of new culturally appropriate programming for specific underserved communities.

System: Structures, Timelines, Funding

Within the scope of the SNAP-Ed programming, informants listed the **unsupportive leadership, rigid structures**, **constrained timelines,** and **lack of funding** as systemic barriers to health and racial equity work.

The first system barrier faced by those wishing to conduct racial equity work was within their institution and the **absence of support from their leadership**. S4 elaborated, "*Feedback we got from training was that 'I support this [health and racial equity] work but my supervisor doesn't. How do I do this kind of work given your level of influence?' For folks in leadership positions, even at the local level, who aren't interested in centering racial equity in the work that*

we do, it can really stymie the work of frontline nutrition educators." This illustrates how conducting and implementing racial equity work can be heavily dependent on the leadership structure and support.

The lack of leadership support was just one of numerous difficulties which constituted the **structural** barriers faced by key informants. According to S7, health and racial equity is *"a structural challenge, rather than a framework challenge… If we don't address the structural challenges within our organizations, we're never going to address an indicator for equity."* Part of the structural problem is the way institutions have been and continue to be built with white-centered bureaucratic policies. S5 explained, *"We've done a lot of work trying to look at white supremacy manifestations and how they manifest in our work."* They have found that *"in a white institution, they set so many bureaucratic policies that don't necessarily [help]…there are other ways of doing things. But we have to actively fight for that…"* This represents one of the numerous structural barriers institutions have to actively counter to progress in equity work.

Because health and racial equity work *"is a large and time-consuming task if it is to be done correctly (S2),"* the way SNAP-Ed programming is structured creates very **stringent timelines**. The timeframe of programs and funding is not conducive to holistically engaging with communities, improving programming, and properly incorporating principles like equity. S4 explained, *"The constrained timelines do not allow a lot of leeway with engaging community members, in centering their voices, and providing input and establishing channels to improve programs. It doesn't allow for that. These very tight deadlines and deliverables don't really give staff members an opportunity ..."*

Institutions' focus on deadlines and deliverables is directly linked to a funding barrier. Due to **limited funding**, many institutions focus on delivering the agreed-upon indicators and will not venture into equity-centered activities, especially in cases where it was not in the initial budget. Participants shared that some institutions, despite having the possibility or capacity to conduct equity work, do not because they *"are afraid if they move out and do something that is considered radical [like engaging in equity work], then they may lose funding (S5)."* Institutions that want to engage in equity work and have overcome the hurdle of acquiring financing, face the challenge of working within the processes and regulations of the awarded funding. S7 illustrated this when reflecting on the inability of small organizations to work with the constraints of awarded funds *"if I think about smaller organizations who might do exceptional work, the structure of reimbursement is awful. Small organizations with roots in the community, you'll have to float salaries for maybe 3 months. Smaller organizations can't do that – so that imparts a divide on who can access these actual funds. We can't open this up for smaller tribes because there's so many approval processes."* Key informants unanimously discussed the difficulties they faced in compensating smaller partner institutions and community members who are integral to their equity work, since many funding lines do not permit the compensation of community members. *"As we bring in communities, we need to pay them for their time. We need to pay them considerable rates. We need to consider them as experts in their lived experience (S2)."*

Facilitators Implementing Racial Equity

While there are significant challenges to incorporating equity into their work, key informants also discussed the following facilitators in SNAP-Ed and racial equity inclusion: **creating partnerships**, **building bridges, and capacity building.**

The key informants of this study unanimously agreed that *"grounding work with people, in coordination with people (S7)"* through **partnerships is vital**. S7 elaborated, *"Partnerships are so important, [because] authentic work requires more than just SNAP-Ed guidance and personnel."* Building partnerships can be accomplished in many ways including through hiring *"folks that are local, part of the tribes, strong connections to schools. It's relationships. It's the people you have within the organization that help maintain relationships. It's authenticity of people with interest and passion. For OKTEP, we have a main office and have connections with several different tribes in OK. So, we jointly hire with the tribe, who will be doing SNAP-Ed in that tribe's jurisdictional boundaries (S7)."*

Community members hired are often **strong community champions** who according to informants can be pivotal to connecting with the target communities. Connecting with individuals and community champions has been an effective facilitator for the key informants in this study. S4 stated that institutions are increasingly *"intentional around how we are investing in community champions, the trainings, the skill building that we can share and provide. There is a lot of knowledge that we can share and there is a lot of info and knowledge that community members can share with us."* Community champions serve many roles spanning from situational negotiators and cultural translators. S5 described some long-term community champions crucial to advancing their health and racial equity work *"We also have a long-term community partner. He and I have been a community academic research partners for about 12 years. He is now a full-time staff member on our SNAP-Ed team. He still lives out in his rural community; a predominately African American community and he is a Black pastor. He and other folks like him help as boundary spanners to negotiate between communities and academics and figure out what one group means when they say something and how to navigate those situations. We have another person who is a native Spanish speaker who started as a community partner doing garden management in her habitat for humanity community and we were funding their garden. She is now a full-time staff member and running our active living programming. Now they get fully compensated for their work."*

Capacity building through training is another facilitator which has allowed them to increase and expand their health and racial equity work. Training as described by informants included a variety of activities (meetings, lessons, coaching…), with varying levels of formality (loose gatherings, structured workshops…) and a wide range of processes, however, all training converged on the aim to build capacity by improving understanding, knowledge, and performance. Training offered and conducted by the key informants spanned from education on the meaning of equity, to workshops on *"how to shift power (S5)."* Some institutions had informal training, while others hosted formal sessions, *"We started out requiring all staff go through 2-day racial equity training. We've had racial equity coaches for our team. We have facilitated discussions monthly (S5) …"* These activities, according to informants have been key facilitators as they were and continue to be crucial in growing their health and racial equity work.

Recommendations for Incorporating and Addressing Racial Equity

Key informants were clear in stating that the current framework of activities and evaluation does not incorporate racial equity in its multiple facets *"We don't measure equity in the framework. Equity can be everywhere – even in behavior changes, we can see racial disparities. The current framework is two-dimensional – using equity lens will create a three-dimensional framework (S3)."* Informants assessed a need to add an equity dimension to the frameworks they employ, as this would enable them to center the concepts of health and racial equity while making equity actionable and measurable during implementation.

In addition to recommending the addition of an equity dimension to the existing *SNAP-Ed Evaluation Framework*, informants shared a plethora of other recommendations at the **individual/community level**, at the **institutional level**, and regarding **research,** which they felt would improve equity work across institutions and programs.

Perspectives at the Individual and Community Level

Key informants recommended that **equity work should start at the individual level with an assessment of personal biases** and the recognition of how the systems within which we work and live have been hierarchically designed in an exclusionary and inequitable manner around race. *"I think all of us need to do our own sort of work too, because we all have our own personal biases. But the system is the problem. We've built up this system that we live in for 400 years to be the way it is, with a hierarchy based on color, and we are swimming in it now. It's very easy not to even recognize it and how we perpetuate it. It's not just individual acts of meanness, it's a system that's been set up (S5)."*

Once there is an individual understanding of inequity, and a recognition of the detrimental socio-political and health system which perpetuates it, informants recommend **gathering those in the community and in institutions who are motivated to push forward** equity principles. These participants can be the initial motivators to help institutions understand, define*,* and frame equity within their institution*s* and across their programs. Informants recommend centering these individuals in the move forward to counter the effect of those who are not prepared and not willing to help their communities or employers toward health and racial equity. S5 stated*, "An organization who wants to make changes, they need to look at what equity means and look at the definition and what would it look like in a SNAP-Ed organization or any organization. They need to find the people in their organizations that actually want to work on this. It's something I found in doing this work…some people aren't ready [to incorporate equity] and they will hold you back. How do you negotiate and navigate knowing that some people won't be along for the ride."* By gathering, enabling, and empowering the individuals that are ready to focus on equity, an institution can forge forward, until the resisting and unwilling staff and communities slowly buy into the forward progression.

In the starting stages of implementing equity in the SNAP-Ed or similar programming, informants recommended **making equity an explicit goal and central commitment** in their work. According to S1, *"Equity should be intentional in writing the plans. You need to be required to highlight equity…It has to be part of a core project. It can't be a side project. It has to be incorporated into how something is designed. I think sometimes we want to lay on racial equity like a hat at the end,"* S2 continued by explaining that throughout program implementation equity should endlessly be discussed, *"What I would love to see is have it called out. Have you considered racial equity in these ways? We could have a section or sector, it could fit on each level, individual, environmental and sectors of influence where you have your health equity considerations."* S7 added to the recommendation by stating*, "It [equity] can't just be a project; it has to be a commitment. Equity is a lifestyle. You can't separate it out. For us, it's always been this way. Healthy People 2000 – so inspired by the limitation of health disparities, when I was introduced to NIHMD and how to eliminate health disparities. You can't do it alone. It has to be a commitment within and has to be an everyday commitment."* Like in the program *"Healthy People [which] has a racial equity goal. It would be helpful if racial equity was included in the SNAP-Ed guidance and defined. Or have it added to the evaluation framework (S1)."* To facilitate making equity an explicit goal and central commitment in SNAP-Ed, participants recommended **having SNAP-Ed define and guide the inclusion of equity in programs and evaluation frameworks.**

26

At the community level, informants recommended centering the community that programs aim to support. S2 explained, *"We don't do anything without our partners. That should be a part of SNAP-Ed. SNAP-Ed is community-based work, this at its core."* The recommendation to **center the community means including the community and creating feedback loops.** This according to S4 can be done by *"Having an established process for sharing the information back and incorporating community members in making sense with what it means."* S1 recommended *to "Always center the voice of the lived experience in the work. Understand the structural drivers. If you don't understand these, then you may think you're making an impact but you're not. So how do you really consider the drivers and usually that is looking at multiple levels of drivers."* Part of centering community voice is **consciously shifting power to the community** as recommen*d*ed by a participant. S4 explained, *"Because a lot of racial equity work is increasing community voice, shifting power and decision making, sharing the broader benefits of this program with community-based organizations and communities in general."* This is an active process that should be implemented by institutions.

Perspectives at the Institutional Level: Funding, Timelines, Diversity

Key informants recommended that **timelines for funding and grants include sufficient time to thoroughly engage**. More time should be allocated for components like the extensive formative processes essential to structuring and implementing equity work. S7 explained, *"The formative assessment can take a whole year. But within our current structure, you need to do formative assessment and report on outcomes. This is outlined in the guidance, but the grant is not structured so we can follow that guidance. I would like to see the importance of formative assessment just as much as our outcomes are. We're not going to get to the outcomes unless we spend adequate time to learn about the factors that lead to health concerns. We need to spend time to learn more in communities."*

There was unanimous agreement amongst informants to **expand funding lines and to create funding processes that allow *the* program to compensate communities and community champions inclusively, and fairly**. S7 emphasized that funders should *be "Allowing multiple types of organizations to apply for funding."* By lifting restrictions on who can apply for funding, the road to equity work is opened to a greater number of institutions and communities. These broadened possibilities for funding should be paired with more flexibility to fairly compensate the diverse partners and individuals who make health and racial equity work possible. Flexibility in funding allows institutions to *"figure out how to equitably pay people (S5)."* S2 emphasized *"As we bring communities in, we need to pay them for their time. We need to pay them considerable rates. We need to consider them as experts in their lived experience.*

In addition to being able to pay a wide range of people, informants also recommended increasing the range of individuals hired to work in SNAP-Ed and similar program*s*. The recommendation to **increase diversity and the representation of staff** is supported by S7. She stated *"We need to hire and train folks from diverse racial backgrounds. We were focused on hiring diverse backgrounds…. I'm hiring people with tribal backgrounds. It's how we portray our work internal and external to our organization. We're no longer directors, we're partners, this signals signs of equity."* Increasing the diversity of those working to deliver programs will, according to informants, better reflect the target populations, increase cohesion, and contribute to better outcome*s* across the board.

Once a diverse and representative group of staff is onboarded, **informants recommended providing capacity building through training for the staff.** S2 shared *"Another recommendation is training. If you're providing training, that's going to help."* According to S2,

trainings are a great way to submerge your population in new topics and increase learning about equity. She stated, *"How might an organization that wants to start addressing racial equity in their evaluation work get started? [They'll] need training. It's not a one a done. Get a consultant who is steeped in it…. I train in health and racial equity; I'm always doing training."*

Perspectives for Research: Data, Tools, Methods

Regarding research and evaluation of equity work, informants recommended that the **evaluation of equity work begins with its appropriate use and application**. S7 explained that equity work *"… doesn't start with evaluation. It starts with program and curriculum. You can't just evaluate in a racially equitable way. You evaluate if your programs are appropriate for who you are working with…"* Once you have correctly integrated programs, then the focus can shift to *"hir[ing] more evaluators or build more evaluation capacity (S3)."*

Key informants reflected on the evaluation processes they used and **recommended narrowing down the key components of the equity work to be monitored and evaluated**. S4 emphasized that evaluation should focus on collecting the information that is of most value, *"I see very long surveys and I look at those surveys and think I don't need all of that. But I get the impression that agencies need to collect all of this information. I don't know if there are multiple funders at the table and they want a certain number of indicators that they need measured. Thinking through what you need, what you don't [need], and only collecting what you are going to use is very important. Also not over-surveying participants over and over and over again for information that you're not going to use."* In addition to focusing on the key components to be evaluated, informants recommended **creating clear instructions and instruments to collect the desired information**. They shared that *"We're all measuring race/ethnicity equity differently. [There is] no clear instruments to do so (S6)." "We need more thorough tools to measure equity, to understand our equity status and to move this forward (S3)."*

In addition, there is a recommendation to integrate equity methods and evaluation within multiple levels and sectors **reducing the survey burden on the population, and turning some of the evaluation processes inward,** *"We don't evaluate OURSELVES. We evaluate program outcomes only. [We should be] creating indicators around hiring, staff, professional development (S3),"* furthermore institutions should **engage in a more qualitative and iterative process,** that include *"…some qualitative measures around what skill building, what information have we shared with community members. How have we invested in community champions? Asking questions about what community benefits (S4)."* Informants felt that **programs would benefit from such participatory processes**, S4 highlighted, *"We have to be trained in community participatory research. There is a rote way for SNAP-Ed. We need new ways to communicate with people"* (S2) and new way to evaluate such as conducting *"power analysis and/or power mapping with community members; Incorporating participatory evaluation methods in SNAP-Ed program, supporting mixed methods reporting; Recommending core qualitative questions to ask participants at the state or federal level."*

Once data is collected through tailored indicators, methods, and participatory approaches, key informants **recommended that data be disaggregated**. *"In evaluation, you need to disaggregate data by race. Understanding that it's not race, it's racism. When you disaggregate data by race, you have to understand what it's saying (S1)."* Informants reflected that in programs like PEARS, disaggregated data would make it easier to spot equity problems and to *"tell a story about a specific community (S4)."* This would also allow implementing institutions to ask more tailored questions about the data to make informed decisions. Lastly, informants

recommended using **tools and methods like geographic analysis and GIS mapping to displace disparity to visualize and innovate solutions** using disaggregated results.

Last Words – Equity Work Means Learning

In their closing words, informants shared that health and racial equity work for organizations and communities should be synonymous with learning. S5 shared that *"A lot of it [equity work] is around communication and setting expectations. And not assuming that as the academic partner or mainstream organization partner that we know everything, and we bring everything to the table. But expecting that we will go in not knowing anything and will go in listening."* According to participants, learning is the process that forms partnerships and builds innovative approaches to successfully support communities equitably.

Limitations

This assessment was formative research meant to describe what is currently being done in terms of racial equity and to develop recommendations for actions to increase equity, as well as to inform future research on health equity in the Southeastern Region states. This assessment was not meant to quantify racial equity or conduct statistical analyses comparing any groups or states.

All effort was made to conduct a systematic and comprehensive literature review; however, it is possible that relevant literature was missed given the vast number of publications on the topic of health equity.

Limitations to the survey of SNAP-Ed implementers are listed below.
1) Convenience sampling. The invitation to participate was sent to SNAP-Ed implementers and people could opt into the survey or not. This sampling methodology could incur selection bias, meaning that those choosing to take the survey may be different than those who did not take the survey.
2) There could be multiple people from the same organization that responded to the survey, allowing for possible duplication of information related to the organization.
3) Many of the respondents were in management roles and may not have had direct interaction with SNAP-Ed participants.
4) Detailed information or perspectives could have been missed given the wording of the questions, although a collaborative survey development process was undertaken to mitigate this issue.
5) There is a risk of social acceptability/desirability bias. Social acceptability/desirability bias means an introduced risk of having participants respond to questions not based on their thoughts and experiences but based either on what they believe the surveyor wants to hear or what they believe is the most socially acceptable response.

Given these limitations, however, the methodology utilized fulfilled the purpose of the assessment which was to understand what was happening across the states in terms of racial equity and develop recommendations.

Key informant interviews were conducted as a rapid qualitative study, meaning there were limited resources and time allocated to their completion. As a result, the number of recruited and interviewed participants was small, which can impact the breadth of data collected. Furthermore, the recorded interviews were not transcribed in their entirety, instead, notes and partial transcripts were used for the coding and analysis of the findings. Additionally, there was a gender imbalance in our recruited key informants as all participants were female.

There is a risk of social acceptability/desirability bias. Social acceptability/desirability bias means an introduced risk of having participants respond to questions not based on their thoughts and experiences but based either on what they believe the interviewer wants to hear or what they believe is the most socially acceptable response. This can also be manifested as a reluctance to provide responses that would reflect negatively on the participant or his/her work, program, and or employer. To reduce social acceptability/desirability bias in this study, the interviewer was not a recognized member of the participant's work/institutional hierarchy. The interviewer, as an external third party, could not directly be hierarchical compared to the participant, reducing pressure, and counteracting the bias. Although the study did not broach

anything personal with the subjects, it's important to note that discussing one's professional work can be sensitive for participants.

Conclusions

The following conclusions were drawn from the comprehensive needs assessment based on general themes that were seen across multiple components (literature review and environmental scan, staff survey, and key informant interviews):

- There is a lack of knowledge around what equity means, it is not universally defined, and is not understood how it can be applied to SNAP-Ed work consistently, indicating a need for more diversity, equity, and inclusion training for staff and the SNAP-Ed community.

- Leadership support for equity work varies across different organizations, thus making it harder to shift the culture resulting in various levels of equity work happening across SNAP-Ed. Leadership and organizational culture shifts are needed to allow equity-focused work to flourish.

- In general, most survey respondents are aware of the need to adapt education activities for participants to be more culturally relevant and many try to collect feedback from participants about education programming and PSE implementation regularly. Equity work can build upon these general understandings.

- Developing and using more diverse resources that are culturally appropriate and translated into multiple languages is an identified need of staff implementing the SNAP-Ed program across the four states that participated in the survey.

- Community engagement, listening, and buy-in are important factors when building relationships and creating trust in diverse communities. SNAP-Ed does not always allow time for these critical steps due to funding cycles and timelines.

- States and Implementing Agencies that work with experienced partners that know the needs of the community, are from the community, and have existing trusted relationships there can help agencies serve the SNAP-Ed population better.

- There is a need to increase workforce diversity and place value on lived experience to better represent the SNAP-Ed population. No culture is a monolith, but more diversity in SNAP-Ed can lead to a broader perspective and better understanding.

- Formative evaluation or needs assessments would provide valuable feedback to organizations in meeting the needs of the community and identifying where resources are most needed.

Recommended Actions

Overall Recommendations for SNAP-Ed Program and Evaluation

SNAP-Ed is a partnership between federal, state, and local agencies reaching low-resourced communities, institutions, and populations across the United States and its territories to improve dietary intake and physical activity with limited resources. It is critical for actions to take place at each level to build a culture centered on equity and to ultimately have an impact on reducing food insecurity and preventable diet-related illnesses in these vulnerable populations to reduce disparities.

Although we set out to primarily focus on specific SNAP-Ed Evaluation Indicators, through this process we learned multiple things that need to be addressed for SNAP-Ed to become a more equitable program with equity-focused evaluation. Also, there is a need to understand and recognize the implicit biases that influence both program funding and evaluation practices that primarily focus on individual behavior changes, do not allow for cultural adaptation, and are measured outside the context of the bigger systemic barriers needed to achieve equity.

Below are specific recommendations that may make SNAP-Ed programming and evaluation activities more equitable and better serve the unique needs of diverse low-resourced communities in the participating states in the Southeast. Other states may also find this information helpful. **An overarching recommendation is to pilot a subset of these recommendations with interested implementing agencies across the participating four states to assess the recommendations in practice and build evidence for using an equity approach in SNAP-Ed programs.** This is something that will be explored further in the fiscal year 2023 with the SER EWG for possible implementation in the fiscal year 2024.

1. **Adopt a Common Definition and Application of Equity for SNAP-Ed.** USDA's commitments to Equity can be used to adopt a common definition for SNAP-Ed and define SNAP-Ed's role in working towards equitable systems and nutrition security as a requirement. Aligning with the [USDA Equity Action Plan](): *Priority 7: Upholding Civil Rights and Institutionalizing Civil Rights and Equity as part of the DNA and culture of USDA* can set a roadmap to institutionalize best practices into SNAP-Ed implementing organizations cultures that are action orientated and progressive. USDA can work with states and other contractors to provide tools, training, and resources to support this shift. Defining and naming equity and knowing the context for application in SNAP-Ed have a place in achieving the larger vision of equity at USDA for each state to push this work forward. Once the common definition is established, specifying the application of equity in the context of SNAP-Ed in the guidance would be helpful.

2. **Adapt Program Timelines and Funding Models for a more Equitable Approach.** SNAP-Ed historically runs on a one-year cycle with any needs assessments, program implementation inclusive of nutrition education, PSE and social marking, and evaluation and outcomes all expected each year. This is not a feasible timeline to conduct community work. It takes time to build capacity and trust with community-based organizations and residents to facilitate partnerships and lasting change. USDA, State, and local funders need to be more flexible with the timeline and consider a 3-5-year cycle for change. Additionally, the *SNAP-Ed Evaluation Framework* short-term (year 1), medium-term (year 2-3), and long-term (4-5+) indicators already lend themselves well to multi-year funding cycles. An example of another

federal agency's approach to this is the Centers for Disease Control and Prevention funds administered by the Division of Nutrition, Physical Activity and Obesity Racial and Ethnic Approaches to Community Health (REACH) grants. These grants run in five-year cycles to reduce racial and ethnic health disparities with less emphasis on individual behavior change and more focus on systems change. In addition, they also contract with multiple national technical assistance providers to help grantees meet their goals and outcomes throughout the funding cycle. Another example of pooled funding model to meet specific goals is examined in the brief *The Value of Flexible Funding in the Together Toward Health Model* which describes the value of a flexible funding model in a community-based organization-driven COVID-19 project in California. More flexibility creates opportunities for more diverse partners to participate in SNAP-Ed funding opportunities and serve hard-to-reach populations more effectively.

3. **Build a Diverse and Equity-Focused SNAP-Ed Workforce.** A competent workforce that understands how systems impact health outcomes as well as impact SNAP-Ed interventions and intended outcomes is critical to move health equity forward. This should be measured and documented as part of the *SNAP-Ed Evaluation Framework* and training and capacity-building efforts for staff should be ongoing and the norm. Although staff tended to have a general understanding of reaching people from different cultures and racial backgrounds such as adapting recipes, using diverse photos, and providing language support, there was a general lack of deep equity understanding in responses related to implicit bias and systemic issues. Additionally, internal investment, supportive leadership, and implementation of internal policies that explicitly align with diversity, equity, and inclusion practices are needed. Policies and accountability in hiring, promoting, and valuing lived experiences is a critical internal component to authentically work towards racial and health equity metrics in the communities served by the organization. The Coalition on Communities of Color's Tool for Internal Organizational Self-Assessment Related to Racial Equity is one of many tools that can be used for organizations to self-assess and make an improvement plan.

4. **Create and Adapt Nutrition Education Curriculum and Resources to be more Culturally and Linguistically Responsive.** There is a need for more culturally and linguistically relevant nutrition education resources to serve the diverse populations that SNAP-Ed reaches across the Southeast. There has been a larger call for more diverse representation in nutrition education nationally with a focus on enhancing the *Dietary Guidelines for Americans* which is a basis of nutrition education recommendations in SNAP-Ed. Systemic Racism and Diets| U.S. News (usnews.com) is a popular article that explored these issues. Allowing creative and innovative ways to ensure diverse communities get what they need through nutrition education is a critical component to achieving racial and health equity and improving credibility amongst SNAP-Ed and the people.

5. **Build Strategic and Inclusive Partnerships.** Building strategic and inclusive partnerships with Community-Based and Racial Justice organizations at the state and local levels to facilitate trust, equity, and sustainability in programming is essential. Systemic issues that affect equity cannot be solved by one agency alone and partnerships with organizations that are already trusted partners within the communities SNAP-Ed serves are effective connections to addressing systemic issues and meeting the community members' broader needs. These partnerships also allow for opportunities to address other social needs outside the scope of SNAP-Ed such as childcare support, voter registration, providing meals or food, immigration support, etc., while openly addressing issues like racism. This Centers for

Disease Control and Prevention guide *Developing Partnerships and Coalitions to Advance Health Equity* provides some tips on how to maximize efforts.

6. **Community Engagement Opportunities for SNAP-Ed Eligible Residents.** Authentically engaging a community starts with the funder and evaluator being honest about both the power and the limits of community engagement. This requires a mechanism for funding community members who contribute to the overall SNAP-Ed process outside of the current reimbursement guidelines. To truly align with equity—fair compensation must be a key element of this process. The Community Engagement Toolkit, developed by PHI CWN, gives practical tools and strategies to build community engagement into programs from start to finish and to share power with the community. The *W.K. Kellogg Foundation's Doing Evaluation in Service of Racial Equity – Deepen Community Engagement* promotes responsible, responsive, and genuine engagement of communities in the evaluation process and as an outcome of the evaluation. Using community-centered approaches and co-creating programs and evaluation models is crucial to racial equity and community success.

7. **Disaggregate Data by Race/Ethnicity.** Reporting and disaggregating data by race/ethnicity to help identify inequities, successes, and better tailor program activities are recommended for SNAP-Ed programs. The Robert Wood Johnson Advocating for Data Disaggregation guide is written for community leaders and advocates to advance health equity by calling for changes in the way data are collected, analyzed, and reported. SNAP-Ed needs to ensure all staff and local agencies are trained to collect race/ethnicity data accurately using the same collection methods. It is recommended to pilot these race/ethnicity questions/methods with community residents before adopting the new methodology. Based on feedback received, make adaptations before adopting the new methodology across the participating states. This process will improve data accuracy and understanding. Data disaggregation is a critical step in understanding racial inequities and differences in health outcomes through data. Looking at data through a focused lens helps to identify barriers, explore the need to adapt programs, and can be a tool to allocate resources where they are most needed.

8. **Deemphasize Individual Behavior Change.** Since all curriculum administered with SNAP-Ed funding needs to be practice or evidence-based, it seems excessive to continue to survey participants repeatedly on positive behavior changes associated with participation in already proven programs. Collecting individual behavior change metrics is labor intensive for both educators and participants and can be a turn-off to participation in educational activities for some people. The current *Framework* does not consider systemic barriers with behaviors that may prevent sustained healthy behavior changes as environmental metrics are currently measured separately. Limiting behavior change metrics to a few questions, requiring new programs only, specific larger evaluation studies, and/or only emerging or adaptive programming would reduce the time and cost burden on the program and rely on existing evidence for a proven curriculum. This could allow for more time to focus on community engagement and PSE outcomes. Also, there is evidence that PSE reach can improve dietary behaviors regardless of race and/or ethnicity, age, or reach of *Supplemental Nutrition Assistance Program Education* direct education as found in the study *SNAP-Ed Policy, Systems, and Environmental Interventions and Caregivers' Dietary Behaviors* (Molitor and Doerr 2020). So, investing more resources into the PSE change process may result in better outcomes overall and would reduce the participant survey burden across SNAP-Ed programming without reducing the quality of the education.

9. **Fix Methodological Issues with priority indicators and Survey Tools.** Ensure metrics are clear and not ambiguous and have cultural and access considerations built in when

collecting individual behavior change data. Avoid asking two concepts at once in a question or indicator and be specific. Implementers indicated participants had trouble answering questionnaires in general for a variety of reasons. For instance, explicitly define "healthy foods" and which part of the "nutrition facts label" you are accessing behavior change. Is it the Nutrition Facts panel, front of label packaging, or specific nutrients like "added sugar"? Does the curriculum align with the measures you are collecting? Is the survey question specific or ambiguous? How is the data being used and shared? Additionally, access and cultural considerations should be included. For example, is 100% Whole Wheat bread easily accessible and affordable in the community? Or is milk a culturally appropriate food source for the population you are reaching or is yogurt a more appropriate dairy alternative? Are participants likely to increase consumption with education alone? Fixing these approaches would result in better tools that are more aligned with metrics of interest and could support data aggregation across programs if common questions are used across the participating states. Also, focusing on more specific questions and specific behavior priorities (fruit and vegetable consumption, beverage consumption, and food and nutrition security) overall is more advantageous for both the researcher and the participants to assess if the program is working as intended and is not diluted by too many messages. Developing a common survey instrument that fixes these issues and allows for data aggregation is recommended.

Specific Framework Indicator Equity-Focused Recommendations

In general, reducing the required number of indicators and sub-indicators measured annually would be beneficial to support a more equitable approach to evaluation across the state and implementing agencies. The *SNAP-Ed Evaluation Framework* is extensive, allowing for multiple types of measurement but can be overwhelming for small organizations that lack evaluation support.

Allowing different approaches like collecting qualitative feedback or other community inputs beyond traditional metrics may be the best approach to capture what success looks like in diverse communities. Our next step in the Health Equity Needs Assessment is to collect both quantitative and qualitative data from SNAP-Ed eligible residents with various levels of participation in SNAP-Ed programs to better understand the community perspective on what equity in SNAP-Ed means to them.

As shown in Table 9, specific recommendations for this study's priority *SNAP-Ed Evaluation Framework* Indicators MT1, MT2, ST5, ST6, ST7, MT5, and MT6 are listed below, and they are based on the overarching recommendations above. Piloting at least some of these recommendations in the Southeast is proposed for FFY 2024.

Table 9. Specific Equity Recommendations for *SNAP-Ed Evaluation Framework* Indicators MT1, MT2, ST5, ST6, ST7, MT5, and MT6

MT1 Individual	MT2 Individual	ST5, ST6, and ST7 Environmental Settings	MT5 and MT6 Environmental settings
Engage SNAP-Ed Eligible Participants throughout all aspects of the SNAP-Ed program (needs assessment, education, social marketing, PSE, evaluation, etc.) and develop feedback loops to gather input and share information regularly.			
• Understand the systems, community conditions, power differences and histories that contribute to the patterns of behavior. Look at behavior changes when paired with PSEs. • Measure individual behavior changes through surveys to assess new or tailored interventions focused on a subset of indicators. Do not require this for proven interventions to reduce burden on participants. • Include mixed method approach using qualitative data to tell the community story. • Allow for community and cultural metrics to be collected as defined by the community.	• Understand the systems, community conditions, power differences and histories created that impact food resource management behaviors. Look at behavior changes when paired with PSEs. • Measure individual behavior changes through surveys to assess new or tailored interventions focused on a subset of indicators. Do not require this for proven interventions to reduce burden on participants. • Consider metrics related to access, perceptions, and household resilience instead of the current *Stretching Food Dollar Metrics*. The Gretchen Swanson Center for Nutrition tools offer a more holistic assessment of the food and nutrition insecurity experience.	• Include SNAP-Ed Workforce Capacity and Readiness in as a metric using tools like Workforce Readiness Assessment or Working Principles for Health Justice & Racial Equity Organizational Self-Assessment. • Implement a comprehensive needs assessment process using existing data to identify disparities and assets. This might include GIS mapping, combined with community listening sessions and organizational assessments. These activities should align with the ST environmental indicators. • Identify and compensate and fund champions that include both residents and partner organizations to ensure assets, improvements and solutions are identified by those most impacted.	• Ensure an inclusive community engagement process is used to identify priorities, selection, implementation and sustaining PSE changes. • Use racial equity assessment tools to understand how racial/ethnic groups will be affected by PSE changes. • Collect qualitative data and benefits of the PSE process and implementation in combination with individual level data. • Establish community and cultural level metrics to inform success. • Consider measuring the impact of PSE change on communities in reducing disparities.

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Appendix I: SNAP-Ed Implementer Survey

Multi-State Racial Equity in SNAP-Ed Evaluation

Survey for SNAP-Ed Implementers

Four states within the Southeast Region and the Public Health Institute Center for Wellness and Nutrition would like to invite you to take the following survey. The purpose of this survey is to 1.) better understand your practices as a SNAP-Ed implementer related to applying racial equity to SNAP-Ed work and 2.) identify needs to better reach underserved racial/ethnic groups. The survey is for SNAP-Ed implementers (i.e., employees who have direct contact with SNAP-Ed participants (youth or adult) or partners). We define racial equity as, "a process of eliminating racial disparities and improving outcomes for everyone." The survey should take about 20 minutes to complete.

Your responses are voluntary and will be kept confidential. Responses will not be identified by individual or implementing agency. All responses will be compiled together and analyzed as a group. Your employer will not see your individual responses.

If you have any questions or concerns, please contact Jamie Frederick at the Center for Wellness and Nutrition (Jamie.Frederick@wellness.phi.org; 916.265.4042 ext. 114).

Do you agree to participate in the following survey?
   a. Yes
   b. No (if selected, skip to end of survey)

Demographics
1. What state do you live in?
   a. Georgia
   b. Mississippi
   c. North Carolina
   d. South Carolina

2. Please select all of the areas in which you directly work with SNAP-Ed participants and partners. **(Please s*elect all that apply)*
   a. Direct education
   b. Policy, systems, environmental changes (PSEs)
   c. Social marketing
   d. Indirect education
   e. Partnerships and/or coalition building
   f. Evaluation
   g. Other, describe: _____

3. What is your job title?

   _____

4. How long have you worked in SNAP-Ed?
   a. Less than 1 year

    b. 1-2 years
    c. 3-4 years
    d. 5-6 years
    e. More than 6 years

5. Please select the race/ethnicity that best describes you. **(Please select all that apply)**
    a. American Indian or Alaska Native
    b. Asian
    c. Black or African American
    d. Hispanic or Latino
    e. Native Hawaiian or Other Pacific Islander
    f. White
    g. Other, please describe: _____

6. What languages are you fluent in (e.g., comfortable reading and speaking)? **(Please select all that apply)**
    a. English
    b. American Sign Language
    c. Chinese (includes Mandarin)
    d. French
    e. Korean
    f. Spanish
    g. Vietnamese
    h. Other, please list: _____

The following questions ask about your role as a SNAP-Ed Implementer. Please answer based on your own personal work experience.

7. Please select the **three** most predominant groups you serve by race/ethnicity (Please estimate if this information is not readily available.)
    a. American Indian or Alaska Native
    b. Asian
    c. Black or African American
    d. Hispanic or Latino
    e. Native Hawaiian or Other Pacific Islander
    f. White
    g. Other, please describe: _____

8. What percentage of the participants or partners that you serve speak a language other than English as their primary language? (Please estimate if this information is not readily available.)
    a. None
    b. 1-25%
    c. 26–50%
    d. 51–75%
    e. 76–100%

9. What methods do you use to promote racial/ethnic diversity and inclusion in your SNAP-Ed work? (Open ended)

Workforce
10. Does your organization have any programs or initiatives that aim to increase the racial/ethnic diversity of staff at your organization?
    a. Yes
    b. No
    c. Don't know

11. [*If participant answers Yes to Q10   ]* Please describe any programs or initiatives that aim to increase the racial/ethnic diversity of staff at your organization. (Open ended)

12. Please describe any training, professional development, or continuing education opportunities your organization provides to staff to better serve diverse racial/ethnic groups. (Open ended)

13. Other than increased funding, what resources, training or additional needs do you have to 1 (Open ended)

Direct Education
14. Are you involved in direct education?
    a. Yes
    b. No (*SKIP to Q22*)

15. Which age groups do you provide nutrition education to? **(Please select all that apply)**
    a. 0-5 years
    b. 6-11 years
    c. 12-17 years
    d. 18-59 years
    e. 60+ years

16. In what languages do you provide direct education instruction? (**Please select all that apply)**
    a. English
    b. American Sign Language
    c. Chinese (includes Mandarin)
    d. French
    e. Korean
    f. Spanish
    g. Vietnamese
    h. Other, please list: _____

17. Please describe any adapted curricula or cultural adaptations you are using in your teaching or resources. Please include the name of the curricula you are using. (Open-ended)

_____

Evaluation
18. Do you conduct any evaluation-related activities with SNAP-Ed participants (I.e., administer pre/post surveys)?
    a. Yes
    b. No [SKIP to Q26]

19. How often do participants need or ask for help when answering evaluation questions for direct education courses due to language barriers or cultural differences?
    a. Never
    b. Rarely
    c. Sometimes
    d. Often
    e. Always

20. [*If participant answers Sometimes, Often or Always to Q23*] Please describe the types of questions participants find challenging, specifically among different racial/ethnic groups. (Open-ended)

21. How often do you collect feedback from participants to guide direct education programming?
    a. At every direct education session/series
    b. Quarterly
    c. Twice a year
    d. Once a year
    e. Once every other year
    f. Once every 3 to 5 years
    g. Never

Community Engagement and Policy, Systems and Environmental (PSE) Changes
22. Are you involved in planning and/or implementing policy, systems and environmental (PSE) interventions? (Planning PSEs would include conducting needs assessments, engaging with the community, meetings with partners, etc.)
    a. Yes
    b. No (*SKIP to end of survey*)

23. How often is racial/ethnic diversity and inclusion considered in PSE planning?
    a. Never
    b. Rarely
    c. Sometimes
    d. Often
    e. Always

24. [*If participant answers Sometimes, Often or Always to Q27*] Please explain how you consider racial/ethnic diversity and inclusion in your PSE planning.

25. How often is input from SNAP-Ed populations from diverse racial/ethnic groups included in PSE planning?
    a. Never
    b. Rarely
    c. Sometimes
    d. Often
    e. Always

26. [*If participant answers Sometimes, Often or Always to Q29*] Could you describe the ways in which input from SNAP-Ed populations from diverse racial/ethnic groups is included in PSE planning?

Thank you for taking the time to complete this survey! The information gathered from this survey will be used to create recommendations to address racial equity in SNAP-Ed.

If you have any questions or concerns, please contact Jamie Frederick at the Public Health Institute Center for Wellness and Nutrition (Jamie.Frederick@wellness.phi.org; 916.265.4042 ext. 114).

Appendix II: Stakeholder Interview Guide

Stakeholder Interview Guide

Date:

Moderator:

Note Taker:

Interviewee Name:

Interviewee Affiliation

Start Time:

End Time:

Good morning/afternoon. Thank you for agreeing to meet with us. My name is (moderator name) and this is my colleague (notetaker) (if a notetaker is present). Four states within the Southeast Region and the Public Health Institute Center for Wellness and Nutrition are working together to conduct a multi-component project that aims to improve racial equity in SNAP-Ed evaluation. (Provide brief background on SNAP-Ed as necessary depending on interviewee's understanding of the project).

The Supplemental Nutrition Assistance Program–Education (SNAP-Ed) is an evidence-based program that teaches people using or eligible for SNAP about good nutrition and how to stretch their food dollars. SNAP-Ed initiatives also include social marketing campaigns and efforts to improve policies, systems, and environments (PSEs) of communities. SNAP-Ed is administered by the United States Department of Agriculture's Food and Nutrition Service (FNS), and FNS is divided into regions.

One component of this project includes interviewing leaders like yourself from SNAP-Ed programs or other similar public health programs who have included a racial equity focus in their food or nutrition evaluation work.

We will ask you questions about your racial equity evaluation work. We will take notes throughout the discussion and will also record the interview so that we can ensure our notes are accurate and comprehensive. Your answers will be used to develop recommendations to help SNAP-Ed implementers apply a racial equity lens to their evaluation work and to inform updates to the SNAP-Ed Evaluation Framework. Your participation in this interview is voluntary, and you can decline to participate, or withdraw consent at any time, with no consequences. The interview will take approximately 45 minutes. There are no anticipated risks or discomforts to participate. All interview notes, transcripts, and recordings will be stored on a secure electronic server that is only accessible to the research team. You will not receive compensation for this interview. With your permission, we would like to include your name and organizational affiliation in final reports and future publications to lend credibility to the recommendations made. Before publishing any findings, we will send you a draft of the report so you can check for accuracy.

Do you have any questions about the information discussed so far? Do you agree to participate in the interview? (Yes/No)

Do you agree to including your name and organizational affiliation in future reports and/or publications? (Yes/No)

47

(If verbal agreement is indicated, then proceed. If verbal agreement is not indicated, then thank the interviewee for their time and end interview).

May I now begin recording the interview?

Part 1: Sharing About Racial Equity Work

To begin, I will ask a series of questions related to specific projects in which you have been involved. We are interested in learning more about the interventions, programs, or evaluation methods you have instituted/implemented within your organization to address racial equity.

1. Can you tell us a little about your professional background?

   - Probe: What has been your experience with food and nutrition programs or evaluation?
2. Please tell us about how you have intentionally included racial equity into your current or past food and nutrition program or evaluation work.
   - Probe: Walk me through the process of how you developed the intervention, program, or evaluation method.

   - Probe: What were the goals of this work?

   - Probe: How did you build support within your organization to conduct this work?

   - Probe: How were the needs and preferences of individuals served by your organization incorporated in the development and implementation of this work?
3. What outcomes or lessons have you learned from this work?

Part 2: Best Practices Recommendations

Now I will ask a few questions to learn about your beliefs to improve racial equity in SNAP-Ed/public health nutrition and best practices that you follow in your racial equity work.

4. When you look at the current situation of addressing racial equity in SNAP-Ed/public health nutrition (this could be at the national, state, or local level), what are the biggest successes?

   - Probe: What is working well and why do you think it is working?

5. What do you see as the biggest challenges or obstacles in addressing racial equity in SNAP-Ed/public health nutrition?
   - Probe: At the local, state, or national level?
   - Probe: What changes are needed to better address racial equity?
6. How might an organization that wants to start addressing racial equity in their evaluation work get started?

   - Probe: What are some recommendations that you may give to those just starting out in the field of racial equity in evaluation?

7. Do you use or are you aware of any conceptual frameworks or models to guide racial equity evaluation work? If yes, please describe.

   - Probe: You mentioned _____ is a framework/model that you use to guide your work. Could you tell me more about that?

Part 3: SNAP-Ed Evaluation Framework

Are you familiar with SNAP-Ed evaluation and the SNAP-Ed Evaluation Framework? Yes/No (if no, skip to Wrap-up)

[If stakeholder asks about the evaluation framework, it may be described as: The Food and Nutrition Service's SNAP-Ed Evaluation Framework is SNAP-Ed's opportunity to produce cumulative results using standardized, evidence-informed methods to share with our clients, partner organizations, stakeholders, and policy makers. Aligning with the Social-Ecological Model featured in the 2015-2020 Dietary Guidelines for Americans, the 51 indicators in the framework represent the consideration, negotiation, and collaboration of representatives from State SNAP Agencies and state/local Implementing Agencies.]

8. What areas of the SNAP-Ed Evaluation Framework are already working well to address racial equity?

9. In what ways do you think the SNAP-Ed Evaluation Framework could better address racial equity?

10. What areas of the SNAP-Ed Evaluation Framework (individual, environmental, sectors of influence) need to be modified to better address racial equity?

   - Probe: Are there specific domains or indicators that are lacking a racial/equity focus? What recommendations do you have for improvement?

Part 4: Wrap Up

In summary... [provide brief summary of what was discussed and key recommendations that interviewee shared]…

Have we missed anything that you'd like to add about your experience and recommendations with racial equity in food and nutrition program evaluation?

Also, we'd like to share our findings with you, ASNNA, and other groups to collaborate on this work. Do you have any recommendations to best do this?

Do you have recommendations on any other people/contacts we could talk with who have included a racial equity focus in their food or nutrition work?

Thank you so much for your input. We sincerely appreciate your time today.