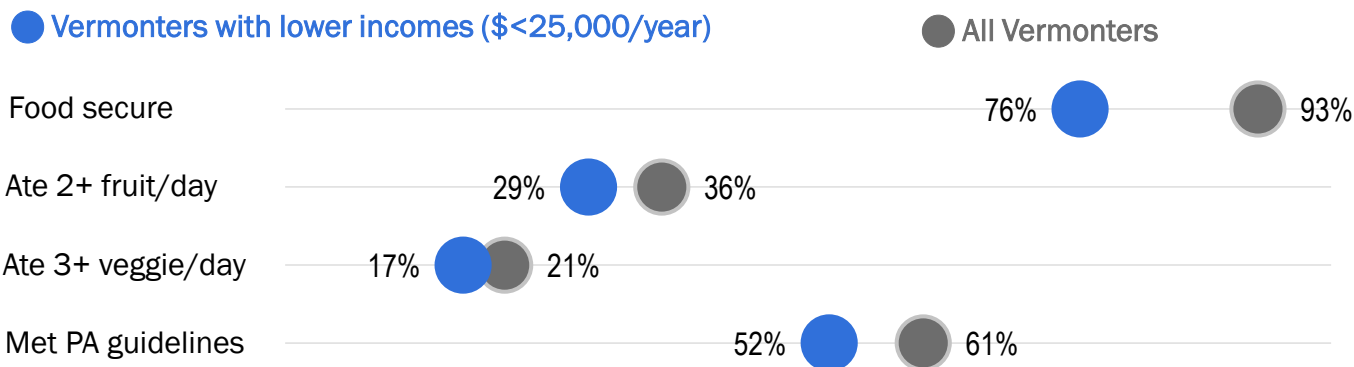


# Vermont SNAP-Ed FY24 Brief

## The Challenge

Vermonters with lower incomes have lower rates of food security, fruit and vegetable consumption, and physical activity (PA) compared to all Vermonters within the same age group (18 years or older).



## The SNAP-Ed Solution

SNAP-Ed helps 3SquaresVT-eligible families by funding Implementing Agencies (IAs) to carry out strategies that support healthy eating and physically active lifestyles. In FY24, IAs collaborated with **194 unique community partners** such as schools, food organizations, and other local organizations to implement SNAP-Ed strategies.

SNAP-Ed reached over 413,696 Vermonters in FY24



### Direct education

Providing nutrition and physical activity (PA) education at schools, in communities, and at transitional housing sites.

**3,722**  
reached



### Policy, systems & environmental change

Improving access to and appeal of fresh produce and other healthy food options at food access organizations and in early childcare settings.

**99,912**  
reached

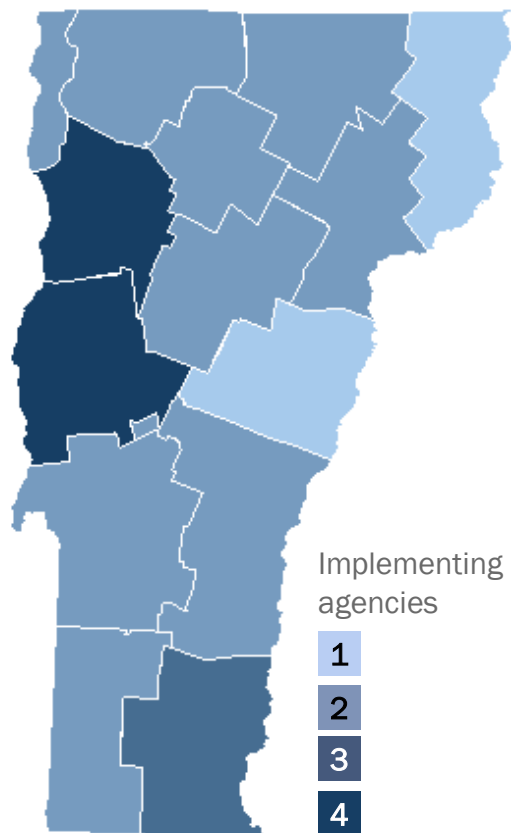


### Social marketing

Promoting healthy eating and active living through social media.

**309,913**  
reached

12 counties have 2+ strategies



"The workshops aren't just educational; they make us feel like a community."

- SNAP-Ed participant

## FY24 Program Highlights

SNAP-Ed strategies addressed nutrition education, food resource management, PA and structural improvements to make healthy choices easy and accessible.



**Direct education to engage children in outdoor PA** resulted in 77% showing improved attitudes toward PA and 82% showing increased PA, based on parent survey responses.



85% of immigrants and refugee participants reported greater familiarity with featured vegetables post **Veggie of the Month** events.



All 138 SNAP-Ed food access organizations adopted or maintained at least one PSE change to increase access to nutritious food, and 62% **adopted more equitable distribution systems to reach priority populations.**



All four early childcare centers working with SNAP-Ed adopted or maintained two or more PSEs, **increasing access to nutritious foods for nearly 200 students.**



Among participants that **received direct nutrition education**, 32% reported increased daily fruit consumption, 30% ate more vegetables daily and 20% exercised at least 30 minutes more than before the intervention.



78% of **mobile nutrition education participants** indicated an increased intent to eat vegetables and 77% improvement in their ability to make healthier food choices.

## Strategies to Embed Health Equity in SNAP-Ed Programming

To improve reach to priority populations, IAs integrated equity-building strategies into their work.



### **Equity training for SNAP-ED staff and organization level planning**

Partners prioritized equity by incorporating it into internal planning and staff training to strengthen equity within their SNAP-Ed programs. Efforts included hiring an internal advisor to review program materials for inclusivity, staff training on recognizing and addressing white supremacy culture in the workplace and fostering meaningful discussions on equitable grant-making practices and the root causes of hunger.



### **Tailoring programs and materials**

Partners engaged people with disabilities, people of color, LGBTQ+, Indigenous communities, refugees and New American communities, unhoused individuals, single-parent households, and those in recovery from substance use disorders and created culturally aligned recipes, verbal educational materials for non-readers, produce drop programs for those without transportation and hyperlocal PA initiatives to address barriers for low-income populations.



### **Inclusive partnerships, community engagement and coordination**

Partners successfully established new collaborations to address the needs of marginalized communities. These efforts included creating mini-grant programs for organizations serving priority populations, partnering with American Sign Language providers to adapt video resources, and working with transitional housing facilities to deliver nutrition education.