Vermont Comprehensive SNAP-Ed Needs Assessment:

Identifying and Understanding the SNAP-Ed Focus Populations

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VERMONT
DEPARTMENT OF HEALTH

Contents

Background

In 2024, the Vermont Department of Health (VDH) asked Professional Data Analysts (PDA) to conduct a needs assessment to help inform the Supplemental Nutrition Assistance Program Education (SNAP-Ed) three-year State Plan for fiscal year (FY) 2026-2028. This report summarizes the needs assessment's findings and implications.

The last VT SNAP-Ed needs assessment conducted in 2022 identified subsets of the general population that were disproportionately likely to be eligible for SNAP and marginalized because of their race, ethnicity, place of birth, sexual orientation, gender identity, disability status, socioeconomic status, age, or geographic location. These subsets became SNAP-Ed's priority populations for FY23-25. Additionally, based on the 2022 needs assessment findings, Vermont identified that it could reach priority populations most equitably and effectively by offering SNAP-Ed strategies statewide, which it did.

In FY23, SNAP-Ed Implementing agencies (IAs) in Vermont started focusing their activities on reaching specific priority populations by identifying new strategies to connect with identified priority groups. Although SNAP-Ed strategies are now accessible throughout the state, further assessment is necessary to evaluate whether these priority populations have improved access to resources and support for healthy eating and physical activity available in Vermont. **This needs assessment aimed to identify program gaps and make recommendations on how SNAP-Ed can address these gaps to promote more equitable access toward improved outcomes.**

This needs assessment was completed as part of the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS)' requirement for state SNAP-Ed programs submitting a new three-year State Plan. It included the data available through state and national health surveys, SNAP-Ed FY24 Annual Report data, SNAP-Ed program evaluations and other qualitative and quantitative data collected by SNAP-Ed to identify assets and needs.

Introduction

The Supplemental Nutrition Assistance Program (SNAP) is a federally funded and state-administered program that provides eligible households with monthly vouchers to purchase food at participating retailers. In Vermont (VT), SNAP is called 3SquaresVT but will be referred to as SNAP throughout this report. Vermont residents may be eligible for SNAP if their gross household income is ≤185% of the Federal Poverty Level (FPL) or if they receive the VT Earned Income Tax Credit (EITC). Households that include an individual age 60+ or a person with a disability do not have to meet the gross income test but must meet a net income test and a resource test. The asset test applies only to senior or disabled households with income above 185% FPL. Eligible individuals and households must also be U.S. citizens or lawfully present non-citizens.

The goal of SNAP-Ed is to improve the likelihood that persons eligible for SNAP will make **healthy food choices** within a limited budget and choose **physically active lifestyles** consistent with the current Dietary Guidelines for Americans and the United States Department of Agriculture (USDA) food guidance. The SNAP-Ed program pursues this goal through three types of evidence-based strategies: direct education, social marketing, and policy, systems, and environmental (PSE) changes.

Needs Assessment Methodology

This comprehensive needs assessment is required by FNS to be done every three years. The needs assessment aimed to identify the characteristics of Vermont's SNAP-Ed eligible population (including priority population groups), identify program gaps, and provide recommendations to improve the ability of the SNAP-Ed program to support improved access and outcomes for groups most affected by food insecurity, poor health outcomes, and lack of protective behaviors. The findings guide recommendations on how the state can best allocate funding to communities with the greatest need, and support existing agencies and local providers. This needs assessment was conducted in three phases listed below:

- **Phase 1** examined whether specific geographic areas and population groups in Vermont continue to face disparities in food security, health outcomes, and protective behaviors. It also assessed how effectively SNAP-Ed has or has not reached these areas of need.
- **Phase 2** focused on identifying the needs of priority population groups that lack sufficient secondary data by reviewing existing literature and state reports.
- **Phase 3** focused on identifying existing resources that support healthy eating and active living among SNAP eligible groups in Vermont. This phase examined the programs and organizations currently available to serve these groups. It also explored perceived disparities in access and identified gaps and opportunities for improving resource availability. The goal was to identify opportunities for new initiatives and collaborations to improve nutrition and physical activity (PA).

To respond to these phases, **new information was collected**. With support and collaboration from VDH, PDA used the following methods to review statewide and population-specific SNAP-Ed needs.

- Examined 2023 census data and 2023 5-year American Community Survey (ACS) data on Vermont demographics.
- Reviewed previous years' SNAP-Ed assessment data and reports.
- Assessed data from the 2019-2022 Vermont Behavioral Risk Factor Surveillance System (VT BRFSS) to understand health conditions, food insecurity, and nutrition- and PA-related protective factors by income and county of residence.
- Assessed data from the 2023 Vermont Youth Risk Behavior Survey (YRBS) to understand food insecurity and nutrition- and PA-related protective factors.
- Reviewed academic literature on nutrition- and PA-related interventions for priority population groups that face barriers to accessing nutrition-related services due to social and economic marginalization.
- Conducted interviews with select priority population groups, collaboratively identified with VDH, to identify service gaps and opportunities to strengthen programming.

Existing Information

1. County-level reach of SNAP-Ed strategies

In FY 2024, Vermont SNAP-Ed had six IAs: Come Alive Outside (CAO), University of Vermont Extension (UVM), Vermont Foodbank (VF), Hunger Free Vermont (HFVT), The People's Farm Stand (PFS), and Vermont Garden Network (VGN) – that offered SNAP-Ed strategies in various locations across the state.

County	Passport Programs	Veggie Van Go & VT Fresh	ECE*	Mobile Classroom	Eat Smart, Move More	Veggie of the Month
Addison	✓	✓		✓	✓	
Bennington		✓		✓		
Caledonia		✓		✓		
Chittenden		✓		✓		✓
Essex		✓	✓			
Franklin		✓			✓	
Grand Isle		✓		✓		
Lamoille		✓		✓		
Orange		✓				
Orleans		✓		✓		
Rutland	✓	✓				
Washington		✓		✓		
Windham		✓	✓	✓		
Windsor		✓		✓		

*ECE: *Farm to Early Childcare and Education*

✓ Direct education ✓ PSE ✓ Social marketing

2. Health equity strategic planning

The SNAP-Ed program initiated a three-year strategic plan to operationalize health equity, guided by the FY22 State Plan goal of increasing outreach to marginalized SNAP-eligible individuals and households. Over the course of this plan, three key equity-building strategies were developed and tracked quarterly. In **Year 1 (FY23)**, the focus was on foundational efforts, including partner discussions, training, and planning to build capacity for equity-based activities. **Year 2 (FY24)** involved piloting and early implementation of these strategies, with ongoing refinement through continued dialogue. By **Year 3 (FY25)**, the program worked to expand implementation efforts, assess overall progress, and continue advancing equity-focused initiatives, ensuring long-term sustainability and deeper integration across all areas of operation. The three identified strategies were:

- Offer equity training for SNAP-Ed staff to support organizational level planning
- Tailor programs and materials to increase representation of underserved communities
- Pursue inclusive partnerships, community engagement and coordination

3. Complementary nutrition programs in Vermont

This section summarizes eligibility and activities of other nutrition-related programs operating in Vermont to **avoid duplicating efforts** with SNAP-Ed. Many of these groups attend quarterly Vermont Nutrition Education Committee (VNEC) meetings or work together through other state collaborative meetings such as Hunger Councils or Vermont Farm to Place teams to share program updates and identify opportunities to collaborate. There may be more opportunities for partnership or coordination with other programs to enhance implementation and reach of SNAP-Ed strategies. Many of these programs serve families with children and older adults and have similar income eligibility requirements as SNAP.

Federal or state funded nutrition-related programs

Programs serving children

National School Lunch Program (NSLP) and School Breakfast Program (SBP) are funded by the USDA FNS and implemented by the Vermont Agency of Education (AoE). SBP and NSLP reimburse public and private non-profit schools for free, reduced-price, and full-price breakfasts and lunches served to students enrolled in 12th grade and under. Families may apply to receive free or reduced-price meal benefits. Federal guidelines state that families with incomes below 130% FPL are eligible for free meals; families with incomes between 130% FPL and 185% FPL are eligible for reduced price meals. In Vermont, all public schools and some independent schools provide meals for free to all students, though eligibility determinations are still made for determining federal reimbursement rates. Schools and other community organizations may also provide meals to kids after school and during the summer though federal programs. The At-Risk Afterschool Meal Program, part of the Child and Adult Care Food Program, and the Summer Food Service Program (SFSP) may be used to feed children during these times. In these programs, all meals are provided to children at no cost and sites are reimbursed by USDA, but individual sites must qualify for the program. Sites are eligible if they are located within the attendance area of a school with 50% of its students eligible for free or reduced-priced meals.

Children with Special Health Needs (CSHN) program at the Vermont Department of Health offers individualized consultative nutrition services for providers and caregivers of children with special health needs with specific growth, feeding and dietary needs. Registered Dietitians (RDs) offer nutrition and feeding assessments, education, and strategies to improve overall nutrition intake and mealtime interactions with providers and caregivers. Caregivers or providers can submit a referral or request for consultation. All referrals are

eligible for an initial consultation and services provided after an initial visit are determined by the dietitian assigned to the child's team. Services are available in all regions of Vermont.

Programs serving children and adults

Women, Infants, and Children (WIC) Program is funded by the USDA Food and Nutrition Service (FNS). This program aims to increase access to healthy foods, nutrition education and counseling, and breastfeeding/chestfeeding support. This is done through four components of the program: 1) nutrition education, 2) breastfeeding/chestfeeding support (including providing lactation pumps and other resources, classes, peer counselors, and referrals to community lactation consultants), 3) monetary food benefits, and 4) health care referrals (including pregnancy and pediatric care, smoking cessation and substance use services, SNAP and other food resources, and preschool programs). Individuals who are pregnant and caregivers of children under five, including parents, grandparents, and foster parents are eligible. WIC is implemented statewide through Vermont's 12 Local Health Offices. Another program associated with WIC is the Farmers Market Nutrition Program (FMNP). Farmers Market Nutrition Program (FMNP) is funded by the USDA FNS and implemented by the Vermont Agency of Human Services, Economic Services Division (ESD). Eligible WIC participants are issued FMNP coupons in addition to their regular WIC benefits. These coupons can be used to buy fresh fruits and vegetables at approved farmers markets or roadside stands. It also provides nutrition education during coupon distribution. ESD also provides a state funded similar program, Farm to Family, which provides coupons and nutrition education to non-WIC families with income under 185% FPL. These coupons are distributed state-wide through the six Community Action Agencies.

Expanded Food and Nutrition Education Program (EFNEP) is a community outreach program using education to promote nutritional health and well-being. It is funded by the USDA National Institute of Food and Agriculture and implemented by the University of Vermont (UVM) Extension. Adult and youth programs, typically comprised of a series of six classes, involve group discussion and developmentally appropriate nutrition education activities. Topics include preparing basic meals and snacks, shopping on a budget, food safety, following and modifying healthy recipes, and appreciating the benefits of PA. EFNEP is designed to serve limited-income families. Free programs serve parents and guardians of youth 19 years old and under, pregnant people, teens, and children. Individuals who are eligible for SNAP, WIC, Head Start and/or free school meals are likely to also qualify for EFNEP. Adult group classes, youth group classes, and individual home visits with adults are available anywhere in Addison, Caledonia, Chittenden, Lamoille, Rutland, and Windham counties. Adult group classes and youth group classes are also held in some parts of Bennington, Essex, Franklin, Orleans, Washington, and Windsor counties.

Child and Adult Care Food Program (CACFP) is funded by the USDA FNS and implemented by the Vermont AoE. CACFP reimburses participating organizations for providing nutritious meals and snacks to eligible children and adults. The following locations are eligible to

participate in CACFP: licensed childcare centers, licensed childcare homes, Department of Disabilities, Aging, and Independent Living (DAIL) certified adult day centers, at-risk afterschool daycare centers, outside of school hours care centers, and homeless/emergency shelters meeting state and local health and safety codes. CACFP also reimburses sites for meals served to children and youth in afterschool care programs or residing in emergency shelters, as well as adults aged 60+ or living with a disability who are enrolled in adult day facilities. The program is implemented statewide.

Programs serving older adults

Nutrition services for older adults are implemented by the five Area Agencies on Aging (Age Well serving Northwestern Vermont, Central Vermont Council on Aging, Northeast Kingdom Council on Aging, Senior Solutions serving Southeastern Vermont, and Southwestern Vermont Council on Aging) within DAIL. These agencies serve the entire state, which is divided into five service regions, with funding from the Older Americans Act (OAA). Nutrition services for seniors include home-delivered meals (also known as Meals on Wheels) and community meals (also known as congregate meals). Meals on Wheels is available to individuals aged 60+ who are unable to leave the home without considerable difficulty or assistance or who are experiencing a physical or mental condition impacting their ability to obtain food or prepare a meal. Community meals are available free of charge to individuals aged 60+; individuals <60 can participate for a small fee. These services are available statewide. Vermont Foodbank also implements the Commodity Supplemental Food Program (CSFP) with funding from the USDA FNS, which supplements the diets of adults over 60 living under 130% FPL with packages of nutritious, commodified foods. Northeast Organic Farming Association of VT implements the Senior Farm Share portion of the Seniors Farmers' Market Nutrition Program, which is also funded by the USDA FNS and provides seniors living at low-income housing sites fresh local produce boxes throughout the summer. DAIL works with ESD to provide Farm to Family coupons, which provides coupons and nutrition education to households of Vermonters over the age of 60 with income under 185% FPL. These coupons are distributed state-wide through the six Community Action Agencies. The coupons can be used to buy fresh fruits and vegetables at approved farmers markets or roadside stands and aims to help older adults and local farmers by providing adults over 60, living under 185% FPL with access to locally grown produce through farmers' markets, roadside stands, and community-supported agricultural programs.

Region-specific nutrition-related programs in Vermont

Additional organizations offer nutrition and food access programs in certain regions of the state. These initiatives, implemented alongside fruit and vegetable prescription programs, support the national strategy on hunger, nutrition, and health and are becoming increasingly common. Depending on community funding and resources, these programs may also include nutrition education alongside food distribution, which supports families in building healthier habits and improving their nutrition. Two of these programs are described in more detail below.

Healthcare Share is offered through the Vermont Youth Conservation Corps (VYCC) in Richmond, Vermont. Healthcare Share provides Vermont families facing barriers to accessing fresh produce or managing diet-related illnesses with weekly bags of certified organic produce. Referred by healthcare providers, families pick up their shares—sometimes including eggs, chicken, cheese, or flour—at provider offices. Lasting 12 to 17 weeks, this free program also supports youth employment and learning. Funding comes from healthcare centers, farm stand sales, sponsoring businesses, and philanthropy.

Farmacy Project is implemented by a non-profit called Vermont Farmers Food Center (VFFC) in Rutland, Vermont.[8] The VFFC's Farmacy Project provides produce prescriptions for individuals managing diet-related chronic health conditions and supplies fresh produce grown by new and emerging Rutland farmers. The program connects underserved Rutland County residents with nutritious food, community programs, and educational resources. Partnering with local healthcare providers, the Farmacy Project offers produce prescriptions to at-risk families, who receive 10-12 pounds of produce weekly for 15 weeks at various county distribution sites. Participants also benefit from nutrition education and cooking classes. The program relies on diverse funding sources including local, state, and federal funding.

4. Related state health initiatives

2024 Vermont State Health Assessment

The 2024 Vermont State Health Assessment (SHA) provides a snapshot of Vermonters' health, analyzing available population-level data and data collected through interviews and focus groups to highlight inequities by race and ethnicity, gender, age, sexual orientation, disability, socioeconomic status and geography. Conducted every five years, it informs the State Health Improvement Plan (SHIP), which sets priorities and strategies to promote health and equity. The next SHIP is scheduled to cover the period 2025-2030.

The SHA summarizes the main health issues across Vermont. The SHIP takes into consideration the findings from SHA to identify 3-5 key priorities the state will focus on for the next five years. These priorities guide VDH and community partners in focusing efforts to promote health and equity. The SHIP also helps different sectors and organizations work together on shared goals to improve the well-being of Vermonters.

Findings from the 2024 SHA are available on the VDH website in two formats for each priority population: a two-page data brief and a detailed presentation. The priority population groups include Indigenous people, older Vermonters, people of color, people with disabilities, those who are unhoused, LGBTQ+ individuals, and immigrants and refugees.

Food Security Roadmap to 2035

The Food Security Roadmap to 2035 outlines shared strategies to ensure food security in Vermont. Achieving equitable food security is closely tied to strengthening Vermont's agriculture to maintain a secure, reliable and resilient food supply, especially during emergencies. However, long-term food security also relies on broader efforts beyond the Roadmap, such as expanding statewide affordable housing, lowering childcare costs, and increasing access to livable wage jobs. The Roadmap is built around three key goals, each critical to reaching food security. These include:

- **Government ensures food security for all Vermonters.**
  This goal focuses on providing consistent, dignified access to nourishing, adequate, and culturally responsive food for all Vermonters. The state government plans to ensure food security by guaranteeing financial resources for basic needs, expanding access to federal funding through streamlined enrollment, and establishing an Office of Food & Nutrition Security. They aim to improve food security emergency response systems, invest in local infrastructure and transportation, and engage the healthcare system to address food insecurity.

- **Vermont farms have the resources to be resilient.**
  This goal focuses on strengthening farm resilience by providing direct financial support to farmers, investing in agricultural supply-chain infrastructure, and accelerating farmland conservation. Efforts will also focus on improving access to farmland and on-farm resources, alongside broader investments in local infrastructure and transportation to support rural and urban communities.

- **Communities have the tools to support food security.**
  This goal focuses on empowering communities to support food security by integrating food access into town plans, expanding local collaboration for effective resource delivery, and improving access to local food while pursuing long-term statewide food security.

2024 Vermont Food Standards and Implementation Guide

The 2024 Vermont Food Standards and Implementation Guide outlines the state's commitment to promoting healthier food and beverage options across government-operated facilities and events. Building on a 2016 law, the guide establishes nutritional requirements for food provided at state offices, parks, hospitals, correctional facilities, and public meetings. The standards prioritize fruits, vegetables, whole grains, and lean proteins while reducing sodium and added sugars. This initiative aligns with Vermont's broader public health goals to prevent chronic disease and reflects employee preferences for healthier, locally sourced food. The guide offers practical tools for implementation, including checklists and sample menus, ensuring that all state agencies can provide accessible, nutritious, and culturally responsive food options.

State Data

1. Population-level data

The following sections highlight Vermont's demographic characteristics, examine the needs of SNAP-eligible and participating populations, and assess health, diet, and PA measures at both the county and state levels.

A. Demographic characteristics

Vermont is a small (9,620 square mile), **rural state** with 647,464 residents.[1] Approximately 64.8% of Vermonters reside in rural areas,[2] 17.7% are under 18 years of age, and 22.1% are age 65 years or older.[1] Vermont has the **fourth fastest aging population** in the country.[3] Between 2018 and 2022, 704 refugees resettled in Vermont, with an additional 310 arriving in 2023, placing **Vermont among the top six states for refugee arrivals** per 100,000 residents.[4,5] In the 2022 VT BRFSS, 11% of the Vermont adult population identified as lesbian, gay, bisexual, or another sexual orientation, while 1% identified as transgender.[6] Additionally, **27% of Vermont adults reported living with at least one disability**.[6]

Vermont race/ethnicity estimates	
American Indian or Alaska Native alone	0.4%
Asian alone	2.1%
Black or African American alone	1.6%
Hispanic or Latino	2.6%
Native Hawaiian or Other Pacific Islander alone	N/A*
Two or More Races	2.2%
White alone, not Hispanic or Latino	93.6%

* Number too small. Source: Census Population Estimates, 2023[1]

B. High need among SNAP-eligible and SNAP-participating households

The 2022 Vermont SNAP-Ed Needs Assessment identified communities and populations that were disproportionately likely to be eligible for SNAP and marginalized because of their race, ethnicity, place of birth, sexual orientation, gender identity, disability status, socioeconomic status, age, or geography. These populations became SNAP-Ed's priority populations for FY23-25. Data from the 2023 5-year ACS was reviewed for the SNAP-Ed priority groups that were available within this dataset.

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[1] U.S. Census Bureau QuickFacts: Vermont. United States Census Bureau. (n.d.). Retrieved September 10, 2024, from https://www.census.gov/quickfacts/VT

[2] Vermont Department of Health. (n.d.). Age strong Vermont: Our roadmap to an age-friendly state. Vermont Department of Health. Retrieved October 11, 2024, from https://www.healthvermont.gov/wellness/brain-health-dementia/age-strong-vermont-our-roadmap-age-friendly-state

[3] Immigration Research Initiative. (n.d.). Refugee resettlement per capita: Which states do the most? Retrieved October 11, 2024, from https://immresearch.org/publications/refugee-resettlement-per-capita-which-states-do-the-most/

[4] Dolan, T. (2023, January 17). *Refugee resettlement in Vermont*. Vermont State Legislature. Retrieved October 11, 2024, from https://legislature.vermont.gov/committee/document/2024/23/Date/1-17-2023

[5] Immigration Research Initiative. (n.d.). *Refugee resettlement per capita: Which states do the most?* Retrieved October 11, 2024, from https://immresearch.org/publications/refugee-resettlement-per-capita-which-states-do-the-most/

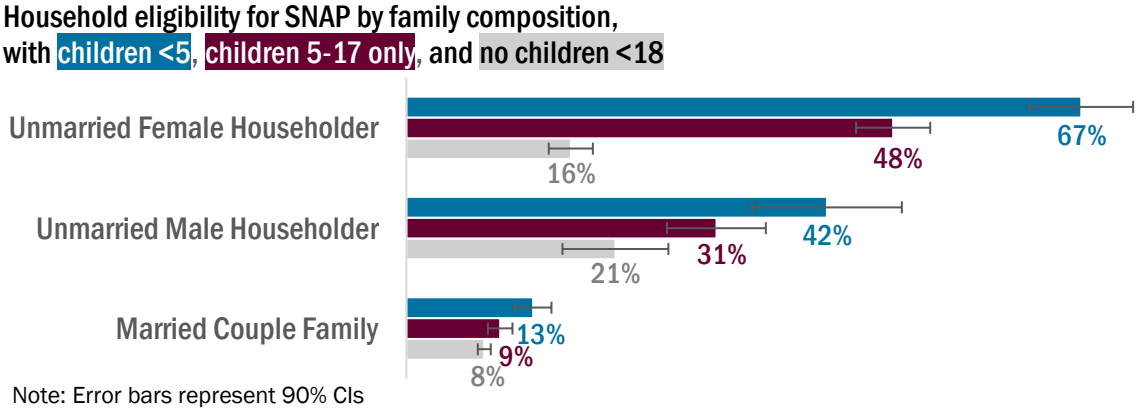
[6] Behavioral Risk Factor Surveillance System 2022 Report. Vermont Department of Health. (n.d.). Retrieved October 10, 2024, from https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2022-DataSummary.pdf

Based on the new ACS estimates, the following sections analyze the proportion of households among population groups **eligible for or receiving SNAP benefits**, compared to households without the following characteristics[7]:

- Families with children under 18 (particularly unmarried householders and households with children under age 5)[8]
- Households with one or more persons living with a disability
- Households led by a person of color
- Households with someone age 60+ in the household
- Households located in rural areas[9]

Notably, the updated **2023 5-year ACS estimates when compared to the 2022 Needs Assessment (based on 2015-2019 ACS data), highlights that these priority populations remain a high priority and continue to have significant need for SNAP-Ed programming**.

Households with an unmarried female or male householder were much more likely to have incomes that made them eligible for SNAP compared to married couple families. For each of these household types, the prevalence of SNAP eligibility was highest among those with children <5 years and lowest among those with no children <18 years. Unmarried householders with children under 18 made up two thirds (69%) of SNAP-eligible families with children (data not shown).



Note: Error bars represent 90% CIs
Source: ACS 2023 5-year estimates of SNAP eligibility (Table B17022)

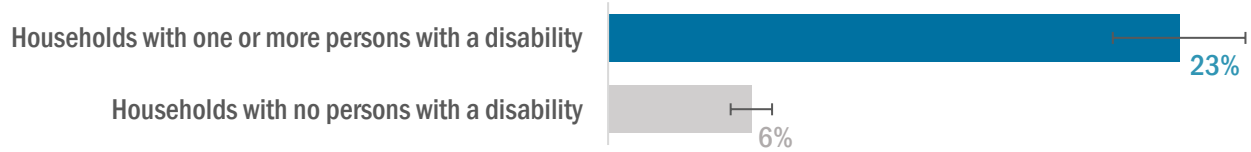
[7] To ensure consistency with previous needs assessments, the 2023 ACS estimates for the listed priority population groups were reviewed. The ACS dataset is limited to these groups.

[8] Unmarried householders include unmarried male or female householders living with one or more individuals related by birth, marriage, or adoption. Unmarried householders with children are not necessarily single parents; respondents identified as unmarried householders could include adults in cohabitating relationships or adults coparenting with other adults inside or outside of the household.

[9] For this needs assessment, the "Defining Rurality in Vermont: A How-To Guide for Data Analysis" (June 2022) was reviewed in collaboration with the SNAP-Ed program manager, resulting in the decision to classify all census tracts within Chittenden County as urban and all others in the state as rural. This was based on consistent mapping of urban and rural areas across the state using several measures and a general agreement, despite some debate, that Chittenden County is the only urban center in the state.

Households with an individual with a disability received SNAP at more than three times the rate of households with no individuals with a disability (see chart below). Fifty-seven percent (57%) of households that received SNAP included one or more individuals with a disability (data not shown).

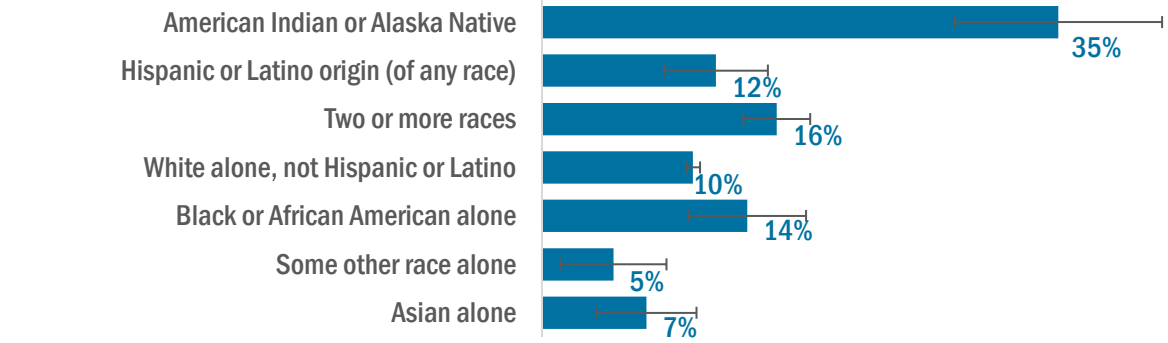
Percent of households receiving SNAP by disability status



Note: Error bars represent 90% CIs
Source: ACS 2023 5-year estimates of SNAP Receipt (Table S2201)

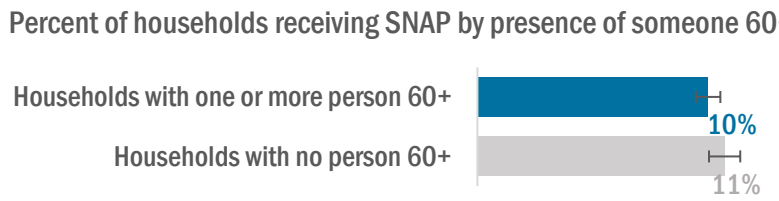
Race/ethnicity of householder was related to the likelihood of SNAP eligibility. Ninety-two percent (92%) of all SNAP-participating households were led by a non-Hispanic white householders, compared to 5% of household led by someone of two or more races and one percent or less across all other racial or ethnic groups (data not shown). This finding reflects the fact that the vast majority of Vermont's population is white. However, a higher share of households led by a householder identifying as American Indian or Alaska Native, two or more races, Black, or Hispanic received SNAP compared to their white counterparts.

Percent of households receiving SNAP by race/ethnicity of householder



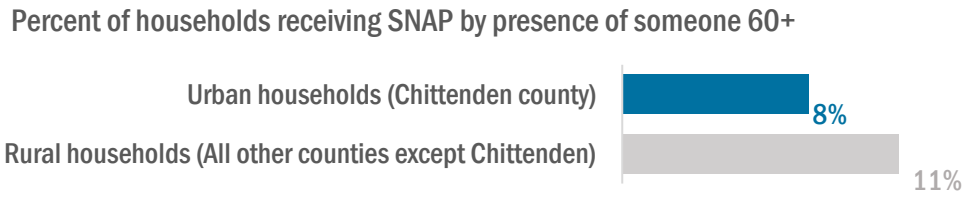
Note: Error bars represent 90% CIs; not enough data to show Native Hawai'ian and Other Pacific Islander alone householders.
Source: ACS 2023 5-year estimates of SNAP receipt (Table S2201)

Households by presence of someone 60+ years showed similar SNAP receipt levels as those without older adults (10% and 11% respectively), despite Vermont's being a rapidly aging state. Forty-five percent (45%) of households that received SNAP included someone 60+ years old (data not shown).



Note: Error bars represent 90% CIs
Source: ACS 2023 5-year estimates of SNAP receipt (Table S2201)

Households situated in rural counties were more likely to be SNAP-eligible than those in urban areas. Overall, 10.3% households in the state were SNAP-eligible.



C. Health, diet, and PA statistics by state and county

Adults: Health conditions and protective behaviors

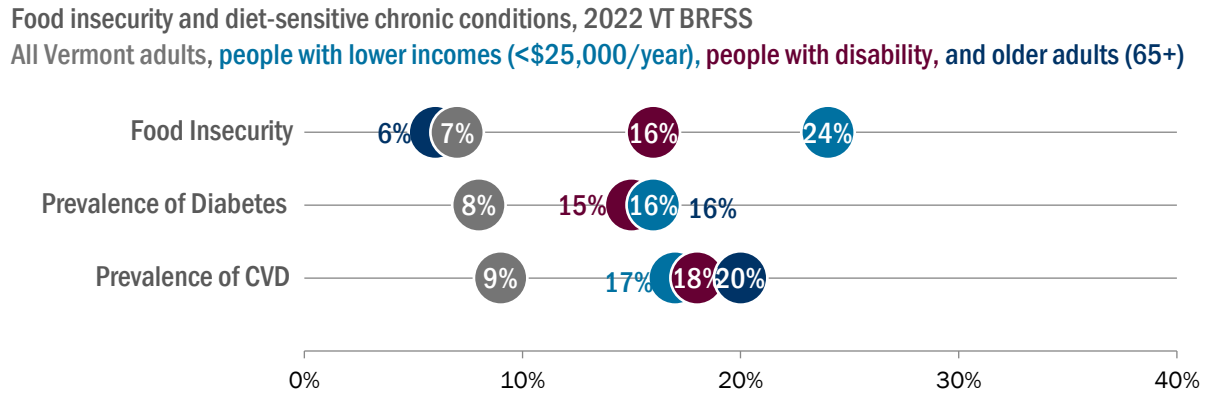
VT BRFSS data on food insecurity, diet-sensitive chronic conditions and protective behaviors were examined for all adults and stratified by income, disability status and older age group. The findings demonstrate clear disparities in food insecurity, diet-sensitive chronic conditions, and protective behaviors among people with lower incomes (less than $25,000 per year), people with a disability, and older adults (65+).

Food insecurity[10] was significantly higher among those with lower income compared to all other income groups. Those with a disability also had higher prevalence of food insecurity compared to those without disability.

Diet-sensitive chronic conditions were disproportionately distributed across income levels, disability status, and older adults compared to All Vermonters as a whole. Those with lower income had significantly higher prevalence of diabetes and cardiovascular disease (CVD)

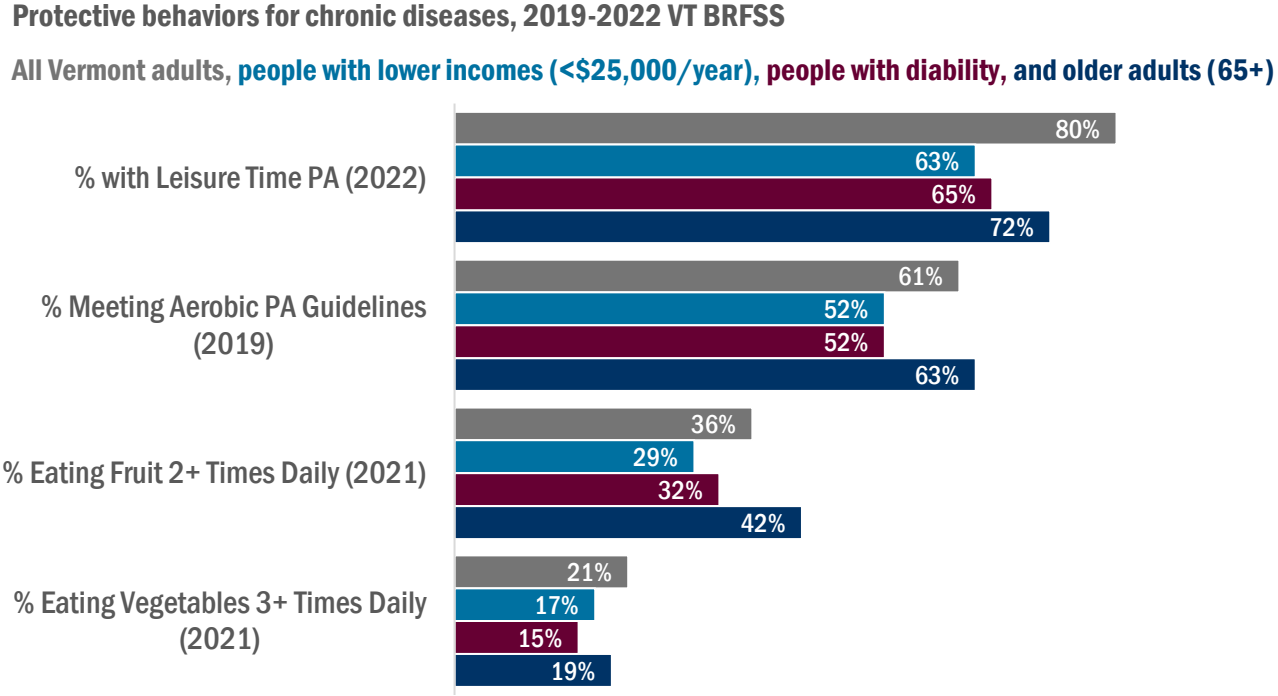
[10] Food insecurity among adults in BRFSS 2022 was assessed using the measure 'During the past 12 months how often did the food that you bought not last, and you didn't have money to get more?', which was different compared to BRFSS 2019 'In the past year have you ever worried that you or someone else in your household would NOT have enough food to eat?'. Therefore, direct comparisons cannot be made.

compared to those in higher-income categories ($50,000-<$75,000 and $75,000+) (data not shown). Similarly, people with any disability and older adults were significantly more likely to be diagnosed with diabetes or CVD than people with no disabilities and younger adults respectively.



Note: Estimates are not age-adjusted and include adults age 18 years and older

Protective behaviors were also disproportionately distributed across populations groups. Overall, the prevalence of protective behaviors was generally lower among people with lower incomes and people with any disability compared to Vermonters as a whole, with significant differences observed within sub-groups related to PA and dietary guidelines, discussed below.



Note: Estimates are age-adjusted and include adults age 18 years and older.

People with disabilities were significantly less likely to engage in leisure-time physical activity or meet physical activity guidelines compared to those without disabilities. Older adults (65+) also reported less leisure-time physical activity than younger adults. Additionally, people with disabilities consumed fewer vegetables than those without disabilities, while individuals with lower incomes ate less fruit than those with higher incomes ($75K+). The prevalence of protective health behaviors was similar between non-Hispanic white individuals and people of color, with no statistically significant differences (data not shown).

County-level estimates

County level estimates were calculated for the same health indicators as above. Caledonia county, one of the most rural parts of the state, had statistically significantly greater rates of diabetes and CVD relative to the state overall. Franklin and Orleans counties had significantly lower rates than the state overall in 'any leisure time activity'. On the other hand, Lamoille, Grand Isle and Chittenden counties had significantly higher rates than the state overall in 'any leisure time activity'. Additionally, Lamoille County had significantly lower rates of CVD compared to the state overall.

Diet and PA-related health indicators by county, 2019-2022 VT BRFSS

	Prevalence of diabetes	Prevalence of CVD	Any Leisure Time PA*	Meet PA Guidelines*	Eat Fruit 2+ Times Daily*	Eat Vegetables 3+ Times Daily*
	%	%	%	%	%	%
Vermont	**8**	**9**	**80**	**61**	**36**	**21**
Addison	8	7	82	61	40	19
Bennington	10	10	77	59	36	23
Caledonia	12	12	78	58	33	19
Chittenden	6	7	85	63	37	23
Essex	#	10	76	46	35	26
Franklin	9	8	77	61	33	19
Grand Isle	7	7	91	61	38	19
Lamoille	7	5	86	60	37	18
Orange	10	10	78	60	36	26
Orleans	10	11	74	53	34	19
Rutland	10	11	80	57	33	19
Washington	7	9	84	65	40	18
Windham	8	8	82	63	35	23
Windsor	11	10	78	58	35	21

Note: Statistically significant differences between county and state measures are highlighted: **counties that performed better than the state are highlighted in blue** and **counties that performed worse than the state are highlighted in orange**; Food insecurity data by county was not available in 2022 VT BRFSS; *age-adjusted; Statistical comparisons are not completed on suppressed values, values may be suppressed either due to sample size or relative standard error (RSE) is >30.

Youth: Food insecurity and protective behaviors

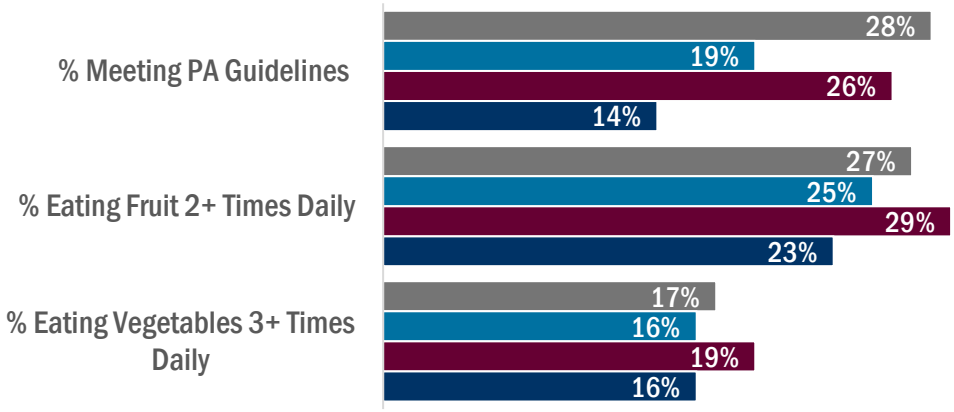
Two percent (2%) of high school students and 2% of middle school students reported being food insecure.[11] There is lack of data on health conditions among students.

Protective behaviors among youth were disproportionately distributed. High school students were less likely than middle school students to meet the PA guidelines (28% vs. 35%). Both high school and middle school students within the LGBTQ+ community and students identifying as female were significantly less likely to meet the PA guidelines (data not shown).

Among high school students, students within the LGBTQ+ community consumed significantly fewer fruits; however, the difference in vegetable intake was not significant. Students of color[12] reported significantly higher intake of fruits and vegetables compared to white, non-Hispanic high school students. Students identifying as female reported significantly less intake of fruits compared to students identifying as male.

Protective behaviors for chronic diseases, 2023 VT YRBS

All High school students, female students, students of color, students who identify as LGBTQ



Note: Guideline: Students who participated in at least 60 minutes of PA everyday, past week.
[2]Food Insecurity: Students who always or most of the time went hungry, past 30 days

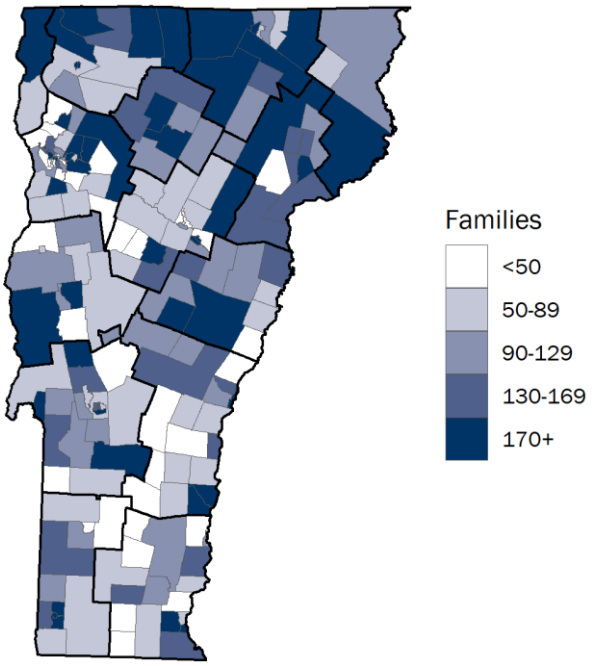
[11] Measure used to assess food insecurity in 2023 YRBS was 'Went hungry because there was not enough food during the past 30 days'.

[12] Students of color include students who indicated they were Hispanic/Latino, or American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander.

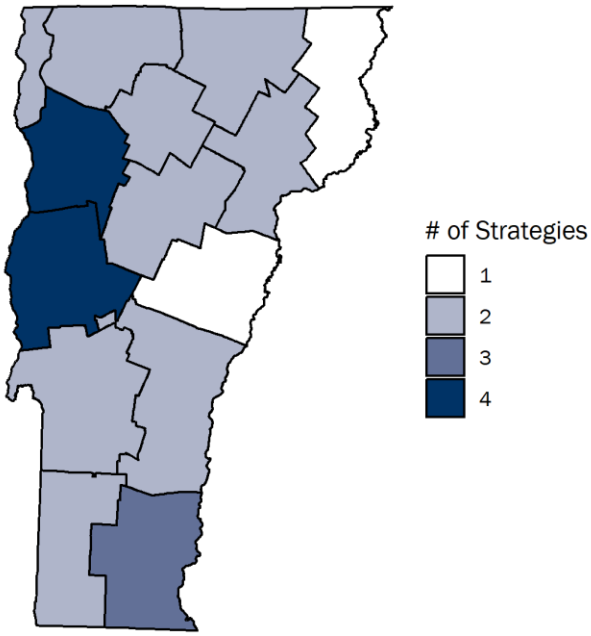
2. SNAP-Ed data: Areas of the state with inadequate access to SNAP-Ed

The maps below show the location of households eligible for SNAP, measured by the number of households (map 1)[13], and the SNAP-Ed strategies implemented across Vermont by county (map 2).

Map 1. Number of households eligible for SNAP, by census tract, ACS 2023



Map 2. SNAP-Ed strategies implemented across state, by county, in FY24



These maps indicate the following:

- All counties are served by SNAP-Ed strategies.
- There is potential for increasing the number of SNAP-Ed implementing partners in areas of higher SNAP eligibility such as Essex, Caledonia, Orleans and Orange

However, there is limited data available to understand the reach of SNAP-Ed strategies to specific priority populations within geographic regions.

[13] Eligibility map is a broad estimate of potential SNAP eligibility but may not fully capture the nuances of the actual eligible population. The eligibility map was created using ACS table B17022. Using B17022 table to map SNAP eligibility has limitations because it focuses only on families, excluding individuals, and non-family households, and uses annual income rather than monthly.

Population-Specific Needs and Assets Related to Nutrition and PA among Adults

PDA reviewed the 2024 SHA and conducted a literature review to understand barriers to healthy eating and PA for populations that face social and economic marginalization.

People with lower incomes identified the following barriers to healthful eating in peer-reviewed studies: taste (including managing cravings for other foods/snacks and having to balance preferences among children and other household members); access (in terms of financial cost and time/effort required to procure and prepare healthful ingredients); lack of knowledge around how to make healthful choices or prepare healthful ingredients; and being embedded in social environments where less healthful choices are the norm.[1,2,3,4] Aspects of food systems and the built environment were also often cited as barriers, such as geographic distance from grocery stores (which is worsened by limited transportation options) and cultural barriers to feeling accepted at locations like farmers' markets.[5,6]

Indigenous/Native American populations have often cited not having access to culturally responsive foods as a barrier to engaging with healthful traditional behaviors.[7,8] The same studies concluded that most traditional foods are healthful, comprise a balanced diet, and provide the added benefit of helping folks feel connected with other Indigenous peoples through traditional practices. However, literature and data from Vermont indicate that competing demands (due to limited finances, cultural barriers, and managing mental health challenges) coupled with a sustained history of discrimination present barriers to engaging in support services and healthful behaviors for many Indigenous individuals.[7,8,9] As a result, Indigenous Vermonters experience widespread food security challenges and the prevalence of diet-sensitive chronic health conditions among Indigenous Vermonters is consistently higher than the statewide average: 17% with diabetes (vs. 9% statewide), 30% with hypertension (vs. 25%), and 24% with cardiovascular disease (vs. 8%).[9] The historic and ongoing institutional mistreatment of Abenaki communities in Vermont make many Abenaki individuals reluctant to identify as such on government forms. As a result, Abenaki communities are largely misrepresented in Vermont data sources.[15] Previous needs assessments indicate that the prevalence of diabetes, heart disease, depression and suicide may be higher among these groups due to intergenerational and historic trauma .[15]

Refugees resettled in the United States (US) identified limited time and money as barriers to healthful behaviors, as well as a lack of familiarity with food and PA structures in their new homes (for example, not knowing if parks are available to everyone or if there is a fee required for access).[10,11,12] In the same studies, some refugees perceived foods available in the United States as more processed and less healthful than the fresh, local foods they consumed in their countries of origin. A key informant in the previous needs assessment indicated that refugees arrive with healthy diets but struggle to maintain food benefits like

SNAP and access culturally responsive foods due to language, literacy, and transportation barriers.[15] They are also used to more physically active lifestyles, which contrasts with the structured approach to exercise in the US.[15]

LGBTQ+ people continue to experience discrimination and social stigma, which exacerbate physical and mental health disparities.[13] In 2021, 10% of Vermonters identified as part of the LGBTQ+ community. Among those, 31% reported poor mental health and 45% reported experiencing a depressive disorder compared to national rates of 15% and 19% respectively.[14] A key informant from the previous needs assessment emphasized that stigma pushes LGBTQ+ Vermonters to the margins of society and makes it easier for them to fall into "sickness loops," which can lead to further stigmatization and poor health.[15] LGBTQ+ adults are also more likely to delay accessing health care services due to cost than non-LGBTQ+ Vermonters (13% compared to 5%).[14] A recent study on LGBTQ+ food security in New England highlights significant disparities: LGBTQ+ individuals face nearly double the prevalence of food insecurity compared to heterosexual individuals, while transgender individuals experience food insecurity two to three times more often than cisgender individuals. LGBTQ+ people of color, especially black transgender individuals, are disproportionately affected, with one in three experiencing food insufficiency.[16] Despite New England's liberal policies and low overall food insecurity, risks persist for LGBTQ+ people of color, and transgender and LGB individuals.[16]

The older adult (65+) population in Vermont nearly doubled between 2010 and 2021 (10.5% to 19.5%).[17] With limited finances (average annual income <$7,500 less than state average),[17] these individuals face significant barriers to healthy eating and PA, including the high cost of nutritious food and fitness programs, transportation challenges, and limited access to reliable and adequate healthcare, including dental services.[18] Social isolation further compounds these challenges, making it difficult to maintain a healthy lifestyle.[18] Older Vermonters (65+) face significant health disparities, with 54% reporting arthritis, 18% cardiovascular disease, and 52% each for hypertension and high cholesterol—markedly higher rates than the overall Vermont population; with profound impacts on emotional health and need for healthcare.[17]

Vermonters of color face significant barriers to accessing healthy food and PA, contributing to poorer health outcomes. With poverty rates more than double those of white Vermonters and unemployment twice as high, economic challenges limit access to fresh food and increase rates of food insecurity.[19] Vermonters of color are also disproportionately affected by housing instability, with higher rates of homelessness and delayed healthcare due to cost.[19] These barriers, compounded by experiences of discrimination—such as hate crimes[20]—contribute to 18% of Vermonters of color reporting poor or fair health (vs. 12% of all Vermonters), highlighting systemic inequities affecting their well-being.

People who are unhoused in Vermont face significant challenges, with the state having the second-highest rate of homelessness per capita in the U.S.[21] Despite sheltering over 95% of unhoused residents in 2022, homelessness has steadily grown, disproportionately affecting people of color and Indigenous populations.[21] Poverty, lack of affordable housing, and barriers to accessing services exacerbate the issue, with a 36% increase in family homelessness from 2022 to 2023.[21] Unhoused individuals face compounded health and social challenges, including disrupted education, poor nutrition, mental health issues, and heightened vulnerability to chronic stress and homelessness.[21]

Gaps and Opportunities in Accessing Healthy Eating and Active Living Resources Among Select Population Groups

To gain a deeper understanding of the gaps and opportunities within priority population groups, PDA conducted key informant interviews with a thought leader and/or a person with lived experience from each of these three selected groups including **people with disability, Abenaki people, and refugees and immigrants**. These three groups were prioritized due to the limited information available about them and constraints in the interviewers' resources and time.

People with disabilities

Barriers to healthy eating and active living for people with disabilities include significant transportation challenges, particularly in rural areas where services like Uber or Lyft are unavailable and infrastructure such as sidewalks and signage for visually impaired individuals is lacking. Many existing programs and community groups fail to meet the needs of younger individuals or those with disabilities, often focusing on older populations. A lack of basic kitchen skills and confidence in meal preparation among visually impaired individuals further limits their ability to eat healthily, while one-time classes are insufficient for those needing slower-paced or repeated learning. Additionally, fragmented resources and unclear eligibility criteria leave many feeling uncertain about where to turn for support, creating frustration and unmet needs.

> "Transportation takes a lot of my thing. I do have a roommate…willing to give me a ride here and there, but I can't depend on her. She has a life of her own. It's also not like…let me get an uber or taxi. There is really nothing like that here [to be able to get to the programs or groups that I want attend]."

Accessing existing services or programs is hindered by complex and inaccessible systems. Navigating multiple websites, applications, and organizations can be overwhelming, especially for individuals with visual or cognitive disabilities. The process of proving eligibility for services, such as obtaining attestations of disability, is cumbersome and discouraging. Communication and outreach about available programs are fragmented, with information often tied to specific organizations rather than centralized resources for healthy eating and active living. Programs like 3Squares and WIC provide financial assistance but lack the education or practical support needed to promote healthy eating, leaving individuals without the tools to make meaningful changes.

Opportunities for improvement include:

- Develop inclusive, tailored programs that cater to younger individuals and diverse needs.

- Provide peer groups and hands-on learning opportunities to help build cooking skills and confidence, particularly for visually impaired participants.
- Simplify application processes and centralizing information about resources to improve accessibility.
- Provide reliable transportation options, such as community shuttles, to enhance participation.
- Integrate dedicated sessions on healthy eating, including food demonstrations, taste testing, and culturally relevant activities, in community programs to foster engagement.
- Employ more individuals with disabilities in program design and delivery to ensure programs are designed with their needs and preferences in mind.
- Educate caregivers and service providers to create a cultural shift toward better support and higher expectations for people with disabilities.

Refugees/Immigrants

Barriers to healthy eating and active living for refugee and immigrant communities include demanding work schedules, often involving night and weekend shifts, which leave little time for meal preparation or PA. High costs and poor quality of fresh vegetables available in neighborhood retail stores, combined with a lack of familiarity with non-culturally relevant produce, further complicate access to healthy foods. Traditional farmers' markets can be intimidating for families unfamiliar with their operations, particularly when compounded by transportation issues. Additionally, walkable communities, community gardens, and playgrounds, which could encourage PA, are often limited or inaccessible in neighborhoods where many refugee and immigrant families live.

Navigating existing services and programs presents significant challenges for refugee and immigrant populations. Many families are unaware of available resources or find the process of accessing them overwhelming. Geographic constraints exacerbate this issue, as programs and distribution sites are often concentrated in specific areas, leaving others underserved. Refugee and immigrant families heavily rely on word-of-mouth communication, but existing platforms are also not always multilingual or widely accessible. While resources like the Intervale Food Hub and Vermont Food Bank provide valuable support, they often need to be marketed well in languages that are accessible to this population.

"In Burlington we have a lot of amazing organizations like AALV, Family room, New farms for New Americans but still a lot of the families even to this day don't know about them or about the more statewide orgs like the food bank or the Intervale's Fair Share program."

Opportunities for improvement include:

- Empower community leaders from diverse cultural backgrounds to take active roles in workshops, outreach, and program leadership, fostering trust and cultural relevance.
- Enhance communication channels by creating multilingual platforms and leveraging social media to improve awareness and participation.
- Strengthen existing resources, such as farmers' markets and food banks, by introducing neighborhood-specific distributions and offering culturally appropriate foods.
- Establish partnerships with local businesses, schools, and healthcare providers to expand the reach of healthy eating and active living programs.
- Market programs through community hubs, such as Asian and African markets, and platforms like CCTV's African variety show, to increase visibility and engagement.
- Create a state-level position to connect programs and facilitate collaboration among community leaders, streamlining efforts and maximizing impact.

Abenaki people

Barriers to healthy eating and active living for the Abenaki community stem from limited access to affordable, unprocessed, and locally sourced foods. Economic constraints and reliance on processed foods due to cost and availability are common challenges. Transportation issues and inadequate food storage further hinder access to fresh, perishable items. Additionally, a deep mistrust of state programs, rooted in stigma and the complexity of navigating government resources, discourages many from seeking assistance. Structural racism exacerbates these barriers, as the Abenaki are often excluded from state and federal programs and overlooked in policy considerations. Limited representation in decision-making processes compounds these challenges, leaving the community with few advocates for their needs.

> "Even when they [Abenaki people] have access [are eligible] to those programs [state programs like 3-Squares VT] they sometimes fall through the cracks and don't get access to what they could, and I don't know how to fix that."

Navigating existing services is challenging for Abenaki people due to complex applications, limited outreach, and the absence of culturally tailored resources. Many community members feel stigmatized when seeking assistance, fearing they are taking resources from others or encountering unhelpful responses from service providers. Structural barriers, such as income based restrictions, further limit eligibility for state programs. Geographic disparities also pose challenges, with many services concentrated in specific areas and inaccessible to remote communities. The absence of a tribal liaison to facilitate

communication and navigation of state programs adds to the difficulty of accessing available resources.

Opportunities for improvement include:

- Expand Abenaki community-driven solutions and foster self-sufficiency to address barriers effectively.
- Provide direct funding to Abenaki and other tribal organizations to develop culturally appropriate, self-reliant services.
- Support sustainable initiatives, such as support to grow orchards and seed banks, to enable the Abenaki to grow their own food and promote long-term food sovereignty.
- Establish a tribal liaison to bridge the gap between the community and state programs, enhancing access and reducing administrative barriers.
- Simplify eligibility criteria and remove income-based restrictions to improve access to resources for Abenaki families.

Implications and Application to the SNAP-Ed State Plan

Vermont SNAP-Ed's goal is to reduce nutrition-related health inequities in the SNAP-eligible population. Based on the findings of this needs assessment, this goal can be best served by making **adjustments to the data collection requirements** for the IAs, **prioritizing focus in geographic areas and priority groups demonstrating a disproportionate need**, and developing **focused programming that improves transportation access to services** that need it the most.

The table below summarizes the results of a gap analysis that was used to develop this conclusion. IAs have the flexibility to implement programming statewide, provided they justify how their outreach strategies effectively reach priority populations—those marginalized due to factors such as race, ethnicity, birthplace, sexual orientation, gender identity, disability, or geography. The gap analysis reveals that while IAs tailor approaches to engage these groups, SNAP-Ed lacks clear evidence of reach due to gaps in data reporting. Additionally, there is limited understanding of how deeply IAs collaborate with community organizations serving priority populations, as engagement efforts often go unreported due to capacity constraints or SNAP-Ed funding limitations. Transportation barriers further restrict access to SNAP-Ed and other state programs, disproportionately affecting individuals with disabilities, refugees/immigrants, and Indigenous groups in rural areas. These challenges are particularly concerning in counties within the Northeast Kingdom, where high rates of diet-sensitive chronic diseases, low PA, and poor adherence to healthy eating guidelines persist.

Gap Analysis Results

Population Characteristic	Implications of Needs Assessment Findings for SNAP-Ed Plan	Current Situation Based on FY 2024 Evaluation Findings
Geographic residence	SNAP-eligible individuals reside in every part of the state, and SNAP-Ed services are available in all Vermont counties. However, there is a lack of data on SNAP-Ed services at the census tract level, which limits the ability to fully assess how well the needs of these communities are being met. Based on the maps, there is potential to expand SNAP-Ed services, particularly in localized areas with high concentrations of SNAP-eligible households.	In FY24 each county in Vermont had at least 1 IA offering SNAP-Ed services. Counties that can benefit from additional SNAP-Ed services are Essex, Caledonia, Orleans and Orange (Northeast kingdom region).

Population Characteristic	Implications of Needs Assessment Findings for SNAP-Ed Plan	Current Situation Based on FY 2024 Evaluation Findings
Household composition	Households with children under 18, especially those with children under 5, and those led by unmarried caregivers are disproportionately likely to be eligible for SNAP. Intentional outreach efforts for these groups are expected to reach households likely to be eligible for SNAP.	Passport program (CAO) and Mobile classroom program (VGN) focus on reaching children under 17 years. Veggie Van Go (VF), mobile food shelf visited 11 schools in FY24.
Youth (High school and middle school students)	Female students, and those who identify as LGBTQ+ are more likely to exhibit less healthy behaviors compared to all Vermont students.	Mobile classroom program (VGN) focus on reaching middle and high school students, serving both male and female students equally. VGN: 67 students ages 11-17 years reached (out of 844 total individuals reached).
Indigenous/Native American populations	Indigenous/Native American populations, have the highest rate of SNAP receipt of all racial/ethnic groups. This finding underscores the overall high need for support and the importance of implementing targeted SNAP-Ed outreach efforts for these groups, which would likely also reach more SNAP-eligible indigenous individuals in the state. Indigenous people need to be involved in the creation of meaningful SNAP-Ed initiatives.	This group is listed as a priority for UVM and VF. Details of tailored programming are lacking. • UVM: 7 Indigenous individuals reached (out of 58 total) This was not a priority population for the following IAs, but they reached a small group. • CAO: 8 Indigenous individuals (out of 2,790) • VGN: 4 Indigenous individuals (out of 844) No data for PSE strategies. There is a need for more tailored approaches for Indigenous people, and for IAs to track reach and tailored strategies for this group.

Population Characteristic	Implications of Needs Assessment Findings for SNAP-Ed Plan	Current Situation Based on FY 2024 Evaluation Findings
Refugees resettled in US	Refugees resettled in Vermont often encounter language, literacy, and time barriers that make it difficult to access food and economic benefits, despite many being eligible for SNAP. To better serve this population, efforts should focus on tailored approaches, including video and audio communications in multiple languages and addressing transportation challenges.	PFS offers dedicated and tailored programming to this group. Other IAs including HFVT, VF, VGN, and UVM indicate planning and programming efforts with this group, however no data is available to demonstrate reach or tailored approach.
LGBTQ+ people	LGBTQ+ Vermonters experience higher rates of food insecurity, stigma, and both overt and covert hostility compared to gender-conforming and heterosexual Vermonters.	VGN offers programming, VF offers PSE strategies. No data collected on reach or tailored strategies.
People living with a disability	People living with disabilities are disproportionately more likely to be eligible for and receive SNAP benefits. Therefore, intentional outreach efforts are expected to effectively reach this group. It is essential to involve people with disabilities in developing inclusive SNAP-Ed strategies, particularly those designed to address the needs of young individuals with disabilities.	VT Foodbank, HFVT, VGN, UVM offer programming. No data collected on reach or tailored strategies.
Older Vermonters (65+)	Older Vermonters are disproportionately likely to be eligible for and receive SNAP benefits.	UVM and VGN indicate older adults as priority groups that they serve. PFS: 4 individuals 65+ (out of 30) UVM: 2 individuals 65+ (out of 58)
People of color	Vermonters who identify as Black, Hispanic, or two or more races are more likely to be eligible for and receive SNAP compared to those that identify as white. Intentional outreach efforts for these	VGN, UVM, CAO, and VT Foodbank offer programming. CAO: 47 Black/Asian individuals and 50 Hispanic individuals (out of 2,790)

Population Characteristic	Implications of Needs Assessment Findings for SNAP-Ed Plan	Current Situation Based on FY 2024 Evaluation Findings
	groups are expected to reach people likely to be eligible for SNAP.	PFS: 48 Black/Asian individuals (out of 50) UVM: 4 Black individuals and 3 Hispanic individuals (out of 58) VGN: 29 Black individuals and 20 Hispanic individuals (out of 844) No data for PSE strategies.
People who are unhoused		UVM offers tailored and continuous programming involving multiple community organizations. VF also offers PSE strategies. Data not collected on reach. UVM offers narrative data on process of tailoring strategies.

Recommendations for Vermont SNAP-Ed state plan to increase the number of individuals and households reached from the above populations:

- Require IAs to identify 1 or more subsets of SNAP eligible populations for deeper engagement and reporting, including tracking programming decisions made in collaboration with organizations serving these identified groups and reporting data to demonstrate the progress or impact.
- Prioritize direct funding for organizations that work in and with the subsets of SNAP eligible population; ideally led by people with lived experience.
- Require IAs to identify and report data on subsets of SNAP eligible populations they reach through SNAP-Ed activities.
- Prioritize funding to enhance program accessibility through transportation-focused solutions that better serve SNAP eligible groups—specifically individuals with disabilities, refugees/immigrants, and Indigenous communities in rural

areas. This includes supporting initiatives such as mobile services or expanding existing mobile service programs.

- Expand SNAP-Ed virtual and hybrid learning opportunities across the state, with a particular focus on Vermont's Northeast Kingdom, where SNAP-eligible populations are more concentrated.
- Require all IAs to leverage partnerships with other nutrition programs to enhance their current SNAP-Ed programming and communication.
- Strengthen in-depth, multi-session nutrition education sessions offered by the IAs to improve program effectiveness.

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