

California Local Health Department

FFY 2024 CalFresh Healthy Living At a Glance

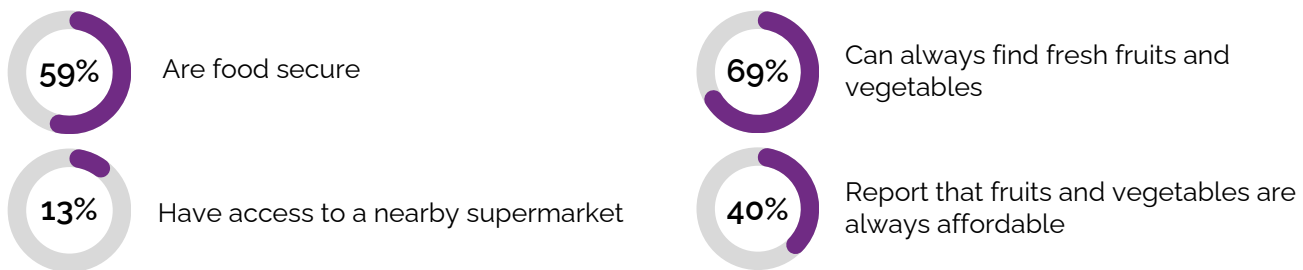
January 22, 2025

CalFresh Healthy Living (CFHL) promotes healthy lifestyles through nutrition and physical activity interventions delivered in low-income communities across California. This program is administered by four state implementing agencies, the largest of which is California Department of Public Health (CDPH). The primary focus of CDPH-CFHL is creating conditions that enable SNAP-eligible populations to make healthy choices via policy, systems, and environmental (PSE) change efforts. PSE efforts are enhanced by educational activities (direct and indirect) and supported by partnerships and multi-sector coalitions.



CALIFORNIA'S STATUS: A SNAPSHOT

Among California's 39 million residents, about **11 million** (28%) live in low-income households that are eligible for CalFresh Healthy Living programming⁽¹⁾. Among California's low-income adults⁽²⁾:



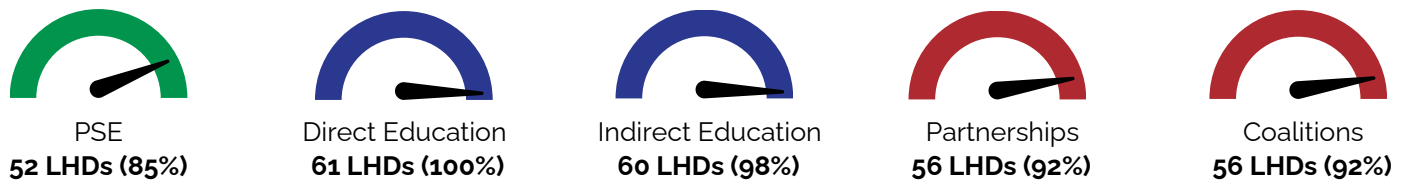
Data sources: (1) 2022 American Community Survey 5-Year Estimates, (2) California Community Obesity Profiles

LOCAL HEALTH DEPARTMENTS' CALFRESH HEALTHY LIVING EFFORTS

During FFY24, CDPH funded all of California's 61 local health departments (LHDs) to plan and deliver CFHL programming in their communities.

All 61 of these LHDs reported implementing one or more of PSE, direct education (DE), or indirect education (IE) intervention types in their jurisdictions. The majority of LHDs (n=52, 85%) reported implementing comprehensive programming that included all three intervention types (PSE, DE, and IE). Among those 52 LHDs, 48 reported engaging in both partnerships and multi-sector coalitions.

LHDs Reporting Interventions/Activities



LHDs' FFY 2024 CFHL interventions reached **2.4 million individuals**, representing **22% of eligible participants** and 6% of California's total population. **LHD teams and partners reached:**

1,060,335

individuals with
PSE Interventions

127,318

participants of
Direct Education
Programs

2,318,587

individuals with
Indirect Education
Activities*

2,381,537

individuals overall

*Includes 1,193,884 individuals reached only by Indirect Education Activities

Policy, Systems, & Environmental Change Efforts

January 22, 2025

PSE interventions aim to transform communities by increasing access to healthy food and expanding opportunities for physical activity, creating conditions that enable SNAP-eligible populations to make healthy choices. In FFY 2024, LHDs partnered with **704 sites** in low-income communities across California to plan, implement, or maintain PSE activities. 623 (89%) of these sites progressed past the planning stage; a total of **3,087 PSE changes adopted and 1,060,335 individuals reached** were reported at these sites.

The most common PSE approaches used were related to gardens, food quality, and food access.

GARDENS

LHDs implemented **602 garden-related changes** at **231 sites**. Garden interventions were most commonly implemented at sites in the following settings:



K-12 schools
(57% of sites)



Early childhood programs
(34% of sites)

Key focus areas for garden interventions included:

- Initiating, improving, expanding, reinvigorating, or maintaining edible gardens
- Using the garden for nutrition education
- Providing opportunities for parents, students, or community members to work in the garden

FOOD QUALITY

LHDs implemented **481 PSE changes** to improve food quality at **229 sites**. Food quality interventions were most commonly implemented at sites in the following settings:



K-12 schools
(40% of sites)



Early childhood programs
(25% of sites)



Food banks & pantries
(22% of sites)

Key focus areas for interventions to improve food quality included:

- Providing access to free, high-quality water
- Improving quality or variety of menus or recipes
- Expanding the availability and use of salad bars

FOOD ACCESS

LHDs implemented **304 PSE changes** related to food access at **202 sites**. Food access interventions were most commonly implemented at sites in the following settings:



Food banks & pantries
(68% of sites)



Early childhood programs
(7% of sites)



Public housing
(6% of sites)

Key focus areas for food access related interventions included:

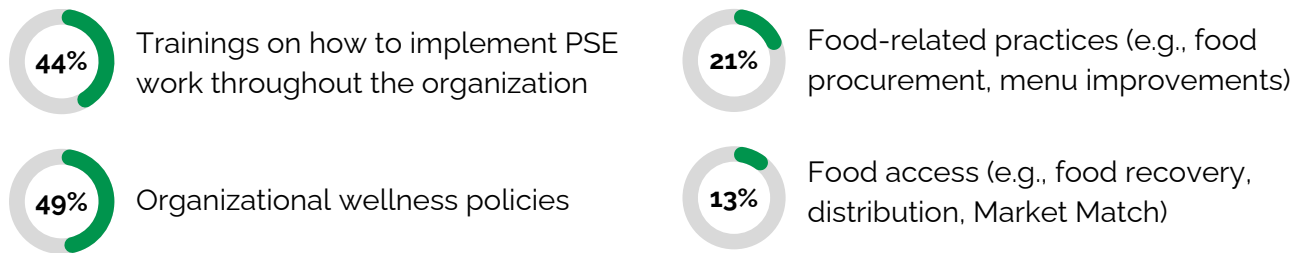
- Gleaning excess healthy foods for distribution to clients, needy individuals, or charitable organizations
- Mechanisms for distributing produce to families or communities, such as gardens or farmer's markets
- Creating new food banks, food pantries, or emergency food distribution sites

PSE INTERVENTIONS AT ORGANIZATIONAL & COMMUNITY LEVELS

LHDs also implement organizational- and community-level PSE interventions. Organizational-level PSEs happen at a “parent” organization that provides direction for multiple sites. Community-level PSEs impact a jurisdiction or geographical area, such as a county, city, census tract, or neighborhood.

Organizational-level PSE Interventions

Twenty LHDs reported a total of **39 organizational-level PSE changes**, frequently occurring at **school districts (54%)**. Organizations focused on PSE efforts related to:



Community-level PSE Interventions

Eighteen LHDs reported community-level PSE efforts happening in **27 communities or jurisdictions**. Community-level PSE efforts targeted:



**Includes unincorporated areas and Blue Zones*

Over one-third of community-level PSE efforts worked towards **policy change (37%)**. These efforts related to a wide range of policies, including complete streets and active transport (6 projects implemented by 6 LHDs).



LHDs working on complete streets and active transportation projects aim to enhance street safety for pedestrians and cyclists by collaborating with local students, school boards, city governments, parks departments, law enforcement, and other stakeholders. A common way for students and community members to participate is by conducting walk audits, where they identify safety concerns and propose improvements, then share their findings with decision-makers to drive actionable change.

Community-level PSE efforts can focus on a range of settings. In FFY24, the most common focus was improving access to and utilization of parks and open spaces throughout a city or a county, representing **37% of the community-level PSEs** (10 projects implemented by 8 LHDs).



LHDs working on improving access and utilization of parks and open spaces collaborated with diverse partners such as healthcare providers, parks and recreation departments, city governments, law enforcement, and community organizations to promote outdoor physical activity and improve health outcomes. A common project was planning/implementing Parks Rx programs, which encourage physicians to ‘prescribe’ outdoor activity. Some jurisdictions used mobile technology like apps and QR codes to promote and encourage park/trail utilization.

Educational Activities

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Local health departments (LHDs) implement CFHL educational activities to help individuals develop the knowledge and skills to make healthy choices.

Direct education (DE) is an evidence-based, behavior-focused nutrition education & physical activity intervention with participant interaction.

Indirect education (IE) involves distribution of information without participant interaction.

DIRECT EDUCATION

During FFY24, LHDs reported **3,761 DE activities** that reached **127,318 individuals**.

Youth Education

Direct education reached **101,989 youth ages 0-17 years** (80% of total DE reach)*. School-aged children (ages 5-17 years) were the most commonly engaged audience, comprising 68% of all DE participants.

Settings where children were commonly reached include:



K-12 schools
(74% of children)

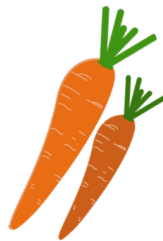


Early childhood programs
(13% of children)



Before/after - school programs
(8% of children)

Half of youth DE activities were delivered in single sessions. The remaining activities were delivered as a series of 2 or more lessons. The most common curricula used for DE with children were:



Serving up MyPlate: A Yummy Curriculum (24%)

CATCH Kids Club Manual and Activity Box (8%)

CATCH Activity Box (7%)

CATCH for Early Care and Education (7%)

Adult Education

Direct education reached **14,740 adults ages 18 years and over** (12% of DE reach)*. Among adult participants, 23% were older adults age 60 years and over. Adults received education in a variety of settings. The most common were:



K-12 schools
(17% of adults)



Health clinics & hospitals
(15% of adults)



Parks and open spaces
(10% of adults)

Adult DE activities were most often delivered in a **single session** (72%). The remaining activities were delivered as a series of 2 or more lessons. The most common curricula used for DE with adults were:



Nutrition 5-Class Series (29%)

Food Smarts for Adults (22%)

Eat Healthy, Be Active Community Workshop (9%)

Activity + Eating for Adults (5%)

*Percentages do not total to 100% because age is unknown for 8% of DE participants.

INDIRECT EDUCATION

During FFY24, LHDs reached **2,318,587 participants** through **3,801 IE activities** at **1,543 sites** via **6,957 delivery channels**.

Key **settings** where IE was delivered were:

- Food banks and pantries
- Places people play, like parks and community centers
- K-12 schools
- Health care



The most commonly used **channels** for delivering IE were:

- Hard copy materials
- Community events and fairs
- Social media
- Electronic materials



The most common **topics** addressed by IE were:

- Fruits and vegetables
- Limiting added sugars
- Water
- Food preparation, cooking, and safety
- Healthy eating patterns using MyPlate



ACCOMPLISHMENTS

Participant and educator quotes* demonstrate program success and progress that participants have made towards making healthy choices.

"They had a positive influence on her health because they made her realize broccoli is actually tasty!"

- Parent of class participant, Kern County



"I've rode the smoothie bike before and I can't wait to ride it again!"

- Adult event participant, Del Norte County



"I spoke with teachers about the nutrition classes, and they all said it was great, they were a huge success. The kids enjoyed the meals and the lessons and learned about avoiding sugar. It was amazing. Thank you so much for coming and providing those services for us. The kids, they need these lessons!"

- Site facilitator, Yolo County



"I remember how much sugar was in a soda from when we measured it, a whole cup! I tell my brother not to drink soda anymore."

- Child participant of class, Modoc County



"One of our classroom's favorite CATCH activities is 'Balloon Challenge.' The kids love manipulating the balloon in different ways. They're able to have fun while improving their gross motor function. CATCH activities also encourage children to listen to directions and how to work together."

-Teacher, LA County



**Quotes may be edited slightly for brevity and clarity*



Partnerships & Multi-Sector Coalitions

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Local health departments' (LHDs) CalFresh Healthy Living (CFHL) programs engage in partnerships and coalitions to leverage resources and enhance sustainability. These collaborations are especially important for supporting policy, systems, and environmental (PSE) change efforts.

Partnerships occur formally or informally between LHDs and other entities involved in CFHL programming during a given year.

Coalitions are groups of individuals and/or organizations who commit to joint action over an extended period.

PARTNERSHIPS

LHDs reported **539 partnerships** in FFY24. Nearly all LHDs (92%) reported at least one partnership, and a quarter reported 10 or more. Among reported partnerships, 17% (89) were newly established during FFY24.

Partners reflect the settings where CFHL programs are implemented and the organizations that support these efforts. Common partners included:



As mutually beneficial partnerships, LHDs provided assistance to their partners as well as receiving assistance in return. Assistance commonly included:

Assistance Provided	Assistance Received
Materials (76%)	Human resources (58%)
Human resources (64%)	Space (54%)
Program implementation (58%)	Planning (48%)
Planning (56%)	Program implementation (46%)

MULTI-SECTOR COALITIONS

LHDs reported participation in **179 multi-sector coalitions** in FFY24. Nearly all LHDs (92%) reported at least 1 coalition with 2 or more members. On average, coalitions were 6 years old and LHDs reported having participated in them for an average of 5 years.

Coalition membership can help us understand how LHDs work together with other sectors to collectively impact their audience. In FFY24, coalition membership:

- Ranged from 2 to 62 members per coalition (median = 7)
- Comprised 1 to 11 diverse sectors (median = 4)
- Included at least 5 diverse sectors for 34% (61) of coalitions
- Included at least one Community-Based Organization for 67% (120) of coalitions

LHDs reported having various goals for their coalitions. The most common of these goals included:



- 46%** Influence development or revision of a site, organization, or community level policy
- 41%** Help establish a new community service to improve community health
- 25%** Support implementation of a new law or policy
- 18%** Help establish a new government service to improve community health
- 15%** Develop a monitoring system for community changes adopted previously

ACCOMPLISHMENTS

LHDs attributed a wide range of accomplishments to their collaborations. A handful of these include:*

"We successfully completed some Walk Audit Assessments around the Central Union High School site and utilized the school's STEM classes to have students complete projects that would support the Safe Routes to School interventions."

–Imperial County



"Coordinated food access resources for the community. Continued to strengthen emergency food response connections and protocols to be ready for the next disaster. Members worked to create an inventory of community food assets that can be mobilized in times of disaster."

–Sonoma County



"Successfully held the 30th annual Kids at the Park event for children in San Benito County."

–San Benito County



"Through this coalition we were able to:"

- produce \$3 coupons with additional funding from the public health department, which could be redeemed at farmers markets to purchase fresh fruits and vegetables
- promote CalFresh utilization at Farmer's Markets through coupons to over 80,000 SNAP-eligible families through Social Services direct marketing and distribution to over 80 partners
- produce marketing materials co-developed with WIC and distributed to WIC clients and through partner organizations
- develop new social media messaging to promote the program
- track coupon usage at markets
- track CalFresh and Market Match redemption"

– Santa Clara County



"Over the past year this coalition has had meetings to discuss ways to best support improved physical activity access, time, and resources to Safe Education and Recreation for Rural Families Program (SERRF) sites. The coalition planned, scheduled, and completed a full SERRF staff training utilizing the CATCH physical activity curriculum boxes. The goal of conducting this all staff training was to continue working towards a more wide-spread adoption of the CATCH evidence-based physical activity curriculum and sustainability of improved opportunities for non-PE physical activity in the after school programs throughout Tehama county."

–Tehama County



**Quotes may be edited slightly for brevity and clarity*

Assessment of Policies, Practices, & Outcomes


January 22, 2025


Evaluation of Local Health Departments' (LHD) CalFresh Healthy Living programs documents the effectiveness of their Policy, Systems, and Environmental Change (PSE) efforts, Direct Education (DE) classes, and comprehensive interventions that combine PSE with education.


ADOPTION OF HEALTH-PROMOTING POLICIES & PRACTICES

LHDs work with schools, school districts, early childhood programs, out-of-school time programs, and food retail stores that are planning or implementing PSE changes to complete an annual assessment. Each site or organization receives an overall best practices score (out of 100) and scores in specific practice areas (also out of 100). Statewide, average scores show the extent to which CFHL partners are adopting best practices and which areas have the greatest opportunity for improvement.

On average, **school districts** (N=14) scored **56 out of 100** in FFY24.


 Greatest **adoption of best practices:** Food & beverage purchasing (80/100)

 Greatest **opportunity for improvement:** Community & govt. partnerships (25/100)


 **Comprehensiveness** of district wellness policies⁽¹⁾ (81/100)

(1) Based on WellSAT policy scores submitted with assessments; N=9.


On average, **schools** (N=169) scored **65 out of 100** in FFY24.


 Greatest **adoption of best practices:** Physical education (75/100)


 Greatest **opportunity for improvement:** Gardens (37/100)

 **Most sites improved⁽²⁾:** Meals & school meal environment (68% of sites; N=101)


On average, **out-of-school time programs** (N=89) scored **66 out of 100** in FFY24.

 Greatest **adoption of best practices:** Food and drink (80/100)


 Greatest **opportunity for improvement:** Gardens & nutrition education (39/100)

 **Most sites improved⁽²⁾:** Wellness policies & meal program participation (64% of sites; N=66)


On average, **early childhood programs** (N=90) scored **66 out of 100** in FFY24.


 Greatest **adoption of best practices:** Physical activity & screen time (80/100)


 Greatest **opportunity for improvement:** Gardens & nutrition education (40/100)

 **Most sites improved⁽²⁾:** Gardens & nutrition education (61% of sites; N=41)

On average, **food retail stores** (N=65) scored **59 out of 100** in FFY24.

 Greatest **adoption of best practices:** Health-promoting atmosphere (73/100)

 Greatest **opportunity for improvement:** Pricing to encourage healthy selection (38/100)

 **Most sites improved⁽²⁾:** Placement & display to encourage healthy selection (67% of sites; N=39)

(2) Compared to a previous assessment completed 8-24 months prior.

YOUTH DIETARY & PHYSICAL ACTIVITY OUTCOMES

LHDs evaluated school-based interventions at 90 schools where series-based DE occurred. Many schools implemented comprehensive interventions with both DE and PSE (37 schools, 41%) or DE, PSE, and IE (33 schools, 37%). Interventions were evaluated via pre and post surveys at the beginning and end of the school year. Students (n=3,880) in 4th-12th grades reported intake of fruits, vegetables, and sugary beverages (SSBs) and engagement in physical activity. About two-thirds of students were Hispanic/Latinx.

The **top PSE approaches** at participating schools:

- Food quality
- Gardens
- Behavioral economics in the cafeteria
- Food procurement

The **top DE curricula** used with participating students:

- Let's Eat Healthy
- Food Smarts for Kids
- Serving Up MyPlate: A Yummy Curriculum

Statistically significant **improvements in health behaviors** included:

- 17% increase in how often youth ate vegetables
- 10% increase in how often youth ate whole fruits
- 7% decrease in how often youth drank sugary drinks (SSBs)
- 2% increase in how often youth drank water
- 7% more days per week that youth met activity guidelines
- 6% increase in youth spending more than half of PE time being active

ADULT DIETARY & PHYSICAL ACTIVITY OUTCOMES

LHDs evaluated 127 DE series that included at least 4 classes. Pre and post surveys were collected before the first and after the last class, respectively. Adults (n=724) reported intake of fruits, vegetables, and SSBs, use of the nutrition facts label, running out of food before month's end, and physical activity. The majority of participants were female (81%) and Hispanic/Latinx (82%), and many (43%) had school-aged children.

The **top DE curricula** used with participating adults:

- Food Smarts for Adults
- Nutrition 5-Class Series
- Around the Table: Nourishing Families

Statistically significant **improvements in health behaviors** included:

- 19% increase in cups of vegetables eaten daily
- 16% increase in cups of whole fruits eaten daily
- 24% more adults eating >1 kind of vegetable daily
- 42% more adults eating >1 kind of fruit daily
- 51% fewer adults drinking SSBs often or daily
- 73% more adults reading nutrition facts labels often or always
- 24% fewer adults running out of food often or always
- 25% more adults making small changes to be more active often, usually, or always
- 43% more adults meeting muscle strengthening recommendations

