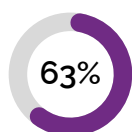


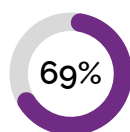
CalFresh Healthy Living (CFHL) promotes healthy lifestyles through nutrition and physical activity interventions delivered in low-income communities across California. This program is administered by four state implementing agencies, the largest of which is California Department of Public Health (CDPH). 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

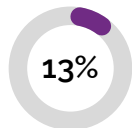
Among California's 39 million residents, over **10 million** (26%) live in low-income households that are eligible for CalFresh Healthy Living programming⁽¹⁾. Among California's low-income residents⁽²⁾:



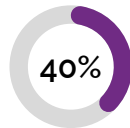
Report being food secure



Can always find fresh fruits and vegetables



Have access to a nearby supermarket



Report that fruits and vegetables are always affordable

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

LOCAL HEALTH DEPARTMENTS' CALFRESH HEALTHY LIVING EFFORTS

During FFY23, CDPH funded 60 of California's 61 local health departments (LHDs) to plan and deliver CFHL programming in their communities.

All 60 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=47, 78%) reported implementing comprehensive programming that included all three intervention types (PSE, DE, and IE). Among those 47 LHDs, 40 reported engaging in both partnerships and multi-sector coalitions.

LHDs Reporting Interventions/Activities



PSE
47 LHDs (78%)



Direct Education
59 LHDs (98%)



Indirect Education
59 LHDs (98%)



Partnerships
46 LHDs (77%)



Coalitions
47 LHDs (78%)

LHDs' FFY 2023 CFHL interventions reached **3.1 million individuals**, representing **31% of eligible participants** and 8% of California's total population. **LHD teams and partners reached:**

1,308,898

individuals with
PSE Interventions

164,462

participants of
Direct Education
Programs

2,501,659

individuals with
Indirect Education
Activities*

3,143,542

individuals overall

*Includes 1,670,182 individuals reached only by Indirect Education Activities

Policy, Systems, & Environmental Change Efforts

May 30, 2024

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 2023, LHDs partnered with **835 sites** in low-income communities across California to plan, implement, or maintain PSE activities. 768 (92%) of these sites progressed past the planning stage; a total of **3,552 PSE changes adopted** and **1,306,990 individuals reached** were reported at these sites.

The most common PSE approaches used were related to edible gardens, food quality, and behavioral economics strategies.

EDIBLE GARDENS

LHDs implemented **542 garden-related changes** at **207 sites**. Garden interventions were most commonly implemented at sites in the following settings:



K-12 schools
(53% of sites)



Early childhood
programs
(38% 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
- Incorporating produce from an onsite garden into meals or snacks provided on site



FOOD QUALITY

LHDs implemented **532 PSE changes** to improve food quality at **262 sites**. Food quality interventions were most commonly implemented at sites in the following settings:



K-12 schools
(40% of sites)



Food banks
& pantries
(20% of sites)



Early childhood
programs
(19% of sites)



Food stores
(16% of sites)

Key focus areas for interventions to improve food quality included:

- Free water (access, taste, quality, etc.)
- Menus or recipes (variety, quality, etc.)
- Salad bar
- Storage for perishable foods
- Healthy beverage options



MARKETING STRATEGIES USING BEHAVIORAL ECONOMICS

LHDs implemented **432 PSE changes** related to behavioral economics at **235 sites**. Behavioral economics interventions were most commonly implemented at sites in the following settings:



Food stores
(38% of sites)



Food banks
& pantries
(23% of sites)



K-12 schools
(19% of sites)



Early childhood
programs
(10% of sites)

Key focus areas for behavioral economics related interventions included:

- Prompting healthy food or activity behaviors with point-of-decision activities or displays
- Encouraging healthy and discouraging unhealthy food & drink choices by improving appeal, layout, or display

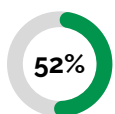


PSE INTERVENTIONS AT ORGANIZATIONAL & COMMUNITY LEVELS

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

Seventeen LHDs reported a total of **33 organizational-level PSE changes**, mostly occurring at **school districts (58%)**. Organizations focused on PSE efforts related to:



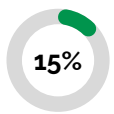
Trainings on how to implement PSE work throughout the organization



Food-related practices (e.g., food procurement, menu improvements)



Organizational wellness policies



Physical activity-related projects (e.g., Safe Routes to School, Parks Rx)

Community-level PSE Interventions

Nine LHDs reported community-level PSE efforts happening in **14 communities or jurisdictions**. Community-level PSE efforts targeted:

2
regional-level
projects

4
county-wide
projects

4
city-wide
projects

4
neighborhood or zip-
code level projects

Many community-level PSE efforts worked towards **policy change (50%)**. These efforts related to a wide range of policies, including:



Access to or safety of parks and open space



Physical activity policies and supports



Healthy food and beverage procurement or vending

Educational Activities

May 30, 2024

Local health departments (LHDs) implement CFHL educational activities to help give individuals 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 FFY23, LHDs reported **4,466 DE activities** that reached **164,462 individuals**. Most activities (91%) have returned to **in-person delivery** after a few years of increased virtual delivery related to COVID-19.

Youth Education

Direct education reached **124,832 youth ages 0-17** (76% of total DE reach)*. School-aged children (ages 5-17) were the most commonly engaged audience, comprising 61% of all DE participants.

Settings where children were commonly reached include:



K-12 schools
(70% of children)

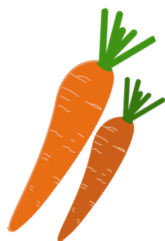


Early childhood
programs
(17% of children)



Before/after -
school programs
(9% of children)

Youth DE activities were most often delivered in a **single session** (62%). 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 (14%)

CATCH for Early Care and Education (13%)

Harvest of the Month Curriculum (12%)

Adult Education

Direct education reached **18,688 adults ages 18+** (11% of DE reach)*. Among adult participants, 30% were older adults ages 60 and over. Adults received education in a variety of settings. The most common were:



Congregate meal sites
(14% of adults)



K-12 schools
(13% of adults)



Parks and open spaces
(9% of adults)

Adult DE activities were most often delivered in a **single session** (71%). The remaining activities were delivered as a series of 2 or more lessons. The most common curricula used for DE with adults were:



Food Smarts for Adults (22%)

Nutrition 5-Class Series (18%)

Eat Healthy, Be Active Community Workshop (17%)

*Percentages do not total to 100% because age is unknown for 13% of DE participants.

INDIRECT EDUCATION

During FFY23, LHDs reached **2,501,659 participants** through **3,837 IE activities** at **1,672 sites** via **8,051 delivery channels**.

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

- Schools
- Places people play, like parks and community centers
- Stores
- Food assistance and distribution sites



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



PROGRAM SUCCESSES

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

"I've learned to make more nutritious foods and found out that it actually tastes good."

- Adult Participant, Central Avenue Farmers Market, Los Angeles, Los Angeles County

"I love to cook!"

- Student Participant, After School Cooking Classes, Placerville, El Dorado County



"Your group taught us a lot about nutrition and healthy alternatives to foods. An example is when you told us about corn tortillas, whole wheat bread, and low sodium canned food. Another thing we learned from you is how to save money from groceries. What I remember about it is to buy produce as it is and not processed or pre-cut because it can be cheaper."

- Student Participant, Youth Grocery Store Tour, Paso Robles, San Luis Obispo County



"I learned to be more mindful throughout the day. I learned more about what nutrients are found in different foods. I really enjoyed the open/honest conversations we had about food and home and being mothers."

- Adult Participant, Trauma Informed Nutrition Classes, Burney, Shasta County

"I just wanted to say thank you for all that you did to make the day so awesome. This event brought the community together and provided a fun and exciting way to have hands on experiences in learning about nutrition. It is my pleasure to partner with you ladies."

-Master Teacher at Waterford CDC, Farm to School Festival, Waterford, Stanislaus County





Partnerships & Multi-Sector Coalitions

May 30, 2024

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 **607 partnerships** in FFY23. Three-quarters of LHDs (77%) reported at least one partnership, and about half (52%) reported 5 or more partnerships.

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



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

Assistance Provided

- Materials (77%)
- Human resources (57%)
- Planning (51%)
- Program implementation (50%)

Assistance Received

- Human resources (50%)
- Program implementation (47%)
- Planning (46%)
- Space (40%)

MULTI-SECTOR COALITIONS

LHDs reported participation in **156 multi-sector coalitions** in FFY23. Three quarters (78%) of LHDs reported at least 1 coalition with 2 or more members.

Coalition membership can help us understand how LHDs work together with other sectors to collectively impact their audience. In FFY23, coalition membership:

- Ranged from 2 to 60 members per coalition (median = 7.5)
- Comprised 1 to 10 diverse sectors (median = 4)
- Included at least 5 diverse sectors for 36% (50) of coalitions

The **most common sectors** involved in coalitions reported by LHDs were:



ACCOMPLISHMENTS

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

"We did a CATCH PE observation in the fall and delivered playground stencils over the summer. The playground is refreshed and ready for the 2023-24 school year!"

– Mono County



"Very successful Kids Day was implemented by this coalition this year, which provided kids with free pumpkins and free veggie bucks to spend at farmers' market produce booths on September 29, 2023."

– Tuolumne County



"Started a School Garden again after 1.5 years without a garden manager."

– Plumas County



"The coalition is in the second year of existence and continues to recruit more members and deepen the relationships built in the community. The coalition celebrated a placemaking success by advocating for a Little Free Library at a local park and working with the city to follow through with installation. The coalition also worked with city residents and stakeholders to identify barriers and challenges encountered while trying to access the things they need to live active and healthy lives. This resulted in the development of an Environmental Justice goals and policy recommendations document which was shared with the city in hopes for inclusion within the newly drafted Environmental Justice Chapter of the General Plan."

– San Diego County



"We collaborated with Sanger Parks and Recreation Department to implement Bingocize for the senior community. This was a good opportunity for the Seniors to once again participate in classes at the community center. Events have been on hold since the beginning of the COVID-19 pandemic."

– Fresno County



"Communication and trust with county workers and the participants we serve have strengthened. We work together to provide healthy meals and lessons once a month. We are also committed to starting a ParkRx pilot in FY24."

– Alpine County



Program Effectiveness

May 30, 2024

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 HEALTHY EATING & PHYSICAL ACTIVITY PRACTICES

LHDs work with schools, 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 receives an overall best practices score (out of 100) and scores in specific practice areas (also out of 100). Statewide, average scores across sites show how CFHL sites are progressing towards adoption of best practices and areas with the greatest opportunity for improvement.

On average, **schools** (N=170) scored **66 out of 100** in FFY23.



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



Greatest **opportunity for improvement:**
Gardens (36/100)



Most sites improved
from FFY22 (N=120):
Physical activity
(61% of sites)

On average, **early childhood programs** (N=131) scored **73 out of 100** in FFY23.



Greatest **adoption of best practices:**
Physical activity & screen time (86/100)



Greatest **opportunity for improvement:**
Gardens & nutrition education (50/100)



Most sites improved
from FFY22 (N=50):
Physical activity & screen time (72% of sites)
Gardens (72% of sites)

On average, **out-of-school time programs** (N=88) scored **66 out of 100** in FFY23.



Greatest **adoption of best practices:**
Food and drink
(81/100)



Greatest **opportunity for improvement:**
Gardens & nutrition education (19/100)



Most sites improved
from FFY22 (N=65):
Physical activity & screen time (69% of sites)

On average, **food retail stores** (N=79) scored **60 out of 100** in FFY23.



Greatest **adoption of best practices:**
Health-promoting atmosphere (77/100)



Greatest **opportunity for improvement:**
Ready-to-eat meals (28/100)

YOUTH DIETARY & PHYSICAL ACTIVITY OUTCOMES

LHDs evaluated school-based interventions at 71 schools where series-based DE occurred. Many interventions were comprehensive, including PSE approaches (33 schools, 46%) and sometimes indirect education. Interventions were evaluated via pre and post surveys at the beginning and end of the school year. Students (n=3,539) in 4th-12th grades reported intake of fruits, vegetables, and sugary beverages (SSBs) and engagement in physical activity. Just over half of students were Hispanic/Latinx.

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

- Physical activity (non-PE)
- Behavioral economics in the cafeteria
- Gardens

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

- Let's Eat Healthy
- CATCH (K-5) - Kids Club Manual and Activity Box
- TWIGS: Teams With Inter-Generational Support

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



11% increase in how often youth ate vegetables



6% increase in how often youth ate whole fruits



6% decrease in how often youth drank sugary drinks (SSBs)



11% more days per week that youth met activity guidelines



ADULT DIETARY OUTCOMES

LHDs evaluated 112 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=531) reported intake of fruits, vegetables, and SSBs, use of the nutrition facts label, and running out of food before month's end. The majority of participants were female (77%) and Hispanic/Latinx (70%), and about half (47%) had school-aged children.

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

- Food Smarts for Adults
- Nutrition 5-Class Series
- Eat Healthy, Be Active Community Workshops



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



24% increase in cups of vegetables eaten daily



36% more adults eating >1 kind of vegetable daily



28% increase in cups of whole fruits eaten daily



45% more adults eating >1 kind of fruit daily



56% fewer adults drinking SSBs often or daily



52% more adults reading nutrition facts labels often or always