



Federal Fiscal Year 2025

Annual Impact Report





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Executive Summary

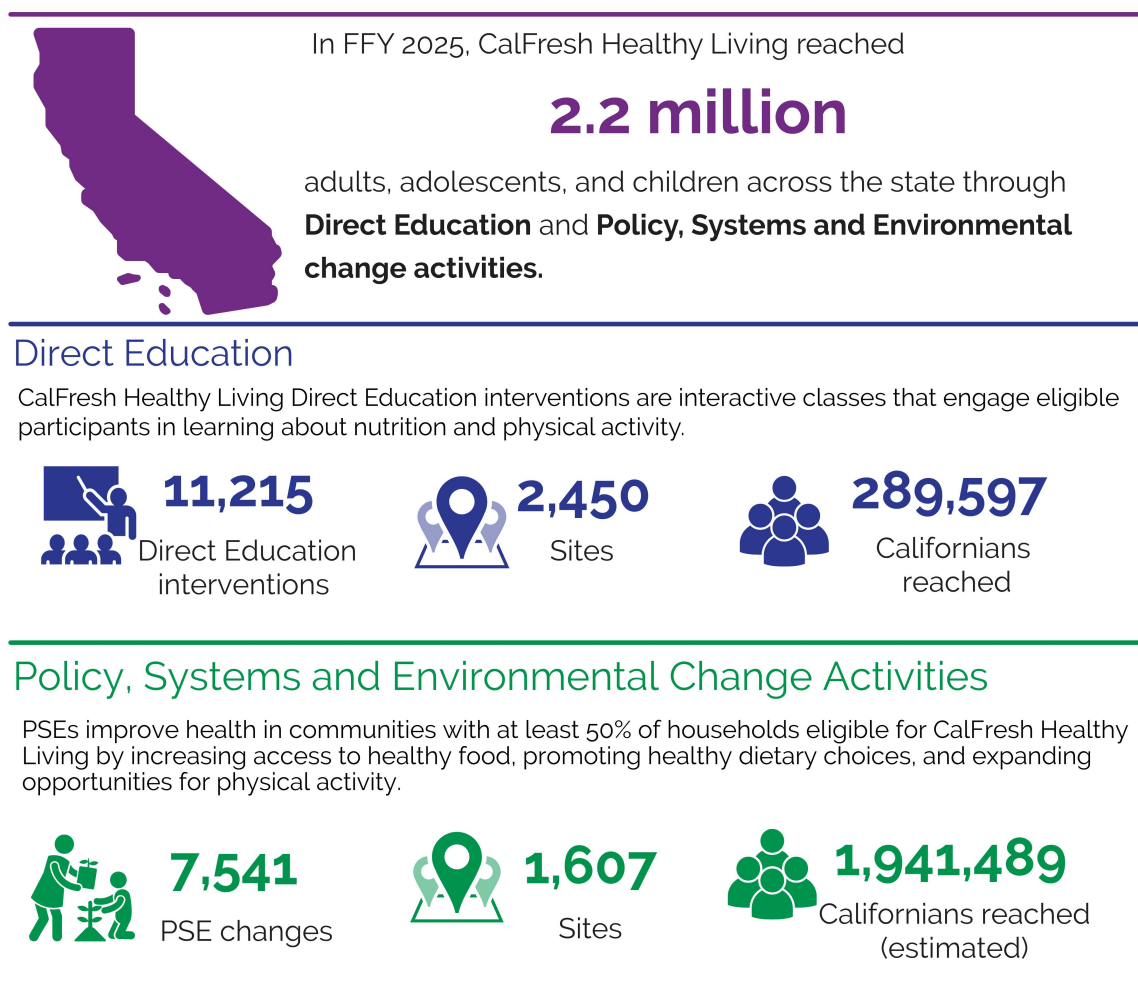
CalFresh Healthy Living, known nationally as the Supplemental Nutrition Assistance Program-Education (SNAP-Ed), has supported eligible Californians in achieving healthy behaviors through nutrition and physical activity education, community changes, and social marketing for over 30 years. The California Department of Social Services provides administrative oversight of CalFresh Healthy Living and its four State Implementing Agencies: CalFresh Healthy Living, University of California; California Department of Aging; California Department of Public Health; and Catholic Charities of California, Inc. These State Implementing Agencies work through a network of Local Implementing Agencies and community partnerships to reach CalFresh Healthy Living-eligible populations and have shown improved healthy behaviors and have implemented policy, systems and environmental changes to support healthy lifestyles year over year.

On July 4, 2025, President Donald J. Trump signed into law House Resolution 1 (HR 1) or the *One Big Beautiful Bill Act of 2025* which amended the Food and Nutrition Act to end required funding for SNAP-Ed with the Federal Fiscal Year (FFY) 2025 grant allocation. Elimination of SNAP-Ed funding will leave a gap for communities, decreasing access to nutritious food and safe spaces for physical activity. Despite this uncertainty CalFresh Healthy Living remained focused on program successes and reached a greater proportion of the eligible population in FFY 2025 compared to FFY 2024. CalFresh Healthy Living implementers will continue prioritizing improved health outcomes through evidence-based nutrition education and physical activity strategies with greater focus on sustainability in FFY 2026 and beyond.

Summary of Statewide Results

In Federal Fiscal Year (FFY) 2025, CalFresh Healthy Living reached 2.2 million adults, adolescents, and children through Direct Education and Policy, Systems, and Environmental changes (PSEs) combined (Figure 1). CalFresh Healthy Living participants surveyed reported significant improvements in healthy eating, food resource management, and physical activity behaviors.

Figure 1. Summary of Statewide Direct Education and Policy, Systems, and Environmental Change Activities





Program Overview

Who We Are

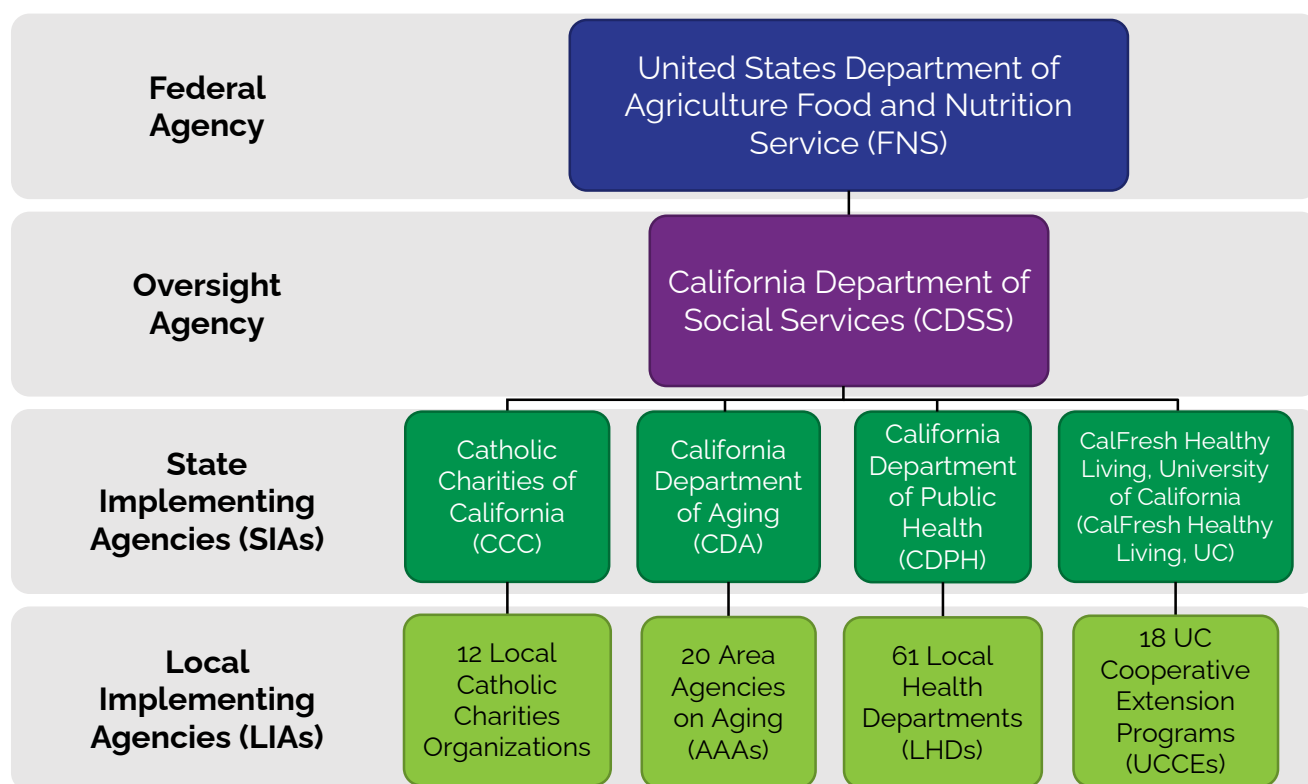
CalFresh Healthy Living works toward a California where everyone is healthy, active, and nourished. CalFresh Healthy Living serves Californians with limited resources by promoting and supporting healthy living through good nutrition and increased physical activity. The program reaches eligible Californians through individual, organizational, and community-focused, evidence-based interventions.

CalFresh Healthy Living, by engaging its audience and a mix of strategies outlined in its plans, promotes healthier choices based on current Dietary Guidelines for Americans (DGA) 2020-2025 (United States Department of Health and Human Services and United States Department of Agriculture, 2020). Through the implementation of evidence-based interventions and fostering coordination and collaboration to enhance reach and impact, the program has established Statewide Goals and Objectives for FFY 2024–2026 to guide and assess its effectiveness. Progress toward these Goals and Objectives in FFY 2025 is detailed in Appendix 2.

The California Department of Social Services (CDSS) provides administrative oversight of the CalFresh Healthy Living program and collaborates with four State Implementing Agencies (SIAs): CalFresh Healthy Living, University of California (CalFresh Healthy Living, UC); California Department of Aging (CDA); California Department of Public Health (CDPH); and Catholic Charities of California, Inc (CCC). The SIAs contract with 110 Local Implementing Agencies (LIAs) to deliver PSE change activities along with evidence-based Direct Education classes. In addition, CDPH engages in Social Marketing services on behalf of the program. CalFresh Healthy Living also collaborates with contractual partners, including the Public Health Institute Center for Wellness and Nutrition (PHI CWN), Leah's Pantry, and California State University, Sacramento (CSUS) on innovative pilot projects.

SIAs and LIAs use existing partnerships to deliver program services through Local Health Departments, University of California Cooperative Extension offices, local Catholic Charities Organizations, Area Agencies on Aging, and other organizations to reach eligible Californians where they work, learn, live, shop, eat, and play. Figure 1.1 shows the CalFresh Healthy Living program structure.

Figure 1.1 California's CalFresh Healthy Living FFY 2025 Program Structure

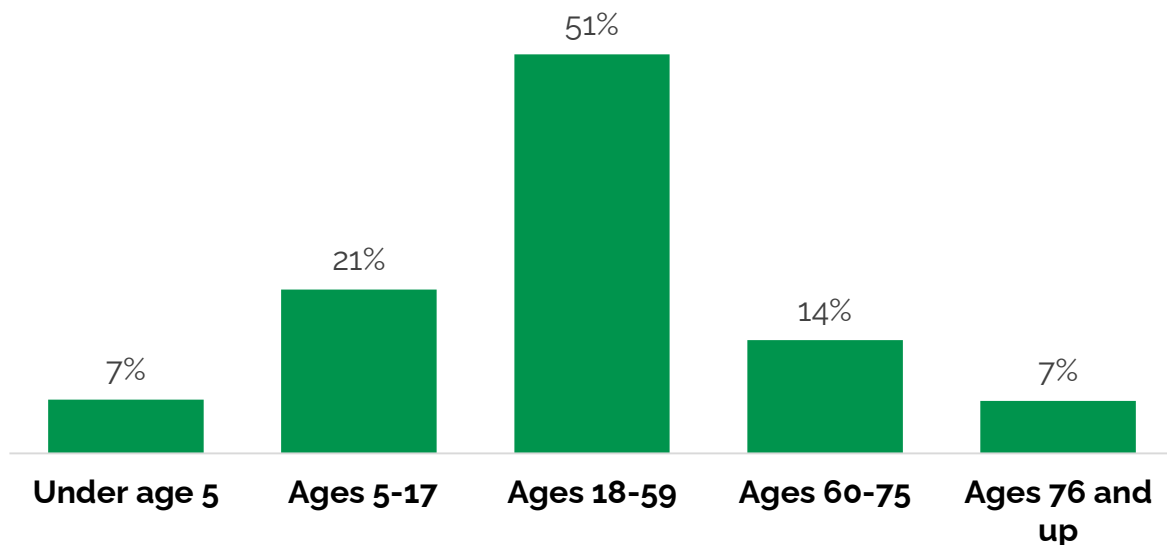


Who We Serve

The CalFresh Healthy Living program serves Californians of all ages who live in households with incomes at or below 200% of the Federal Poverty Level (FPL), including those who qualify for CalFresh, known nationally as the Supplemental Nutrition Assistance Program (SNAP). According to the U.S. Census Bureau's American Community Survey (United States Census Bureau, 2022), about one-third of Californians are eligible for CalFresh Healthy Living — representing 11.5 million adults, adolescents, and children.

The largest proportion of individuals eligible for CalFresh Healthy Living are adults aged 18-59 (51%), followed by children aged 5-17 (21%), and adults aged 60-75 (14%), as shown in Figure 1.2.

Figure 1.2. Age Distribution of the CalFresh Healthy Living – Eligible Population (2022).



Additionally, over half of CalFresh Healthy Living-eligible Californians are Hispanic or Latino (55%). In terms of race, more than half are White (57%), 13% are Asian, 9% are Black or African American, 3% are American Indian or Alaska Native, and 1% are Native Hawaiian or Pacific Islander (Figure 1.3). The remaining 19% identified with some other race.

Figure 1.3 Ethnicity and Race of the CalFresh Healthy Living – Eligible Population (2022).

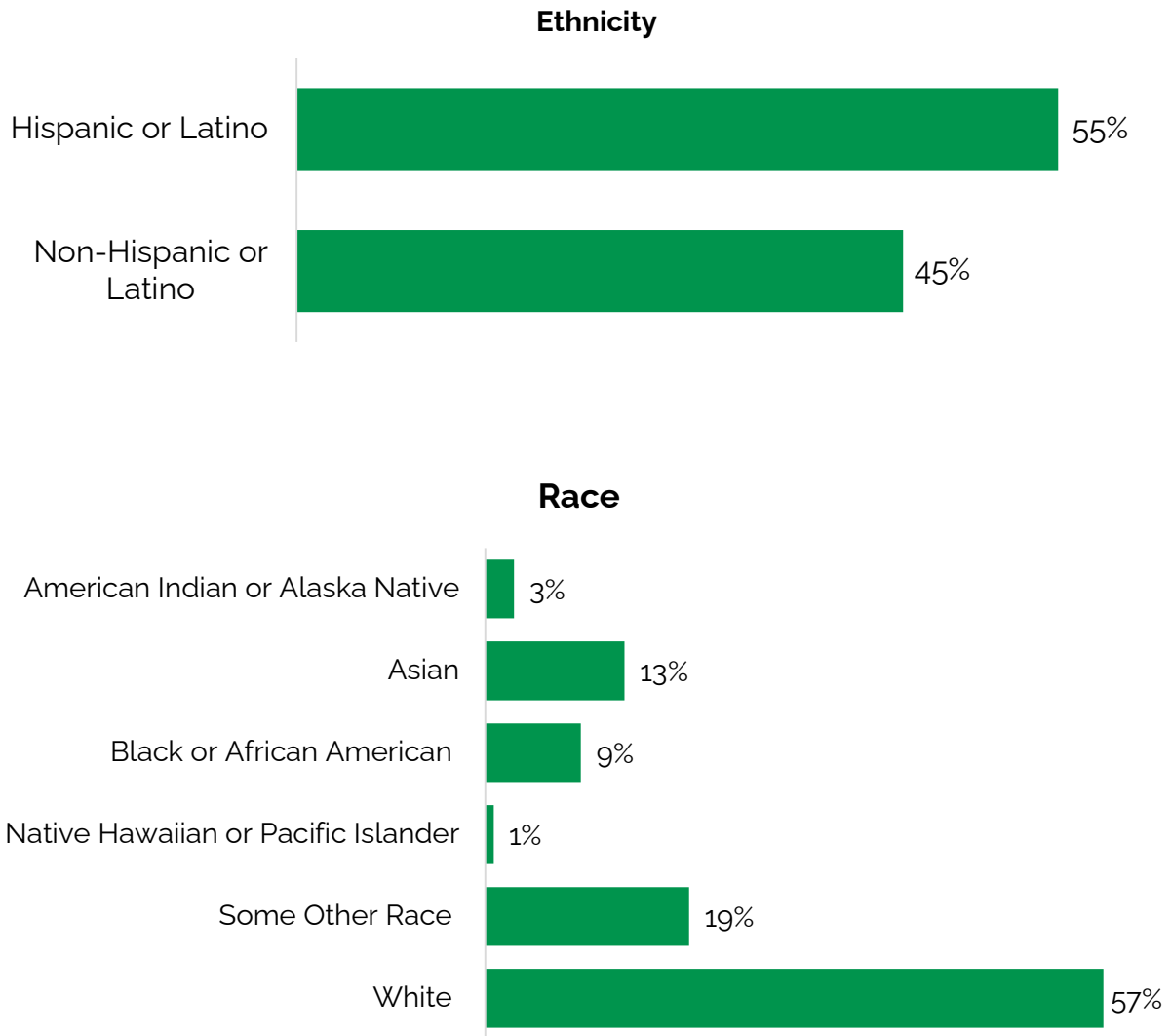


Figure 1.3 Note: Race values represent those who identify as that race alone or in combination with some other race.

What We Do

Direct Education and Policy, Systems, and Environmental Changes

CalFresh Healthy Living implementing agencies deliver both Direct Education and Policy, Systems, and Environmental (PSE) interventions to increase access to and availability of nutrition and physical activity opportunities for eligible Californians. In FFY 2025, these combined efforts reached more than 2.2 million Californians. Sites offering more comprehensive programming served the same participants through both PSE activities and Direct Education to increase their likelihood of adopting healthier behaviors. County-level eligibility and reach are presented in Figure 1.4.

Figure 1.4. CalFresh Healthy Living Eligibility and Reach through Direct Education plus PSE interventions, by County

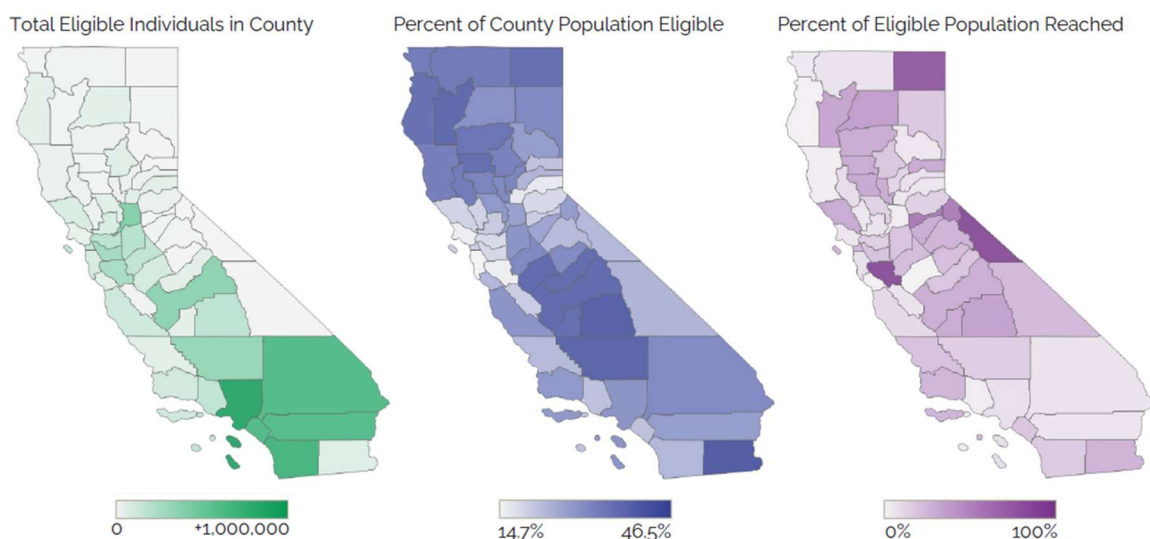


Figure 1.4 Note: Data sources: Eligibility data: U.S. Census Bureau, 2022; Program reach: PEARS FFY 2025 PSE activities and Direct Education combined.

CalFresh Healthy Living, through its network of Local Implementing Agencies (LIAs), implements community-based PSE interventions in partnership with organizations across California. These PSE efforts support community health by increasing access to and enhancing the appeal of healthy foods, while also expanding opportunities for physical activity. PSE interventions are implemented in a wide range of settings,

including K–12 schools (elementary, middle, and high), early care and education facilities (such as child care centers, family day care homes, Head Start, preschool, and pre-kindergarten programs), food assistance sites including food banks and food pantries, before- and after-school programs, and both small (≤ 3 registers) and large (4+ registers) food stores and retailers. Evaluation results for California's FFY 2025 PSE programming are presented in the ***California SNAP-Shot: Policy, Systems, and Environmental Change*** section of this report.

In addition, CalFresh Healthy Living delivers behavior-focused nutrition education and physical activity interventions, referred to as Direct Education, which promote active engagement through in-person instruction or interactive media. Direct Education utilizes evidence-based curricula aligned with the *Dietary Guidelines for Americans* (United States Department of Health and Human Services and United States Department of Agriculture, 2020) and the *Physical Activity Guidelines for Americans* (United States Department of Health and Human Services, 2018). Like PSE interventions, Direct Education is delivered across a variety of community settings. Evaluation findings for California's FFY 2025 Direct Education programming are included in the ***California SNAP-Shot: Direct Education*** section of this report.

The following story illustrates how CalFresh Healthy Living partnerships deliver education and community driven health initiatives.

Cultivating Wellness in a Reservation Community: CalFresh Healthy Living, UC's Groundbreaking Fellowship with the Torres Martinez Cahuilla Indian Tribe



A landmark effort launched in March 2025 when the Torres Martinez Cahuilla Indian Community Wellness Committee (CWC) teamed up with CalFresh Healthy Living (CFHL) UC Davis and UC Cooperative Extension (UCCE) Riverside to forge a nutrition education fellowship focused on preventative health. The CalFresh Healthy Living (SNAP-Ed) Fellowship is a pioneering program to

introduce tribal members to SNAP-Ed through weekly project-based exposure in health education. Feedback from the fellow on curriculum resources and materials is encouraged to learn new ways to present materials with greater cultural resonance to tribal members. Along with school-based lesson delivery, CFHL, UCCE Educators and the SNAP-Ed Fellow reached 38 tribal reservation participants through 6 family nutrition classes, delivered 5 cooking demonstrations, and hosted 4 physical activity sessions. Bringing the farm-to-table concept to life, they transformed the A'Avutem Senior Garden at planting and harvest events. As a vital bridge to evidence-based curricula for greater community empowerment, this first of its kind fellowship offers skill development in lesson delivery and career exposure in community health education. Together, the group co-authored posters and articles, including a 2025 CalFresh Healthy Living Virtual Forum poster describing their work. This long-term partnership has garnered national and statewide recognition.



The program brings more healthy knowledge to the tribe to make healthier choices. I gathered with a couple elders, and we want to make successful healthy workshops throughout the different climate seasons. It will be an elder and community event where we come together and take care of each other to make healthier choices. This program will help us make healthy decisions for our tribe and surrounding communities.

– CFHL Fellow



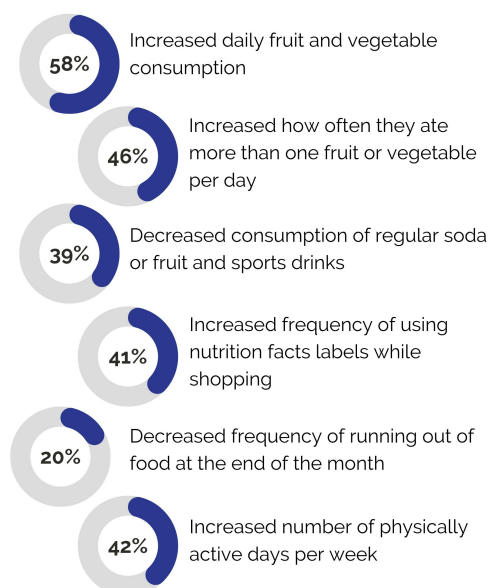
California SNAP-Shot: Direct Education

Direct Education interventions are interactive classes that use proven nutrition and physical activity lessons. In FFY 2025, State and Local Implementing Agencies delivered 11,215 Direct Education interventions at 2,450 sites, reaching more than 289,000 participants. CalFresh Healthy Living offered these classes both in person and online, providing instruction in 12 languages across all 58 counties in California. Many sites also implemented Policy, Systems, and Environmental (PSE) changes to reinforce and support Direct Education goals.

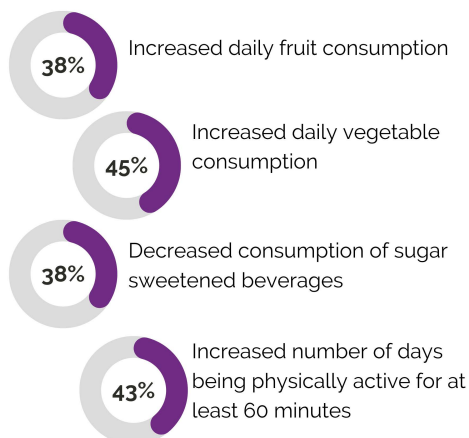
Findings from matched pre- and post-program surveys demonstrated positive behavior changes among both adult and youth participants. Participants reported eating more fruits and vegetables, eating a variety of fruits and vegetables daily, being physically active more frequently, and consuming fewer sugar-sweetened beverages. Adults also reported improvements in food resource management and household food security (Figure 2.1).

Figure 2.1 Direct Education Participant Summary of Survey Results

Surveyed **adults** participating in Direct Education classes reported the following:



Surveyed **youth** participating in Direct Education classes reported the following:



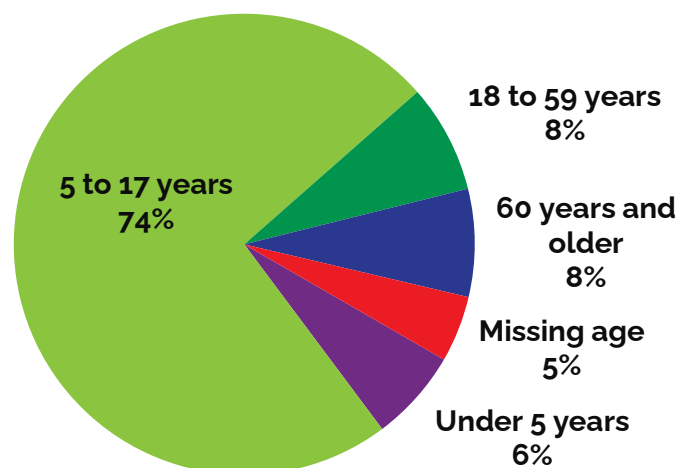
Direct Education interventions took place in 38 different types of settings, with 5,539 (49%) of interventions taking place in schools (K-12), followed by early care and education programs (n = 951, 8%) and before and after-school programs (n = 823, 7%). Table 2.1 shows the 10 most frequent settings where Direct education interventions were implemented in FFY 2025. Most Direct Education interventions were conducted in person (n = 10,924, 97.4%), with 226 (2%) conducted virtually, and 65 (1%) as a mix of in-person and online. As shown in Figure 2.2, over 73% of Direct education participants were youth between the ages of 5 and 17 years.

Table 2.1 Number and Percent of Direct Education Interventions by Setting

Most Frequent Direct Education Settings	Number of Interventions	Percent of Interventions
1. Schools (K-12, elementary, middle, and high)	5,539	49%
2. Early care and education facilities	951	8%
3. Before and after school programs	823	7%
4. Individual homes or public housing sites	823	7%
5. Congregate meal sites and other senior nutrition centers	452	4%
6. Food assistance sites, food banks, and food pantries	360	3%
7. Health care clinics and hospitals	359	3%
8. Group living arrangements	251	2%
9. Other neighborhood settings where people live or live nearby	245	2%
10. Adult education, job training, TANF, and veteran service sites	225	2%

Table 2.1 Note: Only includes the 10 most frequent Direct Education intervention settings.

Figure 2.2 Direct Education Participants' Years of Age (n = 289,597)



Measuring Healthy Behaviors

To assess the potential effectiveness of Direct Education interventions for adults and youth, CalFresh Healthy Living measured SNAP-Ed Evaluation Framework (United States Department of Agriculture, 2016) indicators MT1, Healthy Eating; MT2, Food Resource Management; and MT3, Physical Activity & Reduced Sedentary Behavior. Table 2.2 describes the sub-indicators and shows whether the indicator was measured for adults and youth.

Table 2.2 SNAP-Ed Evaluation Framework Indicators Reported for FFY 2025.

SNAP-Ed Indicators	Adults	Youth
MT1 – Healthy Eating		
MT1c. Ate more than one kind of fruit	X	X
MT1d. Ate more than one kind of vegetable	X	X
MT1h. Drinking fewer sugar-sweetened beverages	X	X
MT1l. Cups of (or number of times) fruit consumed per day	X	X
MT1m. Cups of (or number of times) vegetables consumed per day	X	X
MT2 – Food Resource Management		
MT2b. Read nutrition facts labels or nutrition ingredients lists	X	
MT2g. Not run out of food before month's end	X	
MT3 – Physical Activity and Reduced Sedentary Behavior		
MT3a. Physical activity and leisure sport	X	
MT3b. Physical activity when you breathed harder than normal (moderate-vigorous physical activity)	X	X
MT3c. Physical activity to make your muscles stronger	X	

Direct Education Surveys

CalFresh Healthy Living used pre- and post-program surveys to evaluate outcomes of series-based Direct Education interventions. Many Direct Education sites also implemented Policy, Systems, and Environmental (PSE) interventions; therefore, survey outcomes may reflect the combined effects of all CalFresh Healthy Living activities at those sites. The Food Behavior Checklist (FBC) was used to collect data from adults, and the Eating and Activity Tool for Students (EATS) was used to collect data from youth.

Although State Implementing Agencies (SIAs) may have used varying evaluation criteria, the statewide evaluation included only nutrition education interventions

consisting of at least four sessions delivered over four or more weeks. Pre-program surveys were typically administered at the first session of a series, and post-program surveys at the final session. For school-based programs, surveys were often administered at the beginning and end of the school year to capture the combined effects of Direct Education and PSE interventions. Pre- and post-program responses were matched using unique participant identification numbers.

Changes in self-reported healthy behavior indicators from the SNAP-Ed Evaluation Framework were analyzed using paired statistical methods. These included the Wilcoxon signed-rank test for ordinal, non-parametric data; paired t-tests for continuous measures; and McNemar's test for categorical variables with two response options. Statistical significance was assessed at the 0.05 level, and effect sizes were calculated for all statistically significant findings. Notes accompanying each figure identify the statistical test used, the significance level, and the effect size. Direct Education data were included in analyses only for participants who received curricula covering the relevant outcome topic (see Appendix 1 for details).

Adult Direct Education Results

Outcomes related to fruit and vegetable consumption, food resource management, and physical activity were measured among 4,662 adult participants. Significant improvements were reported across all measured indicators. Although the magnitude of changes was mostly small, participants demonstrated meaningful improvement in health-promoting behaviors and household food security statewide.

MT1. Healthy Eating

MT1 – Healthy Eating
MT1c. Ate more than one kind of fruit
MT1d. Ate more than one kind of vegetable
MT1h. Drinking fewer sugar-sweetened beverages
MT1l. Cups of (or number of times) fruit consumed per day
MT1m. Cups of (or number of times) vegetables consumed per day

As shown in Figures 2.3 to 2.6, adult Direct Education participants significantly increased how often they ate more than one kind of fruit and vegetable, as well as the number of cups eaten per day. Figures 2.7 and 2.8 indicate that adult participants also significantly decreased how often they consume sugar sweetened beverages.

Figure 2.3 “Do you eat more than one kind of fruit each day?” (MT1c), Percentage of Adult Participants, FFY 2025

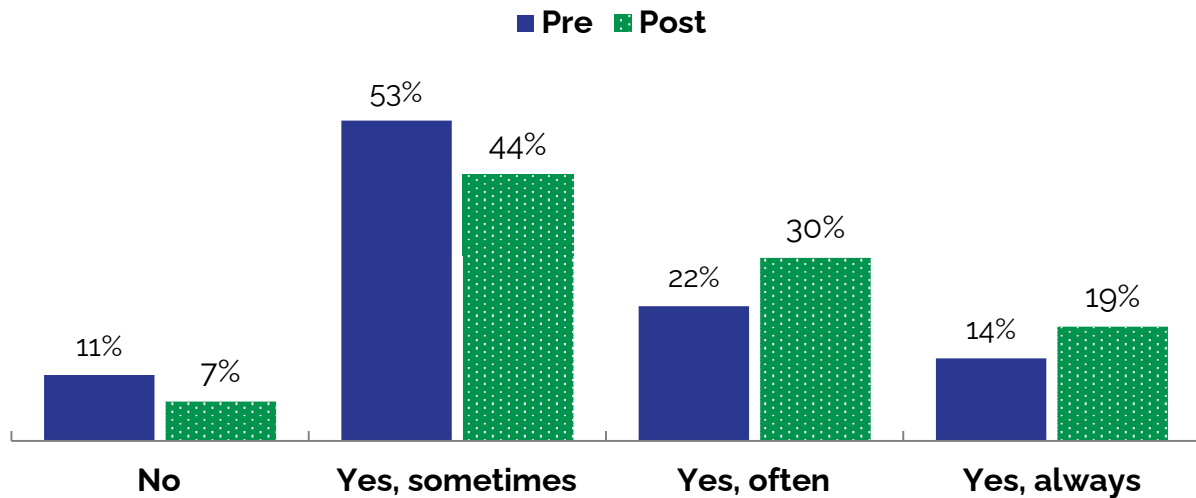


Figure 2.3 Note: Wilcoxon signed-rank test ($n = 3,276$; $z = -14.43$; $p < 0.001$; $r = 0.25$).

Figure 2.4 “Fruit: How much do you eat each day?” (MT1l), Percentage of Adult Participants, FFY 2025

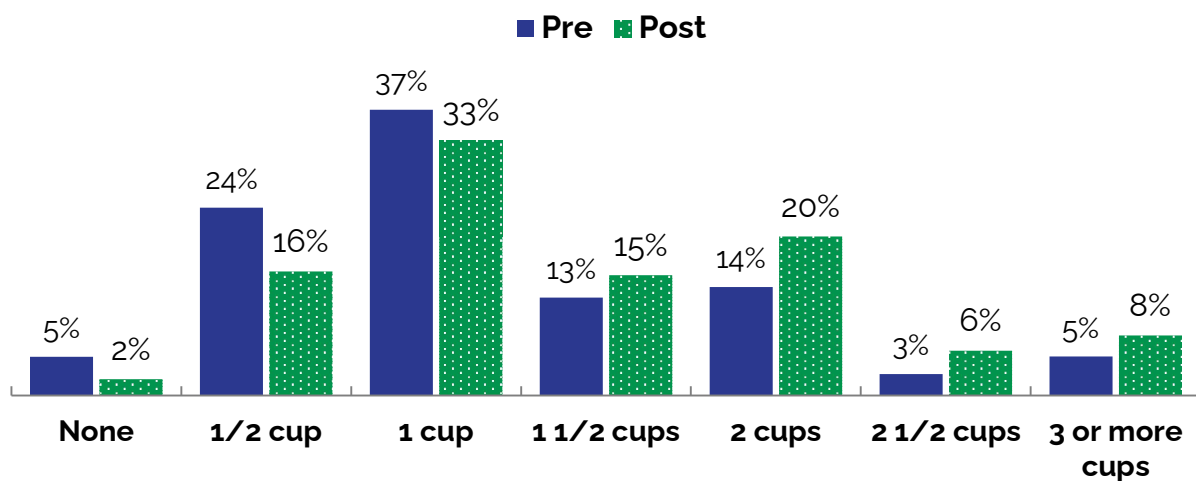


Figure 2.4 Note: Paired-samples t -test, $n = 3,284$, pre-test ($M = 1.17$, $SD = 0.75$) post-test ($M = 1.42$, $SD = 0.75$; $t(3,283) = 19.87$, $p < 0.001$, $d = 0.34$).

Figure 2.5 “Do you eat more than one kind of vegetable each day?” (MT1d), Percentage of Adult Participants, FFY 2025

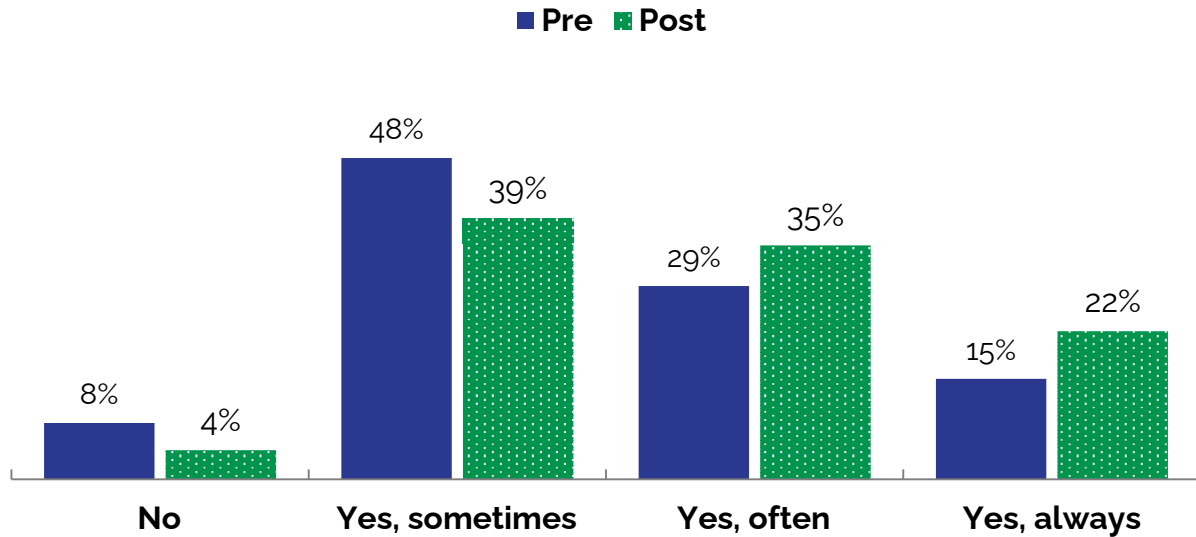


Figure 2.5 Note: Wilcoxon signed-rank test ($n = 3,258$; $z = 15.19$; $p < 0.001$; $r = 0.26$).

Figure 2.6 “Vegetables: How much do you eat each day?” (MT1m), Percentage of Adult Participants, FFY 2025

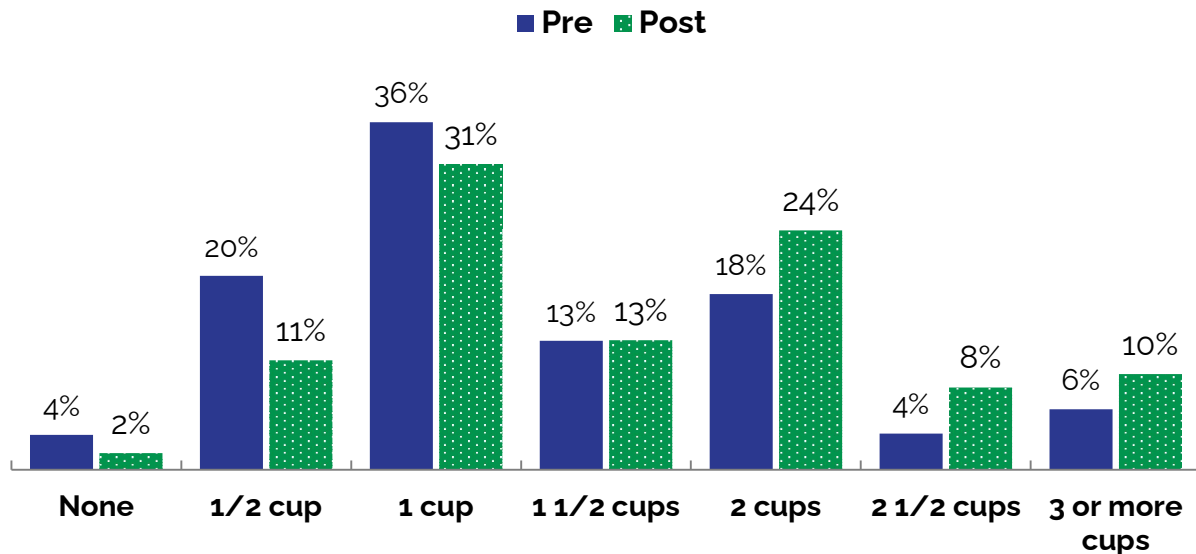


Figure 2.6 Note: Paired-samples t -test, $n = 3,278$, pre-test ($M = 1.29$, $SD = 0.74$) post-test ($M = 1.56$, $SD = 0.77$; $t(3,277) = 21.58$, $p < 0.001$, $d = 0.35$).

Figure 2.7 “Do you drink fruit drinks, sports drinks, or punch?” (MT1h), Percentage of Adult Participants, FFY 2025

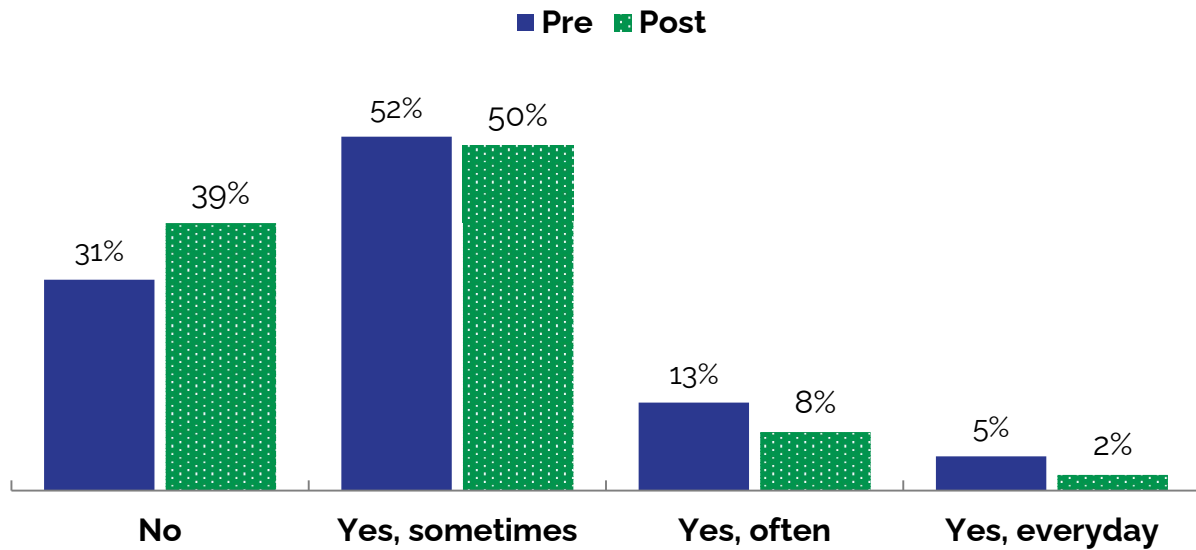


Figure 2.7 Note: Wilcoxon signed-rank test ($n = 1,954$; $z = 9.79$; $p < 0.001$; $r = 0.22$).

Figure 2.8 “Do you drink regular soda?” (MT1h), Percentage of Adult Participants, FFY 2025

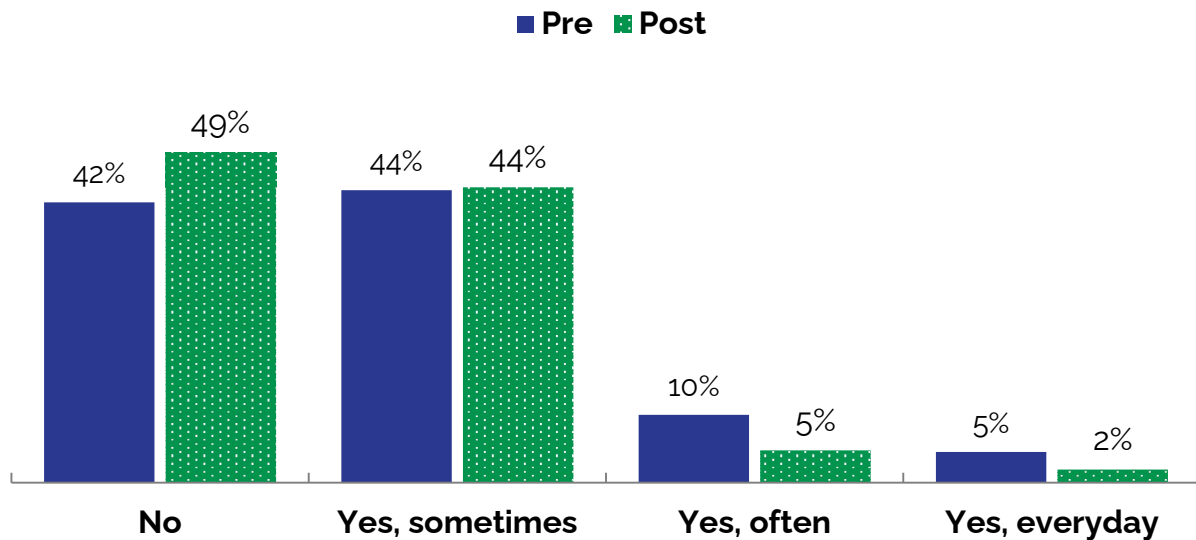


Figure 2.8 Note: Wilcoxon signed-rank test ($n = 1,952$; $z = 10.78$; $p < 0.001$; $r = 0.24$).

MT2 – Food Resource Management

As shown in Figure 2.9, adult Direct Education participants demonstrated a statistically significant increase in the frequency of reading nutrition fact labels when purchasing food. To assess food security, participants were asked how often they ran out of food before the month ended. Findings indicated a significant reduction in reports of running out of food before the month's end among adults (Figure 2.10).

MT2 – Food Resource Management	
MT2b. Read nutrition facts labels or nutrition ingredients lists	
MT2g. Not run out of food before month's end	

Figure 2.9 “Do you use this label [nutrition facts] when food shopping?” (MT2b), Percentage of Adult Participants, FFY 2025

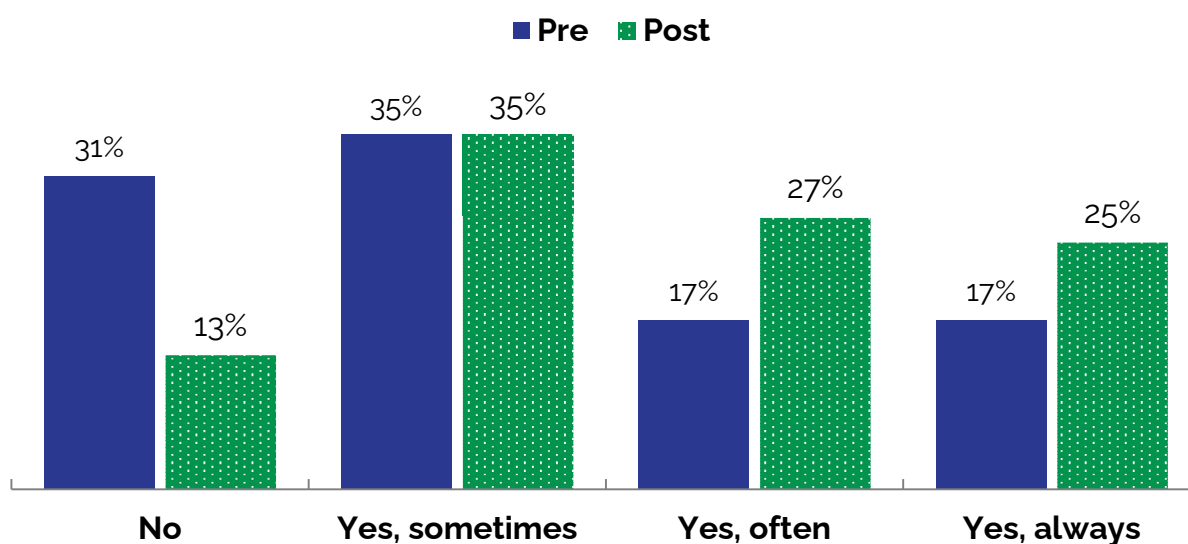


Figure 2.9 Note: Wilcoxon signed-rank test ($n = 1,722$; $z = 15.80$; $p < 0.001$; $r = 0.38$).

Figure 2.10 “Do you run out of food before the end of the month?” (MT2g), percentage of adult participants, FFY 2025

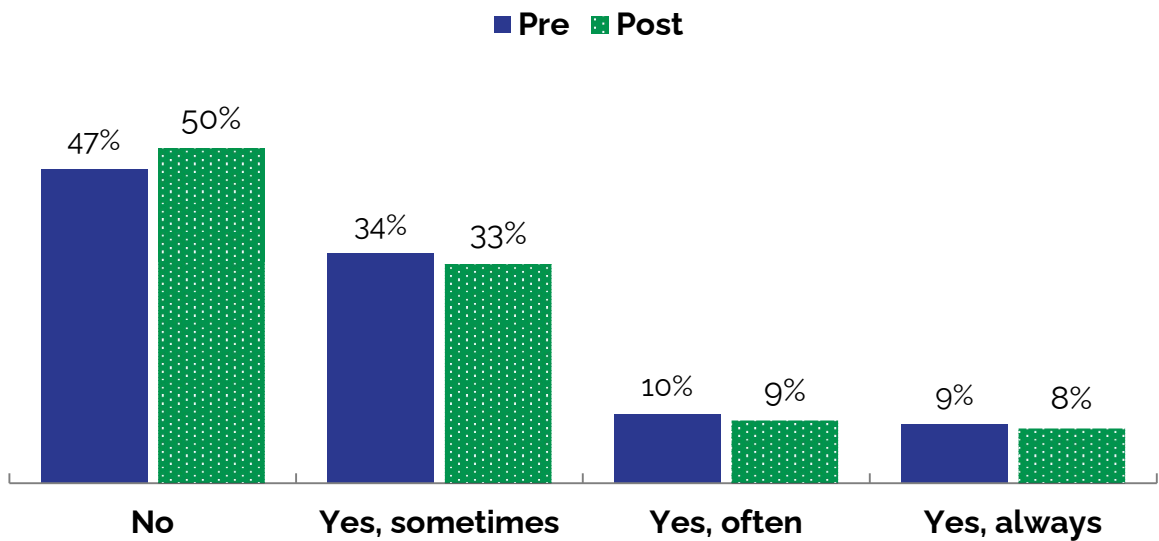


Figure 2.10 Note: Wilcoxon signed-rank test ($n = 2,810$; $z = 3.30$; $p < 0.001$; $r = 0.06$).

MT3. Physical Activity and Reduced Sedentary Behavior

Shown in Figures 2.11 through 2.13, respondents reported a significant increase in physical activity from pre- to post-test. Adults reported an increase in the frequency of making small changes to stay more physically active, increasing the number of days they engaged in physical activity that lasted for at least 30 minutes, and increasing the number of days they engaged in physical activity to build and strengthen muscles. According to Physical Activity Guidelines for Americans, adults should be physically active for at least 150 minutes per week which is equivalent to 30 min per day for 5 days per week. (United States Department of Health and Human Services, 2018). The percentage of adults meeting guidelines increased from 31% to 48% from pre- to post-intervention.

MT3 – Physical Activity and Reduced Sedentary Behavior
MT3a. Physical activity and leisure sport
MT3b. Physical activity when you breathed harder than normal (moderate-vigorous physical activity)
MT3c. Physical activity to make your muscles stronger

Figure 2.11 “How often do you make small changes on purpose to be more active?” (MT3a), Percentage of Adult Participants, FFY 2025

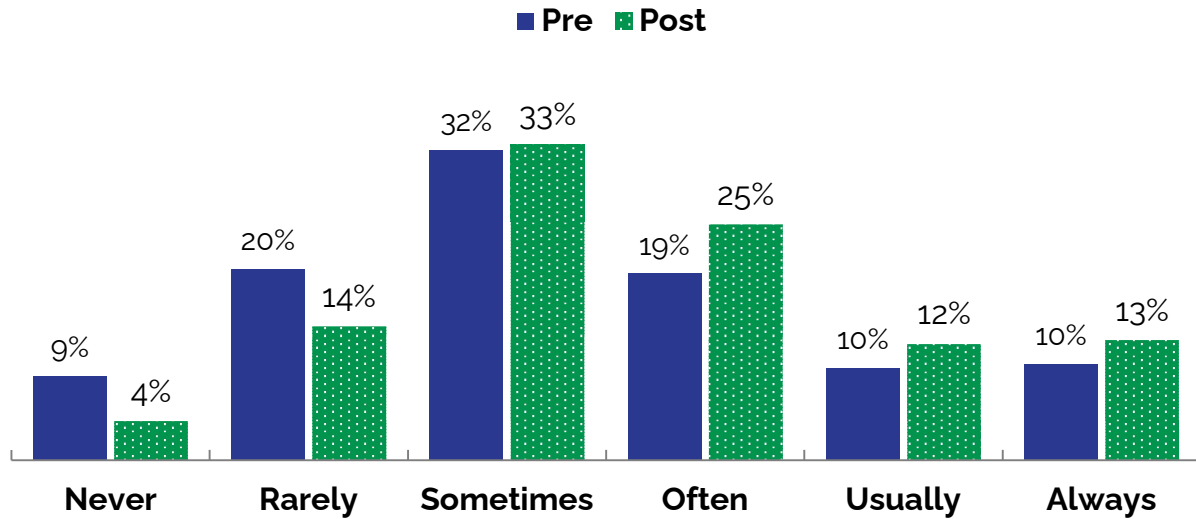


Figure 2.11 Note: Wilcoxon signed-rank test ($n = 3,695$; $z = 15.30$; $p < 0.001$; $r = 0.25$).

Figure 2.12 “In the past week, how many days did you exercise for at least 30 minutes?” (MT3b), Percentage of Adult Participants, FFY 2025

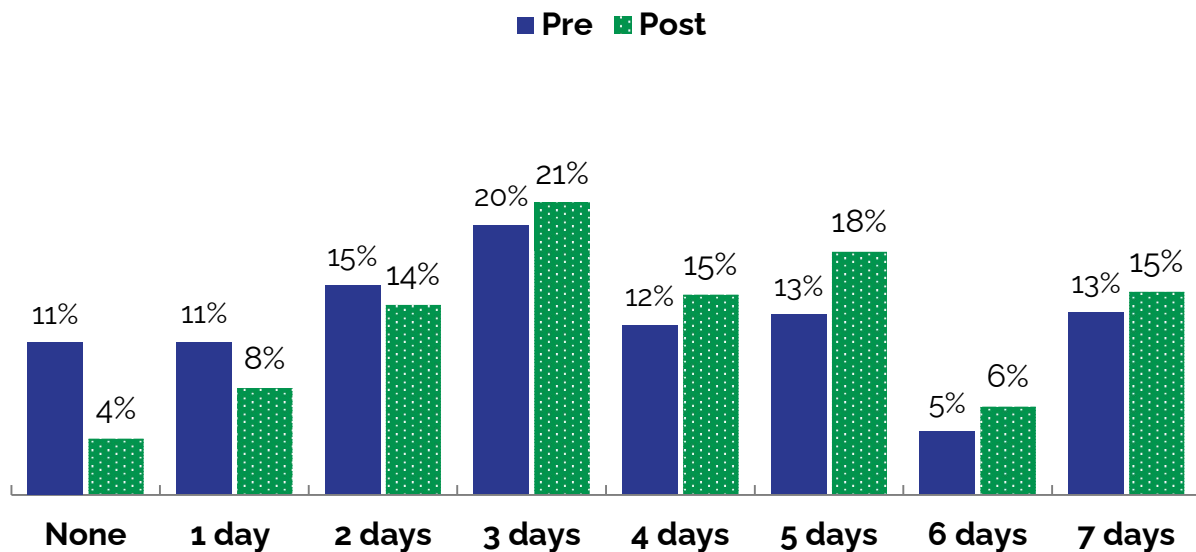


Figure 2.12 Note: Paired-sample t -test, $n = 3,734$, pre-test ($M = 3.35$, $SD = 2.16$) post-test ($M = 3.87$, $SD = 1.96$; $t(3,733) = 17.66$, $p < 0.001$, $d = 0.25$).

Figure 2.13 “In the past week, how many days did you do workouts to build and strengthen your muscles?” (MT3c), Percentage of Adult Participants, FFY 2025

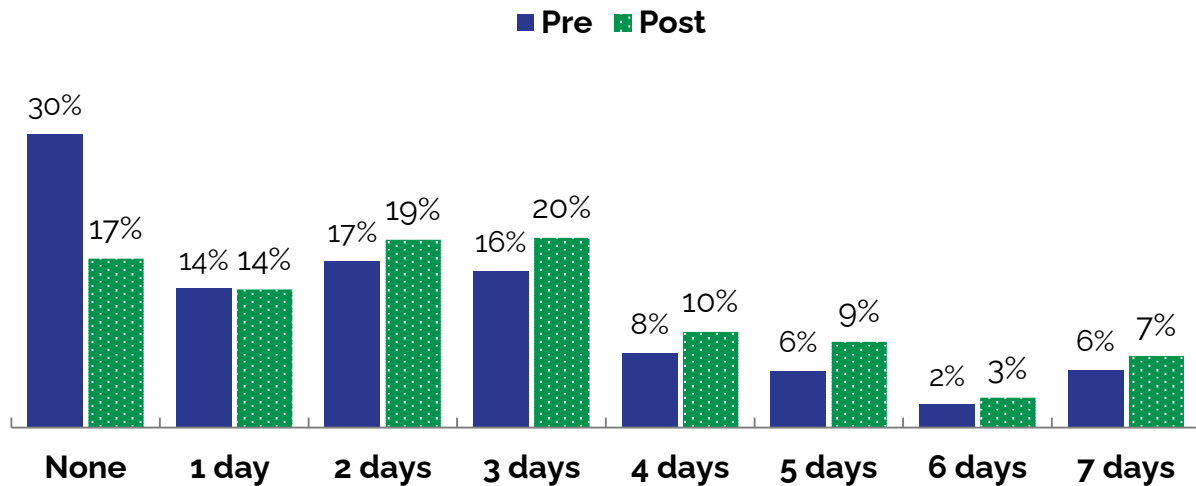


Figure 2.13 Note: Paired-sample *t*-test, $n = 3,705$, pre-test ($M = 2.14$, $SD = 2.04$) post-test ($M = 2.67$, $SD = 2.06$; $t(3,704) = -15.9$, $p < 0.001$, $d = 0.25$).

The following stories demonstrate CalFresh Healthy Living partnerships bringing Direct Education programming that is helping seniors build healthy habits, improve food security, strengthen social connections, and gain confidence in growing and preparing fresh foods.

Building Health and Community Across Generations in San Francisco



Catholic Charities' 10th & Mission Family Housing in San Francisco provides seniors and families with a unique mix of affordable housing, childcare, case management, food pantry, and family support services—all under one roof. In summer 2024, these programs faced closure due to a loss of funding. However, thanks to partnerships with Catholic Charities of San Francisco's CalFresh Healthy Living program and Leah's Pantry, the site was able to launch a monthly Food Smarts

class in November 2024. Classes were offered in both English and Chinese with the support of bilingual case managers. Topics included building healthy habits, decoding nutrition labels, incorporating whole grains, and shopping on a budget. Participants also engaged in gardening through the onsite Flex Farm hydroponic system. Seniors actively cared for their crops, culminating in food demonstrations, tastings, and sharing of the harvest. Each month, up to 25 seniors participated in the program which not only increased knowledge, but also fostered social connection, patience, and pride as participants nurtured plants and shared produce with one another. Seniors were excited to bring home fresh vegetables, many of which were new to them. Plans are underway to train "garden champions" to maintain the hydroponic system and to continue offering bilingual nutrition education year-round. At 10th & Mission, the message is clear: you are never too old to learn, grow, and thrive.



I don't even come to coffee hour for the free coffee and snacks anymore, I come to attend the nutrition education class that follows. I love learning about the ingredients used in the class and how to use them at home.

-CFHL participant

Bringing CalFresh Food to Older Adults: A Collaborative Effort in Rural Northern California



The Center for Healthy Communities (CHC), Area Agency on Aging (AAA), and CalFresh Healthy Living partnered to create a holistic approach that honors older adults' interests in health and well-being while expanding access to nutritious foods across ten rural Northern California counties. This program embedded CHC CalFresh Outreach (CFO)

services within CalFresh Healthy Living activities, allowing older adults to gain practical tools for healthy eating and strengthen their confidence in utilizing available resources. PSA 2 and PSA 3 CalFresh Healthy Living invited CHC CFO teams to join nutrition education activities, creating a supportive environment where older adults feel welcomed and encouraged through “What Can CalFresh Do for You?” events. Through interactive activities—like a shopping list game, a grocery bag demonstration, and food tastings—participants explore how even small CalFresh benefits can stretch further through smart shopping and budgeting strategies.

This collaborative effort strengthens food security in rural communities by weaving together trusted relationships, practical nutrition knowledge, and access to resources. The success of “What Can CalFresh Do for You?” is reflected not only in the growing number of applications submitted but also in the lasting foundation it creates for future CalFresh Healthy Living education and stronger community partnerships.



“The What Can CalFresh Do for You? activity was always a lot of fun. It was amazing what you could get with just \$23!”

-CFHL subcontractor

Youth Direct Education Results

Physical activity and consumption of fruits, vegetables, and sugar-sweetened beverages were assessed among youth Direct Education participants. Analyses included only students in grades four through twelve and were limited to series-based curricula consisting of at least four sessions that addressed the relevant outcome topic, as outlined in the curriculum crosswalk in Appendix I. For many school-based interventions, assessments were administered at the beginning and end of the school year. In addition, many school-based sites implemented planned, multi-component interventions that included Direct Education and PSE activities, as well as, in some cases, other non-CalFresh Healthy Living nutrition or physical activity programs. As a result, observed outcomes may reflect the combined effects of these multi-component interventions.

Findings from 7,584 youth Direct Education participants showed improvements in healthy eating and physical activity behaviors, including increased fruit and vegetable consumption and more frequent physical activity. They also reported a significant reduction in the frequency of sugar-sweetened beverage consumption.

MT1. Healthy Eating

MT1 – Healthy Eating
MT1d. Ate more than one kind of vegetable
MT1h. Drinking fewer sugar-sweetened beverages
MT1l. Cups of (or number of times) fruit consumed per day
MT1m. Cups of (or number of times) vegetables consumed per day

Fruit and Vegetable Consumption

Fruit and vegetable consumption was assessed based on intake reported for the previous day, with the number of times consumed per day used as a proxy for cups of fruits and vegetables consumed. Vegetable intake was calculated by combining responses from five separate questions asking how often youth consumed different types of vegetables: starchy vegetables, orange vegetables, salads and green vegetables, other vegetables, and beans. Consumption of more than one kind of vegetable was defined as reporting intake from at least two of these categories. Fruit consumption included all fresh, frozen, canned, or dried fruits and excluded occasions when 100% fruit juice was consumed. As shown in Figures 2.14 and 2.15, the overall frequency of fruit and vegetable consumption among youth increased significantly from pre- to post-test. The percentage of youth who reported eating

more than one kind of vegetable increased significantly from 55% to 61% from pre- to post-test.

Figure 2.14 “Yesterday, did you eat any fruit?” (MT1l), Percentage of Youth Participants, FFY 2025

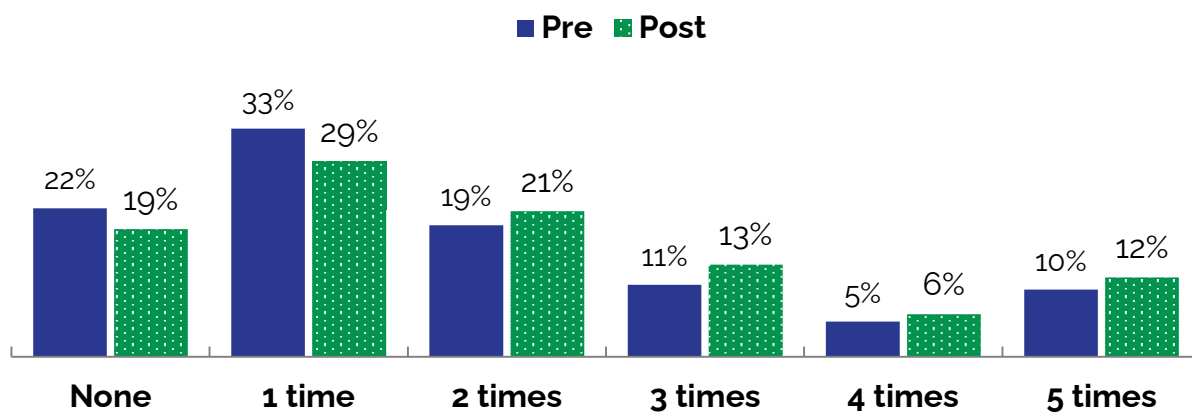


Figure 2.14 Note: Paired-samples *t*-test, $n = 7,277$, pre-test ($M = 1.73$, $SD = 1.53$) post-test ($M = 1.95$, $SD = 1.57$; $t(7,276) = 10.74$, $p = 0.001$, $d = 0.14$).

Figure 2.15 Number of Times Eating Vegetables Per Day, Combined Variable (MT1m), Percentage of Youth Participants, FFY 2025

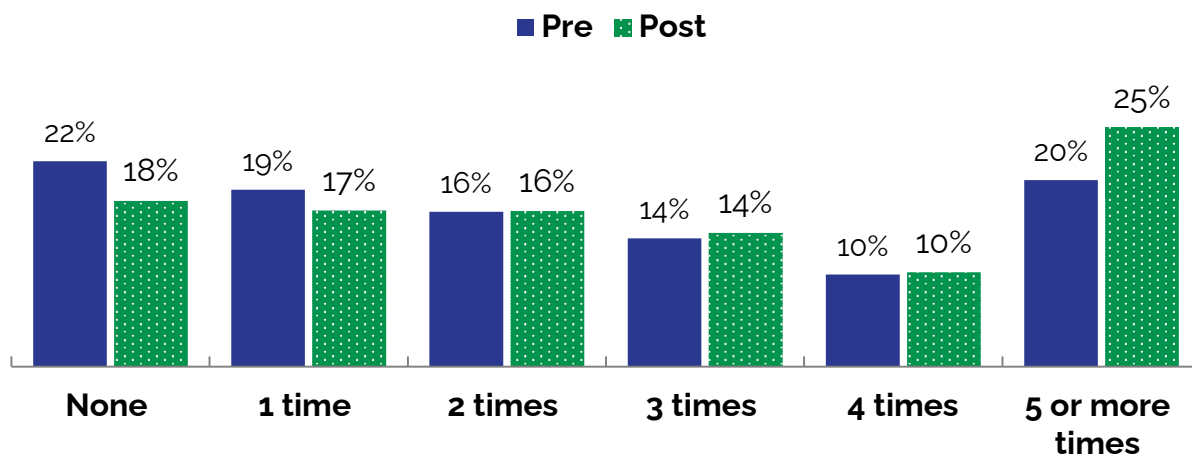


Figure 2.15 Note: Vegetable consumption was the sum of how often youth ate any of the following: starchy vegetables, orange vegetables, salads and green vegetables, other vegetables, and beans. Paired-samples *t*-test, $n = 7,349$, pre-test ($M = 2.65$, $SD = 2.53$) post-test ($M = 3.02$, $SD = 2.65$; $t(7,348) = 10.74$, $p < 0.001$, $d = 0.15$).

Sugar-Sweetened Beverage Consumption

Consumption of sugar-sweetened beverages was measured using five questions assessing intake on the previous day, including fruit and sports drinks, regular soda, energy drinks, sweetened coffee or tea, and flavored milk. The total number of times youth consumed sugar-sweetened beverages was calculated by summing responses across all categories (Figure 2.16). Results showed a statistically significant reduction in the frequency of daily sugar-sweetened beverage consumption reported by youth participants.

Figure 2.16 Frequency of Sugar-Sweetened Beverages Consumed the Previous Day, Combined Variable, (MT1h), Percentage of Youth Participants, FFY 2025

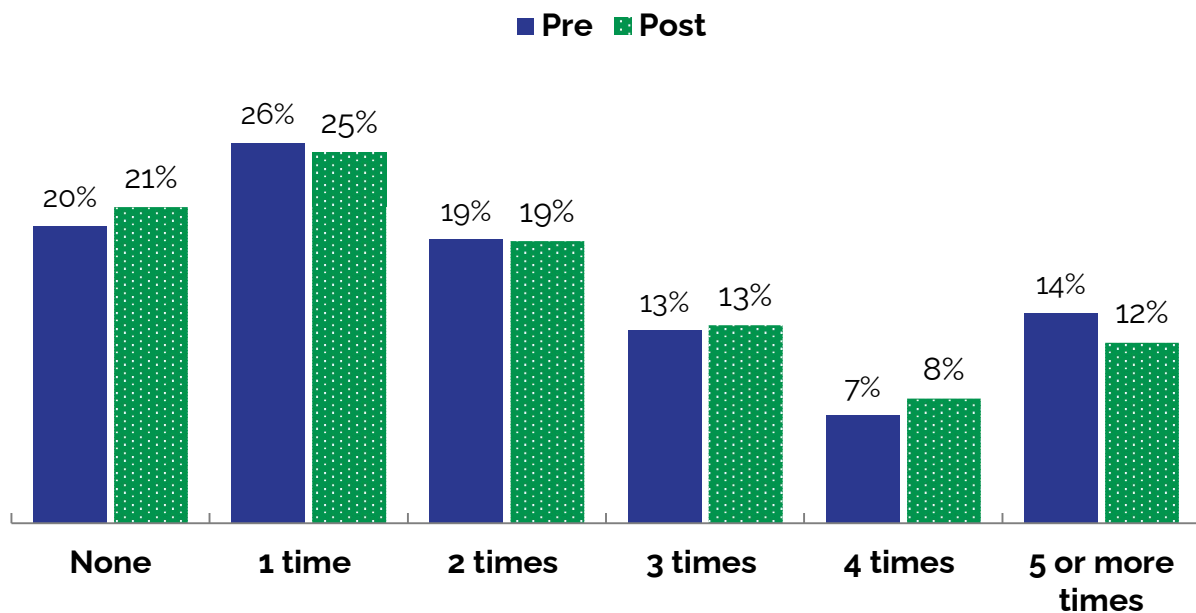


Figure 2.16 Note: Sugar-sweetened beverage was the frequency of the following beverages combined: fruit/sports drinks, regular soda, energy drinks, sweetened coffee or tea, and flavored milk.

Paired-samples t -test, $n = 2,927$, pre-test ($M = 2.33$, $SD = 2.39$) post-test ($M = 2.21$ $SD = 2.32$; $t(2926) = 2.65$, $p = 0.008$, $d = 0.05$).

This story describes how a Youth Participatory Action Research (YPAR) project fostered increased leadership, confidence, and commitment to healthy eating in students while creating a scalable district model to reduce food waste.

Growing Change: A Student-Led Journey to Reduce Food Waste in Tehama County

In FFY 2025, Bend Elementary launched a one-year initiative that ignited youth interest in research and leadership on the topic of food waste. Guided by the CalFresh Healthy Living, UC Cooperative Extension (CFHL, UCCE) Nutrition Educator and Garden Coordinator, a group of 17 students embarked on nine Youth Participatory Action Research (YPAR) lessons, complemented by hands-on activities from the Youth Career Pathways Toolkit. By tackling the challenge of school campus food waste with the YPAR Stepping Stones curriculum, students learned how to:

- Identify key issues through observational data and peer interviews
- Collect and analyze data

Finally, presenting their research and recommendations to the District Superintendent and school leadership sparked conversations about new initiatives to boost student engagement and accountability. Findings showed that after participating in this YPAR project, 100% of youth ($n = 16$):

- "Want to make a difference in making my school/community healthier"
- "Can use research results to come up with solutions for making my school/community a healthier place"
- "Understand how my surroundings affect my health"
- "Feel confident in knowing what is healthy and not healthy to eat"
- "Eating healthy is important to me"

From this project, a district model exists that empowers students, supports wellness goals, and significantly reduces food waste.



MT3: Physical Activity and Reduced Sedentary Behavior

MT3 – Physical Activity and Reduced Sedentary Behavior

MT3b. Physical activity when you breathed harder than normal (moderate-vigorous physical activity)

Youth participants showed a significant increase in the number of days per week they reported being physically active for at least an hour pre-to-post-test. Physical Activity Guidelines for Americans suggest that youth should participate in physical activity for 60 minutes or more 7 days per week. One in five youth achieved this guideline at baseline whereas one in four met the criteria after participating in CalFresh Healthy Living interventions.

Figure 2.17 “Last week, on how many days were you physically active for a total of at least 60 minutes (1 hour) per day?” (MT3b), Percentage of Youth Participants, FFY 2025

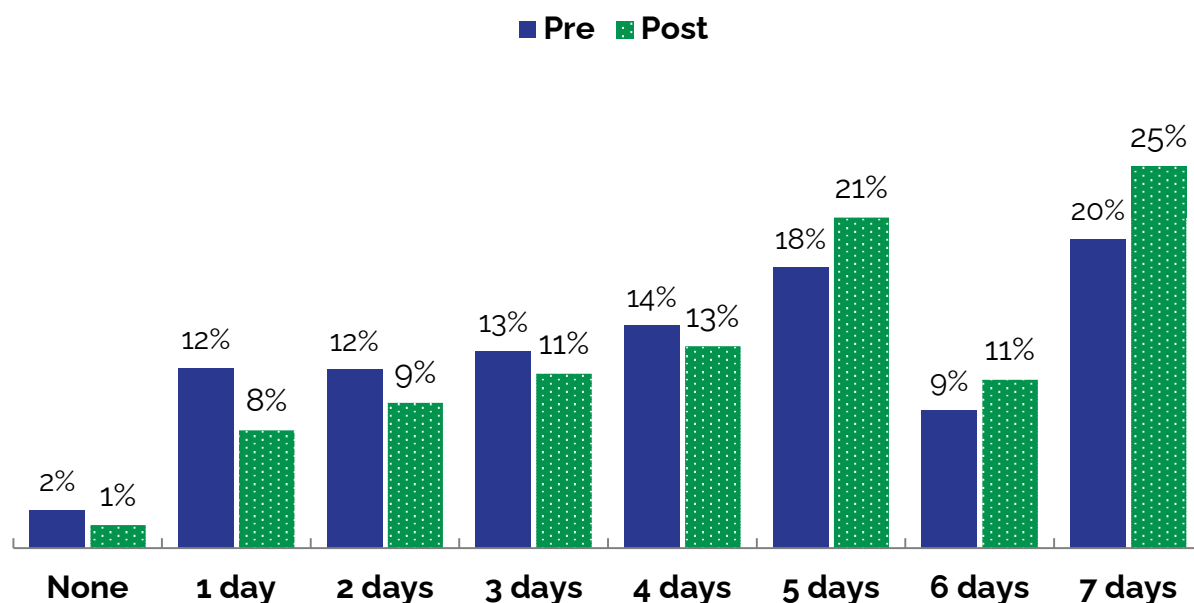


Figure 2.17 Note: Paired-samples *t*-test, $n = 4,971$, pre-test ($M = 4.15$, $SD = 2.08$) post-test ($M = 4.57$ $SD = 1.99$; $t(4,970) = 13.17$, $p < 0.001$, $d = 0.21$).

This next story describes how a CalFresh Healthy Living project incorporated a train-the-trainer model for after school staff led to institutionalizing daily physical activity and built lasting capacity to support student health and wellness.

Active Kids, Thriving Minds: CATCHing Wellness in Action



To help increase healthy habits in kids, the Afterschool Community Education (ACE) staff at Lassen Elementary School were trained to implement the CATCH physical activity curriculum, which aims to increase physical activity, promote skill development, and foster lifelong healthy habits in students. Using a train-the-trainer model, staff learned to confidently

lead the CATCH curriculum, ensuring the program's continued success and reach. The collaboration with school administrators helped to integrate the program within the after-school schedule. As a result of training and support, the staff has fully implemented CATCH in the afterschool program, providing regular and structured physical activity to all ACE students. A key success was the implementation of a wellness policy at ACE, which now mandates 30 minutes of structured physical activity, helping institutionalize the changes made through the partnership. By utilizing the train-the-trainer model, the CalFresh Healthy Living team not only addressed the immediate need for physical activity in the community but also built the capacity of local educators to support health and wellness in the long term.



CATCH has led to more productive physical activity sessions allowing students to benefit their health and social emotional development while in the afterschool program.

- Program Coordinator

Summary of Direct Education Results

Survey data from 4,662 adults and 7,584 youth showed that Direct Education participants demonstrated improvements across all measured indicators. (Table 2.3).

Table 2.3 SNAP-Ed Evaluation Framework Indicators with Significant Improvements Reported for FFY 2025.

SNAP-Ed Indicators	Adults Improved	Youth Improved
MT1 – Healthy Eating		
Fruit and vegetable consumption (all measures)	✓	✓
Sugar-sweetened beverages	✓	✓
MT2 – Food Resource Management	✓	N/A
MT3 – Physical Activity and Reduced Sedentary Behavior	✓	✓

Note: Check marks indicate statistically significant improvements for the given indicator.

Statistical significance is related to sample size, and a larger sample size improves the ability to detect small changes. The effect size was calculated for all statistically significant changes to understand the magnitude of the changes. Effect size is not as dependent on sample size. Larger effect sizes indicate more meaningful changes in the behaviors reported by Direct Education participants. Three measures of effect size were used based on the two types of analyses that were performed: the *d* statistic (parametric tests of continuous data), *r* statistic (non-parametric tests of ordinal data), and *g* statistic (tests of binary data). Each statistic has a range of values to determine whether the change is small, medium, or large, as shown in Table 2.4 (Cohen, 1988)(Cohen, 1988).

Table 2.4 Effect Size Ranges.

Effect Size	Small	Medium	Large
<i>d</i>	0.20	0.50	0.80
<i>r</i>	0.10	0.30	0.50
<i>g</i>	0.05	0.15	0.25

Table 2.5 (adults) and Table 2.6 (youth) provide the effect sizes for each statistically significant result, along with an interpretation of each effect size. In adults, most outcomes showed a small effect size, in youth, effect sizes were negligible or small.

Table 2.5 Effect Sizes of CalFresh Healthy Living Direct Education Findings for Adults.

Indicator	Description	Effect Size	Interpretation
MT1c	Ate more than one kind of fruit	$r = 0.25$	Small effect
MT1d	Ate more than one kind of vegetable	$r = 0.26$	Small effect
MT1h	Drinking fewer fruit drinks, sports drinks, punch	$r = 0.22$	Small effect
MT1h	Drinking fewer sodas	$r = 0.24$	Small effect
MT1l	Cups of fruit consumed per day	$d = 0.34$	Small effect
MT1m	Cups of vegetables consumed per day	$d = 0.35$	Small effect
MT2b	Read nutrition facts labels or nutrition ingredients lists	$r = 0.38$	Medium effect
MT2g	Not run out of food before month's end	$r = 0.06$	Negligible effect
MT3a	Physical activity and leisure sport	$d = 0.25$	Small effect
MT3c	Physical activity to make your muscles stronger	$d = 0.25$	Small effect
MT3	Physical activity and reduced sedentary behavior	$r = 0.23$	Small effect

Table 2.6 Effect Sizes of CalFresh Healthy Living Direct Education Findings for Youth.

Indicator	Description	Effect Size	Interpretation
MT1d	Ate more than one kind of vegetable	$g = 0.10$	Small effect
MT1h	Drinking fewer sugar-sweetened beverages	$d = 0.05$	Negligible effect
MT1l	Cups of fruit consumed per day	$d = 0.14$	Negligible effect
MT1m	Cups of vegetables consumed per day	$d = 0.15$	Negligible effect
MT3b	Physical activity when you breathed harder than normal	$d = 0.21$	Small effect



California SNAP-Shot: Policy, Systems, and Environmental Changes

CalFresh Healthy Living delivers locally-driven PSE interventions and strategies through its network of LIAs. PSE interventions improve health in California communities by increasing access to healthy food, promoting healthy and appealing dietary choices, and expanding opportunities for physical activity. Below are the definitions that CalFresh Healthy Living uses to define the different types of PSE Changes:

- **Policy changes** refer to the establishment or improvement of written, health-related rules, regulations, ordinances, and procedures designed to guide behaviors.
- **Systems changes** are defined as modifications to how business is conducted across a network of agencies, organizations, or institutions, rather than through policy.
- **Environmental changes** are direct modifications to the physical, economic, or social environment.
- **Promotional changes** are marketing efforts and techniques, such as signage and prompts, aimed at creating awareness of PSE changes.

PSE work begins with an agreement between sites and LIAs. This is followed by planning and preparation for implementation, which often includes organizational needs and readiness assessment, beginning and ongoing implementation, maintenance of changes, and follow-up or monitoring. LIAs report their PSE efforts across all stages, from planning to maintenance, but PSE changes are only reported once they are in the implementation phase.

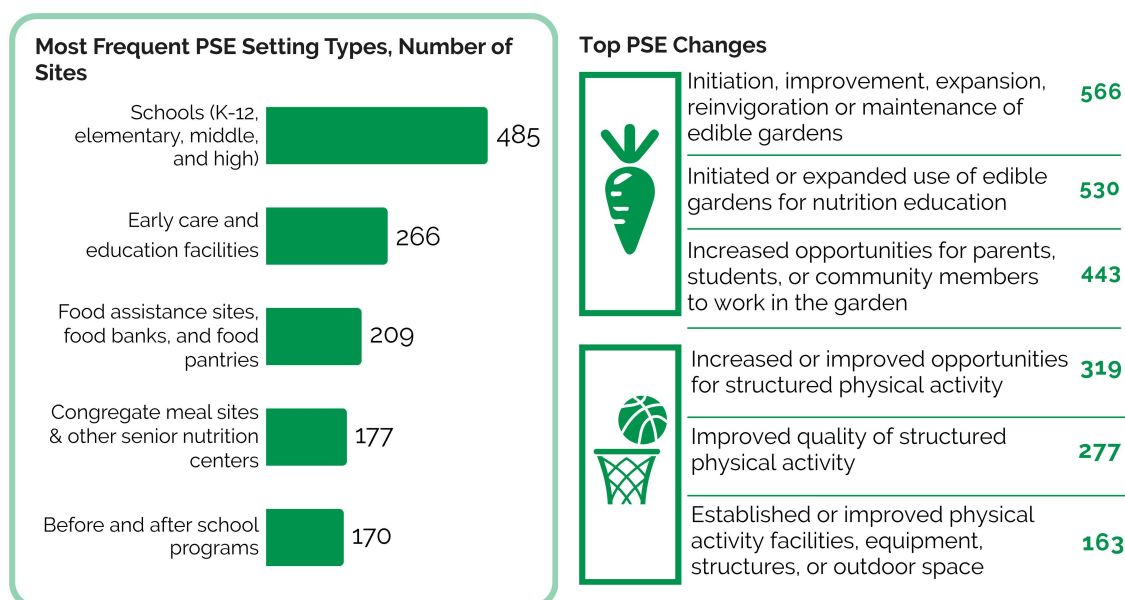
Shown in Table 3.1, in FFY 2025, there were 1,827 PSE activities reported overall, with 1,699 (94%) having at least begun implementation. There were 7,541 PSE changes reported in FFY 2025 for 1,687 PSE activities across 1,497 sites throughout the state. PSE activities were delivered in 57 of California's 58 counties and reached more than 1.9 million Californians at CalFresh Healthy Living-eligible sites where Californians eat, live, learn, play, shop, and work.

Table 3.1. PSE Activities by the Numbers, FFY 2025

Measure	Number
All PSE Activities (at all stages with or without changes)	1,827
PSE activities implemented (with or without changes)	1,699
PSE activities with implemented changes in FFY 2025	1,687
Number of sites with PSE activities	1,607
Number of sites with PSE activities with changes	1,497
Number of PSE changes	7,541
Number of new PSE changes	3,308
Estimated Reach	1,941,489

The most common settings where PSE changes were implemented include K-12 schools (elementary, middle and high), ECE facilities, and food assistance sites such as food banks and food pantries (Figure 3.1).

Figure 3.1. Summary of Policy, Systems and Environmental Change Results



The following story demonstrates how CalFresh Healthy Living projects can lead to policy changes with lasting impacts.

Share Tables – A Second Serving to Nourish the Future Riverside Unified School District

In the Spring of 2024, RUSD Nutrition Services began brainstorming ways on how to reduce food waste in their school meal program which would eventually be added into their Local School Wellness Policy (LSWP). The goal of establishing a food recovery system was to minimize food waste and better address food insecurity. An idea of starting a "Share Table" became the best solution to ensure food was recovered in a safe and organized manner. Share Tables are stations or tables where students can place their unwanted and uneaten foods or beverages in the cafeteria during meal service. These foods are left for other students to take if they would like more food in addition to the meal that was served. With this implementation, share tables have exposed students to more nutritious foods at no cost.

Through this initiative students have learned the importance of minimizing food waste by allowing them to donate their uneaten foods to other students or to the local foodbank. Overall, share tables have created a positive impact on school and students, all while fostering community engagement and minimizing food insecurity.

PSE Changes by Type of Approach

In FFY 2025, CalFresh Healthy Living through its network of LIAs reported 7,541 changes comprising 589 policy changes, 3,286 system changes, 3,665 environmental changes and 1 promotional change. The PSE changes included 5,714 nutritional changes, 1,753 physical activity changes, and 74 changes that combined nutrition and physical activity (Table 3.2). Tables 3.3 and 3.4 show the top five nutrition PSE changes and the top five physical activity PSE changes for FFY 2025. Of all reported changes, 56% were maintained from previous years of implementation, while the remaining 44% were newly adopted changes.

Figure 3.2 PSE Changes by Type, FFY 2025 (n = 7,541)

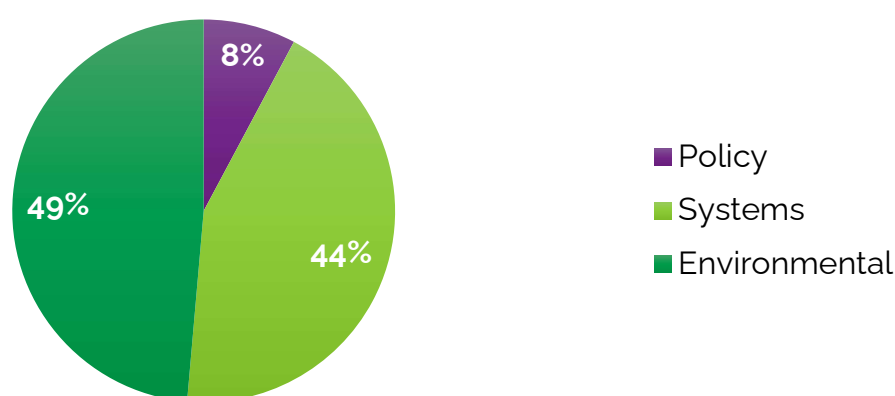


Figure 3.2 Note. The graph does not include the 1 promotional change.

Table 3.2 Number of PSE changes by level and type, FFY 2025

Change Level	PSE Change Type		
	Nutrition (n = 5,714)	Physical Activity (n = 1,753)	Nutrition & Physical Activity (n = 74)
Policy	451 (8%)	138 (8%)	-
System	2,686 (47%)	526 (30%)	74 (100%)
Environmental	2,576 (45%)	1,089 (62%)	-
Promotional	1 (< 1%)	-	-

Table 3.3 Top Five Nutrition PSE Changes, FFY 2025

Nutrition PSE Changes	Number and percentage of total changes (<i>n</i> = 7,541)
1. Initiation, improvement, expansion, reinvigoration or maintenance of edible gardens	566 (8%)
2. Use of the garden for nutrition education	530 (7%)
3. Opportunities for parents, students, or community members to work in the garden	443 (6%)
4. Menus/recipes (variety, quality, etc.)	294 (4%)
5. Ongoing, point-of-decision prompts to make a healthy eating behavior choice (could include signage, taste tests, and other interactive displays)	256 (3%)

Table 3.4 Top Five Physical Activity PSE Changes, FFY 2025

Physical Activity PSE Changes	Number and percentage of total changes (<i>n</i> = 7,541)
1. Opportunities for structured physical activity	319 (4%)
2. Quality of structured physical activity (non-PE) (e.g. activities that increase time moving, evidence-based interventions, etc.)	277 (4%)
3. Physical activity facilities, equipment, structures, or outdoor space	163 (2%)
4. Incorporation of physical activity into the school day or during classroom-based instruction (not recess/free play or PE)	143 (2%)
5. Opportunities for unstructured physical activity time/free play	139 (2%)

PSE Changes by Setting

As shown in Figure 3.3, the most common setting where PSE changes were implemented in FFY 2025 were K-12 schools (elementary, middle and high) (29%), followed by early care and education facilities (including childcare centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs) (16%).

Figure 3.3 Percentage of Implemented PSE Activities with Reported Changes in FFY 2025, by Setting (n = 1,687)

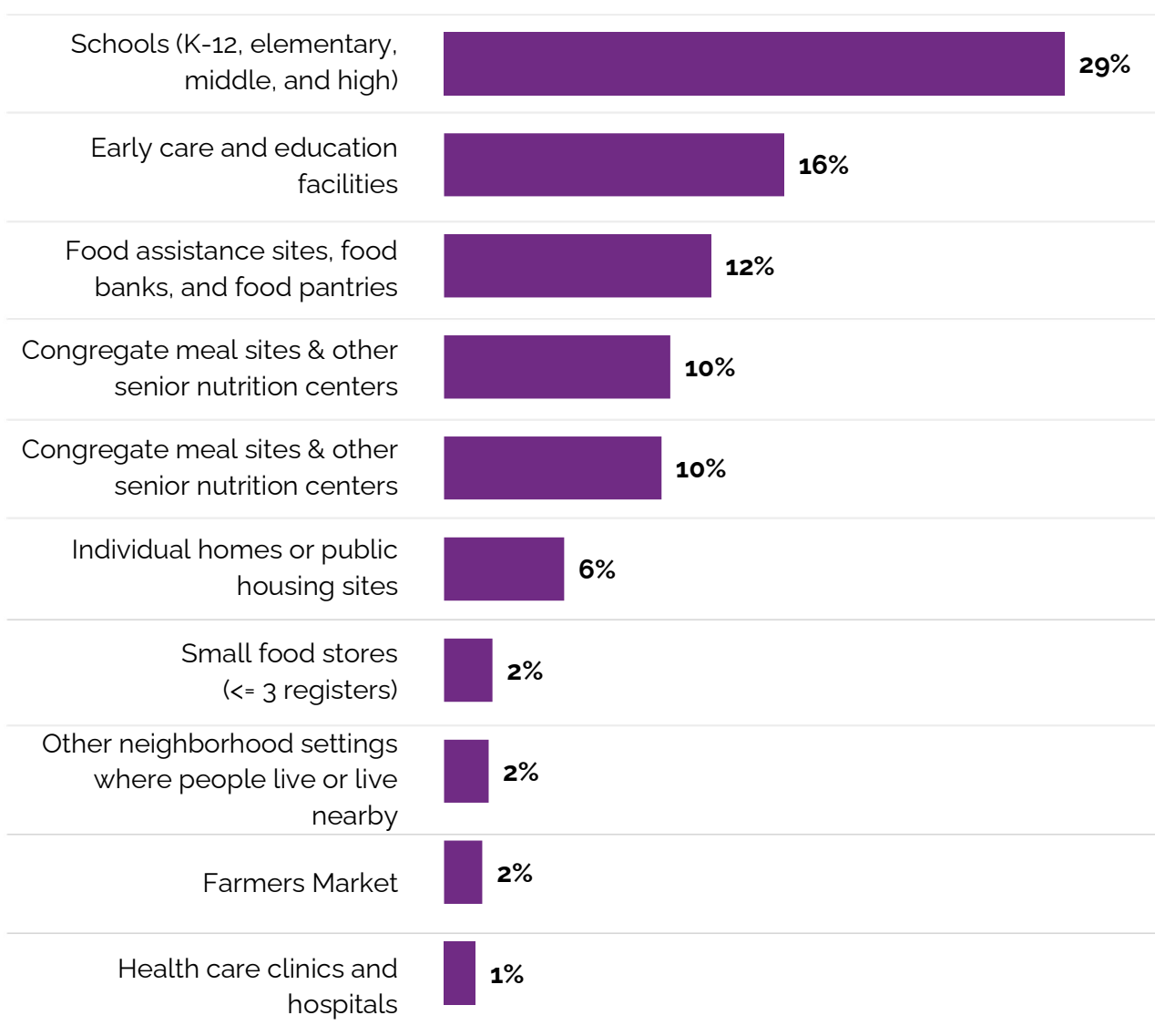


Figure 3.3 Note: Only includes ten most frequent settings with PSE activities implemented with reported changes.

Implementation Stage of FFY 2025 PSE Activities

Figure 3.4 shows the number of PSE activities at each stage of change implementation. Of the 1,827 PSE activities reported across all stages, 1,699 (94%) had at least begun implementation.

Figure 3.4 Number of PSEs at Each Level of Implementation ($n = 1,827$)

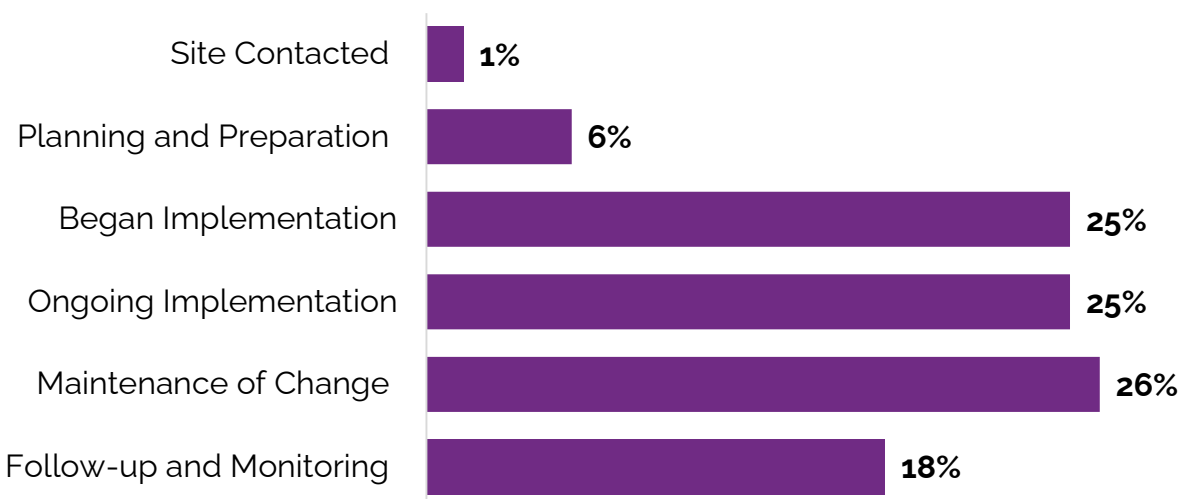


Figure 3.4 Note: Numbers do not add to 100% due to rounding.

LIAs also reported factors that facilitated or hindered the implementation of PSEs. Figures 3.5 and 3.6 show the top three facilitators and barriers to PSE implementation.

Figure 3.5 Top 3 PSE Facilitators in FFY 2025, Percentage of PSE Activities Where Facilitators Were Reported ($n = 2,391$)



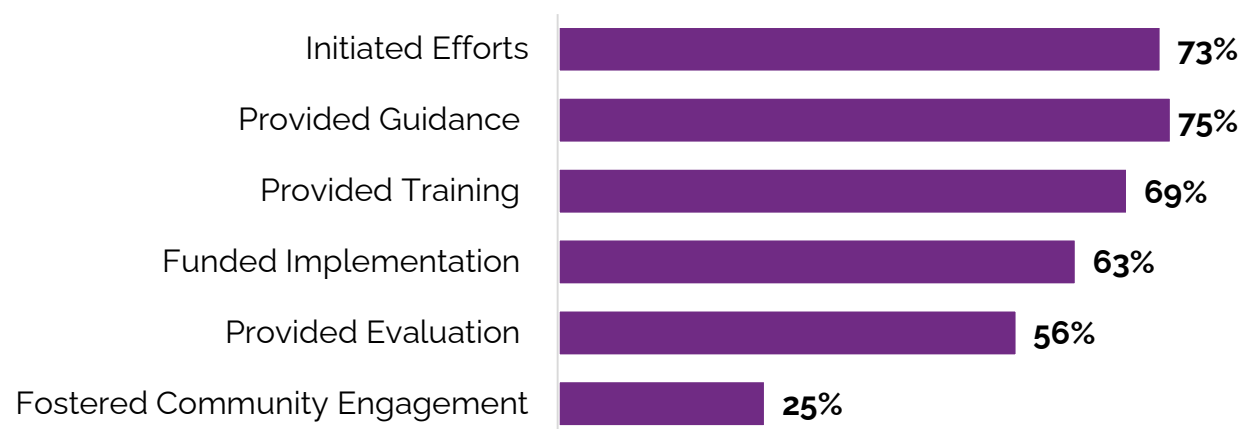
Figure 3.6 Top 3 Barriers to PSE Implementation, Percentage of PSE Activities where Barriers were Reported (*n* = 1,471)



Funding and Sustainability

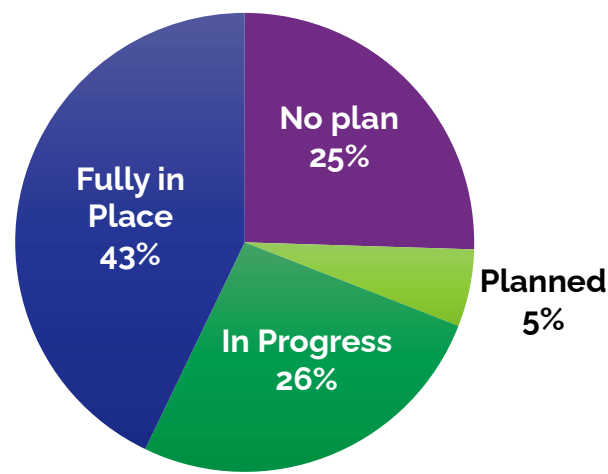
PSE changes are implemented through partnerships between CalFresh Healthy Living Implementing Agencies, community leaders, community members, businesses, and other individuals and organizations. CalFresh Healthy Living contributes to the implementation of PSE activities in multiple ways and played a lead or major role in 82% of PSE activities (*n* = 1,389) being implemented in FFY 2025 through initiating efforts (73%), providing guidance (75%), providing training (69%), funding implementation (63%), providing evaluation (56%), and fostering engagement (25%) (Figure 3.7).

Figure 3.7 Percentage of PSE Activities Where CalFresh Healthy Living Played a Lead or Major Role (*n* = 1,389)



Sustainability mechanisms are put in place to ensure the continuous maintenance of PSE changes without the involvement of CalFresh Healthy Living Implementers. As shown in Figure 3.8, 75% ($n = 1257$) of implemented PSE activities with reported changes in FFY 2025 have sustainability mechanisms planned, in process or fully adopted.

Figure 3.8 Stages of PSE Sustainability Mechanisms, Percentage of Implemented PSE Activities with Reported Changes ($n = 1,687$)



Partner organizations put in place various mechanisms and plans to ensure that PSE changes are sustainable over time without the continuous involvement of CalFresh Healthy Living implementers. Sustainability plans take into consideration the resources and support needed to leave a lasting change in communities where PSEs are implemented. Of the 723 PSE activities with a sustainability mechanism(s) fully in place, 66% had stakeholders' support, 48% of the organizations had assumed responsibility, 42% had a reporting system implemented, 33% had identified ongoing funding to support these PSE activities, and 27% had adopted sustainability policies. (Figure 3.9).

Figure 3.9 Sustainability Mechanism Reported, Percentage of PSEs with a Sustainability Plan in Place (n = 723)

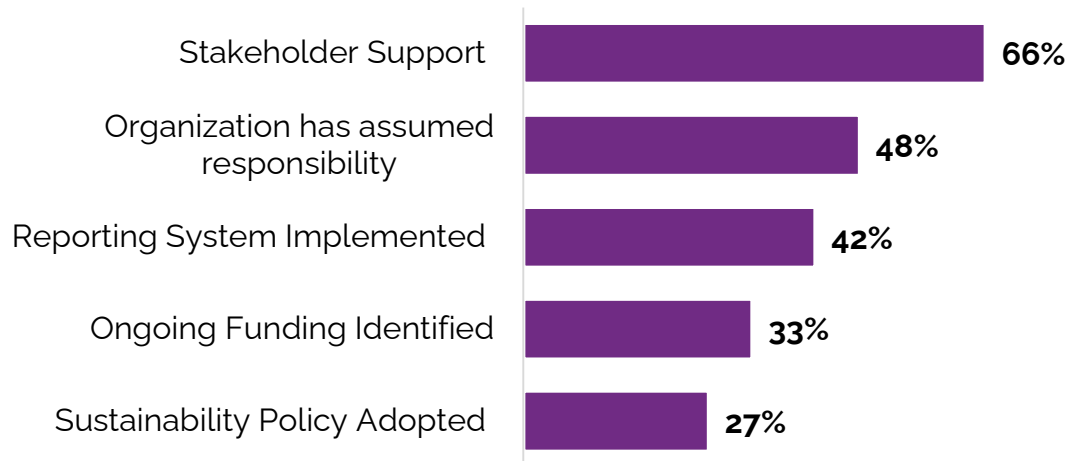


Figure 3.9 Note: Only includes PSEs with a sustainability plan fully in place. There could be multiple mechanisms in place for sustainability

Summary of PSE activities

CalFresh Healthy Living PSE activities reached more than 1.9 million Californians to support improved nutrition and physical activity in eligible communities. A total of 7,541 PSE changes were reported, an increase from 6,351 changes in FFY 2024. Nutrition-related PSE changes continued to account for the majority of all changes (75%), and K–12 schools remained the most common setting for PSE activities, representing 29% of sites implementing PSEs. Three-quarters of PSE activities had a sustainability plan either planned, in progress or fully in place. Facilitators and barriers to PSE implementation were consistent with FFY 2024 findings, with partner buy-in most frequently cited as a facilitator and time constraints identified as the primary barrier.

The story below shows how a student-led partnership used youth-driven research and advocacy to help pass a Healthy Retail Ordinance, demonstrating how civic engagement can transform local food environments and advance community health.

Contra Costa Board of Supervisors vote Yes to Develop a Healthy Retail Ordinance Draft



Over the past five years, Bay Area Community Resources (Healthy Communities) "Healthy Options at Point of Sale" has partnered with Contra Costa Health and De Anza High School to develop projects and prepare students to be advocates for healthier food options. Using the Y-Par Model, young people were trained to conduct systematic

research that could lead to community improvements.

On November 5, 2025, the County Board of Supervisors in Martinez, California voted in support for the development of a Healthy Retail Ordinance requiring retail stores (over 2,000 square feet) to stock healthier food and beverage options at the point of sale. This was the result of a powerful collaboration between public health professionals, non-profit organizations, and community members, most notably, a dedicated group of students from De Anza High School.

Students filled the room with stories that spoke to the reality of growing up surrounded by corner stores filled with processed snacks and sugary drinks, and the toll that it has taken on themselves and their loved ones.

For the students, this moment was a life lesson in perseverance, civic engagement, and the power of speaking truth to power. Their success sends a clear message to others: the doors to change may take years to open, but once they do, they can illuminate a path for thousands to walk through, toward justice, health, and a better future for all.



"We finally got a win after all of these years, and it feels really good."

– Youth advocate



California SNAP-Shot: California Family Health Study

Federal Fiscal Years 2015-2025

Overview

The California Family Health Study is an annual study that was conducted by the Population Research Center (PRC) at Sacramento State University and funded by CalFresh Healthy Living from 2015 through 2025¹. CalFresh-eligible female caregivers, usually mothers, with children in the home were interviewed in their preferred language of either English or Spanish. If available, a child or teenager in the house over the age of 5 years was also asked to participate. Caregivers were asked to provide proxy interviews for their five-year-old children and children aged 6-11 years were interviewed with a caregiver on the line. Teens were interviewed independently. Information collected during the interviews included age, weight, height, physical activity, fruit and vegetable consumption, sugar sweetened beverage consumption, and a 24-hour dietary recall. Table 4.1 shows the sample size for each group by year.

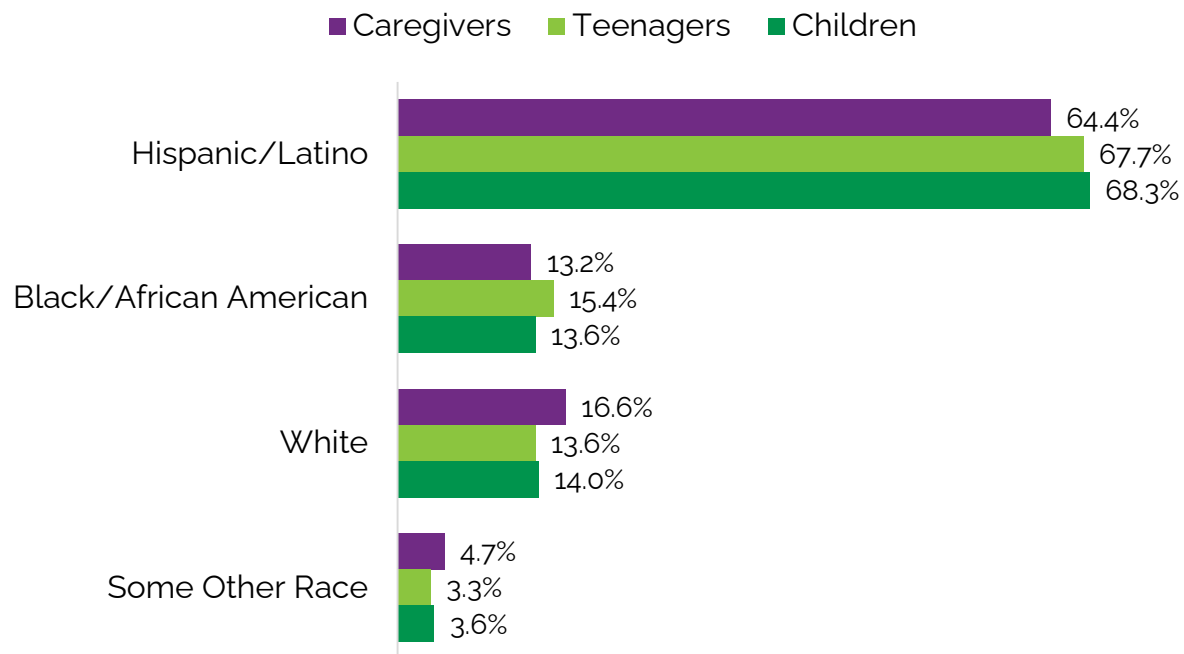
¹ Note: In FFY 2022, due to contracting issues, full data collection did not take place, therefore, 2022 data are not included since the data are not comparable to the other years. FFY 2025 data collection ended early due to the end of SNAP-Ed funding.

Table 4.1. California Family Health Study, Sample Size by Group and Year.

	Total participants	Female caregivers	Teens	Children
2015	3,953	1,988	833	1,132
2016	11,805	7,000	1,638	3,167
2017	8,533	5,017	1,262	2,254
2018	8,532	5,099	1,170	2,263
2019	9,512	5,614	1,402	2,496
2020	4,704	2,814	732	1,158
2021	5,275	3,108	869	1,298
2023	5,530	3,436	823	1,271
2024	6,710	4,109	1,002	1,599
2025	3,799	2,349	539	911

Survey sampling was conducted to provide a representative sample of CalFresh eligible households. Caregivers were asked to self-identify their race and ethnicity first by answering whether they were Hispanic, Latino, or of Spanish origin, and then by selecting race from a list of American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, or White. Figure 4.1 shows that across the years, the majority of respondents identified as Hispanic or Latino. According to census data, in 2022, 55% of CalFresh eligible individuals identified as Hispanic or Latino (United States Census Bureau, 2022).

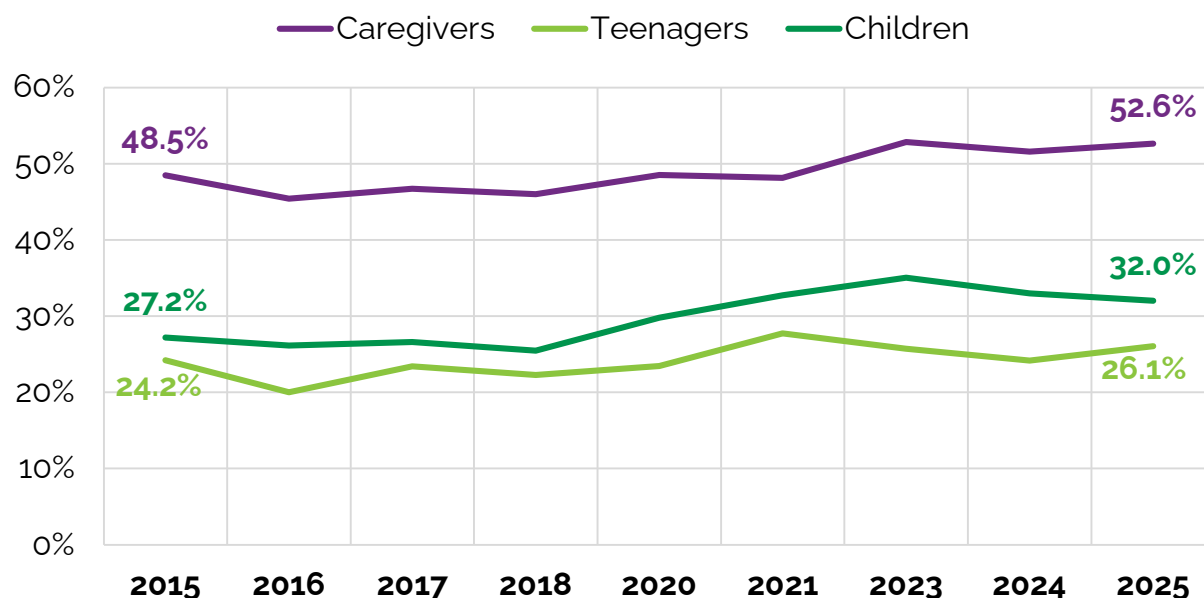
Figure 4.1. Average Percentage of Major Race/Ethnic Groups, by Group, 2015-2025



Obesity Rates

Figure 4.2 shows the percentage of each group that was considered obese from 2015 to 2025. Obesity was defined as a body mass index (BMI) of 30 or greater for caregivers based on the U.S. Centers for Disease Control and prevention (CDC) cut points (Centers for Disease Control and Prevention, 2024a). For children and teens, BMI cut points vary by age, CDC defines those ages 2 to 20 as obese if they are in the 95th percentile or higher based on the BMI for age charts (Centers for Disease Control and Prevention, 2024b). Obesity rates in 2025 were slightly higher than they were in 2015, with 52.6% of caregivers considered obese, 32.0% of children and 26.1% of teenagers. Data from the 2024 California Health Interview Survey indicate that 36.5% of CalFresh eligible adult females and 30.9% of teenagers were considered obese, while 19.5% of children were overweight for their age (UCLA Center for Health Policy Research, 2024).

Figure 4.2. Obesity Rates among CalFresh-Eligible Female Caregivers, Teenagers, and Children, 2015-25

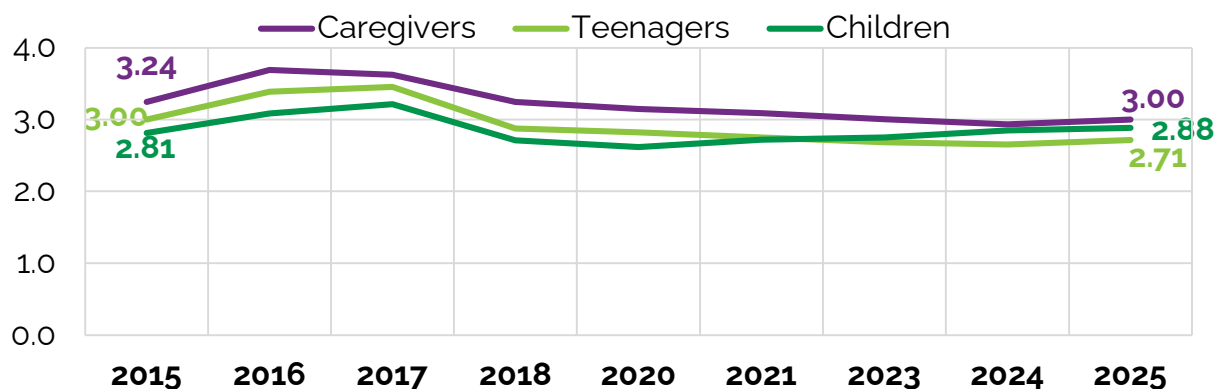


Diet-related Outcomes

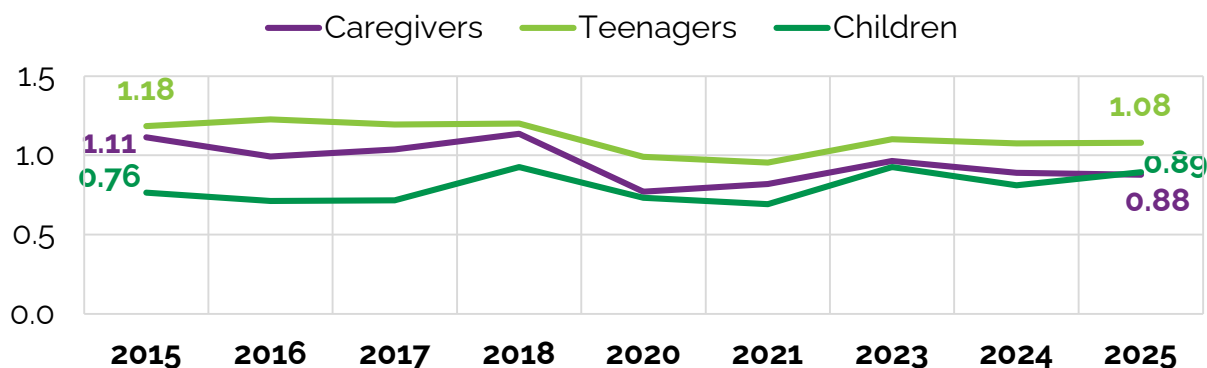
There were multiple questions about dietary behaviors that are related to health outcomes, including fruits and vegetables, sugar sweetened beverages (SSB) and added sugars. Shown in Figure 4.3, both caregivers and teenagers decreased fruit and vegetable consumption from 2015 to 2025, on average, while children slightly increased, with intakes peaking in 2016 and 2017. Caregivers and teenagers decreased consumption of SSBs from 2015 to 2025 on average, while children increased. Lowest intakes were in 2020 for caregivers and in 2021 for teenagers and children. Similarly, caregivers and teenagers decreased average intake of added sugars from 2018 to 2025 (added sugar intake was not collected before 2018), while children increased.

Figure 4.3. Diet-Related Outcomes Among CalFresh-Eligible Female Caregivers, Teenagers, and Children, 2015-25

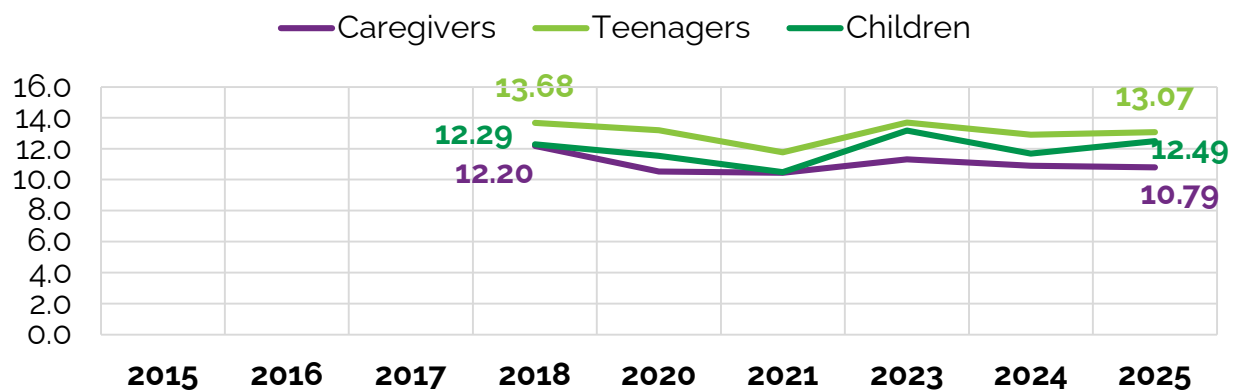
Fruits, Vegetables, and 100% Fruit Juice, Mean Cups per Day



Sugar-Sweetened Beverages, Mean Cups per Day



Added Sugars, Mean Teaspoons per Day*

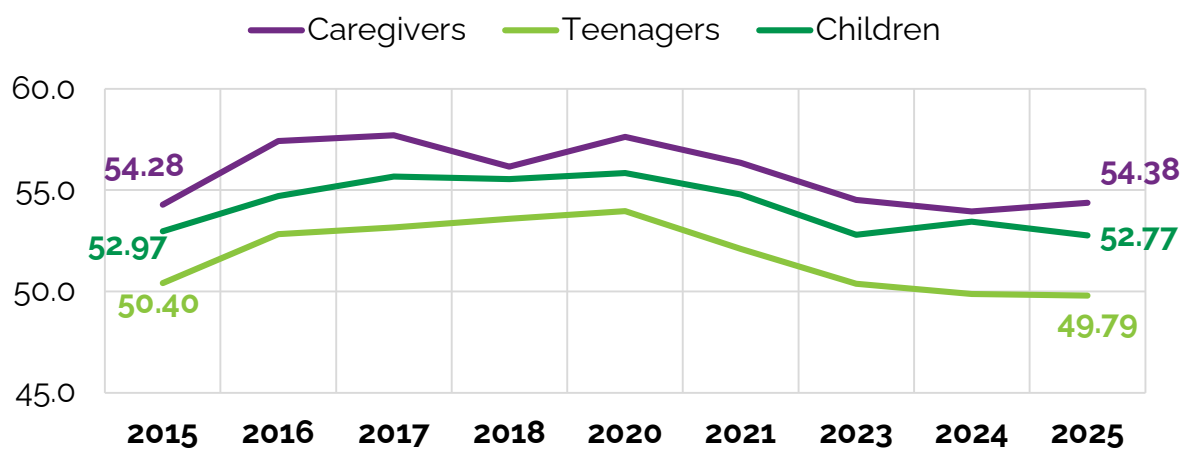


*Note: Added sugar intake was not collected before 2018.

Overall Diet Quality

Overall diet quality was assessed by calculating Health Eating Index (HEI) composite scores (Krebs-Smith et al., 2018)². HEI scores range from 0 to 100, with higher values aligning with greater adherence to key recommendations of the 2020-2025 Dietary Guidelines for Americans. HEI scores were similar for all groups comparing 2015 to 2025, however HEI scores were highest from 2016 to 2021 (Figure 4.4).

Figure 4.4 Average Health Eating Index (HEI) Composite Scores among CalFresh-Eligible Female Caregivers, Teens, and Children, 2015-25



Physical Activity

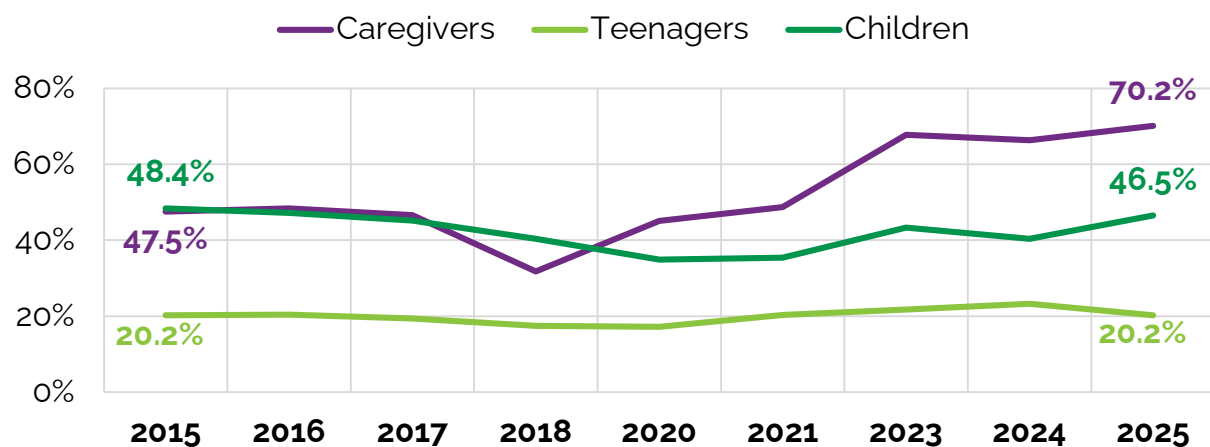
Female caregivers were asked about what physical activities they participated in over the past month and how often and how long they did the activities. Teenagers and children were asked how many of the last seven days they were physically active for at least 60 minutes. Figure 4.5 shows the percentage of each group that met physical activity guidelines for Americans from 2015 to 2025 (United States Department of Health and Human Services, 2018). For adults, those with ≥ 150 minutes per week were considered to have met guidelines, teens and children were

² Total HEI scores are derived from the sum of 13 component scores and were based on procedures established and documented by the [National Cancer Institute](#). The 13 components were total fruits; whole fruits (e.g., melons); total vegetables; dark green vegetables and legumes; whole grains; total dairy; total protein foods (e.g., meat, eggs, nuts); seafood and plant proteins; refined grains; added sugars; fatty acids (total monounsaturated plus total polyunsaturated/total saturated); sodium; and total saturated fats. This analysis was based on the most recent version of the HEI, the HEI-2015.

considered to have met guidelines if they participated in physical activity for 60 minutes or more 7 days per week.

The percentage of caregivers meeting guidelines greatly increased from 2015 to 2025, from just less than half to over 70%. The percentage of children decreased slightly but was around 50% across the years and teenagers remained stable with only about 20% meeting guidelines each year.

Figure 4.5. Percentage of Female Caregivers, Children and Teens Meeting Guidelines for Weekly Physical Activity, 2015-2025



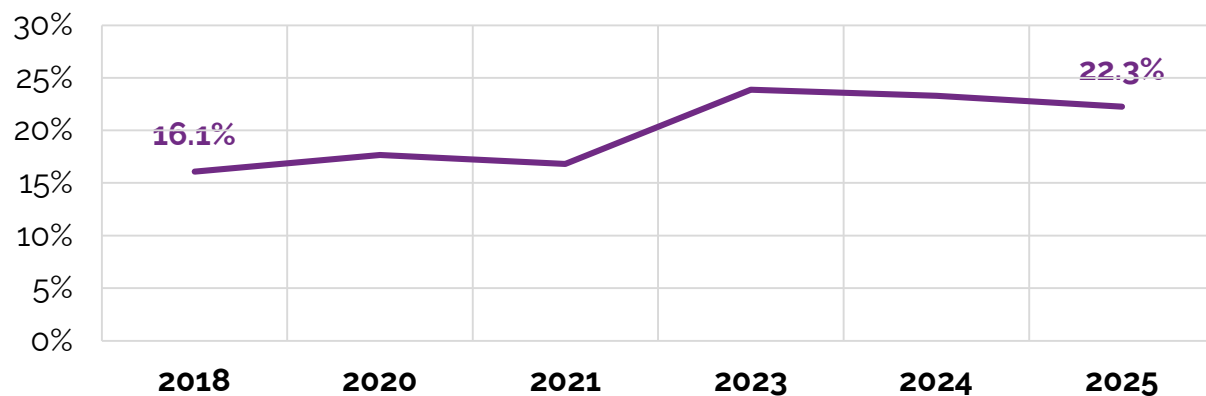
Note: Guideline for adults is ≥ 150 minutes of physical activity per week.

Guideline for children and teens is 60+ minutes of physical activity 7 days a week

The percentage of CalFresh eligible female caregivers rose 6.2% from 2015 to 2025 with a drastic jump from 2021 to 2023, likely related to the end of the Temporary Pandemic SNAP Emergency Allotments in March 2023.

Food Security

Figure 4.6. Percentage of Female Caregivers Experiencing Very Low Food Security, 2018-25



Summary of findings from the California Health Study 2015-2025

Obesity rates for CalFresh eligible individuals have increased from 2015 to 2025, however they have decreased slightly from peaks in 2023 for caregivers and children and 2021 for teenagers. Teenagers consistently consumed the most sugar through either sugar sweetened beverages or other added sugars. All groups had the lowest consumption of sugars in 2020 and 2021, perhaps because more people were remote working and learning. All three groups consumed fruits and vegetables at similar rates with peaks around 2016 and 2017, rates remained fairly consistent from 2018 to 2025, with around 3 cups per day. Overall diet quality was higher before the COVID-19 pandemic (2015-2018) and declined during the pandemic years but seems to be slightly improving since 2023. Encouragingly, rates of physical activity have greatly increased among caregivers, with 70% meeting recommendations. The termination of emergency SNAP assistance in 2023 seems to have contributed to increased food insecurity (Austin et al., 2025) Overall, diet quality and physical activity have fluctuated over the years, however there are some positive trends in 2025 especially related to physical activity.

The following story shows how CalFresh Healthy Living Community Garden classes brought older adults together to address food insecurity and social isolation, transforming nutrition education into collective, resident-led action that strengthened social ties and community health.

Wisdom Traditions and Collective Action at Mt. Hope Community



San Diego county staff hosted a successful Around the Table for Elders pilot class, as well as a Choose Healthy Beverages class in the beautiful outdoor space of Mt. Hope Community Garden. Over the course of six sessions, older adults from the surrounding neighborhoods gathered in the garden space to connect, learn, and share in meaningful conversations.

Many older adults in the Mt. Hope community face social isolation, limited mobility, and barriers to accessing healthy food and resources. While solutions often focus on individual behavior change, these challenges are deeply tied to structural inequities and community-level disconnection. Mt. Hope Community Garden provided the space to combat food insecurity, strengthen the local food system, and focus on everyday practices to strengthen their lives by connecting with their local community to conduct a community walk audit, active transportation training, and taking a healthy Eating Out course.

The garden space continues to act as a launching pad for deeper engagement and resident-led change. What began as a conversation about health turned into collective action—bridging generations, strengthening social ties, and empowering residents to shape the future of their neighborhood.



You guys are a deal! What a treat I was blessed to enjoy the benefits about calories, nutrition, and learning how to cook low fat recipes. Mindfulness was helpful. Nutrition for the soul. Thank you!



Conclusion

During FFY 2025, CalFresh Healthy Living supported more than 2.2 million eligible Californians through Direct Education combined with PSE activities in more than 2,000 sites across the state. PSE change interventions, in partnership with local communities, continued to improve access to opportunities for healthy eating and active living through implementing over 7,000 PSE changes, almost 1,000 more than in FFY 2024. Adults and youth participating in Direct Education reported significant improvements in all nutrition and physical activity behaviors. Multi-component interventions were implemented across sites. Sixty-five percent of sites with nutrition PSE changes and 74% of sites with physical activity PSE changes also implemented at least one other complementary activity, including evidence-based Direct Education, marketing, parent/community involvement, and/or staff training on continuous program and policy implementation. Accordingly, findings from Direct Education participants may reflect the benefits of multiple activities. In the second year of the state's three-year cycle, CalFresh Healthy Living has made substantial progress toward its Goals and Objectives, with some already exceeded (Appendix 2).



Looking Ahead

Federal Landscape

With the enactment of HR1, states may spend down any remaining FFY 2025 funds through FFY 2026; however, no additional funds will be allocated for CalFresh Healthy Living. The end of the program will create a gap in nutrition and physical activity education and access, which is likely to negatively impact health outcomes.

State-level plans for FFY 2026 focus on a strategic wind-down and include the following activities:

- Continuing program implementation while completing a full closeout by the end of the fiscal year
- Developing resources and toolkits and making them publicly available to help sustain programming beyond the program's end
- Training partners and local nutrition educators in CalFresh Healthy Living approaches, strategies, and interventions, where feasible
- Maintaining networks and connecting local partners with organizations to support sustainability efforts and build long-term capacity

CalFresh Healthy Living implementers will continue working with community partners throughout FFY 2026 to sustain services where possible through training, materials distribution, and exploration of new partnerships and support opportunities. Additional details on State Implementing Agency reflections and sustainability efforts are provided in the following section.

SIA Reflections on CalFresh Healthy Living

To capture the impact of the CalFresh Healthy Living program over the years, SIAs were given the opportunity to reflect on their years working with CalFresh Healthy Living. Their responses are summarized below.

What would you say has been the unique contribution of your agency to CalFresh Healthy Living?

CalFresh Healthy Living, University of California (CFHL, UC)

- Built a strong, statewide extension infrastructure over more than 30 years.
- Connected communities with the University through evidence-based strategies to improve nutrition, health and wellbeing.
- Talented, often multilingual county staff developed enduring relationships built on a foundation of trust, credibility, reliability, and dedication.
- Provided state-level expertise in gardening, youth engagement, physical activity, school wellness, healthy school food, direct education, evaluation, training, communication, and financial and administrative oversight.
- Non-SNAP-Ed funded UC academic Advisors helped develop and test curricula and program strategies.
- Traditionally emphasized high quality direct education; later included comprehensive approaches combining direct education with policy, systems, and environmental (PSE) changes, especially in schools and ECE settings.

California Department of Public Health (CDPH)

- As the largest IA led a comprehensive statewide public health approach focused on strategies that make healthy choices more accessible for eligible Californians.
- Supported all 61 local health departments with funding, training, and technical assistance in delivering interventions centered on PSE changes statewide.
- Strengthened efforts with statewide social marketing campaigns promoting healthy behaviors.
- Provided backbone support for local nutrition and physical activity coalitions providing resources and a community of practice.
- Integrated direct education, PSE strategies, social marketing into an evidence-based framework and conducted rigorous evaluation ensuring an impactful approach for chronic disease and obesity prevention throughout the state.

California Department of Aging (CDA)

- Extended CalFresh Healthy Living programming to low-income older adults, adults with disabilities, tribal elders, and veterans through future-focused planning, equitable programs, and collaborative partnerships.
- Ensured these populations were represented and considered in statewide planning and decisions.
- Worked with community partners to extend nutrition education and healthy environment improvements in places where older adults gather.
- Focused on older adults, tribal elders, and veterans, helped reach groups facing food insecurity and chronic health issues by elevating their needs strengthening reach and impact of CalFresh Healthy Living.

Catholic Charities of California (CCC)

- Served as the only nonprofit statewide implementing agency bringing a social service wrap-around framework.
- Embedded nutrition education and PSE change activities into existing services increasing access and relevance.
- Provided relationship-based support that strengthened local capacity, confidence and sustained momentum.
- Brought a trauma-informed, culturally responsive approach aligned with local community needs.
- Provided strong administrative and program leadership, developing tools, templates, and guidance that supported quality implementation across programs statewide.
- Strengthened local capacity, reinforced partner trust, and supported meaningful community impact.

Please discuss how collaboration between CalFresh Healthy Living implementers and evaluators through workgroups and other activities has contributed to the impact of this program.

Overall, collaboration between CalFresh Healthy Living implementers and evaluators strengthened the program by improving coordination, standardization, learning, and data-driven decision-making.

1. Collaboration strengthened program quality

- All SIAs emphasized that collaboration between implementers and evaluators improved program quality, consistency, and effectiveness.
- Workgroups and shared processes helped refine programming, troubleshooting, and continuous improvement.

2. Standardization and shared tools improved impact

- Agencies jointly developed or adopted shared evaluation tools, reporting, and statewide goals.
- This standardization enhanced coordination and allowed for a more unified, comprehensive story of CalFresh Healthy Living's statewide impact.

3. Data-driven decision-making guided program improvements

- All agencies relied on evaluation findings to inform planning, refine workplans, adapt strategies, and better meet community needs.
- Strong evaluation methods and data quality standards were central to program success.

4. Joint learning built capacity across the state

- Regular workgroup meetings, statewide trainings, practitioner exchanges, and forums created opportunities for shared learning.
- These collaborative spaces supported innovation, skill-building, and consistent implementation across counties.

5. Collaboration supported adaptability and innovation

- Agencies used shared feedback and evaluator insights to adjust workplans, update materials, and respond to emerging needs—especially during periods of change.

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- Evaluation driven adjustments helped ensure the program stayed relevant and impactful across diverse populations and settings.

6. Focus on equity and meeting community needs

- Through community insights, agencies deepened understanding of the specific needs of diverse audiences—youth, low income families, older adults, tribal communities, veterans, and others.
- This improved the cultural relevance and inclusivity of program strategies.

Please describe which aspects of your program will be sustained after the sunset of the program.

All SIAs are working to sustain key components of the program by continuing nutrition education, maintaining health-promoting environments, and leveraging longstanding partnerships. Agencies plan to build on established capacity-building efforts, staff training, and publicly available tools and resources to keep core activities in place beyond the program's sunset where possible. Many policy, systems, and environmental (PSE) improvements, along with trauma-informed practices and evaluation methods, will remain embedded in communities and guide future health initiatives. While the full scope of CalFresh Healthy Living cannot be replicated without dedicated funding and staffing, the relationships, skills, and lasting infrastructure developed through the program create a strong foundation for continued work in nutrition, wellness, and health equity across California.

Specifically, each agency is working on the following:

CalFresh Healthy Living, University of California (CFHL, UC)

- Long-standing sustainability strategies include:
 - building local capacity by training partner staff as “extenders,”
 - investing in youth and community engagement, and
 - focusing on PSE interventions tailored to community priorities.
- Carry-forward funding in FFY 2026 supports continued collaborative planning with partners, capacity-building and technical assistance.
- UC is updating its website to make curricula and resources publicly available post-sunset.
- UC advisors are identifying opportunities to sustain key initiatives.
- UC is exploring opportunities for support from other UCCE programs (Master Gardeners, EFNEP, 4-H).

California Department of Public Health (CDPH)

- Sustainable policy, systems, and environmental changes embedded in community infrastructure and public health practice. Many were designed to persist without ongoing program funding.
- Resources and tools will be available for informational purposes and can be utilized by other organizations and the public to continue promoting healthy lifestyles.
- Evidence base and evaluation data will continue to guide future public health policy and practice.
- Extensive network of partnerships.

California Department of Aging (CDA)

- CDA and partners will continue sharing nutrition information, connecting people to food resources, and maintaining healthy site improvements.
- The Transition and Sustainability Toolkit provides long-term templates, guides, and partnership tools.
- The toolkit helps agencies build capacity and sustain activities through other funding and community support.
- CDA will keep partnering with groups serving older adults, tribal elders, and veterans to support nutrition education and referrals.
- Staff will continue applying CFHL-developed skills and tools to ongoing wellness and health-promotion work.

Catholic Charities of California (CCC)

- CCC's CFHL work will continue through longstanding resources, tools, and partnerships.
- Agencies can continue using CFHL class structures, curricula, and key health messaging.
- Lasting PSE changes—like improved pantries, gardens, hydration access, and wellness policies—will remain in place.
- Staff skills, trauma-informed practices, partnerships, and evaluation methods will support future health initiatives.
- Facilitation practices and CCC-developed resources will carry forward into other programs.



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Appendix 1. Curriculum Mapping

Table A1.1. Topic Areas Covered by FFY 2025 Adult Direct Education Curricula

Curriculum	Fruit & vegetables	Sugar-sweetened beverages	Using nutrition fact labels	Run out of food before end of month	Physical activity
Sample size	3,513	2,141	1,737	2,855	4,155
Around the Table	X				
Around the Table: Nourishing Families	X				
Bingocize™					X
Cooking For Health Academy	X				
Cooking Matters (National)	X	X	X	X	X
Eat Healthy, Be Active Community Workshops	X	X	X	X	X
Eat Smart, Live Strong: Nutrition Education for Older Adults	X			X	X
Eating Smart Being Active	X	X	X	X	X
Enhance® Fitness					X
Everybody Loves Line Dancing	X	X			X
Faithful Families Eating Smart and Moving More	X	X			X
Families Eating Smart and Moving More (FESMM)	X		X	X	
Food Smarts for Adults	X	X	X	X	x
Food Smarts for Kids (K-12)	X	X	X	X	x
Fresh from the Garden	X				
Healthy Eating Active Living (HEAL) Toolkit for Community Educators	X	X	X		X
Healthy, Happy Families	X				
Matter of Balance (MOB)					X
MyPlate for My Family Education Toolkit	X	X	X	X	X
Nutrition 5 Class Series	X	X	X	X	
PILOT - Elders Around the table	X				
Plan, Shop, Save and Cook	X		X	X	
Staying Healthy through Education & Prevention (STEP)					X
Tai Chi for Arthritis					X
Tai Chi: Moving for Better Balance (a.k.a. Tai Ji Quan)					X
UCCE Connects to You!	X	X	X	X	X
Walk with Ease					X
Young at Heart					x

Table A1.2. Topic Areas Covered by FFY 2025 Youth Direct Education Curricula

Curriculum	Fruit & Vegetables	Sugar-sweetened beverages	Physical activity
4-H Cooking 101 (4-6)	X		
CATCH (3-5) - Activity Box	X		X
CATCH (K-5) - Kids Club Manual and Activity Box			X
Choice, Control and Change (6-12)	X		X
Common Threads: Small Bytes Program (grades pre-K - 8)	X		
Cooking Up Healthy Choices (4-6)	X		
Dig In! (5-6)	X		
Discovering Healthy Choices (4-6)	X		X
EatFit (6-8)	X	X	X
Exercise Your Options (6-8)	X		X
Food Smarts for Adults	X	X	X
Food Smarts for Kids (K-12)	X	X	X
High School Lesson Plans and Presentations (Drexel)	X	X	X
Hunger Attacks/ Money Talks (9-12)	X	X	
Let's Eat Healthy for Teens (9-12)	X	X	X
Nutrition Nuggets (3-5)	X		
Nutrition Pathfinders (4-6)/Let's Eat Healthy Video Series	X		X
Nutrition to Grow On (4-6)	X		
Pick a Better Snack (K-3)	X	X	X
PILOT - Fuel for Life	X	X	X
Power Play! School Idea and Resource Kit (SIRK) (Campaign Resources) (4-5)	X		X
Power Play! Community Youth Organization Idea and Resource Kit (CYO Kit)	X		X
Power Play! Power Up for Learning – Physical Activity Supplement (4-5)	X		X
Serving Up MyPlate: A Yummy Curriculum (1-6)	X	X	X
Shaping Up My Choices (3)	X	X	X
TWIGS: Teams With Inter-Generational Support (K-8)	X		
Up4It! - Level 1 (4-5)	X	X	X
Up4It! - Level 1 (5-6)	X	X	X

Appendix 2. Progress Toward Goals and Objectives

CalFresh Healthy Living set six major goals to be achieved by the end of the FFY 2026 funding cycle, improving healthful dietary choices and promoting physical activity among eligible Californians.

Tables A2.1 through A2.6 show the descriptions of each goal and associated objective as well as progress achieved in FFY 2025.

Table A2.1. Goal 1: Improve overall diet quality among Californians eligible for CalFresh by September 2026

Objective	FFY 2025 results
1a. At least 35% of adult participants will eat more than one kind of fruit and vegetable per day...	32% increased how often they ate more than one kind of fruit and 33% increased how often they ate more than one kind of vegetable.
1a (con't). ...45% will increase the number of cups of fruit and vegetables they ate per day...	44% increased the number of cups of fruits consumed and 44% increased the number of cups of vegetables consumed.
1a (con't). ...and 25% will drink fewer sugar sweetened beverages.	39% drank fewer sugar-sweetened beverages.
1b. At least 45% of adult participants will show improvement in at least one food resource management indicator.	41% showed improvement in how often they read nutrition fact labels when shopping.
1c. On average, children will increase by 0.4 times per day the number of times they eat fruits...	Children increased the average number of times they ate fruits by 0.2 times a day.
1c (con't). ... and 0.2 times per day the number of times they eat vegetables.	Children increased the average number of times they ate vegetables by 0.4 times a day.
1c (con't) ... and decrease by 0.1 times per day the number of times they drink sugar sweetened beverages.	An increase of 0.1 times per day (not statistically significant).
1d. Of the sites/settings with PSE activity, at least 70% will adopt nutrition PSE changes.	83% of sites adopted nutrition PSE changes.
1e. By September 2026, of the sites/settings adopting nutrition PSE changes at least 70% will be implementing at least 2 complementary activities.	65% of sites adopting nutrition PSE changes implemented at least 2 complementary activities.

Table A2.2. Goal 2: Increase the number of Californians eligible for CalFresh Healthy Living that meet federal physical activity guidelines by September 2026

Objective	FFY 2025 results
2a. On average, adults will increase by 0.8 days per week the number of days they are physically active for at least 30 minutes per day and...	The average number of days adults were physically active for at least 30 minutes increased by 0.5 days.
2a (con't).... by 0.7 days per week the number of days they engage in muscle strengthening activity.	The average number of days adults engaged in muscle-strengthening activities increased by 0.5 days.
2b. On average, children will increase by 0.6 days per week the number of days they are physically active for at least 60 minutes.	Children increased the average number of days they were physically active for at least 60 minutes by 0.4 days.
2c. Of the sites/settings with PSE activity, at least 43% will adopt physical activity PSE changes.	36% of sites implemented physical activity PSE changes.
2d. Of the sites/setting adopting physical activity PSE changes, at least 65% will be implementing at least 2 complementary activities.	74% of sites adopting physical activity PSE changes implemented at least 2 complementary activities.

Table A2.3. Goal 3: Reduce racial/ethnic differences in dietary quality and physical activity among Californians eligible for CalFresh Healthy Living by September 2026

Objective	FFY 2025 results
To increase representation in Direct Education, the proportion of Direct Education recipients will be at least 75% of the SNAP-Ed eligible race/ethnicity population proportion. (Percentage of SNAP-Ed participants/Percentage of SNAP-Ed eligible)	Hispanic/Latino: 120% Non-Hispanic/Latino: 76% American Indian or Alaska Native: 100% Asian: 146% Black or African American: 122% Native Hawaiian Pacific Islander: 100% White: 114%

Note: 64% of Direct Education participants' race are unknown, and results were calculated based on those with available data.

Table A2.4. Goal 4: Engage in diverse partnerships across sectors to implement comprehensive multi-level and multi-component interventions by September 2026

Objective	FFY 2025 results
4a. At least 1,800 active partnerships will be reported by LIAs.	2,149 reported partnerships.
4b. At least 90% of IWP jurisdictions will participate in at least one multisector coalition with at least 5 diverse sector representatives.	77% of IWP jurisdictions participated in at least one multisector coalition with at least 5 diverse sector representatives.

*SNAP-Ed priority outcome indicator as identified in the [FFY 2024 SNAP-Ed Plan Guidance](#)

Table A2.5. Goal 5: Improve dietary behavior and physical activity among Californians eligible for CalFresh Healthy Living through a statewide social marketing campaign by September 2026

Objective	FFY 2025 results
The strength of the state-level CalFresh Healthy Living social marketing campaign to change population behavior and the proportion of the population reached will be maintained at 0.2 dosage.	<i>Not available at this time</i>

Table A2.6. Goal 6: Sustain desirable CalFresh Healthy Living programmatic and population outcomes by September 2026

Objective	FFY 2025 results
Of the sites/settings adopting PSE changes, at least 67% will have taken efforts to support the sustainability of the PSE change over time.	70% of sites made efforts to support PSE change over time.

Appendix 3. Direct Education Outcomes by Race/Ethnicity– Adults Only

MT1c. Ate more than one kind of fruit	No	Yes, sometimes	Yes, often	Yes, always	p-value
All adults (n = 3,278)					
Hispanic or Latino (n = 1,786)					< 0.001
Pre	9%	53%	24%	15%	
Post	5%	43%	32%	20%	
Asian (n = 295)					< 0.001
Pre	7%	56%	22%	16%	
Post	5%	39%	35%	21%	
African American (n = 293)					0.002
Pre	17%	49%	19%	14%	
Post	13%	45%	25%	16%	
White (n = 1,184)					
Pre	11%	53%	22%	15%	< 0.001
Post	7%	42%	29%	21%	
MT1d. Ate more than one kind of vegetable	No	Yes, sometimes	Yes, often	Yes, always	p-value
All adults (n = 3,258)					
Hispanic or Latino (n = 1,787)					< 0.001
Pre	7%	49%	29%	14%	
Post	3%	38%	37%	22%	
Asian (n = 290)					
Pre	8%	44%	34%	14%	
Post	6%	33%	36%	26%	
African American (n = 290)					0.008
Pre	12%	46%	28%	14%	
Post	8%	43%	34%	16%	
White (n = 1,179)					< 0.001
Pre	8%	48%	27%	16%	
Post	4%	39%	34%	23%	

MT1h. Drinking fewer fruit drinks, sport drinks, or punch	No	Yes, sometimes	Yes, often	Yes, everyday	p-value
All adults (n = 1,954)					
Hispanic or Latino (n = 1,139)					< 0.001
Pre	29%	54%	12%	4%	
Post	39%	52%	7%	2%	
Asian (n = 146)					0.03
Pre	27%	51%	14%	8%	
Post	33%	53%	8%	5%	
African American (n = 145)					0.04
Pre	35%	49%	9%	7%	
Post	36%	54%	8%	2%	
White (n = 753)					< 0.001
Pre	33%	48%	14%	5%	
Post	41%	45%	11%	3%	
MT1h: Drinking fewer regular soda	No	Yes, sometimes	Yes, often	Yes, always	p-value
All adults (n = 1,952)					
Hispanic or Latino (n = 1,138)					< 0.001
Pre	38%	48%	10%	4%	
Post	47%	47%	4%	2%	
Asian (n = 146)					0.07
Pre	55%	36%	3%	6%	
Post	58%	36%	4%	2%	
African American (n = 145)					0.58
Pre	54%	34%	8%	3%	
Post	53%	37%	7%	3%	
White (n = 750)					< 0.001
Pre	44%	40%	10%	5%	
Post	52%	42%	5%	2%	

MT1l. Cups of (or number of times) fruit consumed per day	None	1/2 cup	1 cup	1 1/2 cups	2 cups	2 1/2 cups	3 or more cups	p-value
All adults (n = 3,284)								
Hispanic or Latino (n = 1,795)								< 0.001
Pre	4%	23%	39%	14%	14%	3%	4%	
Post	2%	15%	33%	16%	22%	6%	7%	
Asian (n = 293)								< 0.001
Pre	4%	22%	39%	10%	15%	3%	7%	
Post	2%	13%	32%	12%	25%	5%	11%	
African American (n = 293)								0.002
Pre	5%	23%	31%	15%	17%	2%	8%	
Post	4%	14%	36%	15%	17%	5%	9%	
White (n = 1,186)								< 0.001
Pre	5%	26%	34%	14%	13%	3%	5%	
Post	2%	17%	30%	16%	21%	7%	8%	
MT1m. Cups of (or number of times) vegetables consumed per day	None	1/2 cup	1 cup	1 1/2 cups	2 cups	2 1/2 cups	3 or more cups	p-value
All adults (n = 3,278)								
Hispanic or Latino (n = 1,793)								< 0.001
Pre	3%	21%	40%	13%	16%	3%	5%	
Post	2%	12%	33%	13%	24%	8%	8%	
Asian (n = 294)								< 0.001
Pre	4%	14%	32%	12%	27%	4%	7%	
Post	2%	6%	29%	9%	28%	10%	16%	
African American (n = 293)								< 0.001
Pre	3%	16%	31%	15%	21%	5%	9%	
Post	2%	10%	28%	17%	28%	6%	10%	
White (n = 1,184)								< 0.001
Pre	4%	21%	32%	15%	17%	4%	7%	
Post	2%	13%	30%	13%	23%	8%	10%	

MT2b: Read nutrition facts labels or nutrition ingredients lists	No	Yes, sometimes	Yes, often	Yes, always	p-value
All adults (n = 1,722)					
Hispanic or Latino (n = 1,058)					< 0.001
Pre	31%	35%	17%	16%	
Post	12%	35%	27%	26%	
Asian (n = 82)					< 0.001
Pre	41%	30%	16%	12%	
Post	20%	28%	27%	26%	
African American (n = 102)					0.22
Pre	27%	39%	13%	21%	
Post	25%	32%	23%	21%	
White (n = 718)					< 0.001
Pre	29%	32%	19%	19%	
Post	10%	35%	26%	28%	
MT2g: Not run out of food before month's end	No	Yes, sometimes	Yes, often	Yes, always	p-value
All adults (n = 2,810)					
Hispanic or Latino (n = 1,576)					0.01
Pre	43%	36%	11%	10%	
Post	47%	33%	11%	9%	
Asian (n = 218)					0.15
Pre	42%	42%	11%	5%	
Post	53%	30%	9%	7%	
African American (n = 205)					0.25
Pre	55%	31%	5%	8%	
Post	56%	34%	5%	5%	
White (n = 1,130)					0.02
Pre	51%	32%	10%	7%	
Post	54%	31%	8%	7%	

MT3: In the Past Week, How Many Days Did You Do Workouts to Build and Strengthen Your Muscles?	None	1 day	2 days	3 days	4 days	5 days	6 days	7 days	p- value
All adults (n = 3,791)									
Hispanic or Latino (n = 1,650)									< 0.001
Pre	33%	15%	15%	16%	8%	7%	2%	5%	
Post	17%	14%	18%	20%	10%	10%	3%	6%	
Asian (n = 506)									< 0.001
Pre	26%	14%	17%	16%	8%	7%	3%	9%	
Post	17%	11%	20%	16%	10%	10%	5%	11%	
African American (n = 330)									< 0.001
Pre	25%	15%	18%	18%	12%	5%	3%	5%	
Post	14%	20%	20%	20%	9%	8%	2%	7%	
White (n = 1,548)									< 0.001
Pre	31%	13%	19%	17%	8%	6%	2%	4%	
Post	18%	14%	20%	21%	9%	9%	3%	6%	
MT3: In the past week, how many days did you exercise for at least 30 minutes?	None	1 day	2 days	3 days	4 days	5 days	6 days	7 days	p- value
All adults (n = 3,734)									
Hispanic or Latino (n = 1,661)									< 0.001
Pre	12%	10%	15%	21%	12%	14%	4%	12%	
Post	5%	6%	12%	24%	15%	19%	6%	12%	
Asian (n = 515)									< 0.001
Pre	8%	20%	9%	15%	12%	10%	7%	19%	
Post	2%	8%	14%	14%	12%	18%	8%	23%	
African American (n = 330)									< 0.001
Pre	12%	12%	18%	21%	15%	13%	3%	8%	
Post	5%	12%	20%	22%	14%	12%	6%	10%	
White (n = 1,557)									< 0.001
Pre	12%	8%	15%	21%	13%	14%	5%	12%	
Post	5%	8%	13%	22%	15%	18%	7%	13%	