

CalFresh Healthy Living

STATE IMPACT REPORT

Federal Fiscal
Year 2024

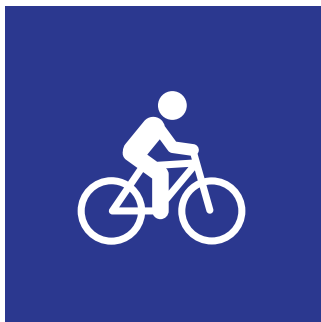


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EXECUTIVE SUMMARY



CalFresh Healthy Living, known nationally as the Supplemental Nutrition Assistance Program-Education (SNAP-Ed), supports eligible Californians in achieving healthy behaviors through nutrition and physical activity education, community changes, and social marketing. The California Department of Social Services provides administrative oversight of CalFresh Health 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.

Statewide Results

In Federal Fiscal Year (FFY) 2024, CalFresh Healthy Living reached more than **1.8 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

Direct Education

CalFresh Healthy Living Direct Education interventions are interactive classes that engage eligible participants in learning about nutrition and physical activity.



10,720

Direct Education interventions conducted across the state



2,370

sites administered Direct Education



262,326

Direct Education participants

Policy, System, & Environmental Changes

Policy, System, and Environmental (PSE) changes improve health in communities where at least 50% of households are eligible for CalFresh Healthy Living by increasing access to healthy food, promoting healthy dietary choices, and expanding opportunities for physical activity.



6,351

nutrition and physical activity PSE changes across **1,225** sites



1,574,748

Californians reached (estimated)



73%

of sites had a sustainability plan



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.

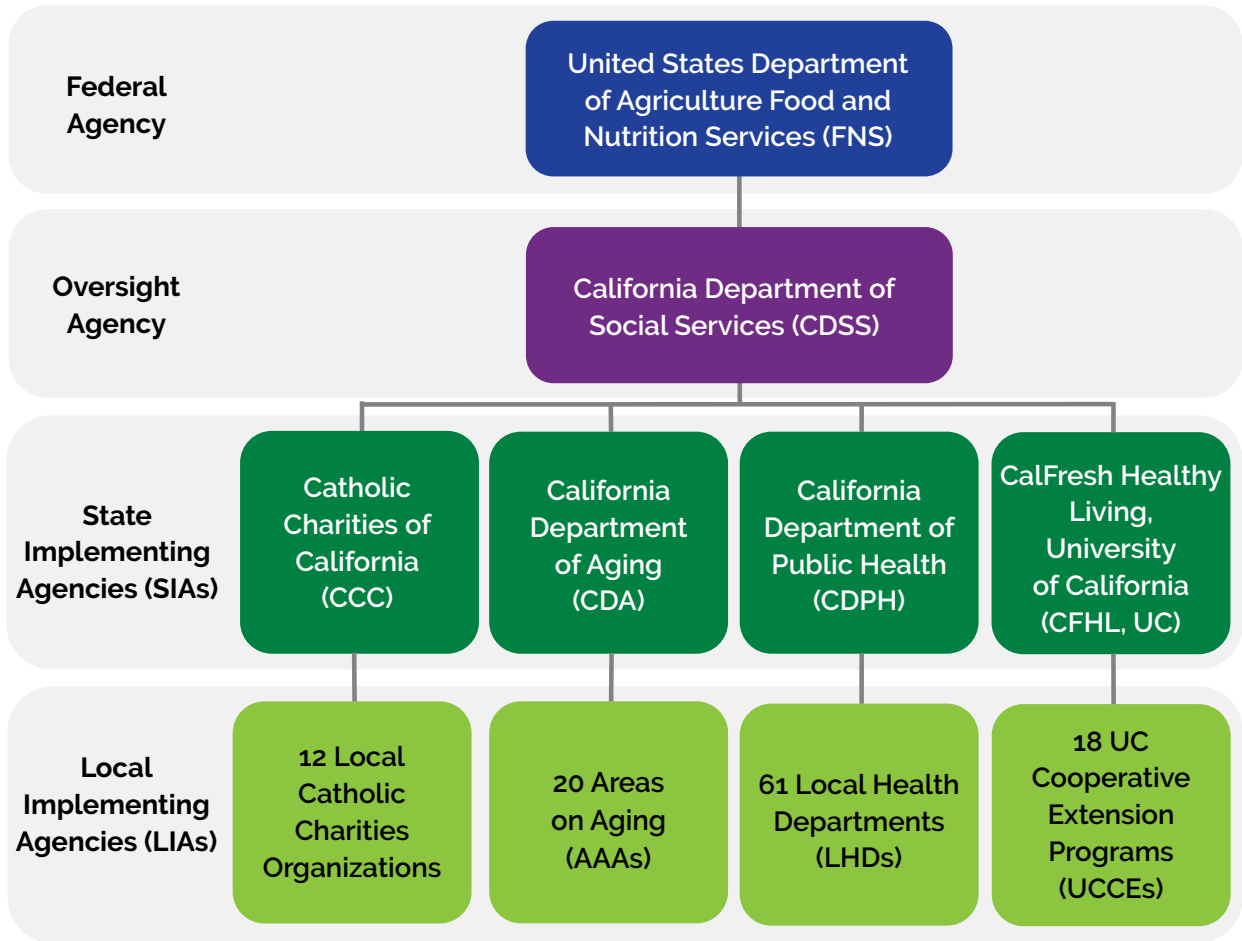
CalFresh Healthy Living, by engaging its audience and a mix of strategies outlined in its plans, promotes healthier choices based on current Dietary Guidelines for Americans. Through the implementation of evidence-based interventions and fostering coordination and collaboration to enhance reach and impact, the program has established Statewide Goals and Objective for FFY 2024–2026 to guide and assess its effectiveness. Progress toward these Goals and Objectives in FFY 2024 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 111 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 2024 Program Structure

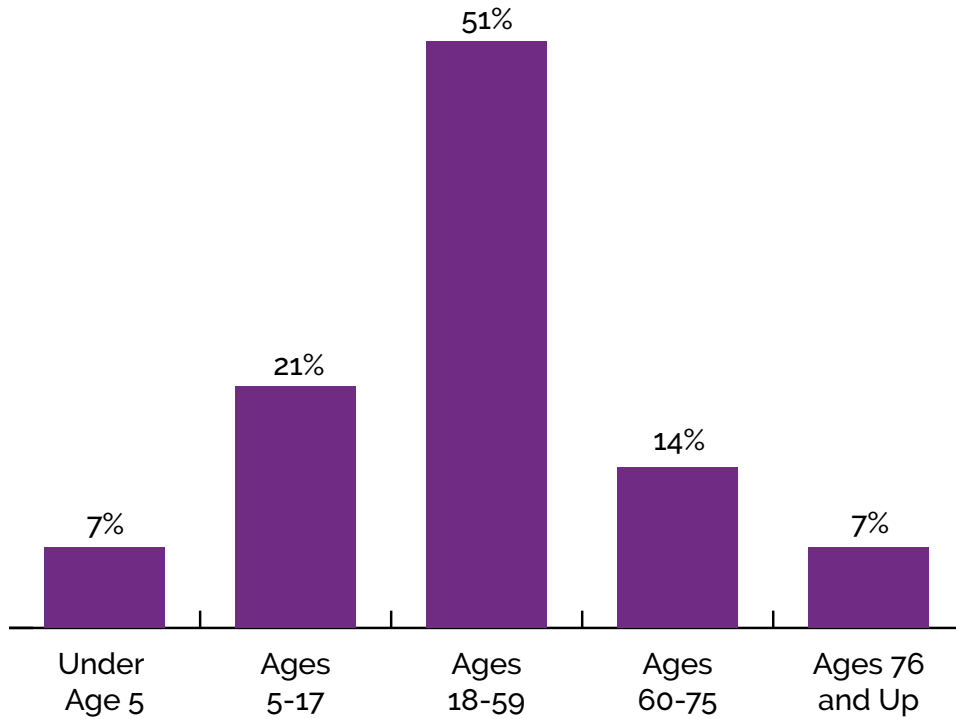


Who We Serve

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). About one-third of Californians are eligible for CalFresh Healthy Living — representing 11.5 million adults, adolescents, and children. (U.S. Census Bureau, 2022).

According to the most recent data from the U.S. Census Bureau's American Community Survey (U.S. Census Bureau, 2022), 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 1.3.

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)

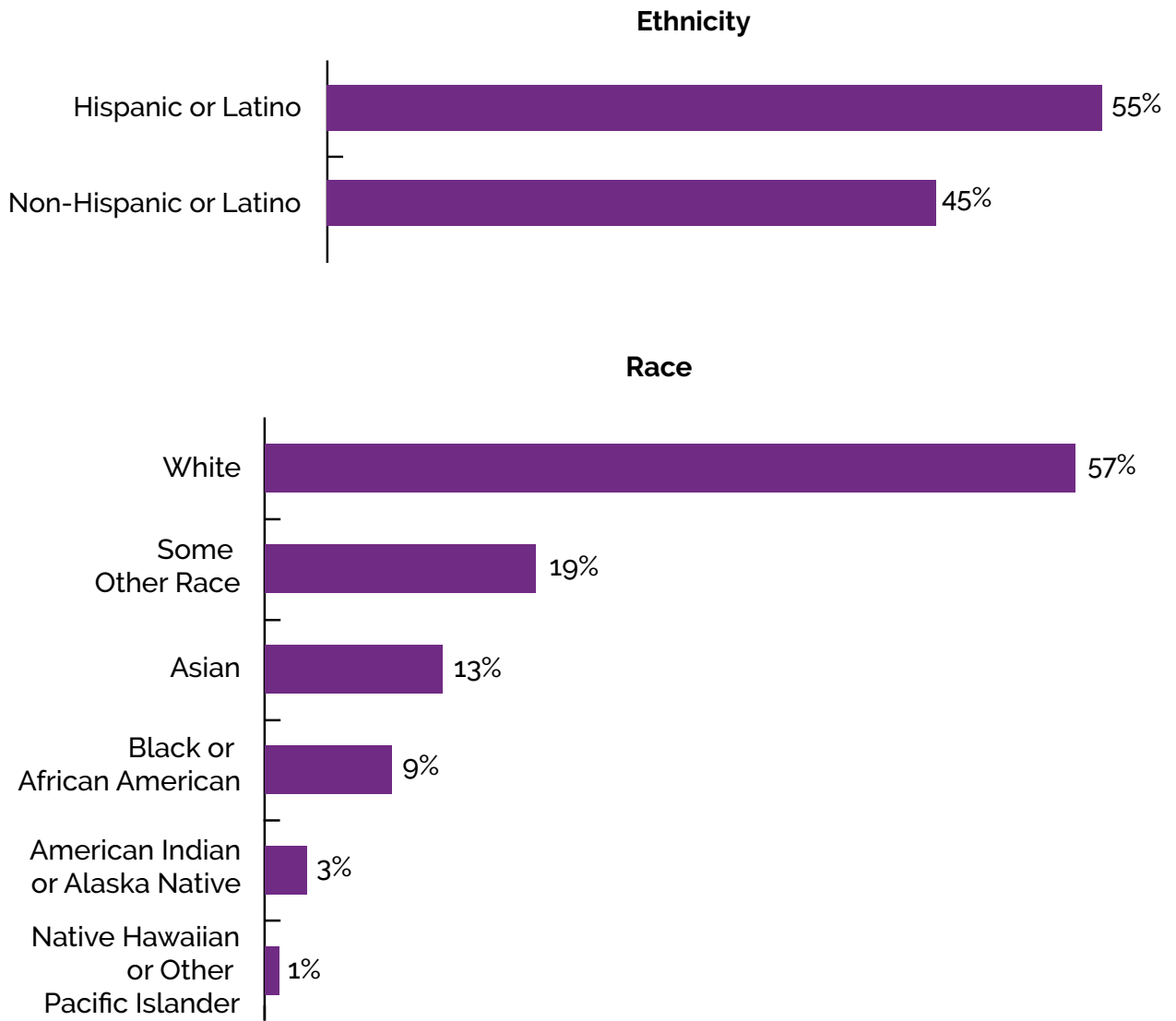


Figure 1.3 Note: Race values represent those who identify as that race alone or in combination with some other race.

SUCCESS STORY

A New Way to Connect Mind, Body, and Health: Club de Caminar at Warwick Square Apartments

In May 2024, the Catholic Charities of Orange County's CalFresh Healthy Living team launched the "Club de Caminar" for the older adult residents of Warwick Square Apartments with the intention of helping residents stay physically active to improve their physical, social, and mental health.

"It has helped me a lot, for me it is a joy to be active, I meet with my friends, and I am able to talk to them. I feel very happy at the club, and I hope it doesn't end."

– Club de Caminar participant



The program coordinators lead open walks twice a week, along with a warm-up and a cool-down. The residents choose one of four specially-designed routes that range from 0.5 miles to 1 mile. Walk leaders wear bright vests and carry first aid kits to help the walkers feel safe. Residents are advised to bring a bottle of water to stay hydrated and to dress comfortably in bright colored clothing. Participant survey feedback indicates that 92% of participants were feeling more motivated to walk after joining the program and increased the number of days they exercise. Also, most residents (92%) thought that the routes were easy to follow and they felt safe during the walks (92%). The main goal to sustain this success is to involve residents as Health Champions to lead the "Club de Caminar" without the presence of the site program coordinators.

What We Do

POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES AND DIRECT EDUCATION

CalFresh Healthy Living implementing agencies carry out PSEs as well as Direct Education interventions to improve access and availability of nutrition and physical activity opportunities for eligible Californians. In FFY 2024, CalFresh Healthy Living reached more than 1.8 million Californians through PSE change activities and Direct Education combined. Sites with more comprehensive programming reached the same participants with both PSEs and Direct Education. Eligibility and reach by county are shown in Figure 1.4.

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

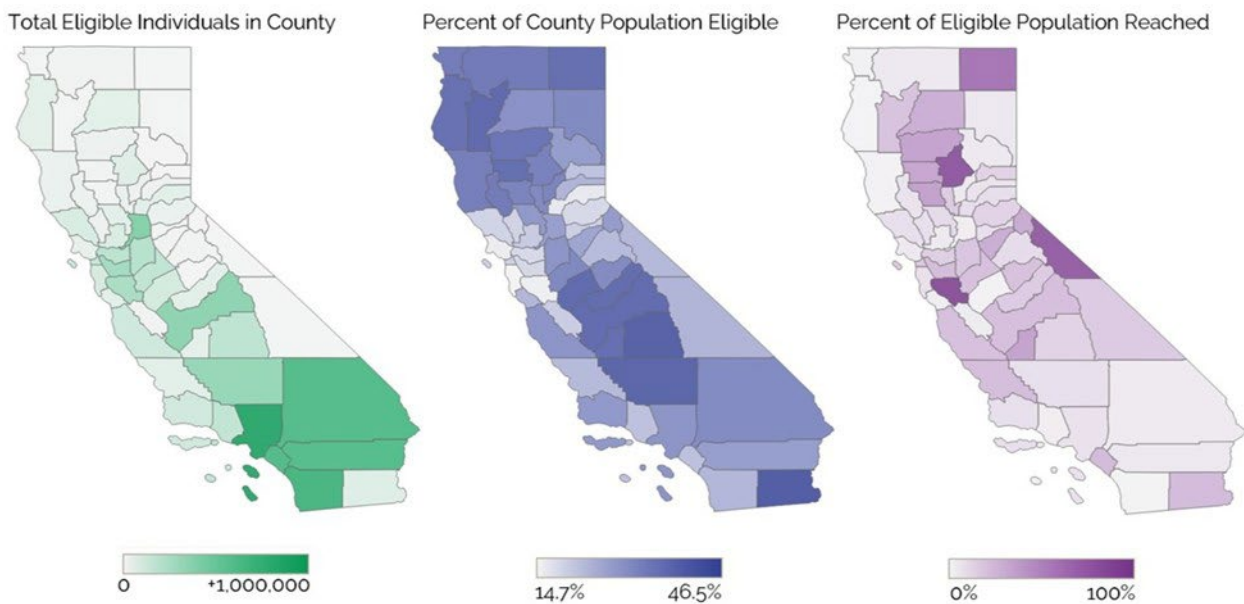


Figure 1.4 Note: Data sources: Eligibility data: U.S. Census Bureau, 2022; Program reach: PEARS FFY 2024 PSE activities and Direct Education combined.

CalFresh Healthy Living implements community-based PSEs through organizational partnerships. PSEs contribute to the health of communities by increasing both access to, and the appeal of, healthy foods, as well as opportunities for physical activity. PSEs are implemented in a variety of sites, such as K-12 schools (elementary, middle, and high), early care and education facilities (including child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs),

food assistance sites, food banks, and food pantries, before and after-school programs, and small (<= 3 registers) and large (4+ registers) food stores and retailers. FFY 2024 evaluation results of California's PSE programming are in the [California SNAP-Shot: Policy, Systems, and Environmental Change](#) section of this report.

CalFresh Healthy Living delivers behavior-focused nutrition education and physical activity interventions, known as Direct Education, that allow for active engagement in-person or through interactive media. Direct Education uses evidence-based curricula consistent with the Dietary Guidelines for Americans (U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2020) and Physical Activity Guidelines for Americans (2018 Physical Activity Guidelines Advisory Committee, 2018) and, like PSEs, are delivered at a variety of sites. FFY 2024 evaluation results of California's Direct Education programming are in the [California SNAP-Shot: Direct Education](#) section of this report.

FFY 2024 PROJECT HIGHLIGHTS

In FFY 2024, CalFresh Healthy Living implemented social marketing campaigns and conducted programs aimed at reaching certain priority populations, such as Tribal communities, early childhood education centers, and college students. Below are some highlights of this work.

Social Marketing

CalFresh Healthy Living develops and implements social marketing campaigns to spread awareness about healthy dietary options available to Californians through a variety of channels, including radio, outdoor advertising, streaming video and audio, digital and social media. Launched by CDPH in FFY 2024, the *Not So Sweet Side* is a social marketing campaign that casts a light on the various health risks associated with sugar-sweetened beverages. The *Not So Sweet Side* initiative encourages California families and communities to make informed decisions about their beverage consumption and fosters healthy changes that promote long-term well-being. The campaign reached nearly 21.9 million people in seven designated market areas in California.

Tribal Communities

The Tribal Expansion Project facilitated by PHI CWN aims to expand collaborative nutrition education activities between California Tribal Organizations (CTO) and

CalFresh Healthy Living as well as strengthen partnerships between California Tribes, the Food Distribution Program on Indian Reservations and CalFresh Healthy Living. In FFY 2024, the Tribal Ambassador Committee selected five new CTOs (Acorns to Oak Trees, Bishop Paiute Tribe Food Sovereignty Program, Lake County Tribal Health Consortium, Owens Valley Indian Water Commission, Pala Band of Mission Indians) as pilot projects to plan, implement, and evaluate culturally tailored nutrition education activities with Tribal communities across the state. Each pilot conducted a needs assessment and developed an implementation and evaluation plan for FFY 2025.



For over a decade, CalFresh Healthy Living, UC, and UCCE Riverside County have collaborated with the Torres Martinez Desert Cahuilla Indians, forging relationships with the Tribal Council, Grants Department, the Natural Resources Department, Tribal Temporary Assistance for Needy Families (TANF), and Riverside San Bernardino Indian Health, Inc. In FFY 2024, CalFresh Healthy Living, UCCE Riverside County facilitated 12 Community Wellness Committee meetings, provided nutrition classes reaching 53 participants, and coordinated two planting events in the A'Avutem Elder Garden.



Additionally, CDA's Primary Service Areas 2 and 3 (Siskiyou, Modoc, Shasta, Trinity, Lassen, Tehama, Plumas, Butte, Glenn, Colusa) engaged partnerships with Tribal communities to create a Medicine Wheel Garden and implement culturally relevant education.

College Students

CalFresh Healthy Living on College Campuses aligns CalFresh Healthy Living activities with CalFresh outreach and enrollment on college campuses. The Center for Healthy Communities (CHC) at California State University Chico partnered with 13 California State University (CSU) campuses to implement CalFresh Healthy Living activities, reaching 151,848 CalFresh Healthy Living-eligible students. CHC provides program and fiscal management, training, technical assistance, and evaluation for the program, and campuses provide CalFresh Healthy Living approved Direct Education, Indirect Education, and PSE strategies. Participants are recruited via various campus programs and services, including promotional notices on campus social media channels tailored to the unique needs of each campus' student population and available resources. Several campuses initiated and/or maintained PSE changes with school food pantries, resourcing unused food from cafeterias and events to provide

to students needing additional support. Other campuses were able to either increase existing garden output or revitalize existing gardens and share the harvest with campus food pantries and students.

Additionally, CalFresh Healthy Living, UC secured funding to expand its reach and impact in FFY 2025 to provide programming to Orange and Ventura counties and established a partnership with UC Santa Barbara to provide SNAP-Ed services to college students.

Early Childhood Education

The CalFresh Healthy Living Early Childhood Education project, Building Healthy Habits Initiative (ECE BHHI), facilitated by PHI CWN, identifies and connects interested LIAs with community-based organizations serving children ages 3-5 and their families. ECE BHHI aims to support and conduct nutrition and physical activity education and opportunities targeting young children and their parents/caregivers. In FFY 2024, PHI CWN updated the BHHI toolkit with five ECE sites – the YMCA East Bay, Carquinez Garden School, Castellanos Daycare, Un Mundo de Amigos, and Divine Decisions Outreach Ministries across the state of California. Additionally, PHI CWN supported ECE sites in building partnerships and implementing at least one PSE change. Overall, 24 PSE changes were implemented and approximately 1,206 people were reached by the BHHI ECE during FFY 2024. Further, BHHI ECE demonstrated that new SNAP-Ed ECE sites can successfully and quickly implement PSEs in vulnerable communities across California when provided with the BHHI toolkit alongside technical assistance and appropriate funding. These toolkits include strategies to encourage healthy choices and healthy outcomes.



CalFresh Healthy Living, UCCE also partners with community organizations who can contribute to the success of the intervention efforts for children ages 3-5 and their families. Services are delivered at various settings within the community, including low-resource schools, before and after school programs, ECE centers, and adult education sites. Initiatives include local procurement, nutrition standards in schools and ECEs, behavioral economics strategies, school wellness policies, youth and community engagement, improving physical activity opportunities, active transportation, increasing access to farmers markets, and more. Specialists, Nutrition and Family Consumer Science Advisors, and Youth, Families and Communities Advisors also play key roles in developing curriculum, providing expertise, and giving strategic direction to educational programs.

SUCCESS STORY

CATCH(ing) up with the Tehama State Preschools

The CalFresh Healthy Living, UCCE Tehama County team has been providing nutrition education to the Tehama State Preschool Program at seven sites for the last ten years. In FFY 2022, the team piloted a comprehensive program to incorporate physical activity games into the preschool day and, in FFY 2024, supported approximately 480 students.



Recently, two new sites were added, sparking plans for playground stencils at these new sites to encourage healthy eating and support physical activity. In the spring of 2024, the team held stencil planning meetings and, in August 2024, completed the stencil project in two days with many helping hands. Over 25 people gathered including CalFresh Healthy Living staff, UCCE Shasta Cluster staff, Tehama State Preschool staff, and parent helpers to finish this project just in time for the upcoming school year. As a result, approximately 96 students at two preschools have brand-new colorful playgrounds that encourage active play and learning. Post-assessment data showed a decrease in sedentary students and an increase in students actively playing in the play space at both preschool sites.

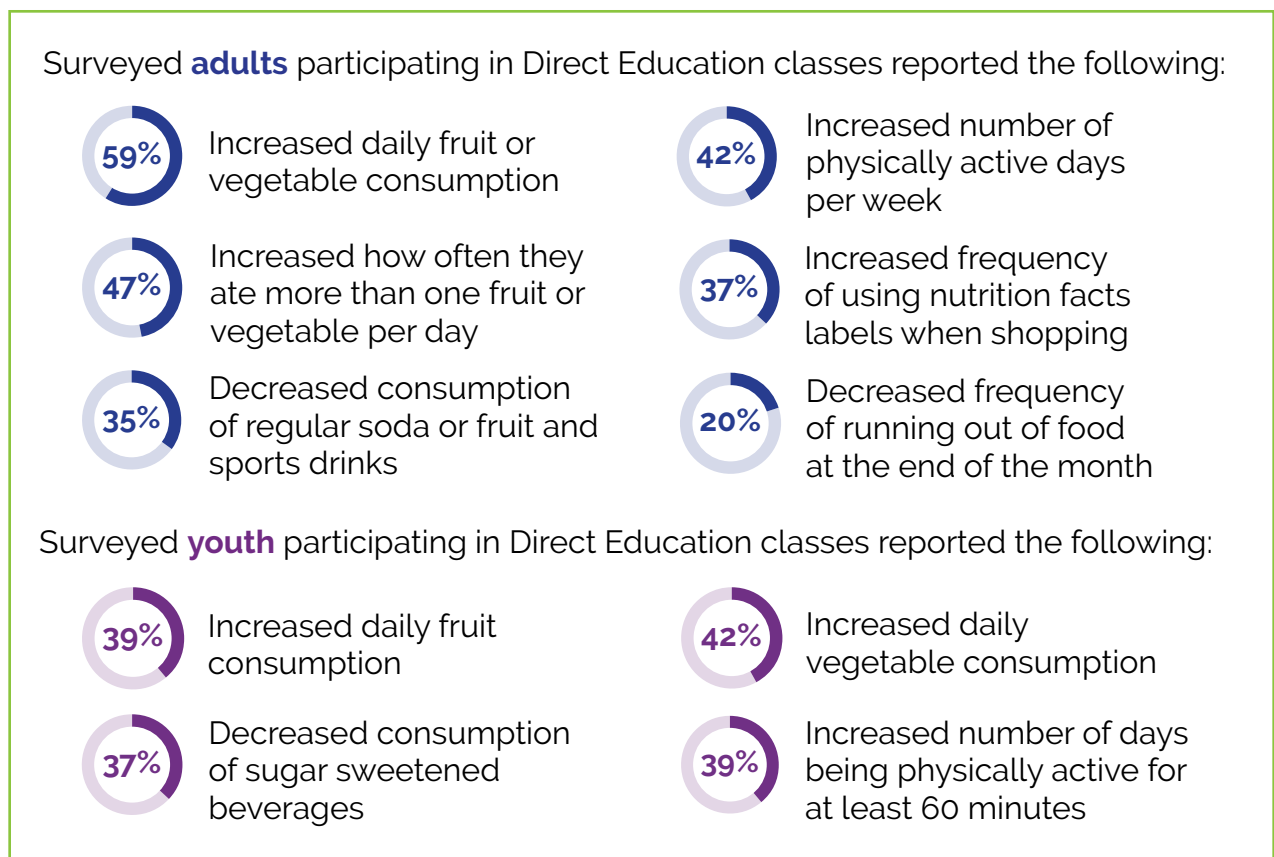
CALIFORNIA SNAP-SHOT: DIRECT EDUCATION



Direct Education interventions are interactive classes that use evidence-based nutrition and physical activity curricula. SIAs and LIAs conducted a total of 10,720 Direct Education interventions across 2,370 sites reaching 262,362 participants in FFY 2024. CalFresh Healthy Living delivered Direct Education interventions both in-person and virtually in 13 different languages across all 58 counties in California. At many of these sites, PSE interventions were also implemented to support the Direct Education goals.

Matched pre and post intervention survey results indicate that adult and youth participants in CalFresh Healthy Living Direct Education demonstrated improvements in daily fruit and vegetable consumption, as well as physical activity frequency, and decreased consumption of sugar sweetened beverages. Additionally, adults indicated improvements in food resource management and food security (Figure 2.1).

Figure 2.1 Direct Education Participant Summary of Survey Results



In FFY 2024, Direct Education interventions took place in 38 different types of settings, with most (47%) interventions taking place in K-12 schools (elementary, middle, and high), followed by ECE facilities (child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs) (13%), before and after school programs (7%), individual homes or public housing sites (5%), and congregate meal sites and other senior nutrition sites (4%). (Table 2.1).

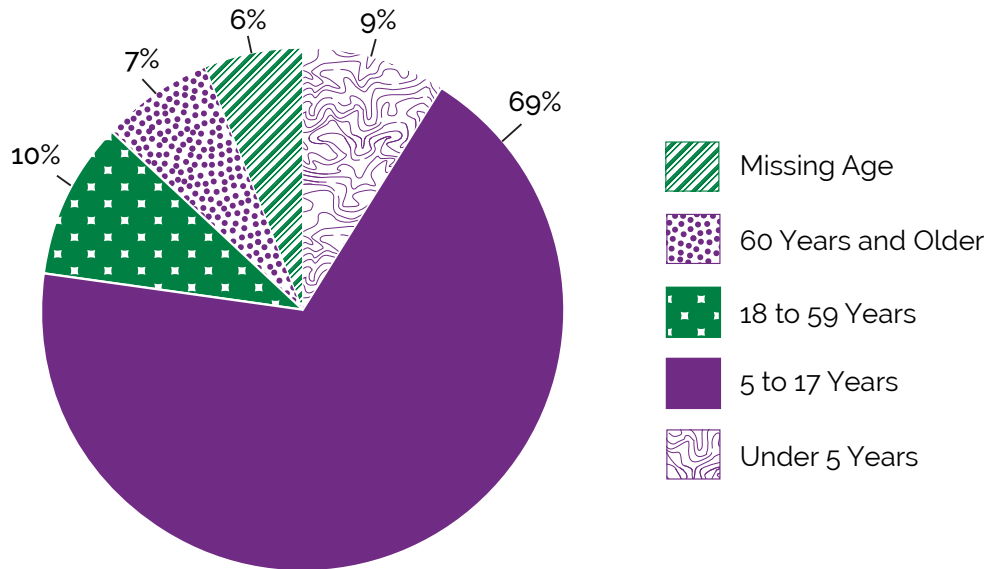
Table 2.1 Number and Percent of Direct Education Interventions by Setting

Most Frequent Direct Education Settings	Number of Interventions	Percentage of Interventions
1. Schools (K-12, elementary, middle and high)	4,992	47%
2. Early care and education facilities (includes child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs)	1,401	13%
3. Before and after school programs	782	7%
4. Individual homes or public housing sites	584	5%
5. Congregate meal sites and other senior nutrition centers	429	4%
6. Food assistance sites, food banks, and food pantries	347	3%
7. Health care clinics and hospitals	281	3%
8. Family resource centers	280	3%
9. Adult education, job training, TANF, and veteran service sites	242	2%
10. Group living arrangements	194	2%

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

Nearly all Direct Education interventions were delivered in person (96%), with a small portion conducted virtually (3%), and just 1% utilizing a hybrid format combining online and in-person methods. The majority (69%) of participants were youth aged 5-17 years (Figure 2.2).

Figure 2.2 Direct Education Participants' Years of Age (n = 262,362)



Measuring Healthy Behaviors

To assess the potential effectiveness of Direct Education interventions for adults and youth, CalFresh Healthy Living measured SNAP-Ed Evaluation Framework (USDA FNS, 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 2024

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

SNAP-Ed Indicators	Adults	Youth
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
MT3c. Physical activity to make your muscles stronger	X	

DIRECT EDUCATION SURVEYS

CalFresh Healthy Living used pre and post program surveys in the outcome evaluation of series-based Direct Education. It is important to note that many Direct Education sites also incorporate PSE interventions, and the survey outcomes may reflect combined effects of all CalFresh Healthy Living activities at that site. 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. While SIAs may have established different criteria for their evaluations, the statewide evaluation included only nutrition education interventions with at least four sessions delivered over four or more weeks. The pre-program survey is usually conducted at the first education session of a series and the post-program survey at the last session. For school-based programs, many are collected at the beginning and the end of the school year to capture the effect of both the Direct Education and PSE interventions. Pre and post program responses to the survey questions were matched using unique participant identification numbers. The matched data were analyzed for changes in self-reported healthy behavior indicators of the SNAP-Ed Evaluation Framework.

Indicators were analyzed for changes between pre and post program measurements using methods for paired data, including Wilcoxon signed rank test for ordinal, non-parametric data, paired t-test for continuous measurements, and McNemar's test for agreement for categorical variables with only two categories. A significance level of 0.05 was considered statistically significant. Effect sizes were calculated for all statistically significant outcomes. Notes under each figure indicate the statistical test used, the significance level recorded, and the effect size. Not all Direct Education curricula cover topics associated with all the SNAP-Ed Evaluation Framework indicators. Direct Education data were only included in the analysis for participants of curricula that included the outcome topic (Details included in [Appendix I](#)).

Adult Direct Education Results

For adults, outcomes measured include fruit and vegetable consumption, food resource management and physical activity. Adult Direct Education participants reported statistically significant changes in all indicators. While the magnitude of changes was mostly small, participants showed improvement in adopting health-enhancing behaviors and household food security state-wide.

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 2024

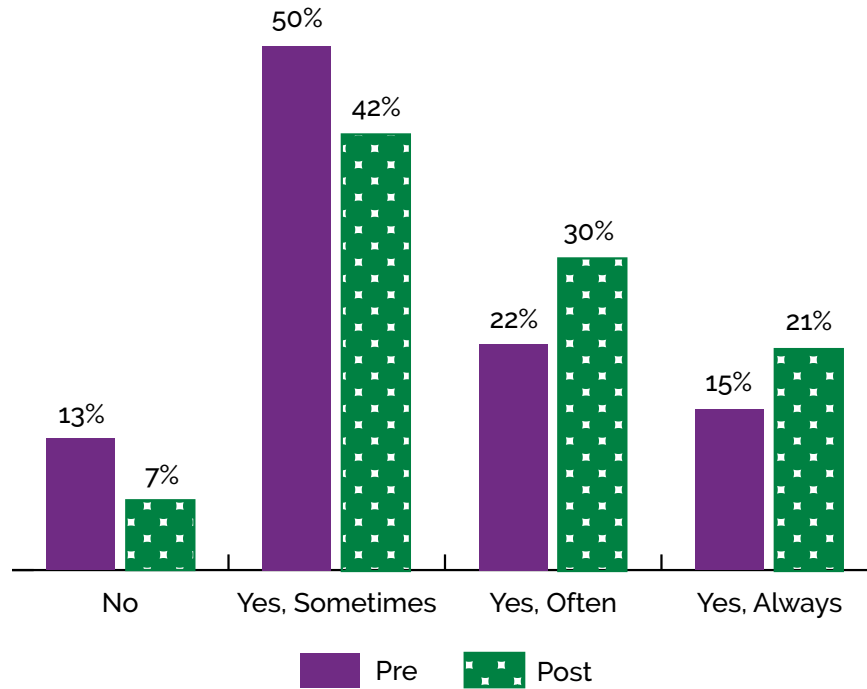


Figure 2.3 Note: Wilcoxon signed-rank test ($n = 3,457$, $z = -16.3$, $p < 0.001$, $r = 0.28$).

Figure 2.4 "Fruit: How much do you eat each day?" (MT1), Percentage of Adult Participants, FFY 2024

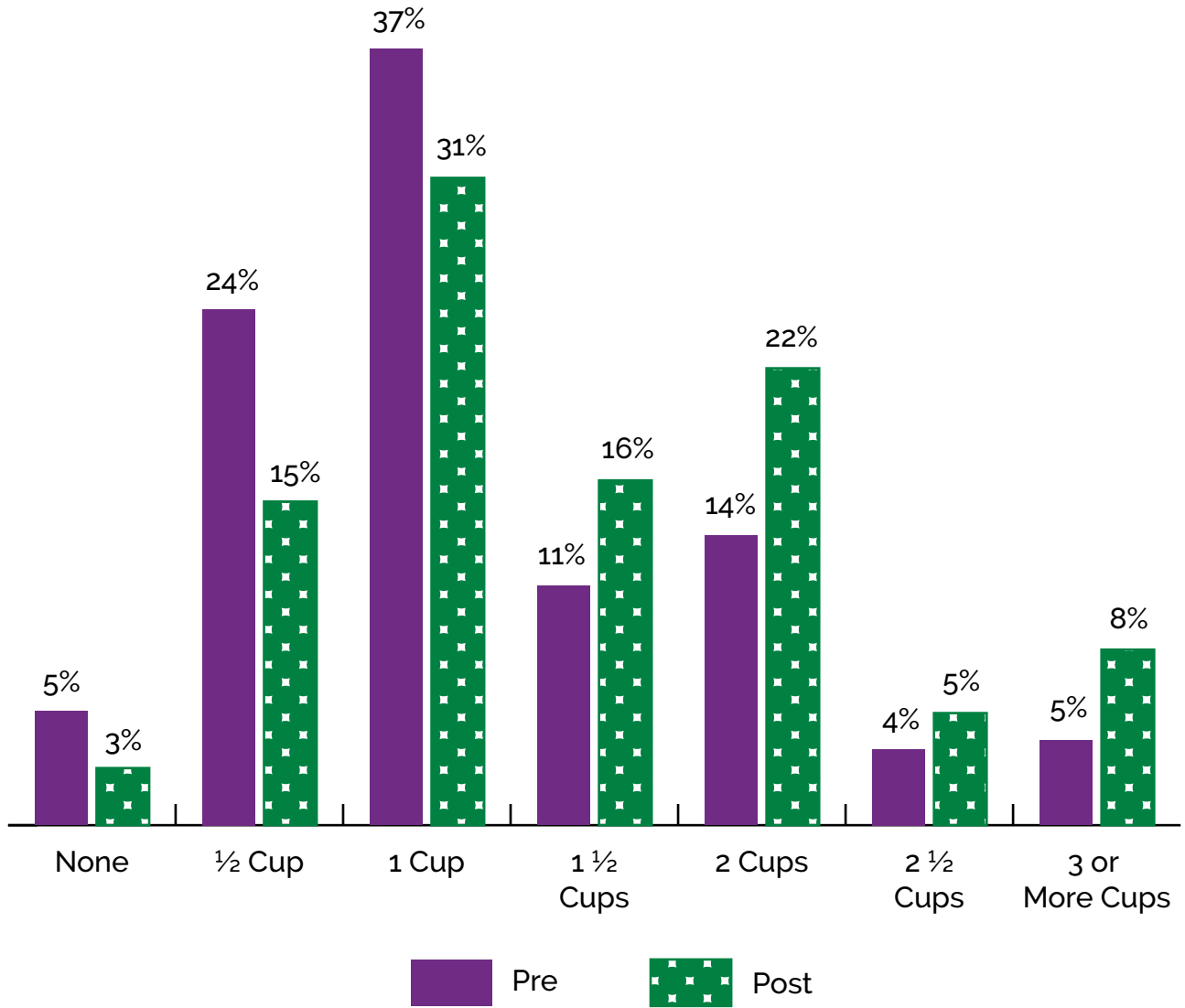


Figure 2.4 Note: Paired-samples *t*-test, $n = 3,469$, pre-test ($M = 1.17$, $SD = 0.73$) post-test ($M = 1.44$, $SD = 0.76$; $t(3,468) = 22.88$, $p < 0.001$, $d = 0.36$).

Figure 2.5 "Do you eat more than one kind of vegetable each day?" (MT1d), Percentage of Adult Participants, FFY 2024

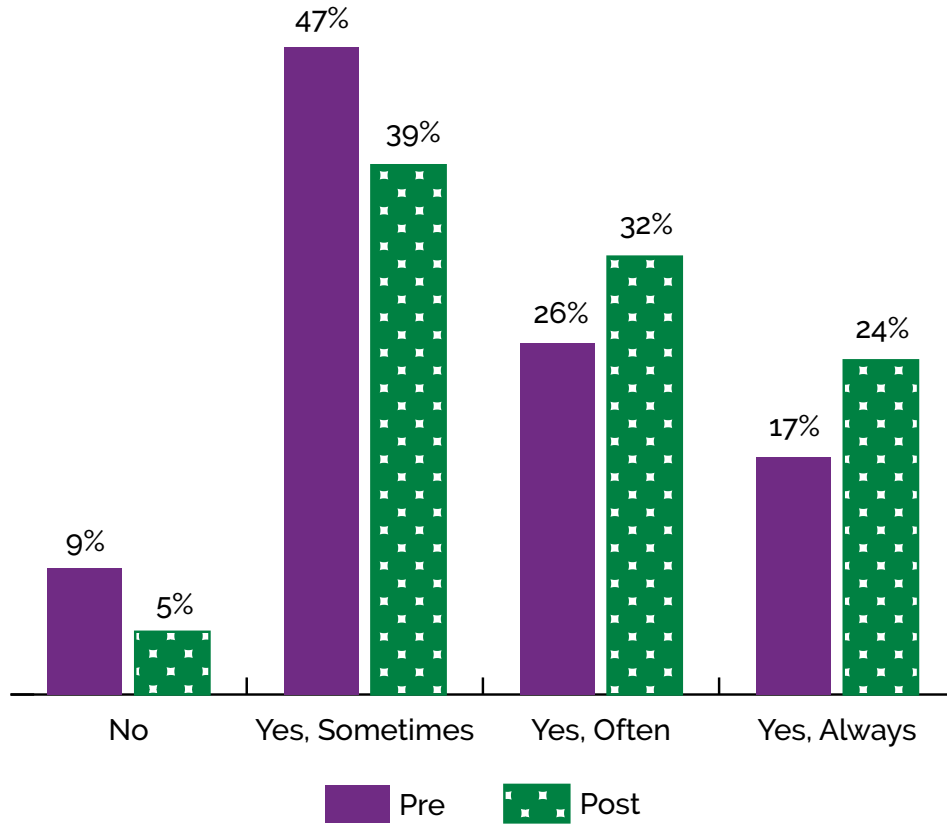


Figure 2.5 Note: Wilcoxon signed-rank test ($n = 3,471$, $z = -15.6$, $p < 0.001$, $r = 0.27$).

Figure 2.6 “Vegetables: How much do you eat each day?” (MT1m), Percentage of Adult Participants, FFY 2024

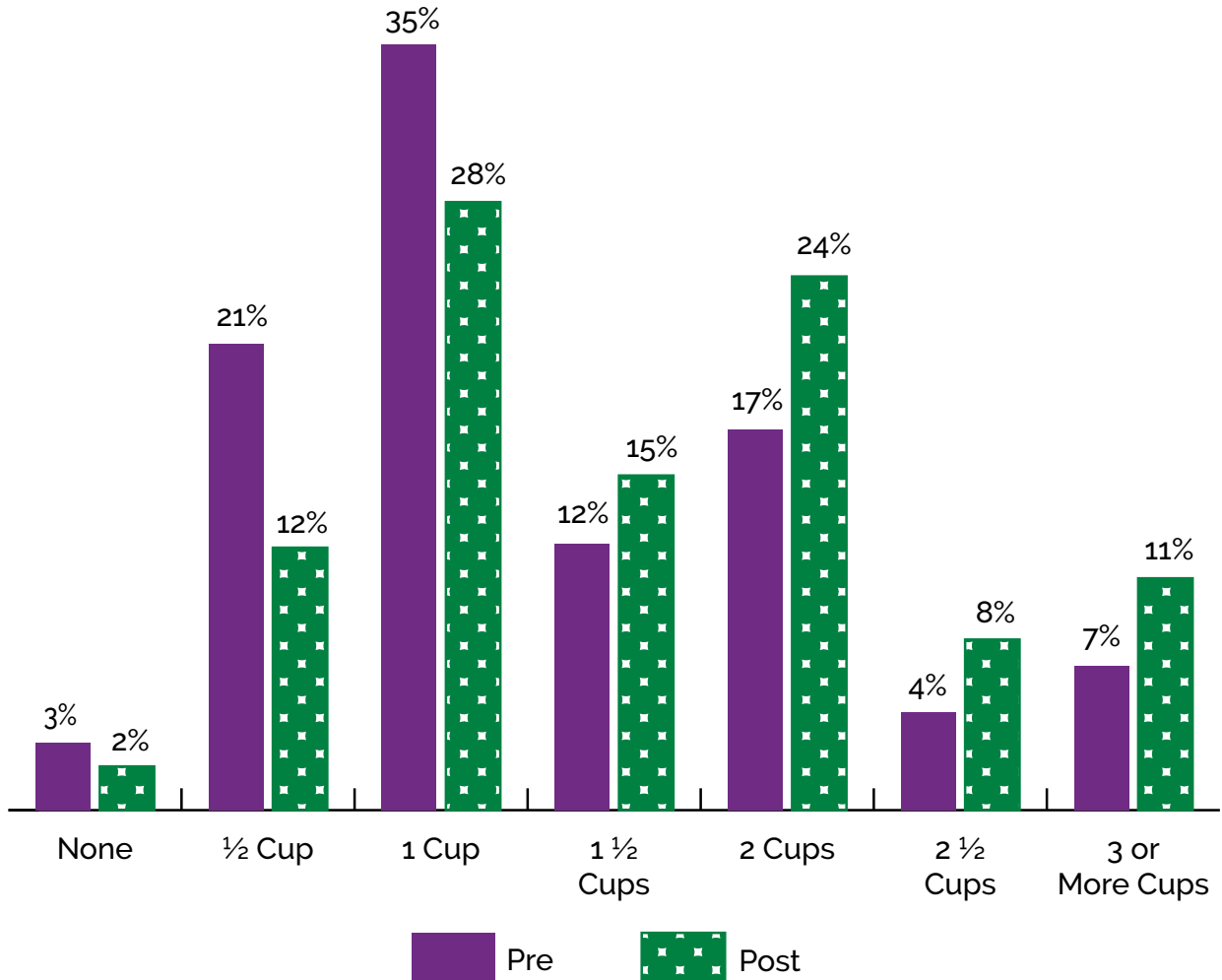


Figure 2.6 Note: Paired-samples *t*-test, $n = 3,471$, pre-test ($M = 1.30$, $SD = 0.75$) post-test ($M = 1.57$ $SD = 0.78$; $t(3,470) = 22.9$, $p < 0.001$, $d = 0.35$).

Figure 2.7 “Do you drink fruit drinks, sports drinks, or punch?” (MT1h), Percentage of Adult Participants, FFY 2024

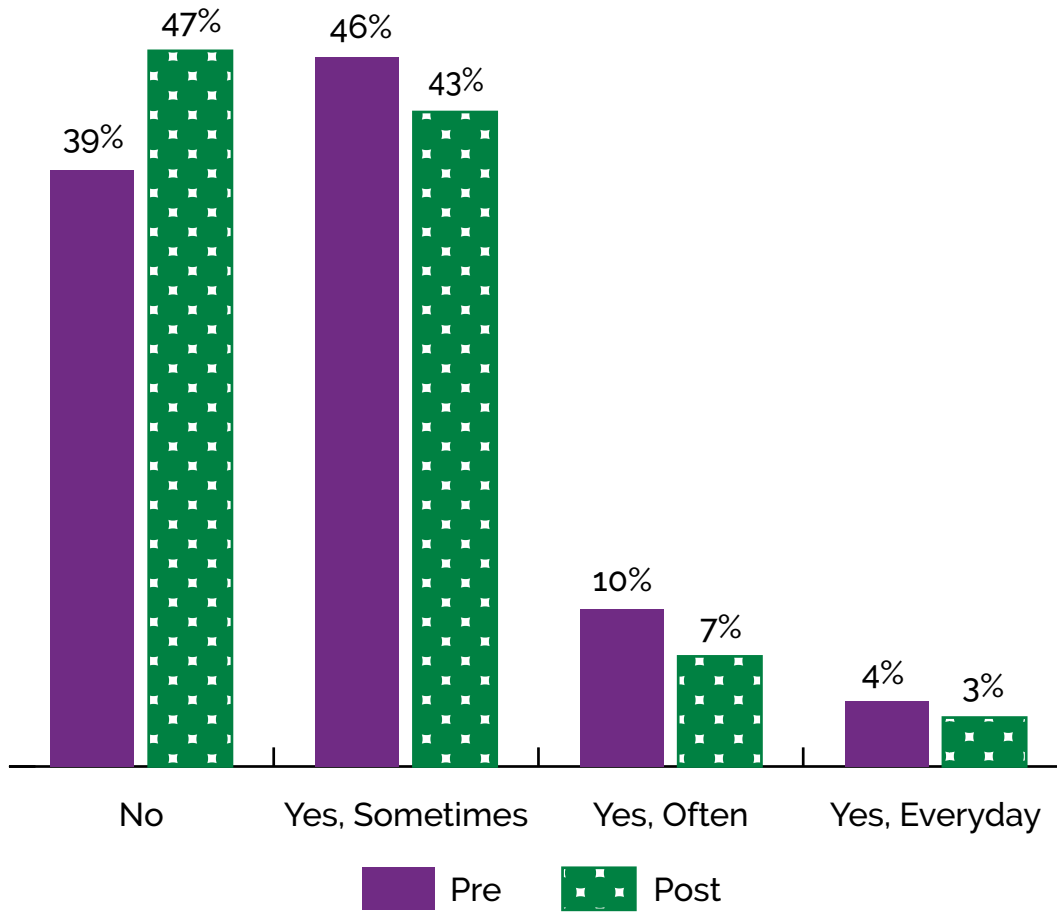


Figure 2.7 Note: Wilcoxon signed-rank test ($n = 2,856$, $z = -8.88$, $p < 0.001$, $r = 0.17$).

Figure 2.8 "Do you drink regular soda?" (Mt1h), Percentage of Adult Participants, FFY 2024

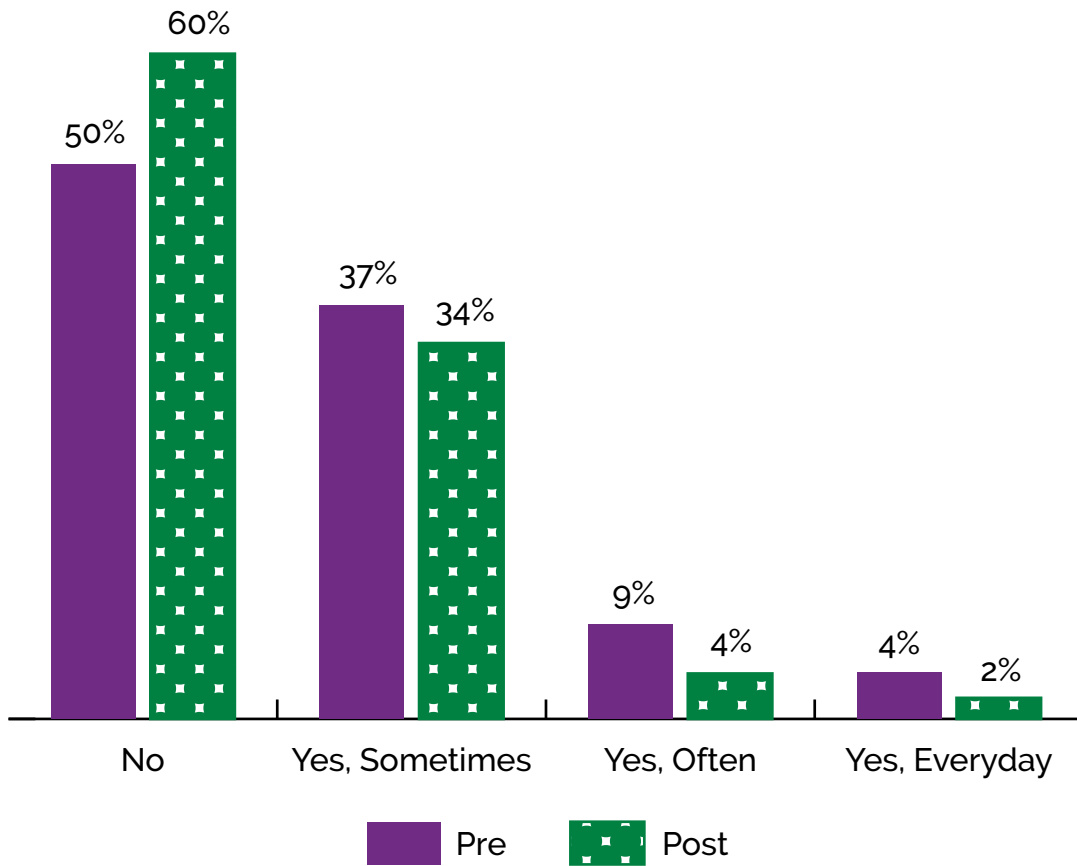


Figure 2.8 Note: Wilcoxon signed-rank test ($n = 2,851$, $z = -13.88$, $p < 0.001$, $r = 0.26$).

MT2 – FOOD RESOURCE MANAGEMENT

MT2 – Food Resource Management

MT2b. Read nutrition facts labels or nutrition ingredients lists

MT2g. Not run out of food before month's end

Shown in Figure 2.9, Adult Direct Education participants reported a significant increase in how often they read nutrition fact labels when shopping for food. Food security was assessed by asking how often participants ran out of food before the end of the month. A significant decrease was shown in how often adults reported that they ran out of food before the end of the month (Figure 2.10).

Figure 2.9 “Do you use this label [nutrition facts] when food shopping?” (MT2b), Percentage of Adult Participants, FFY 2024

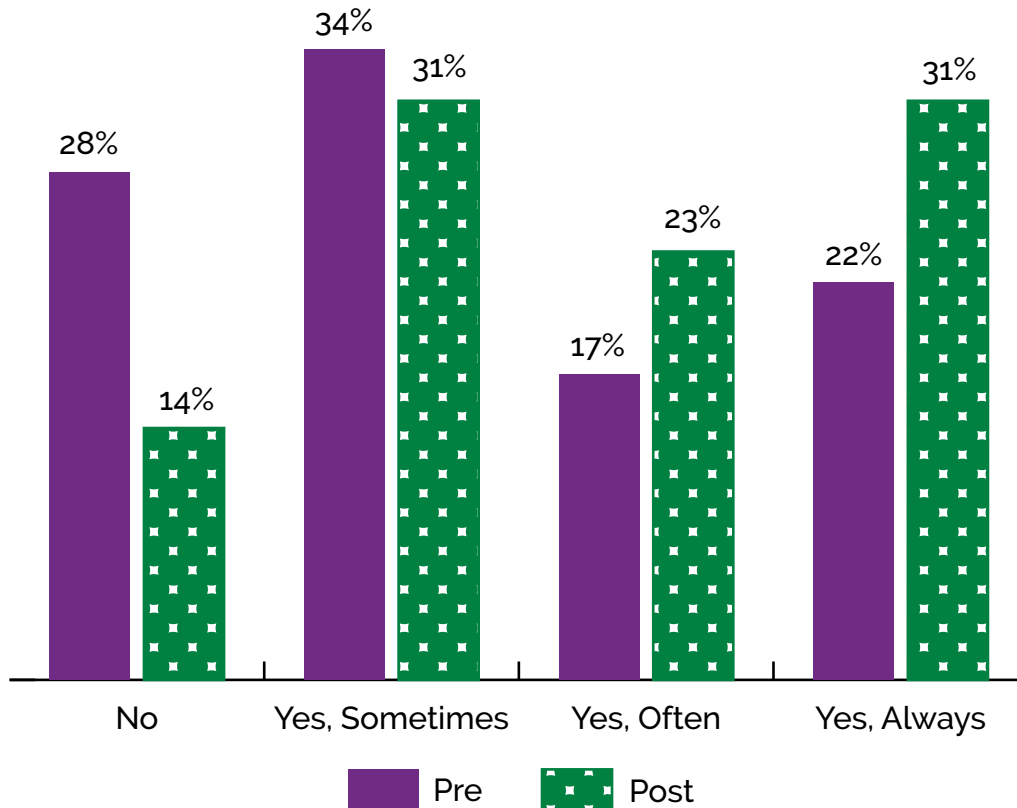


Figure 2.9 Note: Wilcoxon signed-rank test ($n = 2,677$, $z = -19.09$, $p < 0.001$, $r = 0.37$).

Figure 2.10 "Do you run out of food before the end of the month?" (MT2g), Percentage of Adult Participants, FFY 2024

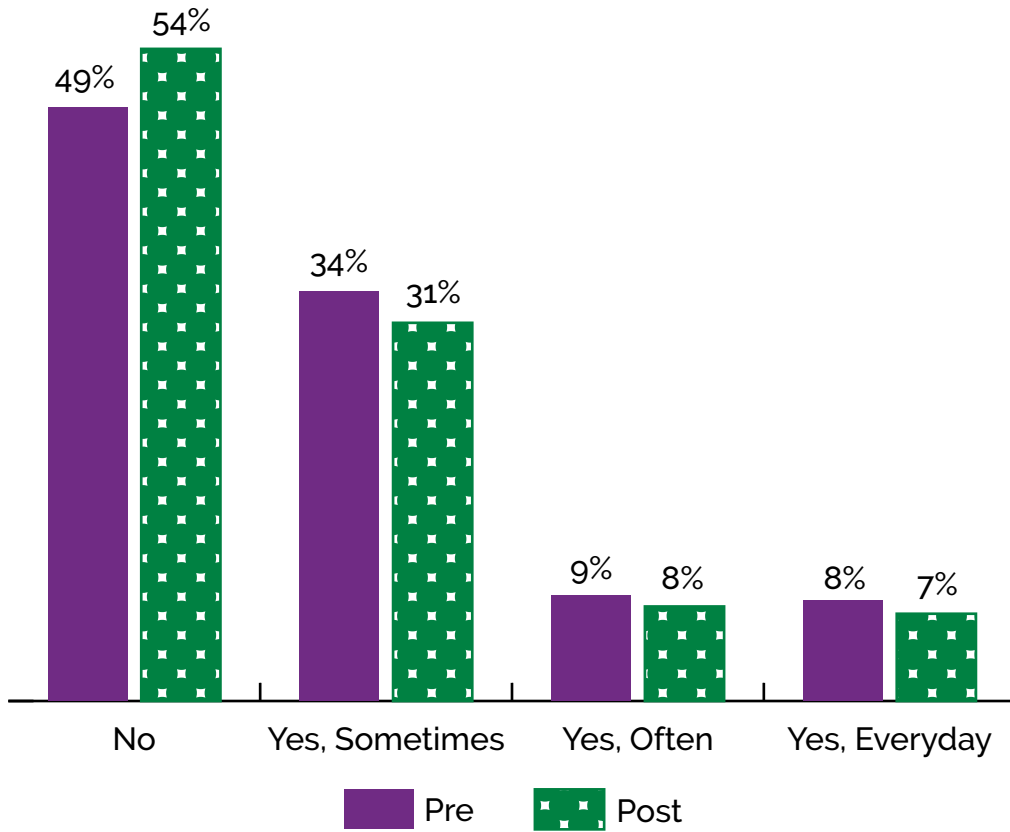


Figure 2.10 Note: Wilcoxon signed-rank test ($n = 2,992$, $z = -4.97$, $p < 0.001$, $r = 0.09$).

Success Story

Making Moves Toward Holistic Health: CCLAs' Comprehensive Programming at El Santo Nino Center

As COVID-19 funding decreased for the El Mercado food pantry sponsored by the Catholic Charities of Los Angeles Center (CCLA) in the South Central community of El Santo Nino, the CalFresh Healthy Living program's urban agriculture team worked with the community to create a garden at the Center. The goal was to improve access to fresh produce and support the community in growing their own produce.

"We're gonna be able to open a tropical fruit store!"

– Teenage participant



Additionally, a group of El Mercado clients began a weekly walking club, forming bonds and encouraging one another to reach healthy goals. CCLA-CalFresh Healthy Living educators also held workshops on food waste reduction and gardening as requested by community members. The community at El Santo Nino continues to take active steps - literally and figuratively - to improve their health.

MT3. PHYSICAL ACTIVITY AND REDUCED SEDENTARY BEHAVIOR

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

Shown in Figures 2.11 through 2.13, respondents reported a significant increase in physical activity from pre- to post-test. Changes included 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.

Figure 2.11 “How often do you make small changes on purpose to be more active?” (MT3a), Percentage of Adult Participants, FFY 2024

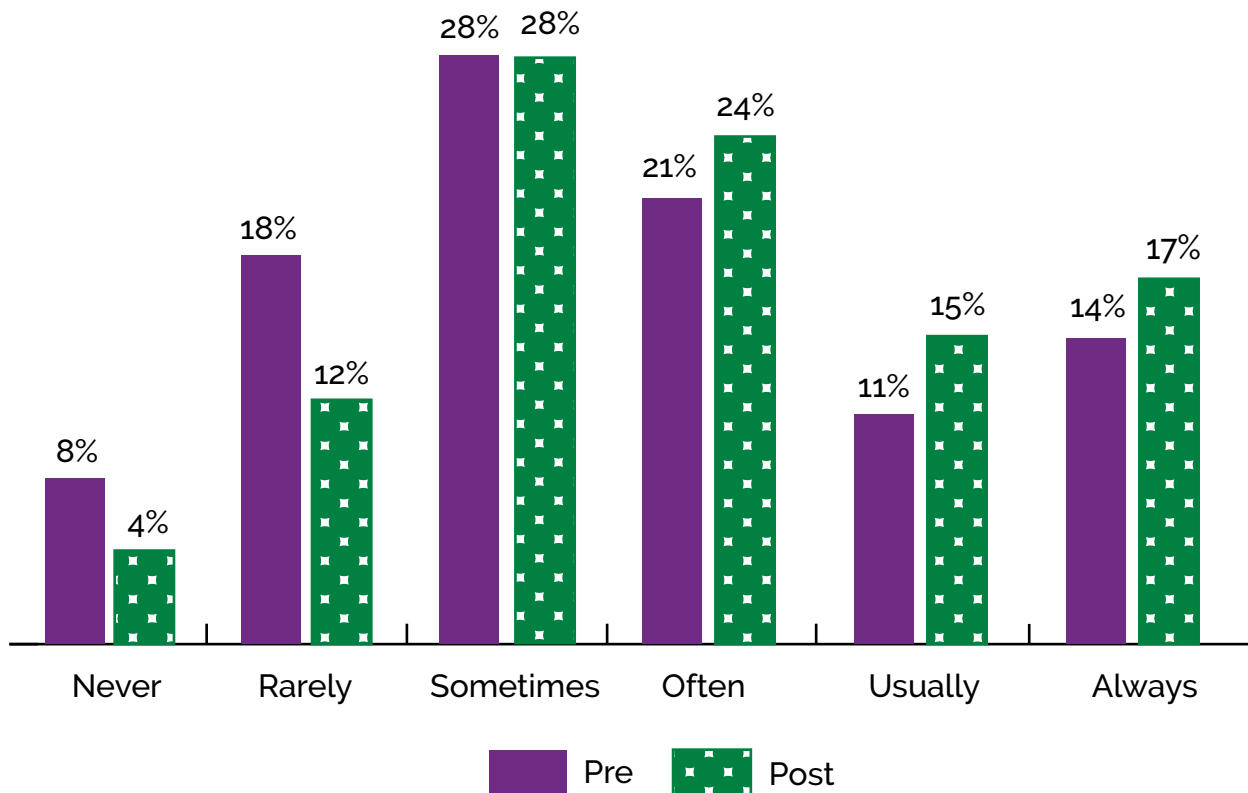


Figure 2.11 Note: Wilcoxon signed-rank test ($n = 3,802$, $z = -15.16$, $p < 0.001$, $r = 0.25$).

Figure 2.12 “In the past week, how many days did you exercise for at least 30 minutes?” (MT3b), Percentage of Adult Participants, FFY 2024

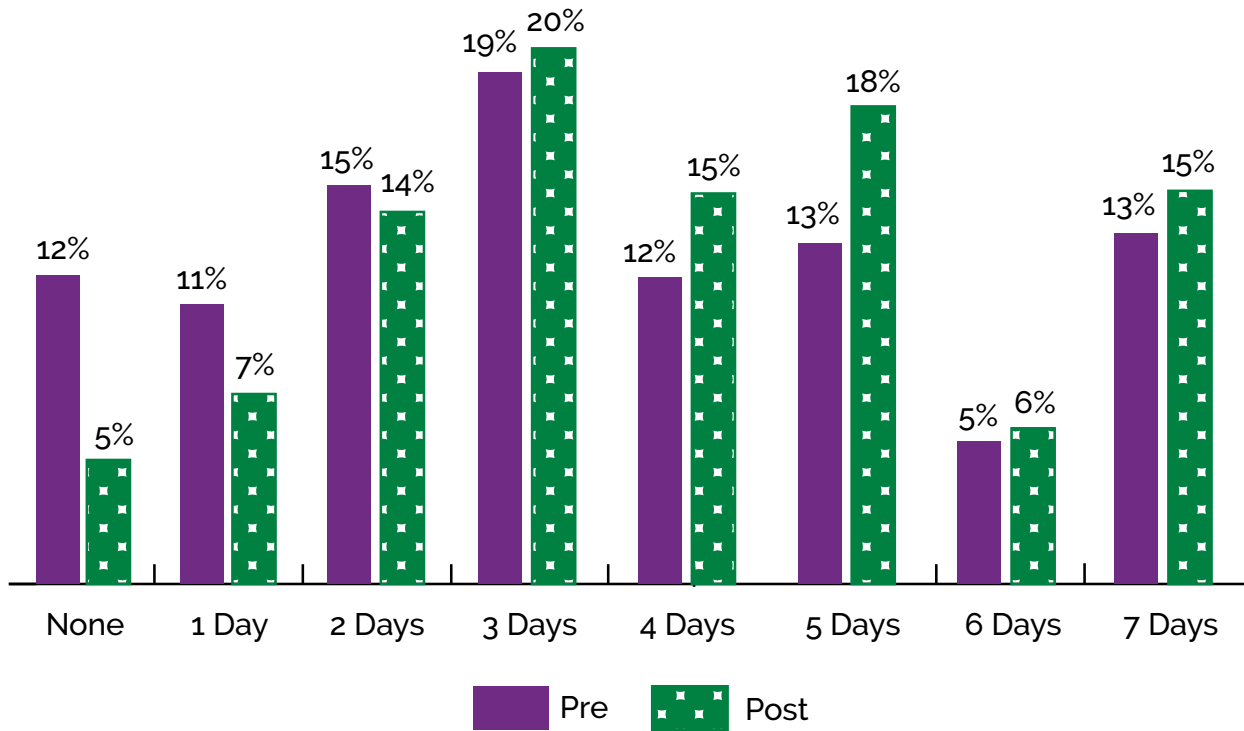


Figure 2.12 Note: Paired-sample t-test, n = 3,769, pre-test (M = 3.36, SD = 2.18) post-test (M = 3.85, SD = 1.98; t(3,768) = 16.54, p < 0.001, d = 0.24).

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 2024

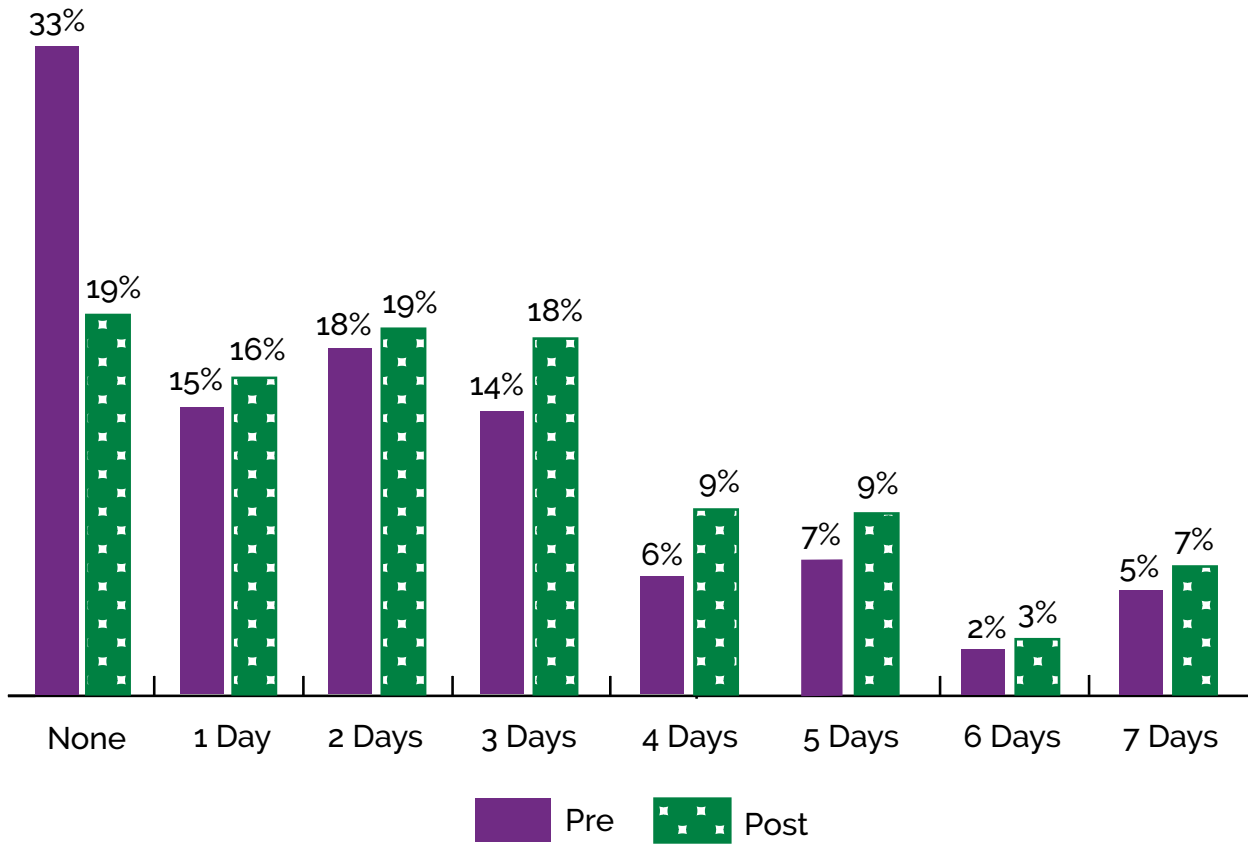


Figure 2.13 Note: Paired-sample t-test, $n = 3,791$, pre-test ($M = 2.02$, $SD = 2.04$) post-test ($M = 2.53$, $SD = 2.02$; $t(3,790) = -15.9$, $p < 0.001$, $d = 0.25$).

Success Story

Improving Access to Nature: Alpine County ParkRx Program

The Alpine County Health & Wellness Coalition piloted a ParkRx program for residents in FFY 2024. A subcommittee of interested organizations planned and implemented the program. They designed and distributed a needs assessment and conducted a listening session. Results showed the biggest barriers for spending time at Alpine County parks and trails were transportation, knowing where the trails were, and having someone to go with, which guided planning and advertising for the ParkRx events.



The program offered free transportation, provided lunch or healthy snacks and advertised on flyers, in newsletters and on social media. They also held a StoryWalk in downtown Markleeville. The pilot program had approximately 30 participants and feedback has been positive. Participant surveys have been distributed and feedback will be reviewed by the subcommittee in November. Programs like this increase access to safe spaces for physical activity.

Youth Direct Education Results

Physical activity and consumption of fruit, vegetables, and sugar-sweetened beverages were measured for youth Direct Education participants. Data were only included for children in grades four through 12, and analyses were only conducted for series-based curricula with a minimum of four sessions that included the outcome topic as shown in the crosswalk in [Appendix I](#). For many school-based interventions, assessments occur at the beginning and end of the school year. Many school-based sites include a planned multiple component intervention including Direct Education and PSE activities, and potentially other non-SNAP-Ed nutrition or physical activity programs. Therefore, it is important to note that results may be the result of a multi-component intervention.

Overall, youth Direct Education participants reported improvement in healthy eating and physical activity behaviors, such as increases in fruit and vegetable consumption and frequency of physical activity. However, significant reductions were not found in the frequency of the consumption of sugar-sweetened beverages among youth participants.

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 for the previous day. Times per day was used as a proxy for cups of fruit and vegetables consumed per day. Vegetable consumption was calculated by combining responses from five questions asking how many times youth ate each of five kinds of vegetables separately (i.e., starchy vegetables, orange vegetables, salads and green vegetables, other vegetables, and beans). Consumption of more than one kind of vegetable was based on a respondent reporting eating vegetables from at least two categories

(i.e., starchy vegetables, orange vegetables, salads and green vegetables, other vegetables, and beans). Fruit consumption includes all fresh, frozen, canned, or dried fruits and excludes times drinking 100% fruit juice. As shown in Figures 2.14 and 2.15, overall frequency of fruit and vegetable consumption among youth increased significantly from pre- to post-test. The percentage who ate more than one kind of vegetable increased significantly from 59% to 67% pre- post-test (McNemar's test, $n = 6080$, $\chi^2(1) = 115.35$, $p < 0.001$, $g = 0.12$).

Figure 2.14 "Yesterday, did you eat any fruit?" (MT1), Percentage of Youth Participants, FFY 2024

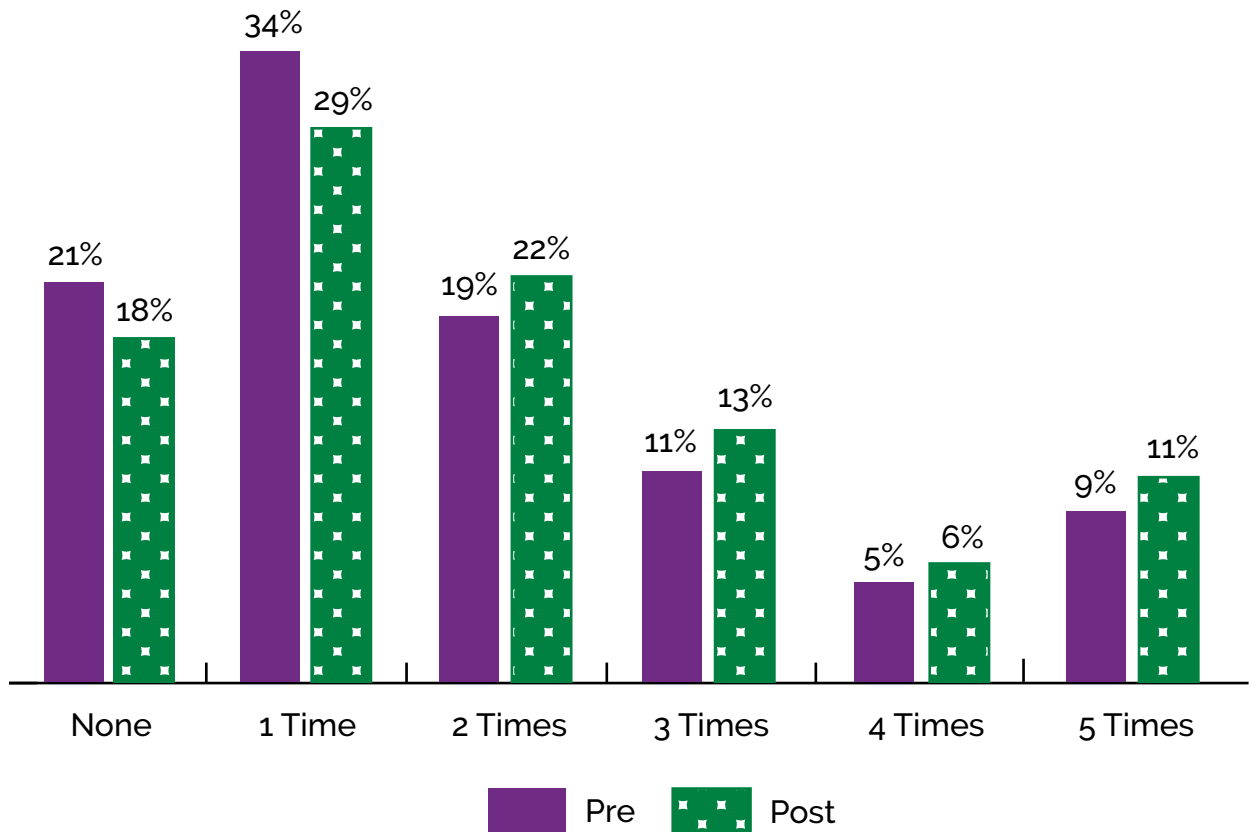


Figure 2.14 Note: Paired-samples *t*-test, $n = 6,016$, pre-test ($M = 1.73$, $SD = 1.5$) post-test ($M = 1.93$ $SD = 1.54$; $t(6,015) = 8.89$, $p = 0.001$, $d = 0.14$).

Figure 2.15 Number of Times Eating Vegetables Per Day, Combined Variable, (MT1m), Percentage of Youth Participants, FFY 2024

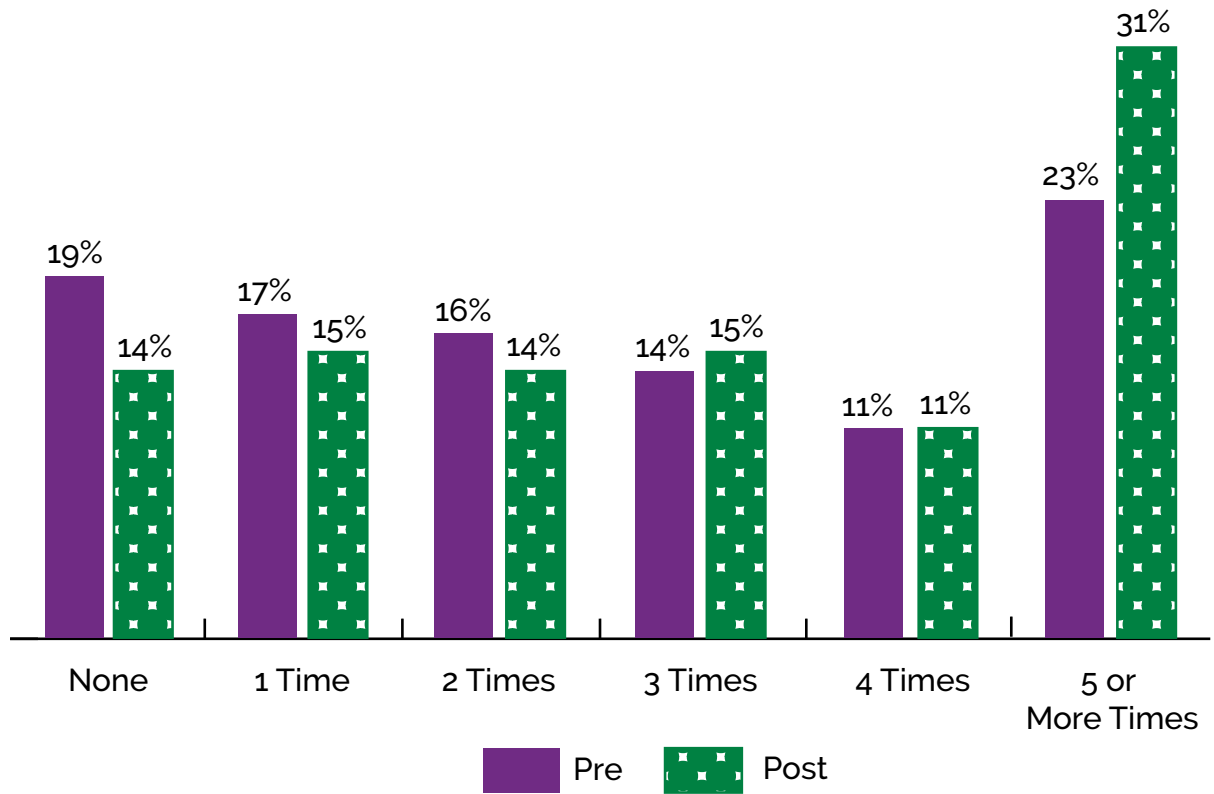


Figure 2.15 Note: Vegetable consumption was the sum of how often youth ate any of the following: starchy vegetables, orange vegetables, salads and green vegetables, other vegetables, and beans.

Paired-samples t-test, n = 6,080, pre-test (M = 2.92, SD = 2.66) post-test (M = 3.47 SD = 2.83; t(6,079) = 14.73, p < 0.001, d = 0.14).

Sugar-Sweetened Beverage Consumption

Five questions measured the consumption of sugar-sweetened beverages from the previous day, including fruit and sports drinks, regular soda, energy drinks, sweetened coffee or tea, and flavored milk. The combined number of times drinking sugar-sweetened beverages was calculated by adding together all the categories (Figure 2.16). There was not a significant reduction in the frequency youth reported drinking sugar-sweetened beverages per day.

Figure 2.16 Frequency of Sugar-Sweetened Beverages Consumed the Previous Day, Combined Variable, (MT1h), Percentage of Youth Participants, FFY 2024

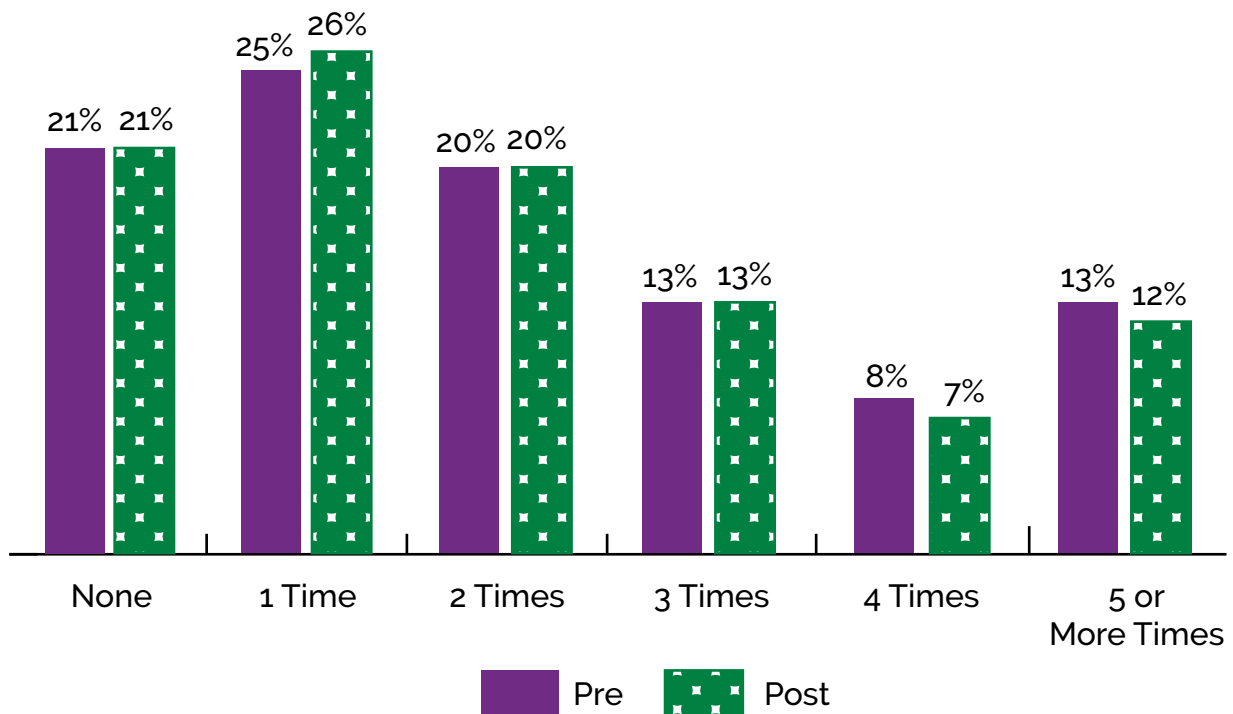


Figure 2.16 Note: Sugar-sweetened beverage was the frequency of the following beverages combined: fruit/sports drinks, regular soda, energy drinks, sweetened coffee or tea, and flavored milk.

Paired-samples t-test, n = 3,011, pre-test (M = 2.26, SD = 2.32) post-test (M = 2.21 SD = 2.32; p = 0.21).

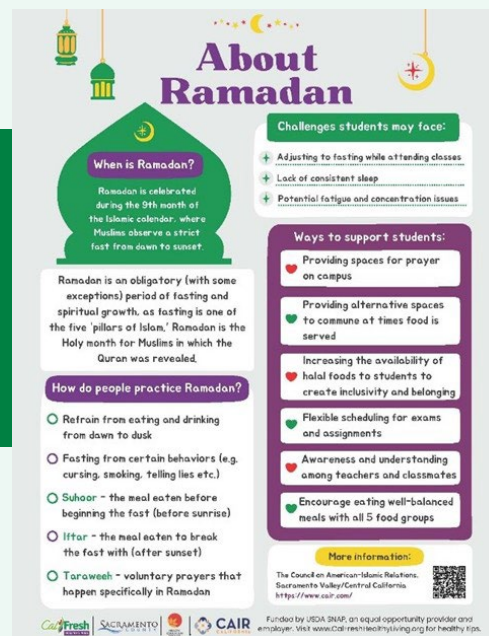
Success Story

Novel Resource Provides Support for Students during Ramadan

During Ramadan, Muslim students might feel isolated at school because they cannot participate in lunch or physical activities due to fasting, so The Health Education Council (HEC) saw an opportunity to educate school staff and partners. HEC secured funding through the City of Sacramento's American Rescue Plan Act Funds to support education and engagement with Afghan families within the Twin Rivers Unified School District (TRUSD).

"Very nice! Thank you! I'll share with our kitchen staff for training only. Thanks so much!"

– Nutrition Services Director, Twin Rivers Unified School District



A one-pager was created that provides an overview of Ramadan and the religious practices observed during this time, challenges faced by students, and ways to support them around school meals and physical education time, like providing alternative places to convene to relieve students from being around food and providing spaces to pray on campus. It also emphasizes how understanding Ramadan can benefit school wellness policies, promoting inclusivity of diverse nutrition needs and religious dietary restrictions. HEC worked with the Council on American-Islamic Relations (CAIR) to offer an educational presentation to school partners followed by the co-creation of the one-page informational sheet.

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)

As shown in Figure 2.17, there was a significant increase in the number of days per week youth reported being physically active for at least 60 minutes pre- to post-test.

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 2024

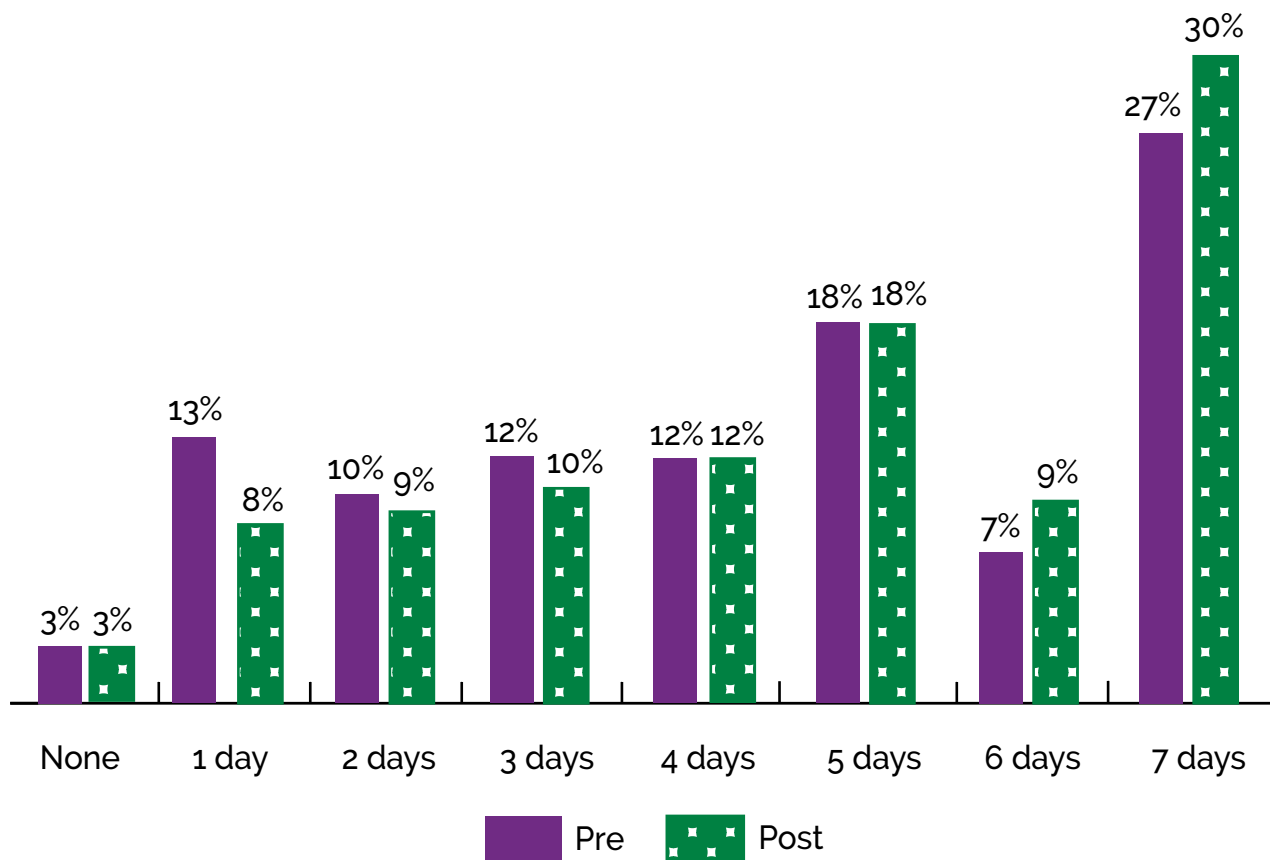


Figure 2.17 Note: Paired-samples *t*-test, $n = 2,839$, pre-test ($M = 4.57$, $SD = 2.13$) post-test ($M = 4.92$, $SD = 2.23$; $t(2,838) = 7.18$, $p < 0.001$, $d = 0.15$).

Summary of Direct Education Results

Survey data from 4,736 adults and 6,306 youth showed that Direct Education participants demonstrated improvements across almost all measured indicators. (Table 2.3).

Table 2.3 Snap-Ed Evaluation Framework Indicators With Significant Improvements Reported for FFY 2024

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.

Adult participants showed significant improvement in all indicators of fruit and vegetable consumption, food resource management, and physical activity. Youth participants showed significant improvement in fruit and vegetable consumption and physical activity indicators. The frequency of sugar-sweetened beverages consumption did not see any significant reduction among youth participants.

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).

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.

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	$r = 0.28$	Small effect
MT1d	Ate more than one kind of vegetable	$r = 0.27$	Small effect
MT1h	Drinking fewer fruit drinks, sports drinks, punch	$r = 0.17$	Small effect
MT1h	Drinking fewer sodas	$r = 0.26$	Small effect
MT1l	Cups of fruit consumed per day	$d = 0.36$	Small effect
MT1m	Cups of vegetables consumed per day	$d = 0.35$	Small effect
MT2b	Read nutrition facts labels or nutrition ingredients lists	$r = 0.37$	Medium effect
MT2g	Not run out of food before month's end	$r = 0.09$	Small effect
MT3a	Physical activity and leisure sport	$d = 0.24$	Small effect

Indicator	Description	Effect Size	Interpretation
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	$g = 0.12$	Small effect
MT1l	Cups of fruit consumed per day	$d = 0.14$	Small effect
MT1m	Cups of vegetables consumed per day	$d = 0.13$	Small effect
MT3b	Physical activity when you breathed harder than normal	$d = 0.15$	Small effect

CALIFORNIA SNAP-SHOT: POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE



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:

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

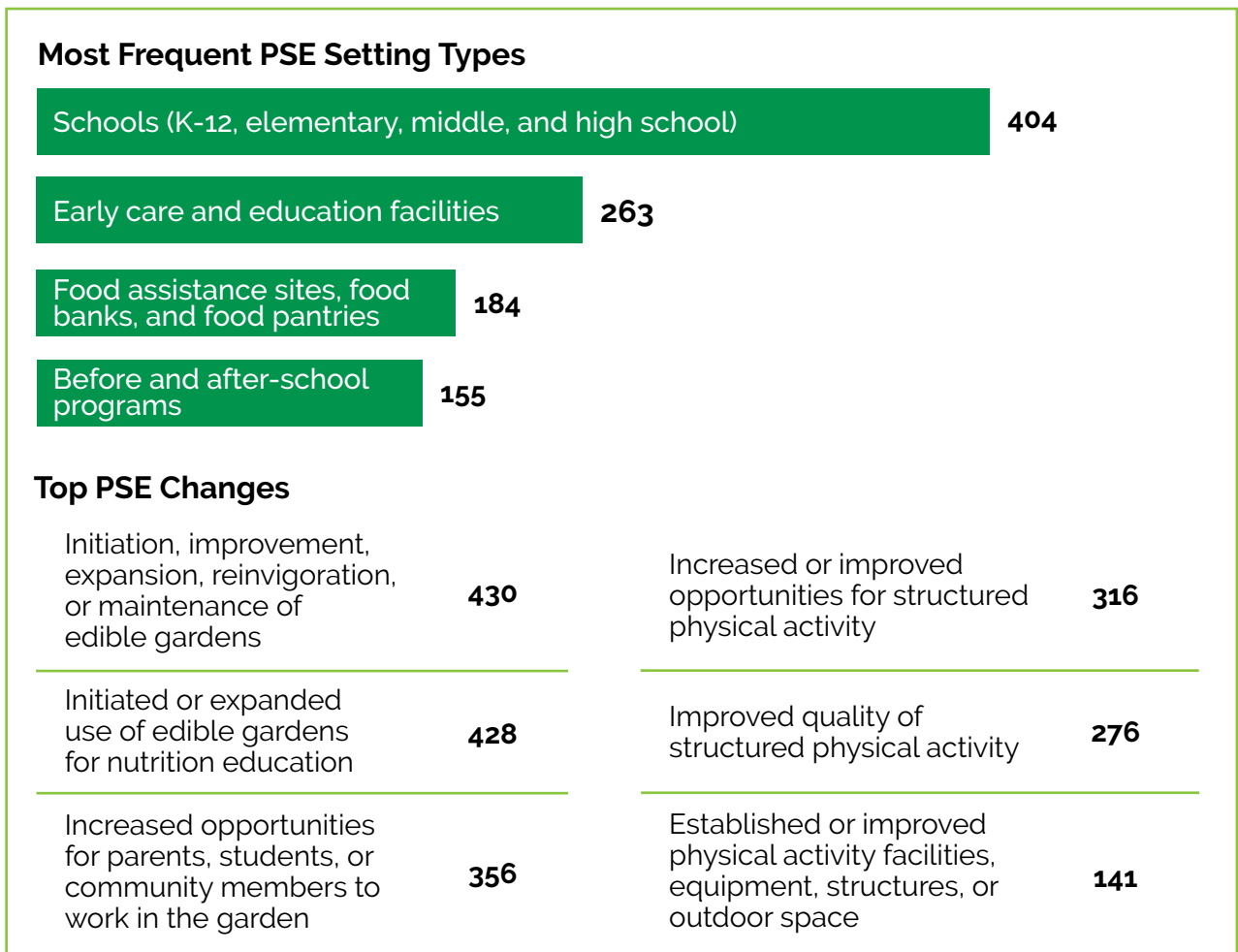
PSE work begins with an agreement between sites and LIAs. This is followed by planning and preparation for implementation, which often includes organizational needs and readiness assessment, beginning and ongoing implementation, maintenance of changes, and follow-up or monitoring. LIAs report their PSE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

In FFY 2024, there were 6,351 PSE changes reported for 1,359 PSE activities implemented across 1,225 sites throughout the state. These interventions were delivered in 53 of California's 58 counties. PSE changes reached more than 1.5 million Californians at CalFresh Healthy Living-eligible sites by implementing interventions that expand access and promote healthy eating and a physically active lifestyle



where Californians eat, live, learn, play, shop, and work. 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



PSE Changes by Type of Approach

In FFY 2024, LIAs reported 6,351 PSE changes, up from 5,930 changes in FFY 2023. The FFY 2024 changes were comprised of 3,161 environmental changes, 2,657 systems changes, 532 policy changes, and one promotional change (Figure 3.2). These changes included 4,662 nutritional changes, 1,623 physical activity changes, and 66 changes that combined nutrition and physical activity (Table 3.1). Tables 3.2 and 3.3 show the top five nutrition PSE changes and the top five physical activity PSE changes for FFY 2024. Of all the reported changes, 53% were maintained from previous years of implementation, while the remaining 47% were newly adopted changes.

Figure 3.2 PSE Changes by Type, FFY 2024 (n = 6,350)

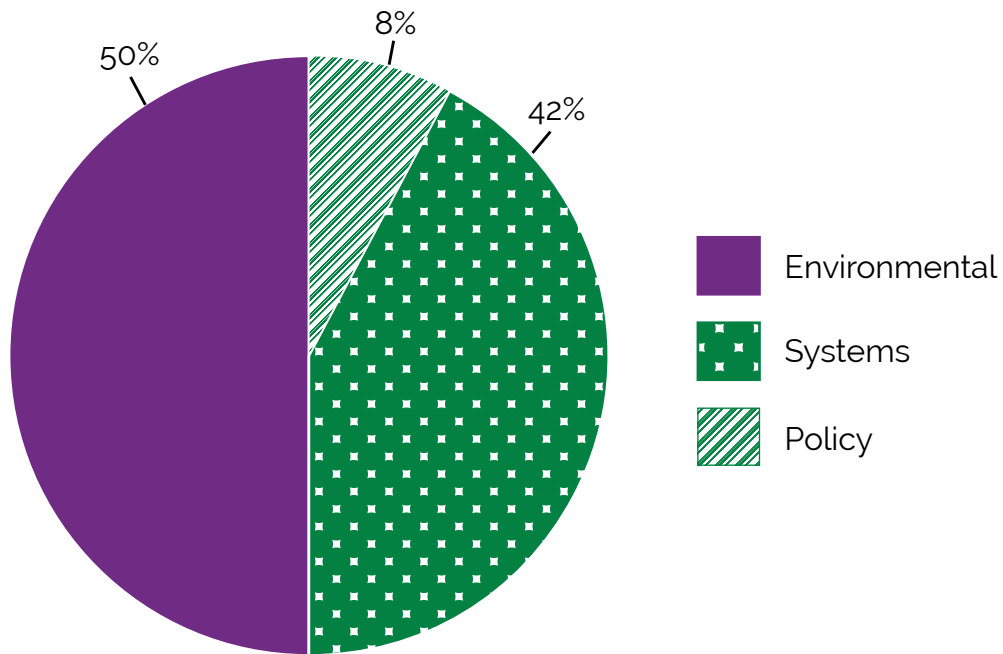


Figure 3.2 Note: The graph does not include the 1 promotional change.

Table 3.1 Number of PSE Changes, by Level and Type, FFY 2024

Change Level	PSE Change Type		
	Nutrition (n = 4,662)	Physical Activity (n = 1,623)	Nutrition & Physical Activity (n = 66)
Policy	401 (9%)	130 (8%)	1 (2%)
System	2,128 (46%)	464 (29%)	65 (98%)
Environmental	2,132 (46%)	1,029 (63%)	-
Promotional	1 (< 1%)	-	-

Table 3.2 Top Five Nutrition PSE Changes, FFY 2024

Nutrition PSE Changes	Number and percentage of total changes (n=6,351)
1. Initiation, improvement, expansion, reinvigoration or maintenance of edible gardens	430 (7%)
2. Use of the garden for nutrition education	428 (7%)
3. Opportunities for parents, students, or community members to work in the garden	356 (6%)
4. Onsite garden produce for meals/snacks provided onsite	213 (3%)
5. Ongoing, point-of-decision prompts to make a healthy eating behavior choice (could include signage, taste tests, and other interactive displays)	212 (3%)

Table 3.3 Top Five Physical Activity PSE Changes, FFY 2024

Physical Activity PSE Changes	Number and percentage of total changes (n=6,351)
1. Opportunities for structured physical activity	316 (5%)
2. Quality of structured physical activity (non-PE) (e.g., activities that increase time moving, evidence-based interventions, etc.)	276 (4%)
3. Physical activity facilities, equipment, structures, or outdoor space	141 (2%)
4. Opportunities for unstructured physical activity time/free play	125 (2%)
5. Professional development opportunities on physical activity	118 (2%)

Success Story

Breaking Down Language Barriers and Paving the Way for New Opportunities

For older adult immigrants, access to health information and resources is often difficult due to language barriers. At a senior housing site, Cal Fresh Healthy Living facilitators guided a group in a process encouraging participants to identify barriers and work together to come up with solutions. Language differences, lack of access to fresh produce and safety were the biggest issues identified. As a result, residents started Cultural Sharing Potlucks to exchange traditional food and cultural customs and improve



community. An intergenerational partnership was created with Urban Life, a youth organization with an urban farm on site and residents were provided garden plots. Participants also developed a survey tool to assess residents' language skills and interests in improving communication and created a list with local resources for food translated into 7 languages. CalFresh Healthy Living facilitators can lead the way in fostering a sense of inclusion that can result in improved health outcomes for communities.

PSE Changes by Setting

Figure 3.3 displays the top 10 settings where PSE changes took place in FFY 2024. The most common settings where PSE changes were implemented were K-12 schools (elementary, middle and high) (30%), followed by ECE facilities (including childcare centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs) (19%).

Figure 3.3 Percentage of PSE Activities per Setting, FFY 2024 (n = 1,359)

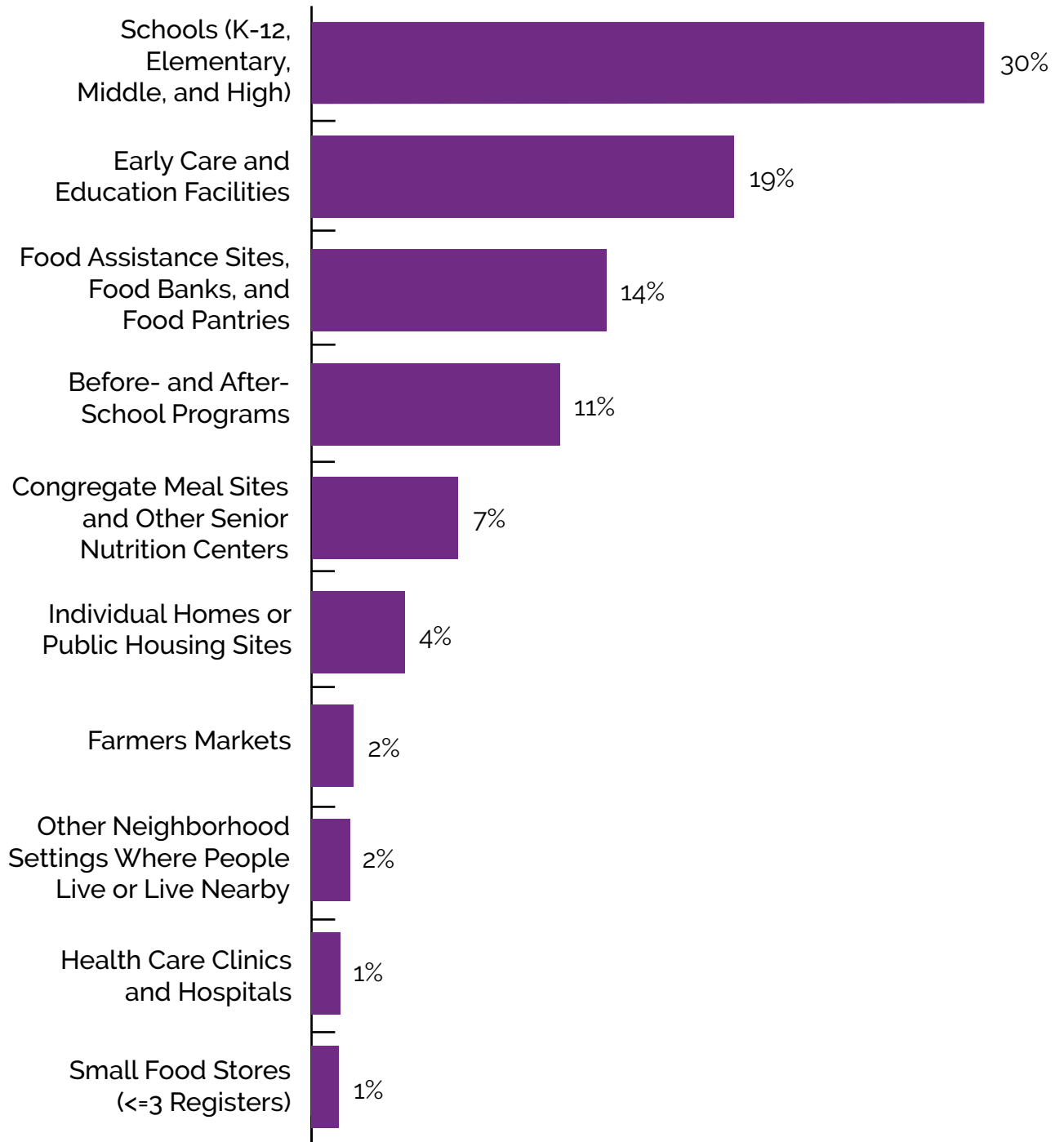
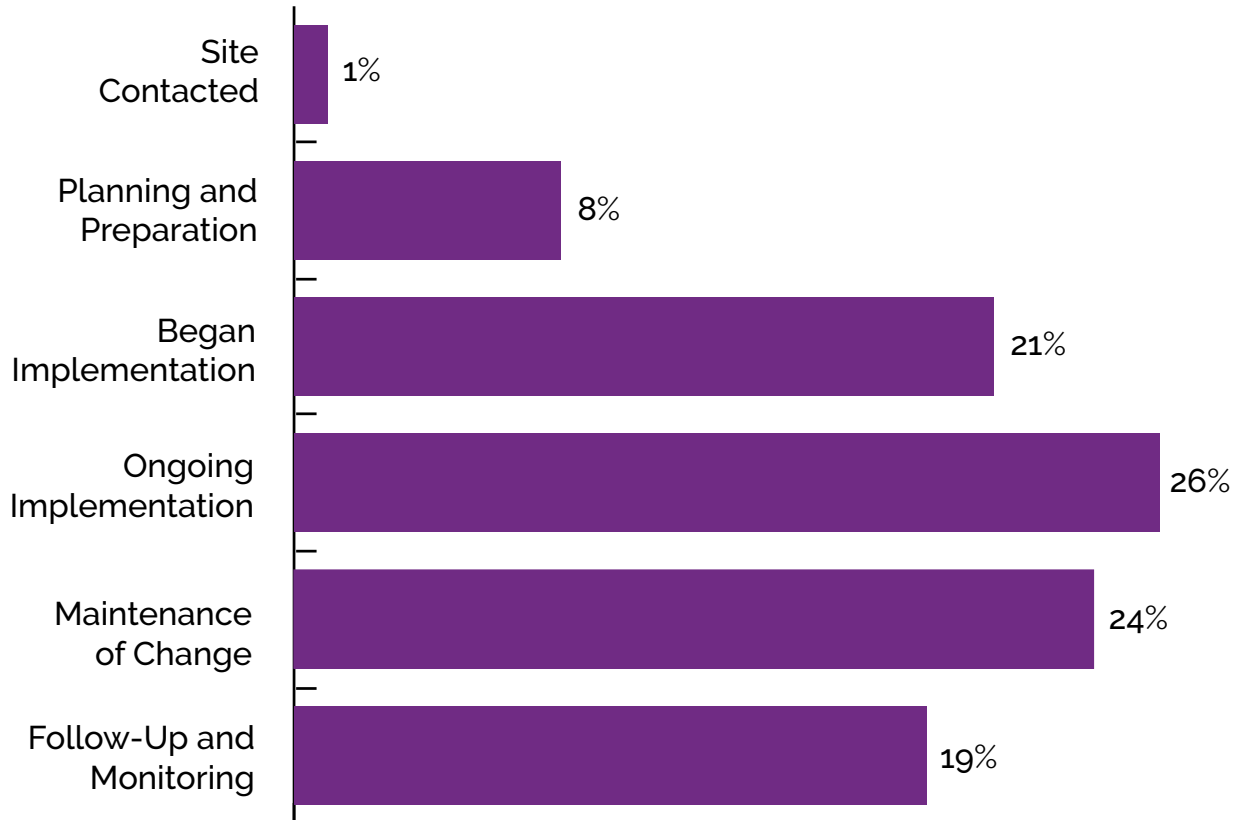


Figure 3.3 Note: Only includes ten most frequent settings with PSE activities in the implementation phase.

Implementation Stage of FFY 2024 PSE Activities

As shown in Figure 3.4, of the 1,506 PSE activities reported in FFY 2024, only 141 (9%) were not yet in the implementation stage. The remaining PSEs were at various stages of project implementation, from the adoption of changes to project follow-up and monitoring.

Figure 3.4 Percentage of PSE Activities at Each Level of Implementation (n = 1,506)



Success Story

Adult Residents Making their Voices Heard

English and Spanish-speaking participants of CalFresh Healthy Living classes at the Escondido Senior Nutrition Center/Park Avenue Community Center joined forces to discuss how they could improve their community. Participants expressed feeling unsafe walking on the uneven sidewalks around the center, felt that there were barriers to riding the bus, particularly with a walker, and felt a lack of safety due to people around the center who were experiencing homelessness. Participants came up with an action plan and conducted a group walk audit, where they took pictures of uneven pavement and cracked cable/utility covers and submit issues to the city via the Report It! mobile app. At least 4 changes have already been made, as a result.



Participants also voiced their concerns to city officials at a community change session. The Deputy Mayor committed to ensuring that the busses were accessible to people with walkers and also provided participants his contact information if they needed additional support. To sustain their efforts, two participants committed to participating in the County's bi-monthly Age Well Subcommittee on Transportation and 4 participants became the point people for the Report It! mobile application, assisting residents to report safety issues. Participants felt empowered to effectively voice their concerns to the city.

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 2024, Percentage of PSE Activities Where Facilitators Were Reported (n = 1,232)

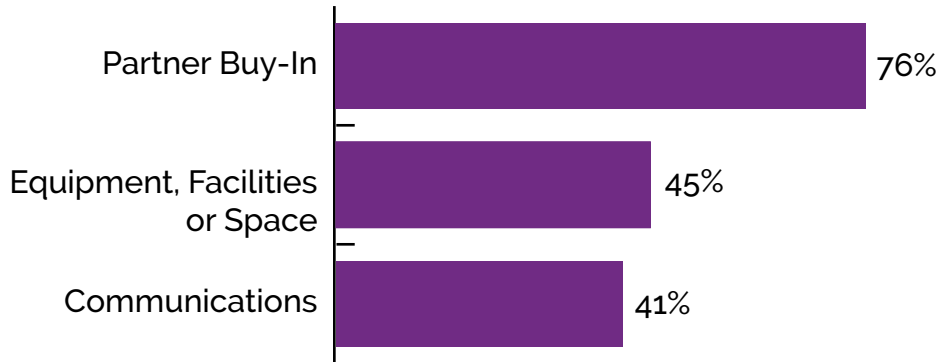


Figure 3.5 Note: Respondents could select more than one facilitator.

Figure 3.6 Top 3 Barriers to PSE Implementation, Percentage of PSE Activities Where Barriers Were Reported (n = 1,144)

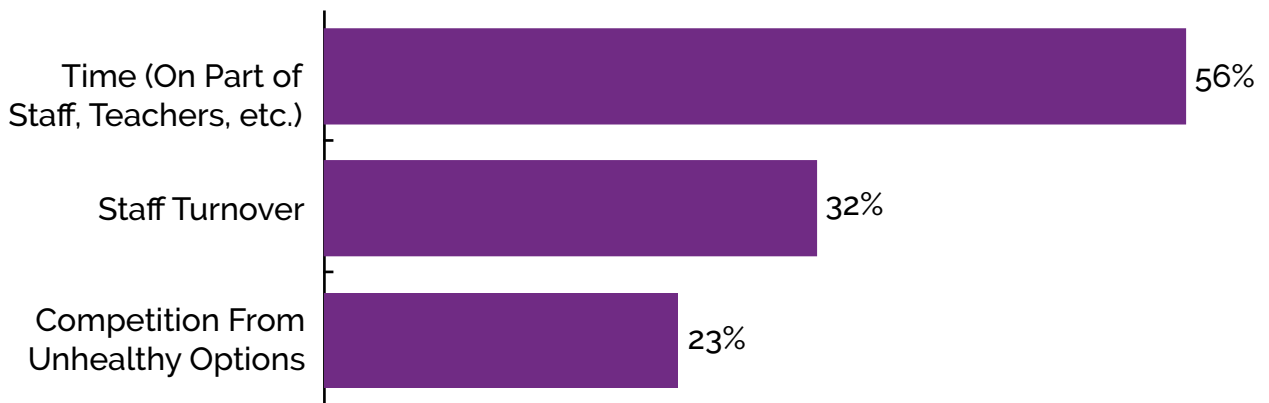


Figure 3.6 Note: Respondents could select more than one barrier.

Funding and Sustainability

PSE changes are implemented through partnerships between CalFresh Healthy Living implementers, 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 83% of PSE activities ($n = 1,128$) being implemented in FFY 2024 ($n = 1,359$) through initiating efforts (76%), providing guidance (72%), providing training (72%), funding implementation (62%), providing evaluation (58%), and fostering engagement (32%) (Figure 3.7).

Figure 3.7 Percentage of PSE Activities Where CalFresh Healthy Living Played a Lead or Major Role ($n = 1,128$)

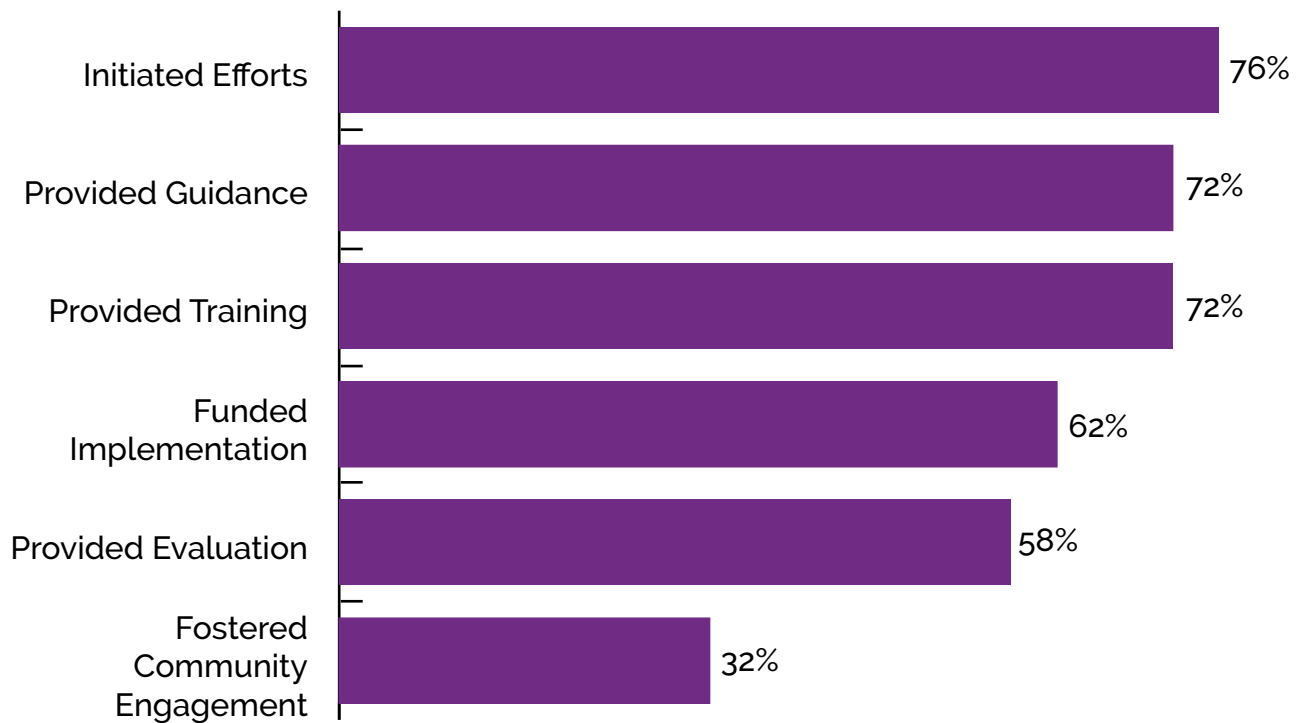
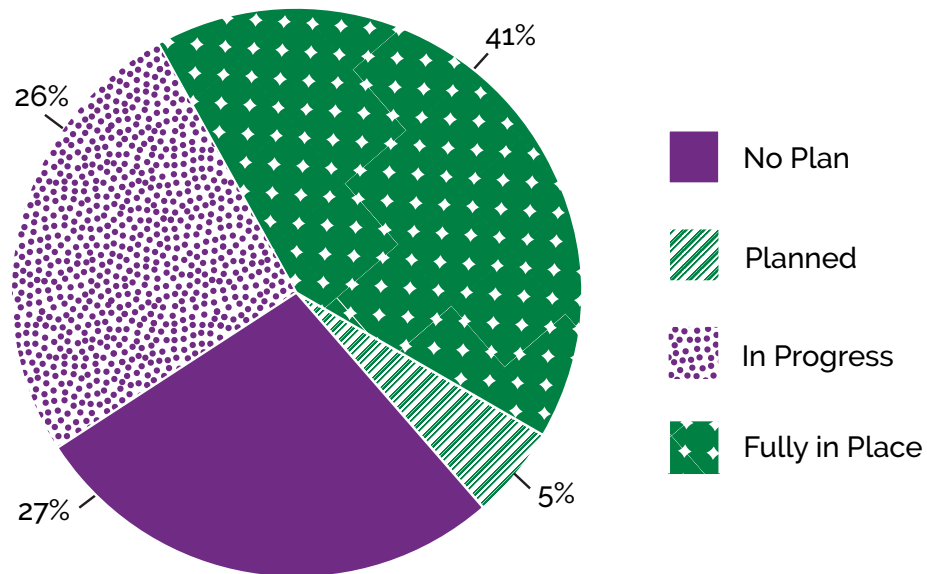


Figure 3.7 Note: CalFresh Healthy Living may fulfill more than one role.

Out of the 1,359 PSE activities in at least the implementation stage, 73% (986) reported having sustainability plans at various stages (Figure 3.8).

Figure 3.8 Stages of PSE Sustainability Mechanisms, Percentage of All PSE Activities (n = 1,359)



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 558 PSE activities with a sustainability mechanism(s) fully in place, 71% had stakeholders' support, 49% had a reporting system implemented, 38% of the organizations had assumed responsibility, 30% had adopted sustainability policies, and 29% had identified ongoing funding to support these PSE activities (Figure 3.9).

Figure 3.9 Sustainability Mechanism Reported, Percentage of PSEs with a Sustainability Plan in Place (n = 558)

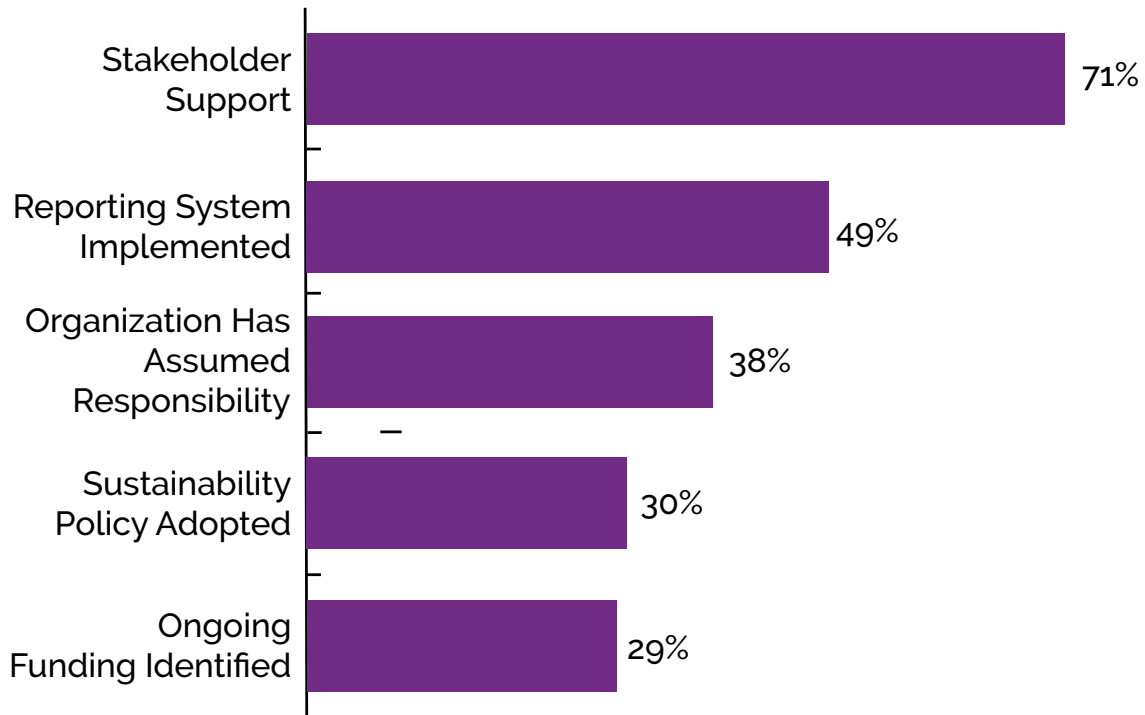


Figure 3.9 Note: Only includes PSEs with a sustainability plan fully in place. There could be multiple mechanisms in place for sustainability.

Summary of PSE Activities

CalFresh Healthy Living PSE activities reached more than 1.5 million Californians to improve nutrition and physical activity in eligible communities. There were 6,351 PSE changes reported, up from 5,930 in FFY 2023. Nutrition-related PSE changes continued to make up the majority of changes (73%), and the K-12 school setting had the largest percentage of PSE activities taking place (30%). Almost three-quarters of PSE activities had a sustainability plan either planned or in place. Facilitators and barriers of PSE activity implementation remained consistent from FFY 2023: partner buy-in was the most frequently reported facilitator, and lack of time on the part of CalFresh Healthy Living staff was the biggest barrier.

REACHING THE CALFRESH HEALTHY LIVING ELIGIBLE POPULATION



In FFY 2024, CalFresh Healthy Living reached more than 1.8 million Californians through Direct Education and PSE activities combined, representing about 17% of the 11.5 million Californians eligible for CalFresh Healthy Living. Some demographic data were available for the 262,362 Direct Education participants; however, race was not available for 67% of participants, and ethnicity was not available for 24%. Missing information is primarily among children since in many cases, demographic data are not collected from school-based programs. Table 4.1 shows the demographic distribution of the FFY 2024 CalFresh Healthy Living Direct Education participants compared to the CalFresh Healthy Living-eligible population. By race and ethnicity, CalFresh Healthy Living is mostly reaching the target populations. By age, CalFresh Healthy Living is mostly reaching children ages 5 to 17 years (73% of participants compared to 21% of the eligible population) due to the majority of Direct Education interventions being K-12 school centric. These interventions can affect the entire family, and instilling healthy habits early can lead to long-term benefits across a person's life.

Table 4.1 Demographic Comparison on CalFresh Healthy Living-Eligible to FFY 2024 Direct Education Participants

	CalFresh Healthy Living Eligible Population	Percentage of Eligible Population ¹	FFY 2024 Direct Education Reach	Percentage of Total Reach ¹
Ethnicity²	<i>n</i> = 11,040,032		<i>n</i> = 199,258	
Hispanic or Latino	6,021,002	55%	131,599	66%
Non-Hispanic or Latino	5,019,030	45%	67,659	34%
Race³	<i>n</i> = 11,040,032		<i>n</i> = 87,899	
American Indian or Alaskan Native	290,664	3%	4,021	5%
Asian	1,404,179	13%	12,877	15%

Reaching the CalFresh Healthy Living Eligible Population

	CalFresh Healthy Living Eligible Population	Percentage of Eligible Population ¹	FFY 2024 Direct Education Reach	Percentage of Total Reach ¹
Black or African American	963,680	9%	9,475	11%
Native Hawaiian or Other Pacific Islander	84,569	1%	1,654	2%
White	6,238,775	57%	59,872	68%
Some Other Race	2,058,165	19%	-	-
Age Groups⁴	<i>n</i> = 10,539,019		<i>n</i> = 246,850	
Under 5 years	723,444	7%	23,122	9%
5 to 17 years	2,206,838	21%	179,893	73%
18 to 59 years	5,379,749	51%	25,653	10%
60 years and older	2,228,988	21%	18,182	7%

Table 4.1 Note: Eligible population data from U.S. Census Bureau, 2022.

¹*Calculated based on only those with available data.*

²*Ethnicity of 24% (63,104) of Direct Education participants was unknown or not reported.*

³*Race of the eligible population is alone or in combination with one or more other races. Race for 67% of Direct Education participants was unknown or not reported.*

⁴*Age for 6% of Direct Education participants was unknown or not reported.*

To assess the effectiveness of the program within different populations, Direct Education outcomes for adults were analyzed within race and ethnic groups ([Appendix 3](#)). All groups showed significant improvements for most outcomes.

To further advance strategies that support healthy choices, outcomes, and families for all Californians, CalFresh Healthy Living launched a statewide collective approach with all four SIAs to develop a statewide Community Impact Framework. The framework, grounded in CalFresh Healthy Living's local resources and relationships, supports growth in the attitudes, structures, and decisions needed to deliver programs more successfully. It outlines current efforts and identifies areas for innovation and continued transformation, while maintaining the ability of implementing agencies to customize efforts. Innovative activities in the framework include involving CalFresh Healthy Living-eligible community members in planning and evaluation efforts to increase program impact and sustainability. The framework guides both statewide and local efforts to increase the reach and effectiveness of CalFresh Healthy Living programs.



Success Story

Laugh, Play, Learn!

A dedicated CalFresh Healthy Living, University of California Cooperative Extension (UCCE) educator has been working to build relationships with Head Start preschools throughout San Francisco. CalFresh Healthy Living approved curricula have been administered at 9 Kai Ming Head Start sites reaching more than 200 kids across the city.

"We love when you come and give lessons, the kids learn and we [the teachers] learn too and are able to keep teaching them how to be healthy."

– Kai Ming teacher



The educator has designed program delivery with a dynamic and cheerful presence balanced by effective teaching practices and resources to create an engaging experience for youth and adults. Multilingual delivery is common at this site with staff available and eager to provide on-site translation to Cantonese-speaking students and the UCCE educator available to speak and translate in Spanish. Parent nutrition education lessons are also delivered in three languages: English, Cantonese, and Spanish. This comprehensive education reaching both students and their parents is proving to be highly valued amongst the Head Start community at this site.

CONCLUSION



During FFY 2024, CalFresh Healthy Living supported more than 1.8 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 6,000 PSE changes, almost 1,000 more than in FFY 2023. Adults and youth participating in Direct Education reported significant improvements in almost all nutrition and physical activity behaviors. Multi-component interventions were implemented across sites. Sixty-six percent of sites with nutrition PSE changes and 75% 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 first 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

CalFresh Healthy Living set new State Goals and Objectives (see [Appendix 2](#)) for the FFY 2024–2026 funding cycle. In addition, CalFresh Healthy Living created a new Community Impact Framework to expand reach and effectiveness of interventions for all eligible Californians through subsequent years of the funding cycle and beyond. Mapping program data is also in progress to monitor geographic gaps in program services, and participatory pilot projects are being planned for FFY 2025 and 2026 to increase community engagement. These combined efforts are important to ensure that CalFresh Healthy Living continues to evolve and captures the most relevant and important program outcomes. CalFresh Healthy Living will continue to build upon its successes with improvements planned in the years ahead to improve nutrition security and opportunities for physical activity among CalFresh Healthy Living-eligible communities.



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APPENDIX 1. CURRICULUM MAPPING



Table A1.1. Topic Areas Covered by FFY 2024 Adult Direct Education Curricula

Curriculum Title	Fruit	Vegetables	Sugar-Sweetened Beverages	Using Nutrition Facts Label	Run Out of Food Before End of Month	Physical Activity
Sample Size by Topic	3,715	3,715	3,086	2,714	3,023	4,483
Around the Table	X	X				
Around the Table: Nourishing Families	X	X				
Bingocize®						X
Cooking for Health Academy	X	X				
Cooking Matters (National)	X	X	X	X	X	X
Eat Healthy, Be Active Community Workshops	X	X	X	X	X	X
Eat Smart, Live Strong: Nutrition Education for Older Adults	X	X			X	X
Eating Smart, Being Active	X	X	X	X	X	X
Everybody Loves Line Dancing	X	X	X			X
Families Eating Smart and Moving More (FESMM)-4 lessons	X	X		X	X	

Appendix 1. Curriculum Mapping

Curriculum Title	Fruit	Vegetables	Sugar-Sweetened Beverages	Using Nutrition Facts Label	Run Out of Food Before End of Month	Physical Activity
Families Eating Smart and Moving More (FESMM)-6 lessons	X	X	X	X	X	X
Food Smarts for Adults	X	X	X	X	X	X
Fresh from the Garden	X	X				
Healthy Eating and Active Living (HEAL) Toolkit for Community Educators	X	X	X	X		X
Matter of Balance (MOB)						X
MyPlate for My Family Education Toolkit	X	X	X	X	X	X
Nutrition 5 Class Series	X	X	X	X	X	
Plan, Shop, Save and Cook	X	X		X	X	
Staying Healthy Through Education and Prevention						X
Tai Chi for Arthritis and Fall Prevention						X
Tai Chi: Moving for Better Balance (a.k.a. Tai Ji Quan)						X
UCCE Connects to You!	X	X	X	X	X	X
Walk with Ease						X
Young at Heart						X

Table A1.2. Topic Areas Covered by FFY 2024 Youth Direct Education Curricula

Curriculum Title	Fruit	Vegetables	Sugar-Sweetened Beverages	Physical Activity
Sample Size By Topic	6,102	6,102	3,045	5,347
4-H Cooking 101 (4-6)	X	X		
CATCH (K-5) - Kids Club Manual and Activity Box				X
Common Threads: Small Bytes Program (grades pre-K - 8)	X	X		
Cooking Up Healthy Choices (4-6)	X	X		X
Dig In! (5-6)	X	X		
Discovering Healthy Choices (4-6)	X	X		X
EatFit (6-8)	X	X	X	X
Food Smarts for Kids	X	X	X	X
Harvest of the Month (HOTM) Curriculum (4-6) (rev. 2018)	X	X		X
Healthy Choices Through History (4-6)	X	X		X
High School Lesson Plans and Presentations (Drexel)	X	X	X	X
Hunger Attacks/Money Talks (9-12)	X	X	X	

Appendix 1. Curriculum Mapping

Curriculum Title	Fruit	Vegetables	Sugar-Sweetened Beverages	Physical Activity
Learn! Grow! Eat! Go! (2-5)	X	X		X
Nutrition Pathfinders (4-6)/Let's Eat Healthy Video Series	X	X		X
Nutrition to Grow On (4-6)	X	X		
Power Play! Community Youth Organization Idea and Resource Kit (CYO Kit)	X	X		X
Power Play! School Idea and Resource Kit (SIRK) (Campaign Resources) (4-5)	X	X		X
Power Play! Power Up for Learning – Physical Activity Supplement (4-5)				X
Serving Up MyPlate: A Yummy Curriculum (1-6)	X	X	X	X
TWIGS: Teams With Inter-Generational Support (K-8)	X	X		
YPAR Stepping Stone Curriculum			X	
Up4It! – Level 1 (4-5)	X	X	X	X
Up4It! – Level 2 (5-6)	X	X	X	X

APPENDIX 2. PROGRESS TOWARD GOALS AND OBJECTIVES



FFY 2024 marks the beginning of a new three-year funding period. 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 2024.

Table A2.1. Goal 1: Improve Overall Diet Quality Among Californians Eligible for CalFresh by September 2026

Objective	FFY 2024 Results
<p>1a. At least 35% of adult participants will eat more than one kind of fruit and vegetable per day...</p>	<p>34% increased how often they ate more than one kind of fruit and 34% increased how often they ate more than one kind of vegetable.</p>
<p>1a. (con't). ...45% will increase the number of cups of fruit and vegetables they ate per day...</p>	<p>45% increased the number of cups of fruits consumed and 45% increased the number of cups of vegetables consumed.</p>
<p>1a. (con't). ...and 25% will drink fewer sugar sweetened beverages.</p>	<p>35% drank fewer sugar-sweetened beverages.</p>
<p>1b. At least 45% of adult participants will show improvement in at least one food resource management indicator.</p>	<p>37% showed improvement in how often they read nutrition fact labels when shopping.</p>
<p>1c. On average, children will increase by 0.4 times per day the number of times they eat fruits...</p>	<p>Children increased the average number of times they ate fruits by 0.2 times a day.</p>
<p>1c. (con't). ... and 0.2 times per day the number of times they eat vegetables.</p>	<p>Children increased the average number of times they ate vegetables by 0.6 times a day.</p>

Objective	FFY 2024 Results
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.	77% 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.	66% of sites adopting nutrition PSE changes implemented at least 2 complementary activities.

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

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 2024 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.	40% 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.

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

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 2024 Results
<p>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.</p>	<ul style="list-style-type: none"> • Hispanic/Latino: 120% • Non-Hispanic/Latino: 76% • American Indian or Alaska Native: 167% • Asian: 115% • Black or African American: 122% • Native Hawaiian Pacific Islander: 200% • White: 119%

Note: 67% 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 2024 Results
<p>4a. At least 1,800 active partnerships will be reported by LIAs.</p>	<p>1,996 reported partnerships.</p>
<p>4b. At least 90% of IWP jurisdictions will participate in at least one multisector coalition with at least 5 diverse sector representatives.</p>	<p>69% of IWP jurisdictions participated in at least one multisector coalition with at least 5 diverse sector representatives.</p>

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 2024 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 2024 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.	69% 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 = 3,457)					
					< 0.001
Pre	11%	52%	21%	16%	
Post	5%	41%	31%	23%	
Hispanic or Latino (n = 1,883)					
					< 0.001
Pre	8%	50%	23%	18%	
Post	3%	40%	32%	25%	
Asian (n = 316)					
					< 0.001
Pre	14%	50%	20%	16%	
Post	9%	43%	25%	22%	
African American (n = 414)					
					< 0.001
Pre	13%	50%	22%	14%	
Post	7%	41%	31%	21%	
White (n = 1,705)					
					< 0.001
Pre	13%	50%	22%	14%	
Post	7%	41%	31%	21%	

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

MT1d. Ate More Than One Kind of Vegetable	No	Yes, Sometimes	Yes, Often	Yes, Always	p-value
All adults (n = 3,455)					
Hispanic or Latino (n = 1,889)					< 0.001
Pre	8%	48%	26%	17%	
Post	4%	37%	33%	25%	
Asian (n = 314)					< 0.001
Pre	8%	41%	30%	21%	
Post	2%	30%	37%	32%	
African American (n = 410)					< 0.001
Pre	14%	40%	24%	21%	
Post	7%	40%	29%	25%	
White (n = 1,704)					< 0.001
Pre	9%	50%	25%	16%	
Post	4%	40%	31%	24%	
MT1h. Drinking Fewer Fruit Drinks, Sport Drinks, or Punch	No	Yes, Sometimes	Yes, Often	Yes, Everyday	p-value
All adults (n = 2,856)					
Hispanic or Latino (n = 1,595)					< 0.001
Pre	37%	48%	10%	4%	
Post	48%	43%	7%	3%	

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

MT1h. Drinking Fewer Fruit Drinks, Sport Drinks, or Punch	No	Yes, Sometimes	Yes, Often	Yes, Everyday	p-value
Asian (n = 190)					0.065
Pre	50%	36%	7%	7%	
Post	53%	38%	6%	4%	
African American (n = 379)					0.512
Pre	39%	49%	9%	2%	
Post	40%	50%	6%	4%	
White (n = 1,431)					< 0.001
Pre	38%	47%	10%	4%	
Post	48%	41%	7%	3%	
MT1h: Drinking Fewer Regular Soda	No	Yes, Sometimes	Yes, Often	Yes, Always	p-value
All adults (n = 2,851)					
Hispanic or Latino (n = 1,594)					< 0.001
Pre	47%	40%	9%	4%	
Post	58%	36%	4%	2%	
Asian (n = 190)					< 0.001
Pre	62%	27%	5%	7%	
Post	74%	21%	3%	2%	

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

MT1h: Drinking Fewer Regular Soda	No	Yes, Sometimes	Yes, Often	Yes, Always				p-value
African American (n = 379)								0.003
Pre	51%	39%	10%	1%				
Post	56%	37%	6%	1%				
White (n = 1,431)								< 0.001
Pre	49%	36%	10%	5%				
Post	62%	32%	4%	2%				
MT1l. Cups of (or Number of Times) Fruit Consumed per Day	None	½ Cup	1 Cup	1 ½ Cups	2 Cups	2 ½ Cups	3 or More Cups	p-value
All adults (n = 3,469)								
Hispanic or Latino (n = 1,896)								< 0.001
Pre	4%	24%	41%	11%	12%	3%	4%	
Post	2%	15%	33%	16%	23%	5%	7%	
Asian (n = 316)								< 0.001
Pre	5%	21%	36%	10%	21%	3%	4%	
Post	2%	12%	26%	24%	20%	6%	10%	
African American (n = 414)								< 0.001
Pre	4%	24%	32%	12%	14%	5%	8%	
Post	2%	14%	28%	16%	21%	7%	12%	

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

MT1l. Cups of (or Number of Times) Fruit Consumed per Day	None	½ Cup	1 Cup	1 ½ Cups	2 Cups	2 ½ Cups	3 or More Cups	p-value
White (n = 1,712)								< 0.001
Pre	6%	26%	36%	11%	13%	3%	5%	
Post	3%	16%	31%	15%	21%	6%	8%	
MT1m. Cups of (or Number of Times) Vegetables Consumed per Day	None	½ Cup	1 Cup	1 ½ Cups	2 Cups	2 ½ Cups	3 or More Cups	p-value
All adults (n = 3,471)								
Hispanic or Latino (n = 1,898)								< 0.001
Pre	3%	24%	38%	11%	16%	3%	5%	
Post	2%	12%	30%	15%	24%	7%	9%	
Asian (n = 314)								< 0.001
Pre	2%	13%	30%	11%	29%	5%	10%	
Post	1%	5%	22%	11%	33%	11%	17%	
African American (n = 414)								< 0.001
Pre	3%	16%	25%	17%	19%	9%	11%	
Post	2%	11%	19%	19%	24%	10%	15%	
White (n = 1,713)								< 0.001
Pre	4%	23%	36%	12%	16%	4%	6%	
Post	2%	13%	28%	15%	23%	8%	9%	

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

MT2b: Read Nutrition Facts Labels or Nutrition Ingredients Lists	No	Yes, Sometimes	Yes, Often	Yes, Always	p-value
All adults (n = 2,677)					
Hispanic or Latino (n = 1,601)					< 0.001
Pre	29%	36%	15%	20%	
Post	12%	32%	25%	31%	
Asian (n = 168)					< 0.001
Pre	25%	39%	17%	20%	
Post	17%	30%	24%	29%	
African American (n = 307)					< 0.001
Pre	20%	31%	17%	32%	
Post	12%	34%	17%	37%	
White (n = 1,337)					< 0.001
Pre	30%	34%	17%	19%	
Post	14%	30%	25%	31%	
MT2g: Not Run out of Food Before Month's End	No	Yes, Sometimes	Yes, Often	Yes, Always	p-value
All adults (n = 2,992)					
Hispanic or Latino (n = 1,721)					< 0.001
Pre	42%	39%	10%	10%	
Post	49%	34%	8%	8%	

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

MT2g: Not Run out of Food Before Month's End		No	Yes, Sometimes	Yes, Often	Yes, Always	p-value		
Asian (n = 286)						0.045		
Pre		60%	28%	6%	5%			
Post		58%	27%	7%	9%			
African American (n = 326)						0.528		
Pre		65%	26%	6%	3%			
Post		62%	29%	6%	2%			
White (n = 1,446)						< 0.001		
Pre		47%	35%	8%	9%			
Post		56%	29%	8%	7%			
MT3: How Often Do You Make Small Changes on Purpose to Be More Active?		Never	Rarely	Sometimes	Often	Usually	Always	p-value
All adults (n = 3,802)								
Hispanic or Latino (n = 1,735)								< 0.001
Pre		9%	19%	27%	21%	9%	15%	
Post		4%	11%	28%	25%	14%	18%	
Asian (n = 501)								< 0.001
Pre		12%	21%	22%	18%	10%	17%	
Post		7%	14%	25%	20%	15%	19%	

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

MT3: How Often Do You Make Small Changes on Purpose to Be More Active?	Never	Rarely	Sometimes	Often	Usually	Always	p-value		
African American (n = 477)							< 0.001		
Pre	5%	14%	30%	26%	10%	15%			
Post	4%	9%	28%	25%	15%	18%			
White (n = 1,920)							< 0.001		
Pre	7%	20%	28%	21%	11%	13%			
Post	3%	12%	30%	24%	15%	16%			
MT3: In the Past Week, How Many Days Did You Do Workouts to Build and Strengthen Your Muscles? <th>None</th> <th>1 Day</th> <th>2 Days</th> <th>3 Days</th> <th>4 Days</th> <th>5 Days</th> <th>6 Days</th> <th>7 Days</th> <th>p-value</th>	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 = 1,721)									< 0.001
Pre	36%	15%	15%	13%	6%	7%	3%	5%	
Post	21%	15%	17%	18%	10%	10%	3%	6%	
Asian (n = 512)									< 0.001
Pre	31%	15%	18%	13%	4%	6%	3%	10%	
Post	22%	13%	16%	13%	9%	11%	4%	11%	

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

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
African American (n = 477)									
Pre	23%	17%	18%	19%	8%	8%	2%	5%	< 0.001
Post	15%	18%	21%	21%	9%	9%	2%	5%	
White (n = 1914)									
Pre	35%	13%	18%	14%	6%	7%	2%	4%	< 0.001
Post	20%	16%	20%	18%	9%	8%	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 = 3,769)									
Hispanic or Latino (n = 1,726)									
Pre	14%	11%	14%	19%	12%	14%	5%	11%	< 0.001
Post	6%	6%	14%	20%	16%	20%	6%	12%	
Asian (n = 511)									
Pre	6%	10%	13%	18%	11%	12%	6%	26%	< 0.001
Post	2%	6%	12%	16%	12%	17%	7%	28%	

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

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
African American (n = 479)									< 0.001
Pre	7%	11%	17%	24%	11%	15%	5%	9%	
Post	4%	8%	14%	25%	15%	18%	4%	12%	
White (n = 1,887)									< 0.001
Pre	13%	11%	16%	19%	11%	13%	6%	12%	
Post	5%	7%	16%	20%	15%	18%	7%	13%	