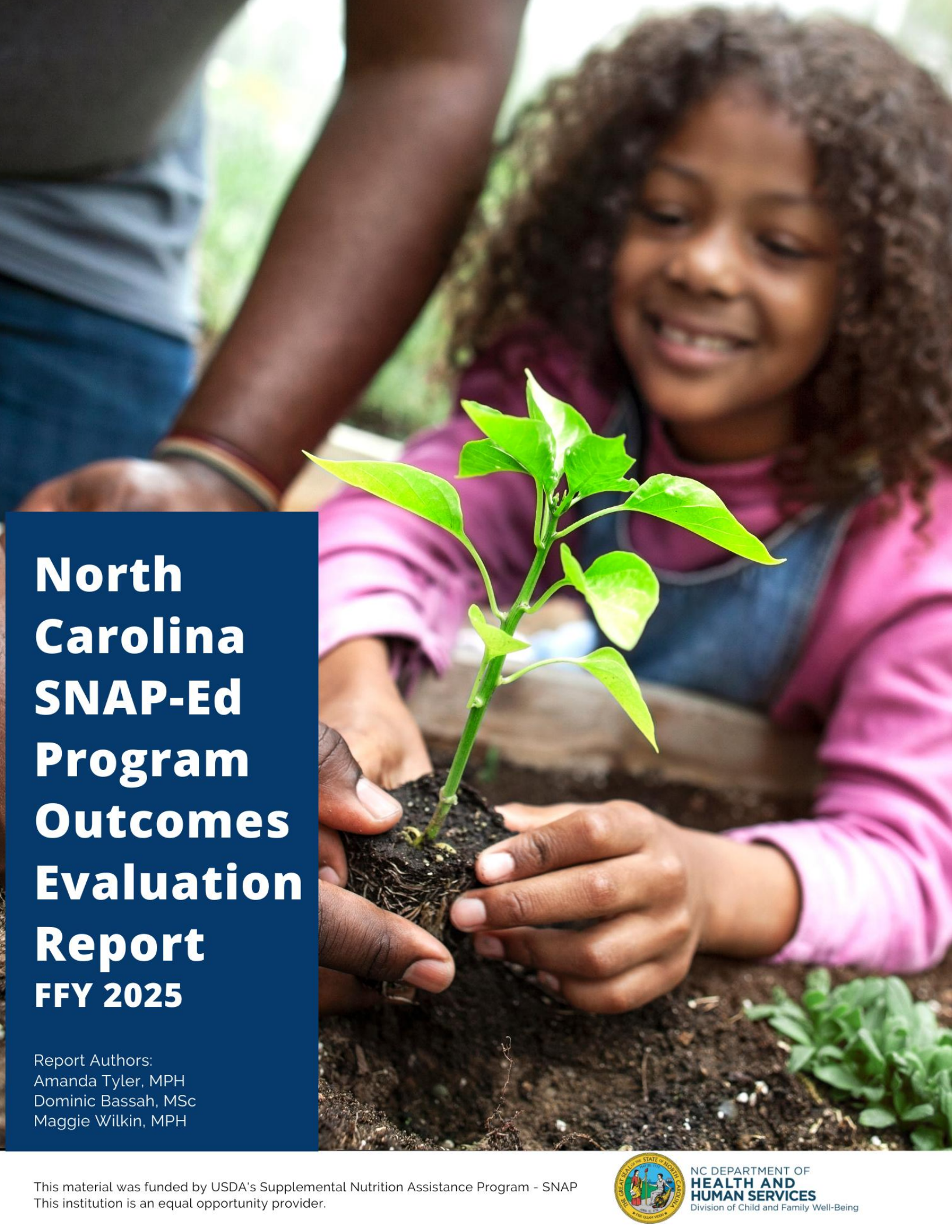




North Carolina SNAP-Ed Program Outcomes Evaluation Report FFY 2025

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child and Family Well-Being

Table of Contents

Program Overview.....	3
Who We Serve.....	4
Direct Education.....	5
Measuring Progress.....	5
Findings.....	7
Direct Education Overall.....	7
Direct Education Survey Respondents.....	9
Youth Outcomes (Ages 5 – 17).....	11
Adult Outcomes (Ages 18 - 59).....	12
Senior Outcomes (Ages 60 And Older).....	14
PSE Change Activities.....	16
Measuring Progress.....	16
Findings.....	18
PSE Changes.....	19
PSE Interventions.....	23
Multi-Component Interventions.....	25
Sustainability.....	26
Conclusions.....	28
Reflections.....	29
Acknowledgements.....	36

PROGRAM OVERVIEW



The Supplemental Nutrition Assistance Program Education (SNAP-Ed) is a federal nutrition education program of the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Supplemental Nutrition Assistance Program (SNAP). The purpose of SNAP-Ed is to increase the likelihood that individuals with limited budgets will make healthy food choices and choose physically active lifestyles and to support implementation of public health approaches to nutrition and physical activity.

The North Carolina Department of Health and Human Services (NCDHHS) Division of Child and Family Well-Being in collaboration with nine Implementing Agencies (IAs) (listed in box) implement the SNAP-Ed program in communities across North Carolina to improve nutrition, physical activity, and food resource management among individuals and families with

low incomes at or below 185% of the federal poverty guidelines. North Carolina IAs implement direct education interventions that equip participants with the knowledge, skills, and actionable steps necessary to make healthier food choices, stretch their food dollars, and live a physically active lifestyle. IAs also work to make healthy choices easier through policy, systems, and environmental (PSE) change interventions that facilitate the adoption of healthier choices by improving policies, systems, and the environments that influence nutrition and physical activity behaviors.

North Carolina IA's

- Alice Aycock Poe Center for Health Education
- Down East Partnership for Children
- Durham County Department of Health - DINE
- East Carolina University - MATCH
- North Carolina Agricultural and Technical State University -Try Healthy
- North Carolina State University – Steps to Health
- Second Harvest Food Bank of Northwest North Carolina
- University of North Carolina at Chapel Hill - HPDP
- University of North Carolina at Greensboro – Recipe for Success



North Carolina SNAP-Ed aims to serve the **2,942,968 SNAP-Ed-eligible individuals** in the state. Interventions are implemented at approved sites where eligible individuals eat, learn, live, play, shop, and work. Figures 1, 2, and 3 describe SNAP-Ed-eligible North Carolinians by age, race, and ethnicity according to 2023 estimates from the U.S. Census Bureau's American Community Survey.

Figure 1: Age of SNAP-Ed Eligible North Carolinians

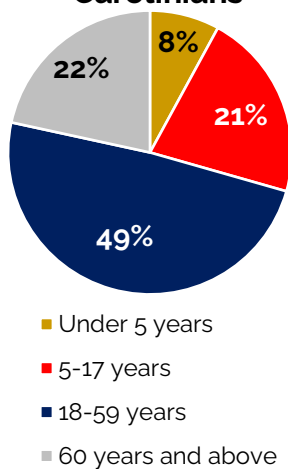


Figure 2: Race of SNAP-Ed Eligible North Carolinians

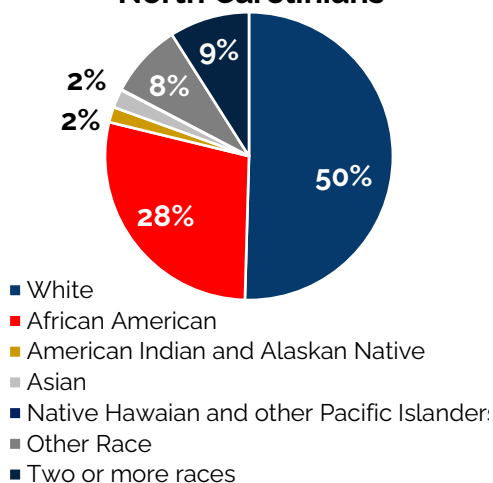
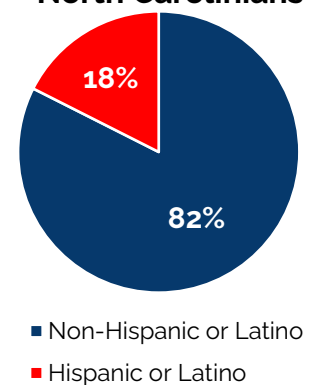


Figure 3: Ethnicity of SNAP-Ed Eligible North Carolinians



DIRECT EDUCATION

Direct education interventions aim to improve the health of North Carolinians eligible for SNAP by equipping them with the skills to make healthier choices. Some topics covered during direct education can include healthy eating, cooking, gardening, food safety, meal planning, shopping, budgeting, and physical activity.

MEASURING PROGRESS

Overview of Methods and Analysis

Direct education interventions were delivered by North Carolina IAs in federal fiscal year (FFY) 2025 at SNAP-Ed eligible sites to children, teens, adults, and seniors. Participants' demographic data were collected in addition to self-reported healthy eating behaviors using IA-specific surveys collected at the beginning of the series (pre-intervention) and near the end of the series (post-intervention). Behavior change was assessed by comparing self-reported behaviors from the pre-intervention survey to the post-intervention survey. Table 1 shows SNAP-Ed Evaluation Framework indicators assessed in FFY 2025.

Table 1. SNAP-Ed Evaluation Framework Indicators Relevant to the North Carolina Direct Education Activities in FFY 2024

Relevant Indicator	Description
MT1c	Eating more than one kind of fruit throughout the day or week
MT1d	Eating more than one kind of vegetable throughout the day or week
MT1g	Drinking water
MT1h	Drinking fewer sugar-sweetened beverages (SSBs)
MT1l	Cups of fruit consumed per day
MT1m	Cups of vegetables consumed per day

Since the direct education survey questions vary across the nine IAs, to assess outcomes across the state a common indicator was developed. Changes in the percentage of participants meeting the current Dietary Guidelines for Americans 2020-2025¹ (DGA) pre- to post-intervention were analyzed for most indicators, fruit and vegetable consumption are reported in cups, where available. The DGA

¹ https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf

encourages healthy eating patterns at each stage of life and is not a rigid prescription but is meant to be tailored for each person's needs throughout the lifespan. Since the DGA does not include quantitative values for certain indicators, such as variety of fruits and vegetables, water and sugar sweetened beverages, codes were created to best align with the guidelines as shown in Table 2.

Table 2. SNAP-Ed Indicators and Coding for Meeting the 2020-2025 Dietary Guidelines for Americans

SNAP-Ed Indicator	Meets Guidelines
MT1c: Eating more than one kind of fruit throughout the day or week	Always/Often/Most of the time
MT1d: Eating more than one kind of vegetable throughout the day or week	Always/Often/Most of the time
MT1g: Drinking water	At least once per day/Always/Often/Most of the time
MT1h: Drinking fewer sugar-sweetened beverages (SSBs)	Never/Seldom/One time per week or less

For statistically significant results ($p < .05$), an effect size was calculated to determine the magnitude of change. Larger effect sizes indicate more meaningful changes in the behaviors reported by direct education participants. Two measures of effect size were used based on the types of data that were analyzed: the Cohen's d statistic (continuous data), and Cohen's g statistic (binary data). Each statistic has a range of values indicating whether the magnitude of the change was small, medium, or large, as shown in Table 3.

Table 3. Interpretation of Effect Size for Direct Education Results

Effect Size	Small	Medium	Large
d	0.20	0.50	0.80
g	0.05	0.15	0.25

Since SNAP-Ed interventions are tailored for specific age groups to address different dietary needs for each age group, statistical analyses for direct education were conducted by age category, youth (children and teens combined, ages 5-17) adults, and seniors.

FINDINGS

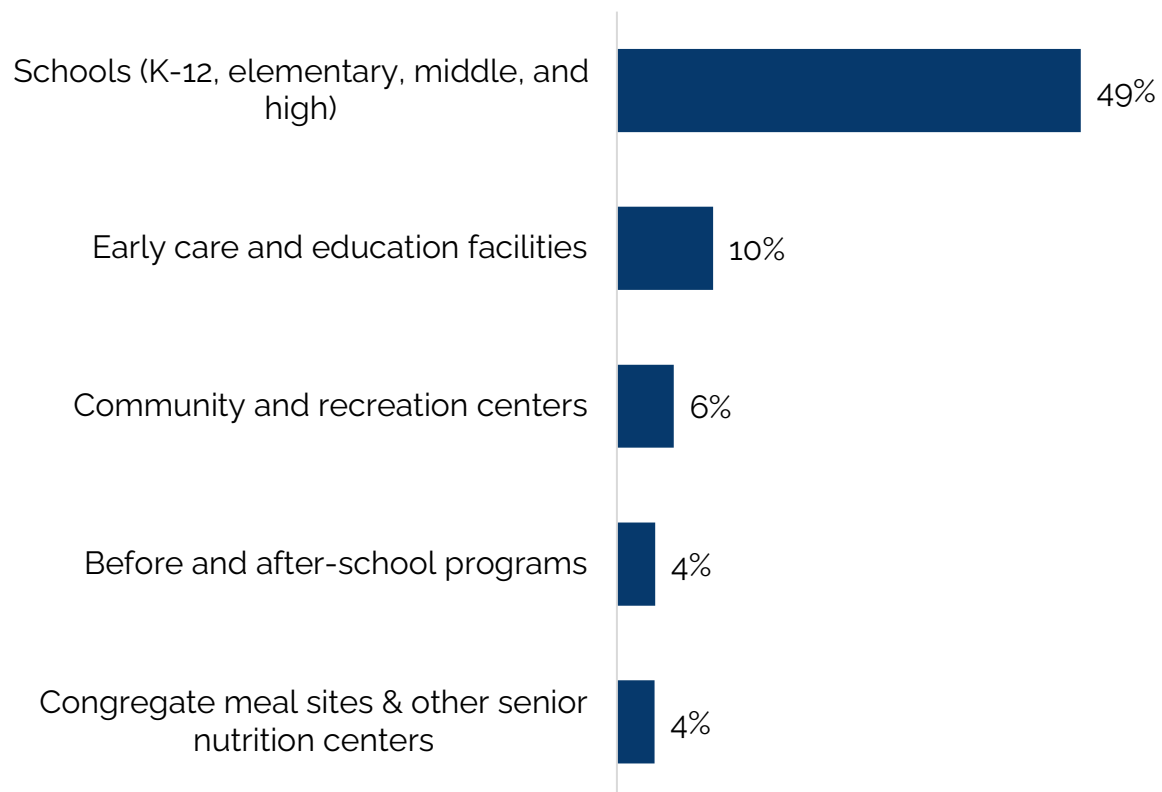
Direct Education Overall

In FFY 2025, North Carolina SNAP-Education implemented the following:



As shown in Figure 4, schools were the most frequent setting for direct education interventions, followed by early care and educational facilities.

Figure 4. Top 5 Most Frequently Reported Direct Education Settings (n = 1,380), Percentage of Direct Education Interventions



LAAs reached participants of varying age groups with direct education using 94 different curricula. Of direct education participants with demographic data, 54% were female and 46% were male. Most participants were youth between the ages of 5 and 17 (76%) as shown in Figure 5. Figures 6 and 7 show the race and ethnic distribution of direct education participants. Race was not available for about one-third and ethnicity was not available for nearly a quarter of the direct education participants, which were mostly youth since demographic information is not always collected in the school setting.

Among those participants with race and ethnicity data available, the proportion of people that identify as African American is higher in the direct education participants than in the eligible population (46% versus 28%), however the other races and ethnicities are similar to eligible population proportions. By age, more than two-thirds of direct education interventions reached youth while they comprise less than one-third of the eligible population. Youth interventions are important to establish healthy habits early to prevent obesity-related chronic diseases.

Figure 5. Age of Direct Education Participants
(n = 42,141)

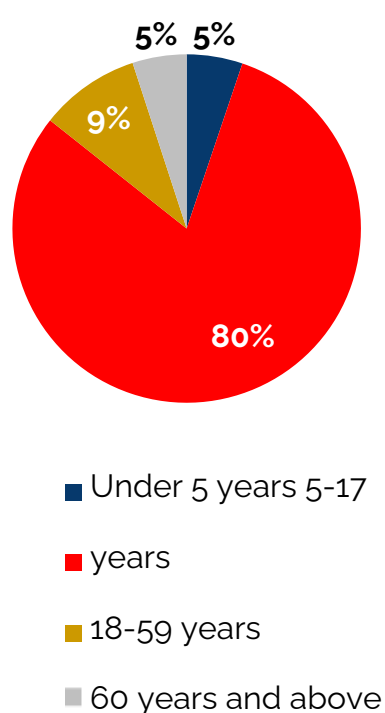


Figure 6. Race of Direct Education Participants
(n = 29,430)

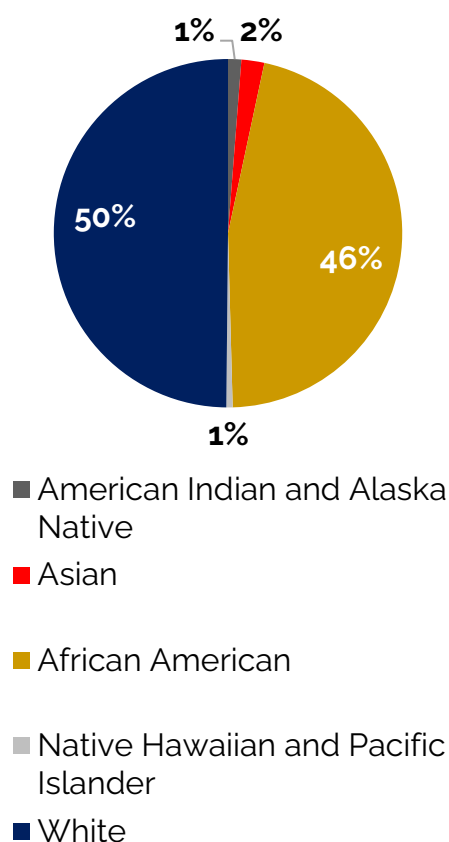
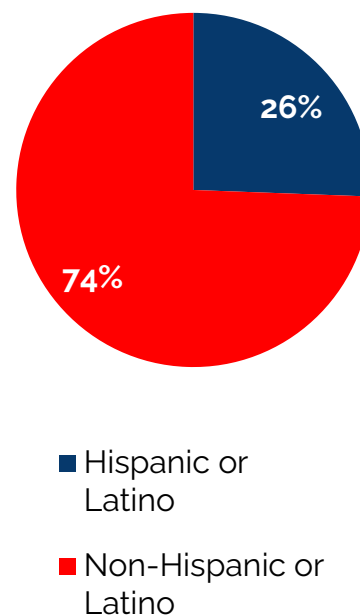


Figure 7. Ethnicity of Direct Education Participants
(n = 35,513)





Success Story: Growing Healthy and Learning through Gardens

In FFY25, Steps to Health successfully supported 73 gardens across North Carolina communities, schools, and early care and education (ECE) sites. These gardens provided more than just fresh produce—they became living classrooms and gathering spaces that fostered healthy habits, hands-on learning, and community connection.

Gardens in schools and ECE sites gave children the chance to plant, care for, and harvest fruits and vegetables while learning where their food comes from. Teachers integrated garden activities into lessons on science, math, and literacy, making education more interactive and meaningful. For many young children, this was their first opportunity to taste freshly harvested produce, sparking curiosity and excitement around trying new foods. Community-based gardens created opportunities for residents to work together, share resources, and increase access to healthy foods. Extension agents and local partners observed that these spaces strengthened connections among participants and built a greater sense of pride in community well-being. One notable example came from a community site where the garden became a hub for nutrition classes and cooking demonstrations. Participants could see the full seed to table experience, reinforcing the benefits of healthy eating in a tangible way. The success of these 73 gardens demonstrates the power of partnerships and innovation. By integrating gardening into schools, ECE sites, and communities, sites created sustainable, hands-on opportunities for healthier living that will continue to grow for years to come.



"Gardens provide learning opportunities for everyone. When learning how food grows, children are more likely to try what they have grown."

-Project Coordinator



Direct Education Survey Respondents

There were 4,707 direct education participants with pre-post survey responses for at least one healthy eating (MT1) indicator. Direct education was implemented in sites that may have also had PSE interventions occurring, so outcomes may be a result of multi-component interventions.

Key Findings

- Healthy eating behavior among youth showed significant improvements in variety of fruit and vegetable consumption and in drinking water.
- Adults showed significant improvements in the frequency of fruit and vegetable consumption but remained consistent for variety of fruits and vegetables and healthy drinking behaviors.
- Seniors significantly improved cups of fruit and vegetables consumed each day, as well as the variety of fruit they consume. Other behaviors among remained consistent.



Youth Outcomes (Ages 5 – 17)



There were 4,241 youth survey respondents in FFY 2025, although not all indicators were assessed for everyone. Direct education interventions for youth mostly took place in schools. Other SNAP-Ed and non-SNAP-Ed activities focused on healthy eating could also have been occurring at those sites. For many of the interventions, the surveys are conducted at the beginning and the end of the school year.

Figure 8 shows the percentage of youth survey respondents who met the DGA for the four healthy eating (MT1) indicators measured by North Carolina IAs. While there was no change in the percent of children who met the guidelines for drinking sugar-sweetened beverages, children saw a statistically significant increase from pre- to post-intervention for eating more than one kind of fruit and vegetable each day and drinking water.

Figure 8. Percentage Of Youth Direct Education Survey Respondents (Ages 5-17) Who Met Guidelines for MT1 Indicators, FFY 2025

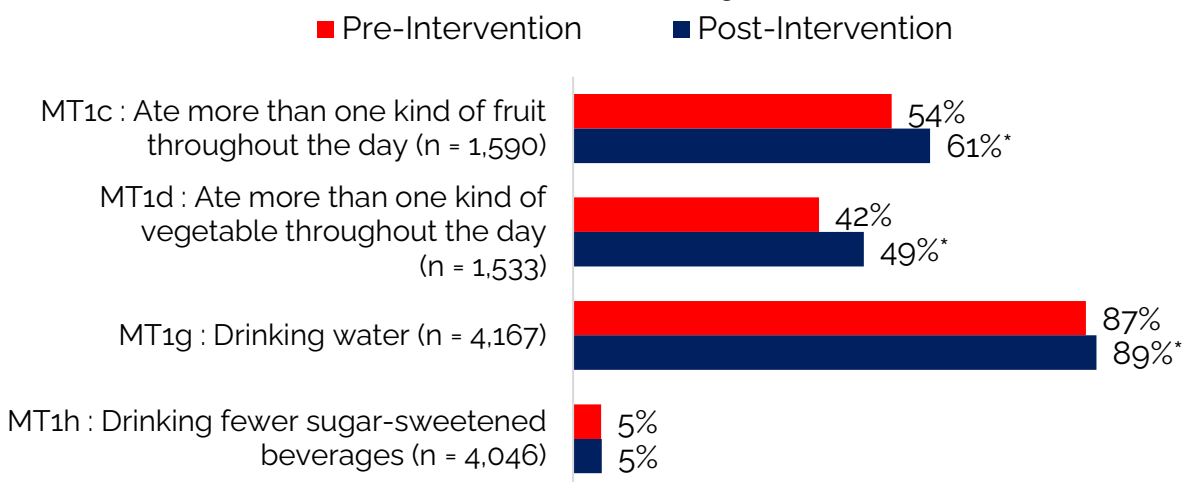


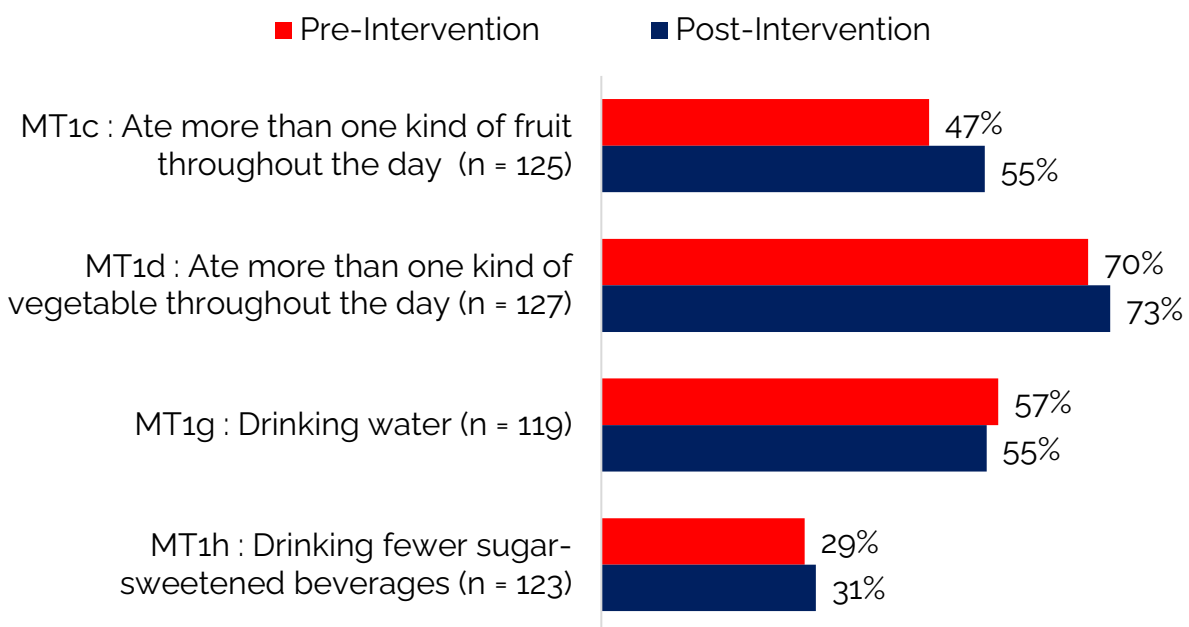
Figure 8 note: *Indicates statistically significant change from pre- to post-intervention based on McNemar's test, $p < 0.05$.

Adult Outcomes (Ages 18 - 59)



Direct Education activities for adults took place in a variety of settings, (i.e., community centers, gardens, and libraries) that may have also had PSE change interventions being implemented. There were 127 adults with pre- and post-intervention survey responses. Overall, adults remained consistent across all measured indicators with no statistically significant changes pre- to post-intervention (Figure 9).

Figure 9. Percentage of Adult Direct Education Survey Respondents (Ages 18-59) Who Met Guidelines for MT1 Indicators, FFY 2025



There were only 59 adults who reported the cups of fruit (MT1l) and vegetables (MT1m) they ate each day. The average cups of fruit and vegetables consumed daily by adult respondents increased significantly pre- to post-intervention (Figure 10). The percentage of adults meeting the guidelines of two or more cups of fruit per day increased from 25% to 56% and the percentage meeting guidelines of two and a half or more cups of vegetables decreased from 10% to 8% pre- to post-intervention.

Figure 10. Mean Cups of Fruits and Vegetables per Day for Adult Respondents (n = 59)

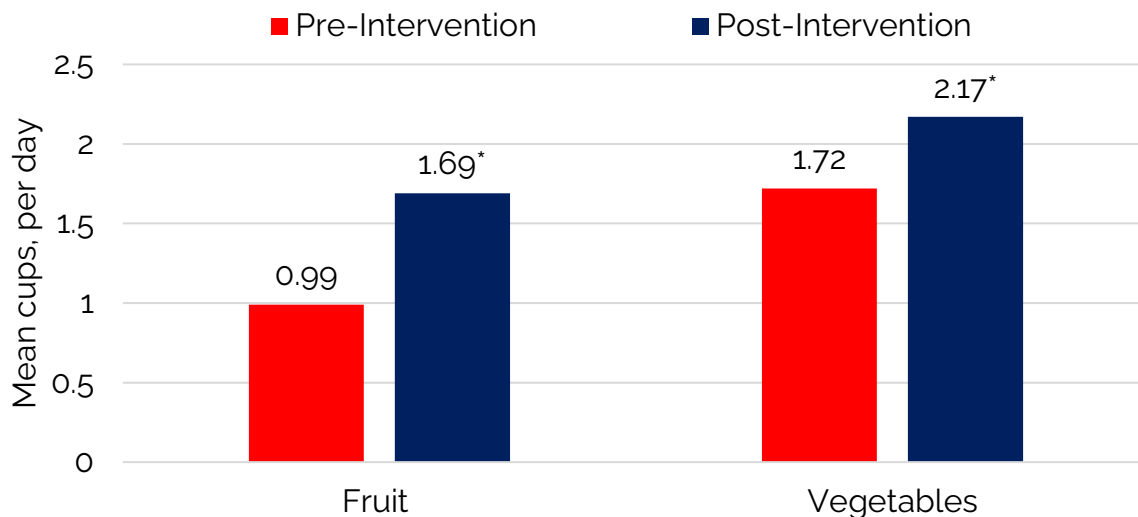


Figure 10 note: Indicates statistically significant change from pre- to post-intervention in mean fruit and vegetable consumption based on a paired samples *t*- test, $p < 0.05$.

Table 4 shows the effect size estimates and interpretations for all significant changes for adults. All improvements had a medium or large effect size, indicating a substantial improvement in fruit and vegetable consumption.

Table 4. Effect Size and Interpretation for Adult Direct Education Results

Indicator	Description	Change from Pre- to Post-Intervention	Effect Size	Effect Size Interpretation
MT1l	Cups of fruit consumed per day	Increased fruit consumption	$d = 0.80$	Large
MT1m	Cups of vegetables consumed per day	Increased vegetable consumption	$d = 0.70$	Medium

Table 4 Note: d = Cohen's d statistic

Senior Outcomes (Ages 60 And Older)



There were 223 seniors aged 60 and older with pre- and post-intervention survey responses. As shown in Figure 11, there was a significant increase in the percentage of seniors meeting guidelines for consuming more than one kind of fruit throughout the day. The percentage meeting guidelines for eating more than one kind of vegetable for drinking water and drinking fewer sugar sweetened beverages also increased, however the changes were not statistically significant.

Figure 11. Percentage of Seniors Meeting Guidelines for MT1 Indicators

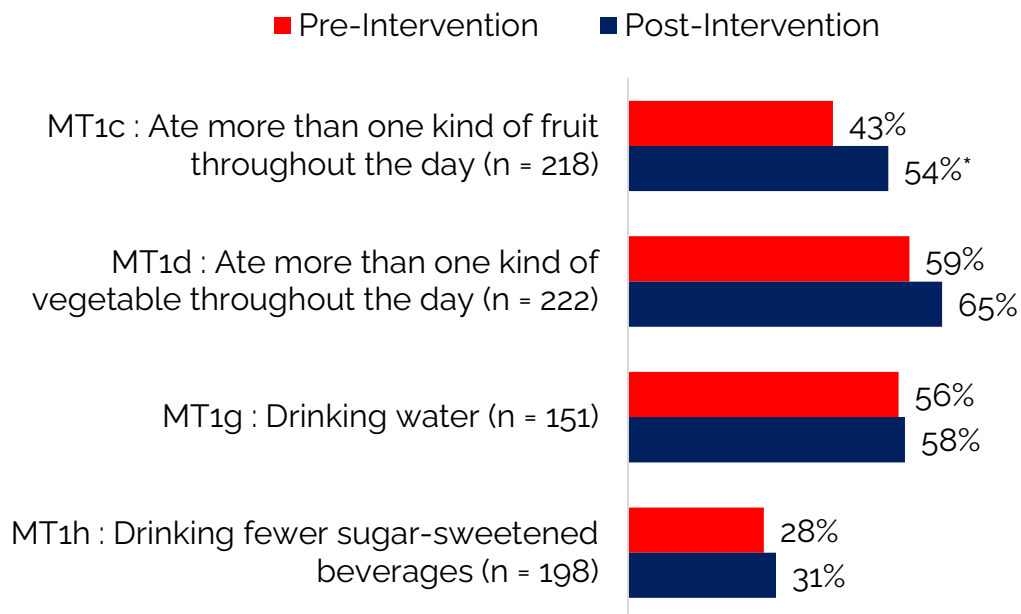


Figure 11 note: *Indicates statistically significant change from pre- to post-intervention based on the McNemar test, $p < 0.05$.

The average cups of fruit and vegetables consumed daily by the 84 senior respondents increased significantly pre- to post-intervention (Figure 12). The percentage of seniors meeting guidelines of two or more cups of fruit per day increased from 23% to 37% and the percentage meeting guidelines of two and a half or more cups of vegetables increased from 17% to 25% pre- to post-intervention.

Figure 12. Mean Cups of Fruits and Vegetables per Day for Senior Respondents (n = 84)

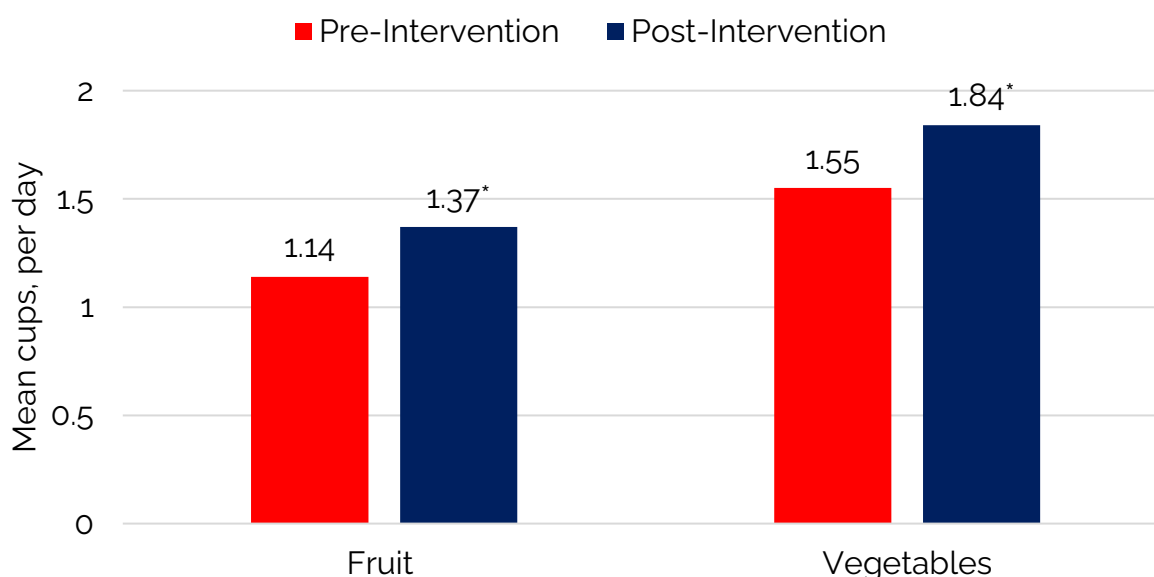


Figure 12 note: *Indicates statistically significant change from pre- to post-intervention in mean fruit and vegetable consumption based on a paired samples t- test, $p < 0.05$.

Table 5 shows that the effect size for all significant changes from pre- to post-intervention for seniors ranged from small to medium, indicating improvements in healthy eating for seniors.

Table 5. Effect Size and Interpretation for Senior Direct Education Results

Indicator	Description	Change from Pre- to Post-Intervention	Effect Size	Effect Size Interpretation
MT1c	Ate more than one kind of fruit	Increased fruit consumption	$g = 0.20$	Medium
MT1l	Cups of fruit consumed per day	Increased fruit consumption	$d = 0.25$	Small
MT1m	Cups of vegetables consumed per day	Increased vegetable consumption	$d = 0.30$	Small

Table 5 Note: g = Cohen's g statistic, d = Cohen's d statistic

PSE CHANGE ACTIVITIES

PSE interventions aim to create changes to formal, written policies, ways in which business is conducted, and environments to increase healthy eating and physical activity where eligible North Carolinians eat, learn, live, play, shop, and work. Some examples of PSE changes include implementing a school or workplace wellness policy, incorporating culturally relevant foods at a congregate meal site, or having a farmers' market that accepts SNAP benefits to increase access to healthy foods.

MEASURING PROGRESS

Overview of Methods and Analysis

PSE interventions were reported by North Carolina IAs that worked with sites and organizations to implement nutritional and physical activity supports using the MT5 and MT6 indicators described in Table 6.

Table 6. SNAP-Ed Evaluation Framework Indicators Relevant to PSE Interventions in North Carolina

Relevant Indicator	Description
MT5b/MT6b	Total number of policy changes
MT5c/MT6c	Total number of systems changes
MT5d/MT6d	Total number of environmental changes
MT5e/MT6e	Total number of promotional efforts for a PSE change
MT5f/MT6f	Potential Reach: Total potential number of individuals who encountered the improved environment or were affected by the policy change on a regular (typical) basis and were assumed to be influenced by it.
LT5a/LT6a	Total number of sites or organizations that implemented a multi-component and multi-level intervention with one or more changes in MT5/MT6 (site or organizational adoption of PSE changes and promotion) and one or more of the following additional components: 1. Evidence-based education 2. Marketing 3. Parent/community involvement 4. Staff training on continuous program and policy implementation
LT5b/LT6b	Total number of components per site or organization, and types of components implemented during the period assessed

PSE interventions were reported in the Program Evaluation and Reporting System (PEARS) by each IA and exported for analysis. Reporting of reach was not standardized, but IAs were provided with general guidelines to support them in estimating reach counts. Nutrition and physical activity supports were assessed to identify the number of PSE interventions, sites and changes that were implemented within various community settings throughout North Carolina. Descriptive statistics were used to describe relevant PSE outcomes, including the total number of PSE changes, estimated reach, promotional efforts, and PSE settings. LT5 and LT6 indicators were also reported and assessed for PSE sites that implemented multi-component and multi-level interventions (i.e., sites with a PSE change and one or more of the following components: evidence-based education, marketing, parent/community involvement, and staff training on continuous program and policy implementation).



FINDINGS

In FFY 2025, North Carolina SNAP-Ed implemented the following:



Key Findings

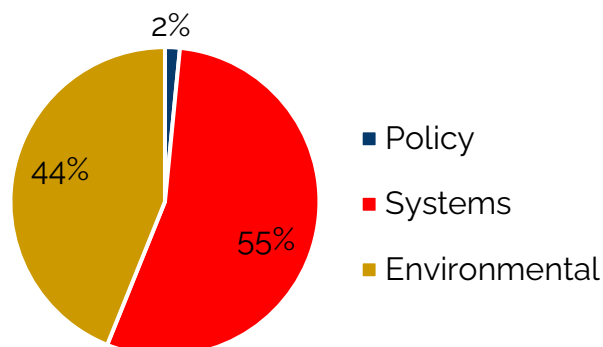
- There were 836 PSE changes, 13 policy, 456 systems, and 367 environmental.
- The majority of PSE changes were nutrition related.
- PSE interventions reached an estimated 338,199 eligible North Carolinians.
- Most PSE interventions took place in places where people learn.
- 73% of PSE interventions had a sustainability plan fully in place.



PSE Changes

As shown in Figure 13, the 836 changes implemented in FFY 2025 were comprised of 13 (2%) policy changes, 456 (55%) systems changes, and 367 (44%) environmental changes. Most of the changes were nutrition-related changes (n = 715, 86%), 114 (14%) were physical activity-related changes and 7 (1%) were both nutrition and physical activity-related changes.

Figure 13. PSE Changes by Approach Type, (n = 836)



Tables 7, 8 and 9 show the PSE changes that were implemented in FFY 2025, with the most frequent changes being nutrition-related.

Table 7. Policy Changes (MT5, MT6)

Policy Change Description	Frequency
Nutrition-related (MT5)	
Food safety policy	2
Policy related to edible gardens	2
Policy that encourages the establishment of new food distribution sites, food banks, food pantries, etc.	2
Policy to improve hours of operation of food distribution site, food bank, retail, cafeteria, etc. to improve convenience of/access to healthy food	2
Zoning policy for food/beverage outlets (e.g. stores, community gardens, farmers markets, food distribution sites, etc.)	2
Policy that encourages the establishment of new healthy retail outlets	1
Physical Activity-related (MT6)	
Physical activity policy (childcare wellness, school wellness, workplace wellness, etc.)	2

Table 8. Top Systems Changes (MT5c, MT6c)

Systems Change Description	Frequency
Nutrition-related (MT5)*	
Integrate culturally relevant, healthy, traditional foods at food service or distribution sites	61
Mechanism for distributing seedlings and/or other materials to families or communities for home gardening	56
Collection or gleaning of excess healthy foods for distribution to clients, needy individuals, or charitable organizations	53
Professional development opportunities on nutrition (e.g., nutrition standards, gardening, breastfeeding, etc.)	43
Opportunities for parents/students/community to work in the garden	35
Opportunities for parents/students/community to access fruits and vegetables from the garden	32
Mechanism for distributing produce to families or communities (e.g. gardens, or farmer's markets)	26
Physical Activity-related (MT6c)	
Professional development opportunities on physical activity	41
Opportunities for unstructured physical activity time/free play	11
Incorporation of physical activity into the school day or during classroom-based instruction (not recess/free play or physical education)	3
Increased quantity (minutes) of physical education	2
Regular (e.g., annual) physical activity related fundraisers (e.g. Walk-a-thon) or events	2
Quality of PE (physical education) (e.g. activities that increase time moving, evidence-based or standards-based PE, etc.)	1

*Note: *only nutrition changes that occurred more than 20 times are presented in Table 8.*

Table 9. Top Environmental Changes (MT5d, MT6d)

Environmental Change Description	Frequency
Nutrition-related (MT5d)*	
Initiation, improvement, expansion, reinvigoration, or maintenance of edible gardens	106
Use of the garden for nutrition education	81
Onsite garden produce for meals/snacks provided on-site	59
Physical Activity-related (MT6d)**	
Ongoing, point-of-decision prompts to make physical activity choices (could include signage and other interactive educational displays to prompt physical activity such as walking, stairs, or bicycle paths)	25
Physical activity facilities, equipment, structures, or outdoor space	10
Playground markings/stencils to encourage physical activity	5
Access or safety of walking or bicycling paths	2
Complete streets systems change (e.g. street design manual, transit system improvements, active transportation prioritized in city budget, etc.)	2
Incorporated physical activity/reduced sitting during usual, ongoing site activities and functions	2
Opportunities for structured physical activity	2

*Note: *Only nutrition changes that occurred more than 20 times are presented in Table 9.*

***Only physical activity changes that occurred more than 1 time are presented in Table 9.*



Success Story: How a BeWELL Partnership Cultivated Senior Wellness Through a Community Garden

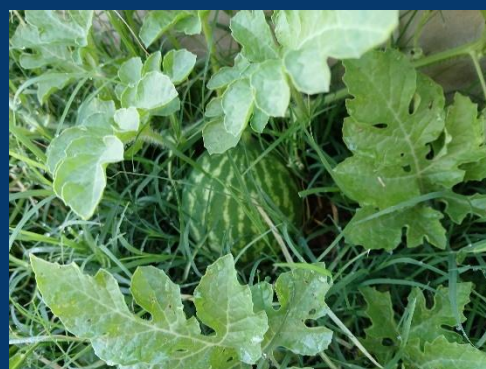


Smithfield Senior Dining Center joined the The Poe Center's BeWELL Community Partnership with a clear and exciting initiative: the creation and maintenance of a community garden designed to provide fresh produce to both the senior center and the nearby community center. Seniors expressed a strong interest in finding creative ways to stay active and socially connected and a garden offered the perfect opportunity. Several partners such as Novo Nordisk, the Rotary Club, and Johnston County Master Gardeners contributed resources and expertise to support the project. A local homeschool group also volunteered with planting, watering, and maintenance, which built unexpected and joyful intergenerational connections. Alongside the gardening project, seniors participated in the Food Smarts nutrition series where they were able to incorporate their produce into the lessons.

What started as a project quickly became a source of pride, joy, and renewed purpose. Participants organized their own watering and maintenance schedules, visited the garden daily, and celebrated each milestone, like enjoying their first yellow watermelon.

The Smithfield senior center community garden demonstrates the benefits of collaborative wellness initiatives. By combining nutrition education, physical activity, social connection, and community partnership, the Smithfield Senior Center created a space that can nourish participants in many ways.

"The garden got the seniors outside and brought back memories from their childhood experiences gardening. They were excited to see the plants grow and organized a team and schedule of who would check on their plants daily. Having this garden has given them hope. They are already planning ahead; starting some plants from seed inside for the spring planting. The garden has given the seniors a purpose." – Nancy Lee, Center Director



PSE Interventions

There were 371 PSE interventions with changes in FFY 2025. These interventions took place at 362 sites where North Carolinians eat, learn, live, play, shop, and work, with the majority in schools as shown in Figure 14.

Figure 14. Number of PSE Interventions by Setting

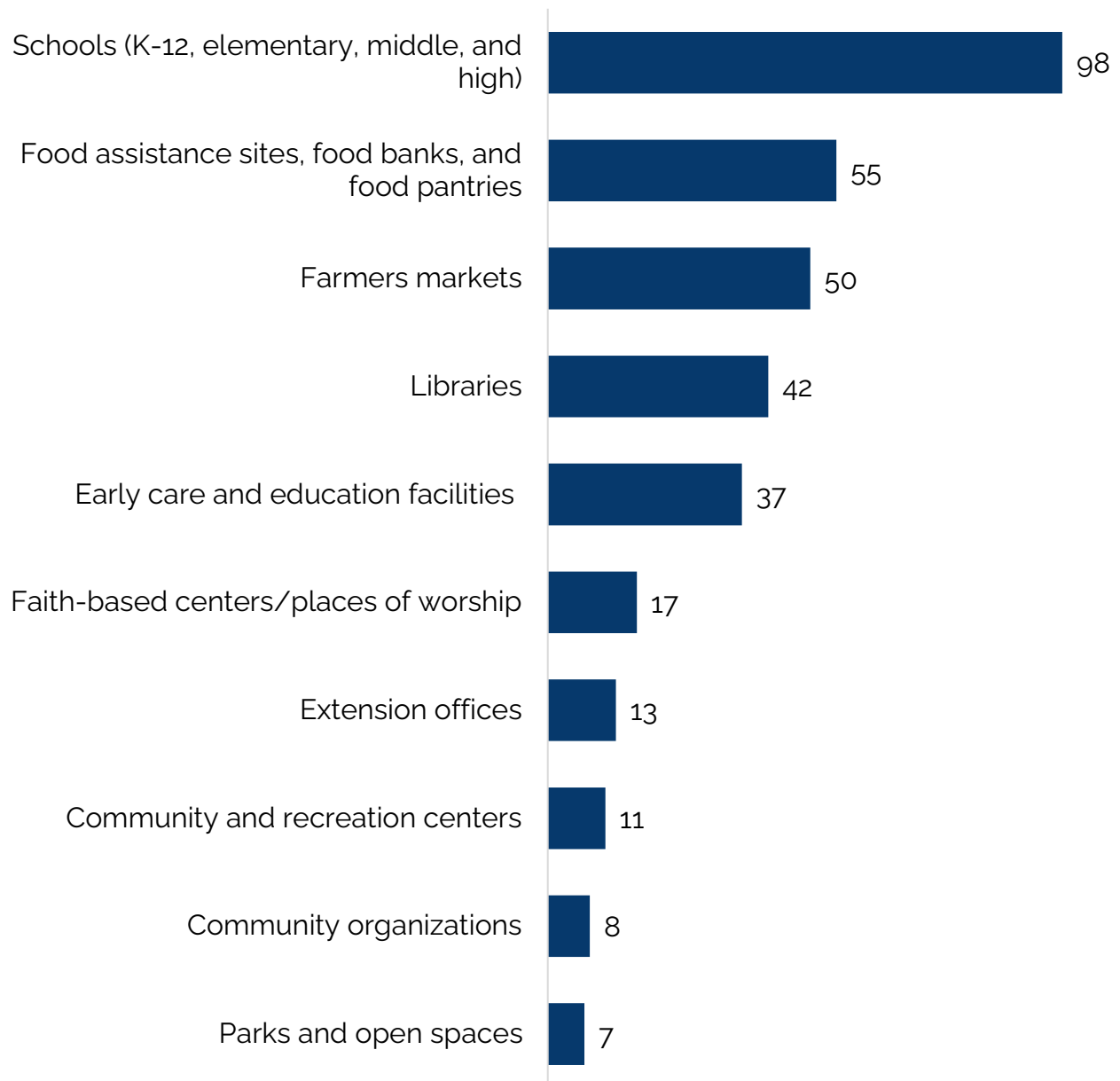
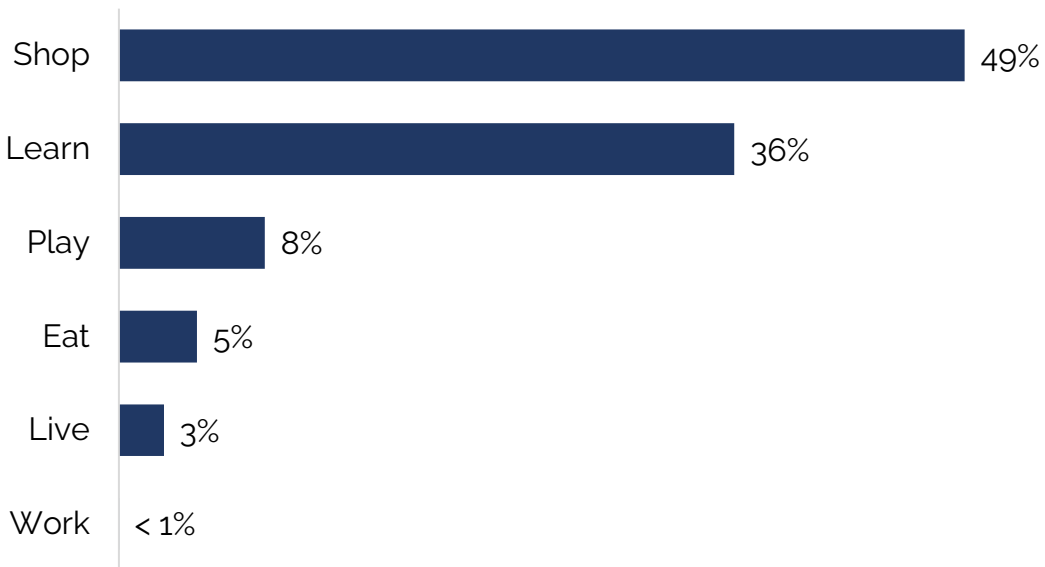


Figure 14 Note: Only the top 10 most frequent settings where PSE changes were implemented in FFY 2025.

PSE interventions reached an estimated 338,199 individuals across North Carolina, with the majority being reached in places where people shop (49%) and learn (36%) (Figure 15).

Figure 15. Estimated PSE Intervention Reach by Domain (Total Reach = 338,199)



Multi-Component Interventions

Several sites implement PSE change interventions along with other activities to support healthy eating and physical activity and enhance the likelihood of the interventions' impact and sustainability (LT5 and LT6). There were 314 sites reporting at least one nutritional support (MT5) PSE change and 83 sites reporting at least one physical activity support (MT6) PSE change along with one or more of the following complementary activities:

- Evidence-based direct education
- Marketing
- Parent/community involvement
- Staff training or continuous program and policy implementation

Table 10 shows the total number of reported components among sites that also report at least one nutritional (MT5) or physical activity (MT6) support PSE change.

Table 10. Total Number of Complementary Components Per Site for Sites That Implemented At least One Nutritional (MT5) or Physical Activity (MT6) Support PSE Change (LT5b)

Number of components	Nutrition Number of sites	Physical Activity Number of sites
One component	57	43
Two components	79	31
Three components	93	6
Four components	85	3
Total	314	83

Table 11 shows the number of sites implementing each type of component with evidence-based direct education being the most frequently reported paired with both nutritional (MT5) and physical activity (MT6) PSE changes.

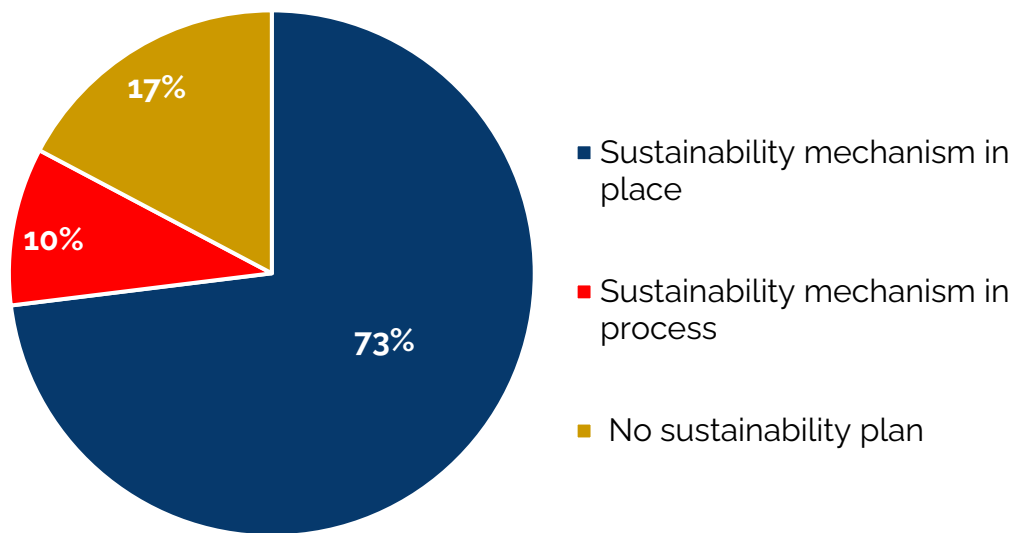
Table 11. Number of Sites Implementing at Least One Nutritional (MT5) or Physical Activity (MT6) Support PSE Change and Each Type of Specific Additional Component (LT5b)

Specific component	Nutrition Number of sites	Physical Activity Number of sites
Evidence-based education	273	74
Parent/community involvement	175	31
Staff training or continuous program and policy implementation	194	12
Marketing	186	18

Sustainability

To ensure sustainable PSE changes, organizations institute site-level sustainability plans and mechanisms. Of the 371 PSE interventions with documented PSE changes, 73% (n = 271) had sustainability plans fully in place, 10% (n = 36) were in process and 17% (n = 64) had no sustainability plan (Figure 16). Sustainability mechanisms included the identification of funding sources, stakeholder support, assumption of responsibility by an organization outside SNAP-Ed, and the implementation of a reporting system.

Figure 16. Sustainability Plans of PSE Interventions with Changes in FFY 2025, (n = 371), Percentage of PSE Interventions



CONCLUSIONS



Adults and seniors are consistently improving healthy eating behaviors.

In FFY 2025, there were improvements in healthy eating behaviors among adult and senior participants in SNAP-Ed direct education programs in North Carolina. Adults and seniors showed consistent, statistically significant improvements in cups of fruit and vegetable consumed for FFY 2022, FFY 2023, FFY 2024, and FFY 2025. These consistent, positive changes show how effective direct education is for adults and seniors in North Carolina.



Children have established healthy eating and drinking patterns.

While in previous years, children stayed consistent throughout intervention, in FFY 2025, children showed significant improvements in healthy eating and drinking behaviors pre- to post-intervention. Additionally, children have established healthy behaviors over the years as almost 90% of children are drinking water and more than half are eating more than one kind of fruit before intervention. The consistently high percentage of children having healthy behaviors indicates progress in education and messaging for children in North Carolina.



The total number and reach of PSE changes in North Carolina has consistently increased each year.

A total of 836 PSE changes were implemented in North Carolina with a combined reach of 338,199 across 362 sites. Compared to FFY 2023 and FFY 2024, the total number of PSE changes increased, including increases in the number of policy changes, systems changes, and environmental changes. Additionally, the estimated reach of PSE changes has almost quadrupled since FFY 2023 from 85,034 to 338,199 in FFY 2025. The increase in PSE changes, sites, and reach suggest that North Carolina IAs are working to effectively serve the SNAP-Ed community.



North Carolina SNAP-Ed is establishing sustainable PSEs.

While established each year, the importance of sustainability plans increased with the announcement of the defunding of SNAP-Ed in FFY 2025. Compared to 75% in FFY 2024, 83% of PSEs had a sustainability plan in place or in process to support PSEs outside of SNAP-Ed in FFY 2025. These sustainability plans help to ensure the work of SNAP-Ed can continue into the future.



REFLECTIONS



What We Grew Together: A Reflection of the North Carolina SNAP-Ed Program.

Since 1992, the Supplemental Nutrition Assistance Program Education (SNAP-Ed) has been changing lives by helping people and families living with low incomes choose healthier foods and live active lives. In North Carolina, nine implementing agencies (IA's) have worked collaboratively to achieve the goals of SNAP-Ed, implementing a nutrition education and obesity prevention program for eligible individuals that promotes healthy food choices and physical activity consistent with the most recent Dietary Guidelines for Americans.¹ Unfortunately, in 2025, federal funding cuts to SNAP-Ed created significant uncertainty for these agencies and the communities they serve. The elimination of funding left many SNAP-Ed professionals feeling sad about the future of their programs in the community.

In response to the ending of SNAP-Ed, the Public Health Institute Center for Wellness and Nutrition (PHI CWN) facilitated a listening session with the SNAP-Ed IA's in North Carolina to discuss the impact of funding cuts on them and their communities. The purpose of the listening session was to create a safe space where implementers could reflect on their experiences with SNAP-Ed and share their program's impact in the community. PHI CWN aimed to hear directly from SNAP-Ed implementers about the effects of the loss of SNAP-Ed as well as highlight the positive impacts of the program over the many years of SNAP-Ed implementation in North Carolina. The following summary captures the reflections and stories that emerged from that conversation.

SNAP-Ed's impact on the community

For three decades, SNAP-Ed in North Carolina has made a meaningful difference in local communities by bringing people together to increase access to healthy living. The implementers shared some examples summarized below.

¹ U.S. Department of Agriculture, Food and Nutrition Service. (n.d.). *About SNAP-Ed*. Retrieved February 5, 2026, from <https://snaped.fns.usda.gov/about>

Bringing people together

Many implementers shared stories about how SNAP-Ed programs across North Carolina have succeeded at bringing people together, especially among rural communities where services are often more limited. In one county, 24 churches made plans to improve nutrition, increase water consumption, and increase physical activity. Community members have also volunteered time, donated money and fresh produce to help each other in times of need, demonstrating how SNAP-Ed initiatives often foster community engagement and mutual support.

"Over the years, North Carolina State University's SNAP-Ed program, Steps to Health, hosted Donation Stations at farmers markets across the state of North Carolina which gave the community an opportunity to support local farmers and distribute fresh food to their neighbors. In one year, the Donation Station efforts led to 99 market days, \$6,193 in monetary donations, 9,000 pounds of produce shared, \$14,226 spent directly with local farmers, and 597+ local volunteer hours valued at \$17,880."

-NCSU Steps to Health

Sharing knowledge

Many SNAP-Ed implementers spoke about their positive experiences working with individuals learning how to eat healthier. Participants learned how to make common dishes healthier and how to incorporate vegetables into their diet without it being a chore. SNAP-Ed gave participants a new perspective on how to prepare and enjoy food.

"I was teaching a take control class, which is the class we use for adults. One day a student in the class asked if I could tell him how to make fried chicken healthy? And so of course we went through baking it. And the next week he was back, which was great. We had a taste test, and the discussion was about roasting vegetables. I had made roasted carrots, and he could not believe that those carrots did not have sugar on them or honey or something. So that gave him a whole new perspective on how he could be preparing food. It was a real eye opener for him, and I was excited that he was able to take something home that was new for him."

- Jayne McBurney, NCSU Steps to Health

SNAP-Ed's impact extended beyond just the people who participated in nutrition education classes. Participants of cooking classes were able to take what they learned and use it to prepare meals for family and friends to enjoy. One implementer shared a memory of a Cooking Matters for Kids program participant beaming with joy because he was able to help his family by making dinner for his single mother and having it prepared for her when she came home. Another student credited his experience with SNAP-Ed to pursuing culinary school, another example of how these investments benefit people and communities for the long term.

"I ended up running into one of my former students at a library and he ran up to me and he's like, "Miss Kelly, Miss Kelly, I'm in school now for culinary. Your class did this! I loved it and now I'm going to school for it."

-Kelly Warnock, Durham County Department of Health - DINE

Transforming the environment

Many implementers also reported how transformative SNAP-Ed has been for their community environments improving access to nutritious food. One SNAP-Ed project brought the community together to transform a garden space that was previously abandoned. The community worked together to add fencing and a water supply that allowed the fire department to come and water the garden and children of the afterschool programs were able to help tend to the garden. The SNAP-Ed implementers shared how children reported feeling stronger and emboldened to do anything after working in the dirt, learning about growing and planting seeds, and seeing the fruits of their labor when things began to grow. This experience would not have been made possible without SNAP-Ed facilitating the community coming together to rehab a previously abandoned space into something fruitful for the children and families in the community.

"This community has also seen a lot of transformation. Many people in the community were unaware of the food insecurity that was there. And so because of SNAP-Ed's work in that community, they now have a thriving library-based food farm to fridge program where people can come in. There are no requirements. They don't have to sign up for anything. If they need food, they can just take food. And they've developed healthy food guidelines so that the donations that are coming there are nutritious. They have local farmers that are donating and the local food lion is also donating food. They've set up a donation station at their farmer's market,

which our team helped to bring together in that community and helped really just bring light and working with all of the different partners to make that happen. So, there's been a major transformation in that community with regard to food access, awareness of food security, and buy-in from the local community to support initiatives that will feed the people that are struggling. So. It's been an amazing transformation."

-Katryn Eske, NCAT Try Healthy

SNAP-Ed's impact on the implementers

SNAP-Ed implementers are passionate and dedicated to increasing access to healthy food and physical activity. Elimination of SNAP-Ed will affect not only the communities but those who have dedicated their careers to this work. The implementers described how SNAP-Ed has affected them throughout their careers and what they will miss when the program has ended.

Collaboration with other implementers

North Carolina SNAP-Ed implementers spoke about their experience working collaboratively across the state with other implementers and noted how SNAP-Ed in North Carolina has been "a culture of abundance and warmth," where agencies work together to serve the community.

Concern for communities

Implementers were passionate about working in the communities and expressed sadness over the loss of things they planned on doing in 2026 and beyond. They also expressed concern for SNAP-Ed participants that would lose services that had proven to be effective in the community.

"My heart really aches for the people in North Carolina who are going to be missing this opportunity to learn more about nutrition education."

-Jayne McBurney, NCSU Steps to Health

Sense of purpose

Another consistent theme that emerged throughout the discussion was a sense of purpose implementers felt about their work in SNAP-Ed. Many implementers expressed how passionate they were about the work of providing nutrition education or coordinating programs to help the community live healthier, more active lives.

One participant described how they started as a volunteer doing gardening and farmer's market nutrition work that grew into a career, others were just moved by the meaningful work of nutrition education.

"We can't un-know the impact we've had and the differences we've made."

-NCSU Steps to Health

Cultural relevance

For many implementers, SNAP-Ed has been a constant over their careers. They have been able to see how SNAP-Ed has impacted the community and the implementers working to improve healthy eating and active living in North Carolina. Although the changes in funding have negatively impacted the program, one implementer highlighted the positive changes they have seen over the course of their career in SNAP-Ed.

"I think one of the most important changes I have seen in SNAP-ED over the years is the increased respect for the food traditions of the multi-cultural society we live in. When I started everything seemed to be based on the white middle class diet. Now, pushed in large part by the influx of Latinos, SE Asias and people from the Caribbean there is much more attention to the wonderful variety of foodways in the world and how they can make eating on a budget tasty and fun."

- Arthur D. Murphy, PhD, Professor Department of Anthropology, UNC Greensboro

Collectively there was a lot of passion for SNAP-Ed work and appreciation for their colleagues. The section below highlights the shoutouts provided in admiration of the work and each other.

"I want to give a shout out to our team at **NC State, Steps to Health**. I think this is the strongest, most passionate team that I've worked with over the 10 years that I've been here. And I want to say thank you to everybody."
-Caren Maloy

"SNAP-Ed is strong in our state and that's because of **all of you** and what you make of it. I thank you from the bottom of my heart and I appreciate all of you very much."
-Konnie Tran

"To me, it's about people. It's about the relationships and we work better when we're in harmony. **Konnie**, you are harmony, and you make that happen. You're wonderful with that."
-Jayne McBurney

"Respect to the **founders of Recipe for Success** at UNCG who just retired who saw it through 20 years of its existence as an organization. Their legacy is very, very tangible."
-Anonymous

"**Caren** is like the Energizer bunny. She's always out there making connections, and she's really helped drive our program and pick up new ideas, from community gardens in the Wake County area where she worked for a couple of years and now to this food pantry, healthy food access pantry training program that she's working with the Department of Health and Division of Public Health."
- Jayne McBurney

"**Konnie** has made a significant difference, and I just want to give her a sincere shout out and for her patience too, with all the reporting and all the data collection - everything."
-Kina Charles

"I wanted to shout out **Shawanna McSwain**. She's the program coordinator for the SNAP-Ed, which we call Tri-Healthy at North Carolina A&T. She really just represents the heart and soul of what we do for SNAP-Ed. She works so hard and she has really helped grow what Tri-Healthy is in our community."
-Katryn Eske

Sustainability of SNAP-Ed programming

While funding may have been eliminated for the SNAP-Ed program, the ideas and principles that came from SNAP-Ed remain with the community. Implementers share how farmers markets are continuing their Double Up Bucks programs, communities are continuing their food pantries and community gardens, and childcare centers are continuing to create safe spaces for children to play. These programs may have started with SNAP-Ed implementers, but the community has taken ownership and hopefully they will continue for many years to come.

"I think one of the many things that will continue beyond this funding are so many relationships that were made in our community! These relationships have created synergy within the network of partners including our grower's market, the food pantry, the schools, the churches, the town, the Chamber of Commerce, etc. As a result of the PSE projects, events, and activities that were made possible with SNAP-Ed funding at the Poe center, those connections and network wouldn't have been there or wouldn't have been as strong as they are now."

-Dana Orr, Poe Center

"What we've done at Dine is a lot of PSE work in childcare centers. So, like gardens or helping the directors create better outside space areas for play or policies for nutrition or physical activity. And we've done a lot of training with the directors along with that. And so hopefully those will be things that those directors can keep doing for years to come."

-Kelly Warnock, Durham County Department of Health - DINE

What North Carolina SNAP-Ed has grown together over the years is a comprehensive program that has a positive impact on the community. Collectively, these reflections underscore the far-reaching influence SNAP-Ed has had across North Carolina in improving nutrition education and behaviors, strengthening community connections, fostering purpose among implementers, and creating environments that support healthy living. While funding cuts to SNAP-Ed have currently halted new programming, the partnerships that have been sustained with capacity building and structured policy, systems, and environmental changes will continue to flourish.

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- North Carolina Agricultural and Technical State University – Try Healthy
- North Carolina State University – Steps to Health
- Second Harvest Food Bank of Northwest North Carolina
- University of North Carolina at Chapel Hill – Center for Health Promotion and Disease Prevention
- University of North Carolina at Greensboro – Recipe for Success



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