

North Carolina SNAP-Ed Program Outcomes Evaluation Report FFY 2024

Report Authors:
Amanda Tyler, MPH
Dominic Bassah, MSc
Maggie Wilkin, MPH

This material was funded by USDA's Supplemental Nutrition Assistance Program - SNAP
This institution is an equal opportunity provider.



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	6
Findings.....	8
Direct Education Overall	8
Direct Education Survey Respondents	11
Youth Outcomes (Ages 5 – 17).....	12
Adult Outcomes (Ages 18 - 59)	13
Senior Outcomes (Ages 60 And Older)	16
Policy, Systems, And Environmental Change Activities	18
Measuring Progress	19
Findings.....	21
PSE Changes.....	22
PSE Interventions.....	28
Multi-Component Interventions	30
Sustainability	31
Conclusions	32
Acknowledgements.....	33

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 based on the current Dietary Guidelines for Americans, 2020-2025 (USDA & U.S. Department of Health and Human Services, 2020) and the implementation of public health approaches.

The NCDHHS Division of Child and Family Well-Being in collaboration with nine Implementing Agencies (IAs) 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 use 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 are also working 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



WHO WE SERVE

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

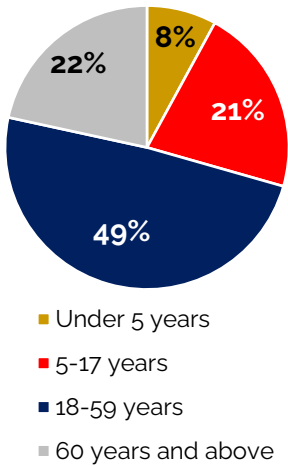


Figure 2: Race of SNAP-Ed Eligible North Carolinians

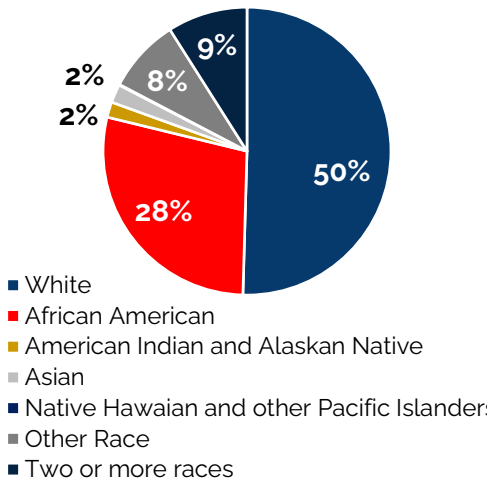
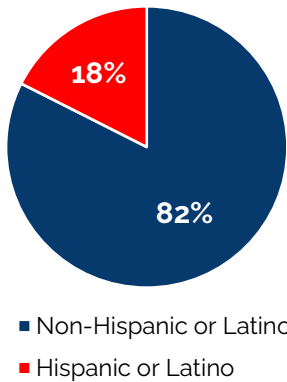


Figure 3: Ethnicity of SNAP-Ed Eligible North Carolinians



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) 2024 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 2024.

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 needed to be developed. Therefore, changes in the percentage of participants meeting the current Dietary Guidelines for Americans¹ (DGA) pre- to post-intervention were analyzed for most indicators, fruit and vegetable consumption are reported in cups, where available. The 2020-2025 DGA 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.

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

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

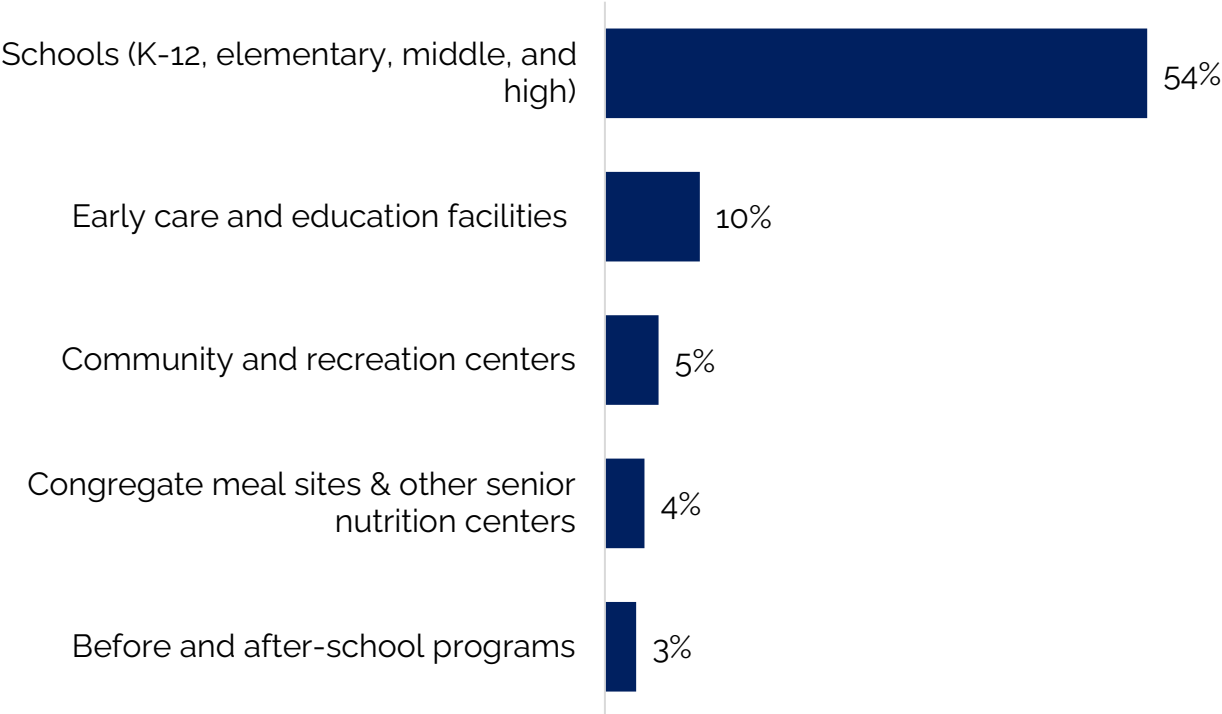
Direct Education Overall

In FFY 2024, North Carolina SNAP-Ed 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.

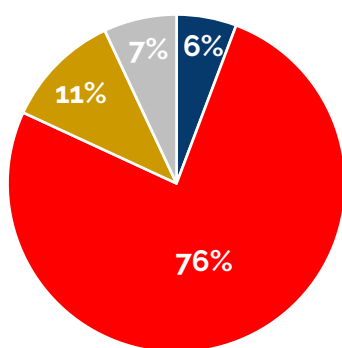
Figure 4. Top 5 Most Frequently Reported Direct Education Settings (n = 1,407), Percentage of Direct Education Interventions



IAs reached participants of varying age groups with direct education using 84 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 and ethnicity were not available for about one-third of the direct education participants, which were mostly youth since demographic information is not always collected in the school setting.

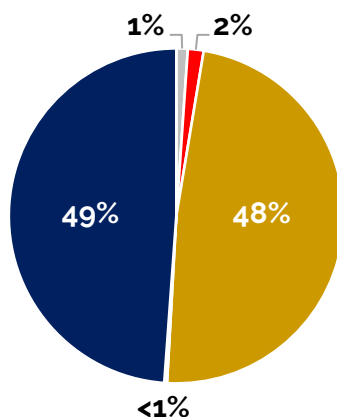
Among those participants with race and ethnicity data available, the proportion of people that identify as African American is much higher in the direct education participants than in the eligible population (48% versus 28%), however the other races and ethnicities are similar to eligible population proportions. By age, more than half 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 = 37,110)



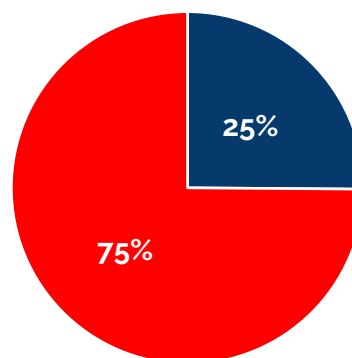
- Under 5 years
- 5-17 years
- 18-59 years
- 60 years and above

Figure 6. Race of Direct Education Participants (n = 33,976)



- American Indian and Alaska Native
- Asian
- African American
- Native Hawaiian and Pacific Islander
- White

Figure 7. Ethnicity of Direct Education Participants (n = 36,898)



- Hispanic or Latino
- Non-Hispanic or Latino

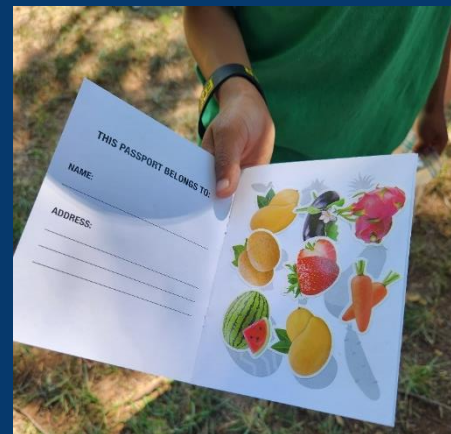


Success Story: Pop-up Farmer's Market Program Increases Access to Fresh Fruits and Vegetables for Children

Second Harvest Food Bank of Northwest North Carolina partnered with Crossnore Communities for Children group home in Forsyth County to bring *Kids at the Market*® directly to the children at Crossnore, offering them a hands-on opportunity to explore and enjoy fresh produce in a fun and interactive way. For this event, Second Harvest staff created a mini farmers market featuring fresh produce generously donated by local funders, reaching 36 children across five cottages, along with group home staff. The kids had the opportunity to shop for a variety of fresh fruits and vegetables, including strawberries, watermelon, apples, cabbage, and sweet potatoes, while also learning basic budgeting and money management skills in a fun, hands-on way. During a follow-up visit, they also learned how to make pumpkin soup, with plans to recreate the recipe together at each cottage.



To make the experience even more engaging, each child received a passport sticker booklet—earning a sticker every time they selected a piece of produce. With each visit, they can collect more stickers, encouraging them to try new fruits and vegetables over time. By engaging children in this hands-on way, the program not only increases their fruit and vegetable intake but also fosters a positive and empowering connection to healthy food choices while introducing valuable life skills like budgeting.



Second Harvest's Nutrition Services' team is excited to expand *Kids at the Market*® into elementary schools, with a special focus on Title I schools where students may have limited access to fresh, nutritious foods. Through this expansion, Second Harvest aims to foster a lifelong appreciation for fresh, healthy foods among students in our community.

Direct Education Survey Respondents

There were 4,470 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 remained consistent.
- Adults and seniors showed significant improvements in variety and frequency of fruit and vegetable consumption.
- Adults showed significant improvements in healthy beverage consumption.



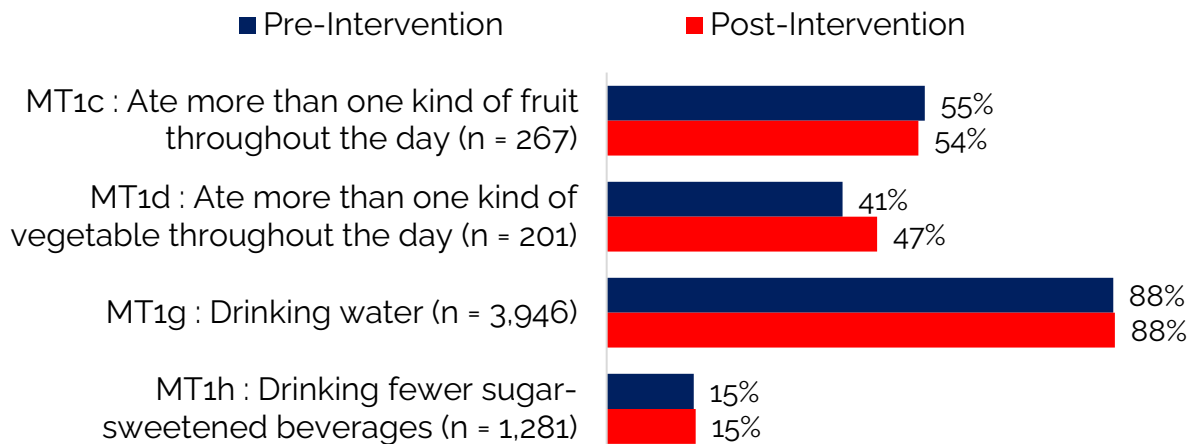
Youth Outcomes (Ages 5 – 17)



There were 3,949 youth survey respondents in FFY 2024, 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. Overall, children remained consistent pre- to post-intervention, with around half eating more than one fruit and vegetable each day always or most of the time, almost all meeting guidelines for water (drinking water at least once per day), but only 15% meeting guidelines for sugar-sweetened beverages (never drinking or less than once per week). There was a small but not statistically significant increase in the percentage of youth eating more than one kind of vegetable throughout the day.

Figure 8. Percentage Of Youth Direct Education Survey Respondents (Ages 5-17) Who Met Guidelines for MT1 Indicators, FFY 2024



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 100 adults with pre- and post-intervention survey responses. Across all measured indicators, the proportion of adults meeting recommendations for healthy eating increased significantly (Figure 9).

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

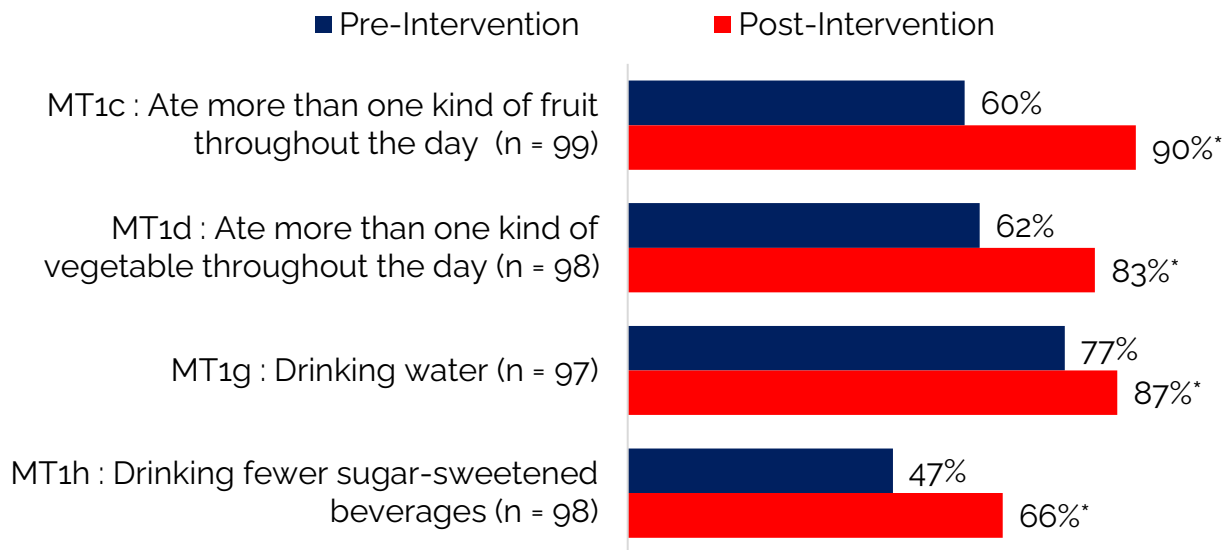


Figure 9 note: *Indicates statistically significant change from pre- to post-intervention based on the McNemar test, $p < 0.05$.

There were only 40 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 by 0.32 and 0.45 cups per day, respectively pre- to post-intervention (Figure 10). The percentage of adults meeting guidelines of two or more cups of fruit per day increased from 60% to 78% and the percentage meeting guidelines of two and a half or more cups of vegetables increased from 65% to 78% pre- to post-intervention.

Figure 10. Mean Cups of Fruits and Vegetables per Day for Adult Respondents (n = 40)

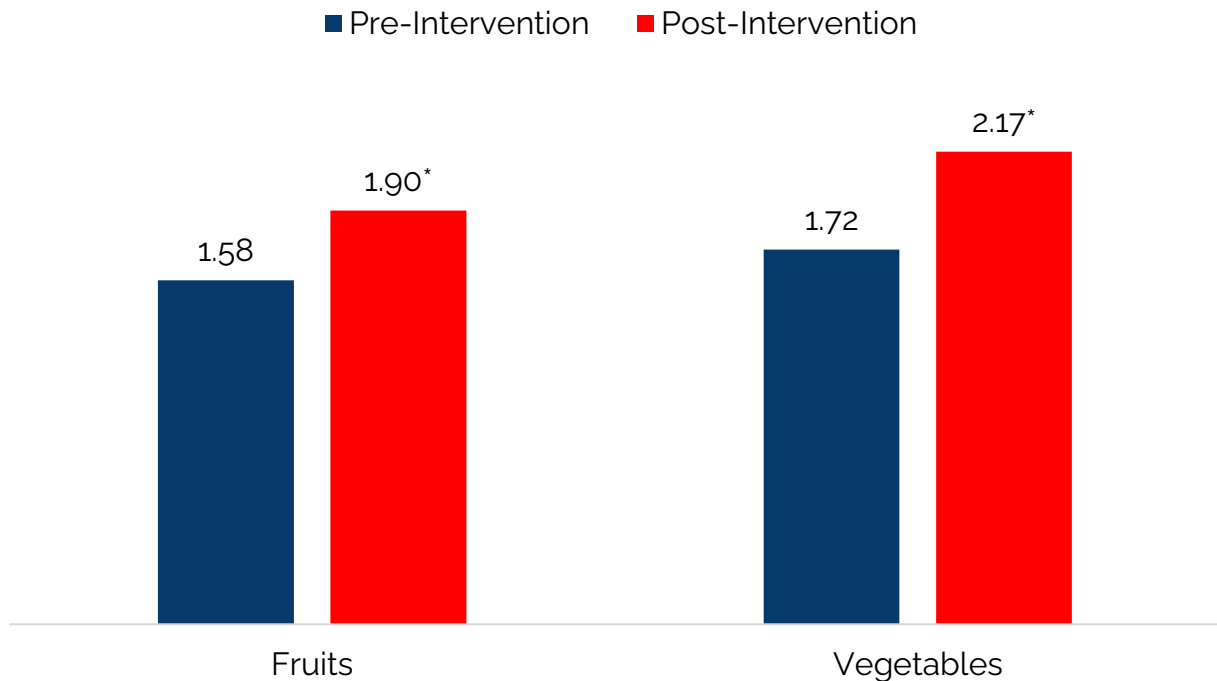


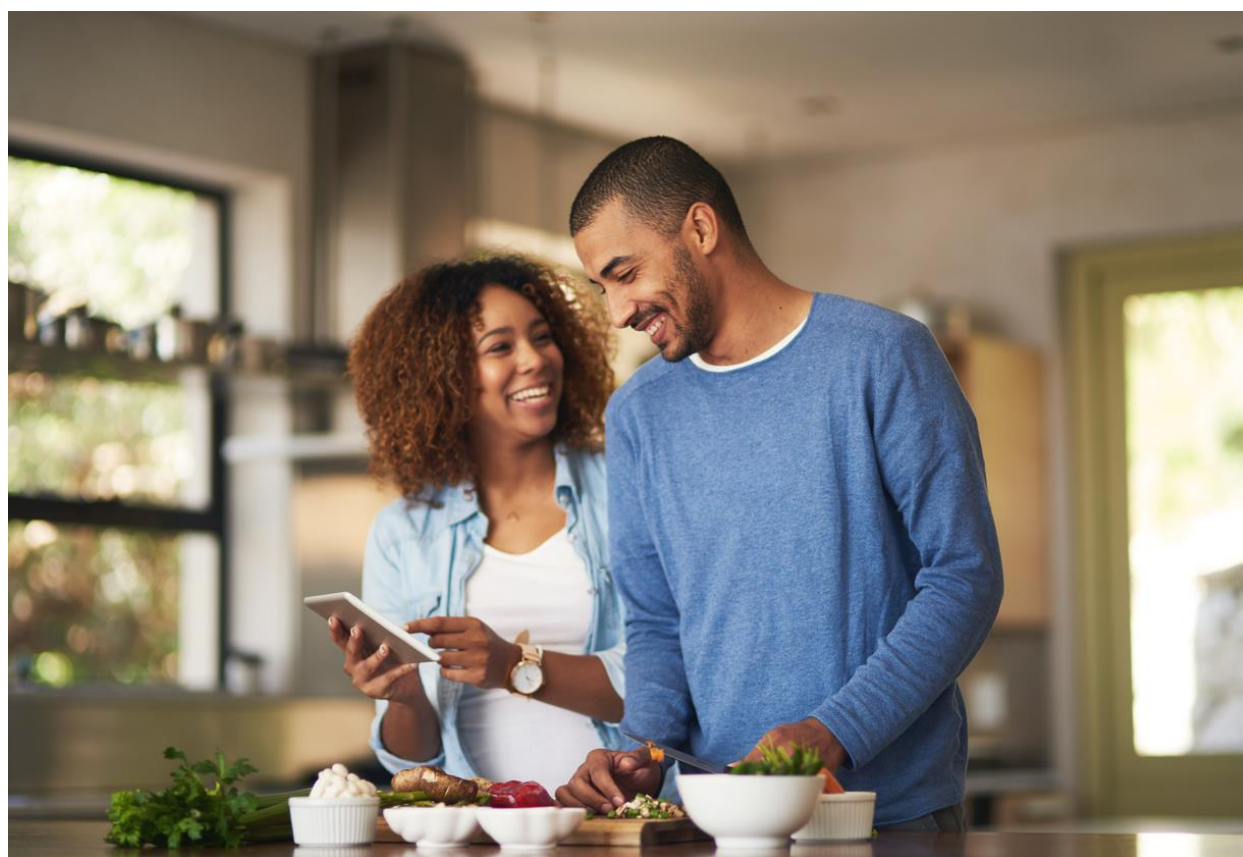
Figure 10 note: Indicates statistically significant change from pre- to post-intervention in mean fruit and vegetable consumption based on a paired samples t- test, $p < 0.05$.

Table 4 shows the effect size estimates and interpretations for all significant changes from pre- to post-intervention for adults. Almost all improvements had a medium or large effect size, indicating a substantial improvement for adults in healthy eating behavior.

Table 4. Effect Size and Interpretation for Adult 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	$g = 0.35$	Large
MT1d	Ate more than one kind of vegetable	Increased vegetable consumption	$g = 0.42$	Large
MT1g	Drinking more water	Increased water consumption	$g = 0.35$	Large
MT1h	Drinking fewer sugar-sweetened beverages	Decreased SSB consumption	$g = 0.38$	Large
MT1l	Cups of fruit consumed per day	Increased fruit consumption	$d = 0.33$	Small
MT1m	Cups of vegetables consumed per day	Increased vegetable consumption	$d = 0.69$	Medium

Table 4 Note: g = Cohen's g statistic, d = Cohen's d statistic



Senior Outcomes (Ages 60 And Older)



There were 212 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 who reported consuming more than one kind of fruit and vegetable each day, always or most of the time. The percentage meeting guidelines for water and sugar sweetened beverages also increased, however the changes were not statistically significant.

Figure 11. Percentage of Seniors Meeting Guidelines for MT1 Indicators

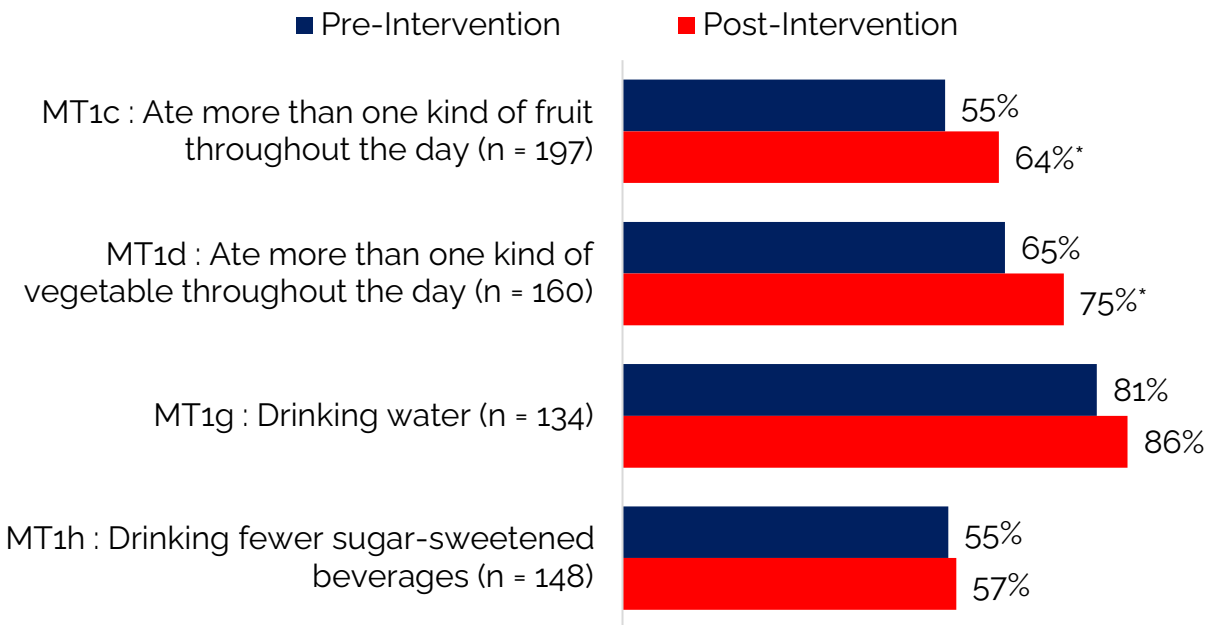


Figure 12 note: *Indicates statistically significant change from pre- to post-intervention based on the McNemar test, $p < 0.05$.

There were 107 seniors who reported cups of fruit (MT1l) and 106 (MT1m) who reported the cups of vegetables they ate each day. The average cups of fruit and vegetables consumed daily by senior respondents increased significantly by 0.44 and 0.34 cups per day, respectively pre- to post-intervention (Figure 12). The percentage of senior meeting guidelines of two or more cups of fruit per day increased from 36% to 56% and the percentage meeting guidelines of two and a half or more cups of vegetables increased from 56% to 67% pre- to post-intervention.

Figure 12. Mean Cups of Fruits and Vegetables per Day for Senior Respondents (n = 107 for Fruits, n = 106 for Vegetables)

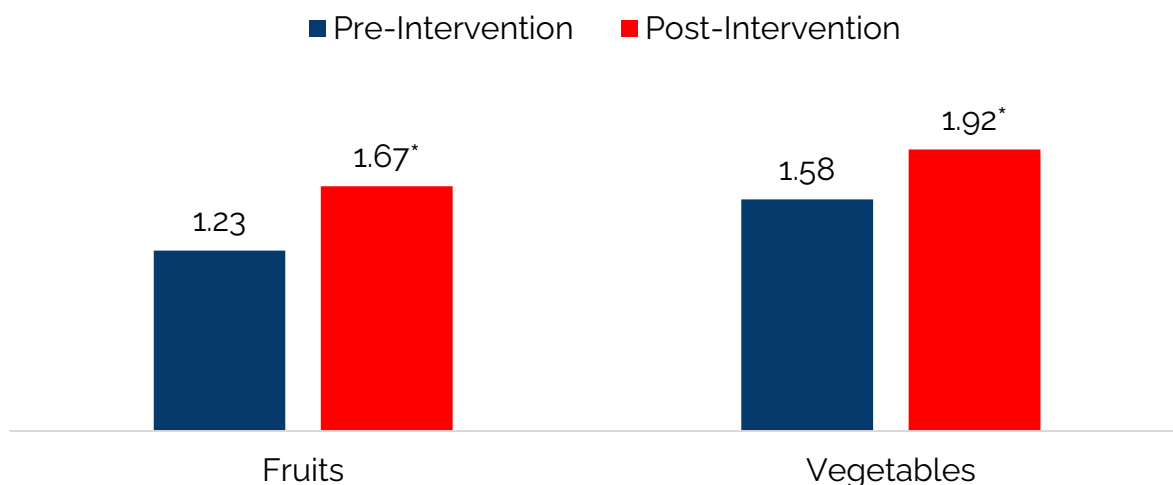


Figure 13 note: *Indicates statistically significant change from pre- to post-intervention in mean fruit and vegetable consumption based on a paired samples t- test, $p < 0.05$.

Table 5 shows that the effect size for all significant changes from pre- to post-intervention for seniors ranged from small to large, indicating substantial 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	$g = 0.23$	Medium
MT1d	Ate more than one kind of vegetable	Increased vegetable consumption	$g = 0.29$	Large
MT1l	Cups of fruit consumed per day	Increased fruit consumption	$d = 0.42$	Small
MT1m	Cups of vegetables consumed per day	Increased vegetable consumption	$d = 0.40$	Small

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

POLICY, SYSTEMS, AND ENVIRONMENTAL 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 farmer market that accepts SNAP benefits to increase access to healthy foods in the community.

MEASURING PROGRESS

Overview of Methods and Analysis

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

Table 6. SNAP-Ed Evaluation Framework Indicators Relevant to PSE Work 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: <ol style="list-style-type: none"> 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 2024, North Carolina SNAP-Ed implemented the following:



Key Findings

- There were 659 PSE changes, 6 policy, 310 systems, and 343 environmental.
- The majority of PSE changes were nutrition related.
- PSE interventions reached 220,637 eligible North Carolinians.
- Most PSE interventions took place in places where people learn, including schools and early education centers.
- 57% of PSE interventions had a sustainability plan fully in place.

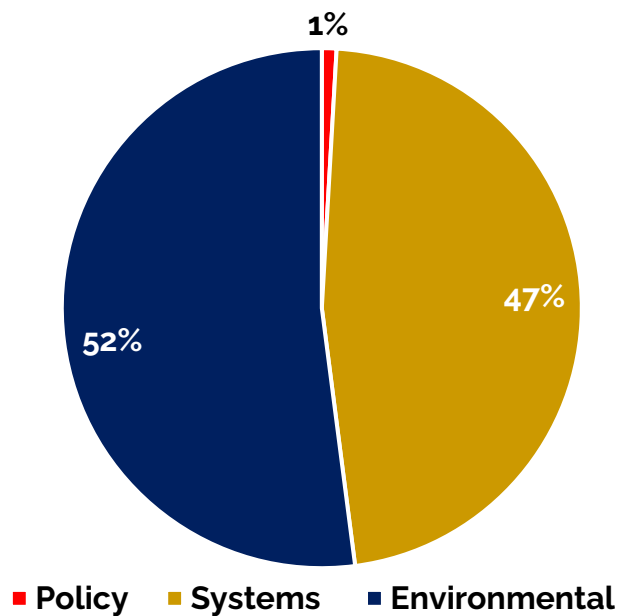


PSE Changes



As shown in Figure 13, the 659 changes implemented in FFY 2024 were comprised of 6 (1%) policy changes, 310 (47%) systems changes, and 343 (52%) environmental changes. Most of the changes were nutrition-related changes (n = 560, 85%), 94 (14%) were physical activity-related changes and 5 (1%) were both nutrition and physical activity-related changes.

Figure 13. PSE Change by Approach Type, (n = 659)





Success Story: Farm to Fridge - Fresh Solutions for Fighting Hunger in Granville County

The Try Healthy Food and Environmental Build position in Granville County has collaborated with various partners to ensure the success of Farm to Fridge. These partners include local farmers, Extension staff, libraries, and Food Lion. Food is delivered to three libraries in Granville County, creating a safe and welcoming space where families can select fresh produce. Over **5,000 pounds of produce** have been distributed, benefiting more than **300 individuals** and helping them stretch their food dollars.

The Farm to Fridge program was launched to bridge the gap between local farmers and underserved communities, ensuring nutritious food reaches families in need. The program leverages local partnerships, innovative distribution methods, and a community-centric approach to tackle food insecurity head-on.

“Being able to pick up fresh vegetables at my local library has been life changing. It’s helped me save money while giving my family healthier meals.”

– Farm to Fridge Participant

Farm to Fridge has transformed how food insecurity is addressed in Granville County. By partnering with local farmers, the program ensures that surplus and locally grown produce is not wasted but instead shared with families in need. The involvement of libraries as distribution hubs has been particularly impactful, as these community-centered locations provide a neutral, stigma-free environment for residents to access fresh foods. Families report feeling a sense of dignity and relief knowing they can access high-quality produce close to home.

The program has also included other essential food items through collaborative efforts with Food Lion, further enhancing its reach and impact. The Extension staff have provided education on preparing and storing fresh produce, empowering families to make the most of what they receive.



There were 6 policy changes, 310 systems changes and 343 environmental changes. As shown in Tables 7, 8 and 9, the most frequent changes were nutrition related.

Table 7. Policy Changes (MT5, MT6) Implemented in FFY 2024

Policy Change Description	Frequency
Nutrition-related (MT5)	
Food safety policy	2
Policy related to edible gardens	2
Food/beverage or nutrition-related policy (childcare wellness, school wellness, workplace wellness, etc.)	1
Physical Activity-related (MT6)	
Physical activity policy (childcare wellness, school wellness, workplace wellness, etc.)	1



Table 8. Top Systems Changes (MT5c, MT6c)

Systems Change Description	Frequency
Nutrition-related (MT5)	
Professional development opportunities on nutrition (e.g., nutrition standards, gardening, breastfeeding, etc.)	42
Integrate culturally relevant, healthy, traditional foods at food service or distribution sites	37
Opportunities for parents/students/community to work in the garden	30
Physical Activity-related (MT6c)	
Professional development opportunities on physical activity	40
Incorporation of physical activity into the school day or during classroom-based instruction (not recess/free play or physical education)	5
Increased quantity (minutes) of physical education	2
Complete streets systems change (e.g., street design manual, transit system improvements, active transportation prioritized in the city budget, etc.)	1
Opportunities for unstructured physical activity time/free play	1



Table 9. Top Environmental Changes (MT5d, MT6d)

Environmental Change Description	Frequency
Nutrition-related (MT5d)	
Initiation, improvement, expansion, reinvigoration, or maintenance of edible gardens	114
Use of the garden for nutrition education	76
Onsite garden produce for meals/snacks provided on-site	61
Physical Activity-related (MT6d)	
Physical activity facilities, equipment, structures, or outdoor space	18
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)	15
Incorporated physical activity/reduced sitting during usual, ongoing site activities and functions	3
Access to exercise or recreation facilities	2
Opportunities for structured physical activity	2





Success Story: A Supportive and Inclusive Environment to Engage in Healthy Living

St. Stephens Missionary Baptist Church (SSMBC) has been a cornerstone of both spiritual and physical health in Edgecombe County. Recognizing the high rates of obesity, chronic heart disease, and kidney disease in their rural community, the church decided to act. On August 2, 2017, they joined the Faithful Families program, a nine-week course designed to teach participants how to eat smart and move more. This initiative brought together congregants and community members, equipping them with the knowledge to make healthier lifestyle choices.

Inspired by what they learned, SSMBC made physical fitness their primary health and wellness initiative to encourage healthy lifestyles through physical fitness such as cardio, aerobics, strength training, and weight management, while working diligently each year on a strategic plan to open a fitness center within their sanctuary. This dream became a reality on July 30, 2024.

The church's commitment to health is evident in their annual Program Action Plan, which has enabled them to secure \$150 Walmart gift cards through the ECU Community Benefit grant. These funds were used to purchase essential equipment for the fitness center, including hand weights, stackable aerobic steps, balance balls, yoga mats, towels, resistance bands, and pedometers. This equipment is available for participants to use free of charge, promoting a culture of health and wellness within the community.



"By engaging in physical activities collectively, supporting each other, we believe that we are building a sense of community, and making fitness a fun and inclusive experience for all to help foster a healthier, more active lifestyle for everyone involved."

- Gwen Shaw, Social Worker and DEPC Faithful Families facilitator



PSE Interventions

There were 275 PSE interventions with changes in FFY 2024. These interventions took place at 270 sites where North Carolinians eat, learn, live, play, shop, and work, with the majority at learning sites, such as schools and early learning centers as shown in Figure 14.

Figure 14. Number of PSE Interventions by Setting

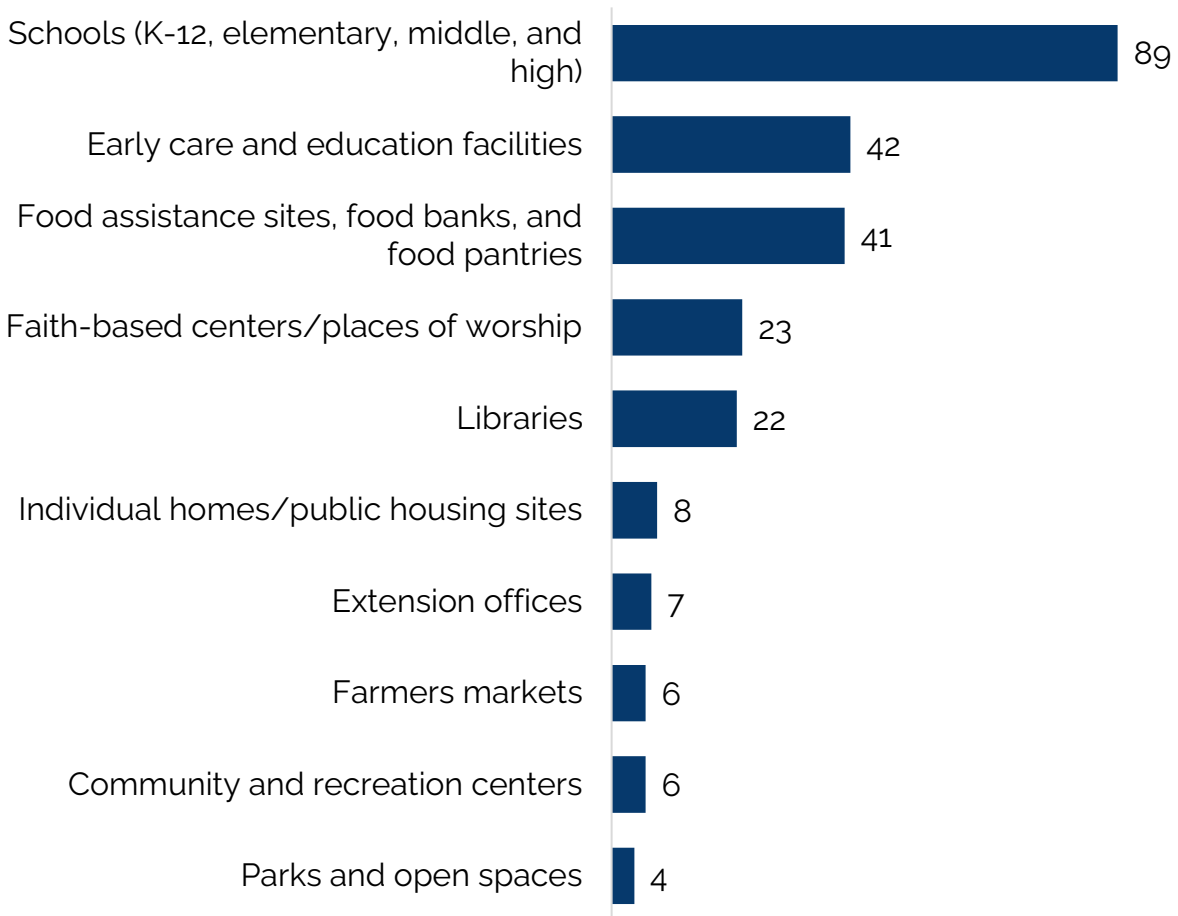
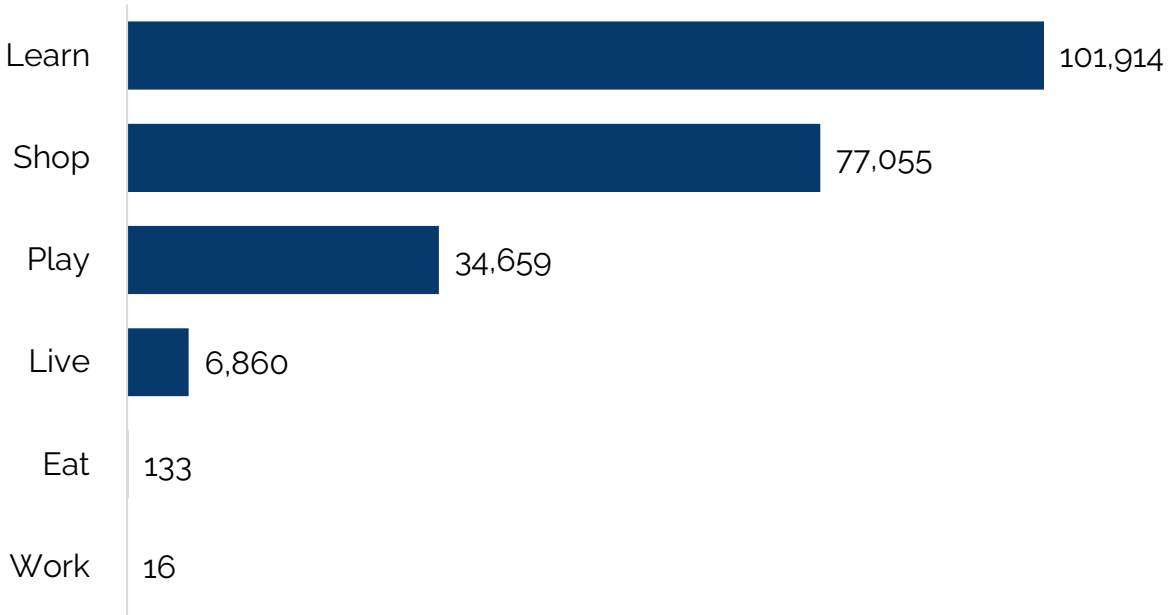


Figure 14 Note: Only the top 10 most frequent settings where PSE changes were implemented in FFY 2024.

PSE interventions reached an estimated 220,637 individuals across North Carolina, with the majority being reached in places where people learn (46%) and shop (35%) (Figure 15).

Figure 15. Estimated PSE Intervention Reach by Domain, (Total Reach = 220,637)



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 227 sites reporting at least one nutritional support (MT5) PSE change and 63 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 Support (MT5) PSE Change (LT5b)

Number of components	Nutrition Number of sites	Physical Activity Number of sites
One component	67	43
Two components	80	19
Three components	55	0
Four components	25	1
Total	227	63

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) support PSE changes.

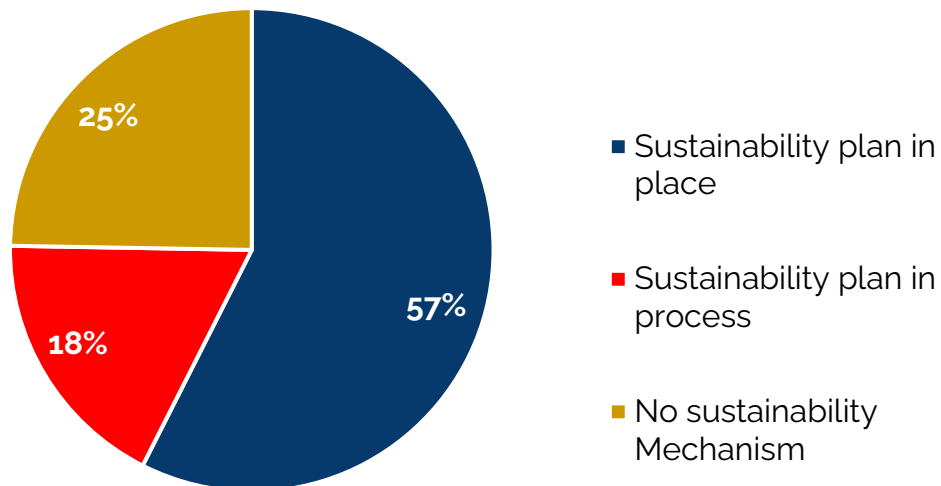
Table 11. Number of Sites Implementing at Least One Nutritional Support (MT5) PSE Change and Each Type of Specific Additional Component (LT5b)

Specific component	Nutrition Number of sites	Physical Activity Number of sites
Evidence-based education	198	61
Parent/community involvement	109	21
Staff training or continuous program and policy implementation	92	1
Marketing	88	2

Sustainability

To ensure sustainable PSE changes, organizations institute site-level sustainability plans and mechanisms. Of the 275 PSE interventions with documented PSE changes, 57% (n = 158) had sustainability plans fully in place, 18% (n = 49) were in process and 25% (n = 68) 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 2024, (n = 275), Percentage of PSE Interventions



CONCLUSIONS



Adults and seniors are consistently improving healthy eating behaviors.

In FFY 2024, 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 fruit and vegetable intake for FFY 2022, FFY 2023, and FFY 2024. Adults and seniors also showed a significant improvement in eating more than one type of fruit and vegetables each week from FFY 2023 to FFY 2024. These consistent, positive changes show how effective direct education is for adults and seniors in North Carolina.



Children maintained similar eating and drinking patterns throughout FFY 2024.

While adults and seniors showed improvements in healthy eating and drinking behaviors, children remained the same throughout FFY 2024. It is unclear why children showed no improvement after participating in direct education given the pre-intervention percentages were similar for each age group. Identifying measures to capture smaller changes may help evaluate the impact of direct education interventions. Additional research to identify barriers to improved healthy eating and drinking behaviors in children may also be helpful to explore.



The total number and reach of PSE changes in North Carolina increased from FFY 2023 to FFY 2024.

A total of 659 PSE changes were implemented in North Carolina with a combined reach of 220,637 across 269 sites. Compared to FFY 2023, 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 more than doubled from 85,034 in FFY 2023 to 220,637 in FFY 2024. The increase in PSE changes, sites, and reach suggest that North Carolina IAs are working to effectively serve the SNAP-Ed community.

ACKNOWLEDGEMENTS

We would like to thank the North Carolina Department of Health and Human Services and the Division of Child and Family Well-Being for their instrumental role in preparing this report.

- Konnie Khánh Tran, SNAP Outreach and Education Coordinator

A special thank you to the nine agencies in North Carolina that implemented SNAP-Ed programs and provided data for this report:

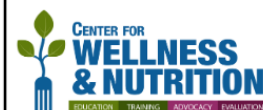
- Alice Aycock Poe Center for Health Education
- Down East Partnership for Children
- Durham County Department of Health – Durham’s Innovative Nutrition Education (DINE)
- East Carolina University – Motivating Adolescents with Technology to Choose Health (MATCH)
- North Carolina Agricultural and Technical 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 – Center for Health Promotion and Disease Prevention
- University of North Carolina at Greensboro – Recipe for Success



NC SNAP-ED



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



This material was funded by USDA's Supplemental Nutrition Assistance Program – SNAP. This institution is an equal opportunity provider.