

California Department of Public Health

FFY 2025 CalFresh Healthy Living At a Glance

CalFresh Healthy Living (CFHL) promotes healthy lifestyles through nutrition and physical activity interventions delivered in low-income communities across California. This program is administered by four state implementing agencies, the largest of which is California Department of Public Health (CDPH). The primary focus of CDPH-CFHL is creating conditions that enable SNAP-eligible populations to make healthy choices via policy, systems, and environmental (PSE) change efforts. PSE efforts are enhanced by educational activities (direct and indirect) and supported by partnerships and multi-sector coalitions.

CALIFORNIA'S STATUS: A SNAPSHOT

Among California's 39 million residents, about **11 million** (28%) live in low-income households that are eligible for CalFresh Healthy Living programming⁽¹⁾. Among California's low-income adults⁽²⁾:



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

LOCAL HEALTH DEPARTMENTS' CALFRESH HEALTHY LIVING EFFORTS

During FFY25, CDPH funded all of California's 61 local health departments (LHDs) to plan and deliver CFHL programming in their communities.

All 61 of these LHDs reported implementing one or more of PSE, direct education (DE), or indirect education (IE) intervention types in their jurisdictions. The majority of LHDs (n=52, 85%) reported implementing comprehensive programming that included all three intervention types (PSE, DE, and IE). Among those 52 LHDs, 46 reported engaging in both partnerships and multi-sector coalitions.

LHDs Reporting Interventions/Activities



LHDs' FFY 2025 CFHL interventions reached **2.7 million individuals**, representing **25% of eligible participants** and 10% of California's total population. **LHD teams and partners reached:**

1,346,195

individuals with PSE Interventions

134,302

participants of Direct Education Programs

2,022,470

individuals with Indirect Education Activities*

2,740,353

individuals overall

*Includes 1,259,856 individuals reached only by Indirect Education Activities

Policy, Systems, & Environmental Change Efforts

PSE interventions aim to transform communities by increasing access to healthy food and expanding opportunities for physical activity, creating conditions that enable SNAP-eligible populations to make healthy choices. In FFY 2025, LHDs partnered with **790 sites** in low-income communities across California to plan, implement, or maintain PSE activities. 702 (90%) of these sites progressed past the planning stage; a total of **3,451 PSE changes adopted** and **1,346,195 individuals reached** were reported at these sites.

The most common PSE approaches used were related to gardens, food quality, and food access.

GARDENS

LHDs implemented **661 garden-related changes** at **283 sites**. Garden interventions were most commonly implemented at sites in the following settings:



K-12 schools
(54% of sites)



Early childhood programs
(33% of sites)

Key focus areas for garden interventions included:

- Initiating, improving, expanding, reinvigorating, or maintaining edible gardens
- Using the garden for nutrition education
- Providing opportunities for parents, students, or community members to work in the garden

FOOD QUALITY

LHDs implemented **589 PSE changes** to improve food quality at **270 sites**. Food quality interventions were most commonly implemented at sites in the following settings:



K-12 schools
(38% of sites)



Food banks & pantries
(24% of sites)



Early childhood programs
(15% of sites)

Key focus areas for interventions to improve food quality included:

- Providing access to free, high-quality water
- Improving quality or variety of menus or recipes
- Expanding the availability and use of salad bars

FOOD ACCESS

LHDs implemented **329 PSE changes** related to food access at **217 sites**. Food access interventions were most commonly implemented at sites in the following settings:



Food banks & pantries
(60% of sites)



Early childhood programs
(12% of sites)



Health clinics & hospitals
(8% of sites)

Key focus areas for food access related interventions included:

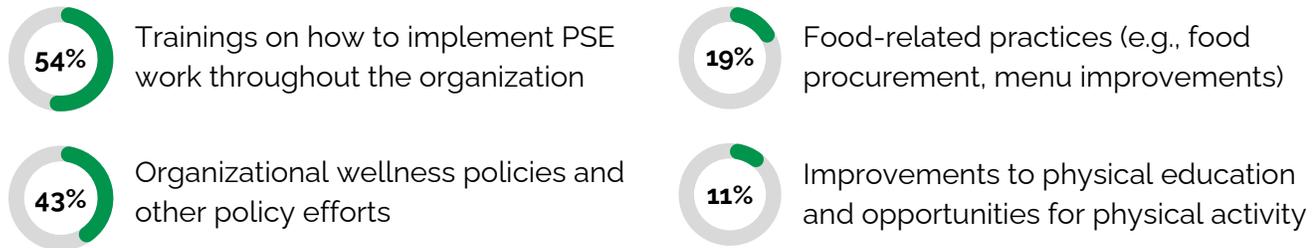
- Gleaning excess healthy foods for distribution to clients, needy individuals, or charitable organizations
- Mechanisms for distributing produce to families or communities, such as gardens or farmer's markets
- Creating new food banks, food pantries, or emergency food distribution sites

PSE INTERVENTIONS AT ORGANIZATIONAL & COMMUNITY LEVELS

LHDs also implement organizational- and community-level PSE interventions. Organizational-level PSEs happen at a “parent” organization that provides direction for multiple sites. Community-level PSEs impact a jurisdiction or geographical area, such as a county, city, census tract, or neighborhood.

Organizational-level PSE Interventions

Twenty-three LHDs reported a total of **54 organizational-level PSE changes**, frequently occurring at **school districts (57%)**. Organizations focused on PSE efforts related to:



Community-level PSE Interventions

Twenty-one LHDs reported community-level PSE efforts happening in **44 communities or jurisdictions**. Community-level PSE efforts targeted:



Over one-third of community-level PSE efforts worked towards **policy change (39%)**. These efforts related to a wide range of policies, including complete streets and active transport (8 projects implemented by 6 LHDs).

LHDs continued working on complete streets and active transportation projects, teaming up with students, school boards, local government agencies, parks departments, law enforcement, and other partners to improve sidewalk conditions, crosswalk and intersection safety, and bus access. Community engagement often took the form of walk audits, where students and residents observed their surroundings, noted potential safety challenges, developed suggestions, and presented these insights to decision-makers to help shape future improvements.



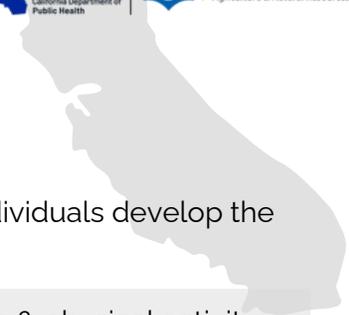
In FFY25, 4 LHDs worked with researchers at Harvard on 7 'CHOICES' (Childhood Obesity Intervention Cost-Effectiveness Study) projects to model the cost-effectiveness of strategies to promote healthy weight, healthy eating, and active living.

The most common CHOICES project was to model a \$0.02/ounce sugary drink excise tax that would be levied on local bottlers, distributors and/or manufacturers. Three projects modeled a city-wide tax and 2 modeled a county-wide one.



Educational Activities

Local health departments (LHDs) implement CFHL educational activities to help individuals develop the knowledge and skills to make healthy choices.



Direct education (DE) is an evidence-based, behavior-focused nutrition education & physical activity intervention with participant interaction.

Indirect education (IE) involves distribution of information without participant interaction.

DIRECT EDUCATION

During FFY25, LHDs reported **3,784 DE activities** that reached **134,302 individuals** at **1,025 delivery sites**.

Youth Education

Direct education reached **114,540 youth ages 0-17 years** (85% of total DE reach)*. School-aged children (ages 5-17 years) were the most commonly engaged audience, comprising 78% of all DE participants.

Settings where children were commonly reached include:



K-12 schools
(82% of children)



Early childhood programs
(7% of children)



Before/after - school programs
(7% of children)

Just over half (51%) of youth DE activities were delivered as a series of 2 or more lessons. The remaining activities were delivered in single sessions. The most common curricula used for DE with children were:



- Serving up MyPlate: A Yummy Curriculum (28%)
- CATCH Kids Club Manual and Activity Box (13%)
- CATCH Activity Box (7%)
- Nutrition Pathfinders/Let's Eat Healthy (6%)

Adult Education

Direct education reached **14,084 adults ages 18 years and over** (10% of DE reach)*. Among adult participants, 24% were older adults age 60 years and over. Adults received education in a variety of settings. The most common were:



Health clinics & hospitals
(21% of adults)



K-12 schools
(18% of adults)



Parks and open spaces
(9% of adults)

Adult DE activities were most often delivered in a **single session** (69%). The remaining activities were delivered as a series of 2 or more lessons. The most common curricula used for DE with adults were:



- Nutrition 5-Class Series (33%)
- Food Smarts for Adults (28%)
- Eat Healthy, Be Active Community Workshop (5%)
- Activity + Eating for Adults (5%)

*Percentages do not total to 100% because age is unknown for 4% of DE participants.

INDIRECT EDUCATION

During FFY25, LHDs reached **2,022,470 participants** through **4,030 IE activities** at **1,537 sites** via **7,118 delivery channels**.

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

- Food banks and pantries
- Places people play, like parks and community centers
- K-12 schools
- Health care



The most commonly used **channels** for delivering IE were:

- Hard copy materials
- Community events and fairs
- Electronic materials
- Social media



The most common **topics** addressed by IE were:

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



ACCOMPLISHMENTS

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

"I liked that we got work as a team to not only cook recipes but figure out how to make a change at our school."

- 'Teen Battle Chef' participant, Long Beach



"Now, I make infused waters for my family and me. I feel so much better, and my blood sugar levels are finally under control."

- Adult participant of nutrition class, Placer County



"There is no doubt that the 'Create Better Health' curriculum empowers families to make meaningful changes. It fosters a supportive, healthy environment and gives individuals tools to take charge of their well-being. Thank you for helping us build healthier communities!"

- Family resource center staff, Napa County



"My daughter and I had a birthday party for my granddaughter with healthier foods thanks to your nutrition classes!"

- Adult participant of cooking class, LA County



"I learned a lot about how our diets affect everyday life. Whenever I have a headache or my stomach hurts, I didn't think much of it. But now, I realize that it's often because I didn't eat a proper meal. I applied what I learned during our workshops to the feelings I experience in real life!"

- Student peer health educator, Sacramento County



"We love these lessons. Can you please come every week?"

- Child participant of nutrition class, Alpine County



**Quotes may be edited slightly for brevity and clarity*

Partnerships & Multi-Sector Coalitions

Local health departments' (LHDs) CalFresh Healthy Living (CFHL) programs engage in partnerships and coalitions to leverage resources and enhance sustainability. These collaborations are especially important for supporting policy, systems, and environmental (PSE) change efforts.

Partnerships occur formally or informally between LHDs and other entities involved in CFHL programming during a given year.

Coalitions are groups of individuals and/or organizations who commit to joint action over an extended period.

PARTNERSHIPS

LHDs reported **565 partnerships** in FFY25. Nearly all LHDs (89%) reported at least one partnership, and a quarter (16 LHDs) reported 10 or more. Among reported partnerships, 18% (100) were newly established.

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



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

Assistance Provided	Assistance Received
Materials (78%)	Space (58%)
Planning (56%)	Human resources (52%)
Program implementation (54%)	Planning (50%)
Human resources (54%)	Program implementation (46%)

MULTI-SECTOR COALITIONS

LHDs reported participation in **180 multi-sector coalitions** in FFY25. Nearly all LHDs (90%) reported at least 1 coalition with 2 or more members. On average, coalitions were 6 years old and LHDs reported having participated in them for an average of 5 years.

Coalition membership can help us understand how LHDs work together with other sectors to collectively impact their audience. In FFY25, coalition membership:

- Ranged from 2 to 62 members per coalition (median = 7)
- Comprised 1 to 9 diverse sectors (median = 4)
- Included at least 5 diverse sectors for 34% (62) of coalitions
- Included at least one Community-Based Organization for 66% (118) of coalitions

LHDs reported having various goals for their coalitions. The most common of these goals included:



- 50%** Influence development or revision of a site, organization, or community level policy
- 42%** Help establish a new community service to improve community health
- 24%** Support implementation of a new law or policy
- 16%** Help establish a new government service to improve community health
- 15%** Develop a monitoring system for community changes adopted previously

ACCOMPLISHMENTS

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

"Yolo County partnered with several local housing communities to deliver tailored nutrition education supporting residents' unique needs. Through single-session and series-based lessons drawn from the Food Smarts and Waste Reduction curricula, participants gained practical skills in healthy eating, food budgeting, cooking, and food waste reduction. These flexible, community-based partnerships help residents—including families, seniors, veterans, and individuals in recovery—make sustainable, informed choices that support their overall well-being."

– Yolo County



"Community School Liaisons at two elementary Schools provide programming that connects foster youth, homeless youth, and families in transitional housing with nature-based field trips incorporating physical activity and nutrition. Partnering with Liaisons facilitates our work because they schedule directly with teachers and ensure PSE work can be done in these two schools."

–Humboldt County



"The Riverside County Nutrition Action Partnership focused on building capacity and strengthening cross-sector collaboration to advance CFHL initiatives. The coalition held dedicated skill-building sessions on effective community engagement strategies, equipping partners with practical skills to strengthen outreach and implementation of policy, systems, and environmental change efforts across the county. Members were also introduced to county food security initiatives, including produce distribution through pantry programs, new incubator farming opportunities, and the development of a regional food hub. The coalition also promoted and supported outreach for USDA programs, including the WIC and Senior Farmers Market Nutrition Programs. These activities deepened partner engagement, increased awareness of available nutrition resources, and strengthened local capacity to support food security efforts. The coalition intends to continue to meet and work on projects beyond the sunset of SNAP-Ed."

–Riverside County



"Participating in Community Schools meetings and conducting resident surveys has helped us better understand the unique needs of each neighborhood. These insights allow us to better serve both youth and adults in our community."

–Fresno County



"The Madera County Breastfeeding Coalition hosted their 2nd annual milk drive in December 2024 to raise awareness about the importance of donor milk for premature or babies who need it. The MCBFC hosted their 1st Annual Breastfeeding Awareness Walk and Celebration in August 2025 to highlight the importance of breastfeeding, bringing together families, healthcare providers, and community organizations to celebrate collective efforts that support maternal and child health."

–Madera County



**Quotes may be edited slightly for brevity and clarity*

Assessment of Policies, Practices, & Outcomes

Evaluation of Local Health Departments' (LHD) CalFresh Healthy Living programs documents the effectiveness of their Policy, Systems, and Environmental Change (PSE) efforts, Direct Education (DE) classes, and comprehensive interventions that combine PSE with education.

ADOPTION OF HEALTH-PROMOTING POLICIES & PRACTICES

LHDs work with schools, school districts, early childhood programs, out-of-school time programs, and food retail stores that are planning or implementing PSE changes to complete an annual assessment. Each site or organization receives an overall best practices score (out of 100) and scores in specific practice areas (also out of 100). Statewide, average scores show the extent to which CFHL partners are adopting best practices and which areas have the greatest opportunity for improvement.

On average, **school districts** (N=13) scored **54 out of 100** in FFY25.

 Greatest **adoption of best practices:** Food & beverage purchasing (75/100)

 Greatest **opportunity for improvement:** Community & govt. partnerships (23/100)

 **Comprehensiveness** of district wellness policies⁽¹⁾ (76/100)

(1) Based on WellSAT policy scores submitted with assessments; N=9.

On average, **schools** (N=181) scored **65 out of 100** in FFY25.

 Greatest **adoption of best practices:** Food and drink (80/100)

 Greatest **opportunity for improvement:** Gardens (37/100)

 **Most sites improved⁽²⁾:** Meals & school meal environment (60 of 102 sites)

On average, **out-of-school time programs** (N=100) scored **65 out of 100** in FFY25.

 Greatest **adoption of best practices:** Food and drink (85/100)

 Greatest **opportunity for improvement:** Gardens & nutrition education (33/100)

 **Most sites improved⁽²⁾:** Physical activity & screen time (59 of 79 sites)

On average, **early childhood programs** (N=116) scored **68 out of 100** in FFY25.

 Greatest **adoption of best practices:** Physical activity & screen time (83/100)

 Greatest **opportunity for improvement:** Gardens & nutrition education (39/100)

 **Most sites improved⁽²⁾:** Gardens & nutrition education (23 of 39 sites)

On average, **food retail stores** (N=56) scored **54 out of 100** in FFY25.

 Greatest **adoption of best practices:** Health-promoting atmosphere (70/100)

 Greatest **opportunity for improvement:** Pricing to encourage healthy selection (33/100)

 **Most sites improved⁽²⁾:** Placement & display to encourage healthy selection (16 of 37 sites)

(2) Compared to a previous assessment 8-24 months prior; not completed by all sites.

YOUTH DIETARY & PHYSICAL ACTIVITY OUTCOMES

LHDs evaluated school-based interventions at 97 schools where series-based DE occurred. Many schools implemented comprehensive interventions with both DE and PSE (46 schools, 47%) or DE, PSE, and IE (39 schools, 40%). Interventions were evaluated via pre and post surveys at the beginning and end of the school year. Students (n=4,202) in 4th-12th grades reported intake of fruits, vegetables, and sugary beverages (SSBs) and engagement in physical activity. Just under half of students were Hispanic/Latinx.

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

- Food quality
- Gardens
- Structured physical activity

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

- Let's Eat Healthy
- Food Smarts for Kids
- Serving Up MyPlate: A Yummy Curriculum

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

- 14% increase in how often youth ate vegetables
- 17% increase in how often youth ate whole fruits
- 7% decrease in how often youth drank sugary drinks (SSBs)
- 3% increase in how often youth drank water
- 11% more days per week that youth were active for 60+ minutes

ADULT DIETARY & PHYSICAL ACTIVITY OUTCOMES

LHDs evaluated 131 direct education series that included at least 4 classes. Pre and post surveys were collected before the first and after the last class, respectively. Adults (n=739) reported intake of fruits, vegetables, and SSBs, use of the nutrition facts label, running out of food before month's end, and physical activity. The majority of participants were female (81%) and Hispanic/Latinx (66%), and many (53%) had at least one child under 18 years at home.

The **top direct education curricula** used with participating adults:

- Food Smarts for Adults
- Nutrition 5-Class Series
- Cooking for Health Academy

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

- 20% increase in cups of vegetables eaten daily
- 18% increase in cups of whole fruits eaten daily
- 29% more adults eating >1 kind of vegetable daily
- 38% more adults eating >1 kind of fruit daily
- 54% fewer adults drinking SSBs often or daily
- 73% more adults reading nutrition facts labels often or always
- 27% more adults making small changes to be more active often, usually, or always
- 16% more adults meeting moderate physical activity recommendations
- 45% more adults meeting muscle strengthening recommendations

