

# Local Health Department CalFresh Healthy Living FFY 2022 Introduction to PEARS Data Briefs

July 2023

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## Background and Overview

CalFresh Healthy Living (CFHL) promotes healthy lifestyles through nutrition and physical activity interventions delivered in low-income communities across California. This set of brief reports provides (1) an overview of program data reported by CDPH-funded local health departments during Federal Fiscal Year (FFY) 2022 and (2) trends in program data from FFYs 2019 to 2022. The briefs are intended to inform decision-making, program development, and future initiatives to support the health and well-being of communities across the state. The topics addressed include: educational activities (direct and indirect), policy, systems, and environmental change interventions, partnerships and coalitions, and a multi-year review comparing data from FFYs 2019 to 2022.

## The Ongoing Impact of COVID-19

Examining data from multiple years, the *Multi-Year PEARS Data Review* offers insight into the impact of the COVID-19 pandemic on CFHL programs by comparing program data before (FFY 2019) and during (FFYs 2020-2022). The findings demonstrate how local health departments adapted their interventions and delivery methods to address unique challenges experienced by community members during the COVID-19 pandemic.

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# Local Health Department Cal Fresh Healthy Living FFY 2022

## Brief 1: Educational Activities (Direct and Indirect)

Research Brief • July 2023

### Background and Overview

CalFresh Healthy Living (CFHL) direct education (DE) is an evidence-based, behavior-focused nutrition education and physical activity intervention with participant interaction. Indirect Education (IE) involves distribution of information without participant interaction. This brief summarizes DE and IE activities reported by CDPH-funded Local Health Departments (LHDs) during Federal Fiscal Year (FFY) 2022.

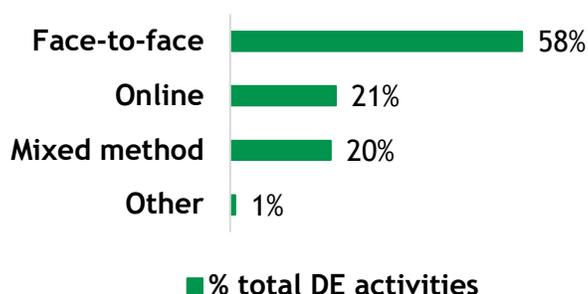
### Direct Education

#### Direct Education Reported

In FFY 2022, 59 of 60 LHDs reported DE:

- 3,973 DE activities reached 129,279 individuals
- Over half of DE activities (N=2,245) included food demonstrations
- 80% of DE activities used face-to-face learning alone or in combination with online methods (Figure 1.1)
- Half of DE activities (N=1,941) were impacted by the COVID-19 pandemic

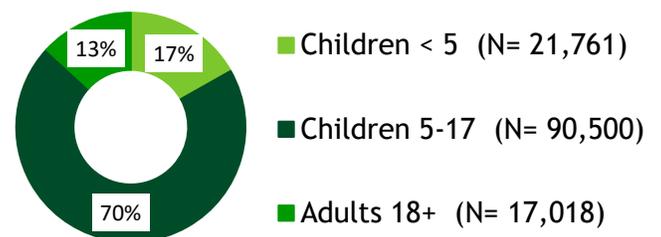
**Figure 1.1**  
*DE methods of delivery*



### Reach and Settings

DE most commonly engaged school-aged children, with 70% of all participants falling in the age range of 5-17 years (Figure 1.2).

**Figure 1.2**  
*DE participants by age*



Three-quarters of all DE occurred in learn settings, comprising 87% of total DE reach.

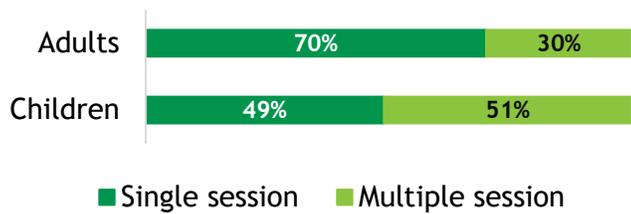
- 81% of children under age 5 were engaged through early care and education (ECE) facilities
- 83% of school-aged children were engaged through school; 12% were engaged at before-/after-school sites
- Adult education settings varied; engagement at parks and open spaces (17%), schools (15%), and health care settings (11%) were common

### Class Formats and Curriculum

DE can consist of single sessions or a series of multiple sessions reaching the same group of participants (Figure 1.3). In FFY 2022:

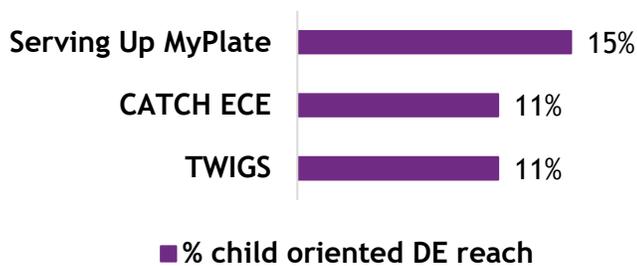
- DE with children was an even mix of single and multiple session series
- DE with adults was most commonly single session (70%)

**Figure 1.3**  
Adult and child participation by class format



Curricula are reported for each DE activity; this includes a primary curriculum plus any additional curricula. In FFY 2022 ‘Serving Up MyPlate: A Yummy Curriculum’ (grades 1-6) reached the greatest number of child participants, followed by ‘CATCH ECE’ (Pre-K) and ‘TWIGS: Teams with inter-generational support’ (grades K-8) (Figure 1.4).

**Figure 1.4**  
Child-centered curricula with greatest reach (N=112,261 participants)



The ‘Nutrition 5 Class Series’ reached the largest number of adults, followed by ‘Eat Healthy, Be Active Community Workshops’ and ‘Food Smarts for Adults’ (Figure 1.5).

**Figure 1.5**  
Adult-centered curricula with greatest reach (N=17,018 participants)



## Indirect Education

### Indirect Education Reported

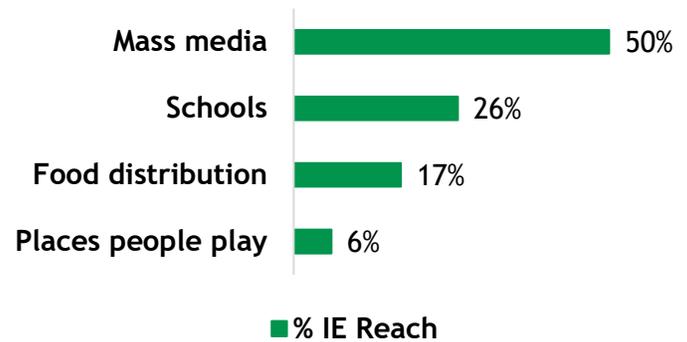
In FFY 2022, 59 LHDs reported IE activities:

- 3,739 IE activities reached 3,319,831 individuals through 7,553 channels
- Almost a third of IE activities were modified due to COVID-19

### Reach and Settings

In FFY 2022, most IE activities occurred in mass media, schools, food distribution, and places people play (like parks and community centers) (Figure 1.6).

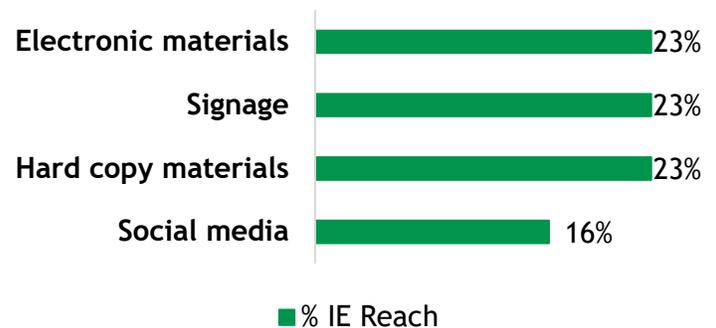
**Figure 1.6**  
Top IE intervention setting groups by reach



### Channels

In FFY 2022 85% of all IE reach occurred through electronic materials, billboards/bus and van wraps/other signage, hard copy materials, and social media (Figure 1.7).

**Figure 1.7**  
Top IE intervention channels by reach



# Local Health Department Cal Fresh Healthy Living FFY 2022

## Brief 2: Policy, Systems, and Environment Change Interventions

Research Brief • July 2023

### Background and Overview

In Federal Fiscal Year (FFY) 2022, 49 CDPH-funded Local Health Departments (LHDs) reported on their work toward implementing Policy, Systems, and Environment (PSE) changes at 818 sites, reaching 916,673 individuals.

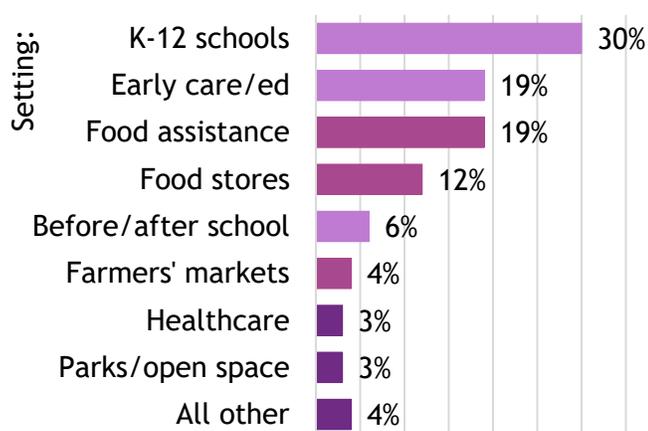
- On average, each LHD worked in 17 sites and 3 different settings
- 32% of PSE sites reported having their PSE activities impacted by COVID-19

### PSE Settings and Domains

PSE interventions primarily occurred in the learn and shop domains (Figure 2.1).

**Figure 2.1**

*PSE interventions by domain and setting*



% of total PSE interventions

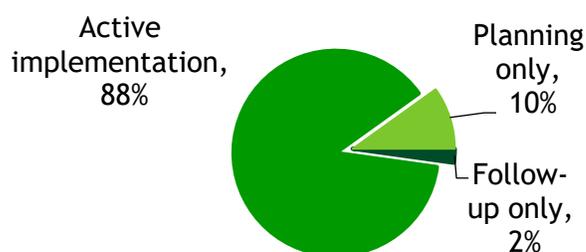
- Learn: K-12 Schools, Early Care/ed, Before/after school
- Shop: Food Assistance, Food stores, Farmers' markets
- Other: Live (Healthcare), Play (Parks/open space), all other

### PSE Implementation Stage

The majority of PSE sites (88%) were in the implementation stage (Figure 2.2).

**Figure 2.2**

*PSE sites by implementation stage*



### PSE Sub-Strategies

PSE change interventions are categorized into 25 PSE sub-strategies, which reflect specific sets of evidence-based, behaviorally focused PSE interventions. In FFY 2022, the most commonly reported PSE sub-strategy was physical activity (Table 2.1).

**Table 2.1**

*Most and least frequently reported PSE sub-strategies (N=818)*

Most reported PSE sub-strategies	
Physical activity (non-PE)	24%
Gardens	22%
Nutrition standards	21%
Least reported PSE sub-strategies	
Zoning	0.1%
Portion sizes	0.1%
Healthy defaults in kids' meals*	0.2%

\*Combined two sub-strategies

There were 705 sites (86% of total) that reported adopting PSE changes, each implementing an average of 5 changes. The majority (77%) of these sites implemented nutrition-related changes (Table 2.2).

**Table 2.2**

*Percent of sites adopting nutrition and physical activity PSE changes (N= 705)*

PSE changes adopted	N (%)
Any nutrition	540 (77%)
Any physical activity	342 (49%)
Only nutrition	349 (50%)
Only physical activity	164 (23%)
Both nutrition & physical activity	192 (27%)

The types of PSE changes adopted differed by setting. Half of school sites worked on garden-related PSEs and over half of early care and education (ECE) and before/after-school programs worked on improving and/or increasing structured physical activity. Food distribution sites and farmers’ markets focused on improving healthy food access, while retail food stores focused on behavioral economics strategies to make healthy food and beverage options the easy choice. Table 2.3 summarizes the most common PSE changes adopted by domain and setting.

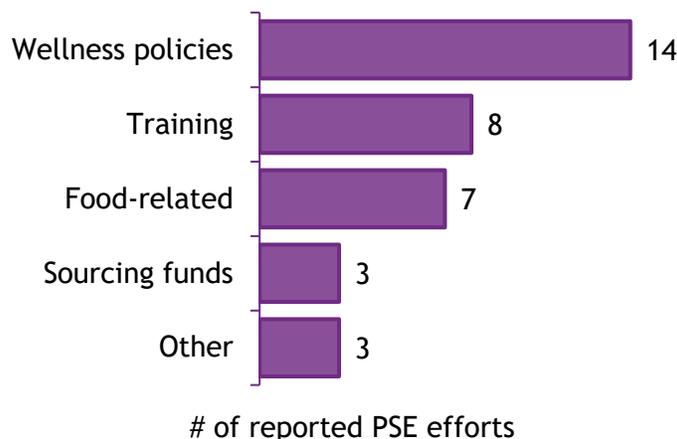
**Organizational- & Community-Level PSE**

Organizational-level PSEs are PSE changes that occur at a “parent” organization, which governs or provides direction for multiple sites. There were 33 organizational-level reports submitted by 20 LHDs, mostly reflecting PSE changes occurring at school districts (Figure 2.3). Trainings and policy-

related activities were the most frequently reported organizational-level PSE efforts.

**Figure 2.3**

*Organizational-level PSE efforts for school districts (N=21)*



In addition to school district PSE efforts, organizational-level PSE efforts occurred at 11 other organizations.

Community-level or “area-wide” PSEs are typically implemented through partnerships with local government agencies and impact a specific jurisdiction or geographical area, such as a county, city, or census tract. In FFY 2022:

- 10 LHDs reported on 20 community-level PSE efforts impacting 7 counties, 6 cities, 2 census tracts, 2 Native American reservations, 1 region, 1 neighborhood, and 1 zip code
- One third of these PSE interventions (N=7) worked on policy change efforts
- 4 cities and 2 counties worked toward improving policies related to healthy food procurement, local food systems, access to open space, complete streets, community design, or physical activity

**Table 2.3**

*Most common types of PSE changes adopted by domain and setting*

<b>Domain: Learn</b>		
<b>Setting (N)</b>	<b>Types of changes adopted</b>	<b># sites with PSE changes adopted by setting N (%)</b>
<i>K-12 Schools (N=218)</i>	Gardens	110 (50%)
	Physical education	78 (36%)
<i>Early care &amp; education (N=135)</i>	Structured PA	80 (59%)
	Wellness	76 (56%)
<i>Before/after school (N=42)</i>	Structured PA	23 (55%)
	PA facilities	21 (50%)
<b>Domain: Shop</b>		
<b>Setting (N)</b>	<b>Types of changes adopted</b>	<b># sites with PSE changes adopted by setting N (%)</b>
<i>Food assistance (N=122)</i>	Food access	95 (78%)
	Behavioral economics	69 (57%)
<i>Food stores (N=97)</i>	Behavioral economics	93 (96%)
	Food quality	43 (44%)
<i>Farmers' markets and farm stands (N=33)</i>	Food access	32 (97%)
	Behavioral economics	27 (82%)
<b>Domain: Other</b>		
<b>Setting (N)</b>	<b>Types of changes adopted</b>	<b># sites with PSE changes adopted by setting N (%)</b>
<i>Health care (N=18)</i>	Food access	18 (100%)
<i>Parks/open spaces (N=15)</i>	Unstructured PA	6 (40%)
	PA facilities	5 (33%)

# Local Health Departments CalFresh Healthy Living FFY 2022

## Brief 3: Partnerships and Coalitions

Research Brief • July 2023

### Background and Overview

Local health departments' (LHDs) CalFresh Healthy Living (CFHL) programs engage in partnerships and coalitions to leverage resources and enhance sustainability. These partnerships and coalitions are especially important for supporting 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.

Annually, LHDs report information about their collaboration in the Program Evaluation and Reporting System (PEARS). This brief highlights data reported by LHDs during Federal Fiscal Year (FFY) 2022.

### Partnerships

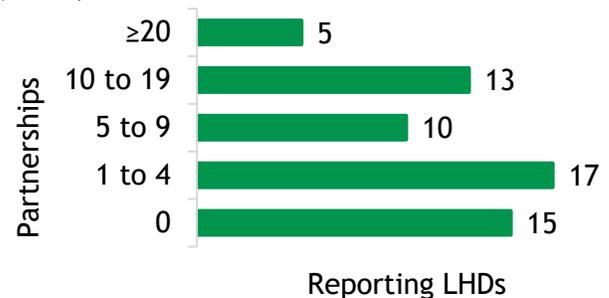
#### Partnerships Reported

Out of 60 LHDs, 45 (75%) reported at least 1 partnership in FFY 2022 (Figure 3.1).

- Nearly half of LHDs (47%) reported 5 or more partnerships (Figure 3.1)
- 573 total partnerships were reported
- Of the 45 LHDs reporting partnerships, the median number of partnerships was 7 and the maximum was 163

**Figure 3.1**

*Number of partnerships reported by LHDs (N=60)*



#### Types of Partners

Partners reflect the settings where CFHL programs are implemented and organizations that support these efforts. Half of all LHD partners represented 3 partner types:

1. K-12 schools (28%)
2. Early care & education facilities (12%)
3. Public health organizations (10%)

Other commonly reported partners include farmers markets and other agricultural organizations (7%), foundations and non-profit organizations (6%), community members (6%), food banks and pantries (5%), and local government agencies (5%).

#### Partnership Assistance

For each partnership, LHDs report what types of assistance they provide to the partner, and what assistance they receive.

- The most common assistance provided by LHDs was materials (74%)
- The most common assistance received by LHDs was program implementation (51%)

## Coalitions

### Multi-Sector Coalitions Reported

Out of 60 LHDs, 44 (73%) reported at least 1 coalition in FFY 2022 with 2 or more members.

- 127 total coalitions were reported
- Of the 44 LHDs reporting coalitions, the median number of coalitions was 2 and the maximum was 17

### Coalition Membership & Sector Representation

Among 127 coalitions, the number of members reported ranged from 2 to 118 (median = 10).

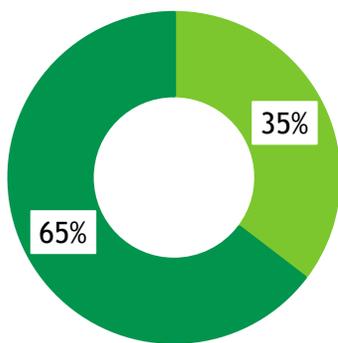
To understand the extent to which LHDs worked with other sectors to collectively impact their audience, we assessed the diversity of sectors represented in each coalition with at least 2 members.

- Coalitions comprised 1 to 8 sectors, with a median of 4
- Out of 127 coalitions, 45 (35%) had 5 or more sectors represented (Figure 3.2)

**Figure 3.2**

Coalition sector diversity (N=127)

- 5 or more sectors
- Fewer than 5 sectors



The most frequently represented sectors in coalitions were ‘public health and health care’ and ‘education’ (Table 3.1).

**Table 3.1**

Sector representation in FFY 2022 coalitions

Sector	Coalitions with sector representation N (%)
Public health and health care	101 (80%)
Education	97 (76%)
Government	78 (61%)
Community design	53 (42%)
Food industry	45 (35%)
Agriculture	42 (33%)
Public safety	26 (20%)
Media	4 (3%)
Other*	30 (24%)

\*Other\* included non-profit organizations, faith-based groups, and community members.

### Accomplishments

LHDs attributed a wide range of accomplishments to their collaboration:

*Through this partnership, we increased access to physical activity at parks and open spaces by hosting several bicycle and pedestrian rodeos. - Long Beach*

*Having a designated Wellness Program Coordinator has resulted in a strong Wellness Committee and a network of Site Wellness Leads who can implement the wellness policy and assess progress at school sites. - San Diego*

*The Children's Outdoor Bill of Rights was formally adopted by the Board of Supervisors in March 22. The coalition is sharing activities that will help children complete the Bill of Rights - for example, a local farm has Saturday farm days that children can participate in. - Santa Clara*

# Local Health Department CalFresh Healthy Living FFY 2022

## Brief 4: Multi-Year PEARS Data Review

Research Brief • July 2023

### Background and Overview

In light of the COVID-19 pandemic’s profound impact on communities and the way LHDs engage with them, this brief examines the trends observed in CalFresh Healthy Living interventions reported in PEARS from FFYs 2019-2022, including Direct Education (DE), Indirect Education (IE), and Policy, Systems, and Environment (PSE) change efforts.

There was a notable decline in CFHL interventions from 2019 to 2020, with DE and IE activities decreasing by 59% and 65%, respectively, and sites engaged in PSE work declining by 37% (Table 4.1). Interventions gradually increased each year between FFYs 2020 and 2022, though none have returned to pre-pandemic levels.

**Table 4.1**

*LHD DE, IE, and PSE implementation over time*

		2019	2020	2021	2022
DE	# LHDs	59	57	54	59
	# Activities	8,406	3,423	2,853	3,973
IE	#LHDs	60	58	57	59
	# Activities	8,901	3,100	3,194	3,738
PSE	# LHDs	57	49	48	49
	# PSE sites	1,051	662	736	818

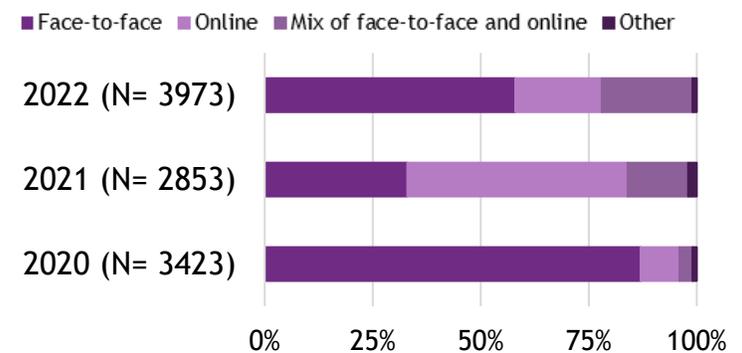
### Method of DE Delivery

The proportion of DE activities delivered online increased substantially after the start of the pandemic, from 9% in FFY 2020 to 51%

in FFY 2021, likely reflecting LHDs’ adaptation to pandemic shutdowns, distance learning, and social distancing requirements.

**Figure 4.1**

*Method of DE delivery, FFYs 2020-2022\**



\*DE delivery method not reported in FFY 2019

### Most Common DE and PSE Settings

The most common settings for DE and PSE interventions are consistently K-12 schools and Early Care and Education (ECE) facilities (Tables 4.2 and 4.3).

**Table 4.2**

*Percent of annual DE activities by setting\**

Settings*	2019	2020	2021	2022
	N (%)	N (%)	N (%)	N (%)
K-12 schools	2,813 (34%)	1,616 (47%)	1,297 (45%)	1,46 (37%)
Early care & education facilities	1,675 (20%)	776 (23%)	747 (26%)	1,22 (31%)
Health care	312 (4%)	169 (5%)	218 (8%)	227 (6%)

\*Settings reflect those most common in FFY 2022

The proportion of DE activities delivered in K-12 schools and early care and education facilities increased by 30% from FFY 2019 to FFY 2020 (Table 4.2). This may reflect several factors, including modifications to guidance that went into effect in FFY 2020 requiring all LHDs to conduct interventions in settings in the learn domain, as well as local priorities to mitigate the negative impact of the pandemic on children’s diet and physical activity behaviors.

Food assistance emerged as a priority setting for PSE interventions during the pandemic, with the proportion of PSE sites in the food assistance setting increasing from just 1% in

2019 to 13% in 2020 (Table 4.3). Food assistance remained among the top 3 settings for PSE work in 2021 and 2022.

**Table 4.3**  
*Percent of annual PSE sites by setting\**

Settings*	2019	2020	2021	2022
	N (%)	N (%)	N (%)	N (%)
K-12 schools	384 (37%)	197 (30%)	204 (28%)	246 (30%)
Early care & education facilities	124 (12%)	141 (21%)	148 (20%)	158 (19%)
Food assistance	14 (1%)	87 (13%)	177 (24%)	152 (19%)

\*Settings reflect those most common in FFY 2022

### PSE Changes Adopted

Examining the most frequently adopted PSE changes over time can provide context about local agency’s priorities (Table 4.4). Notable trends include:

- Efforts to increase food access in food assistance settings emerged among the top 3 most common types of PSE changes adopted in FFYs 2021 and 2022, reflecting LHDs’ commitment to addressing pandemic-related increases in food insecurity.
- Gardens in the K-12 school setting were among the top 3 most common types of PSE changes adopted across all four years, representing 13-16% of all PSE changes.

**Table 4.4**

*Most common PSE change topics reported over time*

2019		2020		2021		2022	
<b>PSE sites with changes adopted</b>							
<b>N</b>							
939		487		581		705	
<b>Top 3 types of PSE changes adopted across all settings</b>							
<b>N (%)</b>							
Gardens in K-12 schools	123 (13%)	Healthfulness of foods/beverages in K-12 schools	68 (14%)	Access to food and nutrition assistance programs	101 (17%)	Gardens in K-12 schools	110 (16%)
Behavioral economics in small food stores	90 (10%)	Gardens in K-12 schools	64 (13%)	Gardens in K-12 schools	88 (15%)	Access to food and nutrition assistance programs	95 (13%)
Wellness policies in K-12 schools	87 (9%)	Smarter Lunchroom strategies in K-12 schools	55 (11%)	Behavioral economics in food assistance sites	72 (12%)	Structured physical activity in ECE facilities	80 (11%)