

**California Department of Public Health**  
**Nutrition Education and Obesity Prevention Branch**  
**(NEOPB)**

The California Department of Public Health (CDPH) conducts obesity prevention activities through programs in several of its Divisions, including Maternal, Child and Adolescent Health, Chronic Disease Prevention, Health in All Policies and the Women, Infants and Children (WIC) Nutrition Division. The mission of the Nutrition Education and Obesity Prevention Branch (NEOPB) is to reduce the prevalence of overweight and obesity in California residents through education and other strategies. Primary funding sources are the US Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California, Education Program (SNAP-Ed) and the US Department of Health and Human Services (USDHHS) Centers for Disease Control and Prevention (CDC).

NEOPB addresses the statewide obesity epidemic through food and activity education, breastfeeding support, community development strategies and marketing of healthy behaviors, focusing on low income Californians. CDPH/NEOPB, in a manner consistent with tobacco control, immunizations, HIV/AIDS control and other public health imperatives, works primarily through its counterparts in local health jurisdictions to assess and conduct surveillance of community needs, plan and implement strategies, engage with local stakeholders and to evaluate the health outcomes of the strategies to strengthen the evidence for future practices. The expectation of declining funds drives the transition to the current service model, in which the state's funds are granted to Local Health Departments (LHDs) for obesity prevention activities, with university-led research and state public health oversight to ensure the service model remains valid and sustainable.

## **Funding Background**

A five-year plan to conserve resources for local obesity prevention efforts is in its implementation phase:

- Federal legislation, the Healthy Hunger Free Kids Act (HHFK), passed in 2010 transformed SNAP-Ed funding to a capped federal grant with a funding formula that will result in a 30 percent reduction in California's SNAP-Ed funds by Federal Fiscal Year (FFY) 2018.
- At the same time, HHFK also enlarged the scope of activities of the grant from solely nutrition education to broader, obesity prevention efforts including policy, systems and environmental changes to improve access to healthier foods and opportunities for physical activity in low income neighborhoods.
- It is therefore incumbent on CDPH to allocate these funds through a mechanism that will maximize options for streamlining operations, ensuring fidelity of the program delivery through LHD partners and ensuring the most significant public health/obesity prevention outcomes.

## **The LHD Model of Obesity Prevention: State Driven, Locally Executed**

- The new federal funding mechanism made it imperative for CDPH to consolidate its largest source of obesity prevention funds and ensure a sustainable infrastructure, while responding to USDA's direction to implement proven public health strategies that transcend education-only approaches.
- In 2011, CDPH conducted a year-long analysis of the options, in collaboration with stakeholders and researchers. As a result of this analysis and of the changes brought about by HHFK 2010:
  - CDPH transitioned to a new funding model that distributes funds to LHDs based on their percentage of the SNAP-eligible population. Under the previous funding formula, 19 jurisdictions did not receive any SNAP-Ed funding.

- Distributing funds to LHDs provides statewide access to obesity prevention activities and ensures that SNAP-Ed activities are coordinated based on community needs.
- The LHD model ensures that funding continues to be delivered to CBOs with a mission of protecting the public's health.
- The result, evident within the first year, is a more equitable distribution of obesity-prevention funds based on SNAP eligibility and locally-executed activities driven by state research, evidence based practices and LHD community activities.

The benefits of working systematically with 58 of the state's LHDs are:

- Geographic equity and greater potential for ethnic equity;
- Investment of funds in recognized public health experts mandated to protect the health of their community;
- Leveraging of LHDs infrastructure, partnerships, and knowledge of community needs;
- Local direction, engagement and activities responsive to community assets;
- Creation and expansion of dynamic local partnerships to multiply LHD efforts;
- Statewide direction, development and distribution of targeted campaigns, media, resources and community event activities that can be tailored to the community's needs;
- Streamlined and standardized evaluation;
- Opportunities for former SNAP-Ed contractors to work with the LHDs as resources allow.

## CDPH Capacity and Resources

CDPH provides statewide direction on nutrition education and obesity prevention strategies offering:

- Access to resources, targeting low income audiences, including mothers, children, youth, Latinos and African Americans and place-based initiatives including retail, worksite and faith communities;
- Training and technical guidance to LHDs on the execution of obesity prevention programs and strategies;
- Ongoing creation of marketing and support materials that are science based and audience tested;
- Planning, production, and placement of statewide mass media campaigns to spark awareness and action;
- Collection, analysis and dissemination of formative research on best practices of programs and policies that improve the health of underserved low-income populations;
- Evaluation for community-based projects, systems and environmental changes and data collection;
- Evaluation of statewide trends in obesity and dietary and other obesity-related behaviors.

In summary, obesity is a community challenge that requires a public health solution. The core functions of public health – monitoring disease status, implementing proven interventions, evaluating program effectiveness, etc. – are in alignment with the deliverables required for SNAP-Ed by USDA. In addition, LHDs enjoy a broad set of partnerships, including those with CBOs, school districts, health care agencies, and other government entities. These partnerships allow LHDs to best coordinate and implement SNAP-Ed across both public and private sector organizations and the community.

The mandate of LHDs is aligned with the mission of SNAP-Ed. Public health agencies are best positioned to work toward the local policy, systems, and environmental changes that are necessary to affect the target audience and fulfill the mission of SNAP-Ed.