

## STATE LEVEL PROJECT SUMMARY FFY 2015

**1. Project Title:** Policy, Planning & Partnerships

**Budget:** CA Department of Food and Agriculture Farm to Fork \$100,000; Champion Physicians \$244,200

**a. Related State Objectives:** This project supports 1, 2, 3, and 4 of the State Level Objectives.

**b. Audience:**

Gender: Males and Females

Ethnicity: White, African American, Latino/Hispanic populations, and all other racial/ethnic groups

Languages: English and Spanish

Ages: Adults, Teenagers, and Children

**c. Food and Activity Environments:** Retail outlets, Beauty Salons, Institutions of Faith, Schools & After-school sites, school and community gardens, and other qualifying sites as funding becomes available

**d. Project Description and Educational Strategies:**

The Policy, Planning & Partnerships Section will continue activities that: develop, pilot, and expand promising practices for new avenues and/or messages for nutrition education, create and sustain partnerships to leverage and extend SNAP-Ed resources and message reach, and develop policy, systems and environmental change tools and resources, associated trainings, and technical assistance packages to support local health departments to support policy, systems and environmental change efforts for improved access to healthy foods and beverages and physical activity for SNAP-Ed eligible Californians. Activities will be conducted with support from state staff as well as staff available through the Public Health Institute's subcontract; for more detailed information see related project summary.

Focal Area: Develop, pilot, and expand promising practices for new avenues for public health approaches to obesity prevention

In FFY 15, staff will review findings and make recommendations for addressing challenges and expanding efforts, if indicated, for the following pilot programs that were implemented through the Master Contract with Public Health Institute (PHI) in FFY 14: Cuerpo y Alma, Sister Circles, Healthy Diva Salon, 90 Day Body & Soul Challenge, Body & Soul Youth Initiative, Mobile Health Promotion, Communities of Excellence School Neighborhood & Afterschool Tools, Retail Recognition, Farm to Fork, school and preschool, Asian Interventions Pilot, Native American/Alaska Native pilot.

For promising pilots, NEOPB staff in partnership with Public Health Institute subcontractors will create phase II roll-out plans that include materials revisions (if needed), training, technical assistance and communications elements to support

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sharing through the Training Resource Centers and implementation by Local Health Departments. For those pilots that experienced significant challenges, staff will review and assess next steps. (Please see also Local Health Department Support Project Summary and Public Health Institute Project Summary).

Staff will expand and revisit the critical analysis of the fruit, vegetable, healthy beverage, and physical activity campaigns and programs conducted in FFY 12, updating recommendations to reflect newly allowable SNAP-ED PSE approaches and the shift in NEOPB program infrastructure as well as adding content for *Rethink Your Drink*, Asian Interventions pilot, Native American/Alaska Native pilot, and potentially others. Materials, trainings, and LHD communications will be updated to support and implement recommendations.

As funding becomes available, staff will pursue additional grant funding and/or cross-branch and cross-department collaborations to extend and enhance nutrition education and policy, systems and environmental change efforts through SNAP-Ed. Considerations will be made for state-level work with retail chain(s) to promote nutrition-education policy and practices, including pricing policies that increase access to fruits and vegetables and healthy beverages, marketing policies that favor predominance of healthy food and/or beverage advertising, and efforts that promote the retail grocer as a point of community health and nutrition information. Additional considerations will be made for projects conducted in partnership with CA Department of Education, to promote increased nutrition education and accompanying policy, systems and environmental changes that support increased access to healthy foods, beverages and/or physical activity in the school, afterschool and/or early care environments. Finally, *Rethink Your Drink* education may be extended through inter-departmental partnerships. Project summaries and budget justifications will be provided for USDA review and approval prior to award and implementation.

Focal Area: Create and sustain partnerships to leverage and extend SNAP-Ed resources and reach of nutrition education messages and public health approaches to obesity prevention.

In partnership with PHI subcontractor and TRCs, staff will implement FFY 14 NEOPB Partnership Plan recommendations in the areas of technical assistance, training, and partnership building, including: specialized CNAP technical assistance and training to build capacity for collaboration building and strategic planning, state-coordinated partnership teams to promote targeted outreach to state and regional partners having the capacity to support broad-scale nutrition education interventions, hosting a SNAP-Ed partnership summit, and continued support of the Physician Champions pilot. (Please see also Local Health Department Support Project Summary and PHI Transition Project Summary).

Concurrently, annual NEOPB SNAP-Ed meetings and trainings, such as the Annual SNAP-Ed forum will include capacity building and best practices to showcase partnership efforts at the State, regional and/or local levels.

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NEOPB will continue to partner with California Department of Education (CDE) in coordinated work the California Department of Food and Agriculture (CDFA), however in order to eliminate administrative barriers, in FFY 15 NEOPB will contract directly with CDFA, but continue to host programmatic meetings jointly with CDE. Activities for FFY 15 will build on those initiated in FFY 14 and work to expand identification of best practices related to school garden resources and use of student-grown produce in school functions and institutional purchasing such as buying collaboratives and/or food hubs, on site farm stands and/or farmer's markets, and food distribution models. CDFA will create communication tools, present at local and regional SNAP-Education meetings conferences and trainings, and update web content with best practices to support the increased awareness of resources to support increased access to fresh, local, fruits and vegetables in schools and afterschool environments. In addition, CDFA will extend partnership efforts by increasing presence at farm to fork and farm to school collaboratives, meetings, trainings, and form a strategic planning team to help provide collaboration and coordination among Farm to Fork experts in the field.

As funding becomes available, staff will pursue additional grant funding and/or cross-branch collaborations to extend and enhance nutrition education and social marketing partnership efforts through SNAP-Education.

Focal Area: Develop policy, systems and environmental change tools and resources, associated trainings, and technical assistance packages to support local health departments to enact policy, systems and environmental change efforts for improved access to healthy foods and beverages and physical activity

Staff will work in coordination with the Training Resource Centers and PHI subcontract staff to orient LHDs and their subcontractors to the materials and resources to support policy, systems and environmental change strategies to increase access to healthy foods and beverages and physical activity, including those contained within the *SNAP-Education Strategies and Interventions: An Obesity Prevention Toolkit for States* as well as the PSE Resource Guide, developed by NEOPB in FFY 14. Staff will conduct one update to PSE Resource Guide contents. Staff will coordinate with Training Resource Center activities to communicate those changes broadly.

Staff will continue to coordinate the policy webinars and teleconferences to share promising practices, tools and resources pertinent to NEOPB SNAP-Education work.

- e. Developing New Materials:** PSE and Pilot Intervention introductory webinars. Pilot program materials may be revised based on pilot results.
- f. Evidence Base:** Evidence base is consistent with documentation provided for each project in the approved FFY 14 plan.

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**g. Environmental Supports:** N/A

**h. Use of Existing Educational Materials:** Pilot programs build from the existing materials from the respective campaigns and programs and the vast number of USDA approved NEOPB nutrition education materials: recipe cards, posters, pamphlets, cookbooks, etc..

**i. Development of New Educational Materials:** N/A

**j. Key Performance Measures/Indicators:**

Key performance measures will be identified and informed by the pilot experience. Considerations for ease of implementation, tracking and contractor/consumer compliance will inform performance measures that are ultimately selected and identified as a part of the roll-out plans. Some considerations include:

- Cuerpo y Alma
  - Number of faith institutions implementing the program, number of individuals reached
- Sister Circles; 90 Day Body & Soul Challenge
  - Number of faith and/or other institutions implementing the program, number of individuals reached; knowledge, attitudes, self-efficacy, empowerment, and reported fruit and vegetable- and physical activity-related behaviors.
- Healthy Diva Salon
  - Number of salons implementing the program, number of individuals reached; knowledge, attitudes, self-efficacy, empowerment, and reported fruit and vegetable- and physical activity-related behaviors.
- Body & Soul Youth Initiative,
  - Number of faith institutions implementing the program, number of individuals reached
- Mobile Health Promotion
  - Knowledge, attitudes, self-efficacy, empowerment, and reported fruit and vegetable- and physical activity-related behaviors.
- Communities of Excellence School Neighborhood & Afterschool Tools
  - PSE changes as documented in the Activity Tracking Form (ATF); number of schools and afterschool programs participating, number of individuals reached
- Retail Recognition
  - Number of retail establishments implementing the program; increased access to fruits and vegetables.
- Farm to Fork, school and preschool initiatives,
  - staff will document technical assistance contacts and follow-up by type of SNAP-Ed eligible venue and implementation strategy to be used. SNAP-

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Ed reach and participant feedback on technical assistance will be collected through online surveys, interviews or training assessments

- Asian Interventions Pilot, Native American/Alaska Native pilot-
  - Knowledge, attitudes, self-efficacy, empowerment, and reported fruit and vegetable- and physical activity-related behaviors.
- Champion Physicians
  - This project is a continuation of a pilot program that launched in FFY 2014 that harnesses the influence, power and respect of health care providers to build healthier communities for low-income families in California. The program trains and supports motivated providers throughout the state to add their professional influence and experiences to support obesity prevention efforts through policy, systems and environmental changes.
  - Implementation of the next phase will be achieved through a partnership between NEOPB, UCSF, and Local Health Departments
  - FFY 15 activities will focus on deepening and expanding support and training for the Champion Providers, and priming the local health departments and key stakeholders in their communities for engagement and collaboration. NEOPB staff and CSUS conference logistics support will go towards:
    - Ongoing training and support to *Champion Providers*
    - Fostering connections and engagement between Champion Providers, LHDs, TRCs, locally elected officials and CBOs.
- Partnership & PSE activities
  - the number of meetings, trainings, and webinars; number of participants; amount and type of technical assistance provided as reported on contractor activity reports; evaluation feedback from trainings and webinars;

### 2. Evaluation Plans N/A

- a. Name
- b. Type
- c. Questions
- d. Evaluation

3. **Coordination Efforts:** Coordination efforts are as described and approved in the FFY 14 plan for each pilot program. These coordination efforts will be assessed and conclusions will be incorporated into each roll-out plan to assist LHDs to enlist partners in support of nutrition education interventions. Primary partnerships include faith institutions, WIC, retail outlets, federally qualified community medical and dental clinics, beauty salons, schools and afterschool programs, agencies serving the Native American/Alaska Native populations, and the California Department of Education.

## Budget Coversheet

Contractor Name: CDPH NEOPB Policy Partnership & Program Development  
 Contract Number: N/A

Budget Categories	FFY 14 Total	FFY 15 Total	Difference	% Difference
1 Salaries		\$0.00	\$0.00	0.00%
2 Benefits		\$0.00	\$0.00	0.00%
3 Operating		\$0.00	\$0.00	0.00%
4 Equipment		\$0.00	\$0.00	0.00%
5 Travel & Per Diem		\$0.00	\$0.00	0.00%
6 Subcontractors		\$344,200.00	\$344,200.00	0.00%
7 Other Costs		\$0.00	\$0.00	0.00%
8 Indirect Costs		\$0.00	\$0.00	0.00%
<b>Totals:</b>	<b>\$0.00</b>	<b>\$344,200.00</b>	<b>\$344,200.00</b>	<b>\$0.00</b>

Budget Categories	Reason for difference greater than 5%
1 Salaries	
2 Benefits	
3 Operating	
4 Equipment	
5 Travel & Per Diem	
6 Subcontractors	
7 Other Costs	
8 Indirect Costs	

### Prime Staffing

Contractor Name: CDPH NEOPB Policy, Partnership & Program Development  
 Contract Number: N/A

Budget Adjustment		Position Title	Position Names	Description of Job Duties		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Adjustment Just
Action	Last Amt Approved			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery							
1		N/A										
		<b>Totals:</b>		<b>0.00%</b>	<b>0.00%</b>	<b>0%</b>		<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	

Definition and basis for calculations of benefit rate(s): \_\_\_\_\_

**Prime Staffing**



## Prime Budget Justification

Contractor Name: CDPH NEOPB Policy Partnership & Program Development  
 Contract Number: TBD

Budget Adjustment		Operating Expenses							
Action	Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Months	Total	Budget Adjustment Justification	
		N/A							
<b>Total Operating Expenses:</b>							<b>\$0.00</b>		

Budget Adjustment		Equipment Expenses						
Action	Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Adjustment Justification
		N/A				1.00	\$0.00	
<b>Total Equipment Expenses:</b>							<b>\$0.00</b>	

Budget Adjustment		Travel and Per Diem													
Action	Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Budget Adjustment Justification
		N/A													
<b>Total Travel and Per Diem:</b>														<b>\$0.00</b>	

\* Lodging costs include taxes. Reimbursement at CalHR rates.

Budget Adjustment		Sub Contractor(s)					Total	Budget Adjustment Justification
Action	Approved	Name	Description/Justification				Total	Budget Adjustment Justification
		A California Department of Food & Agriculture	CDFA will continue to support the Office of Farm to fork and provide training and technical assistance to local health departments in farm to school efforts.				\$100,000.00	
		B UCSF	University of CA San Francisco will build on the work of the Champion Physicians project began in FFY 14 by evaluating efforts and activities of Champion Physicians in supporting Local Health Department nutrition education and policy, system and environmental change supports within the guidelines of SNAP-Ed				\$244,200.00	
<b>Total Sub Grant(s):</b>							<b>\$344,200.00</b>	

Budget Adjustment		Other Costs					Total	Budget Adjustment Justification
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	Budget Adjustment Justification
		N/A						
<b>Total Other Costs:</b>							<b>\$0.00</b>	

Budget Adjustment		Indirect Costs				Total	Budget Adjustment Justification
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	Budget Adjustment Justification	
		N/A	0.0000%	\$0.00	\$0.00		
<b>Total Indirect Costs:</b>					<b>\$0.00</b>		

<b>Total Budget:</b>					<b>\$344,200.00</b>	
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### Sub Staffing A

**Contractor Name:** CDPH NEOPB Policy Partnership & Program Development  
**Contract Number:** N/A  
**Sub Contractor A Name:** California Department of Food and Agriculture

Budget Adjustment		Position Title	Position Names	Description of Job Duties		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Adjustment Justification
Action	Last Amt Approved			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery							
1		Research Program	Elysia Fong	100.00%		0.5	\$67,980.00	\$33,990.00	38.800%	\$13,188.12	\$47,178.12	
2		Staff Services Analyst	John Pedigo	100.00%		0.63	\$43,578.00	\$27,454.14	38.800%	\$10,652.21	\$38,106.35	
<b>Totals:</b>				<b>200.00%</b>	<b>0.00%</b>	<b>1.13</b>	<b>\$111,558.00</b>	<b>\$61,444.14</b>		<b>\$23,840.33</b>	<b>\$85,284.47</b>	

Definition and basis for calculations of benefit rate(s): \_\_\_\_\_

### Sub A Budget Justification

**Contractor Name:** CDPH NEOPB Policy Partnership & Program Development  
**Contract Number:** N/A  
**Sub Contractor A Name:** California Department of Food & Agriculture

Budget Adjustment		Operating Expenses						
Action	Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Adjustment Justification
		General Expenses	General expenses prorated per FTE	\$66.37	1.13	12.00	\$899.98	
		Printing	Printing prorated per FTE	\$7.12	1.13	12.00	\$96.55	
		Communications	Communications prorated per FTE	\$23.97	1.13	12.00	\$325.03	
		Facilities	Rent prorated per FTE	\$442.48	1.13	12.00	\$6,000.00	
<b>Total Operating Expenses:</b>							<b>\$7,321.56</b>	

Budget Adjustment															
Action	Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Budget Adjustment Justification
		Annual Local Mileage		21							263.00			\$3,092.88	
<b>Total Travel and Per Diem:</b>														<b>\$3,092.88</b>	

Budget Adjustment		Sub Contractor(s)					
Action	Approved	Name	Description/Justification			Total	Budget Adjustment Justification
		A   N/A					
<b>Total Sub Grant(s):</b>						<b>\$0.00</b>	

Budget Adjustment		Other Costs						
Action	Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	Budget Adjustment Justification
		N/A				1.00	\$0.00	
<b>Total Other Costs:</b>							<b>\$0.00</b>	

Budget Adjustment		Indirect Costs				
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	Budget Adjustment Justification
		Total Personnel	5.0000%	\$86,021.80	\$4,301.09	
<b>Total Indirect Costs:</b>					<b>\$4,301.09</b>	

<b>Total Budget:</b>					<b>\$100,000.00</b>	
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### Sub Staffing C

**Prime Grantee Name:**

University of California San Francisco (UCSF)

**Grant Number:**

TBD

Budget Revision		Position Title	Position Names	Description of Job Duties		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Revision Justification	
Action	Last Amt Approved			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery								
1		24	Physician	Hilary Seligman	5.00%	95.00%	0.1	\$149,525.00	\$14,952.50	31.670%	\$4,735.46	\$19,687.96	
2		25	Professor	Alicia Fernandez	5.00%	95.00%	0.06	\$149,525.00	\$8,971.50	31.670%	\$2,841.27	\$11,812.77	
3		25	Professor	Lauren (Liz) Goldmand		100.00%	0.06	\$149,525.00	\$8,971.50	31.670%	\$2,841.27	\$11,812.77	
4		25	Professor	Margaret Handley	5.00%	95.00%	0.06	\$149,525.00	\$8,971.50	31.670%	\$2,841.27	\$11,812.77	
5		25	Professor	Neda Ratanawongsa		100.00%	0.06	\$149,525.00	\$8,971.50	31.670%	\$2,841.27	\$11,812.77	
6		25	Professor	Dean Shillinger	5.00%	95.00%	0.1	\$149,525.00	\$14,952.50	31.670%	\$4,735.46	\$19,687.96	
7		27	Project Coordinator	TBD	20.00%	80.00%	1	\$85,000.00	\$85,000.00	31.670%	\$26,919.50	\$111,919.50	
		<b>Totals:</b>			<b>40.00%</b>	<b>660.00%</b>	<b>1.44</b>	<b>\$982,150.00</b>	<b>\$150,791.00</b>		<b>\$47,755.50</b>	<b>\$198,546.50</b>	

**Definition and basis for calculations of benefit rate(s):**

Includes payroll taxes and medical/dental benefits.

## Sub C Budget Justification

Prime Grantee Name: University of California San Francisco (UCSF)  
 Grant Number: TBD

Budget Revision		Operating Expenses							
Action	Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Months	Total	Budget Revision Justification	
		Data Network Charges	383 per FTE	\$383.00	1.440	1.00	\$551.52		
		Office Space	500 per month FTE	\$500.00	1.510	12.00	\$9,060.00		
		Photocopying	100 per month per FTE	\$100.00	1.51	1.00	\$151.00		
<b>Total Operating Expenses:</b>							<b>\$9,611.52</b>		

Budget Revision		Equipment Expenses						
Action	Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Revision Justification
		Computer	Computer terminal, plus Microsoft Outlook software to support the 1 FTE Project Coordinator	\$1,500.00	1.00	1.00	\$1,500.00	
<b>Total Equipment Expenses:</b>							<b>\$1,500.00</b>	

Budget Revision		Travel and Per Diem													
Action	Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging*	Air	Miles	Reg. Fee	Other	Total	Budget Revision Justification
		Local Mileage		1							600.00			\$336.00	
		Physician Champion Summit	Sacramento	1	7	2	3	\$47.00	\$150.00	\$0.00	1,400.00			\$4,592.00	
<b>Total Travel and Per Diem:</b>														<b>\$4,928.00</b>	

\* Lodging costs include taxes. Reimbursement at CalHR rates.

Budget Revision		Sub Grant(s)					
Action	Approved	Name	Description/Justification	Total	Budget Revision Justification		
		A N/A					
<b>Total Sub Grant(s):</b>				<b>\$0.00</b>			

Budget Revision		Other Costs						
Action	Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	Budget Revision Justification
		N/A					\$0.00	
<b>Total Other Costs:</b>							<b>\$0.00</b>	

### Sub C Budget Justification

Budget Revision		Indirect Costs				
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	Budget Revision Justification
		Personnel & Fringe	14.91539%	\$198,546.50	\$29,613.98	
<b>Total Indirect Costs:</b>					<b>\$29,613.98</b>	
<b>Total Budget:</b>					<b>\$244,200.00</b>	

**STATE LEVEL PROJECT SUMMARY FORM**  
**CHAMPIONS FOR CHANGE Rx: BUILDING A STRONG INTERFACE BETWEEN  
COMMUNITY AND HEALTH CARE INTERVENTIONS TO PREVENT AND REDUCE  
OBESITY AMONG LOW-INCOME CALIFORNIANS**

**FFY 2015**

**1. Goals & Objectives** (See State Level Objectives).

**Budget: \$530,319**

**2. Project Title:** Champions for Change Rx: Building a Strong Interface between Community and Health Care Interventions to Prevent and Reduce Obesity among Low-income Californians

**a. Related State Objectives:**

Related State Objectives include 1, 2, 3, and 4

**b. Audience**

Gender: Female and Male

Ethnicity: All races and ethnicities

Languages: English and Spanish

Ages: Adults, especially SNAP-Ed eligible women with children, and SNAP-Ed and Medi-Cal intermediaries who serve this audience

**c. Focus on SNAP Eligibles**

As described in the Narrative Summary below, a total of **3 focus groups and 10 video ethnography sessions** will be conducted in northern, central, and southern California with SNAP-eligible Medi-Cal members. Income eligibility will be verified by the focus group and video ethnography-participants at the time of recruitment. In addition, key informant interviews will be conducted with representatives from Medi-Cal managed care plans and provider groups, as well as state and Local Health Department leaders. The Medi-Cal managed care plan representatives and provider groups will serve more than 50% SNAP-eligible Medi-Cal members in their practices and the state and Local Health Department leaders will serve SNAP-eligible Californians as part of their routine scope of work.

**d. Project Description**

Key Strategies: Key strategies will be based upon the formative research results of this project. See the Narrative Summary below for a description of Champions for Change Rx.

Key Educational Messages: Key educational messages will be based upon the formative research results of this project and will be consistent with **Nutrition Education and Obesity Prevention Program (NEOP)** messages (e.g., childhood obesity

prevention, chronic disease and obesity prevention, dietary quality, fruits and vegetables, healthy beverage promotion, healthier eating (general), cooking skills, physical activity promotion (integrated with nutrition education), food shopping/preparation, and CalFresh promotion (brief promotional message). See the Narrative Summary below for a description of Champions for Change Rx.

#### Intervention Sites:

Health care delivery organizations and community sites will be identified based upon the formative research. See the Narrative Summary below for a description of Champions for Change Rx.

#### Projected Number of Contacts:

Direct (unduplicated) Contacts: **35** SNAP-Ed eligible Medi-Cal members reached through **3 focus groups and 10 video ethnography sessions** in northern, central, and southern California. See the Narrative Summary below for additional details.

#### Narrative Summary:

##### **Problem Statement**

The California Department of Health Care Services' (DHCS) mission is to preserve and improve the health of all Californians by operating and financing programs that deliver vital health care services to approximately **10.5** million individuals including low-income families and children, seniors and persons with disabilities, children in foster care, pregnant women, and those with certain diseases and conditions. These services include medical, mental health, substance use treatment, and long-term care.

As part of DHCS' commitment to deliver high-quality care, an assessment was conducted **in** 2012 to inventory all Departmental quality improvement (QI) efforts in the areas of clinical care, health promotion and disease prevention, and administration.<sup>1</sup> Although a wide variety of QI activities was reported in the areas of clinical care and administration, little activity was noted in the area of health promotion and disease prevention. Most notably, there was an absence of QI activities in the areas of healthy eating, physical activity, and obesity prevention despite the high rates of overweight and obesity among children (29.6%), adolescents (35.2%), and adults (65.7%) enrolled in the Department's largest program, Medi-Cal. The results of the assessment provided a call to action to develop, implement, evaluate, and sustain a comprehensive obesity prevention program that links the many facets of the health care system to **NEOP's** existing community-based efforts. At this time, unfortunately, there are no programmatic funds available for such a program.

##### **Background**

DHCS programs integrate a broad spectrum of care primarily via Medi-Cal, a federal/state partnership serving individuals and families who meet defined eligibility requirements. Medi-Cal services are delivered by more than 400 hospitals, approximately 130,000 doctors, pharmacists, dentists and other health care providers, and 21 managed care plans. Of the **10.5** million Medi-Cal members currently served by

DHCS, over **9.2** million (88%) have annual household incomes that are at or below 185% of the Federal Poverty Level. This income criterion is consistent with SNAP-Ed.

To accelerate advancements in care, DHCS recently produced the *Strategy for Quality Improvement in Health Care (Quality Strategy)*.<sup>2</sup> The *Quality Strategy* establishes goals, priorities, and guiding principles, as well as highlights existing and emerging DHCS QI initiatives to improve health and patient care, and reduce costs. It aligns with the *National Strategy for Quality Improvement in Health Care*<sup>3</sup> and reflects the best evidence-based practice known to date in the areas of patient safety, care delivery, person and family engagement, communication and coordination of care, prevention, healthy communities, and elimination of health disparities.

Given the large number of SNAP-Ed eligible individuals reached through Medi-Cal and DHCS' newly-established commitment to QI in the areas of prevention and healthy communities, DHCS is interested in collaborating with **NEOP** to conduct formative research, develop, and then pilot test a program to link obesity prevention efforts among SNAP-Ed eligible Medi-Cal members in the health care setting with **NEOP's** community-based interventions. The purpose of the program will be to reduce the risk and prevalence of overweight and obesity among SNAP-Ed eligible Medi-Cal members and reduce projected health care costs.

**DHCS received approval in FFY 2014 for the initial phase of the project. Due to administrative delays in securing a signed Interagency Agreement (IA) between DHCS and the California Department of Public Health (CDPH), and a subsequent IA between DHCS and its partner, the UC Davis Health System's Institute for Population Health Improvement (UCDHS IPHI), the project is expected to officially launch in July 2014. Thus, the scope of work presented in this proposal reflects many of the same tasks presented in the FFY 2014 plan.**

The initial phase of the project will be to conduct formative research and develop the components of the pilot program from October 1, **2014** September 30, **2015**, in collaboration with **NEOP**. The aims of the formative research and program development phase are to:

- Identify feasible, sustainable, age- and culturally-appropriate obesity prevention approaches in the health care setting that can be delivered to SNAP-Ed eligible Medi-Cal members;
- Identify tested **NEOP**/SNAP-Ed tools, resources, materials, and communication methods that can be applied to the health care setting;
- Identify efficient and effective ways to drive SNAP-Ed eligible Medi-Cal members to participate in **NEOP's** community-based interventions where they live, work, learn, worship, play, make food and physical activity decisions, and become involved in community empowerment efforts.
- Develop and produce a pilot program and evaluation plan designed to reduce the risk and prevalence of overweight and obesity among SNAP-Ed eligible Medi-Cal members and reduce projected health care costs.

- **Begin developing** the components of the pilot program in preparation for pilot program implementation and formal evaluation in Federal **2016**.

## **Implementation Partners**

This proposal incorporates the complementary strengths of three partners: (CDPH), DHCS, and **UCDHS IPHI**. In July 2007, the Department of Health Services split into DHCS and CDPH to enable each department to focus on health care and public health, respectively. However, both departments are dedicated to improving the health of all Californians and work closely on specific areas such as: chronic disease prevention and management; elimination of health disparities; advancing prevention; and building healthier communities.

In 2011, DHCS initiated a five-year, **IA** with **UCDHS IPHI** to provide technical assistance, including on-site staffing, to help the Department advance the Triple Aim of: improved health, improved care, and reduced cost. IPHI is directed by Kenneth W. Kizer, MD, MPH, Distinguished Professor, UC Davis School of Medicine and the Betty Irene Moore School of Nursing. Dr. Kizer is an internationally-known expert in public health, health care quality, and system redesign and a member of the Institute of Medicine. He is credited with the transformation of the Veterans Administration Health Care System into one of the nation's preeminent health systems. Prior to this work, Dr. Kizer served as Director of the California Department of Health Services where he fostered the development of the 5-a-Day Program and the internationally-known Tobacco Control Program. This proposal includes IPHI as the subcontractor with DHCS. Under Dr. Kizer's leadership, IPHI staff are highly qualified to assist DHCS in carrying out the scope of work for this project, which requires expertise in population health, system redesign, program development, and evaluation.

**DHCS and UCDHS IPHI will coordinate efforts, as appropriate, with other NEOP implementing agencies, including the California Departments of Aging and Food and Agriculture, and UC CalFresh. In FFY 2014, DHCS also met with the Chief Executive Officers of the Contra Costa Regional Medical Center and Contra Costa Health Care Plan, and Directors of Contra Costa Health Services and the Public Health Department to explore their joint interest in serving as pilot test partners for Champions for Change Rx. This group was selected as potential pilot test partners because they have considerable influence on the health care and public health delivery systems, work well together, are dedicated to and investing in population health improvement among SNAP-Ed eligible Medi-Cal members, and are willing to try new and refine existing approaches to improve health, provide better care, and reduce costs. The regional medical center and its clinics are also using Electronic Health Records, which will assist with clinical data gathering during the future testing phase of this project. All parties expressed interest in the pilot program and agreed to partner, support, and be actively involved in the implementation and testing of a future pilot program in Contra Costa County.**

## **Scope of Activities**

### Task 1

In collaboration with **NEOP** state and Local Health Department staff, identify and compile a list of tested **NEOP**, MyPlate, and other SNAP-Ed tools, materials, and community-based intervention approaches that could apply to the health care setting and be implemented widely with Medi-Cal members using DHCS distribution channels, including hospitals, clinics, pharmacists, and managed care plans.

Date: October-December **2014**

### Task 2

Conduct a minimum of 25 key informant interviews with representatives from Medi-Cal managed care plans and provider groups, as well as **NEOP** state and Local Health Department leaders to identify feasible, sustainable, age- and culturally-appropriate obesity prevention approaches in the health care setting and identify ways to link Medi-Cal members with **NEOP's** community-based approaches where they live, work, learn, worship, play, make food and physical activity decisions, and become involved in community empowerment efforts.

A broad array of health care, community-based, and technological approaches will be vetted with the key informants including, but not limited to: First Lady Michelle Obama's *Let's Move—Health Care Providers*,<sup>4</sup> the American Medical Association expert committee recommendations on the assessment, prevention, and treatment of child and adolescent overweight and obesity,<sup>5</sup> the *Let's Go! Childhood Obesity Resource Toolkit for Healthcare Professionals*,<sup>6</sup> the California Medical Association Foundation's Obesity Provider Toolkits,<sup>7-8</sup> and various **NEOP**, MyPlate, and other SNAP-Ed resources. A variety of ways to link SNAP-Ed eligible Medi-Cal members to **NEOP's** community-based interventions will also be explored, including the use of targeted social media and web-based applications, referral by health care providers, and more.

After the key informant interviews have been conducted, the results will be analyzed and a report of the findings and recommendations will be produced.

Date: October **2014** -March **2015**

### Task 3

Conduct **3 focus groups and 10 video ethnographies** with SNAP-Ed eligible Medi-Cal members in northern, central, and southern California to identify obesity prevention approaches in the health care setting that would best meet their needs. In addition, identify ways to create an effective link between obesity prevention in the health care setting and **NEOP's** community-based interventions. The **focus groups and ethnographies** will explore questions such as: What resources, assistance, or types of content related to nutrition and physical activity would most likely to be useful in the health care **and community** setting? What channels, formats, or delivery modes would be most effective (e.g., 1-on-1 counseling, classes, support groups, **social media networks**)? What are specific ways the health care system could support community-

based prevention activities? The results of the **focus groups and video ethnographies** will be analyzed and a report of the findings and recommendations will be produced.

This developmental work to better understand local differences **and in-depth consumer life experiences (video ethnography)** is necessary for a number of reasons. First, the Medi-Cal population is quite diverse with respect to urban/rural residence, race/ethnicity, language and culture. Second, the Medi-Cal Program is the largest in the U.S. with **8.5-10.5** million members and is delivered through a health care network which varies, significantly, across the state. There are over 20 individual health plan contracts, a fee-for-service network, large multi-specialty medical groups, small practices, as well as federally qualified health centers. Third, there is a major expansion of Medi-Cal eligibility supported through the Affordable Care Act. One and one-half to two million more Medi-Cal members will be enrolled in the next few years. This expansion is driving significant redesign of the health care system including the rapid growth of patient-centered medical homes, improved chronic disease management, and enhanced working relationships between health care and community services.

The proposed **focus groups and video ethnographies** across the state will enable the development of programs for SNAP-Ed-eligible Medi-Cal members that are tailored to the varied needs and environments described above.

Date: October **2014**-March **2015**

#### **Task 4**

Based on Tasks **1-3**, develop and produce a pilot intervention and evaluation plan aimed at reducing the risk and prevalence of overweight and obesity among SNAP-Ed eligible Medi-Cal members and reducing projected health care costs, with an emphasis on those that suffer the effects of overweight and obesity (e.g., Medi-Cal members with metabolic syndrome, type 2 diabetes, and cardiovascular disease). DHCS will collaborate with **NEOP's** Research and Evaluation Unit to develop the evaluation plan based upon the Western Region SNAP-Ed Nutrition, Physical Activity, and Obesity Prevention Outcomes Evaluation Framework, 2013. DHCS will submit the plan for **NEOP** approval and prepare for intervention and evaluation execution in FFY **2016**.

In FFY **2016** and depending upon the availability of funds, DHCS plans to conduct an evaluation to determine the effects of health care and community interventions, which will be informed by the activities in this proposal, on selected measures among SNAP-Ed eligible Medi-Cal members. Anticipated measures for the FFY **2016** evaluation include diet and physical activity behaviors and behavioral predictors, Body Mass Index, hemoglobin A1C, lipid levels, blood pressure, patient satisfaction, quality of life, and projected health care cost estimates using a sophisticated modeling program known as Archimedes. Other measures may include: practice changes among health care organizations, improved access to obesity prevention interventions by SNAP-Ed eligible Medi-Cal members and their families, and commitment of resources in the health care sector for nutrition and physical activity.

If the project is able to demonstrate improvement in health behaviors and outcomes in a cost-effective fashion, the program will be broadly implemented across the Medi-Cal health care delivery system. Based on the experience of the implementation partners and the care with which the formative research will be conducted, we believe that the program will likely produce significant value for SNAP-Ed-eligible Medi-Cal members and for those organizations that deliver the program.

## **May-July 2015**

### **Task 5**

Based on the **NEOP**-approved pilot intervention and evaluation plan, develop and assemble the following pilot program and evaluation components:

- Confirm health care and community pilot test sites and partners.
- Confirm logistics of participant recruitment for the pilot test.
- Assemble health care program intervention pieces and materials. DHCS is planning to use existing **NEOP**/My Plate/SNAP-Ed materials and health care obesity prevention tools to the greatest extent possible.
- Develop methods to motivate and drive SNAP-Ed eligible Medi-Cal members to **NEOP** interventions at the community level. The methods will be based upon the findings of the formative research.
- Develop draft evaluation instruments and methods to secure health data. As noted above, health data will include, but may not be limited to the following: diet and physical activity behaviors and behavioral predictors, Body Mass Index, hemoglobin A1C, lipid levels, blood pressure, patient satisfaction, quality of life, projected health care cost estimates using the Archimedes modeling program, practice changes among health care organizations, improved access to obesity prevention interventions by SNAP-Ed eligible Medi-Cal members and their families, and commitment of resources in the health care sector for nutrition and physical activity.
- Prepare for the launch of the pilot test in FFY **2016**.

Date: **July**-September **2015**

### **Reaching SNAP-Ed Consumers**

The formative research phase of Champions for Change Rx is designed to inform the development of a health care/community pilot program that meets all USDA targeting criteria and specifically reaches the SNAP-Ed eligible population.

### **Maximizing SNAP-Ed's Impact**

The formative research phase of Champions for Change Rx is designed to inform the development of a health care/community pilot program that leverages and maximizes all possible connections between the **NEOP** and DHCS' large-scale, statewide, population health system.

## **Strength through Collaboration**

Champions for Change Rx is designed to stimulate synergy among CDPH, DHCS, Local Health Departments funded by the **NEOP, other SNAP-Ed implementing agencies**, the extensive Medi-Cal health care delivery system in California, and SNAP-Ed eligible Medi-Cal members.

### **e. Summary of Research**

The results from the key informant interviews, **focus groups, and video ethnography sessions** will inform the development of the Champions for Change Rx pilot program and evaluation plan.

### **f. Modification of Project Methods/Strategies**

Champions for Change Rx is a new project; as such, no modifications to the project methods/strategies are requested.

### **g. Use of Existing Educational Materials**

As described in the Narrative Summary in Tasks 1 and 2, DHCS staff, in collaboration with **NEOP** state and Local Health Department staff, will identify and compile a list of tested **NEOP**, MyPlate, and other SNAP-Ed tools, materials, and community-based intervention approaches that could apply to the health care setting and be implemented widely with SNAP-Ed eligible Medi-Cal members using DHCS distribution channels, including hospitals, clinics, pharmacists, and managed care plans.

In addition, during the key informant interviews, a broad array of health care, community-based, and technological approaches will be vetted with the key informants including, but not limited to: First Lady Michelle Obama's *Let's Move—Health Care Providers*,<sup>4</sup> the American Medical Association expert committee recommendations on the assessment, prevention, and treatment of child and adolescent overweight and obesity,<sup>5</sup> the *Let's Go! Childhood Obesity Resource Toolkit for Healthcare Professionals*,<sup>6</sup> the California Medical Association Foundation's Obesity Provider Toolkits,<sup>7-8</sup> and various **NEOP**, MyPlate, and other SNAP-Ed resources.

### **h. Development of New Educational Materials**

None planned.

### **i. Key Performance Measures/Indicators**

Formative research results for Champions for Change Rx will help inform the development of the pilot program and evaluation plan.

Key performance measures/indicators for the future pilot program evaluation in FFY **2016** may include, but are not limited to: diet and physical activity behaviors and behavioral

predictors, Body Mass Index, hemoglobin A1C, lipid levels, blood pressure, patient satisfaction, quality of life, projected health care cost estimates using the Archimedes modeling program, practice changes among health care organizations, improved access to obesity prevention interventions by SNAP-Ed eligible Medi-Cal members and their families, and commitment of resources in the health care sector for nutrition and physical activity.

### 3. Evaluation Plan

An evaluation plan will be developed based upon the formative research results for Champions for Change Rx.

As noted previously, in FFY **2016** and depending upon the availability of funds, DHCS plans to conduct an evaluation to determine the effects of health care and community interventions, which will be informed by the activities in this proposal, on selected measures among SNAP-Ed eligible Medi-Cal members. Anticipated measures for the FFY 2105 evaluation include diet and physical activity behaviors and behavioral predictors, Body Mass Index, hemoglobin A1C, lipid levels, blood pressure, patient satisfaction, quality of life, and projected health care cost estimates using the Archimedes modeling program. Other measures may include: practice changes among health care organizations, improved access to obesity prevention interventions by SNAP-Ed eligible Medi-Cal members and their families, and commitment of resources in the health care sector for nutrition and physical activity.

If the project is able to demonstrate improvement in health behaviors and outcomes in a cost-effective fashion, the program will be broadly implemented across the Medi-Cal health care delivery system. Based on the experience of the implementation partners and the care with which the formative research will be conducted, we believe that the program will likely produce significant value for SNAP-Ed-eligible Medi-Cal members and for those organizations that deliver the program.

### 4. Coordination Efforts

Champions for Change Rx is designed to stimulate synergy among CDPH, DHCS, Local Health Departments funded by **NEOP, other SNAP-Ed implementing agencies**, the extensive Medi-Cal health care delivery system in California, and SNAP-Ed eligible Medi-Cal members. To our knowledge, this is the first time that CDPH and DHCS have connected their large-scale program and health care systems to reduce the prevalence and risk of overweight and obesity among the low-income populations they serve. This new collaboration is consistent with other large-scale partnerships that DHCS has forged in the last year. For example, DHCS and CDSS have established a partnership to increase CalFresh enrollment among the 1.2 million Medi-Cal members who are eligible but not currently enrolled in the nutrition assistance program. CDSS and DHCS have identified and are implementing a variety of ways to promote CalFresh through Medi-Cal and connect the two systems at the time of health care enrollment and recertification. **Another example of collaboration is the Medi-Cal Incentives to Quit Smoking Program, an applied research project being conducted by DHCS (Office of the**

**Medical Director) and CDPH (Tobacco Control Program and Diabetes Control Program). This a five-year, \$10 million project funded by the Centers for Medicare and Medicaid Innovation.**

## References

1. California Department of Health Care Services. *Baseline Assessment of Quality Improvement Activities in the California Department of Health Care Services: Methods and Results*. November 2012; in press.
2. California Department of Health Care Services. *Strategy for Quality Improvement in Health Care, November 2012*. <http://www.dhcs.ca.gov/services/Documents/DHCSQualityStrategy81312.pdf>. Accessed March 29, 2013.
3. United States Department of Health and Human Services. *National Strategy for Quality Improvement in Health Care, March 2011*. <http://www.healthcare.gov/news/reports/quality03212011a.html>. Accessed March 29, 2013.
4. White House Task Force on Childhood Obesity. *Let's Move, Take Action Health Care Providers*. <http://www.letsmove.gov/health-care-providers>. Accessed March 22, 2013.
5. American Medical Association. *Appendix: Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity*, January 25, 2007. [http://www.ama-assn.org/ama1/pub/upload/mm/433/ped\\_obesity\\_recs.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf). Accessed March 22, 2013.
6. The Harvard Pilgrim Health Care Foundation's Growing Up Healthy Initiative and MaineHealth. *5210 Let's Go!, Let's Go! Childhood Obesity Resource Toolkit for Healthcare Professionals*, 2012. <http://www.lets-go.org/programs/healthcare/toolkits/>. Accessed March 22, 2013.
7. California Medical Association Foundation and California Association of Health Plans. *Adult Obesity Provider Toolkit, 2008*. [http://www.thecmafoundation.org/projects/ObesityGeneralPDFs/AdultToolkit\\_Revised%20April%202008.pdf](http://www.thecmafoundation.org/projects/ObesityGeneralPDFs/AdultToolkit_Revised%20April%202008.pdf). Accessed March 22, 2013.
8. California Medical Association Foundation, California Office of Multicultural Health, and California Medical Association. *Child and Adolescent Obesity Provider Toolkit, 2011-2012*. <http://www.thecmafoundation.org/projects/ObesityGeneralPDFs/Child%20Obesity%20Toolkit%202011-2012.pdf>. Accessed March 22, 2013.

## Budget Coversheet

Contractor Name: Department of Health Care Services  
 Contract Number: 14-10629

Budget Categories	FFY 14 Total	FFY 15 Total	Difference	% Difference
1 Salaries	\$108,329.00	\$0.00	-\$108,329.00	-100.00%
2 Benefits	\$44,038.99	\$0.00	-\$44,038.99	-100.00%
3 Operating	\$3,000.00	\$0.00	-\$3,000.00	-100.00%
4 Equipment	\$3,000.00	\$0.00	-\$3,000.00	-100.00%
5 Travel & Per Diem	\$15,125.00	\$0.00	-\$15,125.00	-100.00%
6 Subcontractors	\$356,826.34	\$530,319.14	\$173,492.80	48.62%
7 Other Costs		\$0.00	\$0.00	0.00%
8 Indirect Costs		\$0.00	\$0.00	0.00%
<b>Totals:</b>	<b>\$530,319.33</b>	<b>\$530,319.14</b>	<b>-\$0.19</b>	<b>\$0.00</b>

Budget Categories	Reason for difference greater than 5%
1 Salaries	Moved into Subcontractor due to delay in hiring State staff
2 Benefits	Moved into Subcontractor due to delay in hiring State staff
3 Operating	Moved into Subcontractor due to delay in hiring State staff
4 Equipment	Moved into Subcontractor due to delay in hiring State staff
5 Travel & Per Diem	Moved into Subcontractor due to delay in hiring State staff
6 Subcontractors	Moved into Subcontractor due to delay in hiring State staff
7 Other Costs	
8 Indirect Costs	

## Prime Staffing

**Contractor Name:**  
**Contract Number:**

Department of Health Care Services  
14-10629

Budget Adjustment		Position Title	Position Names	Description of Job Duties		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Adjustment Justification
Action	Last Amt Approved			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery							
1		Medical Director (In-Kind)	Dr. Neal Kohatsu	100.00%	0.00%	0.05	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
2		Contract Manager (In-Kind)	Citra Downey	100.00%	0.00%	0.2	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
3		Program Assistant (In-Kind)	Adrienne Lowe	100.00%	0.00%	0.05	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
4		Program Assistant (In-Kind)	Tianna Morgan	100.00%	0.00%	0.05	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
5		Research Analyst (In-Kind)	Jennifer Byrne	100.00%	0.00%	0.2	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
		<b>Totals:</b>		<b>500.00%</b>	<b>0.00%</b>	<b>0.55</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	

Definition and basis for calculations of benefit rate(s): \_\_\_\_\_

## Prime Budget Justification

Contractor Name: Department of Health Care Services  
 Contract Number: 14-10629

Budget Adjustment		Operating Expenses							Budget Adjustment Justification
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Months	Total		
		N/A				1.00	\$0.00		
<b>Total Operating Expenses:</b>							<b>\$0.00</b>		

Budget Adjustment		Equipment Expenses					Budget Adjustment Justification	
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	
		N/A				1.00	\$0.00	
<b>Total Equipment Expenses:</b>							<b>\$0.00</b>	

Budget Adjustment		Travel and Per Diem											Budget Adjustment Justification		
Action	Last Amt Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	
		N/A												\$0.00	
<b>Total Travel and Per Diem:</b>														<b>\$0.00</b>	

\* Lodging costs include taxes. Reimbursement at CalHR rates.

Budget Adjustment		Sub Contractor(s)					Budget Adjustment Justification
Action	Approved	Name	Description/Justification	Total			
		A UC Davis	Conduct formative research and develop a pilot program to reduce the risk and prevalence of overweight and obesity among SNAP-Ed eligible Medi-Cal members.	\$530,319.14			
<b>Total Sub Grant(s):</b>				<b>\$530,319.14</b>			

Budget Adjustment		Other Costs					Budget Adjustment Justification	
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	
		N/A				1.00	\$0.00	
<b>Total Other Costs:</b>							<b>\$0.00</b>	

Budget Adjustment		Indirect Costs				Budget Adjustment Justification
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	
		N/A			\$0.00	
<b>Total Indirect Costs:</b>					<b>\$0.00</b>	

<b>Total Budget:</b>					<b>\$530,319.14</b>	
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### Sub Staffing A

**Contractor Name:** Department of Health Care Services  
**Contract Number:** 14-10629  
**Sub Contractor A Name:** UC Davis

Budget Adjustment		Position Title	Position Names	Description of Job Duties		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Adjustment Justification
Action	Last Amt Approved			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery							
1		Principal Investigator	Dr. Kenneth Kizer	100.00%		0.05	\$188,147.00	\$9,407.35	23.220%	\$2,184.39	\$11,591.74	
2		Co-Investigator	Dr. Desiree Backman	100.00%		0.1	\$171,042.00	\$17,104.20	42.000%	\$7,183.76	\$24,287.96	
3		Program Manager	TBN	20.00%	80.00%	1	\$75,500.00	\$75,500.00	54.225%	\$40,939.88	\$116,439.88	
4		Program Assistant	TBN	20.00%	80.00%	1	\$55,500.00	\$55,500.00	54.225%	\$30,094.88	\$85,594.88	
5		Financial Analyst	Mark Koga	100.00%		0.17	\$67,380.00	\$11,454.60	54.225%	\$6,211.26	\$17,665.86	
6		Chief Admin. Officer	Allyn Fernandez-Amy	100.00%		0.17	\$98,246.00	\$16,701.82	54.225%	\$9,056.56	\$25,758.38	
<b>Totals:</b>				<b>440.00%</b>	<b>160.00%</b>	<b>2.49</b>	<b>\$655,815.00</b>	<b>\$185,667.97</b>		<b>\$95,670.73</b>	<b>\$281,338.70</b>	

**Definition and basis for calculations of benefit rate(s):** \_\_\_\_\_

## Sub Budget Justification A

**Contractor Name:** Department of Health Care Services  
**Contract Number:** 14-10629  
**Sub Contractor A Name:** UC Davis

Budget Adjustment		Operating Expenses							
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Adjustment Justification	
		Project Supplies	Project Supplies for 2.49 FTE	\$33.50	12.00	2.49	\$1,000.98		
		Communications	Brochures, Handouts, and Exhibit Supplies for 2.49 FTE	\$33.50	12.00	2.49	\$1,000.98		
		Computing & Data Processing	Computer, Software, Encryption, & Virus Protection for 2.49 FTE	\$400.00	1.00	2.49	\$996.00		
		General Operating Costs	Printing, Reproduction, Postage & Media for 2.49 FTE	\$33.50	12.00	2.49	\$1,000.98		
		Video Ethnography	Script development	\$892.75	1.00	1.00	\$892.75		
		(Production & Editing Costs)	Securing shooting location, including equipment and crew	\$3,500.00	1.00	1.00	\$3,500.00		
			Video editing	\$2,500.00	1.00	1.00	\$2,500.00		
			Video authoring and media compression	\$1,500.00	1.00	1.00	\$1,500.00		
<b>Total Operating Expenses:</b>							<b>\$12,391.69</b>		

Budget Adjustment		Travel and Per Diem													
Action	Last Amt Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Budget Adjustment Justification
		Program Manager	In-State (TBD)	5	1	2	2	\$41.25	\$350.00	\$450.00	500.00			\$7,562.50	
		Program Assistant	In-State (TBD)	5	1	2	2	\$41.25	\$350.00	\$450.00	500.00			\$7,562.50	
<b>Total Travel and Per Diem:</b>														<b>\$15,125.00</b>	

Budget Adjustment		Sub Contractor(s)					
Action	Last Amt Approved	Name	Description/Justification	Total		Budget Adjustment Justification	
		A TBN	Subcontractor for Key Informant Interviews & Focus Groups	\$138,000.00			
<b>Total Sub Grant(s):</b>				<b>\$138,000.00</b>			

Budget Adjustment		Other Costs						
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	Budget Adjustment Justification
		N/A				1.00	\$0.00	
<b>Total Other Costs:</b>							<b>\$0.00</b>	

Budget Adjustment		Indirect Costs				
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	Budget Adjustment Justification

### Sub Budget Justification A

		25% of Modified Total Direct Costs	25.0000%	\$333,855.00	\$83,463.75	
					<b>Total Indirect Costs:</b>	<b>\$83,463.75</b>
					<b>Total Budget:</b>	<b>\$530,319.14</b>

## Budget Coversheet

**Prime Grantee Name:** University of California San Francisco (UCSF)  
**Grant Number:** \_\_\_\_\_

Budget Categories	FFY 15 Total
1 Salaries	\$150,791.00
2 Benefits	\$47,755.50
3 Operating	\$9,611.52
4 Equipment	\$1,500.00
5 Travel & Per Diem	\$4,928.00
6 Subcontractors	\$0.00
7 Other Costs	\$0.00
8 Indirect Costs	\$29,613.98
<b>Totals:</b>	<b>\$244,200.00</b>

Budget Categories	Reason for difference greater than 5%
1 Salaries	N/A
2 Benefits	N/A
3 Operating	N/A
4 Equipment	N/A
5 Travel & Per Diem	N/A
6 Subcontractors	N/A
7 Other Costs	N/A
8 Indirect Costs	N/A

## Prime Staffing

**Prime Grantee Name:**

University of California San Francisco (UCSF)

**Grant Number:**

0

Budget Revision		Position Title	Position Names	Description of Job Duties		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Revision Justification	
Action	Last Amt Approved			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery								
1		24	Physician	Hilary Seligman	5.00%	95.00%	0.1	\$149,525.00	\$14,952.50	31.670%	\$4,735.46	\$19,687.96	
2		25	Professor	Alicia Fernandez	5.00%	95.00%	0.06	\$149,525.00	\$8,971.50	31.670%	\$2,841.27	\$11,812.77	
3		25	Professor	Lauren (Liz) Goldman		100.00%	0.06	\$149,525.00	\$8,971.50	31.670%	\$2,841.27	\$11,812.77	
4		25	Professor	Margaret Handley	5.00%	95.00%	0.06	\$149,525.00	\$8,971.50	31.670%	\$2,841.27	\$11,812.77	
5		25	Professor	Neda Ratanawongsa		100.00%	0.06	\$149,525.00	\$8,971.50	31.670%	\$2,841.27	\$11,812.77	
6		25	Professor	Dean Shillinger	5.00%	95.00%	0.1	\$149,525.00	\$14,952.50	31.670%	\$4,735.46	\$19,687.96	
7		27	Project Coordinator	TBD	20.00%	80.00%	1	\$85,000.00	\$85,000.00	31.670%	\$26,919.50	\$111,919.50	
		<b>Totals:</b>			<b>40.00%</b>	<b>660.00%</b>	<b>1.44</b>	<b>\$982,150.00</b>	<b>\$150,791.00</b>		<b>\$47,755.50</b>	<b>\$198,546.50</b>	

**Definition and basis for calculations of benefit rate(s):**

Includes payroll taxes and medical/dental benefits.

## Prime Budget Justification

Prime Grantee Name: University of California San Francisco (UCSF)  
 Grant Number: 0

Budget Revision		Operating Expenses							
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Months	Total	Budget Revision Justification	
		Data Network Charges	383 per FTE	\$383.00	1.440	1.00	\$551.52		
		Office Space	500 per month FTE	\$500.00	1.510	12.00	\$9,060.00		
		Photocopying	100 per month per FTE	\$100.00	1.51	1.00	\$151.00		
<b>Total Operating Expenses:</b>							<b>\$9,611.52</b>		

Budget Revision		Equipment Expenses							
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Revision Justification	
		Computer	Computer terminal, plus Microsoft Outlook software to support the 1 FTE Project Coordinator	\$1,500.00	1.00	1.00	\$1,500.00		
<b>Total Equipment Expenses:</b>							<b>\$1,500.00</b>		

Budget Revision		Travel and Per Diem													
Action	Last Amt Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging*	Air	Miles	Reg. Fee	Other	Total	Budget Revision Justification
		Local Mileage		1							600.00			\$336.00	
		Physician Champion Summit	Sacramento	1	7	2	3	\$47.00	\$150.00	\$0.00	1,400.00			\$4,592.00	
<b>Total Travel and Per Diem:</b>														<b>\$4,928.00</b>	

\* Lodging costs include taxes. Reimbursement at CalHR rates.

Budget Revision		Sub Grant(s)							
Action	Last Amt Approved	Name	Description/Justification					Total	Budget Revision Justification
		A N/A							
<b>Total Sub Grant(s):</b>								<b>\$0.00</b>	

Budget Revision		Other Costs							
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	Budget Revision Justification	
		N/A				1.00	\$0.00		
<b>Total Other Costs:</b>							<b>\$0.00</b>		

## Prime Budget Justification

Budget Revision		Indirect Costs				
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	Budget Revision Justification
		Personnel & Fringe	14.91539%	\$198,546.50	\$29,613.98	
<b>Total Indirect Costs:</b>					<b>\$29,613.98</b>	
<b>Total Budget:</b>					<b>\$244,200.00</b>	

Activity/Methods	Timeframe	Key Deliverables
<b>Objective 1: Increase "Farm to Fork" procurement for schools, retail stores, and other institutions by providing resources, best practices, and coordinating efforts</b>		
<p>1) Facilitate connections between local farmers and school food service directors by developing a "California Farmer Database" (online marketplace) searchable of growers interested in selling to schools and other local institutions, to be accessed via the Farm to Fork Website. Will consider doing in partnership with Community Alliance of Family Farmers.</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>1) Notes from at least 6 meetings with local farmers and IT staff 2) Conduct key informant interviews with at least 10 Child Nutrition Directors (in districts that qualify) regarding their needs and willingness to procure local produce 2) Lessons learned and recommendations for changes to database based on pilot project in Contra Costa and Ventura counties 3) Database accessible through Farm to Fork website 4) Develop a dissemination plan to promote the database through networks such as CDE, CDPH, the Farm to School Network, local agricultural commissioners, commodity boards, and other community organizations</p>
<p>2) Make materials regarding farm to school programs available on the Office of Farm to Fork Website, including highlighting best practices</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>1) From 6 different counties list of best practices, case stories, and additional material uploaded on website 3) incorporate relevant Harvest of the Month resources on website and link to Harvest of the Month website 2) List of relevant external resources linked to from website</p>
<p>3) Research, produce and disseminate materials on best practices regarding school food service buying collaborative, and other institutional buying collaborative or food hubs as feasible</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>1) List of best practice and additional tools and resources to support school foodservice buying collaborative 2) Dissemination plan, including but not limited to schools, farmers, and local health departments</p>
<p>4) Identify at least 4 Champion Farm to Fork candidates to highlight on the Farm to Fork website and through CDPH's communications channels. Will consider doing in partnership with Community Alliance of Family Farmers and Urban &amp; Environmental Policy Institute</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>Select candidates by March 1, 2015 3) work with CDPH communications team to send out press release 4) highlight on Office of Farm to Fork and Harvest of the Month websites</p>
<p>5) Participate in California Farm to School Network meetings, including Steering Committee meetings, and other meetings as appropriate</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>1) Notes from California Farm to School Network meetings, which include strategies for how the Office of Farm to Fork can further support Farm to School and Farm to Preschool efforts in California</p>
<p>6) Create a searchable database of Farm to Fork resources on the Farm to Fork website. Collaborate with UC Cooperative Extension (UCCE) and other groups to streamline applicable resource materials, including resources developed by localities.</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>1) Meeting notes from at least 3 meetings with UCCE 2) Linking to UCCE and Harvest of the Month materials from the Farm to Fork website 3) CDPH representative to be included meetings listed above</p>

<b>Objective 2: Support School and Community Gardens</b>		
1) Assess current state fairground infrastructure for potential use as SNAP-Ed community gardens and nutrition education opportunity for low resource communities	October 1, 2014 - September 30, 2015	1) Report describing current fairground infrastructure to support food aggregation centers (e.g., kitchen and cold storage capacity, land) and nutrition education. Submit draft report for review to CDPH by May 1, 2015. 2) Report describing possible recommended uses of state fairground infrastructure, including but not limited to safety concerns, economic feasibility, and potential partners. Submit report to CDPH for review by May 1, 2015 3) Using GIS identify those fairgrounds that have the highest low resource communities 4) write 2 case studies and post on website
<b>Objective 3: Increase healthy food options at county fairs</b>		
1) Work with County Fairs to offer healthy food options. Will consi	October 1, 2014 - September 30, 2015	1) Create a guide for Healthy Food Options available at fairs modeled off of the Healthy Food Program at the San Mateo Fair 2) Work with individual fairs to implement the program
<b>Objective 4: As appropriate, Office of Farm to Fork staff will participate in meetings, conferences, and conventions with the California Department of Public Health, and external stakeholders as appropriate</b>		
1) Attend meetings, conferences, and trainings on behalf of CDFA and CDPH to represent state Farm to Fork efforts	October 1, 2014 - September 30, 2015	1) Agendas and summary notes from at least 6 meetings or telephone calls attended to represent state Farm to Fork efforts
2) Project Director and other key staff will convene quarterly meetings with CDPH staff; these meetings will be a chance for Farm to Fork Staff to report to CDPH and for CDPH staff to give updates on other CDPH projects	October 1, 2014 - September 30, 2015	1) Meeting agendas 2) Meeting notes to be submitted one week post meeting
<b>Objective 5: California Department of Food and Agriculture staff will complete and submit a final report</b>		
1) Final Report due no later than 30 days after the close of the contract	September 30, 2015	1) Final report
<b>Objective 6: To coordinate efforts across Farm to Fork channels (Food Access, Children and Youth, and Food Policy)</b>		

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<p>1) Convene strategic planning meeting among state agencies, collaborative, such as the Farm to School Network Farm to Preschool, California School Garden Network, Healthy Farms Healthy People, Health in All Policies, California Food Policy Council, California Convergence, California School Garden Network and Training Resource Centers to clearly define Farm to Fork, the role of The Office of Farm to Fork and ensure that nutrition education is embedded in all activities.</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>1) attendee list and agenda 2) summary of meeting notes submitted 1 week post meeting 3) Planning document that identifies path and milestones to streamline and coordinate efforts by multiple entities 4) identify agencies to subcontract with to support work efforts of the Office of Farm to Fork</p>
<p>2) Convene quarterly meetings of strategic planning group to provide updates on progress of tasks identified in planning document</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>1) attendee list and agenda 2) summary of meeting notes submitted 1 week post meeting 2) Meeting notes to be submitted one week post meeting</p>
<p>3) Final report summarizing activities completed by strategic planning group and planning document</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>1) submit draft report to CDPH for review September 1, 2015 2) submit final report to CDPH by September 30, 2015 3) distribute final report to strategic planning group</p>
<p>4) Build off the Champion Farm to Fork plan developed by the Community Alliance of Family Farmers and the Urban and Environment Policy Institute at Occidental Collage to identify at least 4 Champion Farm to Fork candidates</p>	<p>October 1, 2014 - September 30, 2015</p>	<p>1) Submit list of Candidates to strategic planning group for review by February 1, 2015 2) select candidate by March 1, 2015 3) work with CDPH communications team to send out press release 4) highlight on Office of Farm to Fork and Harvest of the Month websites</p>