



Creating Policy, Systems, Environmental Change: Success Story and Lessons Learned

Title

A Peer into Nutrition Education

Intervention Summary

- 33.5% of the Sacramento population is eligible for Supplemental Nutrition Assistance Program (SNAP) benefits (also known as CalFresh in California)
- 58.5% of SNAP eligible adults in Sacramento County are overweight, and of this percentage, 26.2% are obese
- 16.9% of adults in Sacramento County are sedentary (did not participate in any leisure-time physical activity in the past month)
- 66% of adults in Sacramento County stated that they consumed fast-food at least once in the past week

The Peer-led adult nutrition education series was implemented by two of the Sacramento County Local Health Department (LHD)'s subcontracted agencies: Health Education Council (HEC) and Sacramento Food Bank and Family Services (SFBFS) as part of the IOE objective. It was a six-class series based on the NEOPB-approved curriculum *Eat Healthy, Be Active Community Workshops* was selected.

The *Eat Healthy, Be Active Community Workshops* were presented in English and Spanish by Community Health Outreach Workers (CHOWs)/Community Health Leaders (CHLs). Classes were held at a variety of locations in nine target neighborhoods including: SETA Head Start sites, emergency food assistance sites, churches, and elementary schools. The *Eat Healthy, Be Active Community Workshops* curriculum provided the structure and foundation for the series, and supplemental NEOPB approved materials were also used. The workshops focused on nutrition topics such

as: balancing calories, budgeting, healthy recipe modifications, and reducing sugar-sweetened beverages. The classes also included physical activity breaks, food demos, and participation incentives such as aprons, cookbooks, and frisbees.

The *Eat Healthy, Be Active Community Workshops* were evaluated using the *Food Behavior Checklist and Rapid Physical Activity Assessment* surveys. 123 matched pre- and posttests were completed (by those attending at least five out of six classes), which exceeded the intervention goal of having 100. Statistically significant differences were observed in the decrease of consumption of sugar-sweetened beverages and increase in fruit and vegetable consumption and physical activity between the pre- and posttest. In addition to these quantitative results, many qualitative successes were observed both in participants and instructors. For example, three of the CHOWs have lost weight (10, 40, and 70 pounds) since culmination of their training and have modeled newly acquired healthy behaviors for their families. One participant decided to pursue her dream of becoming a body builder and lost ten pounds during the workshop, another participant lost 15 pounds by walking and removing sugary beverages from her diet, and multiple participants started walking to the workshops and making spa water recipes at home with their children. One group of participants was so enthusiastic about the series they organized a potluck for the last class using only recipes they received during the series.

Description of Barriers Encountered and Identified or Proposed Solutions

One barrier that was encountered during implementation of the intervention was the lack of childcare. The LHD and subcontractors were not able to provide childcare for the adult participants. As a result, many participants brought their children with them to class, which was often a distraction to both participants and instructors. One way of helping to overcome this barrier would be to provide physical activity breaks that the children can join in on such as jump rope, ball tosses, and other kid-friendly games. Also, offering the children activity books and crayons during the lessons may help keep them occupied. Due to the delayed approval of the IOE plan and a shortened timeline to complete the workshop series, the planned follow-up survey was not completed. While results from the pre- and post-test showed positive short-term changes, a follow-up survey would be beneficial in assessing whether or not these changes were sustainable. A follow-up survey will be developed by the LHD and used in FFY16.

Future Directions/Sustainable Success

The short term goal for this intervention strategy is to continue the *Eat Healthy, Be Active Community Workshops* in FFY16. The LHD hopes to streamline the process of

completing and collecting the pre- and post-tests, incorporate feedback from the CHOWs/CHLs to improve the series in FFY16, and assess longer-term changes through the follow-up survey.

Contact information about this Narrative

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