

Charting the Course for Obesity Prevention in California: The Nutrition Education and Obesity Prevention Grant Program

June 28, 2011

Prepared for:

The Public Health Institute and the
California Department of Public Health

Prepared by:

Altarum Institute
Karen Bertram, MPH, RD
Contractors:
Cyndi Walter
Katie Gaddini, MSW

Funding:

This project was funded by the Public Health Institute (PHI)
under contract no. 08-85554, awarded to PHI by the California
Department of Public Health and funded by the U.S. Department
of Agriculture.

Charting the Course for Obesity Prevention in California: The Nutrition Education and Obesity Prevention Grant Program

Introduction

California has a significant opportunity to chart its course for obesity prevention through the newly created Nutrition Education and Obesity Prevention (NEOP) grant program funded by the United States Department of Agriculture (USDA). NEOP replaces the existing Supplemental Nutrition Assistance Program Education (SNAP Ed), which allows SNAP (formerly known as Food Stamps) agencies to provide nutrition education and limited physical activity promotion with low-income eligible populations.

During the first phase of the planning process for the program transition, the California Department of Public Health (CDPH), through a contract with Altarum Institute, a nonprofit health systems research and consulting organization, outlined the scope and timeline for the transition process. To create a foundation for the NEOP plan, CDPH invited a key group of individuals to function as the “Obesity Prevention Think Tank.” Based on their input, phase two of the NEOP transition process will continue by soliciting input from various stakeholder groups. This report summarizes phase one of the NEOP transition process.

Background

In California, USDA has allocated SNAP Ed funding to the California Department of Social Services (CDSS), which in turn contracts with two implementing agencies: the University of California, Davis (UCD) and the CDPH.

Over the past 15 years, SNAP Ed has become a huge funding source for nutrition education in California. Because there are nearly 150 organizations and agencies funded through the CDPH’s SNAP Ed program, which operates as the *Network for a Healthy California (Network)*, the department seeks to launch a transparent and inclusive process for gathering stakeholder input into the design of California’s NEOP program.

The New Law

The passage of the Healthy, Hunger-Free Kids Act of 2010 (S. 3307) modifies SNAP Ed to focus on obesity prevention in addition to nutrition education with SNAP eligible populations. NEOP can fund:

- Individual and group-based nutrition education, health promotion and intervention strategies.
- Comprehensive, multi-level interventions at multiple complementary organizational and institutional levels.
- Community and public health approaches to improve nutrition.

While the Healthy, Hunger-Free Kids Act of 2010 presents significant opportunities for California, the new law also creates challenges, primarily decreased revenue over time. Key changes of the federal statute include:

- Elimination of the requirement for a state-federal match, which had become complex and burdensome under SNAP Ed. The switch to a flexible grant program is effective retroactively to October 2010. This decreases cumbersome paperwork, but also limits future revenue.
- A revised funding formula that gives California an initial increase the first few years to about \$139 million – up from nearly \$116 million in 2011. Between the years 2014-2018, however, California will face a funding decline, leveling to about \$80 million as an increasing proportion of funding will depend on SNAP caseload.
- By 2018, 50 percent of California’s funding will be based on the state’s share of the total number of SNAP participants nationally. California has the second lowest SNAP participation rate in the nation at 50 percent participation.

The legislation requires that the USDA work closely with the Centers for Disease Control and Prevention (CDC) and other stakeholders to further detail the allowable use of funds. USDA is directed to issue regulations for NEOP by January 2012. While the USDA is developing regulations, the CDPH is inviting stakeholders to provide input into California's approach to preventing obesity over the next three years with a focus on achieving the greatest outcomes with available resources.

Health advocates across the state and nation are lauding NEOP's direction because it provides greater program flexibility to expand beyond just nutrition education and limited physical activity promotion. Advocates are hopeful that USDA regulations will allow for policy and environmental change efforts, in addition to education, using public health approaches. While many obesity prevention trial programs have been implemented with the goal of changing diets and reducing the risk of obesity, "the key lesson is that education alone has little impact while changing the environment generates better results."¹

California seeks to accelerate behavior change and improve health outcomes for this vulnerable population by focusing on education *and* population-based change through NEOP. The CDPH's goal is to ensure a smooth transition when the program launches in the fall of 2012.

Obesity in California

While California overweight and obesity rates have leveled off in recent years, they remain alarmingly high. One in every nine California children, one in three teens, and over half of adults are already overweight or obese.^{2,3} This epidemic affects virtually all age, income, educational, ethnic, and disability groups, although rates are highest among Californians of Latino, American Indian, African American, and Pacific Islander descent, Californians from lower-income households, and those with disabilities.³ These higher rates are driven by inequities in access to safe and healthy environments, including healthy food environments.

Food choices are often made based on what is available, affordable, and convenient. Low-income families must often travel miles from their neighborhood to purchase healthy foods at reasonable prices. Rural, low-income, and minority communities generally have less access to supermarkets,⁴ and predominantly Black neighborhoods may have up to 50 percent less access to chain supermarkets than White neighborhoods.⁵

Neighborhood and work environments influence daily levels of physical activity. People who live in neighborhoods with access to sidewalks and bike paths are more likely to meet recommended minutes of physical activity.⁶ Most transit users get daily exercise through walking or cycling to the bus stop or train station, but sprawl prevents many Californians from taking public transit to work.

¹ Schwartz MB & Brownell KD. (2007). Actions Necessary to Prevent Childhood Obesity: Creating the Climate for Change. *Journal of Law, Medicine, & Ethics*, 35(1)78-79.

² Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2007. Available at: www.cdc.gov/brfss.

³ UCLA Center for Health Policy Research. California Health Interview Survey, 2007. Available at: www.chis.ucla.edu.

⁴ Larson NI, Story MT, Nelson MC. Neighborhood Environments: Disparities in Access to Healthy Foods in the U.S. *Am J Prev Med* 2009;36:74-81.

⁵ Powell L, Slater S, Mirtcheva D, Bao Y, Chaloupka F. Food store availability and neighborhood characteristics in the United States. *Prev Med* 2007;44:189-95.

⁶ US Department of Health and Human Services. 2008 Physical activity guidelines for Americans. October 2008. Available at: <http://www.health.gov/paguidelines>.

Although many parents would like their children to walk or bike to school, the percentage of children doing so has dropped from 66 percent in 1974 to 13 percent in 2000 due to distance from school, crime, or traffic danger.⁷ Unsafe streets and the lack of safe play areas and parks keep children from being active outside. Those most at risk to be overweight—low-income, ethnically/racially diverse communities—have the least access to safe places to exercise and play, such as parks, bike trails, and public pools.^{8,9} To address obesity, all California residents must have access to safe places to play and be active.¹⁰

The goal of SNAP Ed is to improve the likelihood that persons potentially eligible for SNAP will make healthy food choices within a limited budget and choose a physically active lifestyle.

Current Efforts

The *Network*, which targets low-income populations with nutrition education and limited physical activity promotion, has built an infrastructure that can be utilized to transform SNAP Ed efforts into a comprehensive public health program through NEOP. California can learn from its successful Tobacco Control Program, which serves as a model for the environmental and social norm changes that will similarly be required to address the obesity epidemic. Recent obesity prevention efforts throughout the state and nation can also inform California's NEOP efforts, thanks to foundation-funded efforts as well as the federally-funded stimulus project, Communities Putting Prevention to Work.

Another supportive effort that is currently underway is the Health in all Policies Task Force, which was created by Executive Order in 2010 and placed under the auspices of the Strategic Growth Council. The Health in all Policies Task Force, which is comprised of 18 state agencies, departments, and offices, was charged with identifying priority programs, policies, and strategies to improve the health of Californians. Of the six aspirational goals that the task force identified, five address nutrition and physical activity issues.

Guiding Principles

California's NEOP framework will be built around the *2010 California Obesity Prevention Plan*, which was developed with extensive input by internal and external partners from throughout the state over the course of a year as CDPH convened forums and listening sessions to solicit community and stakeholder input. The plan was approved by the Governor's Office in 2010.

Realizing that much is at stake with its vulnerable populations, the CDPH has developed the following principles to guide its NEOP planning. The italicized wording below represents additions that were added by the Obesity Prevention Think Tank, which was convened on May 6, 2011, to recommend priority areas and strategies as the foundation for NEOP planning.

Process Principles

California's NEOP planning is guided by the following process principles:

- The 2010 California Obesity Prevention Plan provides the framework for program implementation.

⁷ Bureau of Transportation. National Household Travel Survey, 2001. Available at: http://www.bts.gov/programs/national_household_travel_survey/.

⁸ Powell LM, Slater S, Chaloupka FJ. The relationship between community physical activity settings and race, ethnicity, and socioeconomic status. *Evidence-based Preventive Medicine* 2004;1:135-144.

⁹ Lovasi GS, Hutson MA, Guerra M, Neckerman KM. Built environments and obesity in disadvantaged populations. *Epidemiol Rev* 2009;31:7-20.

¹⁰ 2010 California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today, Sacramento (CA): California Department of Public Health, California Obesity Prevention Program, 2010. Available at: www.cdph.ca.gov.

- The CDPH commits to a transparent and inclusive process that provides several opportunities for stakeholders to provide input.
- The CDPH will initiate a thorough and thoughtful process *to maximize improving health outcomes*.

Outcome Principles

Below are guiding outcome principles California is committed to:

- Achieve equity
 - *Access to food – food security for all Californians.*
 - *Access to safe places for physical activity for all Californians.*
- Maximize the impact for low-income Californians.
- Implement interventions that are evidence-based or evidence-informed *and also allow for innovation.*
- Intervene as “upstream” as the USDA regulations allow.
- Conduct interventions that are *comprehensive across sectors.*
- Incorporate the community voice and perspective, *including the youth voice and perspective.*
- Maximize local flexibility.
- *Leverage resources, including human resources, to maximize impact.*
- *Ensure evaluation of strategies.*

Overall NEOP Planning Process

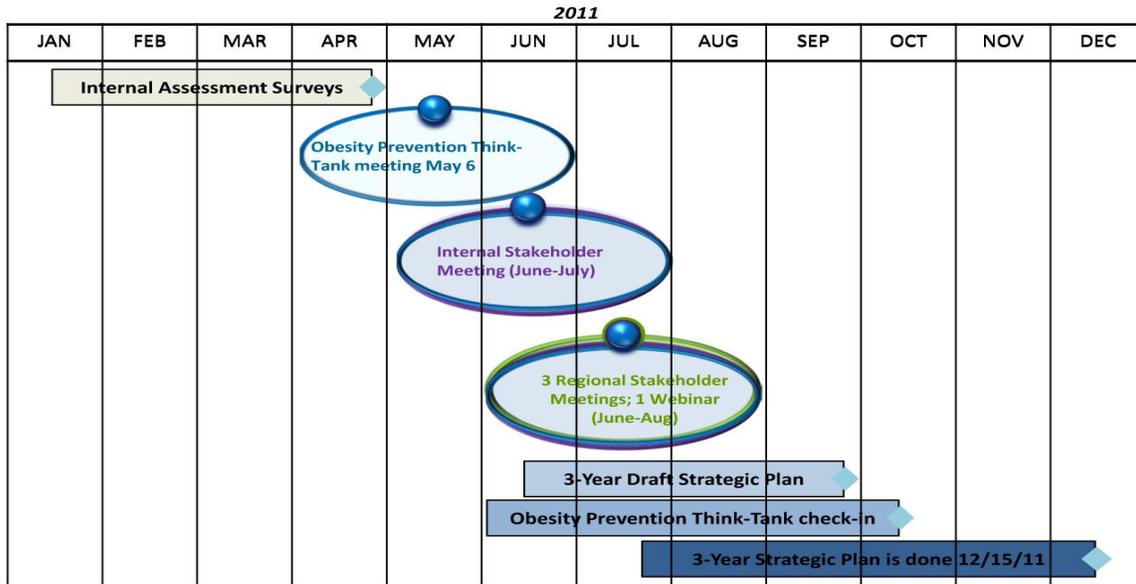
Phase one of the planning process included key informant interviews with obesity prevention key influentials between April 1-15, 2011. A small CDPH planning team met regularly to outline the overall transition process and plan the Obesity Prevention Think Tank meeting held on May 6, 2011. The Obesity Prevention Think Tank represented leaders in obesity prevention, including individuals representing research; advocacy; funders; community-based organizations; local health departments; and experts in policy, nutrition, physical activity, and working with low-income, multi-ethnic populations (see list of attendees on page 11-12).

The purpose of convening the Obesity Prevention Think Tank was to seek recommended priority areas and strategies for NEOP to focus on during the first three years of the new program in an effort to secure short-term health wins while building for longer-term effective strategies. CDPH wants to focus on a few key areas in an effort to marshal the work as a whole and have measurable successes as opposed to a multitude of disparate activities.

The overall planning process includes opportunities for both internal and external stakeholders to respond to the Obesity Prevention Think Tank recommendations by providing input at a series of stakeholder meetings. Input from all of the convenings will guide the development of a three-year transition plan that will be completed by the end of this year. In January 2012, USDA’s NEOP rules are scheduled to be released and by the spring of 2012, CDPH will unveil its transition plan. Implementation of the NEOP plan is set to begin October 2012. See Figure 1.



Transition from SNAP-Ed to Nutrition Education and Obesity Prevention



Transition from SNAP-Ed to Nutrition Education and Obesity Prevention

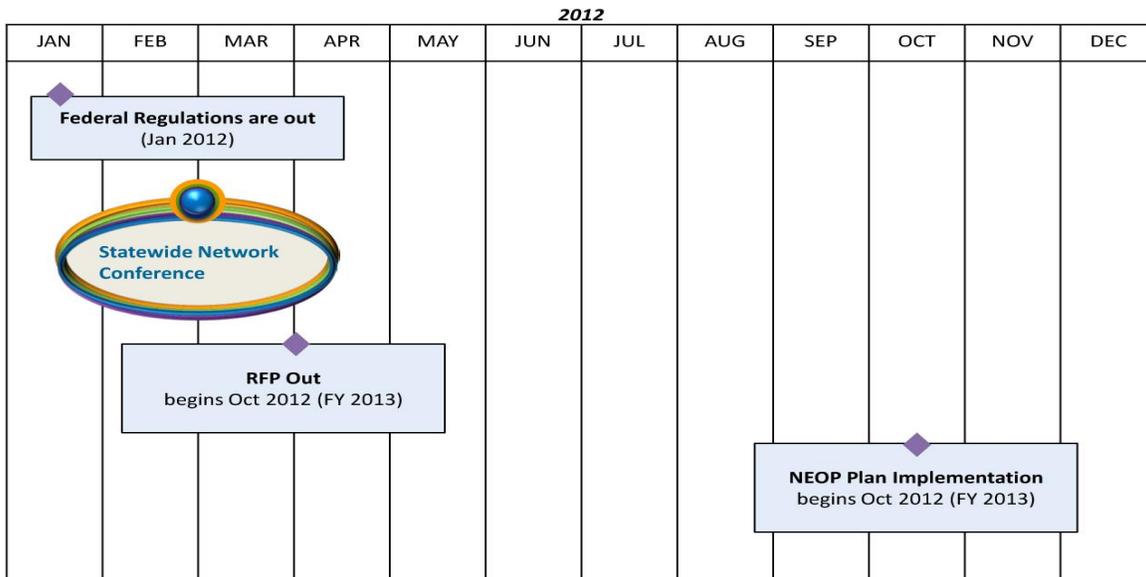


Figure 1: Transition planning timeline for 2011 and 2012

Obesity Prevention Think Tank Recommendations

Priority Areas

In small groups, the Obesity Prevention Think Tank members reviewed CDC's six priority areas for obesity prevention with the goal of selecting the top areas to focus California's obesity prevention efforts for the next 3 years. CDC's priority areas include addressing fruits and vegetables, physical activity, breastfeeding, energy dense foods, sugar-sweetened beverages and TV viewing (screen time).

Across the board, consensus emerged around three priorities:

- I. Decrease sugary beverage consumption and increase healthy beverage consumption, especially water.
- II. Increase physical activity.
- III. Increase consumption of healthier foods.

While Obesity Prevention Think Tank participants emphasized that NEOP should primarily focus on the Top 3 priority areas, they suggested that other priority areas could be addressed to a lesser degree. Participants noted that some CDC priority areas may be addressed by other funding sources and they recommended that this should be taken into consideration when planning for NEOP.

Strategies

The Obesity Prevention Think Tank participants then broke into small groups by priority area to identify key strategies for the work based on their experiences and the strategies outlined in the *2010 California Obesity Prevention Plan*. Each group compiled the strategies and then determined areas of consensus, which are outlined below.

Decrease sugary beverage consumption and increase healthy beverage consumption, especially water.

Overall, this group identified the need for comprehensive policy and environmental change strategies that prompt social norms change around "drinking sugar." The recommended strategies include:

- Advocate for state and local policies that:
 - ban the purchase and offering of sugary beverages on public property and within youth organizations and worksites (e.g., in vending machines or through procurement and/or sponsorship policies).
 - increase access to safe drinking water (e.g., through increased drinking fountains in public places) and promote water consumption.
 - levy a tax on sugary beverages.
- Conduct public opinion polling on sugary beverages to inform message development.
- Launch a public relations/media advocacy campaign that informs the public and policy makers about sugary beverages, including sugar content, and provides support for the passage of sugary beverage policies.
- Conduct a counter-marketing campaign that addresses the sugar content in sugary beverages and industry practices and arguments. This could include the development of a new campaign and/or expansion of the Re-Think Your Drink campaign.
- Limit the marketing of sugary beverages to children and adolescents through support of a strong, national interagency standard.
- Allocate money to grassroots organizing, especially youth organizing and youth advocacy.
- Partner with a wide array of hunger, equity, minority, low-income, faith, business, and other community leaders to support this work.
- Provide technical assistance to advocates on the ground so they have the tools, resources, and day-to-day support they need to be effective and learn from others.

Increase physical activity

This group recommended the following strategies:

- Expand physical activity opportunities before, during and after school by:
 - Ensuring public schools follow the state-mandated minutes (200 minutes every 10 days in elementary schools; 400 minutes every 10 days in middle and high schools) for Physical Education.
 - Incorporating physical activity in childcare settings and after school programs as well as throughout the school day beyond Physical Education classes.
- Promote active transport through complete streets, increased access to trails, sidewalks and transit options, and by slowing traffic and addressing other safety issues.
- Encourage physical activity promotion by employers through:
 - Supportive environments and policies.
 - Employee incentives for being active based on the rationale of reducing health care costs.
- Advance zoning and planning practices that provide acceptable access to parks and mixed use.
- Provide advocacy training for youth and parents to support the proposed strategies.

Increase consumption of healthier foods

The focus on healthy food was not as unanimous as the other two priority areas. Single votes were received for changing food systems, increasing healthy foods, decreasing processed foods, and decreasing energy dense foods. Increasing fruits and vegetables received two votes. The votes were combined to form this priority area. The group addressing this priority area outlined the following strategies:

- Advocate for policies that decrease the cost of healthy foods and increase the cost of unhealthy foods.
- Enhance distribution and procurement systems that provide affordable, healthy food to communities.
- Bring more grocery stores and corner markets to neighborhoods with high obesity rates that lack access to stores with healthy food.
- Disseminate a marketing campaign that promotes healthy foods.
- Maximize participation in federal food programs.

Overarching Remarks

The Obesity Prevention Think Tank provided some overarching remarks regarding NEOP, including the following recommendations:

- Build capacity at the local level by providing technical support and funding to on-the-ground advocates.
- Work with youth to increase sustainability and reach.
- Dedicate enough resources for evaluation to document outcomes and better understand what works.
- Convene a NEOP Advisory Group to guide the implementation and ensure accountability.

The Obesity Prevention Think Tank also had some differences of opinions regarding:

- The importance of a media campaign and the focus it should take if one was developed (e.g., counter-advertising vs. educating consumers on an issue such as sugary beverages).
- The role of schools. While some participants thought schools should be a key focus of this work, others felt that they faced too many challenges (e.g., funding, competing priorities) while others felt previous efforts in schools were not effective and not a good use of funds.

Funding Suggestions

The Obesity Prevention Think Tank was presented with an overview of how California's tobacco control program divvied up its funding between media; local lead agencies (e.g., local health departments); competitive grants at the local and state level; training and technical assistance; and evaluation and surveillance. A question was then posed to think tank participants regarding their recommendations for disseminating NEOP funds. A lively discussion ensued with different perspectives shared.

Overall, the majority of participants wanted to see more than half of the funds go to local communities, although the percentage breakdown that was suggested varied by participant. A recommendation was made to distribute funds based on obesity rates by locale. Other suggestions were to fund a regional structure and make sure there were ethnically focused efforts.

Two issues spurred the most discussion: media and schools. The school discussion addressed the importance of advancing healthy environments and policy change. However, discussion also focused on the barriers to working in schools – e.g., funding cuts, emphasis on test scores. Participants noted that if schools received funding, it would be important to ensure accountability.

The topic of media had some individuals proposing that funds should be allocated for this while others disagreed. Some participants identified a need for a hard-hitting, counter-advertising campaign, while others indicated that going up against industry may prove challenging with the available funds. Some participants noted the value of culturally-appropriate education on some issues that are not as universally known by the general public (e.g., the amount of sugar in sugary beverages). Noting that policy and environmental change efforts are essential to success, one researcher reminded participants that it is important to educate Californians about physical activity and healthy eating to ensure support for policy and environmental changes.

Summary

The Healthy, Hunger Free Kids Act of 2010 (S. 3307) opens up new opportunities for obesity prevention efforts in California with USDA funds. California's NEOP efforts will be built around the *2010 California Obesity Prevention Plan*, which was developed with extensive input and approved by the Governor's Office in 2010.

During the Obesity Prevention Think Tank meeting held on May 6, 2011, there was across-the-board agreement on the following priority areas of focus for the first three years of NEOP implementation:

- I. Decrease sugary beverage consumption and increase healthy beverage consumption, especially water.
- II. Increase physical activity.
- III. Increase consumption of healthier foods.

Similarly, there was broad consensus on the strategies to be used in addressing the priority areas. While there were some differences of opinions around some strategies -- such as whether and to what extent media should be utilized, and whether or to what extent there should be a focus on schools -- the priorities selected overlapped with priorities recently proposed by other thought leaders planning for other efforts, especially the recently-released CDC Community Transformation Grant. The Obesity Prevention Think Tank recommendations will form the foundation for planning as CDPH continues to solicit input from internal and external partners. California is primed to chart its course for obesity prevention in a unified manner that could help accelerate behavior change and improve health outcomes for this state's most vulnerable populations.

The Obesity Prevention Think Tank

Following is a list of the individuals that attended the Obesity Prevention Think Tank meeting May 6, 2011, those invited, and their corresponding organizations.

Participants

Marice Ashe, Public Health Law & Policy
Larry Bye, Field Research Corporation
Maria Casey, Partnership for the Public's Health
Marisa Cheung, Western Regional Office USDA Food & Nutrition Service
Pat Crawford, University of California, Berkeley, (UCB) Center for Weight and Health
Tracy Delaney, County of San Diego
Nancy Gelbard, California Department of Education
Harold Goldstein, California Center for Public Health Advocacy
Allison Hagey, Policy Link
Ken Hecht, California Food Policy Advocates
Arnell Hinkle, CANFIT
Judi Larsen, The California Endowment
Leslie Mikkelsen, Prevention Institute
Debra Oto-Kent, Health Education Council
John Pierce, University of California, San Diego Cancer Center
Mary Pittman, Public Health Institute
Jim Sallis, Active Living Research
Sarah Samuels, Samuels & Associates
Paul Simon, Los Angeles County Public Health Department
Loel Solomon, Kaiser Permanente
Melody Steeples, CAN-Act
Gail Woodward-Lopez, UCB Center for Weight and Health
Ellen Wu, California Pan-Ethnic Health Network

Those who were unable to attend:

Bonnie Broderick, Santa Clara Department of Public Health
Genoveva Islas-Hooker, Central California Regional Obesity Prevention Program
Marion Standish, The California Endowment
Mildred Thompson, Policy Link

State Staff

Kathleen Acree, CDPH
Peggy Agron, CDPH
Sue Foerster, CDPH
David Ginsburg, UCD
Linda Patterson, CDSS
Valerie Quinn, CDPH
Linda Rudolph, CDPH
Gil Sisneros, CDPH

Public Health Institute

Desiree Backman

Altarum Institute Consultants

Karen Bertram - Facilitator
Katie Gaddini - Recorder and Writer
Cyndi Walter - Writer and Editor

Audio Recording

Helene Rosenbluth