

Maximizing Impact for California's Low-Income Population: The Nutrition Education and Obesity Prevention Program

Three-Year Implementation Plan

Section I: Introduction

California has long been a leader in addressing the obesity epidemic. The devastating health effects of obesity and resulting chronic diseases are well documented. Over the past 30 years, obesity rates have tripled among children and adolescents and have remained high. This epidemic affects virtually all, but Californians from lower-income households are hit the hardest. Over the past years as concerns over the obesity crisis mounted, California responded on several fronts. Two Governor-initiated obesity prevention summits were held and the first *California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today* was published in 2006. The Obesity Plan was updated in 2010 following a review of the latest evidence based strategies, extensive public input, and approval from the Centers for Disease Control and Prevention (CDC). More than 12 state laws passed to improve access to healthy foods and beverages and physical activity, including landmark laws that created healthier school environments and established nutrition labeling for chain restaurants.

California has been fortunate to have committed public and private partners dedicated to reducing obesity in vulnerable populations. The California Department of Social Services, California Department of Food and Agriculture, and California Department of Education are all committed to addressing health and obesity. The California Endowment and Kaiser Permanente have invested millions to transform low-income communities. California's local public health officers and the many Supplemental Nutrition Assistance Program-Education (SNAP-Ed) partners have provided local level leadership and created a foundation upon which to build this work.

As the largest program providing nutrition education focused on low-income families in the state, the California Department of Public Health's (CDPH) federally funded SNAP-Ed program, called *Network for a Healthy California (Network)*, became an important cornerstone in the work to address poor nutrition and obesity, with increasing fruit and vegetable consumption as its primary focus. Trends from state survey results show an increase in fruit and vegetable consumption among California's low-income adult population from 1997 to 2007. This is one important sign of encouragement, but much work remains to be done. While obesity rates seem to be leveling off, they remain alarmingly high. The focus of efforts must target low-income communities where eating healthy food and being physically active can be extremely difficult.

Passage of the federal Healthy and Hunger Free Kids Act (HHFKA) of 2012 (Public Law 111-296) provided a unique opportunity for California and CDPH. The HHFKA transitioned SNAP-Ed into the Nutrition Education and Obesity Prevention (NEOP) grant program. During this transition, CDPH engaged in a year-long planning process that solicited input from leaders and practitioners throughout the state on how best to prioritize nutrition education and obesity prevention strategies and activities in the

coming three years in order to (1) build on 15 years of important SNAP-Education work in California, (2) learn from and leverage existing obesity prevention efforts across the state (3) accelerate positive behavior change and (4) focus on health impacts for vulnerable, low-income populations across the state.

This report summarizes the federal statute and results of CDPH's planning process. Most importantly, it charts the course for all of CDPH's nutrition and obesity prevention work for the next three years. The *California Obesity Prevention Plan* served as the foundation for the three year NEOP implementation plan, and implementation will utilize the full range of funding sources (e.g., federal, foundation, state) that are currently or will become available.

Background

SNAP-Education

California began implementing USDA SNAP-Education in 1997 pursuant to USDA guidance. In California, the Department of Social Services, as the SNAP agency, receives SNAP-Education funding from the USDA and contracts with two SNAP-Education implementing agencies: the University of California, Davis and CDPH. At CDPH, the SNAP-Education program is known as the *Network for a Healthy California (Network)*. SNAP-Education agencies have historically been allowed to provide only nutrition education and limited physical activity promotion to low-income eligible populations, however passage of the HHFKA mandates programmatic changes in SNAP-Education. There are nearly 150 organizations and agencies funded by the *Network*, with a wide array of programs and lessons learned that will provide a critical base for transforming SNAP-Education into a comprehensive Nutrition Education and Obesity Prevention Program.

Federal Healthy, Hunger-Free Kids Act

Passage of the HHFKA reshaped SNAP-Education both programmatically and administratively. Federal statute expanded SNAP-Education to address obesity prevention in SNAP-eligible populations (in addition to nutrition education) and changes the program from a match-based program to a grant-based program. Federal statute now allows the use of funding for:

- Obesity prevention as it is explicitly identified in the program name and legislation
- 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

The legislation also requires that USDA work closely with the CDC and other stakeholders in further detailing the scope and direction of the program, and the allowable uses of funds. HHFKA included a two-year transition period (FFY 2011 and 2012) to ensure continuity. The programmatic changes will be implemented in federal

fiscal year 2013 which begins October 2012. It is expected that USDA will issue new guidelines to reflect the changes in HHFKA sometime in March.

Key administrative changes of the federal statute include:

- Elimination of the requirement for a state-federal match, effective retroactively to October 2010, the beginning of FFY 2011. Switching to a flexible grant program decreases cumbersome paperwork, but also caps future funding.
- A revised funding formula that gives California an initial increase to about \$139 million, up from nearly \$116 million in 2010. Between the years 2014-2018 however, California will face a funding decline, leveling to about \$80 million.
- An increasing proportion of funding dependent on performance measures, including the SNAP participation rate and 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. Currently, California has the lowest SNAP participation rate in the nation.

Building the Evidence

The *California Obesity Prevention Plan* describes a very broad set of strategies for multiple audiences and is meant to be a roadmap for all of California's partners working to reverse the obesity epidemic. The NEOP planning process aimed to narrow priorities by selecting the most impactful strategies for implementation of the *California Obesity Prevention Plan* over the next three years with the understanding that all selected strategies needed to comply with rules of the funding agency.

Obesity prevention efforts throughout the state and nation can also inform California's nutrition education and obesity prevention efforts. The California Endowment's (TCE) Healthy Eating and Active Communities and Central California Regional Obesity Prevention Program initiatives and Kaiser Permanente's Healthy Eating and Active Living projects have yielded important lessons.

These lessons helped inform the priorities chosen by California counties in response to recent federal funding opportunities. CDPH in collaboration with obesity leaders in the state coordinated priorities in applying for the federal Communities Putting Prevention to Work and Community Transformation Grant funding opportunities, building on strategies in the *California Obesity Prevention Plan*. California and its counties were highly successful in securing funds.

California can learn from CDPH's 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. CDPH intends to build on this and other department successes, including local and state nutrition and physical activity environmental change work that California Project LEAN (Leaders Encouraging Activity and Nutrition) has engaged in over the past two decades, as well as the success of the revised food package changes by the California Women, Infants, and Children Nutrition Program.

Section II: Building on the Momentum

The *California Obesity Prevention Plan* – produced with wide-spread stakeholder involvement -- served as the foundation of the planning process. In 2006 California gathered multiple stakeholders to produce “California’s Obesity Prevention Plan: A Vision for Tomorrow, Strategic Action for Today”. Since its publication significant progress was made and in 2010 the plan was updated after an intensive stakeholder input process that included: listening sessions, regional forums throughout the state, and meetings with internal and external partners. Stakeholder input was reviewed with the most up-to-date, evidence-based strategies and promising practices to create the *California Obesity Prevention Plan*, a road map of the most effective policies and practices in obesity prevention. Since the *California Obesity Prevention Plan* provided a broad selection of strategies, obesity experts recommended selecting a narrower range of strategies to focus on for the next three years building on lessons learned from the tobacco movement.

Of utmost importance was to build on the current infrastructure and accelerate momentum. Beginning in April 2011, CDPH developed a robust planning process to prepare for implementation of the *California Obesity Prevention Plan* for the next three years and to ensure that SNAP-Ed and other resources are invested strategically for maximum impact. The goal was to facilitate statewide cohesiveness and leverage the strength of existing efforts.

The objective of the CDPH planning process was to utilize the *California Obesity Prevention Plan* to develop a NEOP Implementation Plan that would guide the direction and activities for the coming three years for all its efforts, including the *Network* as it transitions from SNAP-Ed to NEOP, as well as provide direction to the many CDPH programs addressing obesity. As the planning process occurred prior to the release of federal regulations, the intent was to develop the most impactful plan based on existing evidence. All priority strategies undertaken by CDPH and its various programs will comply with all required funding requirements, mandates, and regulatory constraints.

Guiding Principles

In an effort to build on past successes and learn from existing programs, CDPH developed the principles below to guide funding and programming over the next three years.

Process Principles

- The *California Obesity Prevention Plan* provides the framework for program implementation.
- CDPH commits to a transparent and inclusive process that provides several opportunities for stakeholders to provide input.
- CDPH will initiate a thorough and thoughtful process to maximize improving health outcomes.

Outcome Principles

- Maximize the impact for low-income Californians.
- Achieve equity, focusing on low-income disadvantaged communities.
 - Access to affordable healthy food and food security.
 - Access to safe places for physical activity.
- Implement interventions that are evidence-based or evidence-informed and also allow for innovation.
- Intervene as “upstream” as possible, ensuring compliance with relevant statutes, regulations, and funder requirements.
- Conduct interventions that are comprehensive across sectors (e.g. schools, business).
- 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.

Summary of NEOP Planning Process

CDPH invited a key group of representatives (research, advocacy, funders, community-based organizations, local health departments, and experts in policy, nutrition, physical activity, and working with low-income, multi-ethnic populations) to recommend priority areas and strategies for NEOP to focus on during the coming three years in an effort to secure short-term health wins while building for longer-term effective strategies. CDPH chose to focus on a few key areas in an effort to marshal the work as a whole and accelerate measurable successes. The group used CDC’s six priority areas for obesity prevention and the *California Obesity Prevention Plan* as starting points. A report on the outcomes of this initial discussion can be found here:

<http://www.cdph.ca.gov/programs/cpns/Documents/May2011SummaryReport.pdf>

The second phase of the planning process involved convening 252 stakeholders that included representatives of a wide array of organizations currently engaged in work related to NEOP (e.g. local health departments, schools, social services, universities, and community-based organizations) in a series of three regional meetings, three topic-specific webinars, and a session held for an invited group of stakeholders at the 2011 Childhood Obesity Conference, which allowed participants to review and comment on the initial recommendations. All priority areas and strategies were reaffirmed by stakeholders in meeting after meeting with generous feedback and expertise provided on ways to improve and refine the core strategies. A copy of the compiled feedback from the stakeholder meetings can be found here:

www.cdph.ca.gov/programs/cpns/Documents/StakeholderFeedbackFinalReport.pdf

Additionally, CDPH sought input internally from members of its Obesity Prevention Group, which includes leaders within the department who oversee public health programs that may relate to obesity prevention, and the Cancer Control Branch, which houses the *Network* program. A series of key informant interviews was conducted to

gather deeper information regarding the roles of regions versus counties, effectiveness of current nutrition education strategies and programs, and various funding dissemination options.

NEOP planning did not occur in isolation, but in concert with other planning processes throughout the state, including planning efforts for California's Community Transformation Grant proposals, which were awarded by CDC in the fall of 2011. The NEOP planning process also built on the priority areas and strategies of California's Health in All Policies (HiAP) Task Force, which is comprised of 18 state agencies, departments, and offices, and is charged with improving the health of Californians.

The following key themes and approaches were recommended by stakeholders throughout the planning process and were incorporated into the priority strategies and state activities:

- Emphasize evidence-based practice and environmental approaches to the extent allowed by funders and law.
- Build on the *Network's* nutrition education efforts, including the Champions for Change campaign.
- Work across multiple sectors.
- Coordinate activities among agencies (both local and state).
- Expand peer-to-peer education strategies.
- Develop clear, coordinated messages.
- Allow for local flexibility and sensitivity to cultural and geographic differences.
- Require community, youth engagement, and grassroots organizing.
- Increase accountability via strong evaluation activities.

Section III: Priority Areas and Recommended Strategies

*These strategies were built on the recommendations put forward in May 2011 planning discussions. During the summer and fall of 2011 the strategies were refined based on the input received at various stakeholder meetings held throughout the state. Finally, they were edited and reviewed against the California Obesity Prevention Plan and the CDC's **Media, Access, Point of Decision, Price and Social Support (MAPPS)** strategies. All strategies are evidence-informed, based on best practices, and focused on addressing nutrition education/obesity prevention particularly in low-income populations.*

Priority I: Increase access and consumption of healthier foods

Note: Healthy food as defined for this priority supports health and, to the maximum extent possible, is fresh and minimally processed. Healthy food should be accessible and affordable to everyone and ideally locally and sustainably grown.

1. Media/marketing

- Develop a marketing and media campaign that promotes healthy foods to low-income Californians and decreases the marketing of unhealthy foods.
- Limit the marketing and sale of unhealthy foods within one-half mile of schools.
- Increase media literacy regarding the impact of unhealthy food marketing and encourage people to limit unhealthy foods.

2. Nutrition education

- Provide nutrition education based on the Dietary Guidelines for Americans, 2010 and www.Myplate.gov to encourage consumption of healthier foods.
- Institutionalize nutrition education in schools.
- Educate decision makers on the importance of healthy food for chronic disease/obesity prevention and the best practices for increasing access to healthy foods and creating healthier environments.

3. Increase access to and consumption of healthier foods through changes in food environments

- Enhance distribution and procurement systems that provide affordable, healthy foods to low-income communities.
 - Work with local growers to increase access to produce (e.g., farm-to-fork, farmer's markets, school salad bars, Community Supported Agriculture, healthy snacks, school farm stands, worksites and other facilities, etc.) in low-income neighborhoods.
 - Promote produce cart initiatives that benefit low-income communities (e.g., New York City's green cart initiative).
 - Expand retail outlets that offer healthy, affordable foods in low-income communities.
 - Maximize participation of federal food programs while incentivizing the purchase of healthy foods through those programs.
 - Expand Electronic Benefit Transfer access at farmers markets and high-quality food stores.
 - Decrease access and consumption of calorie dense, low-nutrient foods.
- Educate, engage and mobilize low-income communities throughout the process to create healthier environments.

4. Point of Purchase

- Employ behavioral economic strategies/tactics in places where food is provided, such as in school and worksite cafeterias.
- Implement the *Network* retail program in high-quality food stores to promote purchase of healthy foods.
- Establish marketing practices and environmental approaches that promote healthier foods in retail establishments.
 - Implement signage that promotes healthier choices vs. less healthy foods.
 - Promote healthy products through the location and placement of healthy foods (e.g., healthy checkout lanes).

5. Pricing strategies to promote healthier food purchases

- Advance practices that decrease the cost of healthy foods and increase the cost of unhealthy foods.
- Offer coupons, discounts, subsidies, or vouchers redeemable for healthier foods and incentives or bonuses for the purchase of healthier foods.

6. Social Support

- Implement peer-to-peer education interventions, including community health workers.
- Empower youth and parents to advocate for access to healthier foods.
- Develop partnerships with a wide array of hunger, equity, minority, low-income, faith, business, public sector, and community leaders to support changes.
- Ensure that culturally-appropriate partnerships are formed within minority and Limited English Proficient communities.

Priority II: Decrease consumption of unhealthy foods and beverages, and increase consumption of water

1. Nutrition Education

- Provide nutrition education on unhealthy foods/beverages and the health risks associated with their consumption to Californians of all ages.
- Provide nutrition education on the benefits and safety of water.
- Provide training and technical assistance to locals so they can benefit from best practices, lessons learned, and other successful tools and materials.
- Educate decision makers on the health risks associated with the consumption of unhealthy foods/beverages and existing best practices for limiting consumption/offering of unhealthy foods/beverages.

2. Media/Marketing

- Conduct a statewide public education campaign that promotes healthy food/beverage messages based on formative research.
- Utilize media advocacy to inform the public and state/community leaders.

3. Advance state and local approaches that promote the availability of healthy food/beverage choices (Access/Point of Purchase/Pricing):

- Educate, engage, and mobilize low-income communities throughout the process.
- Institute healthy procurement practices and environmental approaches (including nutrition standards for vending machines) in government entities, worksites, schools, child care, after school programs, and other institutions.
- Ensure that safe, free drinking water is available to low-income populations.
- Adopt pricing strategies that encourage healthy choices.

4. Social Support

- Implement peer-to-peer education interventions, including with community health workers.
- Empower youth and parents to advocate for access to healthier foods/beverages.
- Develop partnerships with a wide array of hunger, equity, minority, low-income, faith, business, public sector, and community leaders to support change.
- Ensure that culturally-appropriate partnerships are formed within minority and Limited English Proficient communities.

Priority III: Increase physical activity opportunities throughout the day

1. Provide opportunities for physical activity in child care, school, and after school settings

- Ensure accountability for state-mandated physical education (PE) requirements.
- Require that students spend at least 50 percent of PE class time in moderate to vigorous physical activity.
- Implement the California Department of Education's after school physical activity guidelines.
- Implement physical activity requirements for state licensed child care facilities.
- Make school recreational facilities available for after-hours use by the community (e.g., establish joint use agreements).
- Integrate 60 minutes of moderate to vigorous physical activity throughout the school day.
- Incentivize schools to provide quality physical activity, facilities, and equipment.
- Ensure that all communities have safe places for enjoyable recreation and physical activity.
- Set meeting polices that include physical activity breaks for staff and parents.

2. Improve active transport opportunities for low-income families

- Improve planning and zoning to increase access to public recreational facilities, parks, and green spaces that are safe and connected to public transit and the places where families live, work, shop, and study.
- Support safe routes to school by working with local government to improve infrastructure by educating and supporting low-income families on safely walking or biking to school, including in rural areas.
- Educate, engage, and mobilize low-income communities throughout the process to create healthier environments.

3. Education

- Educate low-income families about the importance of daily physical activity.
- Educate decision makers about the importance of physical activity and active transport.
- Increase the professional education/knowledge base of those who lead physical activity.

4. Create workplace policies supportive of regular physical activity during the work day

- Ensure employers provide healthy workplace environments.
- Expand the California Fit Business Kit and its implementation by a wide array of low-wage employers.
- Set meeting policies that include physical activity breaks.

5. Social Support

- Implement peer-to-peer education interventions.
- Empower youth and parents to advocate for access to physical activity.
- Develop partnerships with a wide array of hunger, equity, minority, low-income, faith, business, public sector, and community leaders to support changes.
- Ensure that culturally-appropriate partnerships are formed within minority and Limited English Proficient communities.

Logic Model

A logic model detailing the flow of our strategic direction from Inputs to Long Term Outcomes was created and can be found in Appendix A.

State and Local Activities

CDPH has identified the following nutrition education and obesity prevention activities that will be conducted:

State-level Activities

- Convene external leaders to guide nutrition education and obesity prevention implementation efforts.
- Provide contracts to local agencies.

- Provide technical assistance and training to build local capacity to address strategies.
- Develop and disseminate resources and tools.
- Develop and implement media/marketing campaign.
- Develop and implement evaluation plan.

Local-level Activities

- Identify strategies within priority areas.
- Conduct formative evaluation.
- Provide nutrition education and physical activity education.
- Engage residents and community leaders.
- Educate, train, and mobilize community stakeholders.
- Employ peer-to-peer approaches (youth, parent, community health workers).
- Disseminate resources to local stakeholders.
- Develop solutions based on evidence to create healthier environments.
- Advance solutions.
- Provide training and technical assistance to local governmental agencies, schools, worksites, and community agencies and partners.
- Conduct evaluation.

Expected Outcomes

CDPH has identified short-, intermediate- and long-term outcomes for the 3 year Nutrition Education Obesity Prevention Implementation Plan. They are as follows:

Short-Term Outcomes

- Increased number of local environmental changes and practices that address priority areas
- Changed attitudes, knowledge, beliefs
- Changed public opinion
- Increased community engagement
- Increased number of partners engaged

Intermediate-Term Outcomes

- Increased access to healthier foods and beverages
- Increased opportunities for physical activity
- Changed nutrition and physical activity norms
- Increased food security
- Changed behavior
 - Healthier dietary habits
 - Increased physical activity

Long-Term Outcomes

- Reduced morbidity and mortality
 - Reduced obesity prevalence
 - Reduced prevalence of related chronic diseases
- Reduced health inequities

Targets and Measures

In order to carefully measure our success, benchmark goals for each of the three priority areas will be established. These will be used to evaluate efforts in achieving the targets. CDPH's California Obesity Prevention Evaluation Task Force will review best available data for target setting for overweight/obesity in the priority areas. Targets will be set by August 2012.

The California Behavioral Risk Factor Survey (BRFS) will be used for adults and the California Youth Risk Behavior Survey (YRBS) will be used for teens/adolescents to establish baseline data for statewide total population, low income population, and major racial/ethnic groups. These surveys were selected because there is trend data and they are the standard against which CDC prepares its indicator reports for fruit and vegetable consumption, physical activity, and childhood obesity prevention. For tracking healthy foods, fruit and vegetable consumption is the only widely available measure for healthy foods. Fast food consumption is also available to some extent for less healthy food and will also be measured. The surveys are conducted annually so progress can be tracked throughout the three-year Nutrition Education Obesity Prevention implementation plan.

For setting benchmarks related to children, neither BRFS nor YRBS contains children's data. Youth data to use for setting benchmarks for all three priority areas, as well as some related environmental factors, are, however, available on the California Health Interview Survey (CHIS). While not consistently able to provide trend data for establishing targets, CHIS provides a very large, high quality data sample, collects data that includes children as well as adolescents and adults, and allows some analysis at the county level.

The California Department of Education's Fitnessgram is a source for physical activity and healthy weight data for both children and adolescents; these data are available at the state, county, district, and school levels.

Three additional statewide surveys are of particular importance in monitoring the NEOP outcomes. The California Dietary Practices Survey (of adults), the California Teen Eating, Exercise, and Nutrition Survey (CalTEENS), and the California Children's Healthy Eating and Exercise Practices Survey (CalCHEEPS, 9-11 year olds) have been developed and implemented by the *Network*; these biennial surveys provide more depth regarding youth nutrition and physical activity than those above.

Food security is particularly important to track for this target population. Multiple measures for food security and SNAP participation and access will be evaluated at the state, county, and personal level. At the state level, the statewide food insecurity rate will be used, a somewhat-delayed 3-year rolling average obtained from the ERS Food Security Report (most recent is 2009). SNAP-related measures will be the State Supplemental Nutrition Assistance Program Participation Rate and the State Program Access Index (PAI) score, a measure that indicates the degree to which low-income people have access to SNAP benefits. At the county level, there will be the County PAI

score and a CHIS measure of food insecurity among the lowest income Californians, those whose household income is less than 200 percent of the Federal Poverty Level.

The annual *Network* Benchmark Media Survey will be used as a measure of media recall, attitudes, knowledge, beliefs, public opinion, norms change, access to healthy food, increased physical activity opportunities, and perceived food insecurity. It lends itself to changes when emerging issues arise. Since it is a *Network* survey, any type of question within reason can be asked. The Evaluation Task Force will be able to examine past data to make targeting decisions.

Annual template reporting on environmental changes and practices in key priority areas will be an integral part of NEOP evaluation for all local health departments and other local contractors. For local health departments, a minimum target is implementation of one Rethink Your Drink evidence-based initiative. They will also evaluate with two additional food and/or beverage initiatives annually.

Funding Overview

Existing and anticipated funding streams include USDA NEOP, CDC Community Transformation Grants, and CDC's Nutrition, Physical Activity and Obesity Prevention cooperative agreement. As outlined in the Logic Model, CDPH will continue to support a combination of state-level programming and resources (e.g., media/marketing, evaluation) and local level programs, in accord with all funding requirements and mandates.

For local level efforts, CDPH wants to ensure urban and rural State reach, with an emphasis on population-based, public health approaches that advance the priorities and strategies outlined in this document. CDPH is committed to using a two-prong approach for reaching the target population: (1) strengthening the local public health department infrastructure by using a population-based approach for awarding funds and (2) awarding contracts to non-profit, education, and/or governmental agencies, through a competitive process. Local public health departments with awards over \$300,000 will be expected to subcontract a portion of funds to public and non-profit organizations in their jurisdictions.

Local cohesiveness is essential for accelerating change. Community and youth empowerment will be emphasized as a way to create healthier home, school, and community environments. While local-level efforts are emphasized, CDPH plans to continue support for regional infrastructure, in the following areas: coordinating regional media efforts, providing trainings, disseminating promising practices, tackling regional issues (e.g., food systems, transportation) and facilitating the Regional Collaboratives and their action initiatives.

All funding will be consistent with both the USDA NEOP regulations and forthcoming NEOP Guidance. This funding will also continue to adhere to high standards for fiscal accountability.

Section V: Conclusion

The Healthy, Hunger Free Kids Act of 2010 opens up new opportunities for obesity prevention in California. California's nutrition education and obesity prevention efforts will be built around the *2010 California Obesity Prevention Plan*, which was developed with extensive input from throughout California and approved by the Governor in 2010.

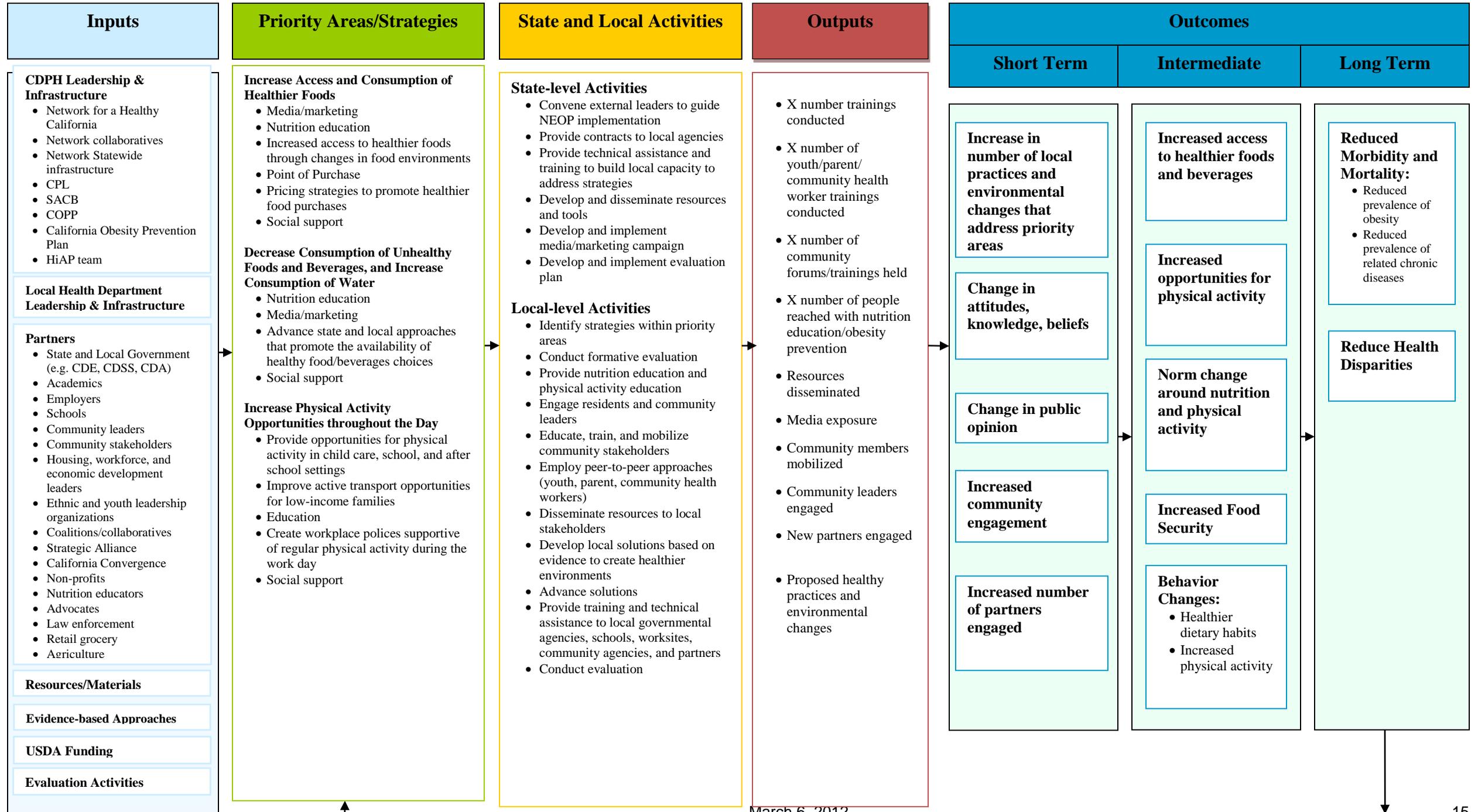
During the year-long planning process, stakeholders from across the state agreed on the following priority areas of focus:

- I. Increase access and consumption of healthier foods.
- II. Decrease consumption of unhealthy foods and beverages and increase consumption of water.
- III. Increase physical activity opportunities throughout the day.

These priorities represent a broad consensus among stakeholders and experts, and are well-aligned with current nutrition and obesity prevention programs in California.

Stakeholder recommendations have informed California's Nutrition Education and Obesity Prevention Program Three-Year Implementation Plan. 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 population.

Appendix A



March 6, 2012