



WELCOME

NEOP Statewide Collaborative Meeting
Sacramento, California
May 1, 2013



Announcements

- **Cell phones:** Please turn off cell phones or turn ringer off/put on vibrate.
- **Restrooms** – are located across the hall as you exit Room 202. There are additional restrooms available on the lower level. The staircase is to your left as you exit this room.
- **Resources, materials and other displays** – are available just outside of this room and near the registration table. Please take a moment to take a look at what is available.
- **Review Handouts in Packet**
- **Lunch** – We will have a 90 minute lunch break at 11:45 so that hotel staff can set up today's lunch. We will reconvene in this room at 1:15 for a special presentation.
- **Evaluation Forms** – A survey monkey will be sent out tomorrow afternoon for this meeting.



State and Federal Updates

Moderator: Michele van Eyken, MPH, RD
Assistant Chief of Programs

- **John Talarico, DO, MPH, Nutrition Education and Obesity Prevention Branch, CDPH**
- **Linda Patterson, CalFresh Branch, CDSS**
- **Lovell S. (Tu) Jarvis, PhD, UC Davis**
- **Dennis Stewart, USDA Western Region**



Nutrition Education and Obesity Prevention Branch

State Update: Some Review and What's New

May 1, 2013

John Talarico, DO, MPH
Nutrition Education and Obesity Prevention Branch
California Department of Public Health



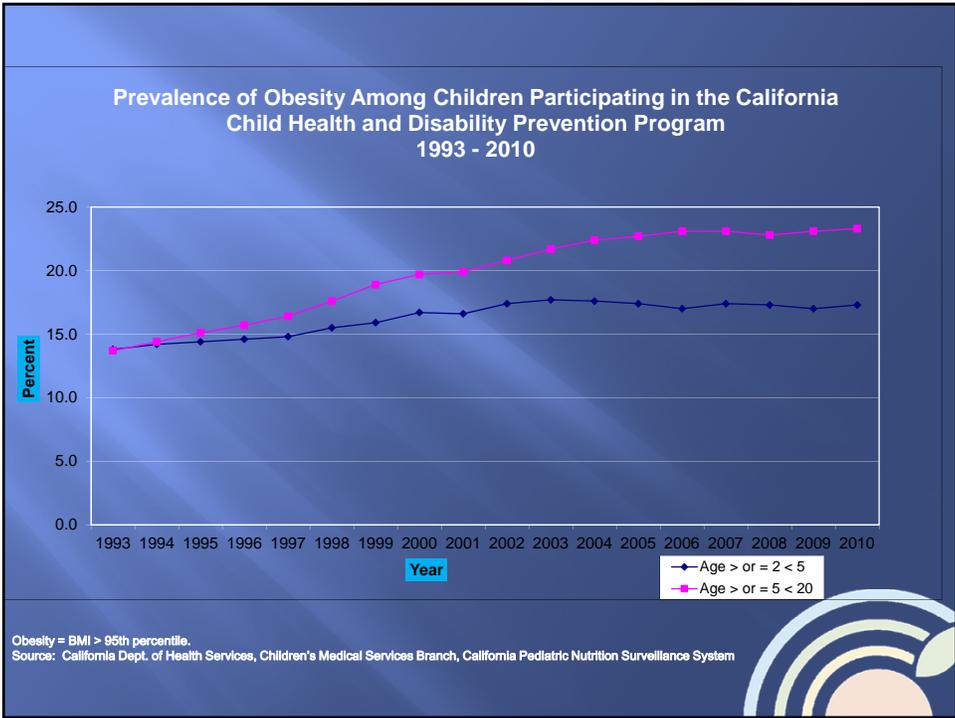
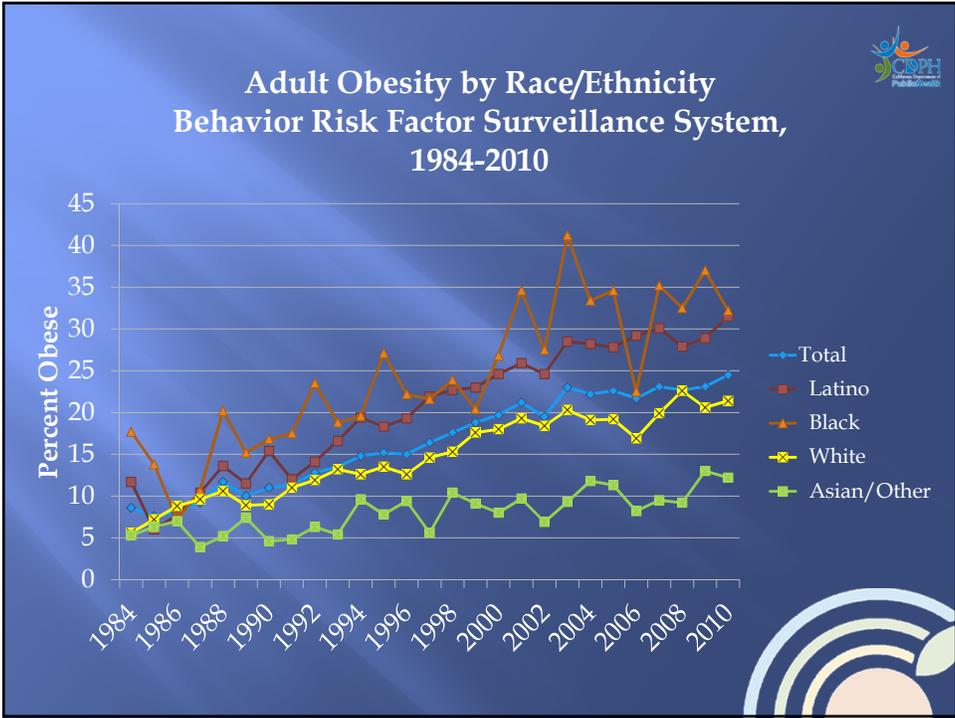
New Branch Chief

- ▣ BC Pediatrician
- ▣ BE Preventive Medicine
 - Preventive Cardiology
 - Immunization
 - Local Health
 - Epidemiology
- ▣ NYSDOH
 - Immunization
 - Child and Adolescent Health
- ▣ LADPH
 - Child and Adolescent Policy
 - Emergency Preparedness
- ▣ CDPH
 - Emergency Preparedness
 - Immunization
 - NEOP

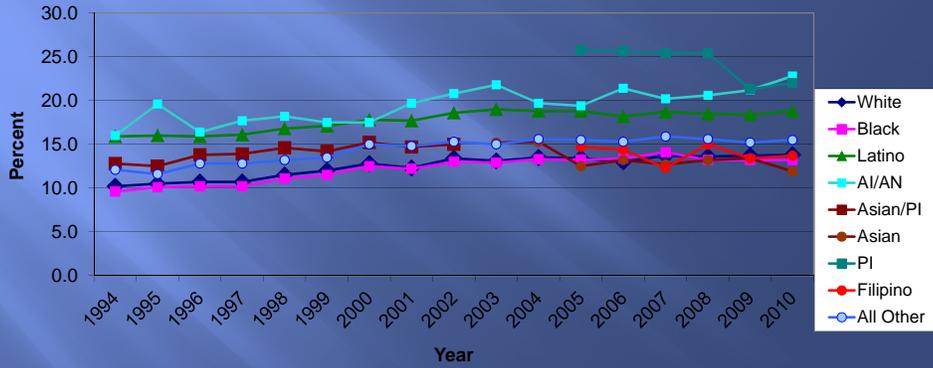


Adult Obesity by Gender
Behavior Risk Factor Surveillance System,
1984-2010



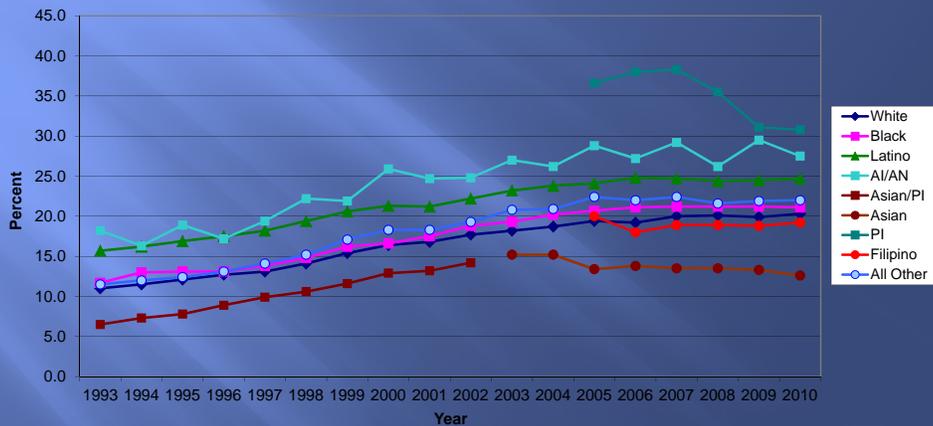


Prevalence of Obesity Among Children Age ≥ 2 to < 5
Participating in the California Child Health and Disability Program
by Racial/Ethnic Group
1993 - 2010



Obesity = BMI > 95th percentile.
Source: California Dept. of Health Services, Children's Medical Services Branch, California Pediatric Nutrition Surveillance System

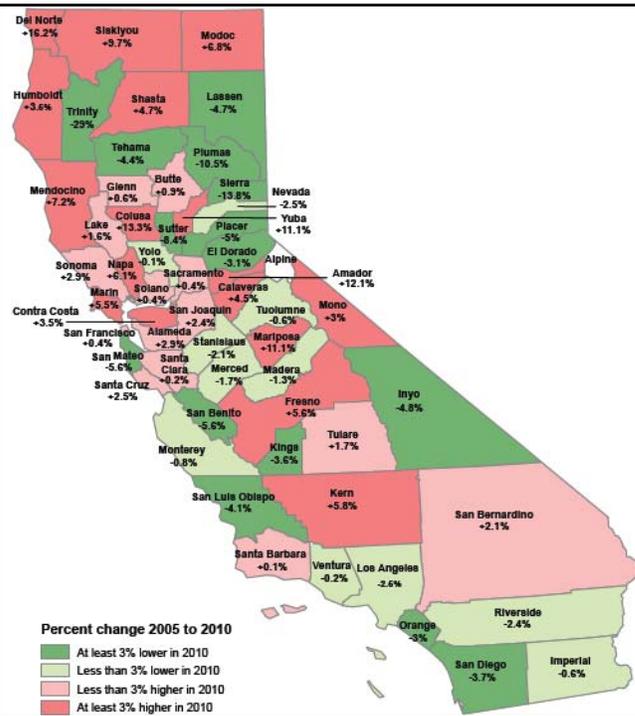
Prevalence of Obesity Among Children Age ≥ 5 to < 20
Participating in the California Child Health and Disability Program
by Racial/Ethnic Group
1993 - 2010



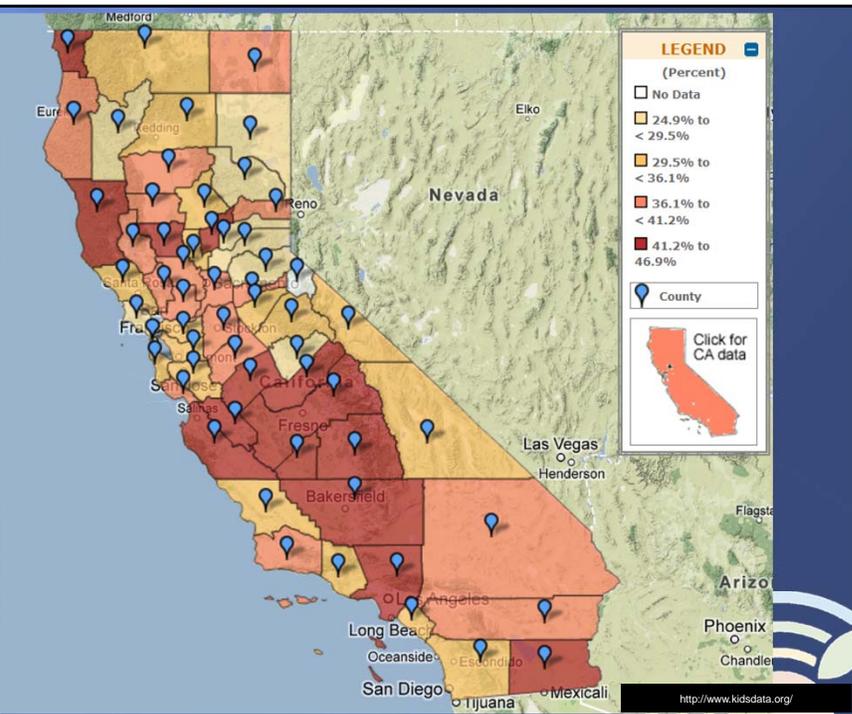
Obesity = BMI > 95th percentile.
Source: California Dept. of Health Services, Children's Medical Services Branch, California Pediatric Nutrition Surveillance System

Fitnessgram Changes in Overweight and Obesity Among California 5th, 7th, & 9th Graders, 2005-2010

<http://healthpolicy.ucdavis.edu/publications/Documents/PDF/PatchworkStudy.pdf>



Overweight/Obese Students (Federal Definition), by County: Fitnessgram 2010



Transition to HHFKA – FFY 2011 and 2012



- ❑ 2-year planning integrated obesity prevention
- ❑ Local health departments (LHDs) were chosen to create permanent local capacity as federal funds decline
- ❑ FFY 2013 is an additional transitional year, with most-ever contractors
- ❑ In FFY 2014, most LHDs will contract with other local stakeholders for comprehensive services



Local Health Department Model



- ❑ SNAP-Ed population-based funding approach
- ❑ Address *NEOP* priorities within all 61 LHDs
- ❑ Provide direct services to SNAP-Ed target audiences
- ❑ Help create healthier nutrition and physical activity environments and policies in low-income communities and organizational settings



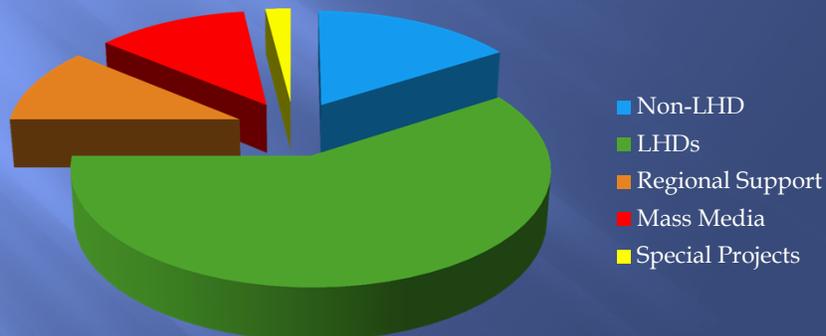
LHD Model



- ▣ Local 21 sparsely-populated counties will implement the program in a variety of ways including
 - Partnering with a neighboring LHD
 - Partnering with a Lead LHD within a cluster
 - Going solo
 - Designating a non-profit
- ▣ Policy, system and environmental strategies will augment existing base of education and marketing
- ▣ Even stronger community, behavioral and health outcomes are expected



New Capacity-Building Model with LHD as Centerpiece



NEOP

In the next year we hope to:

- Find and secure other sources of funding
- Explore new approaches to obesity prevention
- Restructure the Branch to support success of the new model
- Assess the adequacy of existing processes for funding applications and Plan development
- Work together with the LHDs to assess their needs for programmatic materials and campaigns
- Put into place strong technical assistance and training



Noteworthy for 2013-14

- Interagency Collaboration:
 - The 3 SNAP-Ed implementing agencies, CDPH, CDSS and UCD are committed to working together to jointly assess needs, evaluate our progress, streamline goals and the planning process so that locally the efforts and resources will have maximum results
- Social-Ecological Model:
 - USDA emphasizing evidence-based interventions as the means to effect population-wide behavior change
 - USDA states that addressing each level/sphere of the SEM will help assure a comprehensive approach to reach SNAP-Ed audiences while, for the first time, specifically addressing environmental and social factors to support change.
- Coordination and collaboration:
 - NEOP Branch is compiling a new, Strategic Partnership Plan aimed at
 - Expanding the scope of intervention activity
 - Expanding the number of stakeholders
 - A promising area is linkages for community-based prevention through new, 'upstream' approaches made possible by changes in health care through the Affordable Care Act, known in California as *We Connect*.



Noteworthy for 2013-14



- Policy, Systems, and Environmental Change: There's a strong emphasis on environmental change, especially *environmental access* to fresh, healthy food and regular physical activity; on organizational or *systems approaches*; and on *policy*, meaning public, non-profit and business.
- From USDA there is:
 - *SNAP-Ed Interventions: A Toolkit for States*, with strategies and interventions being used successfully in obesity prevention, along with a focus on food security and full use of the USDA nutrition assistance programs. The *Toolkit* is in the NSC packet, and people will hear more this afternoon. Examples in the policy areas include:
 - Child care
 - School and afterschool
 - Communities
 - Families
 - Social marketing and media



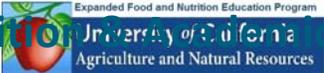
California Department of Social Services

Linda Patterson
Chief, CalFresh Branch



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cal fresh Nutrition Education

Years of Experience / Nutrition Oversight



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cal fresh Nutrition Education

UC DAVIS
UNIVERSITY OF CALIFORNIA

100 UC Cooperative Extension | University of California
Agriculture and Natural Resources

Berkeley
UNIVERSITY OF CALIFORNIA

UC RIVERSIDE
UNIVERSITY OF CALIFORNIA



FFY 2012 UC CalFresh Accomplishments

-  Total number of participants: **141,431**
-  Total hours of education (Youth only): **128,767**
-  Youth Direct Education: **118,670**
-  Adult Education delivered at **597** sites
-  Adult/Family Direct Education: **22,670**
-  Youth Education delivered at **632** sites
-  Number of contacts ("impressions"): **6,253,661**
-  Total number of unique delivery sites **1,114**
-  Overall SNAP percentage reached (statewide): **63% (at 130% FPL)**

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cal fresh Nutrition Education



For FFY 14 the focus will remain the same: Provide quality, evidence-based nutrition education to CalFresh eligibles and their children

GOAL 1:

Family-Centered or Adult/Youth Nutrition Education

GOAL 2:

Money/Food Resource Management, Education and Training for Teens and Adults

GOAL 3:

Enhance Nutrition Education Through Partnerships

GOAL 4:

Explore Lower Cost Direct Nutrition Education Delivery Methods

GOAL 5:

Program Evaluation and Training

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cal fresh Nutrition Education



Goal 2-Eval Highlights for Resource Management

UC Curriculum—Plan Shop Save Cook & Eat Smart Be Active

-  **79%** know more about saving money on food.
-  **77%** know more about simple, healthy meals to make at home.
-  **45%** improved on frequency of planning meals.
-  **54%** improved use of Nutrition Facts label.
-  **33%** improved on food security.

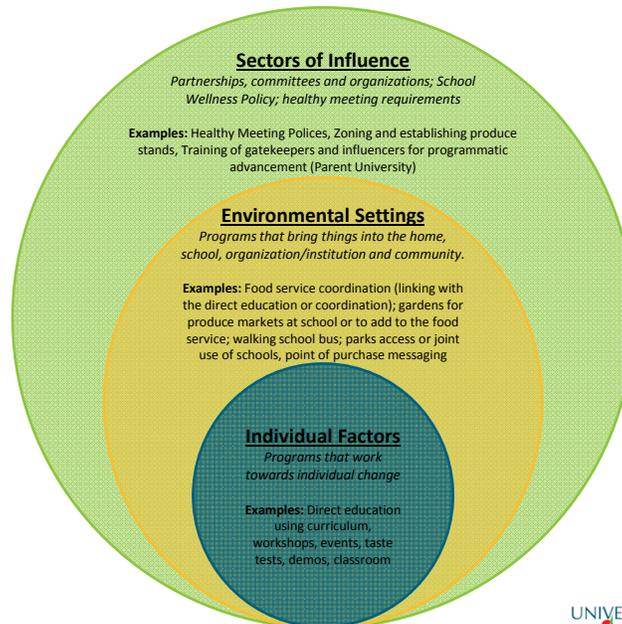
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cal fresh Nutrition Education



We found that increase in use of resource management skills (change in scores from pre to post) was significantly related to a decrease in running out of food (change in food security score), but only in the CalFresh participants:

Group	Correlation and p value
CalFresh	$r = -0.13$ ($p < 0.0001$)
Non-CalFresh	$r = -0.02$ ($p = 0.73$)

UC CalFresh Levels of Engagement For the SEM



Examples of the Socio Ecological Model in Action

- 🌸 *“Can we please have the recipe for your Cool Confetti Slaw? We heard it was popular with the students during the “Taste of Health” and we would like to feature it on our salad bar.”*
--- Food Services, Amador County Cluster
- 🌸 *“The school produce stand is helping families to use the recipes in the parent newsletters and also engages the school and parents in activities.”*
--- School Participating in UC CalFresh

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Pilot with The OrganWise Guys



<http://youtu.be/q4FbnBZlqwi>

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Essential Food and Nutrition Education Program
University of California
Agriculture and Natural Resources

UC CalFresh Website:
<http://www.uccalfresh.org>



EFNEP Website:
<http://efnep.ucanr.edu>







United States Department of Agriculture

Dennis Stewart, Director Supplemental Nutrition Assistance Program Food and Nutrition Service Western Region Office



Inspiring Healthy Change

Deborah Ortiz, JD
Vice President of Governmental Affairs
California Primary Care Association



**Communications & Media
Team**

May 1, 2013



If you want to go fast, go alone.
If you want to go far, go together.

– African Proverb



Mission

The mission of the California Department of Public Health's (CDPH) Nutrition Education and Obesity Prevention Branch (NEOP) is to:

- **Foster collaborative partnerships that engage Californians, especially low-income families.**
- **Create environments that encourage healthy eating and physical activity and**
- **Reduce obesity and chronic diseases and improve overall health.**



State-wide advertising campaigns

Social Marketing

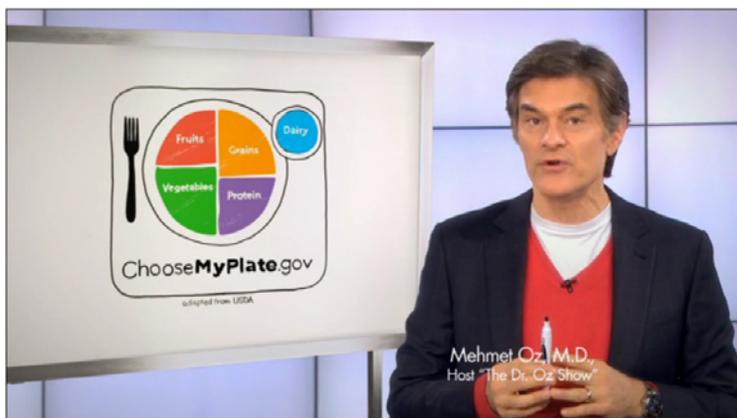


State-wide advertising campaigns

- Comprehensive
- Integrated
- Connected



State-wide media campaigns



State-wide media campaigns

CalFresh



State-wide media campaigns

Legacy of Health



State-wide media campaigns

A Mis Hijos No/ Not My Kids



State-wide media campaigns

A Mis Hijos No/ Not My Kids



State-wide media campaigns

A Mis Hijos No/ Not My Kids



State-wide media campaigns

- Support local efforts by sharing the voices of real families
- Files available for download on the Communications Resource Library
 - Talking points
 - Backgrounders about the mass media campaigns



Publications & New Media



Publications & New Media



Publications & New Media



Publications & New Media



Publications & New Media



Publications & New Media



www.facebook.com/NetworkForAHealthyCalifornia

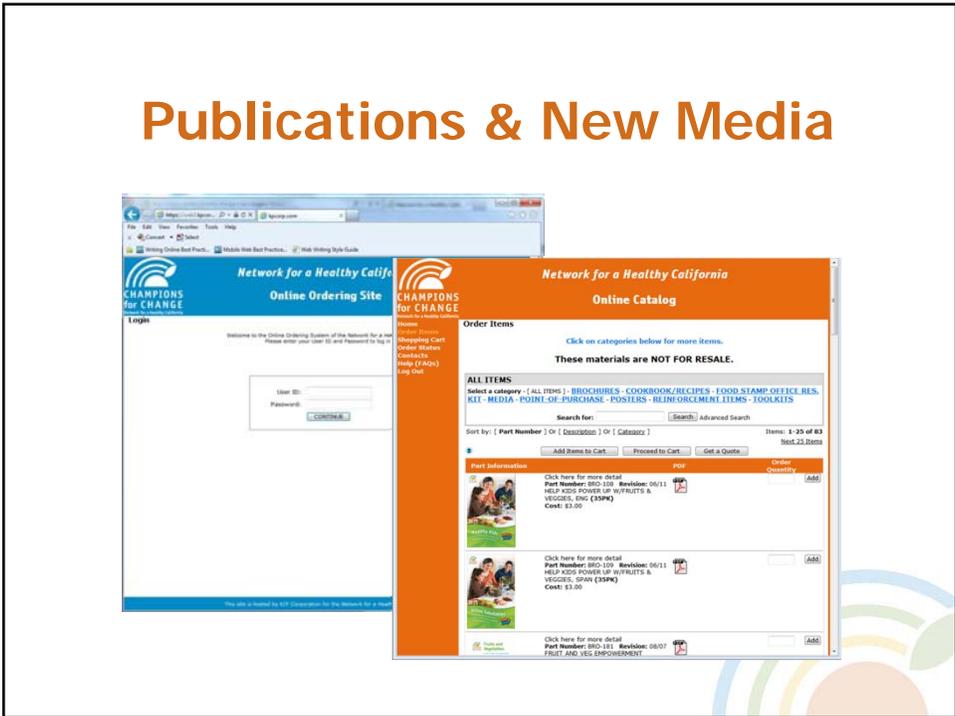
Publications & New Media



Publications & New Media



Publications & New Media





Champion Mom Testimonials



Champion Moms



The Faces and Voices of the Network



The Faces and Voices of the *Network*



Resources & Recruitment

- Profiles and Success Stories
- Recruitment Toolkit
- Champion Mom Welcome Packet
- Champion Chat

Champion Mom



Lakeysha Sowunmi, CPT,
Campaign Coordinator
Network for a Healthy California,
UCSD School Of Medicine

LET YOUR VOICE BE HEARD!



Home



Identify Bad Habits

- Too much TV time
- Fast food
- Going to bed late
- Skipping breakfast

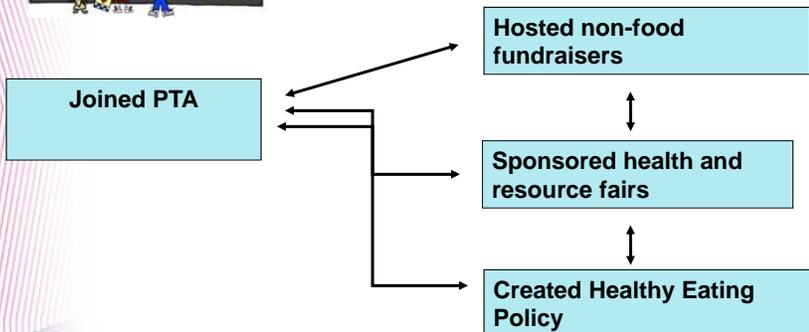
Home



Incorporate Healthy Changes

- Outdoor activities together
- More cooking at home
- Run two 5K races a year
- Eating breakfast everyday

SCHOOL



Results

School Healthy Eating Policy

Mission:

To create and maintain a healthy school environment for staff and students.

In our effort to create and maintain a healthy atmosphere, (School Name) is establishing a Healthy Eating Policy to ensure that all meals and snacks served at school meetings and functions are a model of healthy eating. The goal of this Healthy Eating Policy is to increase the availability of fruits and vegetables and healthy food in all meals and snacks served at (School Name). The foods served at our school should be a model of healthy eating to our children, our families and our community.

This policy applies to all meals (breakfast, lunch, and snacks) served at school, sponsored meetings, and functions. This policy also applies to all snacks and meals served in the before and after school programs, including school events.

Healthy Eating Policy encourages:

- Fundraising activities that are consistent with the Healthy Eating Policy. Use fundraising activities with non-food items or healthy options.
- Parents to provide snacks that are nutritious (Trail mix, granola bars, fruit, vegetables, & nuts).
- The display of posters with healthy messages that promote healthy eating.
- Non-food items for birthday celebrations (No candy, cake or cookies).
- Snack items in vending machines that are 100 calories or less.
- Students to drink water throughout the day.
- School Nurse to create newsletter for parents and students about the importance of healthy living.
- Healthy snacks to before and after school programs (No candy, cake, chips,cookies).

Principal _____

COMMUNITY



“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only that ever has.” ~Margaret Mead

Community Outlets:

- Preschools
- Recreational Centers
- After School Programs
- Girl Scouts of America
- Sports organization

RESULTS



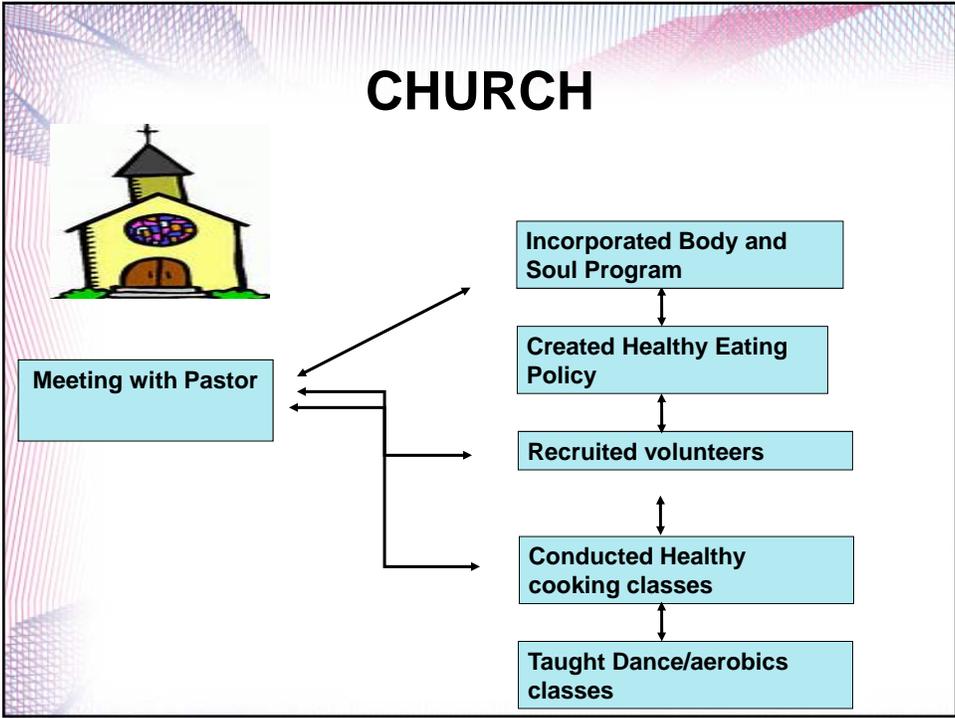
Kids Healthy Snack List

- ✓ Fresh fruit, such as apples, bananas, grapes, oranges, strawberries, watermelon, etc.
 - ✓ Dried fruits, including raisins and prunes, although these are considered sticky
 - ✓ Foods that can put kids at increased risk for cavities, so consider having your kids brush and floss after eating
 - ✓ Fruit cans or canned fruit in water, 100% fruit juice or light syrup
 - ✓ Raw vegetables, including carrots, celery, or broccoli, that can be served with a low-fat dip or dressing
 - ✓ Dairy products, such as low-fat cheese, yogurt, and pudding, or a homemade fruit smoothie
 - ✓ Whole grain snacks, which can include some breakfast cereals, crackers, cereal bars, baked chips, and popcorn (without added butter), or pretzels
-
- ✓ Popicles made with 100% fruit juice
 - ✓ 100 Calorie snack packs
 - ✓ Welch's fruit snacks
 - ✓ Yogurt by the tub
 - ✓ Fruit in a cup
 - ✓ String cheese
 - ✓ 90 Calorie granola bars
 - ✓ Veggie and dip

Example of Snacks



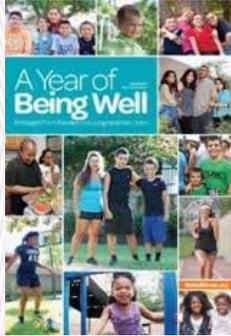
<http://bluethunderpadres.shutterfly.com/snacks>



RESULTS

- Walking Club
- Fruit and Vegetable Stand
- Garden
- Healthy Church Activities

Be Well Book: A Year of Being Well: Messages from Families on Living Healthier Lives



Community healthy-living programs, health clinics, book clubs, parent associations or schools can order free books bundled with discussion guides and DVDs to start discussion groups or book clubs in their communities.



SPEAKING OPPORTUNITIES



- **2008** Family Day event hosted by First Lady Maria Shriver
- **2010** Summit on Health, Nutrition and Obesity
- **2012** Champions for Change Summit
- **2012** Health Matters Conference with the Clinton Foundation
- **2013** California Association for Health, Physical Education, Recreation and Dance Conference

SPEAKING OPPORTUNITIES



- **2012** Health Matters Conference with the Clinton Foundation
- **2013** California Association for Health, Physical Education, Recreation and Dance Conference



THANK YOU!

“The Best Is Yet To Come!”

Lunch on your own

- **Lunch** - We now have a 90 minute lunch break. The working lunch will reconvene promptly at 1:15 p.m. Please be sure to return to your seats on time.
- **Name Badges** – We are recycling name badge holders. There will be a box for name badges at the registration table when you go out.
- **Resources, materials and other displays** – are available just outside of this room and near the registration table. Please take a moment to take a look at what is available.
- **Meeting Evaluation Survey**– An online evaluation will be sent out to meeting attendees following the meeting. The link to the survey is also available on the resource summary in the back of your meeting packets on the left hand side.
- **Next NSC Meeting** – will be in Fall 2013. A Save-the Date will be sent as soon as the date is confirmed.



Special Presentation

Moderator: Jessica Lime, MEd

In memory of Dr. Antronette (Toni) Yancey



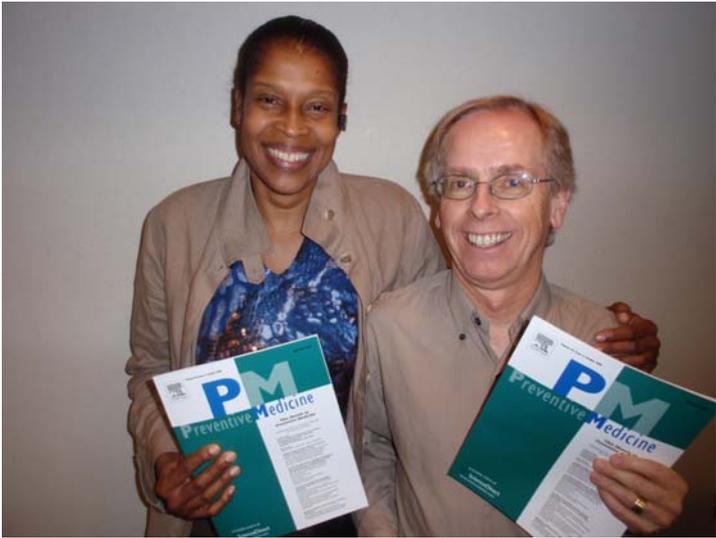
She was an Athlete



She was a Model



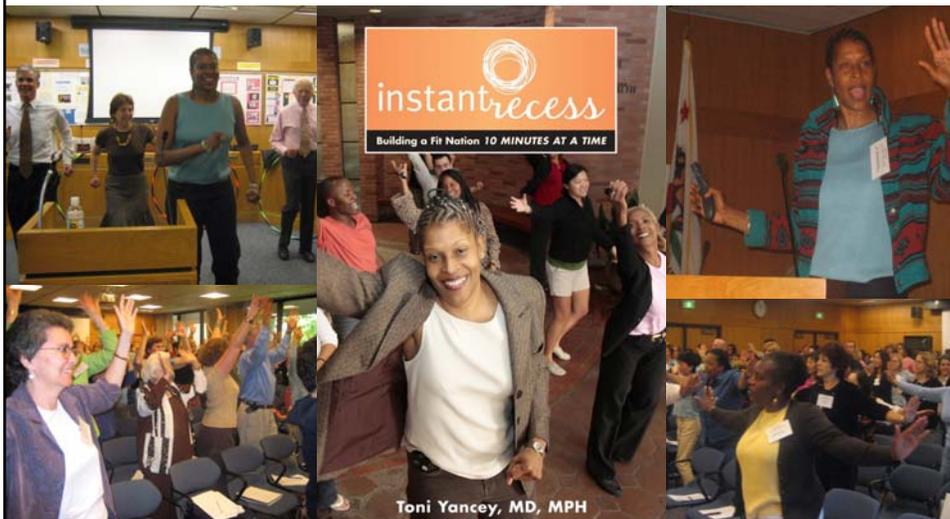
She was a Doctor



She was a Poet



She was an Active ~ ist



Toni Yancey, MD, MPH

She was a Local Active~ist



Rock! Richmond Rumblings
Richmond City Department of Public Health

Rock! Richmond kickoff a big success as hundreds stretch, bend, move and jump

NUTRITION
Antioxidants

If you peel a banana or an apple and leave it out in the air, it will soon begin to turn brown. This process is called oxidation and is the result of oxygen interacting with the fruit and breaking it down. Oxygen and other compounds can have the same effects inside our body. Fortunately the antioxidants in fruit as fast as the banana or apple, but over 20-30 years, it can have a significant effect. Several leading medical authorities believe that many diseases, including several types of cancer, are related to this oxidation process.

The good news is there is a way to limit this process and it does not cost a fortune. Several foods contain vitamins and minerals that serve as antioxidants. Antioxidants will protect

Hopefully, by now you have heard about Rock! Richmond. This program, sponsored by the Richmond City Department of Public Health, aims to increase physical activity and healthy eating in the lives of the city's citizens. You might wonder why we are taking on such a project. Public health officials were the first to notice the symptoms of chronic disease such as Type 2 diabetes. As we look forward to the 21st Century, we are facing a new epidemic – increased chronic diseases. Today about 17% of the citizens in Richmond live with one or more chronic diseases. It is a stark, sad reality of our citizens have a greater risk of developing a "Wendy's" disease. For decades, diabetes has increased dramatically over the past 15 years, especially among the African American population. This can be traced to one factor – we are not active and eat foods that are unhealthy. High blood pressure, strokes, heart disease, cancer, and even heart disease can be related to our diets and our gene eating habits. You can increase your odds of preventing these diseases if you become more physically active and eat properly.

There are 11 Rock! Richmond sites offering FREE exercise classes, including nutrition education. We are also looking additional sites for Rock! Richmond classes. Call 800-337-5175 to know the site closest to you or if you are interested in starting a site of your own with at least one other city resident.

She was a National Active~ist



In memory of Dr. Antronette (Toni) Yancey



In lieu of flowers, please send a donation to the *Yancey Edgley Scholarship Fund*:

Santa Monica College
Black Collegians
Attention: Sherri Bradford
1900 Pico Blvd.
Santa Monica, CA 90405



Instant Recess Break

Created and Produced by
Toni Yancey, MD, MPH



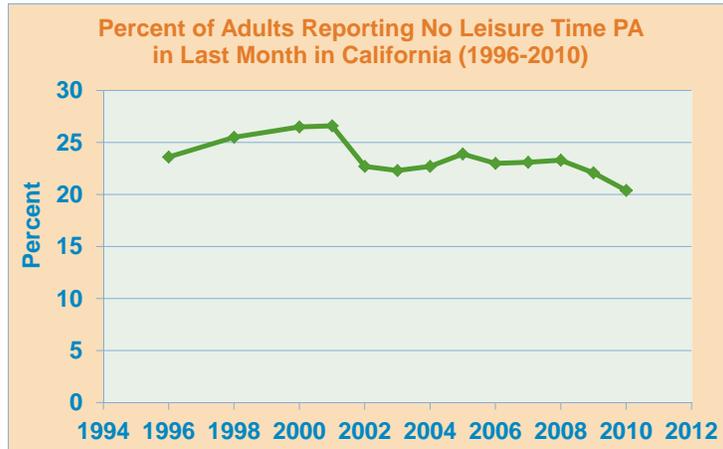
Partnering to Promote Physical Activity

Jessica Lime, M.Ed.
Health Educator IV
Physical Activity Integration

Why Promote Physical Activity?



How are we doing?

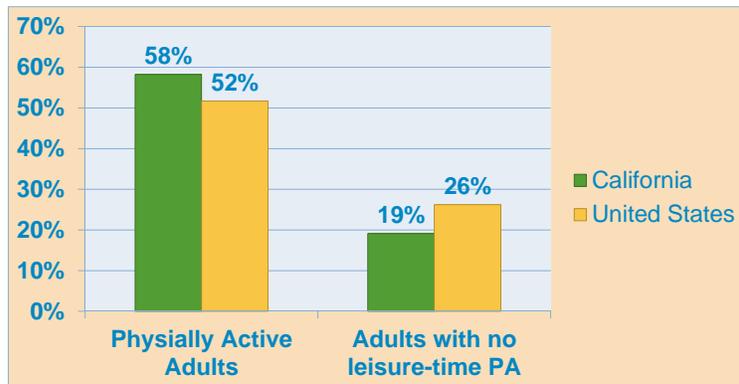


(Behavioral Risk Factor Surveillance System, 2011)

How are we doing?



Comparison of Activity levels of Adults for California and the Nation



(Behavioral Risk Factor Surveillance System, 2011)

Access to PA in Underserved Communities

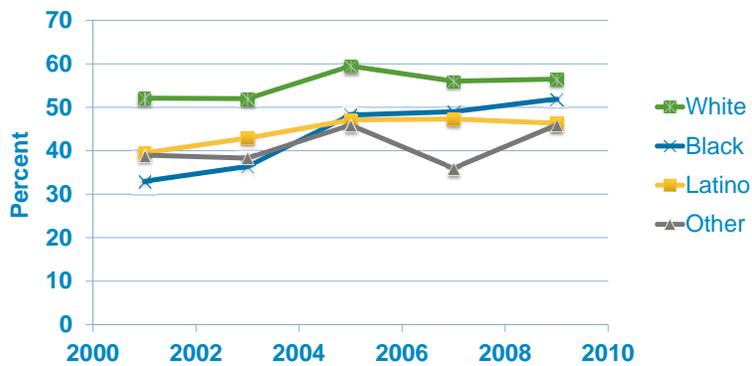


Photo source: yochicago.com

PA and Ethnic Disparities



Percent of California Adults Meeting the PA Recommendations by Ethnicity (2001 – 2009)



(Behavioral Risk Factor Surveillance System, 2011)

Youth and PA Recommendations



Number of Days in a Typical Week California Adolescents Report At Least One Hour of PA



(California Health Interview Survey, 2009)

SNAP-Ed Guidance Goal



- Improve the likelihood that persons eligible for SNAP will make **healthy food choices** within a limited budget and choose **physically active lifestyles**.



History of the PA Integration Program



- 2001** Physical Activity and Nutrition Integration Committee (PANIC)
- 2002** “Be Active” pilot projects
- 2005** A state-level PA Coordinator along with PA Specialists Introduced.
- 2014** New Guidance and Toolkit



PA Integration Program

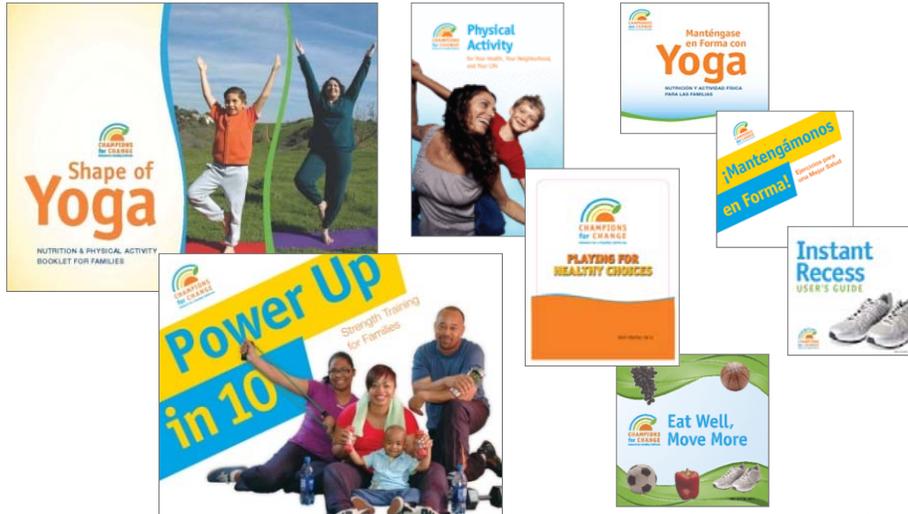


➤ **Mission:** To increase daily physical activity opportunities for eligible adults and children in California.

➤ **Methods:**



Network's PA Resources



www.championsforchangematerials.net



Network for a Healthy California Regional Physical Activity Specialists



North Coast
Laurel Chambers
2230 Professional Dr. Ste A
Santa Rosa, CA 95403
Phone: (707) 543-5810 ext. 202
lchambers@healthcollaborative.org

Bay Area
Carmen Bogan
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Oakland, CA 94602
Phone: (510) 482-8827
cbogan@pacbell.net

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Desert Sierra
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Phone: (909) 387-9144
psampson@sdph.sbcounty.gov

Andrea Morey
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Riverside, CA 92503
Phone: (951) 358-5977
amorey@hpccha.org

San Diego/Imperial
Kellie Thompson
4305 University Ave., Suite 590
San Diego, CA 92105
Phone: (619) 681-0860
kthompson@ucsd.edu

For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP, an equal opportunity provider and employer.
Visit www.championsforchange.net for healthy tips. • California Department of Public Health.

Updated 1.31.13

NEOP Strategies for Physical Activity



Strategy for Positive Change



- **Investment in LHD's**
 - Creates a permanent infrastructure for SNAP-Ed funds in CA
 - Local Lead Agency for Nutrition Education and Obesity prevention, include PA

A Call to Action!



How do we take advantage of these new opportunities?

Thank You!

Jessica Lime, MEd
(916) 445 – 6311
Jessica.Lime@cdph.ca.gov

New Opportunities for Leveraging Your Resources

Moderator: John Talarico, DO, MPH
Nutrition Education and Obesity Prevention Branch

- **SNAP-Ed Interventions: A Toolkit for States**
Andrew Riesenber, MSPH, FNS, USDA
- **Affordable Care Act: Community Benefits Program**
Reginauld Jackson, DrPH, MPH, Public Health Institute
- **Food Policy Councils**
Armando Nieto, Community Food and Justice Coalition
- **Systems and Environmental Change: How to Branch Out Under NEOP Priority Areas**
Sara Zimmerman, JD, ChangeLab Solutions



Implementing SNAP-Ed 2.0: Translating Obesity Prevention Research into Practice

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Andy Riesenber, MSPH
SNAP-Ed Coordinator
State Program Officer
Food And Nutrition Service –
Western Region

May 1, 2013



Purpose

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1. SNAP-Ed 2.0.
2. Evidence-based toolkit for nutrition education and obesity prevention.
3. Evaluation outcomes.



SNAP-Ed 2.0

108

Educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food and physical activity choices and other nutrition-related behaviors among the SNAP-Ed target audience.

Improve
nutrition

Increase
physical
activity

Maintain
appropriate
calorie balance
during each
stage of life



Key Elements

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Requires the use of evidence-based activities;

Allows for gardening and physical activity interventions combined with nutrition education;

Offers greater flexibility in targeting the SNAP population and potentially eligibles (*More than 50% of the audience must \leq 185% of the FPL*)

Emphasizes comprehensive and coordinated community and multi-level interventions for obesity prevention



Ten Essential Public Health Services

110

Monitor health status.

Diagnose and investigate health problems and health hazards..

Inform, educate, and empower people about health issues.

Mobilize community partnerships.

Develop policies and plans.

Enforce laws and regulations that protect health and ensure safety.

Link people to needed personal health services.

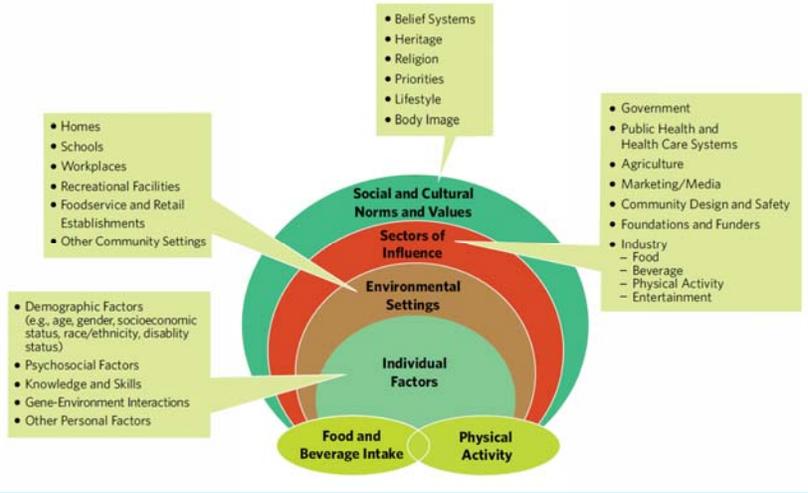
Assure a competent public health workforce.

Evaluate effectiveness, accessibility, and quality of services.

Research for new insights and innovative solutions to health problems.

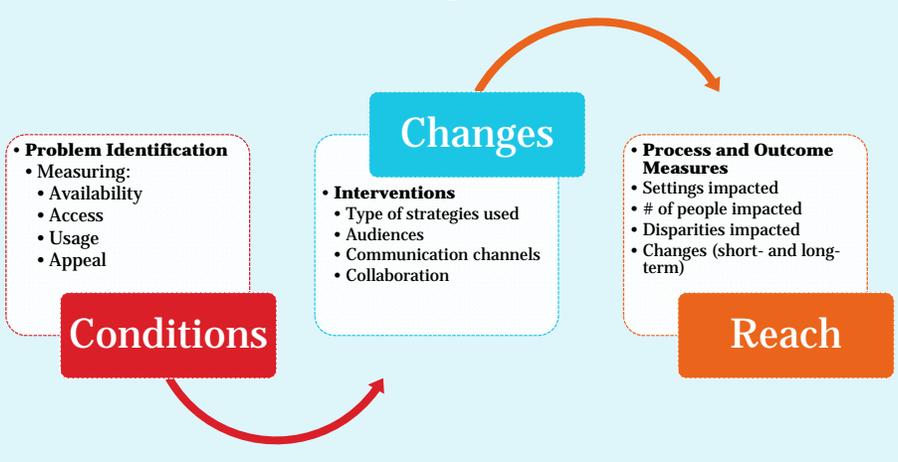
Socio-Ecological Model

111



Implementing Environmental Approach

112



You Don't Need to Do It All!

113



SNAP-Ed Interventions: A Toolkit for States

114



SNAP-Ed Interventions: A Toolkit for States

Strategies for Evidence-based Policy and Environmental Change Interventions in Child Care, School, Community and Family Settings

29 March 2013

This toolkit is a collaborative effort between:    



National Collaborative on Childhood Obesity Research (NCCOR)

115

- The National Collaborative on Childhood Obesity Research (NCCOR) is a public-private partnership that brings together **CDC, NIH, RWJF, and USDA.**
- NCCOR's mission is to improve the efficiency, effectiveness, and application of childhood obesity research, and to halt -- and reverse -- childhood obesity through enhanced coordination and collaboration.



About the Toolkit

116

- Developed by USDA, CDC, NIH, and NCCOR
- Initial set of 30 interventions that are evidence-based programs or policies for preventing obesity and chronic disease.
- FNS encourages states to consider and select appropriate interventions from the toolkit
- Interventions should be cost-effective and complement existing nutrition assistance programs (e.g., WIC, CACFP, School Meals)
- Toolkit will be updated over time



Settings, Strategies, and Interventions

117

Settings

- Child care
- Schools
- Communities
- Helping families
- Social Marketing and Media

Strategies and Interventions

- Nutrition strategies
- Physical activity strategies
- Intervention examples



Non-allowable Policy Activities

118

Planning, implementing, or evaluating population-level health activities not targeting the SNAP-Ed population (costs must be pro-rated for % SNAP-Ed)

Lobbying for legislative/policy changes

Infrastructure, land, or construction

Money, coupons, or vouchers provided to SNAP-Ed recipients

Healthy incentives paid with FNS funds

Childcare or transportation services

Disparaging food or beverage brands or manufacturers

SNAP Outreach/application assistance

Reinforcement items costing over \$4.00 each



WRO SNAP-Ed Evaluation Outcomes Framework

119

WRO is working to develop a common set of statewide SNAP-Ed outcome indicators.

Western Region SNAP-Ed Collaborators can choose from these indicators when preparing their Annual Plans, and when reporting results to FNS on annual basis.

Project collaborators include representatives from State Agencies and Implementing Agencies, including:

- Arizona Department of Health Services (*Arizona Nutrition Network*), California Department of Public Health (*Network for a Healthy California*), California Department of Social Services, Hawaii Department of Health (*Healthy Hawaii Initiative*), Nevada Division of Welfare and Supportive Services, Oregon State University Extension, University of California at Davis Extension (UC-CalFresh), University of Idaho Extension, University of Nevada Cooperative Extension, Washington State Department of Social and Health Services, and the Washington State University Extension.

Evaluation Framework

120

Individual

- Reach and intensity of program activities

Environmental Settings

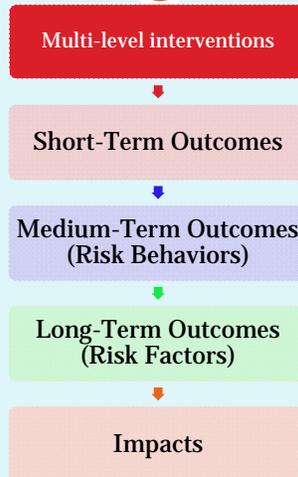
- Increased community capacity for SNAP-Ed obesity prevention efforts

Policies and Partnerships

- Effective and efficient use of key partners
- Planning for food systems/food access issues in low-income census designated places

Evaluation Framework Logic Model

121



Wrap-up

122

- SNAP-Ed 2.0 emphasizes nutrition education and obesity prevention and offers more flexibility for targeting and programming.
- SNAP-Ed activities must be grounded in the best available evidence for preventing overweight and obesity in the low-income population.
- Outcomes should demonstrate the return-on-investment (ROI) of SNAP-Ed.

Thank you.



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Food and Nutrition Service
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415-645-1927

Acknowledgements:

Dennis Stewart, Lisa Kim, Clifford Ko, Kitty Reid

THE AFFORDABLE CARE ACT & COMMUNITY BENEFIT

Opportunities to Leverage Partnerships &
Resources with Nonprofit Hospitals

Overview

- **Review the evolution of federal and state community benefit regulatory requirements.**
- **Discuss community benefit in the context of new requirements brought forth by the Affordable Care Act.**
- **What can community stakeholders and partners do to strategically engage nonprofit hospitals and health systems in light of the current regulatory landscape?**

Objective: Walk away with an understanding of new opportunities to leverage partnerships and resources with nonprofit hospitals and health systems

Background on Community Benefit

- **Community benefit concept began with 1969 IRS policy (IRS 69-545) with the intent to expand nonprofit hospitals' orientation toward the health of populations and communities.**
- **This established a broader framework for community benefit that included activities that would promote community health (i.e. research, education, individual health and community building activities).**
- **There have been varying degrees of compliance within the nonprofit hospital community.**
- **Current political and economic environment has led to strengthened regulations in recent years.**

Spectrum of Community Benefit Activities



Community Benefit – The California Picture

- **California is one of a handful of states that required community benefit reporting by nonprofit hospitals prior to health reform (CA Senate Bill 697 - 1994).**
- **Over 200 nonprofit hospitals operated by a number of health systems (9 headquartered throughout CA.).**
- **Varying degrees of compliance.**
- **Increased scrutiny of tax-exempt status at the state level (i.e CA AB 975).**

Community Benefit & the Affordable Care Act

- **The Affordable Care Act focuses on a shift in incentives toward global budgeting and improving community health**
- **Key theme: Increased transparency and accountability for nonprofit hospitals**
- **Section 9007 of the Affordable Care Act specifically calls for strengthening and clarifying the obligations of nonprofit hospitals to invest in addressing their communities' health needs as a condition of their tax exempt status.**

Compliance

- **PPACA § 9007 (a)**
 - **Amendment to IRC (501r)**
 - **Enacted March 23, 2010**
- **IRS**
 - **Revised 990 Schedule H**
 - **2011-52**
 - **2012 – 15537**

ACA § 9007 (a)

- **An organization meets the CHNA requirements with respect to any taxable year only if the organization—**
 - “(i) has conducted a *CHNA* which meets the requirements of subparagraph (B) in such taxable year or in either of the 2 taxable years immediately preceding such taxable year, and
 - “(ii) has adopted an *implementation strategy* to meet the community health needs identified through such assessment.
- **A CHNA meets the requirements of this paragraph if—**
 - “(i) takes into account input from persons who represent the broad interests of the community served by the hospital facility, including those with *special knowledge of or expertise in public health*, and
 - “(ii) *is made widely available to the public*.

Elements of 990, Schedule H

- **Part I: Financial Assistance and Certain Other Community Benefits at Cost**
 - Organization-level financial assistance policies; application of policies to individual hospital facilities
- **Part II: Community Building Activities**
 - Charitable activities not to be included in the financial totals of the hospital.
- **Part III: Bad Debt, Medicare, and Collection Practices**
 - Section A – Bad debt and financial assistance totals
 - Section B – Medicare shortfalls along with estimates of the portion documented as community benefit with criteria and methods used to derive these estimates
- **Part V: Facility Information**
 - Breakout of organizational costs and processes for each hospital facility
- **Part VI: Supplemental Information**
 - Narrative descriptions of community benefit initiatives, criteria, methodologies, and processes identified in other parts of the form.

IRS Adjustments on Community Building

- Acknowledgment at IRS that initial ruling based upon a **poor understanding** of importance in community health improvement.
- The most recent IRS instructions include indication that “**some of these activities may also meet the definition of community benefit,**”
 - Hospitals encouraged to document as community health initiative activities
- **Three basic criteria** in instructions justify reporting as a CB:
 - CHNA developed or accessed by the organization;
 - Community need or a **request from a public agency** or community group
 - Involvement of unrelated, collaborative tax-exempt or government organizations as partners.
- Many hospitals have provided support for community building for decades, and are encouraged to report these activities as CB.

Implications of Schedule H

- **Significant expansion in transparency** regarding the charitable practices of nonprofit hospitals
- Likely to be comparative analyses conducted at different levels, including, but not limited to national, state, metropolitan statistical area, county, municipality, and congressional district. Examples include:
 - Language in charity care policies, and budget levels established
 - Billing and collection practices (e.g., eligibility criteria, thresholds)
 - How community is **defined in geographic terms** and includes proximal areas where there are **health disparities**.
 - How to solicit and **use input** from diverse community stakeholders.
 - **Connection** between **priorities and program areas of focus**.
 - Volume of charitable contributions in each category.

Spectrum of Community Benefit Activities

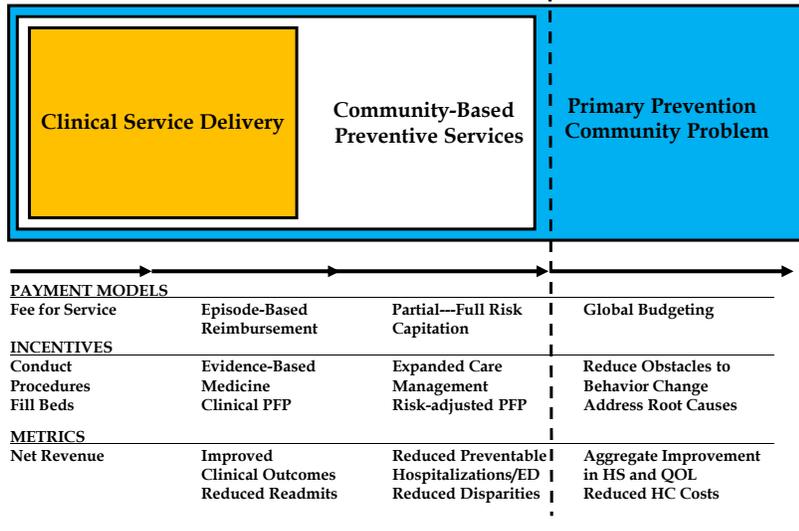


Community Building Category

- **Category of charitable activities developed in a 1997 monograph¹ that focus on addressing the root causes of health problems in local communities. Examples include:**
 - **Physical improvements** (e.g., housing, street lights, graffiti removal)
 - **Economic development** (e.g., job creation, small business development)
 - **Social support** (e.g., child care, youth mentoring, leadership development)
 - **Environmental improvements** (e.g., park renovation, toxic cleanup)
 - **Coalition building**
 - **Community health advocacy**

Barnett, K., "The Future of Community Benefit Programming, The Public Health Institute

Community Benefit & the Affordable Care Act – Shifting Incentives



Opportunities for Strategic Engagement with Nonprofit Hospitals

- **Nonprofit hospitals will face significant resource and capital constraints as their strategies begin to transition to incorporating more primary prevention models.**
 - Maintain fiscal reserves despite tightened operations
 - Shifting & reduced reimbursement models
 - Medicaid expansion brings increased utilization
 - Required investments in electronic health records
 - ACA covers preventive services but follow-ups not covered
- **Shifts in practice and reimbursements have not happened yet – hospitals are trying to plan for the future while living in the present.**
- **Given these constraints, community stakeholders and potential partners should be strategic about when and how to engage nonprofit hospitals and health systems to increase**

Opportunities for Strategic Engagement with Nonprofit Hospitals

- **Requirements to make community benefit planning processes transparent present opportunities for stakeholders to participate in the identification of needs and hold hospitals accountable for investing in means to address those needs.**
- **As nonprofit hospitals become more incentivized to adopt preventive strategies and models of care, opportunities to leverage shared objectives will arise (targeting childhood obesity, physical activity, policy advocacy, etc.).**
- **Developing collaborative relationships with nonprofit hospitals and health systems should be strategic and grounded in data/information that is now required to be made public – these new tools can help stakeholders focus on win-win opportunities.**

Opportunities for Alignment

- Create the conditions for engagement and shared investment **across sectors** in place-based, evidence-informed community health improvement.
- **Pool resources** and create opportunities for more in depth analysis and establish baseline data to track population-based improvements.
- Set priorities at the **extra-institutional level** based upon **explicit criteria** and **inclusive processes** that contribute to strategic investment of institutional and community assets.

An Evolving Model of Community

Benefit:

Key Areas of Focus

- Expanded enrollment in low income communities and shift in reimbursement models creates need for a more geographic-based approach to CB with focus on:
 - ID and **reduce health disparities**
 - **Leverage and link** resources of diverse stakeholders
 - Advance **evidence-based** population health improvement
 - Retain **broad framework of health** to ensure attention to root causes of health problems
 - Pursue a **balance of responsibilities** consistent with hospital capacity and geographic location
 - Evaluate opportunities to achieve economies of scale through collaboration **across geopolitical jurisdictions**

Contact Information

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Tel: 510-285-5698 Mobile: 510-332-6117
Email: rjackson3@outlook.com

*Approaches and solutions to success:
Community Engagement and Policy, Systems
& Environmental Change*



Y. Armando Nieto, Executive Director

NEOP Statewide Collaborative Meeting
May 1, 2013

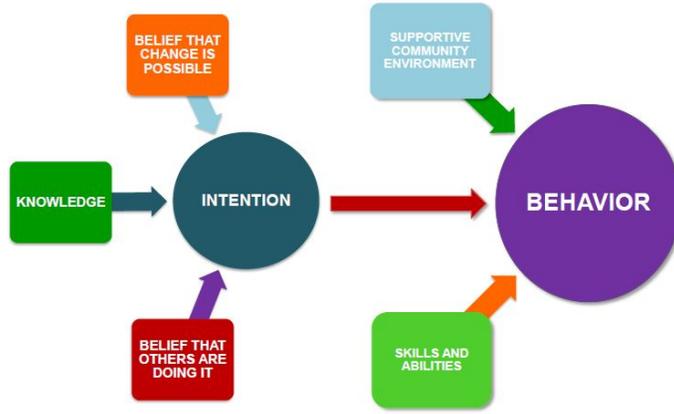
Community Food and Justice Coalition
food for people, not for profit



CFJC is a coalition of individuals and organizations that believe access to healthy food is a basic human right.



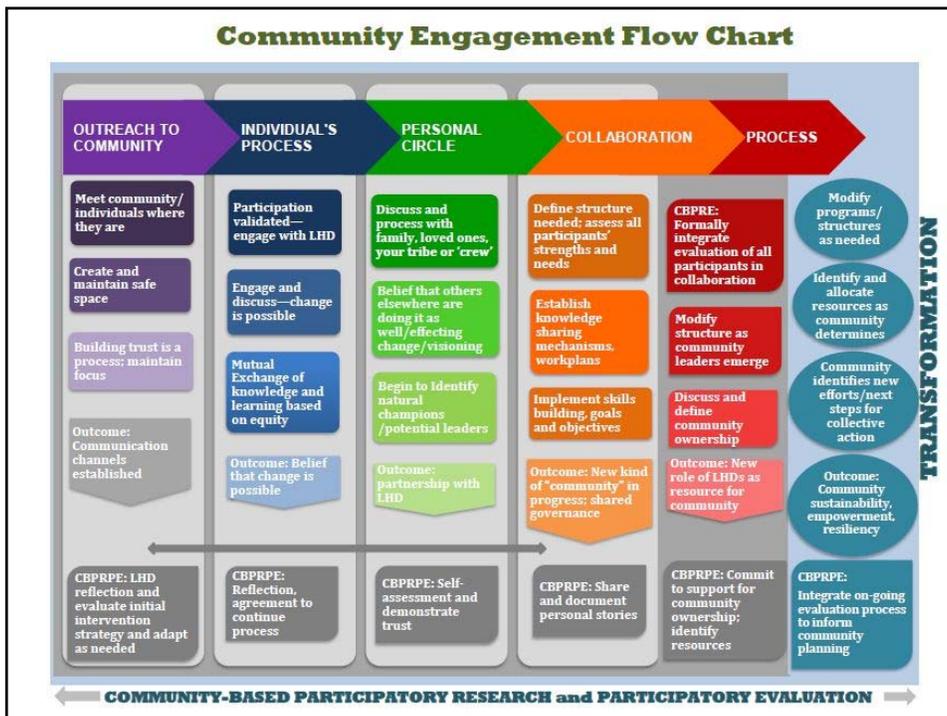
CFJC Theory of Change



Systems change begins with individuals. When communities access resources, transformation takes place from the ground up.



Community Engagement Flow Chart



Why are we here?

We all want to see change and be part of building healthy, vibrant, and safe communities.

Urgency – Congressional gridlock affects individuals and families at the most personal level (school breakfast and lunch programs, farmers markets, loss of community food programs, conservation, uncertainty of funding, etc.)



Delivery – we all have to deliver on expanded objectives as mandated by our funding sources.

CFJC believes, again, that success requires community participation from the outset, to effect continuing systems and environmental change after any given project funding timeframe.



policy v. Policy



- Different meanings of policy
- Examples: dress code and workplace behavior v. policies that allow for the conversion of vacant lots to urban edible gardens



Systems and Environmental Change

When we work on systems and environmental change:

- Focus on “upstream” or early factors that use community or organizational change to positively affect the world in which we live. These efforts result in long-lasting sustainable change.
- Create the environment to either make it easier (eat healthier, exercise more) or harder (restrict smoking, remove soda machines in schools) to engage in an individual behavior.¹

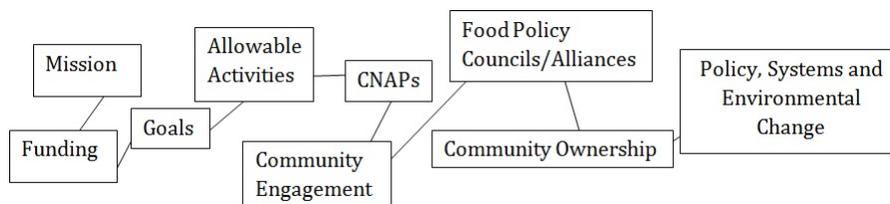
Opportunity for Local Health Departments (LHDs)

- How is it a positive opportunity for LHDs?
- What can support LHDs efforts to achieve objectives and goals in NEOP workplans?

1. National Cancer Institute: <https://researchtoaction.cancer.gov/discussions/upstream-change-policy-systems-and-environmental-change-through-ccc-coalitions-part-one>



Connecting the Dots

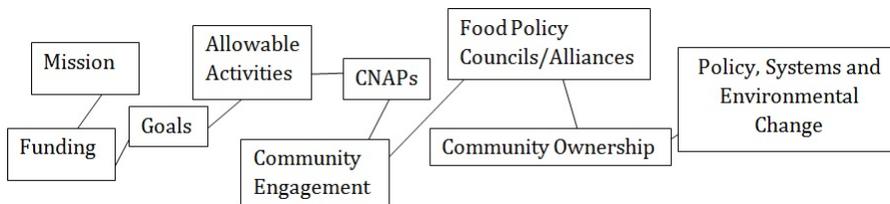


Current CAFPC Members

- Berkeley Food Policy Council
- Central Coast Healthy Food Access Committee
(Monterey, San Benito and Santa Cruz Counties)
- [Fresno County FSA](#)
- [Grow Local \(Shasta County\)](#)
- [Humboldt Food Policy Council](#)
- [Los Angeles Food Policy Council](#)
- Marin Food Policy Council
- [Mendocino Food Policy Council](#)
- [Napa County Local Food Council](#)
- [Oakland Food Policy Council](#)
- [Orange County Food Access Coalition](#)
- Plumas County Community Food Council
- [Richmond Food Policy Council](#)
- [Sacramento Region Food System Collaborative](#)
- [San Diego Food System Working Group](#)
- [San Francisco Food Security Task Force](#)
- [San Francisco Urban Agriculture Alliance](#)
- [San Luis Obispo Food System Coalition](#)
- [San Mateo FSA](#)
- [Santa Barbara FSA](#)
- [Santa Clara County FSA](#)
- [Sonoma County FSA](#)
- [Ventura County FSA](#)
- [Yolo Ag and Food Systems Alliance](#)



Connecting the Dots Redux



CFJC Values and Technical Assistance

- Real life practical experience, Theory of Change, and Community Engagement Process
- Required SOW for LHD
 - Infrastructure, Staffing and Reports
 - **County Nutrition Action Plan (CNAP)**
 - **Communities of Excellence in Nutrition, PA and Obesity Prevention CX3**
 - **Community engagement**
 - Nutrition education
 - Public relations events/media
 - Rethink Your Drink
 - Evaluation

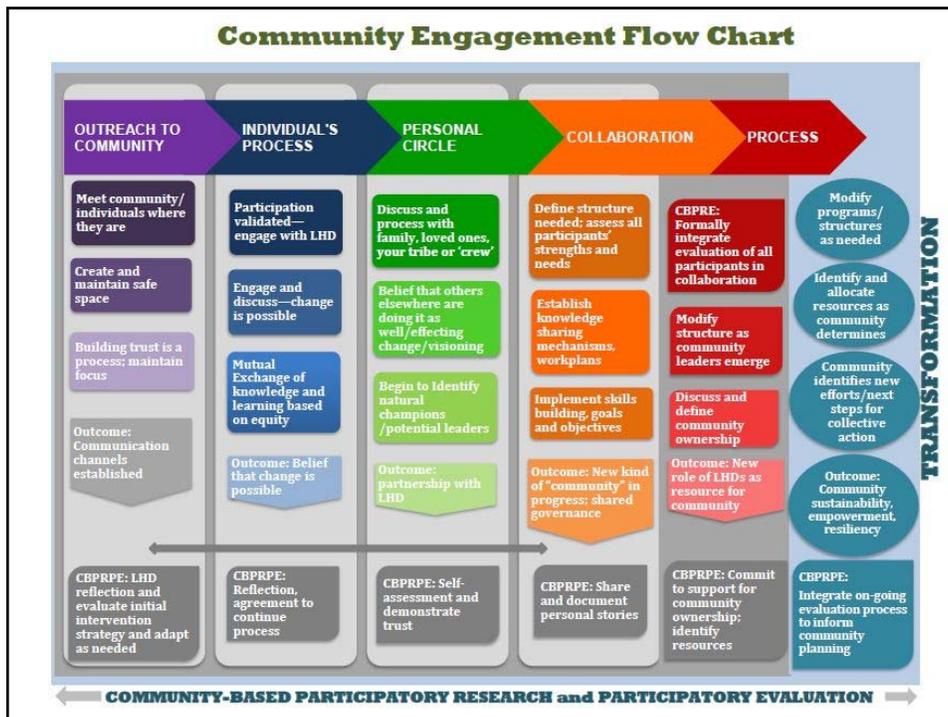


Technical Assistance Continued

Optional SOW of LHD

- **Peer to peer education**
- Evaluation- impact specific to intervention
- School/After school
- **Youth engagement**
- Worksite
- Retail
- Early childcare
- **Faith-based**





Takeaways

- Policy, Systems and Environmental Change is possible
- Building trust with community is an ongoing process
- Meeting as equals is uncomfortable
- Success will also be uncomfortable, because it will be new
- Celebrate success



Contact Us

Community Food and Justice Coalition



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www.comfoodjustice.org

Follow us on social media

www.facebook.com/Comfoodjustice

Twitter @comfoodjustice

ChangeLabSolutions

Making Change
(for Healthy Communities)
Without Making Trouble
(for Yourself):
Spotting Lobbying Issues



Sara Zimmerman, JD

Senior Staff Attorney & Program Director

ChangeLab Solutions

ChangeLab Solutions

Who are we?

- National nonprofit that works with communities, policy makers, advocates
- Create policy solutions that support healthy communities
- Help overcome legal barriers to healthy change

Overview

1. Policy Change
2. Basics of Lobbying
3. Common Restrictions on Lobbying
4. What Is Allowed?



Policy Change



*“Health happens in neighborhoods,
not doctors’ offices.”*

Dr. Dick Jackson



**How does the
environment affect
behavior?**



Steps for Policy Change

- **Engage:** Get people excited about their vision for change
- **Assess:** What's the problem? What solutions are there?
- **Propose:** Draft a strong policy that expresses the vision
- **Advocate:** Identify and meet with decision makers
- **Implement:** Stay focused even after a policy gets adopted



Lobbying



BIG POINTS

- **Lobbying permitted:** All governments and nonprofits are allowed to conduct lobbying activities.
- **But it is restricted:** Your lobbying activities may be restricted by a funder or particular state or local law so check with your **legal counsel** about your particular grants/contracts and state/local laws.
- **Many key activities aren't lobbying:** so focus on them!

WHAT IS LOBBYING?

There are two basic types:

1. Direct lobbying
2. Grassroots lobbying



LV3

GRASSROOTS LOBBYING

SIGN THE PETITION

To all Members of US Congress:

“ As concerned citizens, we call on you to stand for a free and open Internet and vote against both the Protect IP Act and the Stop Online Piracy Act. The Internet is a crucial tool for people in the US and around the world to exchange ideas and work collectively to build the world we all want. We urge you to show true global leadership and do all you can to protect this basic pillar of our democracy.

Already an Avaaz member?
Enter your email address and hit "Send".

Email **SEND ▶**

First time here? Please fill out the form below.

Name

Email

Country Post code

Cell/phone

Avaaz.org will protect your privacy and keep you posted about this and similar campaigns. **SEND ▶**

Grassroots Lobbying:
a communication encouraging the public to take action to influence specific legislation.

Slide 172

LV3 **Petition/ballot photo**
Livia Rojas, 8/13/2012

Restrictions on Lobbying: Type of Organization



NONPROFITS

IRS limits the amount of lobbying a nonprofit can do

- For smaller nonprofits, likely around 20% of your expenditures
- For bigger nonprofits, a slightly smaller percent

LOCAL GOVERNMENT

California law imposes some limitations on lobbying by local government:

- No grassroots lobbying
- No supporting or opposing ballot measures
- And other limits

Restrictions on Lobbying: Type of Funds



GOVERNMENT GRANTS

Grants from federal agencies **generally prohibit** grantees from using funds for lobbying:

- Do not prohibit grantees from using non-government funds to conduct lobbying activities

GRANTS FROM FOUNDATIONS

Grants from Foundations

- The use of funds might be restricted by contract – so review carefully and consult your legal counsel if needed
- Other funds may be used for lobbying

What Is Allowed?



Steps for Policy Change

- **Engage:** Get people excited about their vision for change
- **Assess:** What's the problem? What solutions are there?
- **Propose:** Draft a strong policy that expresses the vision
- **Advocate:** Identify and meet with decision makers
- **Implement:** Stay focused even after a policy gets adopted



Engage

What is likely allowed?



Licensing & Zoning
Tools for Public Health

A graphic featuring silhouettes of people walking under an umbrella on the left, and a stylized building with a bicycle icon on the right, set against a green and red background.

ChangeLab Solutions
nplan

General education

Complete Streets
What Are Complete Streets?
A Fact Sheet for Advocates and Community Members

A collage of four photographs showing diverse people using a sidewalk: a group walking, a person pushing a stroller, a person on a bicycle, and a person sitting on a bench.

Complete streets allow people to get around safely in feet, stroller, or public transportation. By providing safe and convenient travel for everyone—including children, families, older adults, and people with disabilities—complete streets can help people live better and healthier but also reduce traffic and pollution.

Streets are key public spaces that often make up much of the land in a town or city. But across America, streets are frequently built for cars, with few features like sidewalks to make them safe and pleasant places to walk or bike. Conventional street design promotes traffic congestion, pollution, and collision injuries^{1,2,3} and discourages physical activity.

Regular physical activity is critical to preventing obesity and its related illnesses, such as diabetes and heart disease. But American youth fail to get the recommended levels of daily exercise.^{4,5} Many schools have eliminated or reduced physical education, and in the last 30 years, the number of children walking or biking to school has dropped from 42 percent to a mere 16 percent. Young people living in low-income communities and people of color get even less physical activity and have higher rates of obesity.⁶

public health law & policy | nplan | NATIONAL POLICY & LEGAL ANALYSIS NETWORK FOR PROMOTING WELLBEING SOCIETIES

Community engagement and educational campaigns

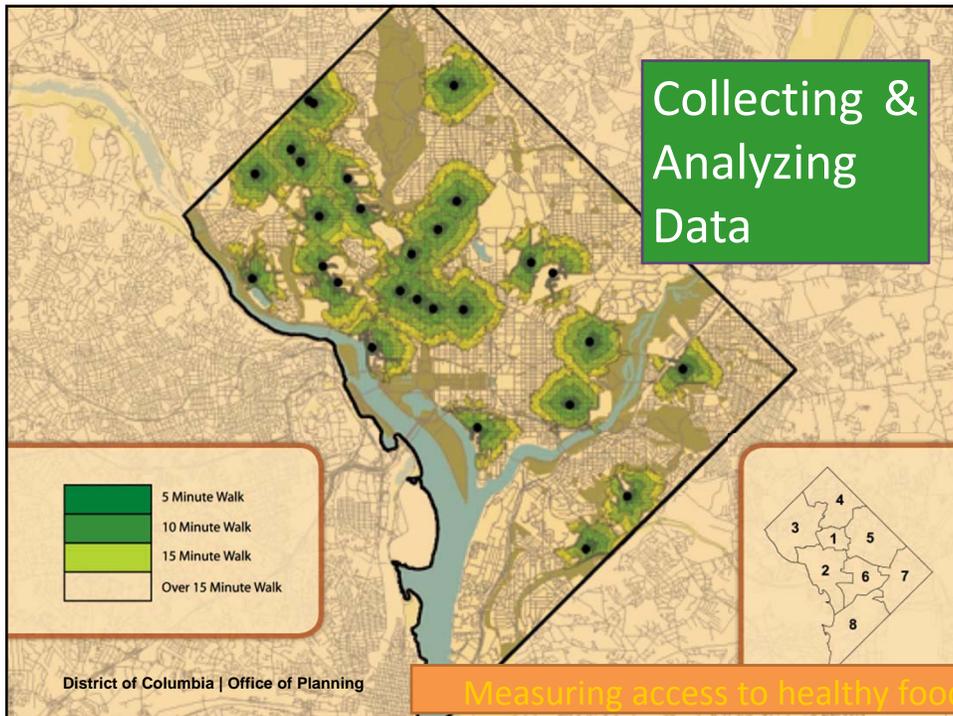


Coalition building among governments, nonprofits, private sector, and community to discuss problems and share ideas



Assess

What is likely allowed?



Producing white papers & reports

Putting Business to Work for Health
Incentive Policies for the Private Sector

Healthy MENU ITEMS
INSIDE

Bike COMMUTERS
WELCOME

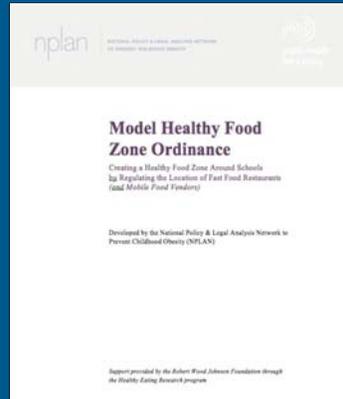
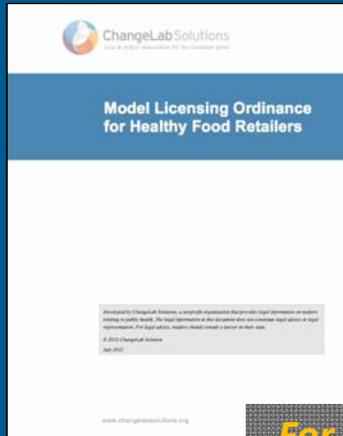
Fresh PRODUCE
AVAILABLE

Nonpartisan analysis, study, or research

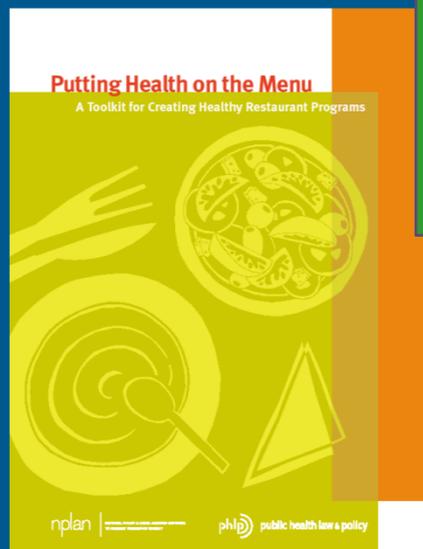
Propose

What is likely allowed?

Developing evidence-based policy approaches and broadly sharing



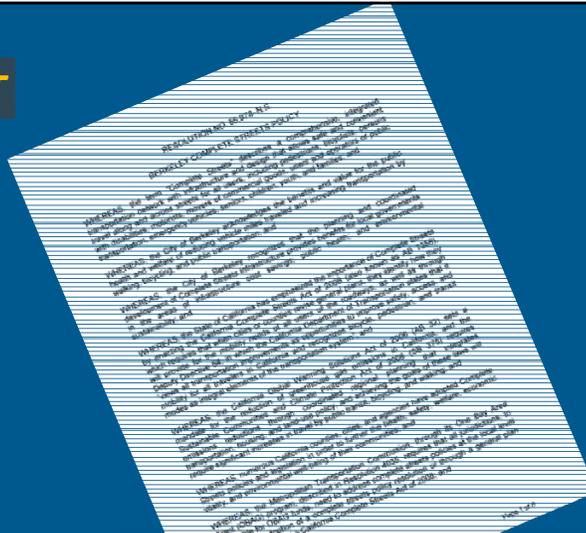
For example, model legislation



Proposing approaches that aren't specific legislation

Voluntary business policies

BUT



Developing specific proposed legislation may be lobbying

Advocate

What is likely allowed?



A woman with dark hair tied back, wearing a black top with colorful floral patterns, is speaking at a wooden podium. A microphone is positioned in front of her. A green text box is overlaid on the left side of the image.

Some
communications
with decision-
makers

*Sharing best practices and success stories with
the public or government officials*

Photo: Creative Commons Flickr: Michigan Municipal League

A group of people are seated at a long wooden table in what appears to be a formal meeting or hearing. Several microphones are positioned in front of them. The people are looking towards the right side of the frame.

At the **request** of a government or legislative body, a
technical or factual presentation of
information to decision-makers regarding a specific
legislative proposal.

Creative Common Flickr: Michigan Municipal League



Implement

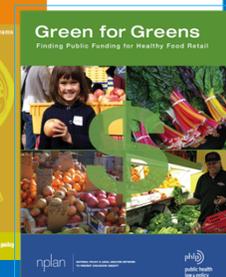
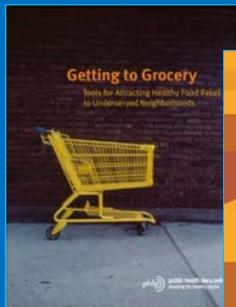
What is likely allowed?





Following up to ensure implementation of a policy isn't lobbying

Healthy eating and active living resources



nplan.org • changelabsolutions.org

GOOD QUESTIONS TO ASK YOURSELF

1. What activities can I do without lobbying?
2. Which laws or rules do I need to follow for my lobbying activities?
3. Are there any state or local laws that prevent me from lobbying?
4. Does my funding include a restriction on lobbying?

DISCLAIMER

The information provided in this discussion is for informational purposes only, and does not constitute legal advice. ChangeLab Solutions does not enter into attorney-client relationships.

ChangeLab Solutions is a non-partisan, nonprofit organization that educates and informs the public through objective, non-partisan analysis, study, and/or research. The primary purpose of this discussion is to address legal and/or policy options to improve public health. There is no intent to reflect a view on specific legislation.

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LOBBYING RESOURCES

- **Feldesman Tucker:** private law firm specializing in federal contracts
- **Center for Lobbying in the Public Interest**
clpi.org
- **Alliance for Justice**
bolderadvocacy.org

ChangeLabSolutions

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Closing Remarks, Next Steps, and Thank You!

Michele van Eyken, MPH, RD
Assistant Chief for NEOP Programs

- *Meeting Evaluation Survey – An online evaluation will be sent out to meeting attendees following the meeting. The link to the survey is also available on the resource summary in the back of your meeting packets on the left hand side.*
- *Thank you for participating!*

