

Needs Assessment Methodology and Findings

Needs Assessment Methodology

Describe and justify your methodology for assessing the needs of the Supplemental Nutrition Assistance Program (SNAP) target audience in the State.

A. Existing information (source, content, time frame):

Needs assessment methods are continually upgraded to plan, run, and evaluate California's large and diverse Supplemental Nutrition Assistance Program (SNAP) Education (SNAP-Ed) effort. California built this needs assessment on its available research and existing reporting systems and developed special reporting systems as needed. Diverse data sources—programmatic, survey, US Census, and published articles—are used to address the four needs assessment sections: demographic, nutrition-related behaviors and lifestyle characteristics, other nutrition-related programs, and underserved areas. The data presented below (in B. new information collection) are recent and reflect the best available.

SNAP-Ed, under the direction of the California Department of Social Services (CDSS), is operated by five Implementing Agencies (IAs) – the University of California at Davis (UCD), the CDSS, the California Department of Public Health (CDPH) Nutrition Education and Obesity Prevention Branch (NEOPB), California Department of Aging (CDA), and Catholic Charities of California (CCC). These IAs use surveys and surveillance systems to identify the measurements needed for setting Specific, Measurable, Achievable, Realistic, and Time-phased (SMART) population objectives with the population segments eligible to receive SNAP-Ed. The low-income populations targeted by SNAP-Ed have been categorized into two population segments because they are different in many ways from each other, as well as from state averages used as a frame of reference, so each may be expected to have different outcomes.

Target Audience: Using the categories designated in the FFY 15 USDA SNAP-Ed Guidance, the needs assessment distinguishes segments of the low-income population who are:

- (a) SNAP/CalFresh participants and
- (b) Low-income individuals eligible to receive SNAP benefits or other means-tested Federal assistance programs ($\leq 185\%$ FPL).

For brevity and unless otherwise stated, *low-income* will be used for those at or below 185% of the FPL. The terms *audience*, *low-resource*, *qualifying*, *target population*, *segment*, and *eligible* will be used for describing the entire SNAP-Ed population. When data are reported using other income categories, the income level will be stated.

Locations: SNAP-Ed efforts are concentrated in locations demonstrating the most economic need based on USDA specifications. With only 42.3% of California's SNAP-Ed population living in qualifying census tracts ($< 185\%$ FPL; 2008-2012 ACS),

many low-income families are unlikely to receive SNAP-Ed directly without the use of other high-volume venues. To address this, USDA allows the use of qualifying census tracts, census blocks, grocery stores and supermarkets, schools, and means tested programs such as food banks, CalFresh offices, Women, Infants and Children (WIC) offices, Head Start and other locations to maximize the reach of SNAP-Ed eligible families.

A summary of the SNAP-Ed eligible locations in California, qualified by these different methods, is described below:

- Census tracts in which 50% or more of the residents have an income at or below 185% of the FPL; this includes 1,688 SNAP-Ed eligible census tracts of 8,035 census tracts
- Census tracts qualified by specific race/ethnic populations for which 50% or more of the population has an income at or below 185% of the FPL; this includes 1,823 SNAP-Ed eligible census tracts, based on the 2008-2012 American Community Survey
- Means tested programs, which serve large numbers of low-income people (i.e., food banks, CalFresh offices, WIC offices, Head Starts, and others)
- Schools in which 50% or more of the student population qualify for free and reduced price meals ($\geq 50\%$ FRPM; CDE, 2013-14 FRPM data file); this includes 6,792 schools of the 10,361 schools reporting demographic data for the 2013-2014 school year
- CalFresh vendors located in SNAP-Ed qualifying census tracts; this includes 13,808 CalFresh vendors (located in census tracts qualified by all-race) of more than 24,836 CalFresh-certified grocery stores in California, as well as 698 CalFresh authorized retailers identified as high redeemers located outside qualifying census tracts, as of 2013
- Twenty-two Area Agencies on Aging (AAA) will provide SNAP-Ed physical activity and nutrition education interventions to older adults in their communities at 203 congregate nutrition sites and other venues where seniors congregate. Sites qualified for SNAP-Ed based on their location within an eligible low income census tract ($\geq 50\% \leq 185\%$ FPL).
- CDA developed and USDA approved alternate methods to qualify congregate sites that serve a low-income population but are not located within a low-income census tract.
 - Sites may qualify if 50% or more of congregate site participants have incomes below 100% of the FPL based on income levels from the congregate meal site intake form.
 - Sites may qualify if 50% or more of the congregate site participants have incomes below 185% of the FPL. Participant income is based on individual participant queries conducted at the congregate meal site.

B. New information collection (source and content):

The needs assessment incorporates many data sources to describe California's SNAP-Ed population. For demographic characteristics, data were obtained from:

- USDA's Characteristics of Supplemental Nutrition Assistance Program Households Fiscal Year 2012,
- CDSS's CalFresh monthly participation statistics, and
- U.S. Census 2007-2011 American Communities Survey.

To characterize the nutrition-related behavioral and lifestyle characteristics of eligible children, adolescents, and adults, data sources include:

- NEOPB surveys to monitor the nutrition-related behavioral and lifestyle characteristics of eligible persons, as compared with other Californians. NEOPB conducts three representative surveys with over-samples of the qualifying target populations starting about 2002.
 - The California Dietary Practices Survey of Adults (18 years and older; older adults 65 and older; CDPS) – Biennially, since 1989
 - The California Teen Eating, Exercise and Nutrition Survey (12-17 year olds; CalTEENS) – Biennially, since 1998
 - The California Children's Healthy Eating and Exercise Practices Survey (9-11 year olds; CalCHEEPS) – Biennially, since 1999
 - The NEOPB Communications Annual Benchmark Media Tracking Survey (Mothers, annually starting in 2004; Media Tracking Survey) – evaluates NEOPB campaign media efforts, connections to direct services
 - The LHD Comprehensive Evaluation Quantitative Survey (Mothers/18 years and older, teens/12-17 year olds, and children/5-11 year olds) – Annually, since 2013
- In addition to the dedicated surveys, the NEOPB also adds special questions to the larger representative surveys conducted by others.
 - The Behavioral Risk Factor Surveillance System (BRFSS, conducted annually since 1984)–questions on fruit and vegetable (FV) intake and physical activity (PA) since 1998, and food security since 2002
 - The California Women's Health Survey (CWHS, conducted annually since 1997) questions on FV consumption, PA, food stamp participation and food security since 2000
 - The California Health Interview Survey (CHIS, conducted biennially since 2001)–questions on FV intake, high-sugar foods, PA and food security, since 2001
- Also, data from two independent survey sources are utilized:
 - Physical Fitness Testing – (*FITNESSGRAM*, annual since 1998) – body composition, fitness level achieved for all 5th, 7th and 9th graders
 - Pediatric Nutrition Surveillance System (PedNSS, annual since 1988) – tracks nutritional status of children (0–19 years old) who participate in publicly funded health programs – for short stature, underweight, overweight, at-risk for overweight, anemia, low and high birth weight
- Information is shared at coordination meetings between the IAs, and at various other meetings including NEC, FANOUT, and others.

Needs Assessment Findings

1. Demographic Characteristics of Supplemental Nutrition Assistance Program (SNAP) Target Audience

If information is available, discuss geographic location, race/ethnicity, age, gender, family composition, education, and primary language. Reference the source(s) of any data described.

Demographic Characteristics of SNAP-Ed Audiences in California: SNAP-Ed eligibility covers SNAP participants and low-income individuals eligible to receive SNAP benefits or other means-tested Federal assistance programs, representing approximately 12.8 million people in California that have a gross annual income below 185% of the FPL¹ (Table 1). These individuals are diverse and, in many cases, transitional because families struggling out of poverty typically have fluctuating incomes that make them intermittent participants in CalFresh.

Table 1: Number of People and % of California Population by SNAP-Ed Eligibility Subgroups		
	SNAP/CalFresh Participants ^a	Total Low-Income Individuals Eligible for Other Means-Tested Federal Assistance Programs (<185% FPL) ^b
Number	4,354,213	12,842,782
California Population^c	11.7%	34.4%

^a CalFresh participant data from California Department of Social Services, February 2014²

^b California SNAP-Ed Eligible (income <185%FPL) data from American Community Survey, 2012³

^c California total population data from whom income data is known (37,303,266) from American Community Survey, 2012³

Certified-Eligible for CalFresh (CalFresh participants): In February 2014, the average monthly CalFresh participation (federal CalFresh and the state-funded California Food Assistance Program) was just over 4.3 million of California's total population (11.7%) for whom income data was known.² As with other parts of the country, California has seen a dramatic increase in CalFresh participation associated with the economic downturn and higher rates of unemployment. Although the rate of increase has slowed, from February 2013 to February 2014, the monthly average number of CalFresh recipients increased by 166,934 people or 4.0%.^{2,4} Attachment 2 provides the CalFresh participation and one-year change in participation for all California counties. The five counties with the largest share of California's CalFresh participants are: Los Angeles County (26.9%), San Bernardino (8.8%), Riverside (6.6%), San Diego (6.3%) and Orange (5.7%).

SNAP households in California tend to be even poorer than the national average, with only 9.6% having cash income above the poverty level compared to 17.5% nationally.⁵ Individuals identified as the heads of SNAP household in California are more likely to be Hispanic and less likely African American or White compared to the national SNAP demographic profile.⁵ California SNAP participants are much more likely (56.1%) to be children (under 18 years) and less likely (3.7%) to be elderly (60 years or older) than national figures (nationally, 44.5% and 9.0%, respectively).⁵

Table 2 displays the race/ethnicity and age by SNAP-Ed eligibility group compared to state and national population statistics. Attachment 1 provides the Hispanic/Non-Hispanic breakdown of SNAP households by California counties.

Table 2: Race/Ethnicity and Age Breakdown by SNAP-Ed Eligibility Subgroups				
	SNAP/ CalFresh Participants a, b, c	Low-Income Individuals Eligible for Other Means- Tested Federal Assistance Programs (<185% FPL) d, e, f	CA Total Population g, h, i	US Total Population g, h, i
Race/Ethnicity				
Hispanic or Latino	48.0%	55.3%	38.2%	16.9%
White – Non-Hispanic	28.3%	25.0%	39.2%	62.8%
Black/ African American Alone (NH)	15.2%	7.2%	5.7%	12.3%
American Indian/Alaskan Native (NH)	0.9%	0.5%	0.4%	0.7%
Asian, [Hawaiian] or other Pacific Islanders (NH)	4.5%	10.0%	13.7%	5.1%
Some Other Races or Two or More Races (NH)	3.0%	2.0%	2.9%	2.3%
Age				
Children (0-17 years)	56.1%	31.6%	24.3%	23.5%
Adults	40.2%	58.7%	58.4%	57.1%
Seniors (60+)	3.7%	9.7%	17.3%	19.4%
% Completed High School or Higher	62.5%	66.5%	81.5%	86.4%
Average Household Size	2.3	4.2	2.97	2.64

^a Race/ethnicity data of CalFresh households from the California Department of Social Services, DFA 358F and DFA 358S⁵ July 2012

^b <http://www.dss.cahwnet.gov/research/res/pdf/foodtrends/FSA6.pdf>, <http://www.dss.cahwnet.gov/foodstamps/PG844.htm>⁷

^c Age of CalFresh participants data from Table B.14. of USDA⁶. Adults refers to 18-59 years and seniors refers to 60 years and older.

^d Education and household size data from California Department of Social Services website <http://www.calfresh.ca.gov/PG844.htm>⁸

^e Race/ethnicity data for <185% from US Census Bureau, American Community Survey, Table C17002, 2006-2010.⁹

^f Age of <185% FPL from US Census Bureau, American Community Survey, 2012, 1-year estimate, Table B17024. Due to limitation of available age data, for individuals <185%FPL Adults refers to those 18-64 years and Seniors refers to those 65 years and older.¹⁰

^g Completion of high school and estimated average household size from California Health Interview Survey (CHIS) 2011-2012.¹¹

^h Race/ethnicity data for California and United States from American Community Survey, 2012, 1-year estimates, Table C03002.¹²

ⁱ Age data for California and United States from American Community Survey, 2012 1-year estimates, Table DP05¹³

^j Education and Household Size data from American Community Survey, 2012 1-year estimates, Table DP02.¹⁴

^k Hawaiian respondents were included in this grouping for CalFresh participants, CA Total Population, and US Total Population columns of data only.

The CDSS website shows key characteristics of CalFresh households in FFY 12. The average child's age was 7.5 years, the average age of head of household was 37.8 years, and the average number of persons per household was 2.3. Almost 94% of the recipients were U.S. citizens. Recipient heads of households that were female was 69.2%, and 62.9% had completed at least 12 years of school. Less than a third (31.1%) of recipients also received CalWorks cash assistance. Over a fifth (21.5%) of SNAP households had earned income and 7.6% had received CalFresh for five years or more.¹⁵ Among SNAP recipients included in the 2009 California Health Interview Survey, 26.7% spoke Spanish at home, 32.5% spoke English and Spanish, 32.3% spoke English, 1.2% spoke Vietnamese, 0.8% spoke Chinese, 0.2% spoke English and Chinese, and 3.1% spoke another one or two other language(s) at home.¹¹

Summary: California's SNAP population is primarily comprised of Hispanics (nearly half of SNAP population), Spanish or Spanish/English speakers (over half of SNAP population), female heads of household (over two-thirds of SNAP population), individuals in the workforce (nearly one-third receive CalWorks), and children (over half of SNAP population).

Implications: Nutrition education and obesity prevention efforts must be targeted to those geographic areas and populations that are at the highest risk including targeted interventions that prioritize reaching Hispanics, female heads of household, worksites, and children with materials and trainings provided in both English and Spanish.

2. Related Behavioral and Lifestyle Characteristics of Supplemental Nutrition Assistance Program (SNAP) Target Audience

If information is available, discuss implications of dietary and food purchasing habits and where and how SNAP target population eat, redeem SNAP benefits, live, learn, work, and play. Cite sources of information.

This profile of California children (9-11 years), adolescents (12-17 years), and adults (18+ years) eligible for SNAP-Ed is drawn from the 2011 CalCHEEPS (N=334), 2012 CalTEENS (N=1,143), and 2011 CDPS (N=1,415), unless otherwise specified. Comparisons are made between three groups using SNAP participation and FPL when possible (SNAP participants, likely eligible $\leq 130\%$ FPL, and not eligible $>185\%$ FPL). Only statistically significant differences are reported ($p < .05$), unless otherwise indicated.

Overweight and Obesity Among Low-Income Californians

Obesity increases the risk of many health conditions¹⁶ and contributes to some of the leading causes of preventable death, posing a major public health challenge.¹⁷ Yet, the prevalence of obesity remains high among low-income Californians. In fact, California has the highest obesity-related costs in the United States, estimated at \$15.2 billion with 41.5% of these costs financed through Medicare and Medi-Cal.¹⁸

Among low-income children in California, 33.4% of preschoolers (2-4 years),¹⁹ 46.0% of SNAP participant children (9-11 years), and 36.0% of SNAP participant teens were overweight (BMI $\geq 85^{\text{th}}$ to $<95^{\text{th}}$ percentile) or obese (BMI $\geq 95^{\text{th}}$ percentile). Across states, California ranked third in the prevalence of obesity among low-income preschool children (17.0%),²⁰ compared to 14.7% for the national average for low-income preschoolers, and 12.1% for the U.S. average for all preschool age children.²¹ Similarly, there were decreasing prevalence rates at higher income levels in children and teens, with the highest rates of overweight and obesity present among youth from households receiving SNAP and the lowest from homes with incomes greater than 185% of the FPL²², consistent with results from other statewide surveys of California youth.^{23,24} Trends for children (2-4 and 9-11 years) indicate that the prevalence of overweight and obesity increased up until 2003, but has remained stable since then.²⁰ Teens showed a significant gain in the prevalence of overweight and obesity since it was originally collected in 1998 (21.3%) to 2012 (25.3%).

Nearly two-thirds (63.5%) of adults across the State are overweight (BMI ≥ 25 to <30) or obese (BMI ≥ 30). The prevalence rates among older adults (65 years and older) are similar to the state average for older males (65.8%), but lower in older females (54.0%). For low-income adults living in California, nearly 3 in 4 Latinos and African Americans are overweight or obese, as compared to 3 in 5 non-Hispanic Whites. A *Healthy People 2020* objective was to reduce obesity rates in adults by 10%. In California, reaching this goal would equate to a decrease from 30.6 to 27.5%. In contrast, trend findings between 2001 and 2011 have shown that the rates of obesity, but not overweight, have nearly doubled, increasing by 91%. Overweight and obesity

combined has increased 40% among older males, but not females. Low-income adults have also been affected disproportionately as obesity among the two lowest income groups, <\$15,000 and \$15,000-24,999, has increased by 109% and 105% respectively (p<.001). This is consistent with California obesity data from the BRFSS (1995-2010). Latinos, African Americans, and the two lowest income groups have seen steady increases in obesity.

Objective 1: Consumption and Access to Healthy Foods

Awareness of Fruit and Vegetable Consumption Message among Low-Income

Adults: In 2005, the *Dietary Guidelines for Americans* approximately doubled the recommendation for FV, moving from 5 or more servings per day to 3 to 6 cups per day depending on gender, age, and level of PA. The new message of making “half your plate” FV was launched in 2011 to help consumers meet the guidelines. The 2011 *Media Tracking Survey* found that only 37% of SNAP recipients knew the half a plate message for meeting the daily FV intake recommendation.

Fruit and Vegetable Consumption: Children from households receiving SNAP averaged 1.7 cups of FV on a typical school day, with only 6.6% meeting the recommendation (3-5 cups) for this age group in the *Dietary Guidelines for Americans*. Children from SNAP homes were more likely to meet the fruit guideline (19.8%) than the vegetable guideline (3.6%). California teens reported consuming 2.3 cups of FV on the prior day, with SNAP participants reporting 2.7 cups. Overall, 10.6% of California teens reported eating less than a serving of FV the day before and 49.1% did not eat vegetables or salad. Fruit and vegetable consumption trends are not available for children in 2011, because a new sample and methods were used. Trends from 1999 to 2009 were not significant.

California adults reported consuming 2.6 cups of FV daily and this level has remained level since 2007. Since the NEOPB’s inception in 1997, reported FV consumption for California adults has increased by 0.7 cups, with more dramatic increases reported for specific groups targeted by the NEOPB. For example, 3 of 4 race/ethnic groups exceeded 2.5 cups of FV per day, with only African Americans falling lower; Whites, Latinos, and African Americans have seen significant improvements since 1997, with Latinos improving the most; two income groups (\$25,000-\$34,999 and \$35,000-\$49,999) have reported FV consumption surpassing 3 cups per day; and those with incomes less than \$15,000 consumed nearly one more cup per day than reported in 1997. However, there are no significant differences among SNAP/FPL groups in FV consumption. *CalFresh* participants reported consuming 2.6 cups, with likely eligible adults consuming 2.7 cups, and those not eligible consuming 2.6 cups daily. Even during the recessionary times, *CalFresh* participants were able to slightly improve FV consumption from 2.5 to 2.6 cups daily (2007-2011). When examining FV consumption among older adults (65 years and older), results indicate that older females consume over a half cup more FV than older males (2.6 vs 2.0 cups). State trends from 1997 to 2011, show a significant increase of a half cup among older

females, but not males. Older females are also more likely to meet the recommendation to eat 5 or more daily servings of FV (50.0 vs. 41.1%).

Whole Grain Foods: California children from SNAP homes ate very little higher fiber and whole grain foods. Of the 5.2 servings of total grains reported only 1.4 servings were whole grains (26.9%) and 0.4 servings included some whole grains (7.7%). For children who reported eating breakfast cereal, one-quarter (24.6%) consumed whole grain cereal and only 13.5% of these children met the recommended servings for whole grains in the *Dietary Guideline for Americans (DGA)*. There were no differences among California teen and adult income groups in consumption of whole grain bread and other grains. Three out of four (76.7%) teens reported at least a serving of whole grain and 13.4% reported four or more servings. About half (52.0%) of all teens reported eating cereal the previous day, and teens from homes using SNAP and likely eligible households were more likely to report eating cereal than higher income teens (61.6% and 58.2% vs. 44.4%). Among teens who reported eating cereal, 34.8% reported a high fiber cereal. Adults from homes using SNAP and those likely eligible lag adults of higher incomes in reported high fiber cereal consumption (17.8% and 20.6% vs. 28.5%). Approximately one-third of older adults consume high fiber cereal (32.4% and 35.0% for older males and females, respectively).

Local Food Environments, Obesity, and Diabetes: A recent California study provides evidence that people who live near an abundance of fast-food restaurants and convenience stores compared to grocery stores and fresh produce vendors have a significantly higher prevalence of obesity and diabetes, underscoring the importance of making healthy foods more readily available especially for low-income communities.²⁵ Lower-income communities had poorer food environments and the rates of obesity and diabetes were the highest in lower-income communities with poor food environments (20% and 23% higher, respectively). Areas that contain healthy food options such as supermarkets or large grocery stores are places where healthy food retail promotions to support low-income communities can readily be enhanced or established.²⁶

With a key priority among SNAP-Ed IAs of obesity prevention efforts focused on increasing access and consumption of fresh, healthy foods, recent NEOPB analysis identified important access points and behaviors in the home, school, work, and community environments that showed higher FV intake among children, teens, and adults from households receiving SNAP in California.²⁷ Specifically, California SNAP participants reported eating more FV when they had (1) reported availability of healthy snacks at home such as FV that are cut-up and ready-to-eat; (2) access to FV served in the school breakfast program; (3) exposure to fresh, healthy foods provided by FV taste testing in the classroom; (4) employer-provided FV at worksites; (5) availability of FV they purchased near worksites; (6) experience growing FV in gardens; (7) opportunities to purchase FV at farmer's markets; and (8) access to high quality and affordable FV in the neighborhood.

Low-Income Parents Promote Healthy Eating with Cut-up/Ready-to-Eat Produce and Family Meals:

When examining the availability of FV at home, only 41.7% of children from SNAP households reported regular access to cut-up and ready-to-eat vegetables. However, most children from SNAP households reported helping fix FV or salads for dinner (81.3%) and eating a family meal together (86.2%). This was consistent with the proportion of California teens (83.0%) reporting that they usually eat dinner with their families. Among teens, however, family meals were less frequently reported by teens from SNAP and likely eligible households than higher income households. Having cut-up and ready-to-eat vegetables always available in the home and helping fix FV were both related to higher consumption of FV in children (0.3 and 0.4 servings more). In addition, children who ate family meals reported eating nearly three-quarters of a serving more FV; were less likely to be overweight (80.0 vs. 90.5%) and more likely to have participated in nutrition lessons (90.9 vs. 79.0%). The 2012 *Media Tracking Survey* indicated a significant increase (2010-2012) in SNAP eligible mothers reporting that it is easier to get children to eat FV and to limit the amount of unhealthy food for snacks at home. However, 18% of recipients and 41% of eligible mothers still do not report high confidence related to changing family behaviors to support healthy eating.

School Meal Participation, Nutrition Education, and School Environment:

Children who participated in the school breakfast program have consistently reported higher FV intake across survey years.²² While almost all (97.2%) of children from SNAP homes reported eating school meals, considerably fewer reported participating in nutrition lessons at school and FV taste testing in the classroom (63.7 and 58.2%). Less than half (44.0%) of California teens reported having a class on healthy eating. Nutrition lessons have shown a significant, positive relationship to FV consumption among children.²² Healthy weight children were more likely to report participating in nutrition lessons at school and tasting FV in class compared to their overweight counterparts (70.1 vs. 57.3% and 62.8 vs. 50.4%). School-based nutrition programs with youth involvement, promotional activities (taste tests, poster contests), and theory-based nutrition education also showed positive results among teens, supporting optimal academic achievement and healthy food choices.^{28,29}

Over the last decade, child (1999-2009) and teen (2000-2010) trends show a statewide reduction in the proportion of youth with school access to vending machines stocked with soda (-10.5 and -60.1 percentage points) and high calorie low nutrient (HCLN) foods (-4.3 and -6.0 percentage points). Fewer children also report that their school cafeteria serves fast food (-8.9 percentage points). Reductions in access to snack vending, soda vending, and fast food at school during this period were greatest among likely eligible children. In addition, there has been a significant rise in the proportion of children from SNAP households reporting that their school cafeteria has a salad bar (33.5 percentage points; 2003-2011). Despite these improvements, the majority of children from SNAP homes still report bake and candy sales to raise money (76.0%) and teachers who use candy, soda, or chips to reward students (63.4%) at their schools.

Access to Healthy Food Among the Elderly: Low-income older adults may have difficulty accessing healthy foods and nutrition assistance due to factors not seen in other age cohorts. The elderly are especially susceptible to hunger and malnutrition because of issues that relate specifically to age: decreased mobility, limited outside assistance, decreased taste acuity, and social isolation. Older adults may have age-related mobility impairments that prevent them from shopping, or age-related dental impairments that contribute to difficulties eating certain foods. The ability to purchase and consume nutrient dense foods, such as fruits, vegetables, and meats may be limited.

Summary: *Few low-income Californians are aware of the half your plate FV messaging or meet the recommendations for FV and whole grains outlined in the DGA. Low income communities often have an abundance of fast-food restaurants and convenience stores and limited access to healthy foods through grocery stores and fresh produce vendors which contributes to a higher prevalence of obesity and diabetes.*

Implications: *SNAP-Ed efforts through multiple IAs should work collectively to enhance or establish healthy food access and promotions to support low-income communities in meeting the DGA through retail, farmers' markets, gardens, and fast food outlets; at schools and worksites; local congregational meal sites, and in the home.*

Objective 2: Consumption and Access to Healthy Beverages and Reduce Consumption of Unhealthy Beverages

Low Fat Milk: The *Dietary Guidelines for Americans* recommend choosing water and low fat milk as drinks rather than sugar-sweetened beverages.³⁰ Nearly 20% of California children from homes using SNAP reported drinking low fat (1%) or skim milk which has nearly doubled since 1999 (+8.2 percentage points, 19.2% vs 11.0%). The rate consuming low fat/skim milk was 17.9% among children from the 17 California counties where SNAP households were surveyed in 2013 as a baseline county measure for NEOPB. Overall, 35.4% of California teens reported drinking low fat/skim milk with no differences among income groups. Out of all adults, SNAP participants (9.7%) were less likely to drink low fat/skim milk as compared to likely eligible (17.1%) and non-eligible (22.7%) adults.

Water: Total water needs are met by a combination of beverages and moisture found in foods with thirst and the consumption of beverages at meals typically being adequate enough to maintain hydration.³¹ Water provides hydration with no calories and is recommended over higher calorie alternatives like sugar-sweetened beverages.³⁰ In 2011, California children from households receiving SNAP reported drinking 1.3 cups of water daily. Water consumption was higher among California adults, who reported 6.4 cups daily in 2011. Adult SNAP participants drank a full cup more water daily than adults who were likely eligible (6.6 vs. 5.6 cups). Among the 17 counties in California where SNAP households were surveyed as a NEOPB baseline county measure in 2013, mothers reported 4.4 cups of water per day. In 2012,

California teens from SNAP households consumed significantly less water daily (at least one cup daily in the past week) than likely eligible teens (59.5% vs 64.9%).

Sugar-Sweetened Beverages: Statewide trends (1999-2011) in children from households receiving SNAP highlight the reduction in children drinking sugar-sweetened beverages (SSB), with a 13.8% point increase in those reporting no servings. Similarly, there has been a decrease in SSB consumption (excludes sports drink) among teens since 2000, although 46.3% of teens still reported drinking SSBs on the previous day and consumption was particularly high among Latino teens (54.5%) and very low income teens (51.7% with SNAP; 57.9% without SNAP). In adults, SNAP participants drank 1.4 servings of SSB yesterday, compared to one serving for likely eligible adults and 0.6 servings for adults from households with incomes greater than 185% FPL. SNAP participants drank significantly more SSB (nearly a serving) and were nearly twice as likely to report drinking SSB on the previous day than adults in the higher income group (50.0% vs. 25.8%). Since 1999, the overall rate of SSB consumption among adults has decreased significantly. However, Latinos, African Americans, and the very low income have not reported decreases in SSB consumed yesterday. The overall state trend appears to be driven by lower consumption in Whites and the \$35,000-49,999 and \$50,000+ income groups.

In 2012, the Rethink Your Drink (RYD) Project³² conducted a telephone survey with 1,002 low-income mothers or female guardians of children less than 18 years of age and provides additional insight into SSB knowledge and consumption. From the RYD survey, respondents consumed SSB 2.69 times per day and healthy beverages (water and 100% juice) 5.86 times per day. Nearly half of the mothers (46%) drink 2 or more unhealthy drinks per day. English speakers have more knowledge than those who speak Spanish about the consequences of drinking SSB. The more unhealthy drinks mothers consumed per day the less likely they were to correctly identify the health consequence, to make water available for their family at home or on the go, and to intend to change their behaviors in the next 30 days.

High Calorie, Low Nutrient Foods*: More than 1 in 5 (21.3%) children from homes using SNAP reported eating 4 or more daily servings of high calorie, low nutrient foods. However, from 1999 to 2011, the consumption of high calorie, low nutrient foods decreased significantly (-2.7 servings) and can be attributed to reductions in sweets and high-fat snacks (-1.0 servings each). For California teens unhealthy eating remains high, but has also decreased in recent years. Teens who reported eating two or more HCLN foods decreased from 73.0% in 2000 to 50.3% in 2012. In 2010, there were significant differences in intake of HCLN intake by poverty and race/ethnicity. Teens from households below 130% of the FPL were most likely to report eating two or more HCLN foods, regardless of whether they came from homes using SNAP (60.4%) or not using SNAP (57.7%); this has not changed since we began collecting FPL status in 2006. While fewer than half (45.9%) of White teens reported

* High calorie, low nutrient foods include pastries (such as doughnuts or muffins), deep-fried foods (such as onion rings or fried chicken), potato chips, sweet snacks (such as cake or cookies), candy, and soda.

eating two or more HCLN foods, the rates were higher among African American (54.6%) and Latino teens (57.3%). Although a disparity remains, it is promising to note that even among these groups with the highest reported HCLN intake in 2010, significant declines have occurred since 2000.

The 2011 *CDPS* showed significant differences between race/ethnic groups in 3 of 4 HCLN food groups: deep-fried foods, fried snack foods, and high fat sweets. Latinos and Asian/Pacific Islanders report consuming more deep fried foods than Whites and African Americans (31.6% and 30.2% vs. 16.9% and 25.0%). As compared to the other three race/ethnic groups, more Whites reported consuming fried snack foods and high fat sweets on the previous day. The only difference observed between income groups existed for consumption of deep-fried food. Adults likely eligible for CalFresh were more likely to report consuming deep-fried food as compared to CalFresh participants and those ineligible (38.2 vs. 21.5% and 20.8%). From 1997-2011, consumption of deep fried foods among Latinos has increased by 44% ($p < .01$) and consumption of fried snack food among Whites has increased by 24% ($p < .05$).

Fast Food Intake: Fast food consumption was common among low-income Californians and related strongly to poor dietary quality. For children from households receiving SNAP, nearly one in seven (12.9%) reported eating fast food in the past 24 hours and those who ate fast food were less likely than children not reporting fast food to meet the *HP2020* nutrition objectives for vegetables (2.3% vs. 14.4%), whole grains (34.9% vs. 57.0%), added sugars (20.9% vs. 42.3%), and saturated fat (18.6% vs. 46.4%). For teens, 27.1% reported eating fast food on the previous day in 2012. Although, fast food consumption has declined significantly from 32% in 1998, 2012 rates were higher than in recent years. In addition, while consumption of HCLN foods (including SSBs and fast food) has declined overall, rates remain disproportionately high among minority and low-income teens.

CDPS findings show that adults who eat in fast food outlets consume fewer FV than adults who eat out in sit-down restaurants or who do not eat out at all. 2011 *CDPS* data indicate that among adults who ate out on the previous day, 48.9% ate fast food, and more SNAP participants (56.4%) ate fast food than adults from households not likely to be SNAP eligible ($>185\%$ FPL, 38.8%). Thirty-four percent of California adults agree that FV are difficult to buy in restaurants, in general, and nearly 3 in 4 agree they are difficult to buy in fast food restaurants. Adults who ate out in a fast food restaurant on the previous day ate just over one serving fewer FV as compared to adults not eating out at all.

Low-Income Parents Limit Unhealthy Foods and Beverages by Modeling Healthy Eating and Setting Family Rules: Over half (52.7%) of children (9-11 years) who reside in SNAP households agreed that their parents eat HCLN foods, and these children reported more daily servings of all HCLN foods and particularly sweets, compared to those who disagreed (0.6 and 0.4 servings more). The majority of California teens report that their parents limit their consumption of soda (73.7%) and

snack food (e.g., chips and cookies) at home (71.7%) and these reports of parent rules parallel parent reports. Nearly 80% of parents from SNAP households reported having family rules limiting consumption of soda and other sugary beverages and were more likely than parents from higher income households to have family rules limiting consumption of fast food (81.5% vs. 70.2%). Similarly, more teens from very low income homes report parental limits on soda (72.7% with SNAP, 78.8% without SNAP) than teens from higher income homes (68.9%).

Summary: *Although there have been recent reductions, the consumption of sugary drinks remains prevalent among low-income Californians. Water and low fat/skim milk are recommended by DGA as nutrient dense alternatives to SSB, yet few low-income Californians drink low fat/skim milk.*

Implications: *SNAP-Ed efforts aimed at replacing the consumption and access to high calorie, low nutrient beverages with water and low fat/skim milk support healthy choices among low-income Californians. This includes working to replace unhealthy beverages with healthy options and establishing healthy beverage access and promotions to support low-income communities in meeting the DGA through fast food outlets, at schools and worksites, and in the home.*

Objective 3: Physical Activity and Sedentary Behavior

Physical Activity: The current guideline for PA in youth is 60 minutes or more of moderate and/or vigorous PA on a daily basis. Only 57.7% of California children from households receiving SNAP and roughly half (49.3%) of California teens met this recommendation. Trends in reported PA showed significant gains between 1999 and 2003 among children, with increases being greatest among children from SNAP homes, however, between 2003 and 2005, dropped back to baseline values. The rate for children from SNAP homes remained stable from 2005 to 2009 (at ~40%) with an increase in 2011 (+18.5 percentage points); although, this rise is likely the result of changing the PA measurement procedures in 2011. Teens showed a significant decline in PA since 2006 when roughly two-thirds met the guideline.

The *2008 Physical Activity Guidelines for Americans* recommend that adults get 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity PA a week or an equivalent combination of both moderate and vigorous activity, performed in episodes of at least 10 minutes, and preferably spread throughout the week.³³ In addition, it is recommended that adults engage in muscle strengthening activities at least twice per week. Statewide, 62.0% of Californians report engaging in 150 minutes of moderate or 75 minutes of vigorous activity a week, however, only 1 in 4 reports meeting the full aerobic and muscle strengthening recommendation. Physical activity rates for older adults were similar to the state average (63.5% of older males and 64.7% of older females). Less than half of adults' likely eligible for *CalFresh* and 59.5% of *CalFresh* participants meet the aerobic PA goal, compared to 71.4% of adults from households with incomes greater than 185% FPL. Among the 17 counties in California where

SNAP households were surveyed in 2013 as a baseline county measure for NEOPB, 65.4% of mothers met the adult PA guideline.

SNAP-Ed interventions promoting physical activity in older adults (age 65 and older) not only improve physical health, but may decrease the risk of falls, and reduce age-related loss of skeletal muscle mass. According to the CDC, each year one in three older adults will experience a fall, but less than half of these adults will talk to their physician about falling. Falls not only cause physical injury but also are associated with numerous morbidities, decreased quality of life, and decreased ability to perform activities of daily living (CDC 2007). In 2010, falls cost the nation an estimated 30 billion dollars; falls are the number one cause of injury death among older adults in California (CDPH, Vital Statistics Death Statistical Master Files, 2011).

Sedentary Activity: The 2010 *Dietary Guidelines for Americans* and health organizations recommend that youth spend less than two hours of recreational screen time (watching television, playing electronic games, or using the computer) a day.^{34,35} Although television viewing was common among children (2-4 and 9-11 years), the majority (~80%) met the *Healthy People 2020* objective for two or fewer hours of television time.²⁰ Among California teens, the majority (74.8%) also meet this recommendation. Statewide surveys show that screen time increases with age (youth: 1.8 hours, adults: 4.4 hours). Adults reported the most screen time, spending 2.4 hours per day watching television and an additional 2 hours using the computer for work or household business or leisure activities, playing video games, or watching videos/DVDs. Although total screen time was lower (less than 4 hours) among older adults (65 years and older), they tended to watch more television (2.6 and 3.1 hours for older males and females, respectively) and spend less time on the computer (1.0 and 0.7 hours for older males and females, respectively).

Across age groups, there was a clear gradient towards more television time as household FPL decreased. Youth (9-11 and 12-17 years) from households using SNAP and likely eligible teens ($\leq 130\%$ FPL) reported spending the most time watching television or playing video and computer games, with a half hour difference found in screen time between children from SNAP homes and those not eligible.²² Adults participating in SNAP and those likely eligible watched significantly more television than those from households above 185% FPL, whereas adults from households above 185% FPL spend more time on the computer for work or household-related business. Striking differences in screen time also exist among race/ethnic groups. African American teens and adults reported the most television viewing per day (3.0 and 3.8 hours), while White teens and Latino adults watched the least (1.2 and 2.3 hours).

Summary: *Many low-income Californians fail to meet the physical activity guidelines for good health, while spending large amounts of time watching television and on the computer.*

Implications: SNAP-Ed interventions should incorporate programming around both physical activity and screen time to promote active lifestyles among low-income Californians across their lifespan.

Objective 4: Environmental Supports for Nutrition Education and/or Physical Activity

Access to Fruits and Vegetables at Work: Annual employer-paid overweight- and obesity-attributable costs can reach \$2,500 per employee, with nearly one-third of costs resulting from absenteeism³⁶, and evidence suggests that the majority (75%) of business leaders from lower-wage settings support worksite policies to make healthy foods available³⁷, providing a critical opportunity to improve employee health by promoting healthy eating at low-wage worksites. Despite this, low- and middle-income working women report that the greatest barrier they encountered was a lack of access to healthy foods at work; instead they reported that vending machines sold less healthy foods, employers routinely offered donuts, pastries, and cookies, and the easiest foods to access outside of work were at fast food restaurants. Conversely to these women, nearly two-thirds of working adults statewide reported access to FV, but very few (10.7%) reported employer-provided produce and vending machines with FV.

Access, Quality, and Affordability of Fruits and Vegetables: Store accessibility, food prices, and CalFresh policies are major factors affecting where SNAP participants shop.³⁸ Access to supermarkets is one of the most promising strategies to reduce obesity for disadvantaged populations.³⁹ Yet, convenient access to good quality and affordable FV is an issue for many low-income Californians. Studies show that middle- and upper-income areas have 2.3 times as many supermarkets as low-income areas and when examining access to food outlets (n=190) in low-income communities, 49% were fast food outlets, 33% were grocery stores, and only 18% of the grocers carried good quality FV.^{40,41}

Analysis of NEOPB *Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention (CX³)* food store surveys (2007-9) collected in qualifying neighborhoods ($\geq 50\%$ of households at 185% FPL) indicates that stores in low-income neighborhoods were predominantly small markets and convenience stores (79%) with far fewer (13%) supermarkets or large grocery stores available. Variety and quality of FV was highest in supermarkets and large grocery stores with nearly all (98%) carrying 7 or more types of produce and rating the quality as all or mostly good (96-98%). Among small markets, variety (7+ types) was less common for FV (41-60%) and quality was lower, with only 29% having all or mostly good quality fruit.

Cost is the primary reason provided by low-income adults for not eating more FV. These findings suggest that low-income Californians would eat more FV if they were more affordable. Almost 60% of likely eligible adults agreed that FV are too expensive, as compared to only 28% of adults not eligible.

Opportunities to Increase Physical Activity: Youth participation in organized sports provides opportunities for PA outside of the school day and supports physically active lifestyles. In fact, children from SNAP homes participating in organized sports were more likely to meet the PA guideline (66.2 vs. 51.9%) and reported 19.7 minutes more daily PA. However, low-income children and teens had the lowest rates of reported participation in organized sports.²² Many children (78.8%) from homes using SNAP reported exercising together with their family which related to 42.5 minutes less sedentary screen time per day than those not active with their families. Interestingly, nearly half (40-47%) of SNAP and SNAP-eligible mothers also reported low confidence related to changing family behaviors to support PA (2011 *Media Tracking Survey*).

Schools play an important role by helping youth have opportunities to be physically active. *Healthy People 2020* recommends an increase in the percent of adolescents participating in daily physical education (PE) at school, with a goal of 36.6% of high school students. Three-quarters (73.5%) of California teens reported taking PE at school, and 62.9% of all teens (ages 12-17) reported participating in PE every day. PE participation is higher among SNAP participants (80.7%) and very low income teens from homes not using SNAP (78.6%) than higher income teens (65.1%). Of those reporting PE, teens participated in PE class 4.3 days per week and spent 45.3 minutes per PE class being physically active. Significantly fewer children (9-11 years) report daily PE (16.9%). Children participating in PE averaged 2.4 classes per week for over half an hour (38.4 minutes per class). Only one-third (36.1%) of children from homes using SNAP reported an adequate amount of PE classes to meet the California mandate of 200 minutes every 10 school days.

Promotion of PA in the work environment is critical to employee health and improves energy and productivity. Nearly 35% of working adults in California have access to exercise facilities at their worksites and 21.7% have employer-provided PA benefits. While there was no difference in reported access to worksite exercise facilities by income, *CalFresh* participants and those likely eligible were less likely to report PA benefits in the workplace as compared to those not likely eligible (16.3% and 13.6% vs. 28.0%). The 2011 *Media Tracking Survey* also showed that low-income mothers reported less access to employer provided PA benefits than higher income moms (10% vs. 30%). When available, the majority (52-59%) of low-income mothers used these benefits. Financial disparities also exist with low-income mothers not able to afford PA activities and programs compared to higher income moms (25-42% vs. 15%).

Opportunities to Reduce Screen Time: Evidence suggests that children with televisions in their bedrooms have higher BMIs, so this was examined among children and teens.³⁴ Screen time was significantly associated with overweight status in teens; overweight and obese teens reporting a half hour more than those not overweight. Over two-thirds (67.8%) of children from households receiving SNAP reported having televisions in their bedrooms with a clear gradient of increasing rates as parent education level decreased. Similarly, nearly two-thirds (63.6%) of teens from SNAP

participant homes and (63.0%) of very low income teens without SNAP reported having a TV in their bedrooms, compared to only one-third (33.3%) of higher income teens. Two-thirds (66.6%) of children reported that their parents limit the time they spend watching TV or playing video games to less than two hours a day. Parent limits were related to 41.2 minutes less television time and a higher proportion of children meeting the guideline (88.2 vs. 66.7%). The majority of teens (60.6%) report having parental limits on school day television, video game, and computer time, with such limits more commonly reported by very low income teens (63.0% SNAP participants, 66.9% likely eligible) than by higher income teens (55.5%). Adult data show that about 7 in 10 parents impose limits on television usage, and there is no difference in presence of such limits by income group. Despite this, more parents from households ineligible for *CalFresh* report imposing limits on internet usage, video games, and video/DVD watching as compared to households receiving *CalFresh* (87.5% vs. 76.6%), in contrast to reports by teens.

Summary: *Low-income communities have fewer environmental supports for nutrition education and physical activity, including less variety and a lower quality of FV available and limited access to healthy foods through supermarkets, with small markets and convenience store most abundant. Worksite policies can promote the availability of healthy foods and activity breaks.*

Implications: *Promising environmental supports to SNAP-Ed efforts include targeting low-wage worksites to promote worksite policies supporting a healthy lifestyle among low-income working Californians, enhancing or establishing healthy food access and promotions to support low-income communities, and promoting active lifestyles by incorporating environmental supports to increase physical activity (participation in organized sports, exercising together as a family, daily PE at school for all children) and reduce screen time (remove televisions from children's bedrooms and setting household limits on screen time).*

Objective 5: Food Resource Management and Food Security

Food Security: NEOPB's Impact Outcome Evaluation project requires LHD's to conduct an outcome evaluation with at least 100 youth or adults. Those working with adults can use the Food Behavior Checklist (FBC) to assess the impact of their SNAP-Ed nutrition education efforts. The FBC asks "do you run out of food before the end of the month?" At pre-test, 36% of adults (18+) reported never running out of food before the end of the month. At post-test, 39% of adults (18+) reported never running out of food before the end of the month. After receiving at least five, thirty minute nutrition education classes, adults (n=720) showed a 2% point decrease (not significant) in running out of food before the end of the month.

Food Resource Management Skills: Food resource management (FRM) education is one of the most requested educational trainings that UC CalFresh offers eligible clients. The ability to successfully procure healthy foods throughout the month while reducing instances of food insecurity (running out of food by month's end) depends

upon an individual's ability to assess nutritional values of available food resources, their ability to budget their limited food dollars and their ability to critically assess the impact of food marketing on their buying behaviors. UC CalFresh includes food resource management in Making Every Dollar Count and Plan, Shop, Save, Cook.

Making Every Dollar Count (MEDC) Evaluation: Based on a retrospective survey[†] of 977 MEDC participants (26% response rate), more than three-quarters of participants made improvements in knowledge and skills for all MEDC measures: knowing easy ways to save money on food; knowing simple healthy meals to make; and understanding food ads. Results for MEDC exceeded all three SMART Objectives (>50%) and improved overall compared to FFY 12.

Plan, Shop, Save, Cook (PSSC) Evaluation: The UC CalFresh signature adult curriculum PSSC consists of four lessons adapted from the eight lesson curriculum Eating Smart, Being Active (ESBA). Evaluation of PSSC uses a 7-item food behavior pre- and post-test. Fifteen counties collected surveys from a total of 2,358 participants (17% response rate) who participated in PSSC. Participants making improvements in any of the food resource management behaviors ranged from over a third (35% improved in comparing prices) to over half (54% improved on reading Nutrition Fact labels) of participants. The number of participants who reported "Almost always" or "Most of the time" improved for all behaviors:

- Up by 26% for using nutrition facts label.
- Up by 19% for planning meals.
- Up by 18% for shopping with list.
- Up by 15% for varying meals and comparing prices.

We also looked at the association of resource management skills with a food security outcome, using the question "How often do you run out of food before the end of the month?" Although there was no difference in baseline food security among participants who were CalFresh (54.8%) or non-CalFresh (45.2%), there was a significantly greater improvement in food security for CalFresh participants ($p=0.008$).

Furthermore, the UC CalFresh program in Santa Clara County completed a special project looking qualitatively at the effects of resource management nutrition education on household pantries. This pilot study contributes to our understanding of food availability in the home of low-income, high risk Hispanic families who completed the PSSC series lessons. Families in this study improved food security by making the following changes to stretch their food dollars: planning menus, using leftovers, using a shopping list and shopping less often. Participants used savings to purchase additional healthful foods such as fruits and whole wheat bread.

The following 3 themes emerged from this pilot project:

- **Theme #1: Shop less often to save money and make food last longer**

[†] Represents 6 counties in Northern and Central California. The vast majority (84%) of participants completed the MEDC series of 8 lessons.

“I used to spend \$100 to \$150 a week in food. Now I spend the same amount but every two weeks. I am saving a lot. The list helps me to stay within the budget and it really helps. Now I avoid taking my kids to 7/11 or convenience stores to each because the food is not healthy and it just contributes to spending more money. This way I am saving the money I can spend on healthier food.”

- **Theme #2: Stretching food dollars to spend more on healthier foods such as fruits and vegetables**

“I go to the grocery store and buy just what I need. I used to buy or get things that I did not need only because they were on sale. Now I’m getting only what I really need. I am trying to spend less and buy only what is healthy for my family.”

- **Theme #3 :Stretching food dollars by using leftovers and not wasting food**

“I’m learning to use leftovers. I used to throw them away because my husband does not like them. Now I use them to create new dishes and this way I stretch my food and my money.”

Summary: *The combination of resource management education and CalFresh EBT is associated with improved food security for CalFresh participants.*

Implications: *These findings suggest that the UC CalFresh resource management curricula are a vital component of nutrition education for participants with limited resources, and further provide justification for expanding SNAP-Ed efforts to improve food security through food resource management education.*

3. Other Nutrition-Related Programs Serving Low-Income Persons

Discuss the availability of other nutrition-related programs, services, and social marketing campaigns (i.e., EFNEP, Child Nutrition services, etc.).

California's State agencies administer federal categorical programs that may include nutrition education, principally through USDA, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention (CDC). Some State-funded categorical programs allow local contractors to include nutrition education through local assistance funding to local government and competitive grants to public and non-profit organizations. Over the past decade as concern about obesity has risen, so too has the allocation by county, school district, and other local governments of local and State funds for nutrition education. By far, most of these funds target lower-income groups and communities and are supported by the increasing number of federal and state laws promoting nutrition, obesity prevention, and school wellness.

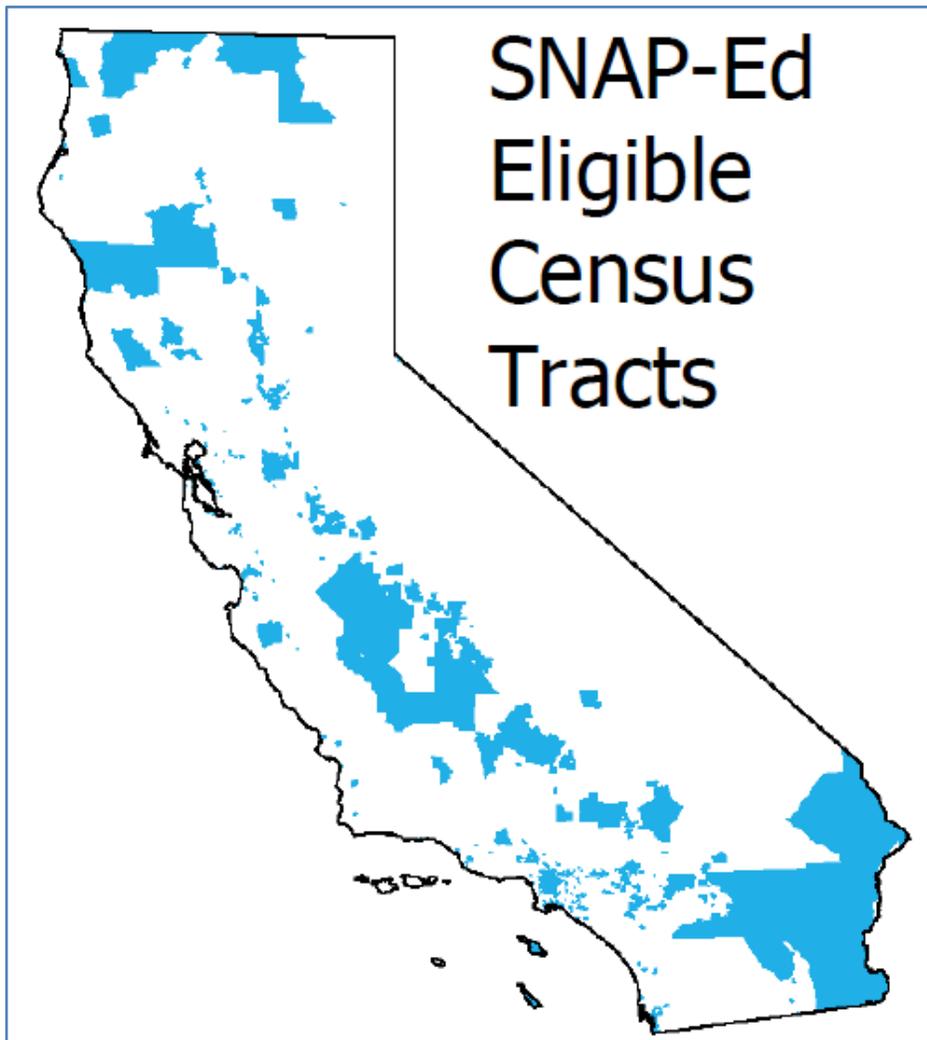
Place-based nutrition and obesity prevention programs have become more visible in recent years. These projects are geographically based in neighborhoods, tribal areas, cities, or counties, have a strong systems and environmental change component, and support nutrition education efforts. The majority of persons served by these projects are low-income and/or they take place in low-income areas. The CDC, Kaiser Permanente, and The California Endowment are all major funders of California nutrition-related programs that do complimentary work to that of SNAP-Ed.

A complete list of websites for nutrition-related programs serving low-income persons in California, brief summaries of current program activities, and an overview of the intra- and inter-governmental infrastructure coordinating efforts among programs are available here: <http://www.cdph.ca.gov/programs/cpns/Pages/Links.aspx>.

4. Areas of the State Where Supplemental Nutrition Assistance Program Target Audience Is Underserved or Has Not Had Access to SNAP-Ed Previously

SNAP-Ed efforts are concentrated in locations demonstrating the most economic need using USDA specifications for the prevalence of SNAP participation/eligibility, low-income census tracts, means tested programs, qualifying congregate meal sites, or schools where the majority of students qualify for FRPM, as well as implementing nutrition and PA policies at organizations where SNAP eligible groups are predominantly located such as worksites of low-wage earners or eligible youth- and faith-based organizations.

The total SNAP-Ed eligible census tracts are shown below (see map) based on the criteria of 50% or more of the residents having income less than 185% FPL (American Community Survey 5-year data 2008-2012 and 2007-20011). Of these, California SNAP-Ed provides services in 57.4% of the eligible census tracts.



The NEOPB is committed to improving service in small, rural counties and strengthening the local public health department infrastructure by using a population-based approach for awarding funds to California counties. 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. In addition to direct funding to LHDs, all 58 counties will receive support for SNAP-Ed through the new training resource centers (TRCs). The TRCs provide technical assistance, coordination, media and public relations, educational materials, specific NEOPB campaign interventions, including programs with qualifying retail food stores and low-wage worksites and some staff support for public/private multi-county NEOPB Coalitions that focus on regional priorities. All of these activities focus on better serving eligible populations through a coordinated SNAP-Ed delivery approach in California.

In FFY 15, LHDs submitted a coordinated county workplan that included projects for all five IAs: CDPH NEOPB, UCD, CDSS/CCC, and CDA. Coordination between the various SNAP-Ed funded programs in the counties is the top priority. The IAs have directed programs that sharing sites can be allowed if there is an unmet need, the strategies are not duplicative, and the efforts support a comprehensive SNAP-Ed approach. Coordination is carried out in a variety of ways. At the state level, the IAs meet to review and coordinate the California SNAP-Ed implementation. Locally, program staff meet through the CNAP's on a regular basis to plan on how to deliver nutrition education programs by identifying the resources each program provides and to determine how best to meet the needs identified; working to reduce the overlap and to identify where there is unmet need. The specifics on the program targeting lists can be found in Section B Attachments 9-10.

The California map displayed below (next page) shows the county breakdown of the 12,242 SNAP-Ed sites providing direct services to eligible populations in 56 counties across the State. Mariposa and Sierra Counties will only receive SNAP-Ed support through the TRCs. In addition, the SNAP-Ed sites in each county are also compiled for each of the IAs in Attachment 6. For NEOPB, 56 county and 3 city LHD projects plan to provide nutrition education at 9,579 sites in 56 counties. Four of the NEOPB contracts cover multiple counties. These include Solano, which covers Napa; Plumas, which covers Lassen and Modoc; CSU Chico, which covers Colusa and Glenn; and Monterey, which covers San Benito. UC CalFresh provides statewide nutrition education through University of California County Extension offices at 1,389 total sites in 31 counties. CDSS funds Get Fresh in county welfare offices and Catholic Charities to provide nutrition education and obesity prevention services at an array of community sites including shelters, food distribution centers, social service offices, and low-income housing developments with a total of 64 sites covering 13 counties across the State. CDA provides nutrition and physical activity education to older adults that attend 22 of the 33 local Area Agencies on Aging (AAA) through its 351 congregate nutrition programs or alternative venues where seniors congregate reaching eligible seniors in 30 counties.

Alameda	423
Alpine	7
Amador	24
Butte	121
Calaveras	38
Colusa	37
Contra Costa	199
Del Norte	49
El Dorado	72
Fresno	660
Glenn	27
Humboldt	213
Imperial	152
Inyo	31
Kern	481
Kings	84
Lake	89
Lassen	31
Los Angeles	1,078
Madera	63
Marin	69
Mariposa	0
Mendocino	34
Merced	193
Modoc	23
Mono	23
Monterey	110
Napa	67
Nevada	21
Orange	1,421
Placer	56
Plumas	24
Riverside	301
Sacramento	321
San Benito	29
San Bernardino	482
San Diego	1,127
San Francisco	371
San Joaquin	541
San Luis Obispo	149
San Mateo	142
Santa Barbara	70
Santa Clara	455
Santa Cruz	157
Shasta	197
Sierra	0
Siskiyou	97
Solano	87
Sonoma	127
Stanislaus	250
Sutter	74
Tehama	111
Trinity	62
Tulare	470
Tuolumne	34
Ventura	392
Yolo	207
Yuba	69

California SNAP-Ed Planned Sites by County



Overall, California SNAP-Ed provides direct services in 59 (56 county and 3 city) of the 61 health jurisdictions (58 county and 3 city). Two counties in California have no direct service SNAP-Ed project sites: Mariposa and Sierra (Attachment 3). The

SNAP/CalFresh participation for these counties represents a small fraction (0.05%) of the total SNAP/CalFresh participation in the State. In addition, none of the seven census tracts in these counties qualify for direct SNAP-Ed services. Attachment 4 includes a list of the 6,792 California low-resource schools qualifying for SNAP-Ed (\geq 50% FRPM; CDE, 2013-14 FRPM data file). As for place-based reach, California SNAP-Ed provides services in 57.4% (2279 of 3970) of the eligible census tracts and 51% of the low-resource schools in the State.

Summary: *Two counties (Mariposa and Sierra), that represent a tiny fraction (0.05%) of the SNAP/CalFresh participation in the State, have no direct service SNAP-Ed projects. In addition, California SNAP-Ed does not reach 42.6% of the eligible census tracts or 3,444 eligible, low-resource schools.*

Implications: *Coordination between the five IAs in the state can promote a seamless delivery of California SNAP-Ed in each county to better serve the eligible populations. Two counties in the State remain without direct services based on the lack of qualifying census tracts to provide direct services.*

5. Implications of Your Needs Assessment and How These Findings Were Applied to This Current Year's SNAP-Ed Plan

The implications of the California Needs Assessment for the FFY 15 SNAP-Ed Plan, especially in light of the federal guidance based on the Healthy Hunger Free Kids Act of 2010, are:

1. Nutrition education, which has been widely disseminated throughout the state targeting low-income and specific ethnic populations, has improved consumption of FV to a measurable extent; many of these interventions should continue.
2. Levels of obesity: California has shown modest decreases in childhood obesity rates,⁴²⁻⁴⁴ possibly as a result of taking comprehensive action to address the epidemic; continued emphasis will be placed on implementing evidence and practiced-based nutrition education interventions as feasible and allowable. Also, in light of the new guidance, a stronger emphasis should be placed on ongoing PA coupled with the education.
3. The research literature suggests that nutrition education and obesity prevention efforts with the greatest record of success should include community-based multi-level approaches such as those promoting policy, systems, and environmental (PSE) changes, in addition to individual-level interventions. Selected PSE interventions will be evidenced-based and include multi-level approaches and community engagement. The USDA SNAP-Ed Strategies and Interventions: An Obesity Prevention Toolkit for States will be promoted to LHDs in choosing evidenced-based interventions.
4. Nutrition education and obesity prevention efforts must be targeted to those geographic areas and to populations that are at highest risk. California's SNAP-Ed audience is comprised in large part of: Hispanics (nearly half of SNAP population), Spanish or Spanish/English speakers (over half of SNAP population), female heads of household (over two-thirds of SNAP population), individuals in the workforce (nearly one-third receive CalWorks), and children (over half of SNAP population).
5. Preliminary qualitative and quantitative data suggest that the *combination* of resource management education and CalFresh EBT are associated with improved food security for CalFresh participants. Greater emphasis and coordination should be placed on expanding SNAP-Ed efforts to focus on food resource management education and programming.

CDPH is faced with the challenge of determining how best to use its diminishing resources while building California's overall capacity to reach SNAP-Ed goals. Collectively, the mission is to foster positive behavior change among California's low-income residents, trigger improvements in low-income community environments to foster support for healthy behaviors, maximize partnerships in specific areas related to obesity prevention and ultimately help eliminate health disparities in obesity and its related diseases. SNAP-Ed *Guidance* received in late March 2014 also contained greater emphasis on evidenced-based, multi-level approaches in nutrition and physical activity supports for community change. .

The transition plan by CDPH for SNAP-Ed was designed to lay a statewide infrastructure and foundation to achieve these goals. Beginning in FFY 13, the NEOPB awarded funding to LHDs to implement comprehensive local nutrition education and obesity prevention programs. Consistent with their statutory requirements and this funding, LHDs are serving as the lead health agency in their respective jurisdictions. LHDs are coordinating with local partners and involving multiple sectors in spearheading efforts to improve the nutritional status and prevent obesity among California's low-income population. The funding each LHD receives is population based and this will increase the reach across all small, medium, large, and extra-large counties to reduce gaps in SNAP-Ed services across the state. In FFY 14, the transition was completed and LHDs or a designated alternative will serve in full capacity in 59 of the 61 health jurisdictions (58 county and 3 city).

State and service area funds are serving to provide state-and county-group-level training to LHDs to strengthen their technical capacity for local jurisdiction-wide nutrition education, social marketing and policy, systems and environmental change targeting low-income residents and locations among the 59 of California's 61 official LHDs. Through subcontracting and informal partnerships, LHDs are collaborating with and in some cases providing funding to school districts and community-based organizations not presently being served by other IAs.

Coordination and Partnership among IAs, Other FNS Programs, and LHDs

Both the size of California and the public health significance of the problems described in this needs assessment require coordinated action. At the state level, leadership is provided through a number of mechanisms including the infrastructure of advisory bodies such as the Food Assistance, Nutrition Education, and Outreach (FANOut) committee which includes local partners and stakeholders. Regular coordination meetings will continue for 2015 between CDSS, CDPH and UC CalFresh, and will include three new SNAP-Ed IAs: California Department of Aging, California Department of Food and Agriculture, and Catholic Charities.

NEOPB staff at the LHDs are taking the lead coordination role amongst all SNAP-Ed IAs in the jurisdiction and writing a Work Plan that outlines coordinated efforts amongst local SNAP-Ed IAs and complementary activities with other USDA nutrition assistance programs. LHDs will also continue with their CNAPs or existing collaboratives to identify strategic goals and priorities for improving food security and nutrition for FNS and non-FNS-funded partners in a given jurisdiction.

LHDs/County Welfare Department (CWD) partnerships have had a long history with the NEOPB and CDSS successfully working with the low-income community, reaching the SNAP-eligible population through direct nutrition education efforts and by providing training and resources to community partners that directly serve the target audience. LHD/CWD Partnerships have the ability to conduct impact evaluation with positive results and have participated in the CX³ data collection in low-income neighborhoods to empower community members to make changes in their neighborhoods.⁴⁵ This partnership will continue to grow and LHDs will continue to

collaborate with their funded and unfunded local social service agencies and other FNS programs to maximize the health and benefits to the low-income population. LHDs will continue to act as the nutrition expert and provide support to local social service SNAP-Ed programs as needed.

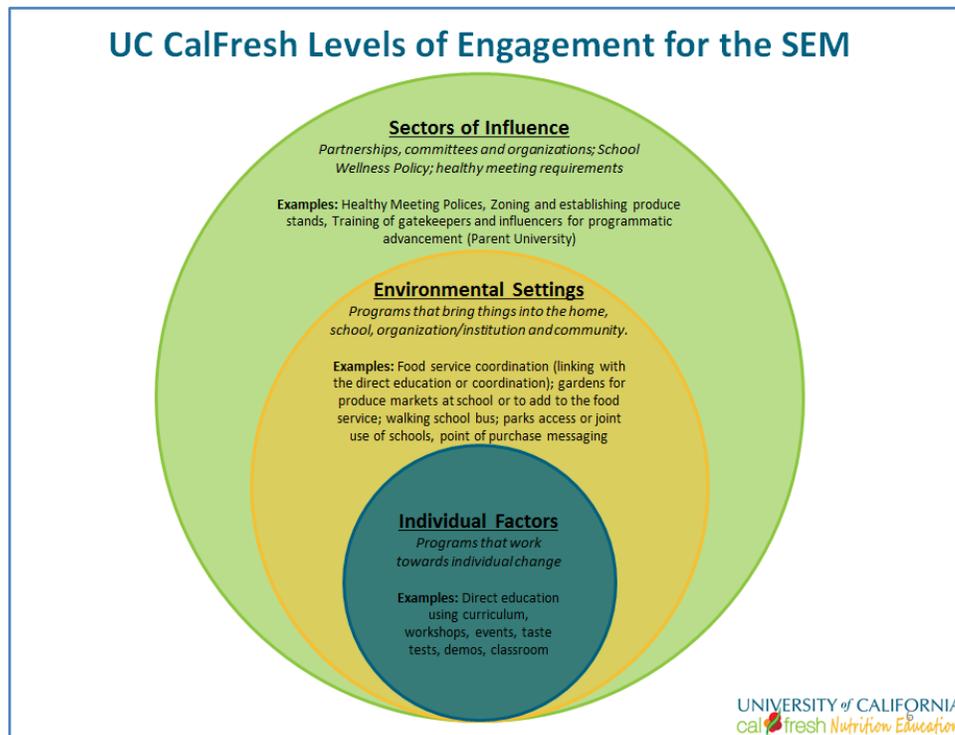
UC CalFresh Nutrition Education programs are coordinated at the state level working with the University of California faculty and specialists. The programs are delivered through 30 of the University of California Cooperative Extension (UCCE) county offices. The programs build upon the expertise of nutrition advisors, 4-H youth coordinators, Master Gardeners and other program leaders. The UC CalFresh State Office provides leadership and support in both administrative, fiscal, program and evaluation functions related to SNAP-Ed delivery.

Program delivery integrates UC resources based upon documented target audience needs established in peer reviewed publications, and national, state and local survey assessments. This, in conjunction with evaluation data from UC CalFresh sites assists in refining the program each year. UC Extension Specialists and County Advisors link research, theory, and practice to guide resource development and nutrition education program delivery at the local level.

UC CalFresh will continue its program, targeting income-related disparities in: lack of consumption of sufficient levels of fruits and vegetables; consumption of low nutrient foods and beverages; sedentary activity; food and resource management education needs and promotion of our newer curriculum designed to improve child-feeding practices that help parents instill development of health eating habits in their young children. In FFY15 there will be greater focus on programmatic integration applying the Social Ecological Model with emphasis on schools and promotion of Smarter Lunchroom movement and school gardens.

The UC CalFresh FFY 15 plan continues efforts established in FFY12 with ongoing streamlining and standardize evaluation tools to measure, observe and quantify increases in healthy foods/behaviors, resource management, and overall awareness of fruits and vegetables. Building upon these priorities, statewide SMART Objectives linked to curriculum and evaluation tools in all UC CalFresh county programs, will offer greater statewide data consistency for the administration of program and evaluation efforts that can be analyzed by county or for the state as a whole.

In FFY 15, UC CalFresh will explore options to begin to measure indices identified in the Western Region SNAP Ed Outcomes Framework. The State Office will continue to work with the counties to create awareness and generate momentum toward adherence to working at multiple levels of the Social Ecological Model (SEM). Although some of the counties have been delivering programs at various levels of the SEM, we have not had a statewide methodology to collect and report outcomes in the outer spheres. As programs refine their delivery, focus will occur on the depth and breadth of program advancement at their sites, rather than on the quantity of sites where services can be provided.



In FFY13, UC CalFresh Nutrition Education Program reached nutrition education 146,054 (122,758 Youth and 23,296 Adult) direct and indirect participants. This is a slight increase of about 3% when compared to FFY 12 numbers. The plateauing trend in numbers reached is based on taking statewide averages per FTE and establishing goals for each educator and due to a focus on a more comprehensive approach applying the Socio Ecological Model. It is anticipated the goals will be met and exceeded based on prior year's experiences.

Citing a substantive increase in youth food horizon, UC CalFresh achieved the majority of targeted behavior and program goals in 2013; reached a significantly wider audience of SNAP eligible adults and youth with lower cost direct education approaches; increased program evaluation by incorporating results in improving program quality; and continues to look forward to fulfilling our mission to provide comprehensive, evidenced-based programs.

California Department of Aging (CDA) administers the Older Americans Act (OAA) Congregate Nutrition Program (Nutrition Program) through its statewide network of 33 Area Agencies on Aging (AAA) and their service providers. This program helps older adults remain independent in their communities by providing nutritious food. OAA services target older individuals who are in greatest economic or social need, and give particular attention to low-income, minority older individuals, and older individuals living in rural areas. The program's purpose is to improve participants' dietary intakes and decrease their risk for chronic disease by providing meals that meet the Dietary Guidelines for Americans (DGA). The DGAs align with SNAP-Ed intervention

strategies. To address low-income older adults in California, CDA has developed a statewide SNAP-Ed nutrition education obesity prevention program targeting this population. Nutrition and physical activity interventions with older adults may reduce or delay the onset of many chronic diseases, decrease risk of falls, and reduce age-related loss of skeletal muscle mass.

CDSS and CDA have collaborated to expand SNAP-Ed services to California's older adult population through CDA's 22 participating Area Agencies on Aging. These agencies provide OAA services throughout California. SNAP-Ed will be provided as a direct or contracted service by the local AAA through its congregate nutrition programs or other venues where seniors congregate. The needs assessment demonstrated that CDA and the AAAs have access to both the intended SNAP-Ed audience and the expertise to provide SNAP-Ed. This needs assessment supports the provision of SNAP-Ed at congregate sites which overcomes the barriers many older adult SNAP-Ed participants may experience.

CDSS will primarily be working with the county welfare departments (CWDs) to provide funding for nutrition and physical activity education targeting the CalFresh recipients specifically. This will be done at food banks, the welfare offices, low-income housing sites, etc. All SNAP-Ed delivery will be from FNS approved curriculum, primarily those that emphasize eating right when money is tight. CDSS will continue to improve the evaluation of SNAP-Ed efforts by working with expert partners from the IAs as well as utilizing experts locally.

LHD Work Plans and Grant Deliverables

FFY 15 signifies the first full year of LHDs implementing the new NEOPB Grant Deliverables, a transition away from the previously used templated Scope of Work. Through the coordinated Work Plan, LHDs will select the most relevant and appropriate nutrition education and physical activity interventions for their counties. This approach provides them with the flexibility and control to develop unique solutions and adapt to changing needs. Local public health practitioners know what partners and what issues need to be at the table and they are uniquely positioned to facilitate dialogue among diverse partners. The LHD often serves as a connecting force in the community and is able to reach out to everyone. LHDs have the credibility to speak for the community and are concerned for community health. LHDs know their communities, have access to local data, and are aware of the ongoing problems and the dynamics of changing problems. The CDC Communities Putting Partners to Work grants, one of the first place-based funded programs, saw a number of successes from its county health department grantees.⁴⁶

Basic LHD activities for all LHDs will include coordination and joint activities with SNAP-Ed IAs, local CNAPs that include FNS partners to set county level goals, partner collaboration to identify, implement, and evaluate two priority multi-level PSE interventions, community assessment using the Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX³) process or other reliable and consistent instrument, community engagement around CX³-identified issues, evidence

and/or practice-based direct nutrition education classes, coordinated work to support healthy beverage consumption, and community events. Activities might also include those related to retail, worksite, peer education, outcome evaluation of direct nutrition education, school/after school, youth engagement, early childhood, and faith-based.

Findings around access to fruits and vegetables and other healthy foods and opportunities to increase physical activity and decrease screen time suggest the need for policy, systems, and environmental change strategies (PSEs) in low-income areas. Development of multi-component initiatives that include PSE change strategies (PSEs), evidence-based nutrition education, marketing, parent/community involvement and engagement, and staff training to create environments supportive of behavior change are a new and exciting direction for SNAP-Ed. LHDs will be guided to work on PSEs relevant to their low-income communities through community engagement processes such as CX³, school wellness councils, and food policy councils. Thirteen NEOPB PSE strategies were identified including healthy retail improvements, SNAP EBT acceptance at farmers' markets, strengthening school wellness policies, community gardens, and promoting food and beverage standards. In FFY13 and FFY14 most LHDs selected and began work on their PSE strategies. Descriptions of PSE plans are included in the FFY15 LHD work plans. To support LHDs, a *PSE Change Resource Guide* was developed to supplement the USDA *SNAP-Ed Toolkit: Interventions for States*.

Continued program planning and evaluation support will be provided to LHDs for their PSE work. PSE evaluation is based on the RE-AIM framework, which addresses whether the strategy *reaches* the priority population, is *effective* in achieving intended outcomes, is *adopted* by providers and settings, and is *implemented* with fidelity in a manner that will be *maintained* over time. In FFY14 state staff and local LHD staff were trained on the RE-AIM framework. Core indicators were identified for each of the five RE-AIM dimensions and are in alignment with indicators in the USDA Western Region *Nutrition, Physical Activity, and Obesity Prevention Outcomes Evaluation Framework*. These core indicators were translated for each of the 13 NEOPB PSE strategies and evaluation templates were created. In FFY14 customized RE-AIM evaluation plans were developed for each LHD and a reporting system was designed. As specified in the LHD grant deliverables, beginning in FFY14 and annually LHDs will report on their PSE work using the PSE RE-AIM evaluation reporting system.

Targeted Social Marketing, Youth Interventions, and Messages

A key element of NEOPB activities is targeted social marketing strategies that include culturally relevant interventions and public education media campaigns. The NEOPB's three campaigns are tailored for the major segments of *CalFresh* participants as described in the needs assessment, namely Latinos (48.0%), African Americans (15.2%), and children (57.9%) and to address low rates of FV consumption and PA across these groups. The population-targeted campaigns for low-income African Americans, Latinos, and 9- to 11-year-old children enable the NEOPB to offer tested, turnkey, culturally- and age-appropriate approaches to partners, and to continually refresh materials with experience and changing needs. NEOPB

interventions also address food insecurity through intentional messaging aimed at empowering consumers to make healthy choices and take ownership of their homes, schools, and communities.

FFY 15 continues the transition away from state-directed campaigns/programs to more locally-led efforts lead by LHDs. Regional Training Resource Centers will provide training to LHDs through February 2015 based on training needs. The following targeted social marketing, youth interventions, and messages are expected to continue in FFY 15, but will be selected and implemented by LHDs rather than the statewide and regional implementation used in past years:

- Mass communications that feature “Champions of Change” that are culturally and linguistically relevant for Latino, African-American, and multi-cultural populations
- *Latino Campaign* empowers low-income Latino adults and their families to consume the recommended amount of FV and enjoy PA every day. Community educators work with communities throughout California to create environments where healthy eating and active living are socially supported and accessible in an effort to reduce the risk of chronic diseases, especially cancer, heart disease, type 2 diabetes, and obesity among low-income Latinos.
- *African American Campaign* is designed to improve the health of the low-income African American community by providing education about healthy eating and PA. Through the work of three faith-based projects and community promotions, the *Campaign* uses multiple venues to facilitate behavior change where low-income Californians live, shop, and worship.
- Targeted campaigns reaching children and youth
 - *Youth Engagement Initiative (YEI)* works with low-resource, middle and high school youth (ages 12-18) to conduct youth-led participatory action research (PAR) projects. These projects provide youth with the opportunity to engage in leadership, critical thinking, problem-solving, service learning, and strategizing skills to address and promote nutrition and/or physical activity issues. *YEI* empower youth to create community change such as installing hydration stations to provide clean drinking water, or making healthy food choices the easy choice in schools. Although no two PAR projects look exactly the same, by emphasizing work within marginalized low-income communities, this approach helps youth address the underlying causes of inequality while also finding solutions to specific community concerns.
 - *Children’s Power Play! Campaign* is an evidence-based social marketing campaign that educates and inspires kids to eat FV and be physically active and promotes environments in which these behaviors are both easy to do and socially supported.^{47,48} *Power Play!* uses tested nutrition education lessons in school classrooms and youth organizations; kid-friendly promotions in schools, youth organizations, and the community; and media and public relations activities with promotions linked to existing events like Walk to School Month, National Nutrition Month, and TV Turnoff Week. Other special *Campaign* activities include poster and

essay contests; guest speakers from farms, restaurants, and the produce industry; store tours highlighting produce; and activities at community events. *Power Play!* is implemented through LHDs, which also operate adult-targeted campaigns and programs so that entire families are reached where they live, shop, eat, learn, work, worship, and play.

- *Harvest of the Month (HOTM)* features nutrition education tools and resources using the Social Ecological Model as a framework so they are suitable for multiple sectors of influence to support healthy lifestyles. The primary *HOTM* tools include educator newsletters, multi-lingual family newsletters, bilingual community newsletters, and bilingual menu slick templates. Although *HOTM* is used in schools most often, the tools and resources can also be implemented in daycares, afterschool programs, food outlets, farmers' markets, health clinics, hospitals, food banks, WIC programs, worksites, SNAP offices, and other venues for agriculture and nutrition education to promote health in low-income communities. For example, the activities integrate "farm-to-fork" by teaching how food travels from the farm to our plates.
- *Retail Program* facilitates partnerships between neighborhood stores and community health agencies to help increase the consumption and purchase of FV among CalFresh eligible Californians. The *Retail Program* provides retailers statewide with a unique variety of tools, resources, and outreach activities to inspire healthy change among consumers.
- *CA Fit Business Kit/Worksite Program* is based upon extensive research with California employers and predominately low-wage workers with the aim of empowering low-income workers to consume the recommended amount of FV and enjoy PA every day. The FV and PA objectives are designed to reduce the risks of chronic diseases, especially cancer, heart disease, type 2 diabetes, and obesity. The *Worksite Program's* California Fit Business Kit helps employers improve access to healthy foods and physical activity at workplaces, foster supportive work environments that encourage healthy lifestyle choices, and establish public policies that bolster health promotion efforts at worksites.
- *Provider Champions* trains and supports motivated physicians and dentists throughout the state to add their professional influence and experiences to mitigate today's unprecedented obesity epidemic through policy, systems and environmental changes. By connecting providers with their local health departments, community coalitions and other organizations, *Champion Providers* aims to address a range of local health concerns, ranging from access to healthy foods, increased opportunities for physical activity and other obesity prevention efforts, especially in low-income communities.

Training and Information Exchange

UC CalFresh will be using focused training to provide staff with the most relevant and updated information on food safety techniques and certification; curriculum delivery; education techniques and theory; evaluation methodologies and reporting systems; continued refinement of the standardized curriculum objectives and evaluation tools;

and continued focus on program compliance. As new materials are reviewed and tested, UC CalFresh will explore dissemination of the lessons and materials in order to address behavioral objective and SEM strategies found in the 2015 USDA Guidance.

CDSS will share all training opportunities with the five SNAP-Ed IAs as well as invite all partners to CDSS technical assistance trainings when appropriate.

NEOPB has created a new Training Unit at the state level to oversee training needs assessment and training opportunities for all NEOPB grantees. Regionally, Training Resource Centers were created to meet regional training needs. Trainings in FFY 15 will continue to include a focus on building health departments capacity to play a leadership role in their counties and implementation of public health approaches for PSE change to address nutrition education and obesity prevention.

The NEOPB partnership infrastructure includes the Food and Nutrition Education and Outreach (FAN-Out) group and Local Implementing Agency Forums and partnership meetings to form a crosscutting, integrated approach to enhance SNAP-Ed and other nutrition and obesity-prevention related efforts. Other partnerships to widen the reach and effectiveness of SNAP-Ed programs in California, filling gaps, providing new approaches to nutrition education for eligible families and leveraging limited resources to maximize SNAP-Ed impact will be pursued in FFY 15.

The Introduction and Objectives section that follows will fully outline how this year's Needs Assessment will inform and strengthen ongoing and new projects, initiatives and operations by the three collaborating agencies. Their combined mission is to offer California's nearly 12.8 million SNAP-Ed eligible people the most effective and powerful nutrition education possible, assure fiscal and program efficiency and accountability, and achieve results in: resources and inputs; strategies and actions; and outcomes as recommended by the Institute of Medicine (IOM) most recent report *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* (2012). The IOM evaluated prior obesity prevention strategies and identified five key goals to accelerate progress: 1) Integrate PA every day in every way, 2) Market what matters for a healthy life, 3) Make healthy foods and beverages available everywhere, 4) Activate employers and health care professionals, and 5) Strengthen schools as the heart of health. Outcomes will be measured not only as population behaviors but also as permanent improvements in public and private sector institutions, systems and community environments that result in healthy choices becoming the easy choices for California's low-income residents.

These activities are designed to be responsive to other nationwide initiatives in which USDA participates, such as *Let's Move!*, Let's Get Healthy California, and in ending hunger by 2015, and reversing obesity in a generation. SNAP-Ed activities are, as much as is USDA-allowable, integrated with the NEOPB's *CalFresh Access Improvement Project* as a means of improving dietary intake.

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