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Presentation title:

Evaluating the Impact of the Nutrition Education and Obesity Prevention (NEOP) Program Reorganization on California's Public Health System

Meeting name:

Keeneland Conference

Meeting host:

Public Health Systems and Services Research Program Office, University of Kentucky

Presentation date/place:

April 8, 2014/Lexington, KY [POSTER]

Evaluating the Impact of the Nutrition Education and Obesity Prevention (NEOP) Program Reorganization on California's Public Health System

PHSSR Mentored Research Scientist Program PHSSR Keeneland Conference – April 8, 2014

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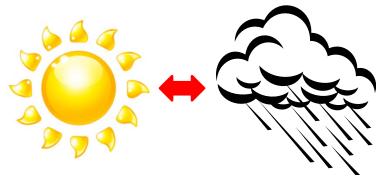
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Progress on the U.S. obesity epidemic will require a multi-faceted approach, given the scale and complexity of the issue.







Public health efforts to reduce population obesity typically focus on the efficacy of individual programs, but the context within which those programs operate may heavily influence whether those programs are successful.



California's USDAfunded Nutrition **Education and Obesity** Prevention (NEOP) program was restructured recently, due to federal SNAP-Ed program changes. The changes first took effect in federal fiscal year 2013.

Aims

To evaluate the effectiveness of California's state-local public health model for addressing obesity under the new NEOP program, with a focus on two recent changes:



1) The decentralization of governance the state to local health department (LHD) level



2) The addition of policy, environment, and systems change interventions

Research Questions

1. Centralization vs. decentralization: advantages/disadvantages

What are the benefits and challenges under the new, decentralized model?

2. Characterization of centralization/decentralization

What regional or state resources are local health departments (LHDs) using to support their implementation of NEOP programs?

3. Policy, environmental, and systems change

How have LHDs managed the development and implementation of policy, environmental, and systems change strategies?

4. Overall impact on obesity efforts

How has the new program structure influenced overall efforts in local communities to address nutrition and obesity – are there spillover effects? How has it influenced state-level initiatives?

5. Shared governance

Which characteristics would a good model for shared centralized and decentralized governance have?

Methods

- Literature review. A multi-disciplinary, systematic review of the peer-reviewed literature on experiences with transitioning public programs from centralized to decentralized governance, with a focus on lessons learned outside of the public health realm.
- Survey. Supplementary analysis of data from LHD telephone surveys conducted by the NEOP program to assess experiences and needs from year one of implementing the new funding model.
- Key informant interviews. In-person, semi-structured interviews at local and state health agencies which implement NEOP programs, and at the federal level (USDA).

Systematic Literature Review

- Approach. Identify articles in health and non-health sectors that describe a transition from a centralized to a decentralized public program. Abstract information that includes: study population, setting, and timeframe; program characteristics; rationale for moving to decentralization; performance and outcomes measures; and key program features that were decentralized.
- Outcome. The review will inform the study framework and subsequent study components.

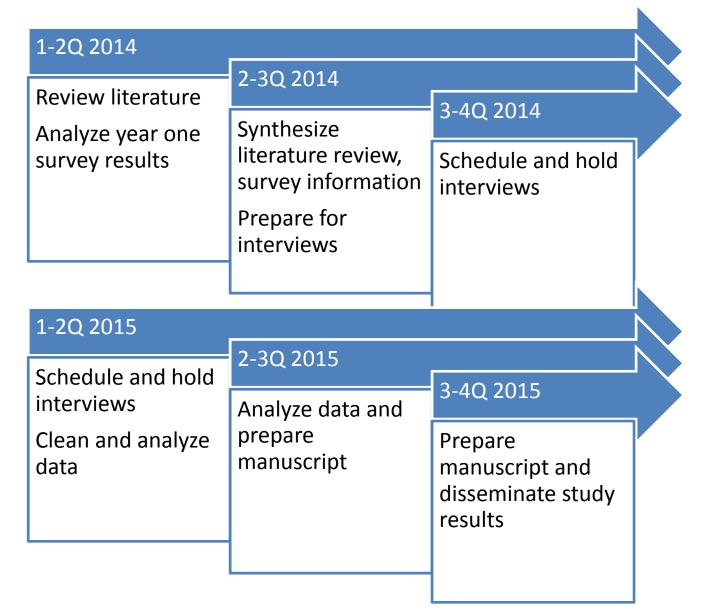
Survey

- Approach. Analyze results of a survey completed by the state NEOP program, which interviewed individuals from 41 LHDs in California about implementation experiences in year one under the new program structure.
- **Outcome.** Recommendations to the state NEOP program on future survey design. Analysis of the survey data will also inform the semi-structured interview protocol for key informant interviews.

Key Informant Interviews

- Approach. Hold in-person, semi-structured interviews with individuals in local, state, and federal agencies who work with the NEOP program, to evaluate issues with the current public health system structure, performance, financing, and organization.
- Outcome. Qualitative analysis of interview comments to synthesize issues and address research questions.

Timeline



Anticipated Challenges

- Research time frame comes near the start of a major programmatic change. LHDs may still be working out administrative and operational issues, and measurable impact on diet / obesity outcomes requires longer-term follow-up.
- Interview comments are based on self-perceived successes and self-reported challenges; subject to bias.
- Staff turnover due to the programmatic change under study;
 new staff may have little historical knowledge.

Results

... to be continued at the 2015 Keeneland conference.

Feedback is welcome!

