Restructuring a State Nutrition Education and Obesity Prevention Program: Implications of a Local Health Department-Led Model

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Study Objective

To evaluate whether California’s restructuring of its SNAP-Ed program, which established local health departments (LHDs) as the local leads for Nutrition Education and Obesity Prevention (NEOP) grant implementation, aligned with desirable attributes of decentralized public program management.
SNAP-Ed Goals

To improve the likelihood that persons eligible for Supplemental Nutrition Assistance Program (SNAP) will:

✓ Make healthy food choices within a limited budget

✓ Choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPlate
Examples of NEOP Activities

1. Rethink Your Drink
   www.RethinkYourDrinkCa.com

2. Smarter Lunchrooms Movement

3. Harvest of the Month
   Network for a Healthy California

4. Safe Routes
   National Center for Safe Routes to School
California Has a Unique Model for NEOP

U.S. Department of Agriculture
Food & Nutrition Service
SNAP-Ed / NEOP grants

California Department of Social Services (CDSS)

California Department of Public Health (CDPH)

County welfare offices, Catholic Charities

California Department of Aging (CDA)

UC CalFresh Nutrition Ed.

7 Technical Resource Centers (TRCs) (short-term)

Local health departments (LHDs)

Area Agencies on Aging

UC Cooperative Extension

Subcontracts w/other local groups (schools, non-profits, etc.)
The Previous Model Was Quite Different

U.S. Department of Agriculture
Food & Nutrition Service
SNAP-Ed match program/ NEOP-grants

California Department of Social Services
(CDSS)

California Department of Public Health (CDPH)

County-welfare offices, Catholic Charities

California Department of Aging (CDA)

UC CalFresh Nutrition Ed.

7 Technical Resource Centers-11 Regional networks

Various local implementing agencies, including local health departments (LHDs), schools, non-profits, others

Subcontracts w/other local groups, (schools, non-profits, etc.)

Area Agencies on Aging

UC Cooperative Extension
## Centralized and Decentralized Program Management: Federal, State, and Local Roles

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<th>Level</th>
<th>Overall Role</th>
<th>Examples</th>
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<tr>
<td>Federal</td>
<td>Set program rules for use of funds</td>
<td>• Work only in approved census tracts&lt;br&gt;• Not for chronic disease programs</td>
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<td>State</td>
<td>Interpret and ensure compliance with federal rules; set additional state rules; provide guidance, TA</td>
<td>• Establish LHDs as local lead agencies&lt;br&gt;• Set programmatic, administrative, evaluation requirements&lt;br&gt;• Approve curriculum, materials&lt;br&gt;• Media and communications/PR</td>
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<td>Local</td>
<td>Select and implement activities – within local/state/federal parameters</td>
<td>• Develop countywide work plan&lt;br&gt;• Identify target populations, sites&lt;br&gt;• Select/implement desired activities&lt;br&gt;• Select/manage subcontracts</td>
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Methods

1. Literature review
   – Factors for successful decentralized public program management in multiple sectors
   – Identified common themes to address in interviews

2. Key informant interviews
   – In-person, semi-structured format
   – Federal, state, and local interviewees

3. Analysis
   – Transcription, qualitative content analysis with Atlas.ti (in progress)
Key Informant Interviewee Characteristics

n=57 interviewees in 41 interviews
Agency leaders • Program directors • Nutrition educators
Administrative, fiscal, contract staff

Mostly LHDs, some other local-level stakeholders

Fed, 4, 7%
State, 12, 21%
Local, 41, 72%

All the state implementing agencies, some other state-level stakeholders
California Has Seven SNAP Regions

LHD Interviewees

- Visited all 7 regions;
  14 LHD jurisdictions
- Variety of characteristics:
  Urban -> suburban-> rural
  High -> med -> low funding
- Variety of roles, experiences
  with SNAP-Ed/NEOP:
  New -> long history
Semi-Structured Interview Topics

**Benefits of local public program governance**

+ More efficient in tailoring to local resources and needs
  + Better coordination, communication locally
  + More opportunity for innovation, creativity
  + Development of local public health capacity

**Drawbacks of local public program governance**

- Less effective sharing of best practices, challenges, lessons
  - More duplication of effort
  - Less beneficial spillover into other regions
  - Added administrative burden
Benefit of Local Management: Efficiency

Theory: Centralized programs use one-size-fits-all approaches. Local programs can be tailored to more efficiently maximize community benefit based on local resources and needs.

Question: Does the model allow this benefit to be realized?

Yes
- LHDs do community needs assessments & select activities, sites, populations
- LHD-developed work plans align with local resources, partnerships

No
- Subject to federal/state rules for site selection, approved materials – limited choices
- Resources are limited in some counties – few subcontractor options, lengthy staff recruitment
Drawback of Local Management: Sharing Lessons

Theory: Decentralized programs operate in silos, which limits the ability to share lessons learned, best practices, and challenges, and which may slow collective progress.

Question: Does the model minimize this drawback?

Yes

- LHD program directors call/email one another
- State supports info. sharing: program officers, TRCs, calls, conference, etc.

No

- Peer sharing is ad hoc; valuable information may not get shared
- Current state supports not effective
Initial Conclusions (Preliminary)

- Supportive environment in CA for NEOP work
- Building LHD infrastructure can work, but success varies
  - Some, not all factors in place to maximize benefits, minimize drawbacks of local NEOP management