

PHSSR Research-In-Progress Series:

Public Health Cost, Quality and Value

Wednesday, April 1, 2015 12:00-1:00pm ET/ 9:00-10:00am PT

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

Please Dial Conference Phone: 877-394-0659; Meeting Code: 775 483 8037#.

Please mute your phone and computer speakers during the presentation.

You may download today's presentation and speaker bios from the 'Files 2' box at the top right corner of your screen.

PHSSR NATIONAL COORDINATING CENTER AT THE UNIVERSITY OF KENTUCKY COLLEGE OF PUBLIC HEALTH

Agenda

Welcome: Julia Costich, PhD, JD, Professor, Health Management & Policy, U. of Kentucky College of Public Health

Presenter:

“Restructuring a State Nutrition Education and Obesity Prevention Program: *Implications of a Local Health Department Model*”

Helen W. Wu, PhD, MS, Policy & Research Analyst, Institute for Population Health Improvement (IPHI), UC Davis Health System hewwu@ucdavis.edu

Commentary:

Kenneth W. Kizer, MD, MPH, Director of the Institute for Population Health Improvement, UC Davis Health System kwkizer@ucdavis.edu

Desiree Backman, DrPH, MS, RD, Chief Prevention Officer, California Department of Health Care Services Desiree.Backman@dhcs.ca.gov

Questions and Discussion

Future Webinar Announcements

PHSSR Mentored Researcher Development Awards

- 2-year awards providing protected time to complete PHSSR project, with research mentor and practice mentor (2013-2015)
- Four award recipients presenting in the series

Identifying & Learning from Positive Deviant Local Public Health Departments in Maternal and Child Health

Tamar A. Klaiman, PhD, MPH, U. of Sciences, Philadelphia (February 19)

Leveraging Electronic Health Records for Public Health: *From Automated Disease Reporting to Developing Population Health Indicators*

Brian Dixon, PhD, Indiana University (March 4)

Evaluating the Quality, Usability, and Fitness of Open Data for Public Health Research

Erika G. Martin, PhD, MPH, State University of New York – Albany (March 11)

Restructuring a State Nutrition Education and Obesity Prevention Program:

Implications of a Local Health Department Model

Helen W. Wu, PhD, U. California - Davis

Presenter



Helen W. Wu, PhD, MS

Policy & Research Analyst

Institute for Population Health
Improvement

UC Davis Health System

Assistant Clinical Professor

UC Davis School of Public Health

hewwu@ucdavis.edu



Restructuring a State Nutrition Education and Obesity Prevention Program (NEOP): Implications of a Local Health Department Model

Helen W. Wu, PhD, MS

Institute for Population Health Improvement

UC Davis Health System, Sacramento CA

hewwu@ucdavis.edu • 916-734-4096

<http://www.ucdmc.ucdavis.edu/iph>

Robert Wood Johnson Foundation

Public Health Systems and Services Research Program

Research-in-Progress Webinar

April 1, 2015

Acknowledgements and Disclosures

- Acknowledgements
 - Robert Wood Johnson Foundation
Public Health Services and Systems Research (grant # 71598)
Mentored Research Scientist Award
 - Mentors
Kenneth W. Kizer, MD, MPH
Desiree Backman, DrPH, MS, RD
- Disclosures
 - Two IPHI contracts with the California Department of Public Health (CDPH), California Department of Health Care Services (DHCS)
 - Desiree Backman - formerly Program Director for the Public Health Institute, Network for a Healthy California
 - University of California Cooperative Extension is an implementing agency (CalFresh Nutrition Education Program); separate entity from IPHI/UCD

Outline

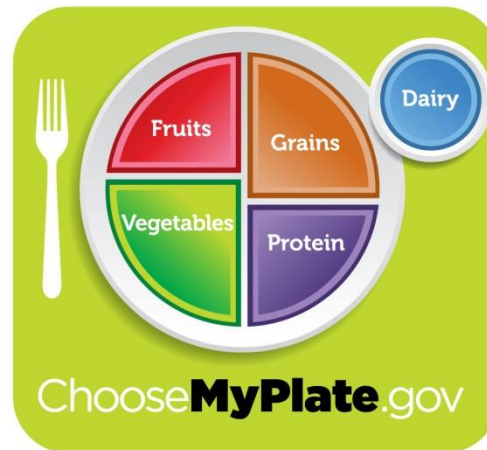
- **Background**
- **Methods**
- **Results**
- **Limitations**
- **Conclusions**

USDA SNAP-Ed Goals



To improve the likelihood that persons eligible for SNAP will:

- ✓ Make healthy food choices within a limited budget
- ✓ Choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and MyPlate



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



Examples of NEOP Activities

Nutrition education, physical activity

- K-12 classroom instruction
- Participation in community health fairs, farmer's markets



Obesity prevention

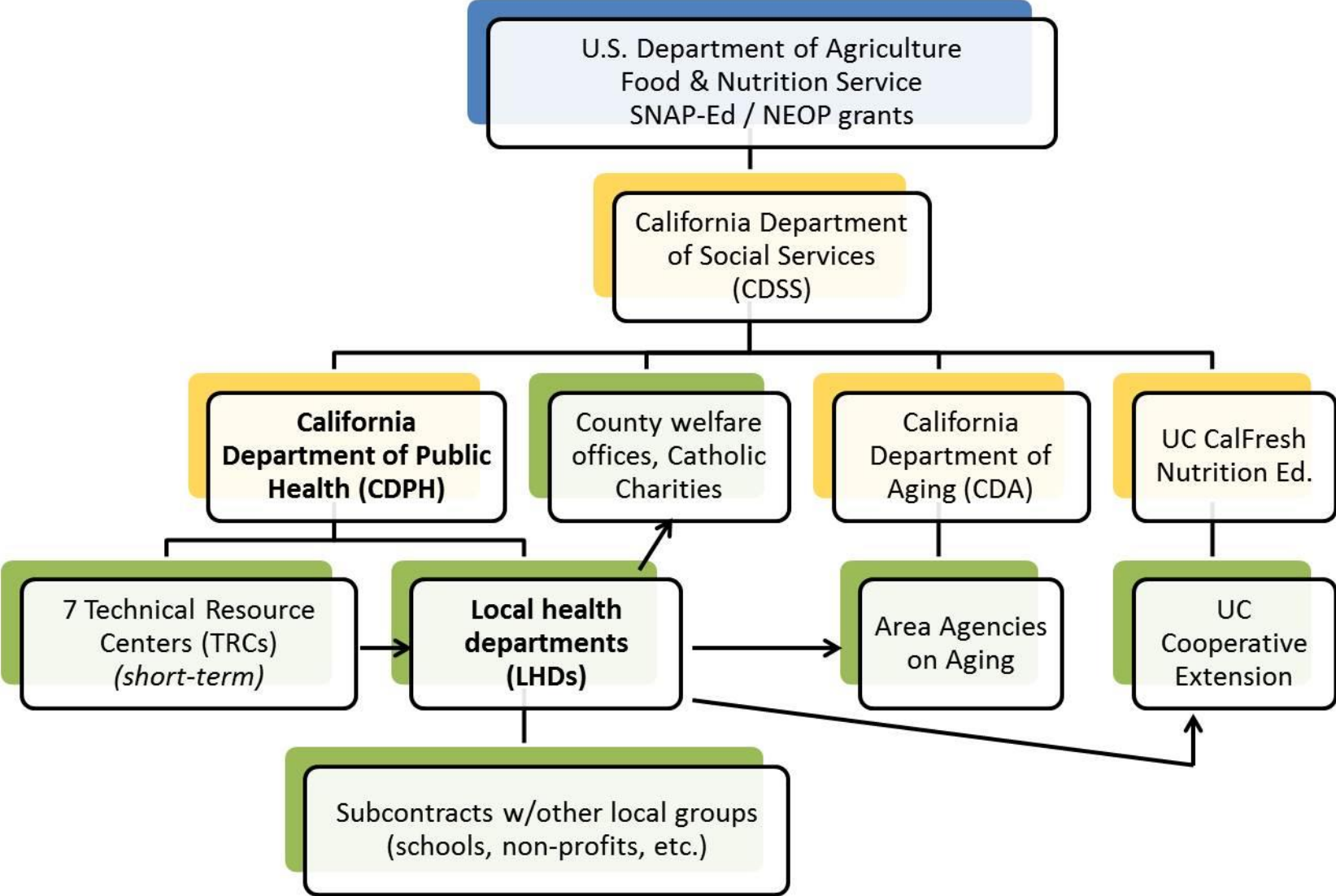
- Working with corner stores to feature produce near checkouts
- Building community gardens
- Partnering with other wellness programs



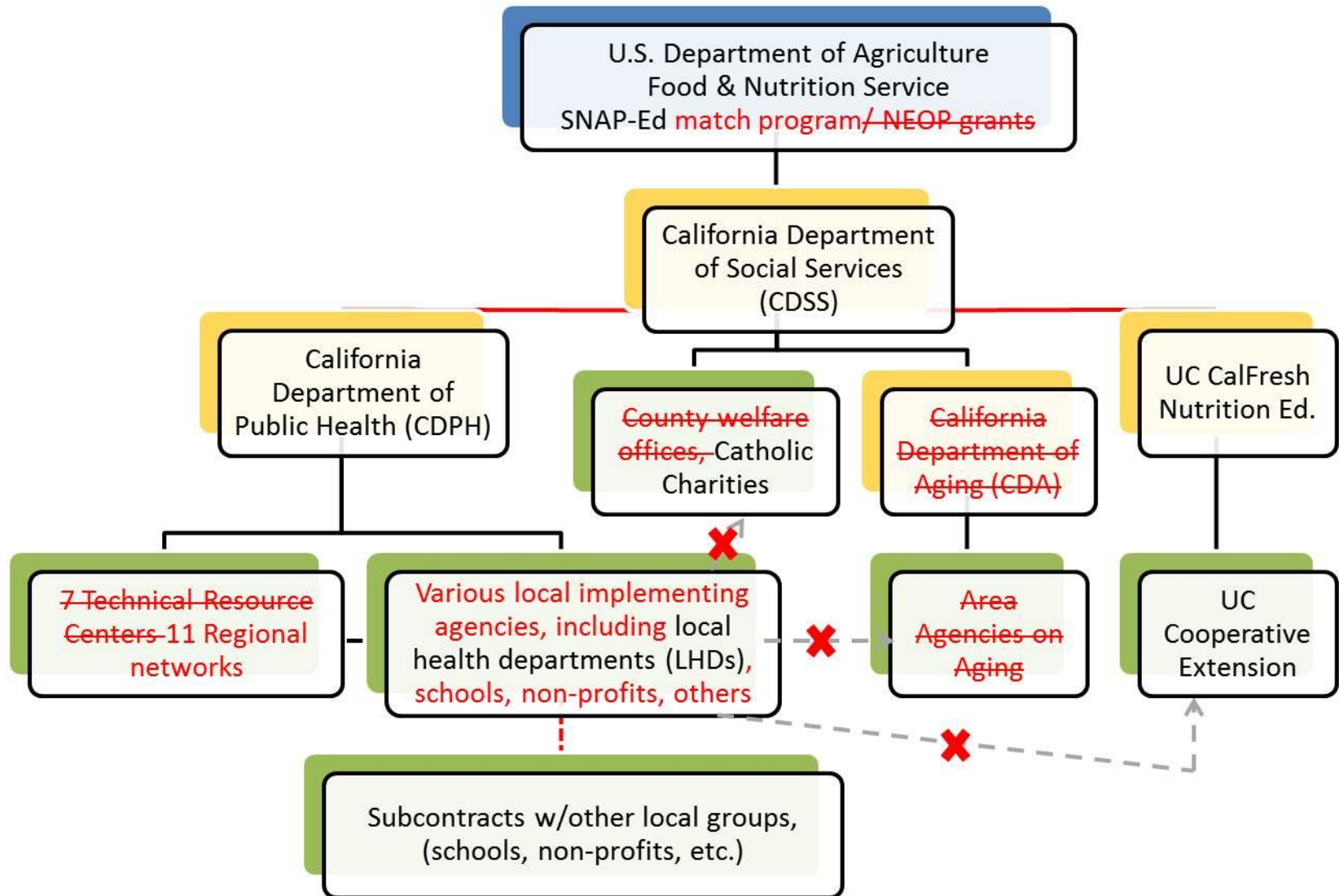
A Few Common Acronyms

Name	Acronym	Description
U.S. Department of Agriculture	USDA	Federal agency overseeing the program, under its Food and Nutrition Service
Supplemental Nutrition Assistance Program-Education	SNAP-Ed	The USDA program receiving federal funding; education/obesity prevention arm of the SNAP (food stamp) program
Nutrition Education and Obesity Prevention	NEOP	Grant program under SNAP-Ed that funds all states; also the name for the implementing CDPH branch
California Department of Social Services	CDSS	Recipient of USDA NEOP funds; state oversight agency for SNAP-Ed
California Department of Public Health	CDPH	Largest state SNAP-Ed implementing agency; primary focus of this study
Local health department	LHD	In CA, usually a county agency. For this program, may include other groups (e.g., community-based orgs) taking on the county's LHD's role.
Policy, systems, and environmental changes	PSE	A new area for SNAP-Ed programming in 2012; extends scope of activities

California Has a Unique Model for NEOP



The Previous Model Was Quite Different



Summary of Major Changes to NEOP Model

- Federal
 - Change from match to grant program under Healthy, Hunger-Free Kids Act
 - 2010: \$110M state /local match funds + \$119M federal match funds
 - 2014: \$127M federal grant funds
 - PSE changes now allowable again
- State
 - **Increased funding to LHDs, new role as local leads**
 - New funding for some (county welfare offices, Area Agencies on Aging)
 - Loss of funding for others (schools, churches, community-based organizations); some of this retained through subcontracts
 - More counties receive funding than before
 - Regional networks (11) eliminated; replaced with temporary TRCs (7)

PHSSR Angle Adds to Existing Knowledge

- Other evaluations
 - CDPH stakeholder assessment
 - LHD Impact Outcomes Evaluation
 - USDA tracking
- Peer-reviewed research
 - Evaluate effectiveness of curriculum, interventions
- Contribution to research
 - PHSSR focus
 - External evaluation
 - Informative to CA, other states

Outline

- Background
- **Methods**
- Results
- Limitations
- Conclusions

Methods

1. Literature review

- Reviewed decentralized public governance models in various sectors
- Identified common themes to address in interviews

2. Key informant interviews

- Held Oct. 2014-Feb. 2015 (*1-1.5 years after new model began*)
- Responses anonymous, audio recorded
- Federal, state, and local interviewees
- In-person, semi-structured format
 - Fixed set of concepts discussed, but more flexible than structured format
 - Incorporates diverse interviewee experiences, context better

3. Analysis (*March-June 2015*)

- *Transcription and qualitative content analysis using Atlas.ti*

Outline

- Background
- Methods
- **Results (*preliminary*)**
- Limitations
- Conclusions

Semi-Structured Interview Topics

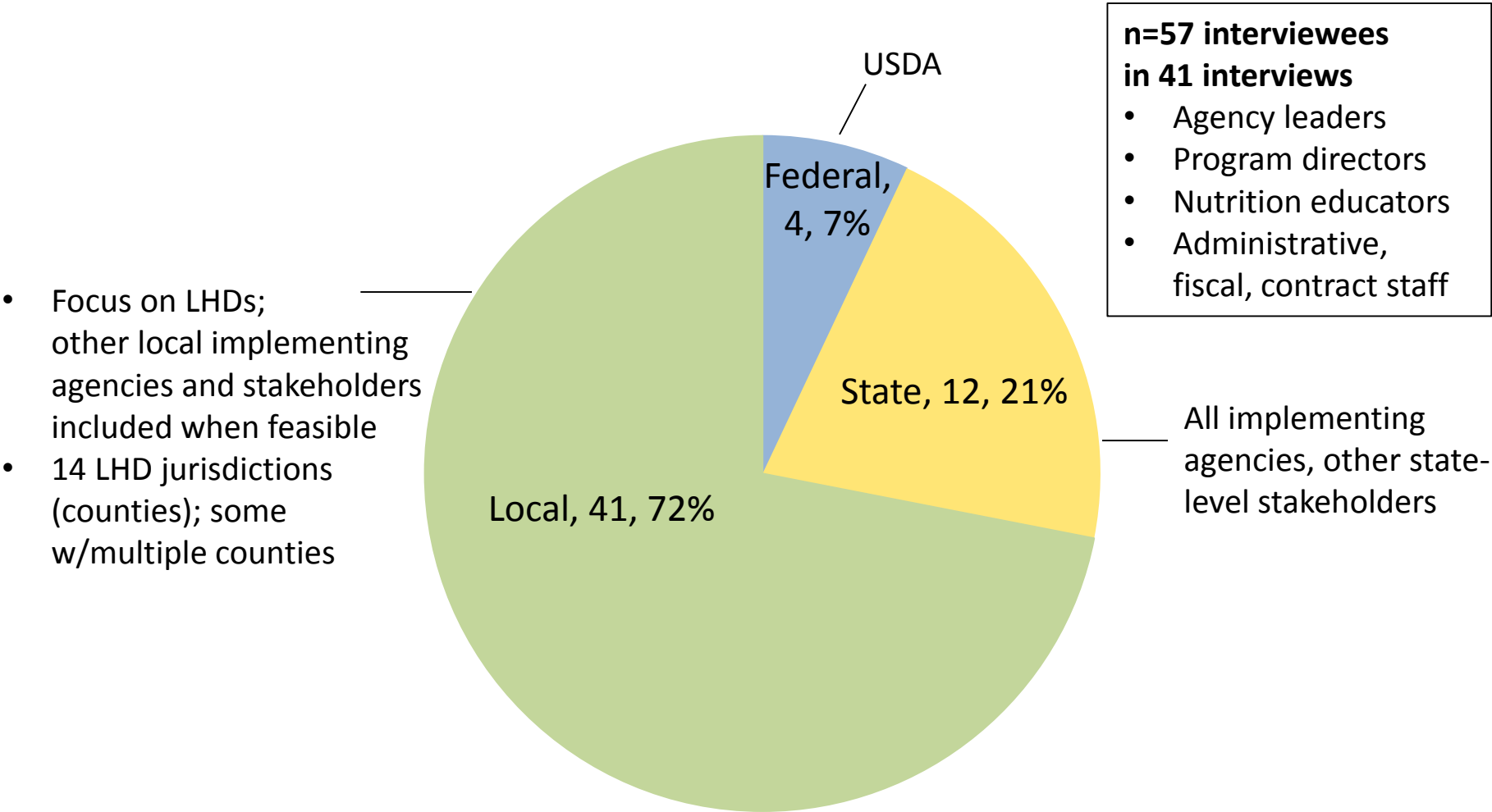
General background

- Discuss individual and agency's role, history with the program
- Describe what changed since 2012/2013
- Characterize centralized vs. decentralized elements

Benefits/drawbacks of local governance

- | | |
|--|---|
| + Coordination, communication | - Sharing best practices, challenges, lessons learned |
| + Efficiency (tailoring to local issues) | - Duplication/redundancy of effort |
| + Innovation | - Spillover into other regions |
| + Building local public health capacity | - Administrative burden |

Key Informant Interviewee Characteristics



California Has Seven SNAP Regions



LHD Interviewees

- Visited all 7 regions
- Variety of characteristics:
Urban -> suburban -> rural
High -> med -> low funding
- Variety of roles, experiences with SNAP-Ed/NEOP: New -> long history, with multiple prior roles

Centralized and Decentralized Program Management: Federal, State, and Local Roles

Level	Overall Role	Examples
Federal	Set program rules for allowable use of funds	<ul style="list-style-type: none">• Work only in approved, low-income census tracts• Not for chronic disease programs
State	Interpret and ensure compliance with federal rules; set and manage additional state rules; provide guidance, TA	<ul style="list-style-type: none">• Establish LHDs as local lead agencies• Determine funding levels for LHDs• Requirements for subcontracting, integrated work plan development, PSE changes, evaluation• Approve curriculum, materials• Media and communications/PR
Local	Select and implement activities, within local/state/federal parameters	<ul style="list-style-type: none">• Develop countywide integrated work plan• Identify target populations, sites• Select/implement desired activities• Select/manage subcontracts

Benefit of Local Management: Efficiency

Theory: Centralized programs use homogeneous, 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, target populations, PSEs
- 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 options for subcontractors, lengthy recruitment for staff

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: *Are the factors in place for this drawback to be minimized?*

Yes

- LHD program directors call/email each other
- State supports sharing through state program officers, TRCs, calls, annual conference, etc.



No

- Peer sharing is ad hoc; much valuable information may not get shared
- LHDs cite other/past programs' sharing methods as more helpful than current state supports

Outline

- Background
- Methods
- Results
- **Limitations**
- Conclusions

Limitations

Method	Limitation	Strategies to Address
Study population	Limited sample of 14 LHD jurisdictions	<ul style="list-style-type: none">• Variety of characteristics• Informed by separate IPHI project in 2014 – structured phone interviews w/all 57 LHDs
Key informant interview method	Subject to response bias	<ul style="list-style-type: none">• Anonymity• One-on-one, in-person meetings requested
Qualitative analysis	Subject to investigator bias; cannot use statistical testing	<ul style="list-style-type: none">• Preferred method given research objectives• Lack of robust quantitative measures for topic

Outline

- Background
- Methods
- Results
- Limitations
- **Conclusions**

Conclusions ... TBD



- Initial impressions
 - Generally supportive environment in CA for healthy living
 - Building LHD infrastructure for obesity prevention is a good idea in theory, but local factors vary
 - Some, but not all factors in place to maximize benefits, minimize drawbacks of local management
- Next steps
 - Complete interview transcription
 - Develop codebook, analyze, synthesize results

Commentary



Kenneth W. Kizer, MD, MPH

Director, Institute for Population Health Improvement
UC Davis Health System, and
Professor in the UC Davis School of Medicine
(Emergency Medicine) and School of Nursing

kwkizer@ucdavis.edu



Desiree Backman, DrPH, MS, RD

Chief Prevention Officer, California Department of
Health Care Services (DHCS), and
Senior Scientist, Institute for Population Health
Improvement, UC Davis Health System

Desiree.Backman@dhcs.ca.gov

Questions and Discussion

Archives of all Webinars available at:

<http://www.publichealthsystems.org/phssr-research-progress-webinars>

Upcoming Webinars – April & May 2015

Wednesday, April 8 (12-1pm ET)

Public Health Services Cost Studies: *Tobacco Prevention, Environmental Health Services*

Pauline Thomas, MD, New Jersey Medical School & NJ Public Health PBRN

Nancy Winterbauer, PhD, East Carolina University & NC Public Health PBRN

Tuesday and Wednesday, April 21-22

2015 PHSSR KEENELAND CONFERENCE, Lexington, KY

Wednesday, May 6 (12-1pm ET)

CHIP AND CHNA: MOVING TOWARDS COLLABORATIVE ASSESSMENT AND COMMUNITY HEALTH ACTION

Scott Frank, MD, Director, Ohio Research Association for Public Health Improvement, OH PBRN

Wednesday, May 13 (12-1pm ET)

VIOLENCE AND INJURY PREVENTION: VARIATION IN PUBLIC HEALTH PROGRAM RESOURCES AND OUTCOMES

Laura Hitchcock, JD, Project Manager, Public Health – Seattle & King County, WA PBRN

Thursday, May 21 (1-2pm ET)

EXPLORING COST AND DELIVERY OF STI SERVICES BY HEALTH DEPARTMENTS IN GEORGIA

Gulzar H. Shah, PhD, MStat, MS, Georgia Southern University, GA PBRN

Upcoming Webinars – June to July 2015

Wednesday, June 3 (12-1pm ET)

OPTIMIZING EXPENDITURES ACROSS HIV CARE CONTINUUM: *BRIDGING PUBLIC HEALTH & CARE SYSTEMS*

Gregg Gonsalves, Yale University (PPS-PHD)

Wednesday, June 10 (12-1pm ET)

EXAMINING PUBLIC HEALTH SYSTEM ROLES IN MENTAL HEALTH SERVICE DELIVERY

Jonathan Purtle, DrPH, MPH, MSc, Drexel University School of Public Health (PPS-PHD)

Thursday, June 18 (1-2pm ET)

INJURY PREVENTION PARTNERSHIPS TO REDUCE INFANT MORTALITY AMONG VULNERABLE POPULATIONS

Sharla Smith, MPH, PhD, University of Kansas School of Medicine - Wichita (PPS-PHD)

Wednesday, July 1 (12-1pm ET)

THE AFFORDABLE CARE ACT AND CHILDHOOD IMMUNIZATION DELIVERY IN RURAL COMMUNITIES

Van Do-Reynoso, University of California - Merced (PPS-PHD)

Thank you for participating in today's webinar!

For more information contact:

Ann V. Kelly, Project Manager

Ann.Kelly@uky.edu

111 Washington Avenue #212

Lexington, KY 40536

859.218.2317

www.publichealthsystems.org