

Promoting Healthy Lifestyles in California: Advocating for Nutrition Education for the Medically Underserved

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SUMMARY

This case study describes the role of the Central Valley Health Network (CVHN) in advocating for and expanding healthy eating and active living education to low-income residents in California's Central Valley, Northern California and Inland Empire regions. The benefits of CVHN involvement in regional nutrition education and physical activity programs include widespread dissemination of effective education messages, resources for health centers, and sustained involvement in an area important to decreasing obesity. The following are key findings that emerge from the analysis of this initiative:

- A collaborative approach with partners inside and outside the health sector greatly facilitates adoption of healthy lifestyles by populations most at risk for obesity-related health issues;
- It is critical to combine advocacy expertise in educating decision makers with technical expertise in a specific policy arena, such as nutrition education, to expand and sustain community-based programs; and
- Health center involvement in nutrition programs has broader applications, contributing to chronic disease prevention, increased food security, and a healthier community.

INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as "consortia") through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics (also referred to as health centers) that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, 18

grantees, including the Central Valley Health Network (CVHN), were refunded for three years to undertake or continue a similar set of activities. To achieve their goals, clinic consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Strengthen the local or regional health care delivery system, such as securing local funding under the Mental Health Services Act to integrate mental health and primary care; and
- Target policies to strengthen California's safety net, such as averting cuts to statewide and local public funding.

Central Valley Health Network (CVHN), a community health center consortium with offices located in Sacramento and Fresno, California, is a network of 13 Federally Qualified Health Centers (FQHCs). Member health centers operate 130 sites in 21 counties throughout the Central Valley, Northern California and Inland Empire. CVHN members provide approximately 2.8 million visits annually for about 690,000 patients.

CVHN's success in obtaining health center funding to expand nutrition services and increase food security speaks to the importance of integrating advocacy with program planning and implementation.

METHODS

In 2009, University of California, San Francisco (UCSF) staff reviewed background documents and conducted open-ended interviews with a sample of member health centers, consortia staff, and partner organizations that were involved with each initiative. Informants were asked to describe their involvement in the initiative, challenges encountered, and benefits to health centers and their target populations.

Grantees:

*Community
Clinic
Consortia*

A Program of:

 The
California
Endowment

Prepared by:


University of California
San Francisco

FINDINGS

ISSUE: INCREASED OBESITY AMONG LOW-INCOME CALIFORNIANS

In California, nearly two-thirds of Central Valley residents are either overweight or obese. One third of children are overweight and upwards of 40 percent of school-aged children are not physically fit and do not engage in enough physical exercise. Low-income populations are particularly vulnerable to experiencing barriers to a healthy diet and food security. For example, many people are not accustomed to eating fresh fruits and vegetables despite the abundance of these food items in the Central Valley. While barriers like pricing and distribution influence access to healthy foods, other challenges include lack of time to prepare food as well as not knowing how to prepare healthy food options. In addition to a higher prevalence of obesity and related health care issues, such as diabetes and hypertension, communities must grapple with rising health care costs, lower academic achievement, and an increasingly unhealthy worker population. Improving dietary health requires individual and family behavior changes, including increased knowledge and understanding of nutrition, shopping and preparation of food, and understanding the importance of exercise in preventing obesity. Empowering people to change their relationships to food and adopt related lifestyle changes requires significant policymaker support and multi-faceted community-based approaches that are sensitive to culture and age.

PROMISING SOLUTION: EXPANDING CLINIC NUTRITION EDUCATION

In the early 2000s, CVHN made nutrition a key part of its policy agenda and it continues to aggressively expand its involvement in this arena. In 2003, CVHN was invited to become a Non-Profit Local Incentive Awardee (NIA) of the *Network for Healthy California (Network)*, a public program to expand nutrition education throughout California. Established in 1996, the mission of the *Network* is to create innovative partnerships that enable low-income Californians to adopt healthy eating and physical activity habits. While food stamps greatly reduce food insecurity and increase access to nutritious food, they don't necessarily help people change their food-purchasing decisions and adopt healthier nutrition practices. Nutrition education using a variety of strategies in multiple venues (such as media, classes, and health fairs) has been found to be very effective in changing people's relationship to food. CVHN is a strong, coordinated and large-scale infrastructure with outreach to low-income residents of the Northern California, Central Valley, and San Bernardino regions. Using multiple health center and community-based education strategies, the goals of the *Network*, CVHN, and its members are to increase consumption of fruits and vegetables, promote physical activity, and promote the use of SNAP, the Supplemental Nutrition Assistance Program (formerly known as the Food Stamp Program).

MAJOR MILESTONES:

In 2004, as a *Network* Awardee, CVHN focused on enhancing and expanding the nutrition education provided by its member health centers. Twelve members participated in the nutrition education project, having already secured \$1 to \$1.5 million annually in non-federal funding or the "state share". This amount was eligible for the Supplemental Nutrition Assistance Program Education (SNAP-Ed) federal participation reimbursement mechanism. Concurrently, CVHN expanded its advocacy to shore up the program and pursue new opportunities, such as educating the United States Department of Agriculture (USDA) about Central Valley agricultural issues, food access, and nutrition. CVHN was successful in securing a second three-year contract in 2006 to maintain the program.

Most Promising Practices – CVHN member health center staff identified the most effective nutrition education strategies out of a large variety of activities, messages, and venues. Here's what they said: *Network* education materials, such as brochures, recipes, activity tips, and food stamp information are popular. Moreover, information bundled with reinforcement items, such as pedometers and aprons, are greatly appreciated by clients. A client-centered approach that promotes a positive behavior change, such as making people more aware of how they think, feel, and act is important for achieving client lifestyle changes. Being culturally appropriate or providing materials in multiple languages and tapping into someone's cultural identity is also important. (CVHN Case Study, 2007)

Resources required to undertake this initiative include a full-time Program Director to review education materials, and plan and execute activities. Expertise in nutrition education as well as project management experience is a must. The related advocacy work to educate and promote CVHN's activities requires an additional 15 percent FTE Policy Director to cultivate and sustain relationships at the federal, state, and local levels, host events, quickly respond to potentially harmful policy changes, and pursue new opportunities. In 2008, CVHN was awarded a three-year Regional *Network* Grant to administer a health and nutrition collaborative that supports the nutrition education of nearly 100 organizations in the Central Valley. CVHN has added over a dozen people to operate the Regional *Network* and Collaborative.

Partnerships and collaborations: Undertaking a multi-health center, regional approach to nutrition education requires collaboration among federal, state, and local stakeholders. *Network* partners include numerous agencies and associations, such as the American Cancer Society, Western Growers, and the California Department of Food and Agriculture. The key partners include:

Network for Healthy California, California Department of Public Health: The Department office oversees the *Network* and ensures that the program follows USDA standards, such as review of nutritional materials developed by CVHN.

CVHN Member Health Centers: Health centers are natural partners because they are trusted in their communities and have the cultural and linguistic capacity to work with the target population. Additionally, they understand the role of prevention and health disparities. Last, they have experience in delivering health information to low-income populations. While 3 health centers have had to occasionally suspend their participation due to an inability to provide the match or administrative challenges, 12-13 regularly participate.

CVHN also has established a working partnership with the USDA and continues to work with the agency on nutrition and rural development issues, such as the promotion of public benefit programs and job creation.

Overcoming Challenges: The *Network* and CVHN have occasionally had to contend with federal and state level policy changes to the program. In 2004, the USDA proposed narrowing SNAP-Ed eligibility to only women and children up to 130 percent of FPL who receive or apply for food stamps. Upwards of hundreds of thousands of low-income Californians were at risk of losing nutrition education services and California would have lost \$80 million in funding for local, regional and statewide nutrition programs. Second, there was some resistance by the USDA to clinic participation in SNAP-Ed, which was mitigated by USDA Under Secretary support. Last, there are barriers to participation, such as the adoption of a finger-imaging system to prevent fraud.

Additional Challenges: Funding for prevention services is rarely secure, and is typically cut first. Additionally, health center participation depends on the ability to provide a funding match, which isn't always possible.

ACCOMPLISHMENTS AND BENEFITS

Through its participation in the *Network* and expansion of nutrition education at member sites and other venues, CVHN has been instrumental in reducing barriers to healthy foods and physical activity. Using the grant Logic Model, the short and long-term outcomes of CVHN's nutrition advocacy and education activities for safety net providers and underserved populations in the Central Valley and surrounding regions include:

Expanded CVHN advocacy capacity: Involvement in nutrition education affords CVHN a strong advocacy voice in related policy issues of concern. As a major agricultural area, policy issues that involve the USDA are very important to employers and growers. Nutrition and obesity are also increasingly important policy issues that have contributed to increased visibility.

Increased policymaker awareness of safety net and health center policy issues: CVHN staff have to be constantly mindful of changes to nutrition policy at the federal and state levels. Staff periodically have to educate decision makers about the potential negative repercussions of these changes, such as limiting program participation.

Additionally, related agricultural events and activities attract media coverage, such as USDA Under Secretary Nancy Johner's visit to the Central Valley in 2008. The visit was an opportunity to demonstrate the role of health centers in providing nutrition education services to Central Valley residents.

Increased policymaker support of safety net and health center policy issues: CVHN focuses on its relationships with the California delegation, such as Congressman Baca who represents the 43rd District and is the Chair of the Agricultural Subcommittee on Department Operations Oversight, Nutrition and Forestry. To preserve program integrity, CVHN worked with Congressman Baca to develop a letter challenging proposed guidelines to narrow program participant eligibility in 2004. Relationships with decision makers have been important in other ways, such as securing new funding. For example, CVHN was able to garner a letter of support from Lt. Governor John Garamendi when it applied for the Regional *Network* Grant in 2008.

Strengthened health center operations: Since many low-income people with nutritional issues receive their services from health centers, it makes sense to undertake nutrition education in this setting. Many CVHN members were already providing nutrition education but under the *Network* program they are eligible for additional materials and resources. Eligible organizations that provide matching resources may qualify for Federal financial participation dollars from SNAP-Ed. The 13 participating health centers are able to significantly expand their nutrition education activities and resources in ways they would not be able to do otherwise, such as securing t-shirts and backpacks with nutrition messages. Also, being part of a bigger program within California has benefits, such as increasing the number of places to which to refer people. Last, health center-based nutrition education is a vehicle for connecting people to health insurance, dental health services, and Medical Nutrition Therapy (MNT).

Health Center Experience: Livingston Medical Group

Underserved populations have complex health issues that require interventions at the individual, family, and community levels. Livingston Medical Group has participated in the *Network* program since 2003 and has a full time health educator, displays nutritional posters, as well as helps people navigate services. Many of these activities touch the lives of staff and patients, not just the target population, such as sharing nutritional recipes. Nutrition education is also a ready means for enrolling them in public insurance programs like Healthy Families (CHIP) and Medi-Cal (Medicaid). It's an easy point of entry and people can come in with an appointment or walk-in. They also can get 1:1 counseling and group classes.

Increased services for the underserved and uninsured: CVHN's nutrition education services are estimated to have reached over 1 million residents since 2003. Additionally, the nutrition program sometimes serves as a gateway to primary care (and vice-versa) whereby staff can help

connect people to other services and resources, some of which are billable. Last, *Network* funding has afforded CVHN the opportunity to innovate and identify best practices in nutrition education, such as developing culturally appropriate education materials and integrating education activities into existing health center networks and the surrounding community.

Improved health outcomes for targeted communities and populations: It is difficult to measure changes in behavior at the individual level. The research on nutrition education suggests that 5 education visits are required to affect a change, which is a challenge for *Network* target populations. At one level, the sizeable breadth (and constancy) of activities speaks to a stable community-based approach that has a greater likelihood of changing people's behavior as well as creating health promoting environments.

FACTORS FOR SUCCESS:

Looking back, there are several factors that contributed to CVHN's success in this arena. The first factor was the timing and growing awareness that children were being diagnosed with Type 2 diabetes due to obesity. Second, CVHN's advocacy expertise in educating decision makers and expanding its partnerships beyond the health sector has resulted in significant program growth and new opportunities. It is important to identify what is meaningful to decision makers, as well as seek common ground with agency representatives and maintain a consistent dialogue. Third, health centers have experience working with people who encounter barriers to adequate nutrition, and there is a close fit with the nutrition education program and their mission to help people. Last, available resources are critical. The federal match funding and *Network* infrastructure provided the means to expand nutrition education and promote physical activity in ways that health centers could not.

THE FUTURE:

CVHN anticipates being involved in nutrition policy well into the future as the Obama Administration has made the issue of childhood obesity a top priority. CVHN will continue to be responsible for managing the Regional *Network* Collaborative, which provides opportunities to expand CVHN's scope of services, as well as create relationships with non-member health centers and other stakeholders. In addition, Collaborative partners receive regular CVHN legislative reports and policy updates that provide the opportunity for more meaningful policy discussion among partners. CVHN is also leveraging its involvement with the Collaborative to garner support for a new medical school at the University of California, Merced campus. Moreover, CVHN continues to be involved with SNAP-Ed, which is a venue for bringing local, state, and federal partners together to discuss policy changes and projects. Last, CVHN is expanding in other areas related to childhood obesity prevention, such as *The Network for a Healthy California-Children's Power Play!* Campaign, which targets low-income 9- to 11-year-old children.

CONCLUSIONS

Through focusing on food security issues and the promotion of healthy lifestyles, CVHN has created and sustained a portfolio of activities that have contributed to the health and well being of residents in three regions. Over the years, CVHN has nurtured supportive relationships with elected officials and agency representatives at the state and federal level, ensuring program sustainability. It has combined advocacy and program management expertise to implement many nutrition initiatives, positioning CVHN as a key voice on nutrition and other policy issues.

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CITATIONS

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Central Valley Health & Nutrition Collaborative. "Malnutrition in the 21st Century." May 2008.

RESOURCES

About the *Network for a Healthy California*:
<http://www.cdph.ca.gov/programs/cpns/Pages/AboutUs.aspx>