FFY 2024-2026 CDPH CFHL Local Health Department Programmatic Priorities Guidance for Grant Deliverables and Work Plan Development

FFY 2024-2026 FAP Attachment 5

Introduction

The Nutrition Education and Obesity Prevention Branch (NEOPB) of the California Department of Public Health (CDPH) serves California through statewide, regional, and local partnerships, programs, and policy initiatives to promote healthy eating, physical activity, and nutrition security with an emphasis on communities with the greatest health disparities. NEOPB's vision is "well-nourished, physically active Californians living in healthy communities." All NEOPB activities aim to fulfill the Branch mission and vision, and programmatic priorities are derived from these values.

CDPH is one of several organizations in California that receive grant funding for nutrition education and obesity prevention efforts from the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program-Education (SNAP-Ed). SNAP-Ed is known as CalFresh Healthy Living (CFHL) in California, and CDPH identifies as CDPH CFHL for the purposes of implementing this program. CFHL aims to reduce the prevalence of overweight and obesity among California's SNAP-Ed eligible individuals through educational strategies, and multi-level organizational and community-wide public health approaches that support healthy behaviors at multiple socioeconomic levels of influence. CDPH CFHL issues this funding to Local Implementing Agencies (LIAs) for SNAP-Ed service delivery through Local Health Departments (LHDs) or their designees.

During Federal Fiscal Years (FFY) 2024-2026, CDPH CFHL supported work will aim to create change at the individual, organizational and community levels. This work will focus on specific programmatic priorities, strategies, and settings to increase the reach and impact of CFHL in California. To facilitate a focused approach, the local FFY 2024-2026 Integrated Work Plan (IWP) will consist of a set menu of options—titled the IWP Blueprint Packet—that will define the allowable CFHL work at the local level. This menu of options will include a list of allowable settings for specific Policy, Systems, and Environmental Change (PSE) strategies with specified sub-strategies. There will be required core and optional complementary sub-strategies that support each of the broader PSE Strategies. Each sub-strategy selected will have a defined activity table with appropriate activities for each selected PSE strategy. LIAs will be able to specify which activities are appropriate for their work given their capacity and program progression to date. Direct and Indirect Education activities, along with others, will be reflected in the PSE sub-strategy activity tables. The LIAs will also add integrated local projection numbers for their work with participants and partners to local three-year objectives, shared statewide, tied to priority CFHL work. These include objectives for community engagement, sustainability, direct education, and partnership and coalition work. More information on the FFY 2024-2026 IWP Blueprint will be released in

December 2022 by the CFHL lead State Implementing Agency (SIA), the California Department of Social Services (CDSS).

The statewide CFHL program requires each county (or city in some cases, referred to as an IWP jurisdiction) to submit an IWP that incorporates the work of all CFHL-funded Local Implementing Agencies, including the CDPH CFHL-funded LHDs, in one complete projected work plan. The IWPs include two sections: Section A, which establishes local need, priorities, partnerships and a narrative justification and explanation of the plan. Section B can be developed using the current CFHL IWP Blueprint Packet, which includes a menu of available PSE Strategies and Sub-strategies and their applicable PSE Settings, and the CalFresh Healthy Living Integrated Curricula List to establish Direct Education plans. CDPH CFHL-funded LHDs must follow the IWP Blueprint Packet guidance to determine which Sub-strategies are allowable in which settings, apart from proposed and approved innovative work. See the IWP Blueprint Packet and the IWP submission instructions for full guidance. CDPH CFHL-funded LHDs must follow all CDSS and CDPH guidance and deadlines provided to complete the IWP submission process as a portion of this Funding Application Package.

Within the IWP Blueprint structure and submission, CDPH CFHL has selected specific Programmatic Priorities for funded LHDs. **Programmatic Priorities are exclusive to the CFHL LHD implementers and must be incorporated into the overall work plan within Section A and Section B along with the selected PSE Strategies.** For FFY 2024-2026, the following LHD Programmatic Priorities serve as guidelines that LHDs will use to complete their three-year local CFHL IWP and CFHL grant deliverables. CDPH CFHL will use the submitted IWP to generate the LHD's Scope of Work (SOW) for the LHD's three-year grant agreement with CDPH CFHL. For details of the CDPH CFHL funding application and requirements, refer to the CDPH CFHL FFY 2024-2026 Funding Application Package (FAP). The overarching programmatic priorities for FFY 2024-2026 are:

- Advancing Equity
- Healthy Beverage Consumption and Purchases
- Supporting PSE Change at the Community Level and in Priority PSE Settings
- Reaching and Impacting Youth

Figure 1: CFHL Program Guidance Process Flowchart

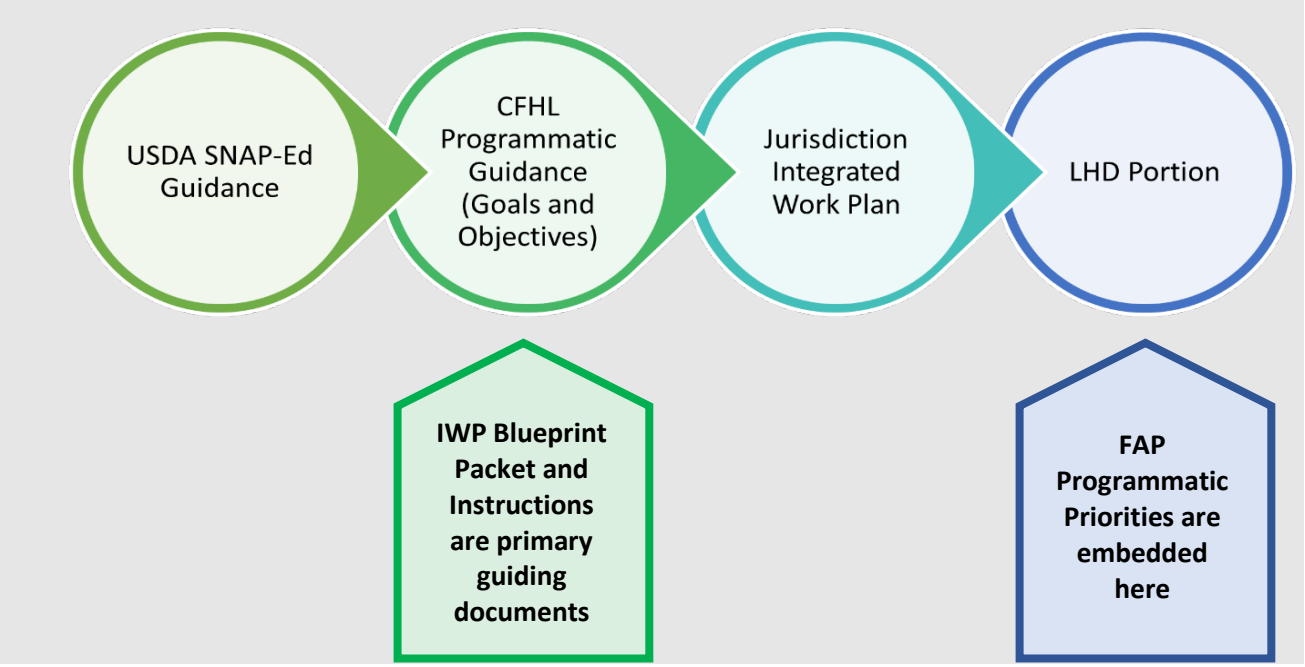
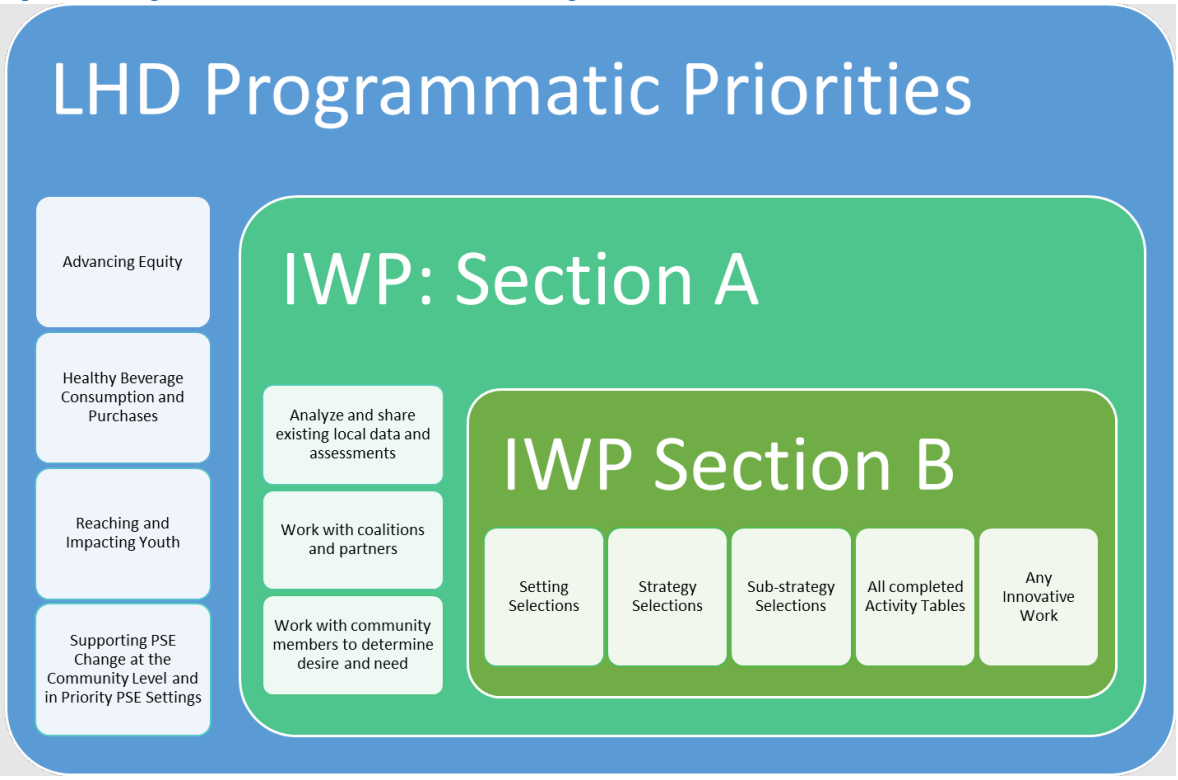


Figure 2: Programmatic Priorities across the Integrated Work Plan



Programmatic Priority Expectations and Deliverables

The minimum amount of work each LHD grantee is required to do is based on projected funding amounts for FFY 2024. For more detail refer to the LHD Funding Tiers in the Funding Application Package (FAP).

Throughout this document, items identified **by bolded text** signify a FAP grant deliverable related to the programmatic priorities established below. For a summary of all LHD FAP grant deliverables and the exact deliverable requirement, see the LHD FFY 24-26 Deliverables document. The deliverables document states where to place efforts planned to address the priorities in the IWP (within Section A, B, or both), and how to report on progression and outcomes of the work related to the priorities (in PEARS or other required reports and documentation).

Programmatic Priorities: Background and Description

As a part of the FFY 2017 USDA Western Regional Office Management Evaluation of California's CFHL program, the USDA recommended that the SIAs provide the LHDs (and other LIAs) with a defined menu of options for their CFHL workplans. This allows for the development and implementation of focused local work plans that are rooted in evidence-based, effective strategies. The IWP Blueprint was created in partnership with CDPH CFHL internal program and evaluation staff, LHD staff (as well as other LIAs), other CFHL SIAs, and external subject matter expert stakeholders.

Programmatic Priorities: Consideration and Inclusion Criteria

To inform the development of Programmatic Priorities for LHDs, CDPH CFHL created and has updated a list of criteria to align with the CFHL State Goals and Objectives, CFHL Principles and Priorities, CFHL IWP Blueprint and further CDPH goals. The programmatic priorities are in line with the identified strategies and settings within the CFHL documents stated above. CDPH CFHL developed the FFY 2024-2026 LHD Programmatic Priorities based on these eight criteria:

- Evidence-based: effectiveness and impact of specific priorities at changing environments, health behaviors and/or weight status through research-tested, practice-tested, and/or emerging or innovative strategies.
- Equity: Ensure the selection of priorities and practices are linked to established and defined inequities and work to advance health equity.
- Feasibility: strategies are appropriate and feasible based on staff size and capacity to implement.
- Maximizes impact in the community: have significant reach and impact across the socio-ecological model with an emphasis on upstream efforts.
- Aligns with existing priorities and indicators in California: look to CDPH, California Health and Human Services Agency and statewide priorities that promote equity, healthy eating and active living.
- Timing: when applicable, reasonable, and achievable in a defined timetable
- Leverage: can be leveraged by other known funding and programming either internally or externally to drive partnership and greatest impact.

- Momentum: has support in the field gained by existing priorities or by a series of events; opportunity to capitalize on timely local and/or state priorities that align with other priorities and goals.

When determining programmatic priorities, CDPH CFHL reviewed and adhered to the USDA SNAP-Ed Plan Guidance. Additional inputs included established obesity prevention programmatic recommendations such as Centers for Disease Control and Prevention (CDC) Overweight and Obesity Prevention Strategies & Guidelines, The Community Guide, County Health Rankings & Roadmaps, the CDC's Practitioner's Guide for Advancing Health Equity, Voices for Healthy Kids, and the National Academies of Science, Engineering, and Medicine's Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation.

Programmatic Priorities: Guiding Goals

Based on the selected programmatic priorities, consideration and inclusion criteria, and a review of the established obesity prevention programmatic recommendations, and CFHL Principles and Priorities, CDPH CFHL created the following guiding goals for CFHL funded LHDs:

- Mobilize communities and institutions to transform policies and systems towards a culture of equity, antiracism, healing and health for all people and our planet;
- Work collaboratively with community members and other partners to increase impact, strengthen relationships between and across sectors, and ensure sustainable outcomes;
- Optimize and enhance the food system to support a healthy diet;
- Adopt, implement, maintain, and support programs and policies that increase access to and demand for healthy food;
- Adopt, implement, maintain, and support programs and policies that decrease access to and demand for unhealthy food;
- Adopt, implement, maintain, and support programs and policies that promote drinking water and restrict access to and consumption of sugar sweetened beverages; and
- Adopt, implement, maintain, and support programs, policies, and enhancements to the natural and built environment to increase physical activity opportunities.

Programmatic Priorities: Advancing Equity

Advancing Equity is a primary goal of CDPH and the CDPH CFHL team. Despite decades of efforts to reduce and eliminate health disparities, they persist—and in some cases, they are widening among some population groups. Addressing racial and health equity means that every person has an opportunity to achieve optimal health regardless of:

- The color of their skin
- Level of education
- Gender identity
- Sexual orientation
- The job they have
- The neighborhood they live in

- Whether or not they have a disability

While health inequities and disparities can be addressed at multiple levels, CDPH CFHL focuses on PSE improvement strategies designed to improve the places where people live, learn, work, shop, eat, and play. To maximize the health effects for all and reduce health inequities, it is important to consider the following:

- Different strategies require varying levels of individual or community effort and resources, which may affect who benefits and at what rate.
- Certain population groups may face barriers to or negative unintended consequences from certain strategies. Such barriers can limit the strategy's effect and worsen the disparity.
- Population groups experiencing health disparities have further to go to attain their full health potential, so even with equitable implementation, health effects may vary.
- Health equity should not only be considered when designing interventions. To help advance the goal, health equity should be considered in other aspects of public health practice (e.g., organizational capacity, partnerships, evaluation).

CDPH CFHL acknowledges that there is no one-size-fits-all approach to addressing disparities and inequities in communities. CDPH CFHL recommends using the CDC's *A Practitioner's Guide for Advancing Health Equity* to provide guidance on how to operationalize the skills and practices below. **CDPH CFHL funded LHDs are expected to consider the following, among others, when identifying their CFHL work:**

- Building Organizational Capacity
  - Establish an institutional commitment to advance health equity
  - **Where possible, align funding and sub-granting decisions with your commitment to equity**
  - Be deliberate in recruiting and building staff skills to advance equity
- **Engaging Community Members**
  - Understand historical context before developing engagement strategies
  - **Build community relationships and establish trust; maintain relationships**
  - Select engagement techniques appropriate to your context
  - Understand barriers
  - Support and build the community's capacity to act
  - Value both lived community experience and professional expertise
- **Developing Partnerships and Coalitions**
  - Engage partners from many fields and sectors
  - Include those working with populations experiencing health inequities
- Identifying and Analyzing Health Inequities
  - Do not rely on assumptions about health inequities in program planning
  - Use appropriate tools to identify health inequities
  - Value both community and technical expertise
- Selecting, Designing, and Implementing Strategies
  - **Balance community input and best available evidence**
  - Select a set of comprehensive approaches, strategies, and settings

    - Support and build the community's capacity to act
- Developing Effective Communication Efforts
    - Support the case for equity with relevant data
    - Highlight solutions when framing messages around equity

Programmatic Priority: Healthy Beverage Consumption and Purchases

CDPH CFHL will place an emphasis on limiting purchases and decreased consumption of sugar sweetened beverages (SSBs) as the primary behavioral strategy for implementation in FFY 2024-2026. This core behavioral strategy is supported by various PSE sub-strategies, including but not limited to nutrition standards, procurement, wellness policies, and places that sell beverages, and a complementary PSE sub-strategy to increase access to and the consumption of safe drinking water. Consumption of SSBs is more strongly linked to obesity than any other single type of food or beverage and is the largest contributor of added sugar in the diet, and promotion of water consumption complements and strengthens other efforts to discourage SSB consumption.

Therefore, all settings and sites involved in CDPH CFHL nutrition supported efforts should include (but not necessarily be limited to) efforts to reduce access to and consumption of SSBs. This can be achieved through education and/or PSE efforts. Examples of applicable PSE Strategies include Healthy Default, Nutrition Standards, Access to Healthy Food, and others. Examples of PSE Settings include Restaurants, Retail, Before and After School, and others. Additional programmatic supports, including trainings, materials, resources, and tools, will be made available as part of the IWP Blueprint and CFHL Statewide Training to guide local program planning and implementation.

Programmatic Priorities: Supporting PSE Change at the Community Level and in Priority PSE Settings

Priority PSE Settings

The following define the CDPH CFHL priority Domains and PSE Settings for the CDPH CFHL funded PSE change work in FFY 2024-2026. **As stated in the Funding Tier Requirements listed in the FAP, all LHDs must complete some (but not necessarily all) of their PSE work in the following established priority PSE settings.** These Domains and PSE Settings have been established based on the Consideration and Inclusion Criteria and existing behavior change evidence. The following priority settings (Table 1) are to be utilized for selected PSE Strategy implementation as submitted by LHDs in the IWP. Beyond the Funding Tier requirement of PSE work in at least one priority setting, the remaining IWP PSE work can be done in any available PSE settings in the IWP Blueprint. Direct and Indirect Education activities can occur in any qualified SNAP-Ed site that reaches the local defined, intended audience. All IWPs must be submitted as a cohesive approach as detailed in the Section A Intervention and Evaluation Plan Narrative and be supported by selected work in Section B.

Table 1. FFY24-26 Priority Domains and Settings for Site and Organizational PSE Change Work

LEARN	SHOP	EAT	PLAY	LIVE
Early Care and Education	Food Stores	Restaurants	Parks and Open Spaces	Health Care
Schools	Food Banks and Pantries		Bicycle and Walking Paths	
Before and Afterschool	Farmers Markets			

Programmatic Priorities: PSE Levels

The following constitute the required levels of PSE work for CFHL LHDs in their efforts to address the guiding goals. These levels can be applied to appropriate IWP Blueprint Strategies and Sub-strategies in addition to allowable community goals established in Section A of the IWP. As indicated in the Funding Tier requirements, combinations of the PSE Sub-strategies at different PSE Levels across settings below should create a cohesive and comprehensive overall work plan approach.

PSE Levels:

Level 1: Site PSE Changes: Targeted CFHL allowable activities to establish, implement and sustain written policies, systems, and environmental changes through comprehensive programming at the site level (e.g., at a school or store). Policies are meant to address the established CFHL statewide, CDPH and LHD priorities.

Level 2: Organizational PSE Changes: Targeted CFHL allowable activities to establish, implement and sustain written policies, systems, and environmental changes at the multi-site level. Multi-site level work is referred to as "organization or institutional" level in the USDA SNAP-Ed Program Guidance and Evaluation Framework. Work could include, for example, activities at a school district, ECE chain, and/or chain store corporate office and is intended to influence multiple sites under their jurisdiction. Policies are meant to address the established CFHL statewide, CDPH and LHD priorities.

Level 3: Community PSE Changes: Targeted CFHL allowable activities to establish, implement and sustain written policies, systems, and environmental changes at the community level. Community or areawide level work is defined as work in neighborhoods, communities, and jurisdictions (e.g., cities, towns, districts, and counties). Community level efforts may involve work to mobilize multiple sectors (stores, schools, whole of government, etc.) to benefit the CFHL-eligible population across a larger geographic area through PSE changes. Policies are meant to address the established CFHL statewide, CDPH and LHD priorities.

Figure 3: Alignment of Socio-Ecological Model with PSE Change Priorities

Programmatic Priority: Reaching and Impacting Youth

According to the CDC, establishing healthy behaviors to prevent chronic disease is easier and more effective during childhood and adolescence than trying to change unhealthy behaviors during adulthood. CDPH CFHL will place emphasis on reaching and impacting youth where they live, learn and play.

Therefore, each LHD receiving CDPH CFHL funds must include a minimum of one PSE effort focused on youth (0-17 years) in their FFY 2024-2026 IWP. LHDs may

select a targeted age range or set of age ranges within the overall youth segment (e.g., 4th graders, 2–5-year-old children, high school students, etc.). LHDs may select from the list of available IWP Blueprint strategies, sub-strategies, and settings to fulfill this priority. A selected PSE sub-strategy that targets youth must be a part of a cohesive, comprehensive overall approach to community work.

While any of the allowable PSE Settings are available, LHDs are encouraged to engage youth in the LEARN Domain, specifically in two priority Settings (Early Care and Education (ECE) and Schools). The ECE and Schools settings were selected for priority focus as research indicates that youth who are overweight or obese are more likely to remain so into adulthood, thus a focus on early intervention is imperative. The ECE and Schools settings are prioritized over other youth settings due to their high potential for reach and consistent access to the same group of youth. Additionally, interventions in the School and ECE settings are well-documented and proven effective.

The youth-focused PSE effort can also satisfy the Funding Tier requirement of at least one PSE effort undertaken in the established "priority" PSE settings if it occurs in one of the 10 priority settings (see following section for more details). See the FFY 2024-2026 Funding Application Package for more information regarding funding tier requirements.

Steps for Building Local Integrated Work Plans

Sections A and B of the IWP have been updated to reflect FFY 24-26 CFHL principles and priorities, as well as statewide goals and objectives. The instructions have been updated as well. The information below is additional supportive information for completing the IWP.

Community Goals, Intended Impact, Domains and Settings, and PSE Strategies

Community goals and community needs assessments support LHDs in identifying:

1. Population intended for impact (in terms of geographic location and demographic characteristics);
2. Domains and settings where the program can most effectively reach a significant number of CFHL-eligible participants;
3. Applicable and appropriate PSE strategies for each setting, and;
4. Community level work that supports a large portion of the CFHL-eligible population and aligns with community change goals and site/organizational level interventions.

Identification of Domains, PSE Settings, Sites and PSE strategies *must be done* in conjunction with community members and local, trusted organizations (see Advancing Equity section above and in the LHD Deliverables document). PSE strategies selected at the site and organizational level (PSE Levels 1 and 2) should align with any community or jurisdiction level work (PSE Level 3) to address locally determined CFHL goals. See the IWP planning tools to support planning.

Once all planning is complete, LHDs will add work plan content to the CDSS CFHL SharePoint site that houses the automated IWP forms for submission. After PSE

strategies are selected, Section B will automatically populate with activity tables for each strategy/setting pairing. LHDs, and any applicable LIA partners, must make each activity specific to their local work by adding specific narrative text to the sub-strategy activity tables in the IWP Automation site. Some activities may apply to multiple sub-strategies and/or settings. See the IWP Blueprint Packet for details and ideas for each PSE Sub-strategy activity.

Work with Local Partners

LHDs are encouraged and expected to work with all appropriate partners to ensure that CFHL work is maximizing impact within their selected target population. Partners should include the members of the community you aim to serve and include CFHL-funded and unfunded organizations and agencies. LHDs are highly encouraged to work with chronic disease prevention and cross-sector partners (through diverse multi-sector coalitions and otherwise) to enhance individual CFHL work plan deliverables and to support comprehensive, collaborative community-wide health initiatives. Work within County Nutrition Action Partnership groups (or similar county-wide coalitions and/or collaboratives) can assist with the maintenance of multi-sector partnerships and can contribute to mutually advantageous outcomes for partners and the communities they serve.