

Afterschool Program Primer on SNAP-Ed

Opportunities to Get Involved—The time is NOW!

What is SNAP-Ed and What's New?

SNAP-Ed is federal funding for nutrition education targeted at people who are low income. It comes from the Supplemental Nutrition Assistance Program (SNAP—formerly food stamps and now CalFresh in California) through the CA Department of Public Health's (CDPH) *Network for a Healthy California*. Under changes in the Healthy Hunger-Free Kids Act of 2010, the *Network* is moving SNAP-Ed funding from schools/afterschool programs to local health departments (LHDs). FFY 2013 (October 2012–September 2013) is a transition year. Many school districts and afterschool programs are losing funding, but there are opportunities to re-engage and partner with LHDs.

New funding allocations for LHDs are based on county poverty populations, which will result in major shifts in county funding. See Attachment 1 for information about your local health department's funding levels. The total LHD allocation for FFY 2014 is \$58m, decreasing to \$53m in FFY 2016. The 17 sparsely populated counties not receiving an allocation in the attached summary will receive separate guidelines and allocations later, and will likely be funded on a cluster or mini-region basis.

The three priority areas for this funding are to 1) increase access to and consumption of healthy foods; 2) decrease consumption of less healthy foods and beverages, and increase consumption of water; and 3) increase physical activity opportunities throughout the day. Primary target populations are children and parents who are low income (185 percent of federal poverty level). If 50 percent or more of the school population is participating in the free and reduced price lunch program, the school site is considered to have an eligible target population.

LHDs are being advised NOT to develop new curricula or materials, but to use *Network*-approved curricula and resources.

Where does afterschool fit in?

Local health departments that get more than \$400,000 in funding are required to work with schools/afterschool programs under Objective 12: School/Afterschool to complete a state-mandated scope of work. LHDs with more than \$500,000 are also required to contract out between 30 and 50 percent of their allocations, with priority to schools, community based organizations (CBOs) and cities. Objective 12 is an optional objective for LHDs receiving less than \$400,000. LHDs can partner with schools/afterschool programs in a variety of ways—providing nutrition education and PA expertise directly, helping schools strengthen their wellness policies, assessing where they are today and evaluating changes in outcomes, and finally, subcontracting with the districts, county offices of education (COE), and afterschool programs to do this work.

In addition to Objective 12, there are other Objectives that schools and afterschool are equipped to help address, including community engagement, nutrition education, public relations events/media, rethink your drink, and youth engagement. LHDs must also

establish a County Nutrition Action Plan (CNAP) with input from county stakeholders. These Objectives (and their associated scopes of work) are laid out at <http://www.cdph.ca.gov/programs/cpns/Pages/Network-LHD-FAP2013.aspx>

The *Network* recently held a webinar for LHDs on Objective 12 to give them advice on connecting with schools and afterschool programs, including working with COEs and large districts. CDE participated in the webinar to provide their advice on working with schools. The *Network* is encouraging LHDs to work with COEs and large school districts in order to maximize their reach. The Center for Collaborative Solutions (which is responsible for the Healthy Behaviors Initiative under SNAP-Ed funding) also shared why working with afterschool/summer programs is important as part of a school-based strategy and used examples from the Healthy Behaviors Learning Center programs and the changes they've made to address childhood obesity. This webinar and associated Power Points will be available shortly at the *Network's* program training web site: <http://www.cdph.ca.gov/programs/cpns/Pages/ProgramTraining.aspx>. Note: Power Point is now posted.

LHDs that will be contracting out must complete their Requests for Applications (RFA) by April 1, 2013, and some are on an earlier timeline. These RFAs will be for three years of funding.

What can you do now to position yourself and become involved?

Whether you are already doing something positive in nutrition education, physical activity and food security (addressing hunger), or are interested in increasing your ability to address childhood obesity, there are opportunities **now** to connect with your local health department's work to address the obesity epidemic. Work that you can do together will help build your relationship as well as start down a mutually beneficial path.

To get started and find out what's happening in your county:

- ✓ You can join your *County Nutrition Action Plan (CNAP) Committee* (required in all LHD-funded counties) or existing *Regional Collaborative* <http://www.cdph.ca.gov/programs/cpns/Pages/RegionalNetworks.aspx> to find out what's going on and the timing for any Requests for Application (RFA).

Share what you're already doing and offer to share your resources

Be prepared with your own success stories—including outcomes from your work

Identify what current resources are available from your LHD and use them to improve your program

Identify opportunities for taking action on projects together

Identify what your priorities would be if you had additional resources or funding (after reviewing Objective 12 and the other applicable objectives)

- ✓ You can contact your local health department to learn what their plans are for working with schools/afterschool programs in your county. (Attachment 2 is a preliminary list of LHD SNAP-Ed contacts.) Note: Because this list may have

errors or your county's health department may not be listed, if you have any problems, you may contact the *Network's* general information line (916-449-5400) and ask to speak to the Program Manager working with your county.

Your LHD could be doing partnership work and/or issuing an RFA for the school/afterschool program to perform some of the work under Objective 12. If you're already doing this work, you should consider responding with your school district to any RFA. It is unlikely that LHDs will consider afterschool programs separate from the school districts they serve due to the added complexity and the overlapping target population. RFAs are required to be issued by April 1, but may come out earlier. Funding is for three years.

Note: If the LHD is doing an RFA, they will be unable to share with you what they're looking for since they are bound by competitive bid confidentiality requirements. Also, there will likely be additional RFAs for the other objectives the LHDs are responsible for.

- ✓ **If an RFA is in the works, position yourself to be a successful bidder!**
 1. *Reach out to your school district and other partners to explore opportunities for a joint application (waiting for an RFA will be too late).*
 2. *Read the entire LHD funding guidelines to understand better what is expected of the LHDs.*
 3. *Review Objective 12 to see what the LHD is responsible for doing with schools/afterschool (and also look at other potentially applicable objectives such as Rethink Your Drink or Youth Engagement).*
 4. *Create a committee to identify what you are already doing and then what more you could do in response to an RFA and who would be responsible for doing it (scope of work).*
 5. *Be clear on what your "reach" is—that is, how many students, families and low-income staff you would impact.*
 6. *Review your district's wellness plan to see what could be strengthened and what role you could play.*
 7. *Develop a draft budget.*
 8. *Develop compelling descriptions of what you could achieve with funding; and identify any data that demonstrate your effectiveness.*
 9. *Review the advice/toolkit that has already been provided to LHDs to help them work with schools. This will be posted shortly at the Network's program training web site:*
<http://www.cdph.ca.gov/programs/cpns/Pages/ProgramTraining.aspx>
- ✓ **Get involved with your school's wellness policy committee—afterschool can make an important contribution!**

What's in it for you?

LHDs are encouraged to work with schools and afterschool/summer programs under Objective 12 to reach children and parents to increase nutrition and physical activity opportunities and social marketing strategies that increase access and consumption of healthy food and beverages at each site.

Working with your LHD to improve the health of your students can have positive payoffs for your students, their families, and your staff. **The bottom line is that kids who are physically fit and eating well attend school (and afterschool) more regularly and do better academically!** Children who are overweight or obese are at a huge risk for developing type 2 diabetes in their lifetime. For children of color, the chances are that half will develop type 2 diabetes in their lifetime unless something is done—and the effects of diabetes are devastating! You can improve the odds for your students, and you'll literally be saving their lives.

1. If you are already doing something positive in nutrition education, physical activity, and/or food security:
 - ✓ LHDs can provide support (free resources and/or training) to improve your practices.
 - ✓ LHDs can partner with you to increase resources available to help achieve the Objective 12 deliverables.
 - ✓ LHDs can help you improve the PA you offer.
 - ✓ LHDs can help you partner with your district's food services department to start serving CACFP meals or improve the quality of the snacks/meals you provide.
 - ✓ LHDs can help you achieve your obesity prevention and health goals.
 - ✓ LHDs can help increase your school day's commitment to your obesity prevention work.
 - ✓ LHDs can contract with you to use your expertise in reaching your children and families, training school-day staff, educating parents/guardians.
 - ✓ LHDs can use your expertise in a partnership model to expand the reach of the work that you are doing already (potential future funding through the LHD or other grants).
2. If you are interested in increasing your ability to address childhood obesity but aren't yet actively doing something:
 - ✓ LHDs can help you develop and achieve your obesity prevention and health goals in partnership with your district.
 - ✓ LHDs can provide local data to help you understand the statistics and risk factors for the children and families in your community. The data are also excellent for grant-writing.

- ✓ LHDs can provide support (free resources and/or training) to improve your practices and reach your children and families with childhood obesity prevention strategies.
- ✓ LHDs can help you improve the PA you offer.
- ✓ LHDs can help you partner with your district's food services department to start serving CACFP meals (or improve the quality of the snack or meal you already provide).

Under Objective 12, your Local Health Department could provide you (and your district/CBO):

1. Nutrition education resources, including professional development.
2. Support for wellness policy work, including staff development for you and the district.
3. Support for increasing access to healthy food and beverages (including water) throughout your program.
4. Support for healthy school/afterschool campaigns.
5. Posters, recipes, materials and food supplies for nutrition education and tastings.
6. A healthy afterschool assessment with a comprehensive report to help with improvements.
7. Participation in back-to-school nights, open houses, health fairs, PTA meetings to inform and engage parents in nutrition education/obesity prevention interventions and campaigns.
8. Support for one or more of the following strategies:
 - ✓ Engaging farmers/growers in farm-to-school program and providing Harvest of the Month produce items in cafeterias.
 - ✓ Developing a school gardening project including garden-based nutrition.
 - ✓ Supporting implementation of healthy food procurement policies in vending machines, fundraiser activities, school events.
 - ✓ Encouraging participation in the CACFP meal program.
 - ✓ Providing implementation of healthy food and beverage standards for competitive foods at schools and afterschool sites.
 - ✓ Encouraging implementation of marketing strategies to increase healthier food selection and consumption.
9. Support for aligning health promotion during the school day with the work that you're doing in afterschool.
10. Evaluation of your obesity prevention work.
11. Potential funding for your doing parts of this work or helping other sites do this work.

12. Potential partnerships to seek funds for community-based interventions to expand this work.

What's in it for your local health department?

You should be aware of the *why's* an LHD should work with your program.

1. Afterschool programs serve the SNAP-Ed target population (50 percent free and reduced lunch is equivalent to 185 percent of poverty).
2. Afterschool programs provide access to their target population over time, increasing the likelihood of success in improving healthy eating and physical activity behaviors and addressing childhood obesity.
3. Afterschool programs can be a gateway to working with a school district and can ensure that the same messages and policies are in place throughout the whole day, increasing the impact of any interventions.
4. Afterschool programs have existing ASES/21st CCLC funding that can be leveraged to address the SNAP-Ed objectives (cost-effective for the LHD).
5. Afterschool programs have an infrastructure to build on (staff, components, administrative support, facilities).
6. Afterschool programs have the flexibility to address nutrition education through enrichment and building on snack or meal time.

Note: Nutrition education can use existing curricula, supplemented with resources like Harvest of the Month, and incorporating hands-on work in healthy cooking classes and school gardens.

7. Afterschool programs already offer physical activity that can be expanded or strengthened.
8. Afterschool programs have the time for students to engage in projects that lead to changes in their own behavior, their families' behavior or the school's student behavior.
9. Afterschool programs can promote water consumption throughout program hours and can initiate projects to improve access to water throughout the school day.
10. Afterschool programs often have partnerships with community organizations to increase access to healthy foods (food banks, for example) or to increase access to family benefits that will increase healthy food access (such as SNAP or food stamps, WIC). Afterschool programs can encourage participation in school breakfast and lunch programs.
11. High quality afterschool programs have a strong youth development emphasis, which encourages student-led work that is more effective in promoting change. Students become an additional resource in effecting change for their peers, families and community.

12. Afterschool programs provide access to families over time. LHDs don't have to chase down participants.
13. Afterschool program staff often are low-income themselves, and can not only be role models of change for students but beneficiaries of positive changes in their own eating and physical activity.
14. Afterschool programs can often develop even stronger wellness policies than the school district, while complementing the district's policies.
15. Afterschool programs are an ideal platform for implementing obesity prevention work using the social-ecological model. The *Network* supports this model because it is more effective in impacting behavior change. For more information on the social-ecological model, go to <http://www.cdph.ca.gov/programs/cpns/Documents/Network-LHD-Att2-SEMMModel.pdf> (CDPH document) and <http://www.balancedweightmanagement.com/TheSocio-EcologicalModel.htm> (good description of the relationship among individual, interpersonal, organization, community, and policy but slightly different than CDPH model).

The Healthy Behaviors Initiative case studies illustrate the social-ecological model in afterschool programs. Go to <http://www.ccscenter.org/afterschool/HBI%20Case%20Studies>.

For additional information on the kind of obesity prevention work afterschool can do, read the Healthy Behaviors guide, *Changing Lives, Saving Lives, A Step-by-Step Guide to Developing Exemplary Practices in Healthy Eating, Physical Activity and Food Security*, which is full of illustrations and guidance. It can be downloaded from <http://www.ccscenter.org/afterschool/Step-By-Step%20Guide> or you can contact Kathy Lewis (see below) for a hard copy. This document is an approved *Network* resource.

For more Information

You can go to CDPH's *Network for a Healthy CA* web site and see the total scope of work for LHDs and Objective 12. This information is located under the application that LHDs had to complete for their funding.

(<http://www.cdph.ca.gov/programs/cpns/Pages/Network-LHD-FAP2013.aspx>)

You can also contact Kathy Lewis or Judy Stucki at the Center for Collaborative Solutions (kathyblewis@ccscenter.org or jstucki@ccscenter.org or 916-567-9911) for additional background/information.

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Attachments: Local Health Department (LHD) Funding Allocations, FFY 2013 - FFY 2016
Local Health Department Contacts for SNAP-Ed

Local Health Department (LHD) Funding Allocations, FFY 2013-FFY 2016

LHD	Pop < 185% FPL ¹	\$30M Total Allocation FFY 2013	\$58M Total Allocation FFY 2014	\$56M Total Allocation FFY 2015 ²	\$53M Total Allocation FFY 2016 ²
			Alpine, Sierra, Modoc, Mono, Mariposa, Inyo, Trinity, Plumas, Lassen, Amador, Colusa, Del Norte ⁴ , Calaveras, Glenn, Tuolumne, San Benito, Siskiyou -		
Nevada	25,238	\$200,000	\$200,000	\$200,000	\$200,000
Lake	30,937	\$200,000	\$200,000	\$200,000	\$200,000
Tehama	25,864	\$200,000	\$200,000	\$200,000	\$200,000
Yuba	28,580	\$200,000	\$200,000	\$200,000	\$200,000
Sutter	37,101	\$200,000	\$200,000	\$200,000	\$200,000
Berkeley	34,475	\$200,000	\$200,000	\$200,000	\$200,000
Napa	36,338	\$200,000	\$200,000	\$200,000	\$200,000
El Dorado	34,781	\$200,000	\$200,000	\$200,000	\$200,000
Mendocino	37,392	\$200,000	\$200,000	\$200,000	\$200,000
Marin	43,397	\$261,698	\$375,336	\$367,969	\$356,918
Pasadena	45,410	\$264,560	\$383,469	\$375,760	\$364,197
Humboldt	48,085	\$268,363	\$394,277	\$386,114	\$373,870
Placer	68,494	\$297,378	\$476,735	\$465,107	\$447,666
Kings	62,582	\$288,973	\$452,849	\$442,225	\$426,289
Shasta ³	65,275	\$691,024	\$463,729	\$452,648	\$436,027
Madera	60,279	\$285,699	\$443,544	\$433,311	\$417,962
Yolo	63,555	\$290,357	\$456,780	\$445,991	\$429,807
San Luis Obispo	75,676	\$307,589	\$505,752	\$492,905	\$473,635
Santa Cruz	74,678	\$306,170	\$501,720	\$489,043	\$470,027
Imperial	78,734	\$311,937	\$518,107	\$504,741	\$484,693
Butte	83,766	\$319,091	\$538,438	\$524,218	\$502,888
Solano	99,331	\$341,220	\$601,325	\$584,463	\$559,169
Sonoma	133,706	\$390,091	\$740,210	\$717,512	\$683,465
Merced	119,489	\$369,878	\$682,769	\$662,485	\$632,058
San Mateo	128,221	\$382,293	\$718,049	\$696,282	\$663,632
Santa Barbara	144,714	\$405,741	\$784,685	\$760,118	\$723,268
Monterey ³	150,348	\$601,835	\$807,448	\$781,925	\$743,640
Long Beach³	173,181	\$728,014	\$899,700	\$870,300	\$826,202
Stanislaus	199,197	\$483,200	\$1,004,811	\$970,996	\$920,272
Ventura	211,432	\$500,595	\$1,054,244	\$1,018,352	\$964,513
San Francisco	218,245	\$510,281	\$1,081,771	\$1,044,722	\$989,148
Tulare	215,869	\$506,903	\$1,072,171	\$1,035,525	\$980,556
Contra Costa ³	219,462	\$624,997	\$1,086,688	\$1,049,432	\$993,548
San Joaquin	267,261	\$579,967	\$1,279,809	\$1,234,439	\$1,166,384
Alameda ³	366,060	\$4,189,680	\$1,678,985	\$1,616,842	\$1,523,629
Kern	353,586	\$702,696	\$1,628,586	\$1,568,562	\$1,478,525
Santa Clara	402,066	\$771,620	\$1,824,459	\$1,756,204	\$1,653,822
Fresno	414,001	\$788,588	\$1,872,680	\$1,802,399	\$1,696,978
Sacramento	466,125	\$862,694	\$2,083,275	\$2,004,146	\$1,885,452
Riverside	782,596	\$1,312,623	\$3,361,906	\$3,229,053	\$3,029,773
San Bernardino	766,197	\$1,289,308	\$3,295,650	\$3,165,580	\$2,970,477
Orange	798,969	\$1,335,900	\$3,428,058	\$3,292,425	\$3,088,976
San Diego	930,415	\$1,522,778	\$3,959,136	\$3,801,189	\$3,564,269
Los Angeles	3,450,962	\$5,106,260	\$14,142,850	\$13,557,016	\$12,678,265
Total	12,046,206	\$30,000,000	\$58,000,000	\$56,000,000	\$53,000,000

¹Data source is American Communities Survey (ACS) 2010 1-year data except for Tehama which uses ACS (2006-2010) 5-year data. ACS 1-yr estimates are only available for counties with populations of 65,000 or greater.

²Federal funding for this program will decline starting in FFY 2015 for the Local Health Departments receiving greater than the base allocation (\$200,000).

³Alameda (\$4,189,680), Monterey (\$601,835), Shasta (\$691,024), Contra Costa (\$624,997) and Long Beach (\$728, 014) are continuing with their current contracts in FFY 2013.

⁴The current *Network*-funded pilot cluster (Del Norte, Siskiyou, and Trinity-\$250,000) will continue to receive funding in FFY 2013 until transition into the next funding phase. This is in addition to the \$30m.