

Nutrition and Physical Activity in California

**The Landscape of
Funding and the Role
of State and Local
Health Departments**



**Healthy Eating,
*Active Communities***

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The Landscape of Funding and the Role of State and Local Health Departments

Poor diet and lack of physical activity—and associated diseases including heart disease, stroke, diabetes and certain cancers—are among the greatest threats to the health of the population in California and the nation today. Left unaddressed, they could result in the current generation being the first in over a century to have a shorter life span than their parents, with larger portions of their lives spent coping with chronic health conditions and driving up costs to the health care system.

While the stakes are high and the magnitude of work ahead of us is daunting, there are some encouraging signs that California is heading in the right direction. Legislation has raised nutrition standards and restricted the sale of sodas in schools. The *Governor's Action Summit on Health, Nutrition and Obesity* took place in September 2005, and the state recently released the *California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today*. A California Health Strategy Summit has highlighted obesity prevention as a state priority. The California Department of Health Services has shown committed leadership on the issue. Grant-funded initiatives such as *Healthy Eating, Active Communities (HEAC)*, *Healthy Eating, Active Living (HEAL)*, and *Active Living By Design* have provided important supplements to government programs. And the work of non-profit advocacy groups such as the Strategic Alliance and California Center for Public Health Advocacy have made vital contributions. All of these efforts give good reason to hope that we can reverse this tide.

Success in the long run, replicating California's striking successes with tobacco, will depend very much on the ability of state and local health departments to become partners in the mobilization of the support and active participation of elected officials, government agencies, businesses, non-profit organizations, communities, academia, media and others. Building support around specific policy initiatives or providing short-term grant funds to finance programs are important contributions to the overall effort, but they cannot substitute for the anchoring role played by state and local health departments with the unique mission to protect and promote the health of the population.

The purpose of this brief paper is to examine the current landscape of

funding for state and local health department work on nutrition and physical activity, and to offer recommendations for additional funding sources that would support a more comprehensive approach to the prevention of diseases associated with poor diet and lack of physical activity.

Frameworks for a Comprehensive Approach to Prevention

Recent public health practice has benefited from the development of frameworks that guide prevention across a broad range of activities. The Spectrum of Prevention, generated out of the experiences of the Contra Costa County

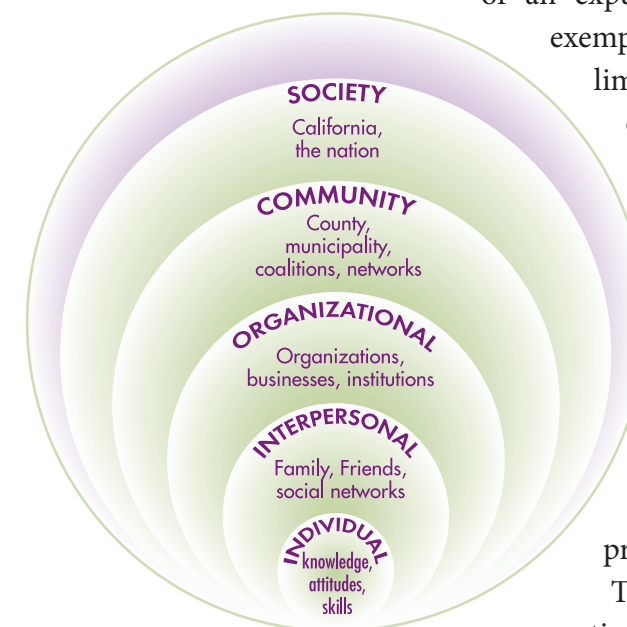
health department and the Prevention Institute, urges public health practitioners to expand upon their traditional strengths educating individuals, providers and communities, to become more engaged in community organizing, building coalitions, changing institutional practices and influencing policy and legislation. Similarly, the Social-Ecological Model, a framework that guides the more than 30 local health departments participating in the California Nutrition Network, extends from a focus on individuals and families to institutional, community and policy strategies. This common vision

of an expanded public health practice was exemplified in tobacco control, where the limited accomplishments of smoking cessation and health education messages were effectively augmented by community organizing, formation of anti-tobacco coalitions, challenging tobacco industry practices and enacting legislation establishing protections from environmental tobacco smoke in workplaces and restricting advertising of tobacco products.

This expanded vision of public health practice, confirmed by the experience with



The New Spectrum of Prevention¹



A Social-Ecological Model for Nutrition Evaluation Spheres of Influence²

tobacco control in saving lives and reducing disease, will serve us well as we confront the challenges of improving nutrition and physical activity. Current programs in health departments that provide nutrition education to individuals, families and communities, for example, are being supplemented with approaches that address conditions in the social and physical environment that produce risk factors for poor nutrition and inactivity. Those approaches include work with community residents and organizations, and other multi-sectoral alliances, to improve access to healthy foods in low-income neighborhoods, to conduct walkability audits, to promote safe routes to school, to work with school districts to improve their policies on vended foods, nutrition and physical education, to advocate for land use and transportation planning that takes health consequences into consideration and to challenge the marketing of fast food, unhealthy snacks and sodas to children.

This growing body of work in local health departments, however, is still largely improvisational and subject to unique fund-raising strategies that include short-term grants, local support and shifting of organizational priorities. It has not yet attained the stature of universal standards of public health practice, nor has it been supported with consistent revenues to make that possible. If local health departments are to capitalize on the momentum that is being established to varying degrees throughout the state, they will not only need to better articulate the elements of this expanded practice, but also to simultaneously generate revenues to support that practice.

Landscape of Funding

Table 1 provides an overview of federal and state funding for state and local health department work on nutrition and physical activity. In Fiscal Year 2005-2006, nearly three-quarters (73%) came through the Women, Infant, Children (WIC) program, which provides nutrition education, breastfeeding support, and checks

to purchase nutritious foods to pregnant and breastfeeding women, infants and children up to five years of age in low-income families. An additional 26% of funding is through the California Nutrition Network and its 5-A-Day social marketing campaign to encourage people to eat fresh fruits and vegetables. Including the relatively small amount of funding the network provides to California Project Lean, 99% of funding for work on nutrition and physical activity by state and local health departments in California comes from the U.S.

Department of Agriculture (USDA), which places considerable restrictions on the use of those funds.

In brief, the program is intended to provide improved food access and nutrition education to the federal Food Stamp-eligible population. Allowable activities specifically preclude disparaging food products, or engaging in environmental change or policy advocacy, effectively limiting the scope of work to lower bands on the Spectrum of Prevention; and physical activity must be an adjunct to nutrition education rather than a priority in its own right.³ While California has been particularly aggressive in both its pursuit and use of USDA funds, bringing over \$40 million into the state using local match funds, it has also drawn close scrutiny from USDA auditors and must still function within the narrow bounds of its program guidelines. Moreover, the state program that administers the funds is almost entirely funded by retaining 50% of local match for federal dollars. While the funds enable important statewide coordination and support for local and regional efforts, it is nonetheless an unusual reversal of fiscal policy in which local government underwrites the cost of state government programs.

Other comparatively small amounts of funding include \$1.3 million from the federal Prevention Services Block Grant, an insecure source of funding in recent years that barely escaped elimination in the 2005 federal budget. The block grant provides, among other things, the little funding focused on physical activity, including the California Center for Physical Activity's mini-grant program which offers local health departments small grants to participate in

TABLE 1: LANDSCAPE OF FEDERAL AND STATE FUNDING for Nutrition and Physical Activity in California (2005/2006)

FUNDING SOURCE	PROGRAM	ACTIVITIES	AMOUNT	%	
U.S. Department of Agriculture	WIC	Nutrition education, breastfeeding support, checks for nutritious food	233,067,877	73%	
		Farmers' market nutrition program for WIC participants	2,300,000	0.7%	
	California Nutrition Network/5-A-Day	Increase fruit & vegetable consumption, physical activity, food security (includes local match)	82,030,437	26%	
	California Project Lean	Increase access to healthy foods, physical activity	300,000	0.09%	
Subtotal:			\$317,698,314	99%	
Prevention Services Block Grant	California Center for Physical Activity	Increase physical activity, walkability	500,437	0.2%	
	California Project Lean	Increase access to healthy foods, physical activity	365,630	0.1%	
	California Obesity Prevention Initiative	Obesity prevention, school PE, TV reduction, statewide conference	324,100	0.1%	
	California Nutrition Network	Increase fruit & vegetable consumption, physical activity, food security	130,089	0.04%	
Subtotal:			\$1,320,256	0.4%	
Centers for Disease Control & Prevention categorical funding	California Diabetes Program	Diabetes prevention thru health system, school and community health programs	990,320	0.3%	
	School Health Connections	Improve health through school health programs, policies & practices	156,000		
Subtotal:			\$1,146,320	0.3%	
Caltrans	California Center for Physical Activity	Increase physical activity, walkability	500,000	0.2%	
		Subtotal:			\$500,000
Title V	MCAH	Improve nutrition through MCAH programs	106,290	0.03%	
		Subtotal:			\$106,290
Title XIX plus match	MCAH	Improve nutrition through MCAH programs	36,982	0.0003%	
		Subtotal:			\$36,982
ALL SOURCES	ALL PROGRAMS	ALL ACTIVITIES	TOTAL:	\$319,858,162	100%

If state and local health departments in California are to benefit from sustained and substantial funding to support the expanding sphere of work focused on improving nutrition and physical activity, it will require new and dedicated revenue streams, ideally from public sources.

the Local Public Health and the Built Environment (LPHBE) conference calls and forums. CalTrans has supplemented those funds with a grant of \$500,000 to promote walkability. California Project Lean provides small grants to several health departments using funds from the Federal Prevention Services Block Grant and the Vitamin Consumer Settlement Fund to engage in a variety of activities, particularly involving youth. The Centers for Disease Control and Prevention also provides just over \$1 million in categorical grants for the California Diabetes Program and School Health Connections. Funds for nutrition and physical activity provided through other local health department categorical programs such as Maternal/Child/Adolescent Health (MCAH) are minimal at best.

The most significant commitment of funds for local health departments to engage in environmental approaches to improving nutrition and physical activity, not shown in Table 1, are from grant initiatives such as *Healthy Eating, Active Communities* (The California Endowment), *Healthy Eating, Active Living* (Kaiser-Permanente), *Active Living By Design* (The Robert Wood Johnson Foundation) and *Steps to a Healthier U.S.* (U.S. Department of Health & Human Services), which are welcome but relatively small and time-limited. Like most grant-funded projects, they are intended to be demonstration projects and do not in themselves represent the prospect for long-term funding, nor do they provide the consistent basis for building upon the important but restricted foundation of USDA funding to incorporate environmental approaches and policy advocacy into an enlarged scope of practice.

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Next Steps

California's comprehensive tobacco control program not only serves as a model for public health practice, but also demonstrates the importance of dedicated funding to achieve significant improvements in health outcomes. When California voters approved a \$.25 increase in the tax on cigarettes in 1988 (Proposition 99), state and local health departments were among the beneficiaries. The state health department was able to launch its aggressive counter-advertising campaign against tobacco and coordinate tobacco control activities statewide, while local health departments were designated as

Local Lead Agencies to support community organizing, convene anti-tobacco coalitions and engage in local policy advocacy. From a public health perspective, Proposition 99 was a stunning success, helping to reduce smoking rates by over a third to the current low of 15%, and lung cancer rates by 20%. However, tobacco taxes are, by design, a diminishing resource, so as smoking rates declined, so did revenues. The failure to pass Proposition 86 in the November, 2006 ballot was not only a lost opportunity to reinvigorate tobacco control programs, but also to build a broader revenue base under prevention work focused on nutrition and physical activity.

Even though Proposition 86 failed, the momentum associated with work on nutrition and physical activity is formidable, and the apparent resolve in state and local health departments is in itself a valuable resource. It is important to take this opportunity to use whatever forum is available to teach and learn from each other about the most promising practices in health departments and the strategies that are being employed to develop the internal capacity to sustain that work. It is equally important to secure new and stable funding sources to support that work over time.

To help foster further discussions and strategy sessions, the following non-exclusive strategies are recommended for consideration:

- Learn the lessons from the defeat of Proposition 86 and work with other public health advocates to propose a future ballot initiative, perhaps scaled down and not designed to fund so many arguably related programs;
- Consider alternatives to a tobacco tax that more directly affect the sources associated with increasing weight and lack of activity, including a tax on sodas and/or high fructose corn syrup;
- Using the base of political support that led to the *Governor's Action Summit on Health, Nutrition and Obesity* and the *California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today*, secure financial support for work on nutrition and physical activity through the state budget process, minimally to make whole local jurisdictions that currently subsidize state programs, but ideally to advance new initiatives consistent with the intent to change environments that serve as impediments to healthy eating and active living;
- Explore statewide fees on sweetened beverages and/or restaurant foods, using the precedent of fees on gasoline and paints that support child lead poisoning prevention programs;
- Advocate for flexibility in existing categorical programs to gain maximum benefits from programs engaged in similar work with compatible purposes.

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If local health departments in California are to solidify their role as Lead Local Agencies in creating environments that support improved nutrition and physical activity, similar to the role they have played with tobacco, then they will benefit greatly by adopting one or more of the above, and/or other, revenue strategies.

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NOTES:

¹The new spectrum of prevention. Contra Costa Health Services.
<www.cchealth.org/topics/prevention/spectrum.php>; *see also* <www.preventioninstitute.org>

²McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Education Quarterly* 15:351-377, 1988.

³Food Stamp Nutrition Education Plan Guidance, U.S. Department of Agriculture, Federal Fiscal Year 2007

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