

LA CNAP Meeting Agenda

August 12, 2014

PHFE WIC

12781 Schabarum Avenue

Irwindale, CA 91706

9:00am-9:10am	Introduction	Steve Baldwin Kiran Saluja	5 min 5 min
9:10am-9:35am	WIC Presentation Q & A	PHFE WIC	20 min 5 min
9:35am-9:50am	Nutrition Messaging/campaigns/events	Mirella Miranda Steve Baldwin	15 min
9:50am-10:05am	LA CNAP Resource Discussion	All	15 min
10:05am-10:50am	Goals and Objectives Discussion	All	45 min
10:50am-11:05am	Physical Activity & Water Break		15 min
11:05am-11:35am	Partner Updates	All	30 min
11:35am-11:45am	Closing remarks	Steve Baldwin	5 min



Los Angeles County Nutrition Action Plan (CNAP)



August 12, 2014 9:00am-12:00pm

MINUTES

Attendees (29 total): Cynthia Ear (Aging), James Don (Aging), Drusilla Rosales (UCCE/EFNEP), Stephanie Monterroza (UCCE/EFNEP), Chloe Akmal (CalFresh), Carlos Portillo (CalFresh), Steve Baldwin (LADPH), Kate Rolfsmeyer (LADPH), Zoë Phillips (LADPH/First 5 & CHLA Kids), Ibtisam Sirhan (LADPH), Ana Goins-Ramirez (LADPH), Mirella Miranda (LADPH), Kelly Dumke (LADPH/First 5 & CHLA Kids), Leyla Marandi (LADPH), Fatinah Darwish (LADPH), Sahra Miyazawa (LADPH), Linda Boyer (LAUSD), Lara Turnbull (LBDPH), Kiran Saluja (PHFE WIC), Judy Gomez (PHFE WIC), Eva Madrigal (NEV WIC), Alejandra Arellano (LA Biomed WIC), Sharen Anthony (PHFE WIC), Mei J Wang (LB WIC), Terri Talavera (CACFP), Violet Oquendo (CACFP), Rhea Rogers (211), Robin Ronkes (San Bernardino DPH), Mandy Adkins (Riverside DPH), Alyson Foote (Riverside DPH)

Welcome

Steve Baldwin, MS, RD
Program Director
Nutrition and Physical Activity Program
Los Angeles County Department of Public Health

- **Overview of meeting:**

- Purpose of CNAP is for all the federally funded food assistance partners to work better together to increase capacity and reach/access for the low-income population.
 - To achieve our goal, we will coordinate messaging, increase bidirectional referrals. Sharing resources and joining efforts will result in increasing capacity to better serve the community.
 - We will continue to invite agencies to share and update the CNAP group on their services/changes so that we can all get to know each other and leverage each other's strengths

WIC: Services and current reports/numbers (Presented by Kiran Saluja, PHFE WIC Executive Director)

(Presentation slides included)

- **WIC turns 40 this month**
- **If you are eligible for Medicare, although WIC eligibility is at <185% FPL and Medicare is at <200% FPL, you are eligible to receive WIC benefits**
- WIC serves 8.4M participants, dropped from 9.4M, experiencing a slow and steady decline
- 1 out of 2 babies in the US is a WIC baby (receiving/received benefits)
- In CA, there are 1.3M WIC participants (approx. 15.5% of the U.S.)
- In CA 60% of infants in CA receive WIC services

- 90 state agencies, 1900 local agencies, 10,000 clinic sites

- “state” = includes native programs (Native American sites), Puerto Rico, Guam
- CA WIC: 203,000 caseloads assigned, only serving about 90%. 10% are not accessing benefits, why?
- In L.A. County = 7 local agencies
 - Approx. 90 offices
 - Approx. 1400 local staff
 - There are 550,000 WIC participants monthly
 - 40% of CA
 - WIC serves 91% of eligible infants and 69% of all infants born in the county
 - WIC serves 64% of the 0-4 year old population in the county
 - 90% of potentially eligible population served and would like to make it 100%
- PHFE WIC
 - Provides support for 7 languages
 - 670 staff
 - High risk clients meet with RDs, low risk clients are counseled by a WIC nutritionist
 - Online WIC education available: www.WICOnlineEducation.org
- **Aiming to make EBT accessible by 2020 instead of WIC coupons, currently Michigan has SNAP + WIC benefits on the same EBT card but not in California**
- Important to reinforce to clients that the WIC height/weight check, etc is NOT a replacement for a visit to the doctor’s office/check up
 - Currently uses “Pronto” machine to check children’s nail beds for signs of anemia
- Final food package rule implemented in March 2014. The most significant changes are:
 - No need for doctor’s prescription for infants to purchase soy milk
 - Only fat-free or 1% milk instead of 2%
 - Children to receive \$8 CVV for fruits and vegetables up from \$6
 - Other changes to be implemented over the next year
- Farmers Market WIC Nutrition Program
 - 250,000 families, 1,000 WIC FM checks, 25 FMs, match \$20 WIC F/V checks
 - Advertised and promoted and was “too successful”, ran out of money/checks too quickly due to high demand
- **How to continue usage of benefits throughout a family/mom/child’s life?**
 - **e.g. working with Head Start to promote and encourage mothers to access/utilize WIC**
 - **There is a drop in usage when families enter/start Head Start program**

Comments & Q/A:

- Terri Talavera (CACFP): WIC presentation gave a refresher and CACFP can attest that the change in the milk program was a great challenge. However, clients now understand the milk changes so it may be challenging but doable.
- Kiran: The more we work together (all the fed funded partners and other food assistance partners), for example, because **it has been about 5 years since the WIC food package change has been implemented, the children (WIC babies/kids) are now somewhat used to eating fruits and vegetables, whole grains, etc, so by the time they start school → which makes the transition easier for the child and for the school. This is why collaboration is vital in**

maximizing all of our work. There should be consistency between all programs.

- **Employee wellness programs at WIC, we need to “walk the talk” as well**
- Linda Boyer (LAUSD): If children are used to consuming whole grains by the time they start school, it would be great for LAUSD/schools as well. **At LAUSD everything is whole grain now.**

Bi-directional referrals:

- Steve: It would be great if all of us can utilize the power of bi-directional referrals. How is it done at WIC?
- **Eva (LA Biomed) explained steps on how they refer clients:**
 1. Participants are screened via prompts on ISIS program by WIC staff
 2. The prompt in the program requires the WIC staff to ask if the participant is currently receiving CalFresh, Medicare, etc.
 3. WIC staff then provides pamphlet, “Can we help?” which includes information on public health clinics, various referral agencies and hotlines
 4. Eligibility staff will then enroll participants in programs (that they are eligible for), such as CalFresh, LA Unites (immunization), prenatal mothers program/referral
- Kiran: Prompts are used so that the basics are covered to ask and to check off. It’s difficult, nearly impossible for staff to remember to ask the questions. Needs to be systematic/structured.
- **NEV WIC has a resource guide that they provide to their clients and there’s also a “location resource finder” in the system that finds services for the clients (closest to where they are)**
- Carlos (CalFresh): The message about education that “lasts forever” in Kiran’s presentation resonated well and would like to take that back to the office.
 - **Regional District Offices will have LADPH nutrition program send staff to provide nutrition education**
 - Will work to promote closest farmers markets that accepts EBT and has Market Match (where \$10 CalFresh dollar is matched with another \$10 coupon) as well as list of grocery stores nearby that has ample produce available that accepts EBT
 - **Kiran: Offered to send WIC nutrition materials as well if needed to the DPSS offices where the nutrition training will be held**
 - Kelly (LADPH/CHLA Kids): Simultaneous WIC and CalFresh Trainings occurred as part of the scope of work that our 20 funded agencies must complete that includes **promotion of community assistance programs** (specifically CalFresh and WIC). At orientation, representative from WIC (Sharen Anthony from PHFE) and a representative from CalFresh (Carlos Portillo) as well as Matt Sharp from CFPA presented.
 - The goal of each presentation was to provide our 20 agencies with actionable strategies and resources to promote enrollment in both CalFresh and WIC among eligible participants in their communities. For each, trainings included eligibility criteria, enrollment options, and ideas for outreach resources/events (e.g., Mobile enrollment units, hosting outreach workers at a health event or agency).

- Chloe (CalFresh): WIC information was featured in the most recent CalFresh staff newsletter—that if you receive CalFresh, then the participant is eligible to receive WIC to clarify that you can receive both benefits simultaneously since some believe they cannot.
- Steve: Ultimately we do not want to create more work for anyone. We are trying to find how this referral system can be leveraged for all of your programs, to benefit YOU.
 - Asked group if all would be interested in finding a common ground that will serve each program

Communication, nutrition messaging and PR Discussion

Lead by Mirella Miranda, LADPH Nutrition & Physical Activity Program Communications

Manager

- Asked group if CDPH/LADPH started a campaign for the Summer of 2015 (June 2015~) then if the CNAP partners would be willing and able to work together to build nutrition education or messaging around the same theme/campaign message
- Terri (CACFP) always welcomes additional resources to distribute.
- Kelly (CHLA Kids): Can distribute or incorporate into the 20 parent agencies' collaborative launch in Sept/Oct 2014.
- Lara Turnbull (NEOP/LBDPH): Will be running ads/bus banners in Long Beach at the same time (Sept/Oct)
- Steve discussed with group in deciding on materials that are useful locally and not just at the state level such as agency specific, co-branded deliverables.
- Time frame was discussed:
 - If we are to start aligning messaging on a quarterly basis, how much lead time would CNAP partners need?
 - PHFE WIC: 6-8 months, currently on track to promote SSB from March to June 2015. Would like to do the same messaging.
 - Regarding the Champions for Change, breakfast campaign/message booklet "Fast and healthy breakfast ideas", if WIC was notified of the distribution and messaging timing/schedule then they could have built their nutrition education and lesson/curriculum around breakfast.
 - Families take the classes/come back to WIC every 2-3 months so want to keep the subject fresh and not repetitive.
- Mirella acknowledged Judy Gomez' comment and since this message just came out, stated that some if not most of us can certainly streamline and create the next messaging and materials that contain the same message across partners.
 - Mirella to updated CNAP partners on what messaging materials are in the pipeline (from the state) [Per Steve's comment below we may create our own schedule, CNAP and LADPH to discuss next steps pertaining to this point further post CNAP meeting]
 - Our CNAP group can create our messaging schedule to localize campaigns such as breast feeding campaign
 - Please send other topics that you can think of or want to have them included to Sahra or Mirella.
- Steve: We can also do the opposite since we are a group consisting of very large reach/agencies, we can present our messaging topics/needs/schedule to the state to

- ask them to streamline their messaging and also build resources accordingly to be made available for all CNAP partners to distribute/use.
- Steve was asked where the materials are being developed and explained the relationship: USDA → CDSS → CDPH → WIC, county and city DPH
 - Kiran: All 7 WIC agencies meet at least once a month. There are **3 topics for the next calendar year and WIC can work around to coordinate messaging** so that LADPH can propose our (CNAP) messaging needs and schedule/topics to the state level for them to create materials that are in alignment with LA County's needs.
 - Perhaps 6 months from now we can focus on promoting 1% milk (not flavored milk)?
 - Other topics: Breast feeding, whole grain, f/v, Rethink your drink, screen time, PA, Restaurant Program
 - Kelly: CHLA kids campaign → tentative date starting in March, trying to solidify: **0-5 year old SSB campaign, PA and screen time, re-launch of the Restaurant Program**, we are trying to set the timeline.
 - Funding discussion: The state funds for media → LADPH is provided with a budget and run media campaigns. Next year if we have a sound messaging proposal and can build it out with the CNAP group, then we can have more purchasing power and leverage the state level media funds.
 - CalFresh: Slightly different in that the only major focus/campaign is promoting CalFresh awareness month (May). If DPSS has 6-8 month lead time, then they may be able to work together on messaging but need to bring it back to the office. "Healthy foods in your shopping bag", message can be part of the campaign.
 - EFNEP: The class series are on a set timeline (starts on various months so not all at the same time), but can incorporate message into their build curriculum.
 - Can use the evidence based materials in EFNEP classes and can use MyPlate materials and share/incorporate resources.
 - First 5: Have parent collaborative and 6 session series of workshops. Each 20 agencies will be launching the sessions in January 2015 and the message can be incorporated into the series or topics that will be implemented.
 - Steve: We can support all the programs and help with coordination of messaging, etc.
 - Asked group if it's agreeable to create smaller work groups?
 - Communication/messaging coordination group
 - Bi-directional referral group
 - Introduction to Kate Rolfsmeyer from LADPH evaluation team
 - We need to track and evaluate the work being done
 - Publish results
 - Kate will work with her team to figure what evaluation tracking method or tool would be best.

Resource guide discussion

(Facilitated by Sahra Miyazawa & Steve Baldwin)

Sahra shared some food assistance guides that are currently available [e.g. Welfare & Health Guide by Hunger Action Los Angeles, Los Angeles Fresh Food Access Guide, Alameda Food Help Guide (please see attached PDF)]

- NEV WIC: The printed guide is very expensive to keep it updated
- Steve: Nice to have something that's co-branded, there is a resource guide for local services but difficult to make one for LA county

- **211: has a resource guide, we can compile all the resources that we have locally, we are in the process of having a new data system, so we may be able to print local resource guides**

If we developed a one page flyer would it be useful for the group?

- Ana: WIC, CalFresh, resource guide at a high level so that we can refer the clients to 211 so that then they can service the client from that point forward.
- Sharen: Our target group has very low literacy, research shows that the readability is critical in clients being able to access help. The material needs to be very visually attractive.
- Steve: We may need to find a middle ground that works for all of us.
- Leyla: For schools this is very beneficial to have eligibility and contact information that the parents can find help easily
- 211 can print resource sheet for specific local services for agencies, not for clients/callers
 - No exact time frame for when this service is available yet, it is in development
 - 211 can keep their data bases updated. Please forward client inquiries to 211.
- LADPH: Currently developing a streamlined county nutrition training program “EATING: Education and Training in Nutritional Guidance” where basic nutrition and public health related topics will be covered/taught

Goals and objectives discussion

Facilitated by Steve Baldwin

- Group reviewed the objectives. Now in SMART form for specificity.
- Group focused particularly on objective 3:
 - Thoughts regarding “5% increase in participation”?
 - WIC, CACFP: maybe challenging due to yearly decline in participation numbers
 - CalFresh: 5% is very achievable since last year participation rates increased by 10%, previous year saw an increase of 16%.
 - The goal for CalFresh increase in participation rate is at 8% for next year
 - There currently 1.2M participants in CalFresh
 - We are developing more activities and avenues with easier application process/procedures with enhanced customer service centers. We are trying to improve the application process such as YBN (Your benefits now) allowing participants to apply online.
 - Zoe (First 5/CHLA Kids): suggested reconfiguring the objective by placing more emphasis in measuring the cross referral rate. If cross referral increases, participation may increase as well.
 - Steve: Due to several legislative changes, CalFresh increased participation, but we can re-write it in a way that we can focus on referral.

- Lara (LB DPH) and several others (EFNEP, Aging) wanted clarification on what the definition of “participants” is
 - e.g. for nutrition classes and programs, Aging, they have a cap and cannot increase participants per se
 - Perhaps also looking at percentage of eligible participants and compare that to what it was before
 - James (Aging) is based on max number of meals and there are restrictions on how many meals that can be served. If Aging increases numbers, they will need to turn them away which will be a negative for them.
 - Perhaps we can determine which services or agencies that Aging and others that have caps to refer clients to?
- Steve suggested on working on objective 3 to be inclusive/comprehensive and not exclusive. Creating work groups may work.
 - Communication team
 - Referral team

Evaluation: Sharing data can be a challenge but necessary for tracking and for publishing. If we can publish then Steve suggested that it can perhaps become a model for the state and even for across the nation.

- Sahra/LADPH to send out email requesting feedback on objectives (in 3 weeks)
- Conference call regarding objectives may be organized if necessary

Partner updates:

- CalFresh 50 years at the end of August 2014
- WIC: August is World Breastfeeding Month
 - August 27th = World Breastfeeding Day

Next Steps:

- Meeting minutes, presentation slides, and contact information for meeting participants to be shared with all CNAP members
- Sahra to organize work groups, email will be sent to CNAP partners
- Sahra to send objectives discussion email requesting for feedback
- **Next meeting:** TBA, invites will be sent out ASAP