

CALL TO ACTION

SAN DIEGO COUNTY

CHILDHOOD OBESITY

ACTION PLAN



SAN DIEGO COUNTY
**CHILDHOOD
OBESITY
INITIATIVE**

Working Together to Shape a Healthy Future
Facilitated by Community Health Improvement Partners

REVISED 2015



COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-3497

Dear Friends:

It's our pleasure to present this revised version of the *Call to Action: Childhood Obesity Action Plan* for San Diego County.

The County is committed to reducing childhood obesity through its partnership with the San Diego County Childhood Obesity Initiative. We wholeheartedly endorse the *Childhood Obesity Action Plan* as a regional guide to promote strategic policy, systems and environmental changes. We need your support and involvement to continue our successful bid to move the pendulum toward reducing this plight

Since the first publication of the *Childhood Obesity Action Plan* in 2006, we have come a long way in raising awareness about childhood obesity and have improved access to healthful food and opportunities for physical activity. Even with our best efforts, there is more to be done. Fortunately, our county has a wealth of community partners —including you— dedicated to reversing this trend.

The *Childhood Obesity Action Plan* is intended to serve as a “Call to Action” to engage agencies, institutions, neighborhoods, and residents in the creation of environments and policies that support healthy eating and active living. It is also meant to build strategies identified in the *Action Plan*. Working collaboratively, we can leverage resources and promote best practices to ensure a healthy future for San Diego County children and families.

We are proud to say that the Initiative has become a nationally-recognized model. Together, we are at the forefront of implementing innovative policies and practices and achieving collective impact to curb childhood obesity. A unique aspect of this effort is our collaboration with non-traditional partners to make these changes. We have come to learn that preventing obesity involves multiple issues, including supporting local agriculture, promoting active transportation and increasing access to healthy options for all San Diego County residents

Finally, thank you to all of the dedicated members of the San Diego County Childhood Obesity Initiative Leadership Council and community members who participate on the multi-sector domain workgroups. Your insight and active commitment to creating communities that support the health of our children have been the foundation of this successful effort.

Sincerely,

RON ROBERTS
Supervisor
Fourth District



DAVE ROBERTS
Vice-Chairman
Third District



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FOREWORD

San Diego County residents are deeply concerned about children's health and the impacts of childhood obesity. Fortunately, there are definitive steps we can take as a community to help our children reach optimal health. The *Call to Action: San Diego County Childhood Obesity Action Plan (Action Plan)* presents evidence-based strategies and promising practices that, when implemented, will improve opportunities for healthy eating and active living across San Diego County. In turn, these policies and programs will lead to improved health outcomes. The *Action Plan* also includes information about the San Diego County Childhood Obesity Initiative, a multi-sector coalition that leads county-wide childhood obesity prevention efforts, including the development of this plan.

The obesity epidemic is a complex public health issue with multiple causes; no single individual, agency, organization, business, or institution can solve this problem alone. Collaboration, teamwork, and resource sharing are required at every level to bring about change. It is only by working together that our common vision of healthy eating and active living in all places will be achieved. The broad set of recommended actions presented here was developed with the input and support of numerous partners of the San Diego County Childhood Obesity Initiative from both public and private sectors.

This document provides a road map to guide obesity prevention efforts in San Diego County and can be used as a resource for other communities as well. Readers are encouraged to review the recommendations, look for opportunities to implement these strategies, and develop additional approaches to combating obesity based on their experiences, abilities, resources, strengths, and individual communities. The *Action Plan* calls for everyone to be part of the fight against childhood obesity because everyone has a stake in the outcome: better health for all children.

CALL TO ACTION

In October 2004, at the recommendation of County Supervisors Ron Roberts and Pam Slater-Price (member of the Board of Supervisors from 1993-2013), the San Diego County Board of Supervisors unanimously voted to support and fund the creation, coordination, and implementation of a county-wide plan to end childhood obesity. This effort was intended to build on the work begun by the Coalition on Children and Weight San Diego. Community Health Improvement Partners (CHIP), a San Diego non-profit organization with the mission of advancing long-term solutions to priority health needs through collaboration and community engagement, assisted in coordination of the plan. County of San Diego Health and Human Services Agency (HHSA) staff and individuals from the private sector with expertise in the areas of healthcare, nutrition, and physical activity were invited to serve on a steering committee to guide the process.

The steering committee dedicated months to collecting and synthesizing diverse perspectives on the challenge of addressing childhood obesity. A rigorous literature review informed their process. The steering committee also sought the input of workgroups made up of experts from a variety of disciplines; held community conversations with residents from different neighborhoods, races/ethnicities, cultures, and backgrounds; and conducted interviews with key informants. Recognizing the necessity for a multidisciplinary, comprehensive approach to the problem, the steering committee identified

seven key domains that have the most influence on policies and environments that support healthy choices and behavior change: government, healthcare, schools, childcare, community, media, and business. As the process unfolded, a diverse group of community members and partners from each domain joined the effort. In 2006, the steering committee released the first *Call to Action: San Diego County Childhood Obesity Action Plan (Action Plan)*. The *Action Plan* was revised in 2007, 2010, and again in 2015.

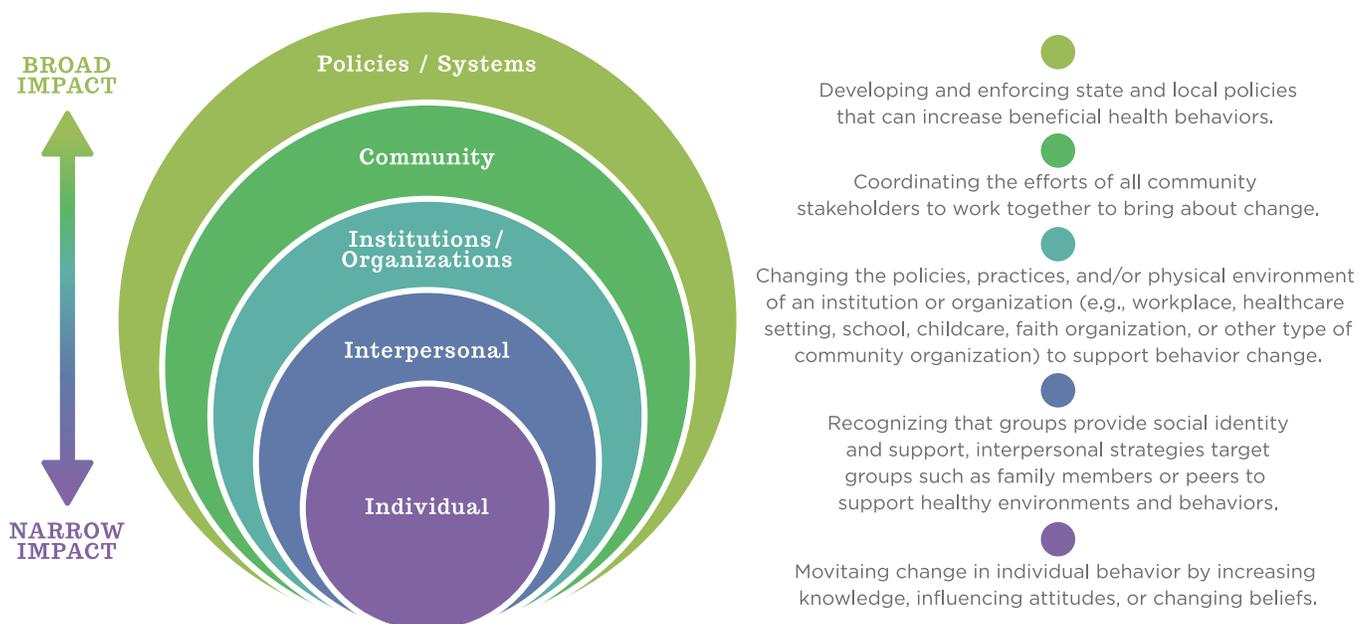
ACTION PLAN OBJECTIVES

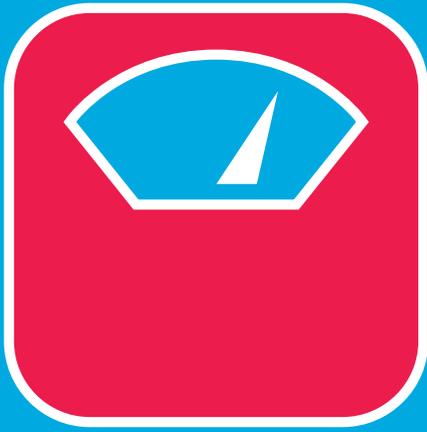
- Build awareness about the problem of childhood obesity.
- Present obesity prevention strategies that serve as a guide for all agencies, institutions, and neighborhoods in San Diego County.
- Plant a seed and build momentum for action without being prescriptive.
- Connect those already working on this issue with new organizations and new sectors.
- Ensure that strategies emphasize policy, systems, and environmental changes, not only individual and family efforts.
- Create a document that supports community partners in their obesity prevention efforts.

The *Action Plan* steering committee utilized a socio-ecological model of health promotion in the development of this plan. The socio-ecological model illustrates that health choices are affected by factors at the individual, interpersonal, organizational, community, and policy levels. At the core of the socio-ecological model is the concept that supportive environments and public policies strongly influence individuals to make healthy choices. Adequate access to affordable and nutritious food, infrastructure such as parks and playgrounds, active transportation options, and safe neighborhoods can make healthy living easier, particularly in under-resourced communities. While education can influence individual choices, addressing environmental barriers and community conditions creates systems-level change that impacts more people and may be easier to sustain than individual interventions alone. For this reason, the *Action Plan* emphasizes policy, systems, and environmental changes to reduce and prevent childhood obesity.

FIGURE 1.

SOCIO-ECOLOGICAL MODEL





CHILDHOOD OBESITY

Childhood overweight and obesity is a significant and growing health concern that has reached epidemic levels. According to the Centers for Disease Control and Prevention, childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years. In the United States, the percentage of children ages six to 11 years who were obese increased from seven percent in 1980 to nearly 18 percent in 2012, and the percentage of adolescents ages 12 to 19 years who were obese increased from five percent to nearly 21 percent over the same time period.^{1,2} The prevalence of obesity among U.S. children ages two to five decreased significantly from 13.9 percent in 2003-2004 to 8.4 percent in 2011-2012.¹

According to the California Department of Education, in San Diego County during the 2012-2013 school year, 30.7 percent of fifth graders, 27.2 percent of seventh graders, and 23.1 percent of ninth graders overall were considered obese and at health risk, and rates were even higher for African-American and Latino youth (see chart below).

Being overweight predisposes children to serious health problems, now and in the future. Immediate health effects of childhood obesity include risk factors for cardiovascular disease including cholesterol and/or high blood pressure, diabetes, bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.^{3,4,5,6,7,8} Type 2 diabetes is increasingly diagnosed in youth and accounts for 20 percent to 50 percent of new-onset diabetes cases.⁹ In addition, because obese children and adolescents are more likely to be obese as adults,^{10,11,12,13} they are at higher risk for adult health problems such as heart disease, type 2 diabetes, stroke, certain cancers, and osteoarthritis.⁴

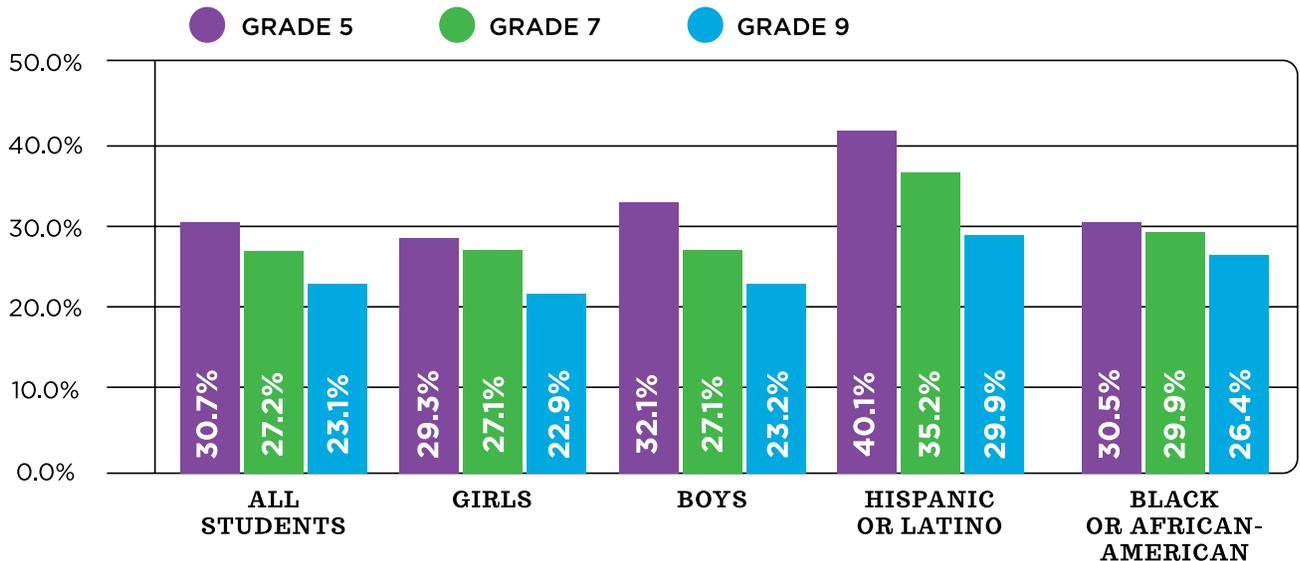
Obesity-related chronic diseases are largely preventable and burden the state's economy with exorbitant long-term costs. A 2009 study by the California Center for Public Health Advocacy estimated that overweight and physical inactivity cost California \$41.2 billion and San Diego County more than \$3 billion annually in direct and indirect expenses.¹⁴ As the percentage of children who are overweight increases, and as these children age, the health problems they experience will result in growing costs related to medical care and lost productivity.

MEASURING OBESITY AMONG SCHOOL-AGED CHILDREN

The California State Board of Education designated the FITNESSGRAM®, a comprehensive, health-related physical fitness battery developed by The Cooper Institute, as the physical fitness test for students in grades five, seven, and nine in California public schools. The FITNESSGRAM® includes measurement in six fitness areas: aerobic capacity, abdominal strength and endurance, upper body strength and endurance, trunk extensor strength and flexibility, and body composition. Body composition is measured using multiple test options including skinfold measurements, body mass index, and/or bioelectric impedance analyzer. The FITNESSGRAM® provides results that are used to monitor changes in the physical fitness of California students. Body composition is presented by indicating the percentages of students in each grade tested who are within a defined healthy fitness zone, need improvement, and need improvement and are at health risk. Because these definitions are changed periodically, year-to-year comparisons are not always accurate.

FIGURE 2.

CHILDREN NOT IN HEALTHY FITNESS ZONE FOR BODY COMPOSITION AND AT HEALTH RISK SAN DIEGO COUNTY, 2012-2013



Source: California Department of Education, 2012-13 California Physical Fitness Report



SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE

HISTORY

Immediately following publication of the *Action Plan* in 2006, the San Diego County Childhood Obesity Initiative (COI) was formed to engage community partners and ensure effective implementation of the strategies outlined in the plan across all domains. With core funding from the First 5 Commission of San Diego County and the County of San Diego HHS, and subsequent capacity-building funding from The California Endowment and Kaiser Permanente, CHIP was engaged to facilitate the COI.

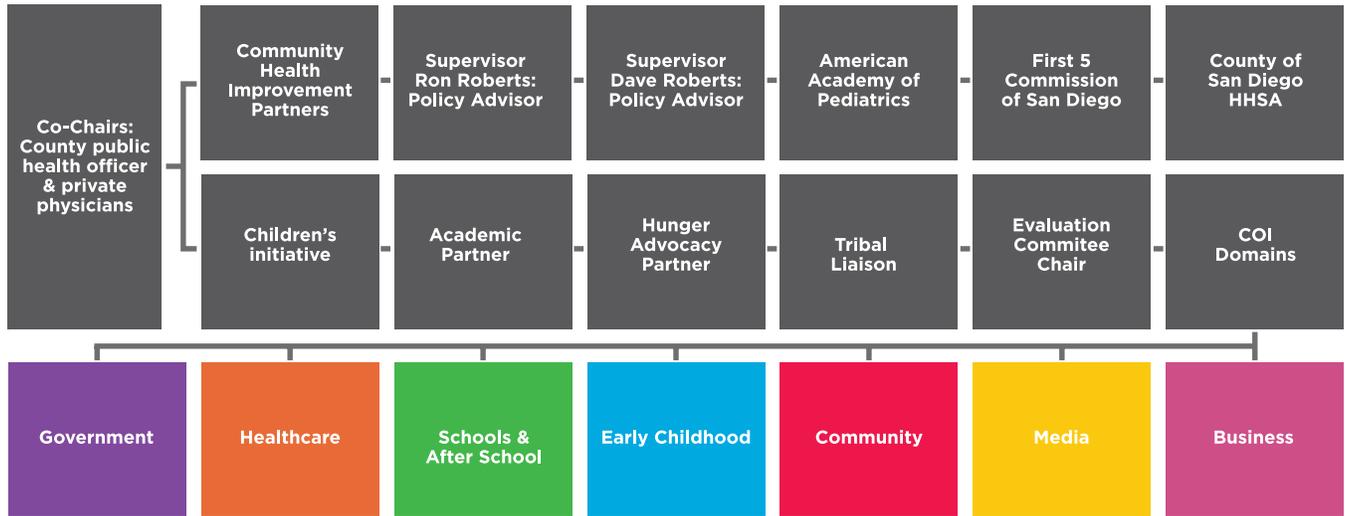
The COI was established as a public-private partnership, and this collaborative spirit continues to guide its work. By engaging agencies, institutions, organizations, neighborhoods, and individuals from multiple sectors to work together to combat childhood obesity, the COI leverages existing resources and promising practices and inspires new partners to join the cause.

ORGANIZATIONAL STRUCTURE

The COI is guided by a Leadership Council comprised of members of the former *Action Plan* steering committee, volunteer “champions” from each domain, and other key stakeholders (see organizational chart below). Leadership Council co-chairs include representatives from the private sector and the County of San Diego public health officer representing the public sector. The Leadership Council meets monthly to provide direction and guide decision making for the COI.

FIGURE 3.

SAN DIEGO COUNTY CHILDHOOD OBESITY INITIATIVE LEADERSHIP COUNCIL



The domain champions who serve on the Leadership Council also co-chair domain-specific workgroups, which convene regularly and serve as mini think tanks to develop, leverage, and replicate best practices and resources throughout San Diego County. Domain workgroups are responsible for developing domain-specific strategies to reduce and prevent childhood obesity, as well as activities to support those strategies. Domain workgroup activities are documented, tracked, and monitored through the use of workplans, which are updated regularly. Current and archived domain workplans are available on the COI website at www.OurCommunityOurKids.org.

OVERARCHING STRATEGIES

The *Action Plan* identifies numerous strategies within each COI domain that support COI's goals to improve healthy eating and active living. To enhance domain-specific strategies and encourage mutually reinforcing activities that support COI's goals across all domains, the Leadership Council in 2013 selected two overarching strategies that involve participation by all domains: 1) reducing access to and consumption of sugar-sweetened beverages, and 2) increasing safe routes to healthy places.

Reducing Access to and Consumption of Sugar-Sweetened Beverages—The health consequences of drinking soda and other sugar-sweetened beverages are well documented. Sugar-sweetened beverages (SSBs) are the primary source of added sugars in the American diet.¹⁵ Although consumption has declined in recent years, the average American still consumes 150 calories of SSBs daily¹⁶ and 45 gallons of SSBs per year.¹⁷ A study by UCLA and the California Center for Public Health Advocacy¹⁸ found that in 2011-2012, 28 percent of children ages 2 to 11 and 61 percent of children ages 12 to 17 in San Diego County drank one or more SSB per day. Scientific evidence indicates a strong link between SSB consumption and obesity.¹⁹ Children who drink at least one serving of SSBs per day have 55 percent increased odds of being overweight or obese



when compared to children who rarely drink SSBs.²⁰ Reducing access to and consumption of SSBs, while increasing availability of healthful beverages, is one of the most important actions that can be taken to improve community health.

Increasing Safe Routes to Healthy Places—Regular physical activity in childhood and adolescence has many health benefits including improved strength and endurance, healthy bones and muscles, healthy weight, reduced anxiety and stress, and increased self-esteem, and may also improve blood pressure and cholesterol levels.²¹ The U.S. Department of Health and Human Services (USDHHS) recommends that young people ages 6 to 17 years participate in at least 60 minutes of physical activity daily.²² Despite these recommendations, a 2013 national study by the Centers for Disease Control and Prevention found that only 27.1 percent of high school students surveyed (including 17.7 percent of females and 36.6 percent of males) had participated in at least 60 minutes per day of physical activity on all seven days before the survey.²³ Improving access to physical activity requires a supportive built environment and infrastructure, public safety, and safe routes that lead to destinations with amenities that support health. Although the USDHHS does not provide specific health recommendations for physical activity for children ages 0-5, experts recommend active play and other forms of physical activity for toddlers and pre-school children and agree that young children should engage in substantial amounts of physical activity on a daily basis.^{24,25}

Recommended domain strategies that address the overarching strategies are indicated by the icons in the domain sections of this document.

STRATEGIC PLAN

The COI's strategic plan includes the mission, vision, purpose, goals, values, and guiding principles of the San Diego County Childhood Obesity Initiative. It serves as a compass for the development and planning of all COI activities.

VISION

We envision healthy eating and active living in all places.

MISSION

The San Diego County Childhood Obesity Initiative is a public-private partnership with the mission of reducing and preventing childhood obesity through policy, systems, and environmental change.

PURPOSE

The purpose of the San Diego County Childhood Obesity Initiative is to create, support, and mobilize partnerships; provide leadership and vision; provide advocacy and education; and coordinate and sustain county-wide efforts to prevent and reduce childhood obesity.

GOALS

1. Increase access to healthful foods and beverages in a culturally-appropriate manner.
2. Increase opportunities for safe physical activity in an inclusive and culturally-appropriate manner.
3. Create and improve social, economic, service, and built environments that support healthy eating and active living.
4. Promote operational excellence of the public-private partnership.

VALUES

RESPECT

We show respect for each other and treat all as equal partners.

COMMUNICATION

We communicate openly and maintain a safe environment to encourage honest dialogue.

COLLABORATION

We foster an environment of collaboration, not competition.

INTEGRITY

We display integrity and professionalism.

GUIDING PRINCIPLES

We demonstrate innovation, flexibility, optimism, creativity, and passion for our mission.

We strive to be inclusive and linguistically and culturally appropriate.

We share experiences, lessons learned, and promising practices.

We strive for our work to be meaningful, measurable, and valuable.

We operate with fiscal integrity.

COLLECTIVE IMPACT

Creating environments that support healthy eating and active living requires multiple organizations and sectors to coordinate their efforts and work together around clearly defined goals. No single organization can create large-scale, lasting social change alone. With this recognition, COI partners work together with a common understanding of the problem and a shared vision for change.

The COI implements the five key elements of collective impact in the following manner:

COMMON AGENDA—COI partners approach the problem of childhood obesity within the framework of policy, systems, and environmental change; share the vision of healthy eating and active living in all places; and agree on the COI's goals.

MUTUALLY REINFORCING ACTIVITIES—With the *Action Plan* as a guide, COI partners implement identified strategies unique to their domains, as well as overarching strategies. All partners do what they do best with differentiated approaches, but do so in a collaborative and coordinated manner.

CONTINUOUS COMMUNICATION—Consistent and open communication helps build trust and transparency. Communication is supported through regular meetings of the Leadership Council and domain workgroups, electronic newsletters, and social media.

SHARED MEASUREMENT—COI's evaluation plan identifies three tiers of measurement: 1) overall childhood BMI; 2) community-level changes; and 3) specific activities of COI domain workgroups. Evaluation is supported by COI partners and local researchers, epidemiologists, and others with expertise and knowledge in this field. Evaluation activities are informed by an evaluation committee comprised of local researchers, academicians, and epidemiologists and are facilitated by CHIP.

BACKBONE SUPPORT—CHIP serves as the backbone support organization for the COI. In this capacity, CHIP staff members conduct the following activities: provide strategic guidance; recruit, retain, and recognize partners; convene and facilitate partnerships; serve as a conduit between and among partners and the community to make strategic connections; provide technical assistance and support to partners; manage internal and external communications; facilitate and provide support for evaluation activities; provide education and advocacy to steward policy; and serve as resource managers to identify and facilitate funding to support COI goals and partners.

HEALTH EQUITY

Rates of childhood obesity are higher among some populations and in certain neighborhoods. It is no coincidence that the same communities that have suffered from years of disinvestment, failing infrastructure, lack of access to healthful foods, transportation challenges, and public safety issues are often the same communities with higher rates of chronic diseases such as diabetes and obesity. Race/ethnicity, sex, age, geographic location (e.g., rural vs. urban), education, income, and disability have been linked to disparities in obesity prevalence.²⁶

Many of the obesity prevention strategies recommended for COI domains address the social determinants of health that lead to health disparities. COI partners work to ensure that policy, systems, and environmental changes that support health benefit all communities in the region,

especially those experiencing health disparities. Examples include improving access to healthful, affordable food and beverages in areas with limited access or high density of fast food outlets, and improving infrastructure (e.g., parks, playgrounds, sidewalks, bike paths) in areas with limited opportunities for safe outdoor physical activity. COI partners share the core belief that all residents of San Diego County should have the opportunity to live a long, healthy life, regardless of their income, education, or racial/ethnic background.

OVERCOMING CHALLENGES

The COI Leadership Council provides guidance and direction and, in this capacity, has led the COI through numerous challenges that are commonly faced by collective impact initiatives. Examples of these challenges and solutions include:

FUNDING ALLOCATION—With limited available resources and funding for childhood obesity activities, partners expressed concern early in the development of the COI about the potential for competition for funding between the COI, for core support, and its partners, for strategy implementation. To establish transparency and shared decision making, the Leadership Council established a policy that requires discussion and approval by the Leadership Council of all potential funding opportunities for core funding support for COI. This model provides the opportunity for all partners to know about and weigh in on funding decisions and eliminates resentment and misunderstanding, even when competition for funds exists.



MEDIA RELATIONS—The COI model calls on partners from multiple sectors to implement obesity prevention strategies within their own settings, as well as to understand how their efforts are part of and contribute to the larger collaborative. Giving credit to individual partners for their work, while also recognizing how these accomplishments fit into the broader COI framework, must be handled with sensitivity and good judgment, especially when dealing with the media. To address this issue, the Leadership Council established a media relations policy that outlines roles and responsibilities of COI staff and partners to ensure proper recognition and attribution. The policy identifies the COI director as the primary contact and spokesperson for media inquiries; calls on the director to refer media inquiries to COI partners, as appropriate; recognizes the COI co-chairs as content experts; and calls on other COI partners to identify their efforts as part of the COI, when appropriate.

POLICY POSITIONS—Numerous COI partners are limited in their ability to take positions on legislative or other policies due to restrictions placed on them by their organizations or agencies, and partners who do take positions do not always agree. For these reasons, the Leadership Council established procedures to guide the COI in taking policy positions on behalf of its partners. These procedures require Leadership Council members to vote and reach consensus on legislative policy positions, and a majority vote to support other policy positions or to endorse programs or events.

MAKING A DIFFERENCE

The collective efforts of COI partners are moving the needle on reducing and preventing childhood obesity. The UCLA Center for Health Policy Research and the California Center for Public Health Advocacy conducted a study funded by the Robert Wood Johnson Foundation examining changes in overweight and obesity among fifth-, seventh- and ninth-grade school children in California using data from the California Department of Education’s Fitnessgram testing.²⁷ This study found that in San Diego County, prevalence of childhood overweight/obesity fell from 35.8 percent in 2005 to 34.5 percent in 2010, a 3.7 percent reduction. This drop was higher than the rates of reduction in all other Southern California counties and also higher than the statewide rate of reduction of 1.1 percent.

COMMUNITY HEALTH IMPROVEMENT PARTNERS



a project facilitated by:
COMMUNITY HEALTH
IMPROVEMENT PARTNERS
making a difference together

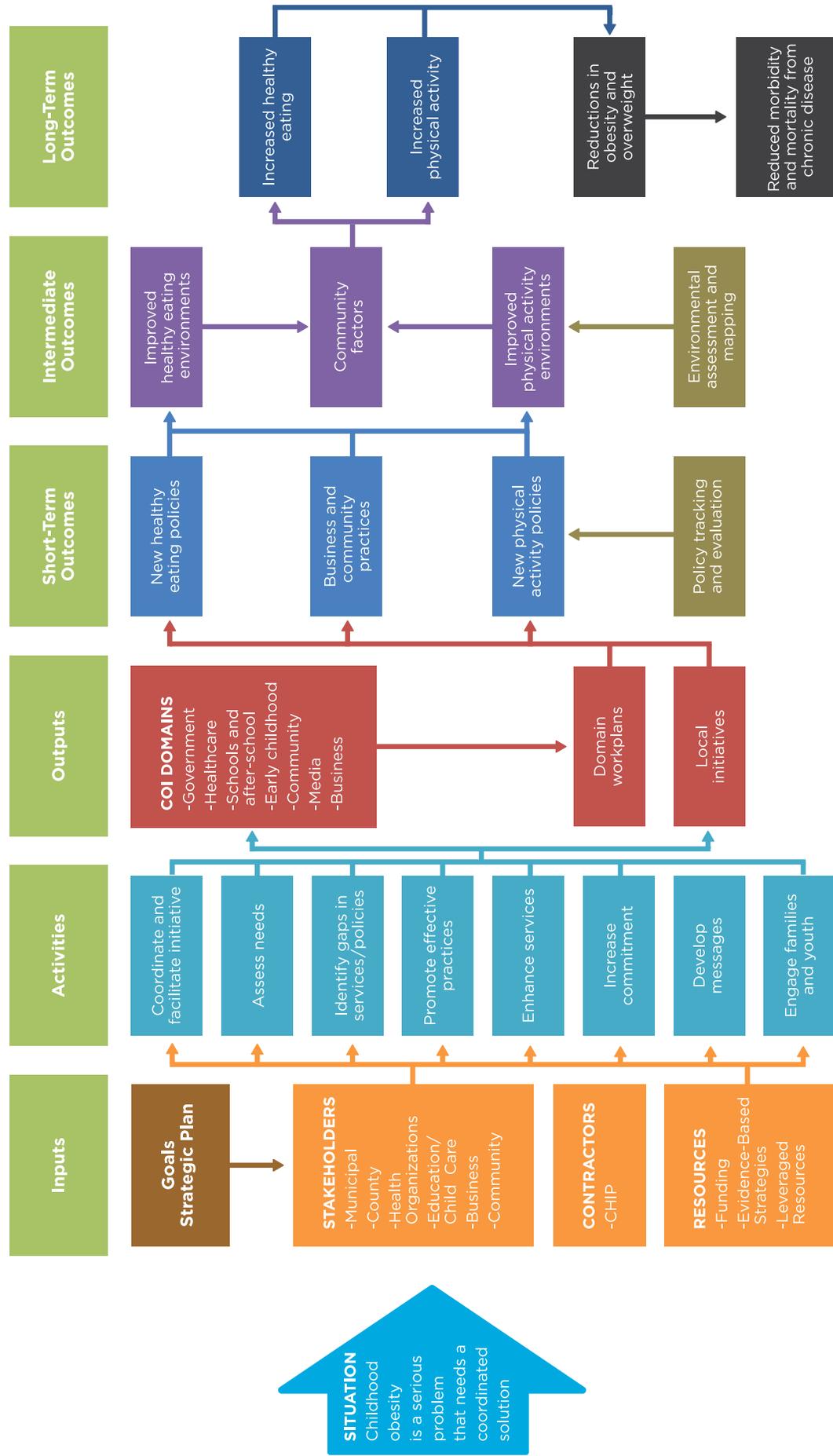
The COI is a program of Community Health Improvement Partners (CHIP), a San Diego non-profit organization with the mission of advancing long-term solutions to priority health needs through collaboration and community engagement. CHIP’s well-documented model

of collaboration is based on collective impact. CHIP brings together diverse partners to develop a common understanding of complex community health problems and their root causes, and work collaboratively to create joint approaches to solving them. CHIP serves as the facilitator and “backbone” organization for the COI. In this role, CHIP staff members serve as mission leaders, conveners, and resource managers; assist in program and project implementation; provide communications and partner recognition; and oversee all operations of the COI.

FIGURE 4:

LOGIC MODEL

The illustration below is a graphic representation of the framework and theory of change COI partners use to reach collective outcomes. This logic model illustrates examples of resources, stakeholders, actions, intended results, and anticipated short-, intermediate-, and long-term outcomes of COI activities.





COI DOMAINS

INTRODUCTION

The *Action Plan* calls for every person in San Diego County to create healthy environments for children and families through policy, systems, and environmental change to reduce and prevent childhood obesity. Organizations and individuals working in the areas of government, healthcare, schools and after-school, early childhood, community, media, and business are encouraged to implement the strategies recommended in this section to promote better health. The specific actors—types of partners, institutions, organizations, or agencies—that are called upon to implement these recommended actions may differ for each strategy and domain. COI staff and/or domain workgroups identify and engage partners to implement recommended strategies. Readers are encouraged to develop and implement additional strategies based on their unique experiences, abilities, resources, strengths, and individual communities.

RECOMMENDED STRATEGIES

The COI's domain workgroups selected the recommended strategies based on the following criteria:

- EVIDENCE-BASED—Is the strategy recommended by recognized authorities and/or supported by quality evidence and research? -OR-
- PROMISING PRACTICE—If no strong evidence base exists, does the strategy offer innovation or great promise in the reduction or prevention of childhood obesity?
- COI GOAL ALIGNMENT—Does the strategy align with one of the COI's four goals?
- POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE FOCUS—Does the strategy lead to policy, systems, and/or environmental change?

- **COMMUNITY NEED**—Does the strategy address the gaps, concerns, and/or vision of our community and domain?
- **POLITICAL, ECONOMIC, AND SOCIAL ENVIRONMENT**—Does the strategy reflect or influence our current political climate, economic climate, social climate, and/or structural realities?

DOMAIN WORKGROUP ACTIVITIES

COI domain workgroups determine specific activities that partners undertake to support implementation of recommended strategies. Domain workgroup activities are selected based on the following criteria:

- **COI ALIGNMENT**—The domain activity relates to a COI strategy or indicator of success.
- **MEASURABLE IMPACT**—The domain activity produces measurable short-, intermediate-, and/or long-term outcomes related to the COI goals.
- **REACH**—The domain activity has county-wide significance or creates replicable results.
- **PARTNER ENGAGEMENT**—The domain activity aligns with partners' organizational goals and objectives and identifies existing partners and/or those who should be engaged.
- **COMMITMENT**—Partners are willing to commit resources (e.g., staff time, funds) to accomplish the domain activity.
- **RESOURCES**—Resources are available to support the domain activity and/or additional resources can be contributed or raised.
- **BRAND**—The domain activity strengthens the COI's name recognition. (Optional)





RESOURCES

The following resources were used, adapted, and/or interpreted in the generation of COI domain strategies:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs 3rd Edition*. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association.

Institute of Medicine (IOM). (2011). *Early Childhood Obesity Prevention Policies*. Washington, DC: The National Academies Press.

Institute of Medicine (IOM). (2012). *Accelerating progress in obesity prevention: Solving the weight of the nation*. Washington, DC: The National Academies Press.

Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. (2009). *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

The Nemours Foundation. (2013). *Best Practices for Physical Activity: A Guide To Help Children Grow Up Healthy*.

The Nemours Foundation. (2014). *Childhood Obesity Prevention Strategies for Rural Communities*.

U.S. Department of Health and Human Services. (2014). *Office of Disease Prevention and Health Promotion. Healthy People 2020. Nutrition and Weight Status*. Washington, DC.

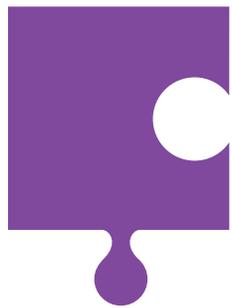
DOMAIN SECTIONS

The subsequent sections present the following information for each domain:

- DOMAIN DESCRIPTION including the types of organizations represented in the domain and the domain’s specific approach to preventing and reducing childhood obesity through policy, systems, and environmental change.
- Recommended STRATEGIES for each domain including icons indicating each strategy’s alignment with COI goals and overarching strategies, if applicable (see key below).
- COI DOMAIN WORKGROUP DESCRIPTION including types of partners represented in the workgroup and general activities the workgroup undertakes within its sphere of influence.
- One or more CASE STUDIES highlighting implementation of COI strategies. These best practice examples of projects, programs, and activities demonstrate how COI domain workgroups and others within each domain strive to create environments that support healthy choices for children and families.

TABLE 1. COI GOAL AND STRATEGY ICONS

ICON	DESCRIPTION
	ALIGNS WITH COI GOAL 1: Increase access to healthful foods in a culturally-appropriate manner.
	ALIGNS WITH COI GOAL 2: Increase opportunities for safe physical activity in an inclusive and culturally-appropriate manner.
	ALIGNS WITH COI GOAL 3: Create and improve social, economic, service, and built environments that support healthy eating and active living.
	ALIGNS WITH COI GOAL 4: Promote operational excellence of the public/private partnership.
	ALIGNS WITH COI OVERARCHING STRATEGY: Reducing access to and consumption of sugar-sweetened beverages.
	ALIGNS WITH COI OVERARCHING STRATEGY: Increasing safe routes to healthy places.



GOVERNMENT DOMAIN

The policies set by governments significantly affect the food and physical activity options available to our communities and families. The government domain advances obesity prevention by considering health in all policies and adopting and implementing policies that promote the development of active, healthy, and thriving communities. The government domain is comprised of those who develop, enact, and implement policies that govern our cities, counties, state, nation, and tribal governments including elected and appointed officials, policy makers, planning agencies, municipal authorities and districts, and their staff members.

GOVERNMENT DOMAIN

The following evidence-based strategies and promising practices can be implemented by government domain stakeholders to prevent and reduce childhood obesity and create healthier communities.

TABLE 2. RECOMMENDED STRATEGIES

GENERAL RECOMMENDATIONS		COI Goal(s)	COI Overarching Strategy(ies)
G1.	Identify policy gaps and opportunities to include healthy eating and active living in all policies and planning documents (e.g., regulations, codes, and ordinances) and implement these policies.	  	 
G2.	Use impacts on health as a criterion for prioritizing, selecting, and funding projects (e.g., capital, development, transportation, etc.).	  	
G3.	Use health impact assessment as a decision-making tool in policy development and planning decisions.	  	 
G4.	Incentivize businesses to provide optimal access to healthful foods and beverages and opportunities for physical activity through a variety of strategies (e.g., grants, loan programs, tax incentives, etc.).	  	 
G5.	Develop and implement financial incentives for children and families to engage in healthy eating and active living (e.g., discounted transportation passes, vouchers for healthful foods and beverages, etc.).	 	
G6.	Establish joint use policies with school districts and other organizations to allow reciprocal use of playing fields, playgrounds, gardens, parks, and recreation centers by schools and community residents.	 	
G7.	Design government facilities to promote healthy eating and active living.	  	 
G8.	Adopt and implement worksite wellness policies that model healthy eating and active living in all government settings.	  	 
G9.	Increase civic knowledge and engagement in local food systems, basic land use and transportation concepts, and community and regional planning.	  	 
G10.	Provide local, state, and federal funding to support implementation and evaluation of multi-sector obesity prevention efforts.	   	 
G11.	Participate as an active member of at least one coalition or partnership (e.g., San Diego County Childhood Obesity Initiative) that aims to promote environmental and policy change for active living and/or healthy eating (excluding personal health programs such as health fairs).		
G12.	Designate at least one “champion” from each governmental agency to identify and advance childhood obesity prevention policy, systems, and environmental change strategies.	   	 
RECOMMENDATIONS FOR HEALTHY EATING			
G13.	Implement vending and procurement policies designed to increase availability of healthier food and beverage choices consistent with the Dietary Guidelines for Americans and prioritize local agriculture for all food sold in government buildings, worksites, and facilities (e.g., in vending machines, cafeterias, concessions, etc.).	 	

see page 17 for goal and strategy icon descriptions

GOVERNMENT DOMAIN

G14.	Implement policies that prohibit the sale of sugar-sweetened beverages and promote the sale of healthful foods and beverages in government facilities.			
G15.	Implement policies that prohibit advertising and promotion of foods and beverages that do not meet the Dietary Guidelines for Americans within government facilities.			
G16.	Price unhealthier foods and beverages at a higher price point than that for healthful foods and beverages sold in government facilities.			
G17.	Promote breastfeeding as the healthiest first food by implementing workplace lactation policies that provide safe, private, and clean breastfeeding accommodations on government property.			
G18.	Implement supportive policies and provide incentives for the production, distribution, and procurement of foods from local farms (e.g., purchasing electronic bank transfer [EBT] machines for farmers' markets, farm to institution programs, farmland preservation, marketing of local crops within the jurisdiction, allowing farm stands, support for grower cooperatives for smaller farms, water rights and tiered water pricing for agriculture, etc.).			
G19.	Implement policies that support urban and rural agriculture and community gardens.			
G20.	Support and fund efforts to improve access to federal nutrition assistance and child nutrition programs (e.g., Supplemental Nutrition Assistance Program [CalFresh], Women, Infants and Children [WIC] programs, Child and Adult Care Food Program, National School Lunch Program, School Breakfast Program, Summer Food Service Program, Fresh Fruit and Vegetable Program).			

RECOMMENDATIONS FOR ACTIVE LIVING

G21.	Adopt Complete Streets policies and active transportation plans that address all modes of transportation and create roadway networks that are safe, comfortable, and attractive for all users.				
G22.	Develop, adopt and implement multi-modal level of service standards that ensure roadway and other projects enhance the safety, access, and experience of pedestrians, bicyclists, transit users, and disabled users.				
G23.	Modify existing land use/transportation plans and design plans for new communities, capital improvement projects, and large construction projects so that schools, parks, access to healthful food, stores, and other facilities are within easy, safe walking and bicycling distance to residential areas and include walking/cycling paths to encourage physical activity.				
G24.	Enhance safety and connectivity of the transportation system across and between active and public transportation modes.				
G25.	Map, prioritize, and fund underserved geographic areas and/or populations that would gain positive health benefits from basic infrastructure improvements including proposed transportation and land use projects.				
G26.	Establish and promote safe routes for walking and bicycling to school and other important destinations for children and families (e.g., healthful food outlets, parks and recreation areas, libraries, healthcare institutions, transit hubs, etc.).				
G27.	Partner with school districts to apply for Safe Routes to School funding.				
G28.	Increase quantity, quality, and accessibility of parks, open spaces, and recreational facilities within walking distance of residences to encourage physical activity among children and families.				

see page 17 for goal and strategy icon descriptions

GOVERNMENT DOMAIN

G29.	Sponsor and promote programs and opportunities for people of all ages, ability levels, and socio-economic levels to engage in safe physical activities (e.g., promote culturally appropriate activities, strategically use facilities and outdoor spaces for active recreation, and develop strategies to increase physical activity for individuals currently utilizing parks and recreation resources in a passive way).	 	
G30.	Reduce incidents of crime by ensuring that crime prevention through environmental design (CPTED) principles are understood and incorporated into public and private development design.	 	
G31.	Raise awareness among law enforcement officials about how public safety and the perception of public safety impact physical activity and overall health.	  	
G32.	Enhance licensing regulations for childcare providers to require a minimum number of minutes of physical activity per day or by length of time in care.	 	

see page 17 for goal and strategy icon descriptions

ROLE OF THE COI GOVERNMENT WORKGROUP

The COI Government Workgroup is comprised of government representatives, public health, community organizations, and health advocates who support healthy eating and active living. Partners participating in the COI Government Workgroup conduct the following activities to support the stated strategies:

- Provide stewardship and advocacy to address and prevent childhood obesity across government departments, jurisdictions, and partners in a collaborative manner.
- Provide resources, support, and technical assistance to government domain stakeholders.
- Provide a forum in which government domain stakeholders can share and leverage resources and best practices.
- Monitor and track local policies for the purpose of identifying opportunities and sharing best practices and policy improvements.
- Support projects in other COI workgroups related to public policy.

CASE STUDY: WATERFRONT PARK

PARTNERS

- County of San Diego
- Hargreaves and Associates
- Schmidt Designs

SETTING

Waterfront Park serves downtown San Diego on a daily basis and the San Diego region as a destination

TIMELINE

Waterfront Park opened in May of 2014

GOVERNMENT DOMAIN

DESCRIPTION OF ACTIVITIES

Waterfront Park is the most significant waterfront open space in downtown San Diego. The existing historic landscape and landmark County administration building are at the park's center, and a new interactive fountain extends from the building and into the park, defining a large civic green. The 12-acre park also features intimate garden rooms with distinct themes, a children's play zone, and several picnic areas. What was once a giant parking lot is now a jewel in the heart of San Diego.

The central feature of County of San Diego's Waterfront Park is its unique 830-foot long interactive water feature that includes 31 water jets and a shallow 32,000 square foot pool for splashing. Spouts shoot 22 feet and 14 feet high every 20 feet so that kids can run through and under them.

Play value was added by including some very innovative, interesting play features that encourage physical activity: a large globe-like climbing net; a modern see-saw; little balls that spin; a skateboard to stand on that rocks kids like they are skating; a hill with two speedy slides; multiple swings, including a saucer big enough for two kids; and two merry-go-rounds.



COI GOALS AND STRATEGIES ADDRESSED



increase opportunities for safe physical activity

improve social, economic, service, and built environments

increasing safe routes to healthy places

- G23.** Modify existing land use/transportation plans and design plans for new communities, capital improvement projects, and large construction projects so that schools, parks, access to healthful food, stores, and other facilities are within easy, safe walking and bicycling distance to residential areas and include walking/cycling paths to encourage physical activity.

GOVERNMENT DOMAIN

- G28.** Increase quantity, quality, and accessibility of parks, open spaces, and recreational facilities within walking distance of residences to encourage physical activity among children and families.
- G29.** Sponsor and promote programs and opportunities for people of all ages, ability levels, and socio-economic levels to engage in safe physical activities (e.g., promote culturally appropriate activities, strategically use facilities and outdoor spaces for active recreation, and develop strategies to increase physical activity for individuals currently utilizing parks and recreation resources in a passive way).

OUTCOME/IMPACT

In the first six months after its opening, more than 250,000 people visited Waterfront Park. The park routinely attracts over 1,000 visitors a day. Holiday events, such as Memorial Day, Independence Day, and Labor Day, see crowds swell dramatically. Special events such as evening concerts and movies in the park and the Halloween Pumpkin Patch attract hundreds of additional visitors. Day camps make the park a destination, drawing youth from throughout the region. With immediate access to public transit, both bus and light rail, the park is easily accessible to local residents and visitors throughout the region. Its proximity to high-density residential housing, hotels, and tourist destinations makes the park an attractive destination for residents and visitors. The feedback about Waterfront Park is overwhelmingly positive. One member of the public stated that the park achieves the opposite of the famous Joni Mitchell song: “Instead of paving paradise and putting up a parking lot, you have removed a parking lot and put up a piece of paradise!”

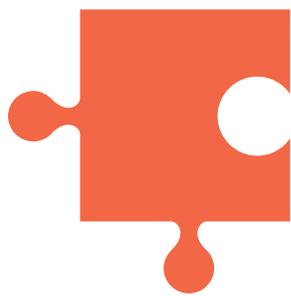
LIVE WELL SAN DIEGO

In 2010, the County Board of Supervisors adopted *Live Well San Diego*, a long-term plan to advance the health, safety, and well-being of the region’s more than three million residents. Based upon a foundation of community involvement, *Live Well San Diego* includes three components: Building Better Health, adopted in July 2010; Living Safely, adopted in October 2012; and Thriving, adopted in October 2014.



Live Well San Diego involves everyone. Partners include cities; diverse businesses that include healthcare and technology; military and veterans’ organizations; schools; and community and faith-based organizations. Most importantly, *Live Well San Diego* is about empowering residents to take positive actions for their own health, safety, and well-being—actions that also extend throughout neighborhoods, communities, and the county as a whole.

The COI is one of a number of public-private partnerships in place throughout the county and is helping to realize the vision of *Live Well San Diego* through collective impact.



HEALTHCARE DOMAIN

The healthcare domain plays an important role in preventing and treating childhood obesity by engaging patients in healthy behavior change, advocating for healthy community environments, mitigating the impacts of social determinants of health, promoting wellness in healthcare environments, and coordinating resources across healthcare systems and the community through evidence-based and promising practices. The healthcare domain includes healthcare professionals, paraprofessionals, community health workers, patients, patient advocates, and other stakeholders from hospitals, medical groups, public health, community health centers, and health plans.

HEALTHCARE DOMAIN

The following evidence-based strategies and promising practices can be implemented by healthcare domain stakeholders to prevent and reduce childhood obesity and create healthier communities.

TABLE 3. RECOMMENDED STRATEGIES

RECOMMENDATIONS FOR CLINICAL SETTINGS		COI Goal(s)	COI Overarching Strategy(ies)
H1.	Practice “community competency,” i.e., engage patients in behavior change by addressing the social determinants of health including their complex experiences, circumstances, histories, diversity, environments, resources, and cultures.	  	
H2.	Include culturally appropriate childhood obesity prevention in routine clinical practice through screening, counseling, and referrals, taking into account patients’ readiness to change.	  	
H3.	Provide pregnant women and their families with healthy weight gain and other obesity prevention messaging as part of routine clinical practice.	  	
H4.	Promote breastfeeding as the healthiest first food and provide lactation support to pregnant women and mothers.	 	
H5.	Deliver consistent nutrition and physical activity messaging across healthcare settings (e.g., 5210, Bright Futures, etc.).	 	 
H6.	Implement quality improvement measures across healthcare settings.		
H7.	Implement healthcare delivery models that incorporate a multidisciplinary approach to obesity prevention (e.g., community health workers, health navigators, nutrition and lactation educators, physical education specialists, health coaches, etc.).	 	
H8.	Participate in community, county, state, and national surveillance efforts to measure BMI prevalence.		
RECOMMENDATIONS FOR EDUCATION AND ADVOCACY			
H9.	Improve reimbursement for obesity prevention, diagnosis, and treatment services to all healthcare providers.		
H10.	Participate in ongoing education and training for healthcare professionals and students in the following areas: <ul style="list-style-type: none"> •Obesity prevention and treatment •Advocacy •Cultural competency •Community competency (see H1.above) •Breastfeeding •Patient communication •Health literacy 	 	
H11.	Increase awareness of and referral to local, culturally appropriate, community-based resources for nutrition, physical activity, and clinical programs and services (e.g., 211 San Diego).	  	
H12.	Partner with food insecurity, hunger, and food access organizations to increase availability of affordable, nutritious foods (e.g., WIC, CalFresh [food stamps], food banks and pantries, etc.).	  	
H13.	Collaborate with agencies, institutions, schools, childcare providers, and local government to strengthen healthy eating and physical activity environments in the community.	   	 

see page 17 for goal and strategy icon descriptions

HEALTHCARE DOMAIN

H14.	Participate in local coalitions or partnerships (e.g., COI, school wellness councils, etc.) that aim to promote environmental and policy change for active living and/or healthy eating (excluding events such as health fairs).	
RECOMMENDATIONS FOR HEALTHCARE ENVIRONMENTS		
H15.	Implement health and wellness policies to support healthy nutrition, physical activity, limited screen time, and breastfeeding in all healthcare settings for patients and employees.	
H16.	Model healthy eating and active living in all healthcare settings.	
H17.	Provide access to safe and clean lactation accommodations in all healthcare settings.	
H18.	Locate healthcare facilities in places where they can be safely and comfortably reached by walking, biking, wheeling, and public transit.	
H19.	Create healthcare environments and practices that avoid weight bias or stigma for overweight patients.	
H20.	Establish and implement food and beverage policies and practices in hospitals and other healthcare settings that foster a healthy and sustainable food system.	

see page 17 for goal and strategy icon descriptions

ROLE OF THE COI HEALTHCARE WORKGROUP

The COI Healthcare Workgroup is comprised of healthcare stakeholders and advocates who support healthy eating and active living. Partners participating in the COI’s Healthcare Workgroup conduct the following activities to support the stated strategies:

- Provide leadership to prevent childhood obesity across all healthcare settings in a collaborative manner.
- Engage healthcare stakeholders to support and advocate for childhood obesity through healthy policy, systems, and environmental changes.
- Provide training, resources, support, and technical assistance to healthcare domain stakeholders.
- Provide a forum in which healthcare domain stakeholders can share and leverage resources and best practices.
- Support projects and activities in other COI workgroups related to healthcare.

CASE STUDY: WOMEN, INFANTS, AND CHILDREN (WIC) PROVIDER OUTREACH PROGRAM

PARTNERS

- American Academy of Pediatrics California Chapter 3 (AAP-CA3)
- American Red Cross WIC
- North County Health Services
- Rady Children’s Hospital Center for Healthier Communities
- San Diego State University
- San Ysidro Health Center • Scripps Health

SETTING

San Diego County

TIMELINE

2010-2011

DESCRIPTION OF ACTIVITIES

With funding from California WIC and the AAP, San Diego County WIC agencies (led by American Red Cross WIC) developed and implemented a provider outreach and education program designed to educate pediatric healthcare providers in San Diego County about WIC services, resources, and educational messages, including breastfeeding. In-service trainings were delivered by a pediatric physician trainer and WIC staff to 346 pediatric clinicians and medical staff members at 40 clinics throughout San Diego County. Based on the success of this project, California WIC funded a second program focused on training OB/GYNs. In addition to including similar messaging as the pediatric trainings, this program sought to educate obstetric healthcare providers about promoting adherence to 2009 Institute of Medicine (IOM) weight guidelines, healthy weight gain, physical activity, and good nutrition during pregnancy and postpartum. In collaboration with Rady Children’s Hospital’s Center for Healthier Communities, 228 healthcare providers and staff members at 32 obstetric offices received training.



COI GOALS AND STRATEGIES ADDRESSED



increase access to
healthful foods

improve social, economic, service,
and built environments

- H10.** Participate in ongoing education and training for healthcare professionals and students in the following areas:
- Obesity prevention and treatment
 - Advocacy
 - Cultural competency
 - Community competency (see H1.above)
 - Breastfeeding
 - Patient communication
 - Health literacy
- H11.** Increase awareness of and referral to local, culturally appropriate, community-based resources for nutrition, physical activity, and clinical programs and services.
- H12.** Partner with food insecurity, hunger, and food access organizations to increase availability of affordable, nutritious foods (e.g., WIC, CalFresh [food stamps], food banks and pantries, etc.).

OUTCOME/IMPACT

Pre- and post-test results demonstrated improved knowledge about and attitudes toward WIC, including increased awareness about WIC services and food packages, and 100 percent of participants indicated the presentation was useful or very useful. American Red Cross WIC won the 2011 California WIC Association's Excellence in Health Linkages award, which recognizes best practice programs that have demonstrated a successful collaboration with community partners toward a public health objective.

CASE STUDY: NUTRITION IN HEALTHCARE LEADERSHIP TEAM

PARTNERS

- Community Health Improvement Partners
- County of San Diego HHS
- Kaiser Permanente
- Palomar Health
- Rady Children's Hospital
- Scripps Health
- Sunrise Produce Company
- UC San Diego Health System

SETTING

San Diego County

TIMELINE

2011-Ongoing

DESCRIPTION OF ACTIVITIES

The Nutrition in Healthcare Leadership Team (NHLT) is a subcommittee of the COI Healthcare Workgroup and was launched in April 2011 in partnership with Rady Children's Hospital and UC San Diego Health System. The mission of the NHLT is to advance healthy, sustainable food and beverage practices in San Diego County healthcare systems through collaboration. Its members include a vibrant group of hospital food service, sustainability and wellness professionals, public health professionals, and produce distributors. To accomplish its mission, NHLT members follow a strategic plan for improving the healthcare food and beverage environment, which focuses on six key goals:

1. Make healthful food the standard [in healthcare].
2. Make healthful beverages the standard [in healthcare].
3. Leverage collective buying power to increase cost-effective, healthful, and sustainable food and beverage choices.
4. Create and foster opportunities for collaboration among healthcare systems.
5. Raise the "food literacy" of patients and their families, employees, physicians, and the community.
6. Support evaluation and tracking of food and beverage practices across healthcare systems.

NHLT members convene monthly to share best practices, leverage resources, and work collectively to implement activities related to these goals.

COI GOALS AND STRATEGIES ADDRESSED



increase access to
healthful foods

improve social, economic, service,
and built environments

reducing access to and consumption
of sugar-sweetened beverages

- H5.** Deliver consistent nutrition and physical activity messaging across healthcare settings (e.g., 5210, Bright Futures).
- H13.** Collaborate with agencies, institutions, schools, childcare providers, and local government to strengthen healthy eating and physical activity environments in the community.
- H14.** Participate in local coalitions or partnerships (e.g., COI, school wellness councils, etc.) that aim to promote environmental and policy change for active living and/or healthy eating (excluding events such as health fairs).
- H15.** Implement health and wellness policies to support healthy nutrition, physical activity, limited screen time, and breastfeeding in all healthcare settings for patients and employees.
- H16.** Model healthy eating and active living in all healthcare settings.
- H20.** Establish and implement food and beverage policies and practices in hospitals and other healthcare settings that foster a healthy and sustainable food system.

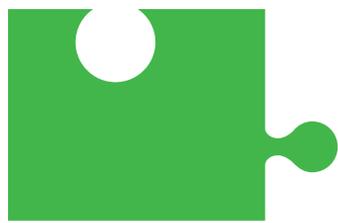


OUTCOMES/IMPACT

The NHLT has created a dynamic collaboration, which has resulted in numerous positive outcomes:

- Engaged 17 hospitals in the NHLT.
- Increased Health Care Without Harm’s “Healthy Food in Health Care Pledge” adoption from 9 to 14 hospitals.
- Increased Healthier Hospital Initiative’s “Healthier Food Challenge” enrollment from 5 to 19 hospitals.
- Adopted common definitions for healthful beverages, healthy vending, and “local.”
- Partnered with a local produce distributor to label and track local produce items for customer base according to the NHLT’s “local” definition.
- Increased adoption of Rady Children’s Hospital’s “ReThink Your Drink” campaign across San Diego healthcare systems.
- Engaged 12 hospital facilities in the purchase of beef and poultry raised without antibiotics; procured more than 6,700 lbs of beef raised without antibiotics in 2014.
- Encouraged 10 hospitals to adopt a “Harvest of the Month” program.
- Increased hospital participation in the “San Diego Grown 365” campaign to 3 facilities.
- Partnered with the Healthier Hospitals Initiative to host a hospital CEO roundtable, which included representation from 22 hospitals.
- Hosted a CME/CEU training on the linkage between chronic disease and our current food system, which included a panel on healthful food in healthcare initiatives in San Diego County; trained 72 individuals.





SCHOOLS AND AFTER-SCHOOL DOMAIN

The schools and after-school domain plays an important role in obesity prevention by establishing and implementing policies and programs that foster a healthy, active, thriving, and academically successful school culture, climate, and community. Examples of domain stakeholders include school board members, school administrators and other business officers, child nutrition directors, school nurses, curriculum directors, teachers, physical education specialists, health educators, after school staff, parents, and students.

SCHOOLS AND AFTER-SCHOOL DOMAIN

The following evidence-based strategies and promising practices can be implemented by schools and after-school domain stakeholders to prevent and reduce childhood obesity and create healthier communities.

TABLE 4. RECOMMENDED STRATEGIES

GENERAL RECOMMENDATIONS—SCHOOLS		COI Goal(s)	COI Overarching Strategy(ies)
S1.	Develop, implement, and regularly assess school wellness policies that meet or exceed best practices standards and incorporate topics related to coordinated school health.	  	 
S2.	Develop and convene active wellness councils consisting of district and school administrators, school board members, students, child nutrition, physical education, health services, families, and community-based organizations.	  	 
S3.	Identify a dedicated school wellness coordinator to manage communication among all the components of the CDC Coordinated School Health model: health education, counseling, psychological, and social services, physical education, healthy school environment, health services, health promotion to staff, nutrition services, family/community involvement. ²⁸	  	 
S4.	Communicate information about school health and wellness to staff, parents, students, and other stakeholders on an ongoing basis through a variety of channels.	  	 
S5.	Collect and use data to shape policies and programming to improve students' health and academic performance.	  	 
S6.	Report local wellness policy and programming implementation data to decision-makers and stakeholders.	  	 
S7.	Develop and leverage relationships that can provide support for school wellness implementation efforts and projects.	   	 
S8.	Identify creative strategies and sources to financially support wellness initiatives, including leveraging local control funding, USDA grants and other public funds, and private funds.	  	 
S9.	Train teachers, administrators, and school staff, including food services staff, to incorporate health and wellness into school programming and curricula.	  	 
S10.	Support and incentivize school staff to serve as role models for children and families through staff wellness.	  	 
S11.	Engage families in healthy eating and physical activity through education and programming.	  	 
S12.	Provide high quality, standards-based health and nutrition education.	 	 
S13.	Promote physical activity by implementing shared-use agreements and opening school facilities for use by students, staff, and the community before and after school.	  	
S14.	Create a school culture and climate that supports the health of students.	  	 
RECOMMENDATIONS FOR HEALTHY EATING—SCHOOLS			
S15.	Ensure all foods and beverages sold and served in schools—including meals, a la carte, vending, school stores, classroom celebrations, and fundraisers—meet or exceed federal, state, and district nutrition standards and promote healthy eating.		

see page 17 for goal and strategy icon descriptions

SCHOOLS AND AFTER-SCHOOL DOMAIN

S16.	Fully participate in federal school meal and snack programs (e.g., National School Lunch Program, School Breakfast Program, and Summer Food Service Program).			
S17.	Increase Free and Reduced Price Meals school meal participation to 100 percent of eligible students so that no child goes hungry.			
S18.	Support student and family enrollment in hunger programs such as CalFresh and WIC.		 	
S19.	Prioritize the purchase of healthier foods through creative strategies, such as budgeting, local and seasonal sourcing, and purchasing cooperatives.			
S20.	Increase gardens and farm to school programming, including local sourcing and food literacy education.			
S21.	Prohibit the marketing and advertising of non-nutritious foods and beverages on school campuses and at school-sponsored events.			

RECOMMENDATIONS FOR ACTIVE LIVING—SCHOOLS

S22.	Provide regular opportunities for structured and unstructured physical activity throughout the day, including recess, activity breaks, and time outside.		
S23.	Provide elementary and secondary students the 200 and 400 minutes of physical education required by CA Education Code 51210 and 51222, respectively, every 10 days of school. ²⁹		
S24.	Provide high quality, standards-based physical education aligned with the Common Core. ³⁰		
S25.	Ensure that physical education is taught by an appropriately-credentialed teacher.		
S26.	Increase participation in active transportation (e.g., walking, biking, skateboarding, public transit, etc.) to school for students and staff through Safe Routes to School (SRTS) programs and other means; implement creative solutions to address transportation challenges. ³¹	 	
S27.	Develop relationships with the San Diego SRTS Coalition, their cities' or jurisdictions' traffic engineering departments, local non-profits, and other community resources to promote participation in SRTS programming.	  	

GENERAL RECOMMENDATIONS— AFTER-SCHOOL PROGRAMS

AS1.	Programs on school sites should, at minimum, follow districts' and/or school site wellness policies.	 	 
AS2.	Programs not on school sites should develop, implement, and evaluate wellness policies that include physical activity and nutrition standards as outlined in the National After School Association Healthy Eating and Physical Activity Standards. ³²	  	 
AS3.	Train all program and food service staff to provide physical activity sessions, prepare healthful food options, and model positive eating and activity behaviors in all after-school settings.	  	 

RECOMMENDATIONS FOR HEALTHY EATING— AFTER-SCHOOL PROGRAMS

AS4.	All foods and beverages served should meet or exceed California Snacks & Meal Standards for After School Programs. ³³		
AS5.	Fully participate in all federal meal programs available to after-school programs (e.g., National School Lunch Program, Child and Adult Care Food Program, and Summer Food Service Program).		
AS6.	Increase the Federal Meal and Snack program participation to 100 percent of eligible students, so that no child goes hungry.		

see page 17 for goal and strategy icon descriptions

SCHOOLS AND AFTER-SCHOOL DOMAIN

AS7.	Support student and family enrollment in hunger programs such as CalFresh and WIC.				
AS8.	Prohibit the marketing and advertising of non-nutritious foods and beverages.				
RECOMMENDATIONS FOR ACTIVE LIVING— AFTER-SCHOOL PROGRAMS					
AS9.	Provide regular opportunities for physical activity and play that follow the California After School Physical Activity Guidelines. ³⁴				
AS10.	Increase participation in active transportation (e.g., walking, biking, skateboarding, public transit, etc.) to after-school for students and staff through partnerships with Safe Routes to School programs and other means; implement creative solutions to address transportation challenges.				

[see page 17 for goal and strategy icon descriptions](#)

ROLE OF THE SCHOOLS & AFTER-SCHOOL WORKGROUP

The COI Schools & After-school Workgroup is comprised of public health, community organizations, health advocates, and school and after-school representatives that support schools in establishing and implementing policies and programs that foster a healthy, active, thriving, and academically successful school culture, climate, and community. Partners participating in the COI Schools & After-school Workgroup work with the schools and after-school domain to:

- Provide a monthly forum for sharing and coordinating school wellness resources and activities.
- Advocate for school policy and environmental change with school and community stakeholders.
- Provide district representatives to serve as liaisons between the domain and school districts to provide technical assistance and resources to further wellness policy development and implementation.
- Provide training, on-going communication and resources to school district wellness policy leads, wellness committees, parents, students, charter schools, out-of-school providers, and other community-based organizations.
- Monitor and track wellness policies from school districts throughout San Diego County for the purpose of identifying and sharing best practice language and policy improvements.
- Coordinate the San Diego County Farm to School Taskforce to increase procurement and consumption of local, healthful, seasonal foods and to improve food literacy within schools.
- Support projects in other COI domains related to school wellness.

CASE STUDY: DISTRICT REPRESENTATIVE PROGRAM (COI DISTRICT REPS)

PARTNERS

- UC San Diego Center for Community Health
- California Project LEA
- County of San Diego HHSA
- Dairy Council of California
- Hygia Weight Loss & Nutrition
- Julian Pathways
- Lean & Green Kids
- Olivewood Gardens
- Learning Center, Palomar Health

SETTING

San Diego County

TIMELINE

2012–Ongoing

DESCRIPTION OF ACTIVITIES

COI district reps are trained volunteers that act as liaisons between the COI Schools & After-school Workgroup (workgroup) and school districts to share information and resources that help to prevent and reduce childhood obesity. In just a few years, the program spread to 33 school districts, where COI district reps:

- Serve on wellness committees.
- Support the revising and strengthening of wellness policies.
- Provide tools and resources.
- Track wellness policy revisions.
- Share information between the workgroup and district wellness committees.

COI district reps allow the workgroup to track and monitor changes in local school wellness policies, provide school districts with technical assistance, and quickly disseminate information among San Diego County’s 42 school districts.

COI GOALS AND STRATEGIES ADDRESSED



increase access to
healthful foods

increase opportunities for
safe physical activity

improve social, economic, service,
and built environments

promote operational excellence
of the public-private partnership

- S1. Develop, implement, and regularly assess school wellness policies that meet or exceed best practices standards and incorporate topics related to coordinated school health.

SCHOOLS AND AFTER-SCHOOL DOMAIN

- S2.** Develop and convene active wellness councils consisting of district and school administrators, school board members, students, child nutrition, physical education, health services, families, and community-based organizations.
- S4.** Communicate information about school health and wellness to staff, parents, students, and other stakeholders on an ongoing basis through a variety of channels.
- S7.** Develop and leverage relationships that can provide support for school wellness implementation efforts and projects.
- S27.** Develop relationships with the San Diego SRTS Coalition, their cities' or jurisdictions' traffic engineering departments, local non-profits, and other community resources to promote participation in SRTS programming.
- AS2.** Programs not on school sites should develop, implement, and evaluate wellness policies that include physical activity and nutrition standards as outlined in the National After School Association Healthy Eating and Physical Activity Standards.

OUTCOMES/IMPACT

The COI District Rep program has resulted in a number of positive outcomes:

- Created a connection between the workgroup and 33 school wellness policy councils.
- Established a local school wellness policy database, which contains 36 wellness policies and district language related to 23 coordinated school health topics.
(See www.OurCommunityOurKids.org/resources/policy-clearinghouse.aspx)
- Supported wellness policy revisions, assessments, and implementation strategies and the revitalization of wellness policy councils, which have resulted in stronger, more comprehensive policies and positive administrative reviews related to wellness policy.



CASE STUDY: SAN DIEGO COUNTY FARM TO SCHOOL TASKFORCE (F2S TASKFORCE)

PARTNERS

School Districts: Escondido Union (co-chair), Valley Center-Pauma Unified (co-chair), Bonsall Union, Borrego Springs Unified, Cajon Valley Union, Cardiff, Chula Vista Elementary, Coronado Unified, Del Mar Union, Encinitas Union, Escondido Union High, Jamul-Dulzura, Julian Union, Julian Union High, La Mesa-Spring Valley, Lakeside Union, Lemon Grove, National, Oceanside Unified, Poway Unified, Rancho Santa Fe, San Diego Unified, San Ysidro, South Bay Union, Spencer Valley Elementary, Sweetwater Union High, and Vista Unified School Districts

Agencies: Community Health Improvement Partners, Alchemy Cultural Fare & Cocktails, Dairy Council of California, Recycled Products Cooperative, UC San Diego Center for Community Health, Whole Foods Market, San Diego County Farm Bureau

Growers & Distributors: American Produce Distributor, Connelly Gardens, Stehly Farms Organics, Sunrise Produce Company

SETTING

San Diego County

TIMELINE

2010-ongoing

DESCRIPTION OF ACTIVITIES

The F2S Taskforce is a subcommittee of the COI Schools & After-school Workgroup and was launched in cooperation with Whole Foods Market. The F2S Taskforce brings together schools, growers, distributors, and other key stakeholders to increase consumption of local, healthful, seasonal foods and to improve food literacy within schools. Together its members share a common vision that all San Diego County school children enjoy healthful foods that maximize seasonal and local products and bolster student achievement and wellness. To achieve this vision, F2S Taskforce members have set six strategic goals:

1. Educate F2S stakeholders about connections between regional food systems and student health and well-being.
2. Foster collaboration among F2S stakeholders.
3. Increase local food procurement among San Diego County school districts.
4. Expand F2S programming in San Diego County school districts.
5. Promote San Diego County F2S activities through the media.
6. Encourage F2S opportunities through policy change.

F2S Taskforce members meet bimonthly to network, share best practices, promote peer-to-peer education, leverage resources, and collectively work together in achieving the goals of the F2S Taskforce.



COI GOALS AND STRATEGIES ADDRESSED



increase access to
healthful foods

improve social, economic, service
and built environments

- S15.** Ensure all foods and beverages sold and served in schools—including meals, a la carte, vending, school stores, classroom celebrations, and fundraisers—meet or exceed federal, state, and district nutrition standards and promote healthy eating.
- S16.** Fully participate in federal school meal and snack programs (e.g., National School Lunch Program, School Breakfast Program, and Summer Food Service Program).
- S17.** Increase Free and Reduced Price Meals school meal participation to 100 percent of eligible students so that no child goes hungry.
- S19.** Prioritize the purchase of healthier foods through creative strategies, such as budgeting, local and seasonal sourcing, and purchasing cooperatives.
- S20.** Increase gardens and farm to school programming, including local sourcing and food literacy education.

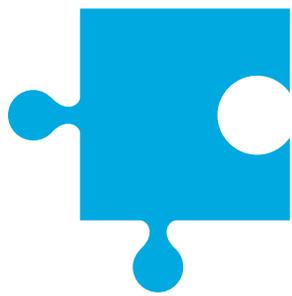
OUTCOMES/IMPACT

The F2S Taskforce has accomplished the following outcomes:

- Engaged more than 35 growers, distributors, districts, and key stakeholders in the F2S Taskforce.
- Increased the number of districts with set “local” definitions from one to 27.
- Created synergistic local produce marketing and procurement opportunities through the adoption of a shared Harvest of the Month calendar; 15 districts participate in the initiative, with support from UC San Diego.
- Hosted two growers’ workshops on selling to the school market; more than 30 growers trained.
- Hosted two “Let’s Go Local” Produce Showcases; more than 100 local produce buyers and sellers were supported in making local product sales/purchases.
- Published two *State of Farm to School in San Diego County Reports*; provided a comprehensive census of school food procurement and farm to school activities throughout San Diego County.
- Supported the growth of district participation in farm to school resulting in the involvement of 31 districts and over \$3 million in local purchases.

SCHOOLS AND AFTER-SCHOOL DOMAIN





EARLY CHILDHOOD DOMAIN

Early care and education providers play an important role in obesity prevention by establishing and implementing policies and programs that foster healthy food and physical activity environments for children ages 0-5 and their families. Early childhood domain stakeholders include preschool and childcare administrators, teachers, staff members, parents, students, and nutrition and healthcare providers.

EARLY CHILDHOOD DOMAIN

The following evidence-based strategies and promising practices can be implemented by early childhood domain stakeholders to prevent and reduce childhood obesity and create healthier communities.

TABLE 5. RECOMMENDED STRATEGIES

GENERAL RECOMMENDATIONS	COI Goal(s)	COI Overarching Strategy(ies)
EC1. Provide a support system for families to encourage healthy eating and physical activity in an inclusive and culturally competent manner. Engage and educate families by sharing information with parents and including parents in decisions on healthy eating and physical activity.	 	
EC2. Adopt and implement effective wellness policies (i.e., COI's <i>Healthy Eating and Physical Activity: A Policy for Child Care</i>) that promote healthy nutrition and physical activity. ³⁵	 	 
EC3. Encourage parents to use healthy food and physical activity environments as criteria for selecting early childhood programs (e.g., sites that have implemented effective wellness policies).	  	
EC4. Model behaviors that demonstrate healthy eating and physically active lifestyles for parents and children.	 	
EC5. Partner with other community organizations (e.g., businesses, government, schools, faith communities) to support healthy and active environments for children ages 0-5.	   	
EC6. Provide and/or participate in training for teachers, childcare providers, directors, and food services staff to incorporate healthy eating and physical activity into all childcare settings.	  	
EC7. Educate parents about recommended amounts of sleep for newborns and/or young children. ³⁶		
RECOMMENDATIONS FOR HEALTHY EATING		
EC8. Ensure that all meals, snacks, and beverages served in childcare settings are consistent with the Child and Adult Care Food Program (CACFP) meal patterns. ³⁷		
EC9. Establish farm to preschool programs and gardens in childcare homes and centers. ³⁸	 	
EC10. Encourage and support breastfeeding for mothers and employees.	 	
EC11. Ensure that drinking water is accessible to children both indoors and outdoors.		
EC12. Do not serve sugar-sweetened beverages including flavored/sweetened milk.		
EC13. Limit portion size of 100 percent juice to 4 ounces per day for children over age 1, including juice served to children at home. ³⁷		
EC14. Encourage serving meals family style and use mealtime as an opportunity to learn about and experience new, healthful foods.		
EC15. Keep parties and celebrations festive and healthy, with an emphasis on fun activities, not food.	 	
EC16. Recognize signs of food insecurity/hunger and refer families to appropriate food assistance programs (e.g., WIC, CalFresh, food banks or pantries, etc.).	  	
EC17. Teach age-appropriate oral health based on best practice recommendations. ³⁹		

see page 17 for goal and strategy icon descriptions

RECOMMENDATIONS FOR ACTIVE LIVING

EC18.	Provide a minimum number of physical activity minutes per day based on age appropriate recommendations and length of time in care. ⁴⁰		
EC19.	Encourage movement, rather than passive participation, in group activities throughout the day (e.g., circle and music time).		
EC20.	Include both indoor and outdoor active play every day.		
EC21.	Provide physical activity opportunities that address children of all abilities.		
EC22.	Limit total screen time (including TV, computers, video games, mobile phones, and hand-held devices) to no more than 30 minutes per week for children 2 years of age or older and none for children under age 2. If computers are used as part of the 30-minute per week limit, they should be used for no more than 15 minutes at a time. ⁴⁰		
EC23.	Encourage families to participate in active transportation (i.e., walking, bicycling).		

[see page 17 for goal and strategy icon descriptions](#)

ROLE OF THE EARLY CHILDHOOD WORKGROUP

The COI Early Childhood Workgroup is comprised of agencies, organizations, and individuals who work with the early childhood domain and support healthy eating and active living for children ages 0-5. Partners participating in the COI Early Childhood Workgroup conduct the following activities to support the stated strategies:

- Provide a monthly forum for the early childhood community to network, share resources, coordinate activities, and partner with others.
- Develop and provide resources, support, training, and technical assistance to early childhood educators and care providers.
- Identify and share best practice policy language for childcare.
- Advocate for and promote healthy policies and environments in childcare settings.
- Support projects and strategies in other domains and COI workgroups related to healthy eating and active living for children ages 0-5.

CASE STUDY: FARM TO PRESCHOOL

PARTNERS

- Occidental College
- YMCA Childcare Resource Service
- North County Community Services
- Community Health Improvement Partners
- Five and Fit

SETTING

San Diego County

TIMELINE

2012-ongoing

DESCRIPTION OF ACTIVITIES

Using farm to preschool curriculum developed by Occidental College⁴¹ and piloted in San Diego County by North County Community Services, YMCA Childcare Resource Service (CRS) provides training and technical assistance to childcare directors, site supervisors, and providers on farm to preschool programming and activities throughout San Diego County. Through these efforts, YMCA CRS has facilitated creation of garden builds and connections to master gardeners; encouraged childcare settings to incorporate farm to preschool curriculum into their daily learning lessons to create exposure to topics such as healthy eating, physical activity, science, literature, and gardening; promoted sourcing local foods in school snacks and meals; promoted and increased access to local foods for providers and families; provided in-class food preparation and taste testing; conducted field trips to farms, farmers' markets, and community gardens; held parent workshops; and supported implementation of preschool wellness policies, which address farm to preschool principles. Farm to preschool programming has been replicated in the City of Lemon Grove as part of the Healthy Eating Active Living (HEAL) Zone program and by the Five and Fit program, which enlists older adult volunteers to implement the curriculum with preschoolers at two childcare centers.

COI GOALS AND STRATEGIES ADDRESSED



increase access to
healthful foods

increase opportunities for
physical activity

- EC1.** Provide a support system for families to encourage healthy eating and physical activity in an inclusive and culturally competent manner. Engage and educate families by sharing information with parents about and including parents in decisions on healthy eating and physical activity.
- EC2.** Adopt and implement effective wellness policies (i.e., COI's *Healthy Eating and Physical Activity: A Policy for Child Care*) that promote healthy nutrition and physical activity.

EARLY CHILDHOOD DOMAIN

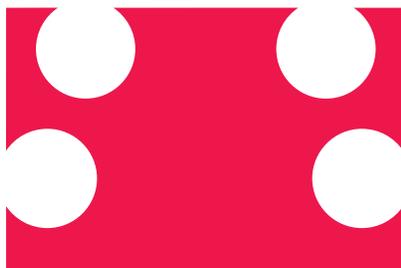
- EC4.** Model behaviors that demonstrate healthy eating and physically active lifestyles for parents and children.
- EC5.** Partner with other community organizations (e.g., businesses, government, schools, faith communities) to support healthy and active environments for children ages 0-5.
- EC6.** Provide and/or participate in training for teachers, childcare providers, directors, and food services staff to incorporate healthy eating and physical activity into all childcare settings.
- EC14.** Encourage serving meals family style and use mealtime as an opportunity to learn about and experience new healthful foods.
- EC15.** Keep parties and celebrations festive and healthy, with an emphasis on fun activities, not food.

OUTCOMES/IMPACT

From August 2012 to November 2014, 58 childcare sites incorporated at least one component of farm to preschool including classroom and/or garden curriculum, and 24 childcare providers modified childcare center policies to reflect healthier practices such as provision of healthful foods and physical activity opportunities. As a result, approximately 1,740 children in childcare settings were exposed to a wider variety of local, fresh, and seasonal fruits and vegetables and healthier childcare environments.







COMMUNITY DOMAIN

Place matters and the environments in which we live, work, learn, play, and worship impact our health outcomes. Community-based organizations and community residents play an important role in obesity prevention by establishing and implementing policies and creating environments that foster healthy eating and active living. Community domain stakeholders include community residents, youth-serving organizations, faith institutions and religious groups, community advocacy organizations, service organizations, neighborhood groups, public health agencies, academic institutions, and non-profit organizations.

COMMUNITY DOMAIN

The following evidence-based strategies and promising practices can be implemented by community domain stakeholders to prevent and reduce childhood obesity and create healthier communities.

TABLE 6. RECOMMENDED STRATEGIES

	RECOMMENDATIONS FOR COMMUNITY RESIDENTS	COI Goal(s)	COI Overarching Strategy(ies)
C1.	Increase knowledge about the importance of healthy eating and physical activity.	  	
C2.	Model healthy behaviors among friends, family, and co-workers.	  	
C3.	Increase understanding that a community's design, its access to healthful food, and its physical activity environments are directly linked to residents' health.		
C4.	Increase understanding of the impact of policy, systems, and environmental change in the prevention and reduction of childhood obesity.		
C5.	Participate in training programs designed to enhance health advocacy and leadership skills (e.g., Resident Leadership Academy, CX3 [Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention], youth engagement programs, etc.).		 
C6.	Provide leadership and advocate for healthy environments in settings such as workplaces, schools, businesses, faith communities, government, and neighborhoods.	  	 
RECOMMENDATIONS FOR COMMUNITY-BASED ORGANIZATIONS			
C7.	Model behaviors that demonstrate healthy eating and active living for community residents.	  	 
C8.	Provide healthful foods, nutrition education, and opportunities for physical activity to employees, clients, and community residents.	  	 
C9.	Enlist and empower community residents to advocate for healthy policy and environmental changes.	   	 
C10.	Foster the development of a new generation of health leaders by engaging youth in health advocacy efforts (e.g., Resident Leadership Academy, CX3 [Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention], youth engagement programs, etc.).		 
C11.	Partner with schools, businesses, government, and other key stakeholders to create healthy policy, systems, and environmental change.		 
C12.	Engage community residents in meaningful decision-making processes related to healthy eating and active living.		 
C13.	Adopt policies and practices that support health and wellness.	   	 

see page 17 for goal and strategy icon descriptions

ROLE OF THE COI COMMUNITY WORKGROUP

The COI Community Workgroup is comprised of agencies, organizations, and individuals who support healthy eating and active living for children and families. Partners participating in the COI Community Workgroup conduct the following activities to support the stated strategies:

- Engage community, faith, youth, grassroots, and other organizations to support and advocate for health-promoting policies and neighborhood environments.
- Provide resources, technical assistance, and support to community organizations and residents.
- Advocate for healthy policies and environments in community settings.

CASE STUDY: RESIDENT LEADERSHIP ACADEMY

PARTNERS

- County of San Diego Health and Human Services Agency
- Community Health Improvement Partners
- Numerous government agencies, faith-based organizations, community-based organizations, refugee resettlement organizations, and youth groups.

SETTING

San Diego County

TIMELINE

2011-ongoing

DESCRIPTION OF ACTIVITIES

Resident Leadership Academies (RLAs) provide local leaders in low-income neighborhoods with training and tools to take action to increase healthy behavior, improve safety, and create vital neighborhoods. The RLA curriculum includes 10 two- to three-hour training sessions and covers topics such as community building principles, healthy food systems, land use planning, and implementing community improvement projects. This specialized curriculum guides community residents in taking a policy, systems, and environmental change approach to reduce health-related disparities by addressing the social determinants of health. Upon completion of the RLA training, participants initiate priority projects to improve the conditions in their communities using the skills and tools acquired through the training. Examples of RLA community improvement projects include:

- Improving lighting and walkability in order to foster a physically active and safe community.
- Increasing access to local, fresh, healthful and affordable food in their community.
- Creating community gardens so residents can grow their own fresh fruits and vegetables.

COMMUNITY DOMAIN

RLAs were developed and piloted in 2012 by the County of San Diego Health and Human Services Agency (HHS) in collaboration with Community Health Improvement Partners (CHIP) as a public health intervention funded through American Recovery and Reinvestment Act administered through the Centers for Disease Control and Prevention. In 2013, CHIP was commissioned by HHS to develop the RLA Facilitator Seminar Training to train future RLA facilitators, who will in turn build the capacity of community residents to create healthier and safer neighborhood environments in high-need communities. The Seminar Training includes four, non-consecutive eight-hour days of training on how to replicate the RLA in their neighborhoods. CHIP staff are also available to provide ongoing technical assistance to RLA seminar graduates and community-based organizations in order to help build community improvement capacity in the region.



RESIDENT LEADERSHIP ACADEMY



Made possible by funding from the U.S. Department of Health and Human Services, through the County of San Diego.

COMMUNITY DOMAIN

COI GOALS AND STRATEGIES ADDRESSED



increase access to
healthful foods

increase opportunities for
safe physical activity

improve social, economic, service,
and built environments

promote operational excellence
of the public-private partnership

- C1.** Increase knowledge about the importance of healthy eating and physical activity.
- C3.** Increase understanding that a community's design, its access to healthful food, and its physical activity environments are directly linked to residents' health.
- C4.** Increase understanding of the impact of policy, systems, and environmental change in the prevention and reduction of childhood obesity.
- C5.** Participate in training programs designed to enhance health advocacy and leadership skills (e.g., Resident Leadership Academy, CX3 [Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention], youth engagement programs, etc.).
- C6.** Provide leadership and advocate for healthy environments in settings such as workplaces, schools, businesses, faith communities, government, and neighborhoods.
- C9.** Enlist and empower community residents to advocate for healthy policy and environmental changes.
- C10.** Foster the development of a new generation of health leaders by engaging youth in health advocacy efforts (e.g., Resident Leadership Academy, CX3 [Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention], youth engagement programs, etc.).
- C12.** Engage community residents in meaningful decision-making processes related to healthy eating and active living.



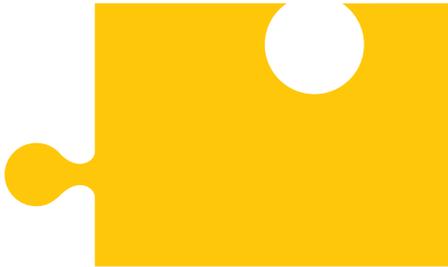
OUTCOMES/IMPACT

RLA efforts have resulted in a number of positive outcomes throughout many communities in San Diego County. In just a few years, the RLA has spread to several regions of the County. Accomplishments include:

- Community members involved in the RLA are increasingly engaged in their communities. For example, RLA graduates have been elected to local office, serving on city councils and various community planning groups.
- RLA has resulted in increased knowledge and skills among community residents, expanded social networks, and well-established action plans for healthier neighborhood environments. Examples include implementing retail conversions for healthy corner stores, establishing and expanding community gardens, and working closely with local decision makers to create healthy food environments.
- RLA members have played a critical role in engaging local stakeholders to implement active, safe communities through safe routes to school programs and other active transportation initiatives throughout San Diego County.

Through the RLA Facilitator Seminar Training program, CHIP has certified more than 50 RLA trainers in San Diego County who are directly connected to 500 community residents across a wide range of communities. This project advances the County's *Live Well San Diego* initiative and the Community Action Partnership's (CAP) vision of creating self-sufficient, safe, and healthier communities.





MEDIA DOMAIN

Print, broadcast, and social media have a significant influence on people’s beliefs and actions regarding the issue of childhood obesity. Through news, entertainment, and advertising, the media plays an important role in advancing obesity prevention efforts by focusing on policies and environments that support healthy eating and active living. Media domain stakeholders include journalists, reporters, news editors and publishers, social media professionals, marketers, advertisers, academic institutions, and the entertainment industry, as well as partners who have a role in communicating about obesity prevention from other domains.

MEDIA DOMAIN

The following evidence-based strategies and promising practices can be implemented by media domain stakeholders to prevent and reduce childhood obesity and create healthier communities.

TABLE 7. RECOMMENDED STRATEGIES

RECOMMENDATIONS FOR MEDIA PROFESSIONALS		COI Goal(s)	COI Overarching Strategy(ies)
M1.	Cover the issue of childhood obesity from the framework of social and environmental factors rather than solely as a product of individual behavior.		
M2.	Create opportunities for discussion of childhood obesity and its environmental factors in traditional, social, and emerging media.		
M3.	Increase the proportion of foods and beverages marketed to children and adolescents that are recommended by the Dietary Guidelines for Americans and reduce marketing of foods and beverages that do not follow these recommendations.	 	
M4.	Implement social marketing campaigns that promote healthy eating and physical activity.	 	 
M5.	Utilize emerging media, smart phones, and other technology to develop products that promote healthy eating and physical activity.	 	 
M6.	Tailor obesity prevention communications to multiple audiences in a culturally and linguistically appropriate manner.	 	 
M7.	Recognize the San Diego County Childhood Obesity Initiative (COI) as the local authoritative voice on childhood obesity.	   	 
RECOMMENDATIONS FOR OTHER COI DOMAIN PARTNERS			
M8.	Recognize the COI as a coordinating body to connect the media with the appropriate partner at the right time on the right issue.		
M9.	Discuss the issue of childhood obesity from the framework of social and environmental factors rather than solely as a product of individual behavior.		
M10.	Use common language when speaking about the COI and its vision, goals, and strategies.		
M11.	Recognize individual and organizational accomplishments related to childhood obesity prevention in the broader context of the COI.		
M12.	Participate in social marketing campaigns (e.g., 5210 Every Day!) that promote healthy eating and physical activity.	  	 

see page 17 for goal and strategy icon descriptions

ROLE OF THE COI MEDIA WORKGROUP

The COI Media Workgroup is comprised of agencies, organizations, and individuals who work with the media domain and support healthy eating and active living for children and families. Partners participating in the COI Media Workgroup conduct the following activities to support the stated strategies:

- Foster relationships with and provide support to local media to encourage portrayal of childhood obesity from the framework of greater social and environmental factors rather than solely as a product of individual behavior.
- Serve as a clearinghouse for the media to provide information on childhood obesity prevention and healthy food and physical activity environments.
- Create and sustain social media opportunities for discussion of childhood obesity.
- Provide expertise on developing promotional and outreach strategies for activities that support the mission of the COI.
- Provide a collaborative platform for partners to coordinate sustainable promotion of COI activities.
- Provide technical assistance, resources, and support to assist partners to use common language when discussing the COI and policy/environmental change.
- Publicly recognize efforts of media and other partners that meet the goals of the COI.

CASE STUDY: 5210 EVERY DAY!

PARTNERS

- Community Health Improvement Partners
- Numerous partners across multiple domains

SETTING

San Diego County

TIMELINE

2012-ongoing

DESCRIPTION OF ACTIVITIES

In 2012, the COI launched 5210 Every Day!, a nationally recognized, evidence-based campaign designed to prevent childhood obesity through simple messages encouraging healthy eating habits and increased physical activity. The campaign was created in Portland, Maine, by the Let's Go program and has since been replicated throughout the United States. In San Diego County, 5210 Every Day! was piloted in the City of Chula Vista with the support of the San Diego Healthy Weight Collaborative and has subsequently been implemented throughout San Diego County by multiple COI partners across numerous domains. The 5210 message is consistent, simple, and can be used in a variety of domain settings including government, healthcare, schools and after-school, early childhood, community, and business. 5210 materials in English and Spanish are available to download and print from the COI website (www.OurCommunityOurKids.org); in addition, many branded 5210 collateral materials (i.e., brochures, posters, one-pagers, grocery bags, Frisbees, crayons, water bottles, etc.) are provided at no cost to COI partners for distribution.

COI GOALS AND STRATEGIES ADDRESSED



increase access to
healthful foods

increase opportunities for
safe physical activity

improve social, economic, service,
and built environments

reducing access to and
consumption of sugar-
sweetened beverages

M12. Participate in social marketing campaigns (e.g., 5210 Every Day!) that promote healthy eating and physical activity.

OUTCOMES/IMPACT

The 5210 Every Day! campaign has been implemented and well-received in numerous settings across San Diego County. Outcomes include:

- CHIP has produced and disseminated over 15,000 outreach materials in English and Spanish since the campaign’s inception. Locations include schools, preschools, Federally Qualified Health Centers and other physician offices, conferences, health fairs, and community events.
- Multiple agencies and organizations including the County of San Diego HHSA, Palomar Health, and the YMCA have co-branded, produced, and disseminated additional 5210 campaign materials.
- The County of San Diego HHSA included a 5210 Every Day! video as part of its Movies in the Park program, resulting in over 78,000 views.

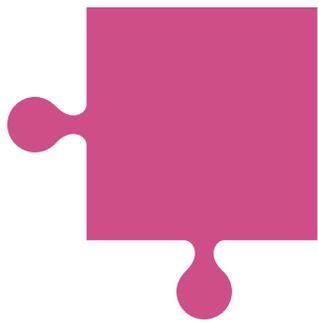
5210 Every Day!
HEALTHY HABITS FOR HEALTHY COMMUNITIES

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time*
- 1** hour or more of physical activity
- 0** sugary beverages, drink more water

*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

www.5210SanDiego.org





BUSINESS DOMAIN

The business domain plays an important role in obesity prevention by establishing and implementing policies and programs in the workplace that foster a culture of wellness and recognize the links between employee health, good business practice, and profitability. Business domain stakeholders include owners and employees of privately-owned companies representing sectors such as technology, tourism, retail, hospitality, and agriculture

BUSINESS DOMAIN

The following evidence-based strategies and promising practices can be implemented by business domain stakeholders to prevent and reduce childhood obesity and create healthier communities.

TABLE 8. RECOMMENDED STRATEGIES

GENERAL RECOMMENDATIONS		COI Goal(s)	COI Overarching Strategy(ies)
B1.	Prioritize and invest in employee health and wellness.	  	
B2.	Create a culture of health by developing and implementing comprehensive worksite wellness policies that integrate health promotion, occupational health, and well-being.	 	 
B3.	Create worksite teams to support wellness policies and programming.		
B4.	Provide employees and their families the knowledge, skills, and support (e.g., gym memberships, cooking classes, stress management programs, regular break times, flex time) to eat healthy and be physically active.	  	
B5.	Establish and implement healthy meeting and celebration guidelines.	 	
B6.	Encourage and model healthy eating and active living in the workplace.	  	 
B7.	Partner with other community organizations (e.g., government, schools, healthcare systems, non-profit organizations, academic institutions, etc.) to support healthy and active environments in the workplace.	   	 
B8.	Collaborate with institutions, schools, childcare providers, local government, and other businesses to strengthen healthy eating and physical activity environments in the community.	 	 
B9.	Adopt business practices that contribute to the health of the local economy, environment, and community.		
RECOMMENDATIONS FOR HEALTHY EATING			
B10.	Provide access to fresh, clean water throughout the workday.		
B11.	Promote breastfeeding as the healthiest first food by implementing workplace lactation policies that provide safe, private, and clean breastfeeding accommodations.	 	
B12.	Establish and implement food and beverage policies and practices that foster a healthy, sustainable food system.	 	
B13.	Promote the development of healthy, sustainable food retail establishments (e.g., farmers' markets, local food/produce outlets) in all communities, with emphasis on eliminating food deserts—areas with limited access to affordable, nutritious foods.	 	
B14.	Promote the acceptance of food stamps, WIC, and SSI at retail establishments that offer healthy, sustainable food options.	 	
B15.	Make healthy, sustainable food easily accessible to all consumers.		
RECOMMENDATIONS FOR ACTIVE LIVING			
B16.	Locate businesses in places where they can be safely and comfortably reached by walking, biking, wheeling, and public transit.	 	
B17.	Support and incentivize active transport to the workplace (e.g., fare share, public transportation vouchers, etc.).	 	

see page 17 for goal and strategy icon descriptions

ROLE OF THE COI IN SUPPORTING THE BUSINESS DOMAIN

San Diego County has a unique and thriving business community. San Diego County is home to a large defense industry, a major leisure and business destination, and a recognized leader in higher education and technology. Its large concentration of small businesses sets San Diego apart from other major metropolitan areas. This vibrant diversity requires the COI to take a unique approach when working with the business domain. Rather than convening regular workgroup meetings, the business domain engages freely in multiple COI domains and activities where tangible business opportunities can be found. Factors such as business size, location, and type of industry influence how and to what degree a business might be engaged with COI. COI staff and partners work with the business domain to:

- Engage businesses and business representatives in domain workgroups and subcommittees where natural connections exist.
- Support projects and activities in other COI workgroups related to business.
- Provide resources, technical assistance, and support to businesses in making policy, environmental, and practice changes.

CASE STUDY: SUNRISE PRODUCE COMPANY

PARTNERS

- Sunrise Produce Company
- San Diego County Farm to School Taskforce
- Nutrition in Healthcare Leadership Team

SETTING

San Diego County

TIMELINE

On-going

DESCRIPTION OF ACTIVITIES

Sunrise Produce Company (Sunrise) has been a leader in the farm to institution movement by supporting its customers in serving fresh, local foods. Sunrise has become an active member of the COI's San Diego County Farm to School Taskforce (F2S Taskforce) and Nutrition in Healthcare Leadership Team (NHLT). In support of the groups' initiatives, it offers local products in alignment with the groups' shared Harvest of the Month (HOTM) calendar, reformatted its weekly newsletter to highlight local product offerings, helped plan the Let's Go Local! Produce Showcase, which connects local produce buyers and sellers, and recruited new partners to participate in COI efforts.

COI GOALS AND STRATEGIES ADDRESSED



**increase access to
healthful foods**

**improve social, economic, service
and built environments**

BUSINESS DOMAIN

- B7.** Partner with other community organizations (e.g., government, schools, healthcare systems, non-profit organizations, academic institutions, etc.) to support healthy and active environments in the workplace.
- B8.** Collaborate with institutions, schools, childcare providers, local government, and other businesses to strengthen healthy eating and physical activity environments in the community.
- B9.** Adopt business practices that contribute to the health of the local economy, environment, and community.
- B13.** Promote the development of healthy, sustainable food retail establishments (e.g., farmers' markets, local food/produce outlets) in all communities, with emphasis on eliminating food deserts—areas with limited access to affordable, nutritious foods.
- B14.** Promote the acceptance of food stamps, WIC, and SSI at retail establishments that offer healthful, sustainable food options.
- B15.** Make healthful, sustainable food easily accessible to all consumers.

OUTCOMES/IMPACT

The efforts of Sunrise Produce have resulted in several positive outcomes:

- Increased company's local product offerings and customer base.
- Reformatted customer newsletter "Sustainable Selections" to better highlight locally and sustainably grown products for customers.
- Simplified participation in HOTM for its customers.
- Increased customer participation in F2S Taskforce and NHLT activities.





EVALUATION

The COI's evaluation plan identifies evaluative efforts at three levels:

TIER 1:

Long-term outcome measures of body mass index (BMI)

TIER 2:

Short-term indicators of policies, systems, and environmental changes at the community level

TIER 3:

Process evaluation measurements focused on domain workgroup activities and outputs

BMI MEASUREMENT (TIER 1)

Body mass index (BMI) is a commonly used measure for childhood overweight and obesity. The COI works with County of San Diego epidemiologists and other partners to access and develop multiple data sources of childhood BMI for surveillance purposes. Especially important are issues of validity of data and coverage of gaps (either geographic or age) in available data sets. Of particular importance are data on children ages two to five and pregnant women, areas where early primary prevention efforts are receiving increasing attention. Currently, the San Diego Regional Immunization Registry has the capacity to receive height and weight measurements for the purposes of calculating BMI. This information is received from many participating healthcare providers' electronic health records. Work is underway to increase participation in this effort and develop statistical tools to work toward demonstrating representativeness of this sample to the overall County population. When these steps are completed, the system will provide a reliable and representative surveillance mechanism.

INDICATORS OF PROGRESS (TIER 2)

The COI works with partners including domain champions, local academic partners, and the County of San Diego's Community Health Statistics Unit to develop a set of measurable, evidence-based indicators that can be tracked to show changes or progress toward achieving COI goals and strategies at the community level. The measurement of specific community indicators is dependent upon resources for data collection, analysis, and interpretation.

The following criteria are used to determine the selection of key indicators:

- EVIDENCE-BASED—The indicator is recommended by recognized authorities and supported by quality evidence. -OR-
- PROMISING PRACTICE—If no strong evidence-base exists, the indicator measures activities that offer innovation or great promise in the reduction or prevention of childhood obesity.
- LOCAL DATA AVAILABLE—Data are monitored, tracked, and accessible at the local level (e.g., county, city, school district, region).
- STRATEGY ALIGNMENT—The indicator relates to a COI goal or strategy.
- OVERALL BALANCE—There is fair representation of both healthy eating and physical activity indicators.

In addition to community indicators, the evaluation plan recommends selection of “sentinel” communities within San Diego County to allow the COI to concentrate multiple strategic efforts within more well-defined geographic areas, making it more feasible to conduct intensive measurements and analysis. Working in sentinel communities provides the opportunity to test strategies, evaluation measures, and dissemination of information learned through evaluation, and also facilitates convergent assessment strategies in the same community, adding to validity of findings. In addition, because community engagement is a hallmark of the COI’s efforts, this approach allows the COI to work closely with community stakeholders to ensure that meaningful measures are employed and that data collected are shared and become a platform for future strategies to impact childhood obesity. This work, along with analysis of its effectiveness, is underway in two sentinel communities in San Diego County, the cities of Lemon Grove and Chula Vista (for more information, visit www.OurCommunityOurKids.org).

DOMAIN WORKGROUP ACTIVITIES (TIER 3)

The systematic evaluation of domain workgroup activities is essential to the ongoing sustainability of the COI. It is only through this evaluation that the COI’s partners, funders, and community members can objectively assess what has been accomplished, what can be sustained, and what areas need to be addressed. Evaluation also allows the domain workgroups to reflect about their successes and challenges and refocus efforts, as needed.

The evaluation of domain activities includes data derived from domain workplans and enhanced evaluation of selected COI workgroup activities to provide a more in-depth analysis of specific activities. Domain workplans are updated regularly and include the following information for workgroup activities:

- Connection to COI goal, *Action Plan* strategy, and COI overarching strategy (if applicable).
- Objective.
- Activities and action steps.
- Lead and supportive COI partners.
- Timeline for activities.
- Regular status updates.
- Measurable progress toward objective.

In-depth case studies of selected COI domain workgroup activities can be found on the COI website at www.OurCommunityOurKids.org.

The COI evaluation plan was developed to guide the COI in evaluating its efforts. Much has been accomplished and will continue to be accomplished utilizing existing resources and volunteer efforts of academic and evaluation experts, domain workgroup partners, and hired evaluation consultants, resources permitting. Robust evaluation efforts require defined responsibility and budgetary commitment to implement the plan. This may include requests to existing and new partners, as well as grants for implementation of specific evaluation plan components.

SUSTAINABILITY

Much of the COI's work is focused on implementing policies and environmental strategies that will result in long-lasting change. At the same time, broad-based community support ensures that a variety of high-impact policy changes are pursued and that awareness, advocacy, and progress follow. Policy and environmental changes, by their very nature, create an infrastructure for enduring transformation and community benefit. The COI will continue to focus on creating policies and environments that support the health and well-being of children and families as a primary method for bringing about sustainable change.

The investment in this public-private collective impact partnership has provided a foundation that has been leveraged to nearly \$20 million in additional funding for county-wide community obesity prevention efforts. Numerous organizations and agencies have received funding from multiple sources to support policy, systems, and environmental changes throughout San Diego County. Examples include Kaiser Permanente's support to CHIP as the backbone organization for the COI as well as funding for the Lemon Grove Healthy Eating Active Living (HEAL) Zone; multiple grants from the Centers for Disease Control and Prevention including funding to the County of San Diego HHS for Communities Putting Prevention to Work and Community Transformation Grant, and funding to CHIP for Racial and Ethnic Approaches to Community Health (REACH); and funding to CHIP from the USDA Farm to School program.

CHIP will continue to seek funding from a variety of public and private funders to sustain its work as the backbone organization for the COI and to support COI partners in their work to implement obesity prevention strategies. Furthermore, to address health disparities CHIP will continue to seek financial support for place-based efforts to improve health in under-served and under-resourced communities that suffer from higher-than-average prevalence of childhood obesity.

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Nearly 100 partners of the San Diego County Childhood Obesity Initiative domain workgroups

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