

STATE OF CHILDHOOD OBESITY IN SAN DIEGO COUNTY 2016



Working Together to Shape a Healthy Future
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Wilma Wooten, MD, MPH, County of San Diego Health & Human Services Agency
Tina Zenzola, County of San Diego Health & Human Services Agency

COI Domain Workgroups

Community Domain Workgroup
Early Childhood Domain Workgroup
Government Domain Workgroup
Healthcare Domain Workgroup
Media Domain Workgroup
Schools and After-school Domain Workgroup

Report Author:

Cheryl Moder
Vice President, Collective Impact
Community Health Improvement Partners

Contributors:

Colin Cureton
Food Systems & Research Consultant
Community Health Improvement Partners

Design:

Aaryn.com

Kathleen Merchant
Continuous Quality Improvement Coordinator
San Diego State University Research Foundation
WIC

Community Health Improvement Partners (CHIP)

The COI is facilitated by [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 implementation; provide communications and partner recognition; and oversee all operations of the COI.



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Live Well San Diego

In 2010, the County Board of Supervisors adopted [Live Well San Diego](#), a long-term vision 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, Living Safely, and Thriving. *Live Well San Diego* partners include cities, businesses, military and veterans' organizations, schools, and community and faith-based organizations. *Live Well San Diego* empowers 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. CHIP is a recognized partner of *Live Well San Diego* and the COI is one of a number of public-private partnerships that is helping to realize the vision of *Live Well San Diego* through collective impact.



Foreword

The San Diego County Childhood Obesity Initiative (COI) was established in 2006 as a public-private partnership focused on reducing and preventing childhood obesity through policy, systems, and environmental change. COI partners believe that children and families should have access to affordable, healthy foods and beverages, as well as the opportunity to lead active lives and that all children in San Diego County—no matter their age, race, economic status, or neighborhood—should have the ability to grow up healthy.

In the decade since the COI was established, we have made much progress. With participation and involvement of hundreds of partners, we have established numerous policies and created environments that support our vision of healthy eating and active living in all places.

Our collective efforts are making a difference. In the past few years, the percent of children who are overweight or obese in San Diego County has leveled off and even declined among some populations. However, that is not the entire story, as higher rates persist for certain populations. As long as health disparities exist, our work is not completed.

This first-time report highlights the current state of childhood obesity in San Diego County including information on prevalence, baseline measures for indicators of progress in policy and environmental change, and activities of COI partners that advance recommended obesity prevention strategies. The *State of Childhood Obesity in San Diego County* provides a benchmark by which we will measure progress over time. The report can be used by COI partners, community leaders, decision makers, and other stakeholders to accelerate progress and inform future efforts to advance policies, improve environments, and change organizational practices across sectors to improve community health.



Executive Summary

The San Diego County Childhood Obesity Initiative (COI) was established in 2006 through funding from the County of San Diego as a public-private partnership with the mission of reducing and preventing childhood obesity through policy, systems, and environmental change. The COI utilizes a collective impact model to engage hundreds of partners across seven domains—government, healthcare, schools and after-school, early childhood, community, media, and business—to work collaboratively and implement strategies designed to support healthy eating and active living.

This report presents findings and recommendations for three tiers of measurement outlined in the COI evaluation plan:

1. Prevalence of childhood overweight and obesity—review of data sources using body mass index (BMI), the most common measure of overweight and obesity, used to track long-term outcomes.
2. Community indicators—baseline findings for policy and environmental changes implemented at the community level by a broad range of stakeholders, used to track short-term and intermediate outcomes.
3. COI domain workgroup activities—specific activities of COI domain workgroup partners, used to track implementation of COI strategies outlined in the [San Diego County Childhood Obesity Action Plan](#).

Prevalence of Childhood Overweight and Obesity in San Diego County

Data from the California Department of Education’s Physical Fitness Test research files show that over one-third (34.2%) of San Diego County fifth, seventh, and ninth grade children enrolled in public schools in school year 2014-15 were overweight or obese, with 17.4% overweight and 16.8% obese.

The data indicate wide disparities in childhood obesity rates in San Diego County by both race/ethnicity and economic disadvantage. In school year 2014-15, the childhood obesity rate for Hispanic students (23.1%) was just over twice the rate for non-Hispanic students (10.8%), and almost 2.5 times higher than childhood obesity rates among white students (8.9%). In the same year, the prevalence of obesity for economically disadvantaged students (22.9%) was over twice the rate than for students who were not economically disadvantaged (10.0%). These findings are important because Hispanic students represent approximately half of all public school students in San Diego County with respect to race/ethnicity and similarly, low-income students account for half of all public school students in San Diego County with respect to socioeconomic status.

Substantial variation exists across school districts in the prevalence of child overweight and obesity. For example, in school year 2014-15, combined overweight and obesity prevalence was as low as roughly 15% in Coronado Unified School District and as high as nearly 50% in National Elementary School District. This variation is likely driven in large part by underlying economic, environmental, and social conditions of the districts and surrounding communities.

Among the population of children enrolled in 2015 in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in San Diego County, 30.2% of all children were overweight or obese, with 15.9% of enrolled children overweight and 14.3% obese. Hispanic children had higher rates of both overweight and obesity than non-Hispanic children: 17% of Hispanic children were overweight and 15.8% obese, compared to 13.2% and 10.4% of non-Hispanic children, respectively.

Indicators of Progress at the Local Level

COI partners assisted in the identification of measurable, evidence-based indicators that can be tracked to show changes and/or progress toward short-term and intermediate outcomes. Based on agreed-upon criteria, COI partners and staff assessed current obesity prevention activities and interventions within each COI domain, reviewed the literature to determine the strength of evidence related to documented activities, and examined local data sources. These steps resulted in identification of 12 indicators related to healthy eating and physical activity. (Although national recommendations include activities related to all seven COI domains, only activities in the Schools and After-school, Government, Healthcare, and Early Childhood domains met agreed-upon criteria.) These indicators and baseline findings are presented in Table 1.

Table 1: San Diego County Childhood Obesity Initiative indicators of progress and baseline findings

| Schools and After-school Domain | |
|---|--|
| Indicator | Finding |
| 1. Active school district wellness councils | In 2015, 19 of 42 school districts in San Diego County had an active wellness council in place that met at least quarterly. A total of 358,501 public school students (72%) were enrolled in districts with active school district wellness councils. |
| 2. Strong school district beverage policy language | In 2015, 3 of 42 school districts in San Diego County had strong beverage policy language in their wellness policies. A total of 33,767 students (7%) were enrolled in districts with strong beverage policy language. |
| 3. Strong school district physical activity and physical education policy language | In 2015, 7 of 42 school districts had strong physical activity and physical education policy language in their wellness policies. A total of 45,922 students (9%) were enrolled in districts with strong physical activity and physical education policy language. |
| 4. Farm to school activities | In the 2014-15 school year, 33 of 42 school districts conducted some type of farm to school activity. A total of 474,791 students (95%) were enrolled in districts that conduct farm to school activities. |
| 5. School district policy language addressing nutrition standards for before- and after-school programs on school grounds | In 2015, 15 of 42 school districts had wellness policies that address nutrition standards for foods and beverages served in before- and after-school programs on school grounds and two of the 15 districts had policy language that meets or exceeds WellSAT standards. A total of 3,232 students (<1%) were enrolled in the two districts with strong policy language. |
| 6. School district policy language addressing before- and after-school physical activity for all students | In 2015, 10 school districts had policy language that requires physical activity in before- and after-school programs and 14 districts had policy language that suggests physical activity in before- and after-school programs. A total of 193,318 students (39%) were enrolled in districts that require physical activity in before- and after-school programs. |
| Government Domain | |
| Indicator | Finding |
| 7. Municipal and County policies that promote physical activity | In 2015, 16 of 18 incorporated cities and numerous communities in unincorporated areas of San Diego County had policies in place or in process that promote physical activity and the County of San Diego is in the process of creating an active transportation plan, which will further impact unincorporated areas. |
| 8. Municipal and County policies that promote healthy beverage consumption | In 2015, 5 of 18 incorporated cities and the County of San Diego had policies in place or in process that promote reduction of sugar-sweetened beverage consumption and/or lactation accommodation. |
| 9. Bicycle infrastructure | In 2014, San Diego County had a total of 1,375 bikeway miles (952 miles of bike lanes, 256 miles of bike routes, and 167 miles of bike paths), representing a 1 to 7 ratio of bikeway miles to total public road mileage. |

| Healthcare Domain | |
|--|--|
| Indicator | Finding |
| 10. Hospital healthy food and beverage standards | In 2015, nine of 22 hospitals surveyed reported implementation of one or more standards that support healthy food and beverage environments. |
| 11. Exclusive in-hospital breastfeeding | In 2015, the overall rate of in-hospital exclusive breastfeeding in San Diego County hospitals was 79.6%, which was higher than the statewide rate of 68.6%. |
| Early Childhood Domain | |
| Indicator | Finding |
| 12. Healthy nutrition practices in licensed childcare facilities | In 2015, 232 licensed childcare centers and 3,078 family childcare homes were approved by the USDA Child and Adult Care Food Program. |

Accomplishments of COI Domain Workgroups

The COI’s public-private partnership includes domain-specific workgroups that serve as mini “think-and-do tanks” to develop, leverage, and replicate best practices and resources. Domain workgroup activities are linked to recommended strategies presented in the [San Diego County Childhood Obesity Action Plan](#). Highlights of domain workgroup accomplishments for 2015-2016 include:

Government Domain Workgroup

The Government Domain workgroup offers a forum for city, county, and tribal governments to advance policy and planning strategies that can help establish active, healthy communities. The workgroup has conducted a policy scan of local governments to identify existing healthy beverage and active living policies and has been working to educate decision makers regarding these policies. The workgroup is also collaborating with the Community Domain workgroup to create profiles that highlight healthy food and physical activity policies in all San Diego County municipalities.

Healthcare Domain Workgroup

The Healthcare Domain workgroup brings together healthcare systems, providers, and other stakeholders to enhance care and resources for the prevention and reduction of childhood obesity. The workgroup has convened a subcommittee to develop a pilot for the Clinician-Community Integration for Wellbeing (CCIW) project, a bi-directional referral model that is designed to connect families of children who are overweight or obese with lifestyle coaching and community resources to address their health and social services needs. The workgroup has also encouraged adoption of the [5-2-1-0](#) healthy messaging campaign in multiple clinical settings. The Nutrition in Healthcare Leadership Team, which was launched in 2010 as a subcommittee of the workgroup, continues to support healthy sustainable foods and beverages in hospitals.

Schools and After-school Domain Workgroup

The Schools and After-school Domain workgroup unites schools, after-school programs, and other key stakeholders in strategies to create healthy, active, and successful learning environments. The workgroup assessed the status and strength of local school district wellness policies. Key findings from this assessment were used to inform this report. The workgroup developed the [Healthy School Fundraising Champion Recognition](#) program recognizing schools that rely on donations (instead of sales), or that raise money through the sale of non-food items and/or foods that meet or exceed the California Smart Snack in Schools requirements. The workgroup hosted a Local Control and Accountability Plan (LCAP) workshop to encourage the inclusion of wellness components in district

LCAPs to provide funding for school wellness activities. The San Diego County Farm to School Taskforce, which was launched in 2010 as a subcommittee of the workgroup, continues to increase consumption of local, healthful, seasonal foods, and improve food literacy in San Diego County school districts.

Early Childhood Domain Workgroup

The Early Childhood Domain workgroup provides a space for early childhood providers and stakeholders to share best practices and create healthy environments for children ages 0-5. The workgroup helped support the creation and implementation of Wellness Champions, a program of the YMCA Childcare Resource Service, which offers early childcare providers the opportunity to receive free training, support, and coaching by health educators in the areas of healthy eating and active living. The workgroup created a Higher Education Taskforce to assess physical activity and nutrition education requirements by local colleges and universities offering early childhood education programs. The workgroup also provides input on proposed legislation affecting childcare meal patterns.

Community Domain Workgroup

The Community Domain workgroup provides technical assistance and resources to community-based organizations and projects focused on advocacy for healthy eating and active living including mini-grants to support neighborhood improvements. The workgroup developed and piloted the [Community Health Action Map Partners](#) (CHAMP) to identify and map resident-led efforts to improve community health across San Diego County. The workgroup collaborates with the Media Domain workgroup to assess needs and provide trainings and resources to the Resident Leadership Council.

Media Domain Workgroup

The Media Domain workgroup challenges media and other partners to reframe the issue of childhood obesity with a focus on policy and environmental change and supports other COI domains in media efforts promoting obesity prevention messaging. The domain created a success story template for use by COI domains and partners to capture and share their collaborative efforts and provided trainings to COI domain co-chairs and the Resident Leadership Council on storytelling and dissemination of accomplishments. With support of the workgroup, the COI disseminated over 11,500 materials promoting the [5-2-1-0](#) messaging campaign.

Business Domain

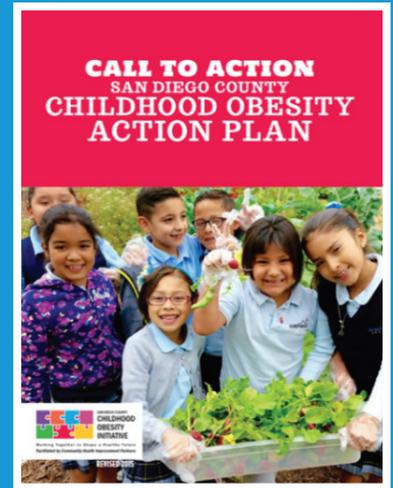
Rather than convening regular workgroup meetings, the Business Domain engages freely in multiple COI domains and activities where tangible business opportunities can be found. COI staff and partners work with local businesses to create policies and practices that make good health and business sense. Recent efforts of CHIP, the San Diego County Farm to School Taskforce, and other partners in support of local businesses include production of annual [Crop Availability](#) and [State of Farm to School](#) reports, multiple events to support farm to institution efforts in San Diego County, and trainings to support procurement of local and sustainable good food by institutions such as schools and hospitals.

Introduction

The obesity epidemic is a complex public health issue with multiple causes. No single sector, agency, organization, business, or institution can solve this problem alone. Collaboration, teamwork, and resource sharing are required at every level to bring about change. In San Diego County, stakeholders from multiple sectors are working to assess needs, promote effective practices, and implement strategies to reach the desired long-term outcomes of increased healthy behaviors and reductions in overweight and obesity. Mutually reinforcing efforts focus on reducing the burden of chronic disease and contributing risk factors with a focus on improving population health, quality of life, and health equity.

Background

In 2006, the [San Diego County Childhood Obesity Initiative](#) (COI) was established as a multi-sector coalition with the mission of reducing and preventing childhood obesity by advancing policy, systems, and environmental change through collective impact. The COI utilizes a collective impact model to engage hundreds of partners across seven domains—government, healthcare, schools and after-school, early childhood, community, media, and business—to work collaboratively and implement strategies designed to support healthy eating and active living. The COI's Leadership Council provides guidance, planning, and direction; domain workgroups act as mini “think and do tanks” to implement obesity prevention strategies outlined in the [San Diego County Childhood Obesity Action Plan](#). Community Health Improvement Partners (CHIP), a San Diego non-profit, serves as the facilitating or “backbone” organization for the COI.



The [San Diego County Childhood Obesity Action Plan](#) provides a road map to guide obesity prevention efforts in San Diego County. This document presents evidence-based and promising practices designed to improve opportunities for healthy eating and active living. These recommendations were developed with the input of numerous partners from both public and private sectors.

THE COI'S GOALS ARE TO:

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, institutional, and built environments that support healthy eating and active living.
4. Promote operational excellence of the Initiative.



Report Format

The COI evaluation plan presents a framework for measuring short-, intermediate, and long-term outcomes toward the objective of reducing and preventing childhood obesity. Short-term outcomes include activities of COI partners and others to adopt policies that support healthy eating and active living. These policies lead to intermediate outcomes including improved environments that support healthy choices. The anticipated long-term impact of increases in healthy eating and physical activity are reductions in childhood overweight and obesity prevalence and related morbidity and mortality from obesity-related chronic diseases.

This report presents findings and recommendations for three tiers of measurement outlined in the COI evaluation plan:

| | | |
|--|---|---|
| Childhood Obesity Prevalence | Indicators of Progress | Domain Workgroup Activities |
| This section reviews data sources using body mass index (BMI), the most commonly used measure to determine overweight and obesity, used to track long-term outcomes. | This section presents baseline findings for policy and environmental changes implemented at the community level by a broad range of stakeholders, used to track short-term and intermediate outcomes. | This section presents specific activities of COI domain workgroup partners, used to track implementation of COI strategies. |

Findings and recommendations presented in this report will be used by COI partners and leadership to inform strategic planning and influence future efforts to advance policies, improve environments, and change organizational practices across sectors to improve community health.

The following icons are used throughout this report:

| | | |
|---|---|---|
|  |  |  |
| signifies additional information that provides further context | signifies successful activities that are being implemented in San Diego County | signifies examination of a specific population or research |

Prevalence of Childhood Overweight and Obesity in San Diego County



Prevalence of Childhood Overweight and Obesity in San Diego County

Introduction

The following section presents childhood overweight and obesity figures for fifth, seventh, and ninth graders in San Diego County's 42 public school districts in 2015. In addition to examining outcomes among all students combined, the analysis also examines the data by school district, economic disadvantage, and race/ethnicity, revealing disparities in the region.

Childhood obesity rates vary widely across school districts in the County, ranging from about 5% to nearly 30%, depending on the district. While childhood obesity rates have leveled off, or in some cases declined among some students, rates are over two times higher for Hispanic and economically disadvantaged students than for white students and those who are not economically disadvantaged. While this analysis has several drawbacks, is purely descriptive, and does not investigate causal drivers of childhood obesity, it identifies important dynamics in the region that can and will inform the [San Diego County Childhood Obesity Initiative's](#) ongoing work to reduce and prevent childhood obesity.

Methodology

This analysis uses publicly available data from the California Department of Education's (CDE) school year 2014-15 Physical Fitness Test (PFT) research files. This dataset includes data on measured body composition for fifth, seventh, and ninth grade students in each of San Diego County's 42 public school districts. The analysis excluded all observations for San Diego County charter schools and the San Diego County Office of Education, as the primary focus of the COI is on the County's 42 public school districts. This reduced the PFT research file sample by 7,677 students and resulted in percentages that vary slightly from those available in resources like CDE's DataQuest. The school year 2014-15 dataset used for this analysis includes information on 99,813 students. The measure of body composition used in the PFT research files are the criterion-based FITNESSGRAM standards in which children's weight status is categorized as Healthy Fitness Zone (HFZ), no HFZ-needs improvement, and no HFZ-health risk. In 2014, these standards were adjusted to align with the percentile-based Centers for Disease Control and Prevention standards for healthy weight, overweight, and obese. (Note the use of percentage point differences rather than percent differences relative to a baseline level, i.e., the difference between childhood obesity rates of 10% and 15% is described as "5 percentage points higher" rather than "50% higher.")



Recent Research

A study conducted in 2011 by the University of California Los Angeles (UCLA) Center for Health Policy Research and Public Health Advocates (formerly California Center for Public Health Advocacy) compared rates of overweight and obesity among California schoolchildren between 2005 and 2010.¹ Using de-identified student-level data from the California Department of Education, this study calculated BMI using height and weight measurements to determine rates of overweight and obesity using CDC weight categories. The authors found that in San Diego County, the percent of children considered to be overweight or obese declined from 35.8% in 2005 to 34.5% in 2010.

Body composition data are available for each grade level and district by several variables of interest including gender, economic disadvantage, and race/ethnicity. CDE’s measure of economic disadvantage is defined as students who are eligible for free or reduced-price meals and/or if both parents did not complete a high school education. Racial and ethnic subgroups include African-American, American-Indian, Asian, Filipino, Hispanic, Pacific Islander, white, and two or more races. CDE’s PFT research files group ethnicity (i.e., Hispanic versus non-Hispanic) and race (i.e., African-American, white, etc.) in the same categorical measure. Given that roughly 80% of students in the region identify as either white or Hispanic, the analysis of race/ethnicity presented here is limited to only these two categories.

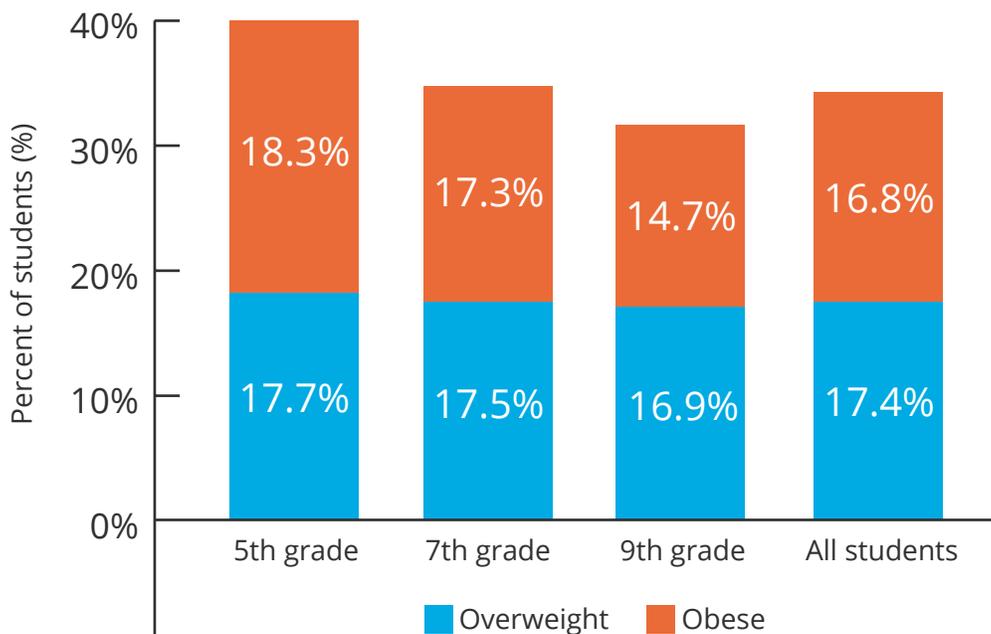
Drawbacks of this analysis include the use of district rather than student-level data, which prevents analysis of how multiple demographic factors interact (i.e., gender and socioeconomic status) and also does not allow tracking of the same students over multiple years. While data is measured, there is no guarantee that measurement and reporting were conducted thoroughly or accurately across districts. Also, low numbers of certain racial/ethnic subgroups in many districts result in suppressed observations in publicly available datasets, thus limiting the analysis to larger demographic subgroups.

For these reasons, it is strongly suggested that readers exercise caution when interpreting results; readers are recommended to not extrapolate results or infer larger trends. Similarly, the analysis is purely descriptive in that it is not able to nor does it try to examine causal factors in any of the results. Despite these drawbacks, to our knowledge this represents the most recent and refined analysis of childhood obesity outcomes in the region to date.

Findings

As shown in Figure 1, over one-third (34.2%) of all San Diego County fifth, seventh, and ninth grade children enrolled in public schools were overweight or obese in in school year 2014-15. The percentage of overweight children in San Diego County in the same year was 17.4% and the childhood obesity rate among these students was 16.8%. The combined rate of child overweight and obesity in San Diego County of 34.2% in 2015 is lower than the 2005 rate of 35.8% in 2005 and the 2010 rate of 34.5% indicated in the UCLA study. (Note that the UCLA study used individual student-level data, while the analysis in this report used district-level data.)

Figure 1: Childhood overweight and obesity among San Diego County 5th, 7th, and 9th grade public school students (school year 2014-15)

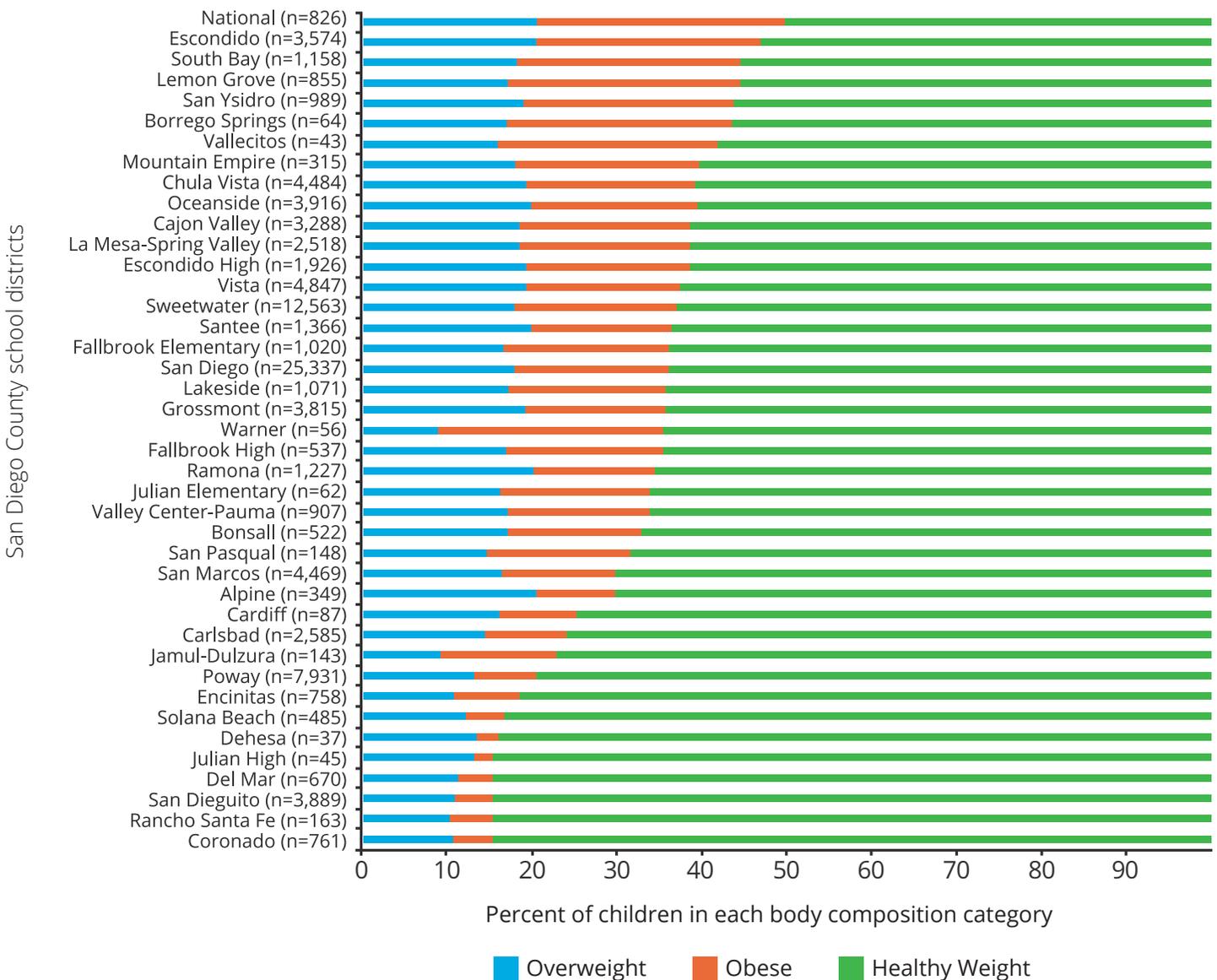


Source: California Department of Education, FITNESSGRAM® body composition test

(Note in Figure 1 and in subsequent figures that childhood obesity rates tend to be higher among fifth graders and lower among seventh and ninth graders. This likely has more to do with general child growth patterns than with factors driving childhood obesity, though further research would be needed to confirm this hypothesis.)

As Figure 2 demonstrates, substantial variation exists across school districts in the prevalence of child overweight and obesity. For example, in school year 2014-15, combined prevalence of overweight and obesity was as low as roughly 15% in Coronado Unified School District and as high as nearly 50% in National Elementary School District. Figure 2 is presented to show the wide variation in childhood obesity rates by district and not to congratulate or admonish particular districts. This variation is likely driven in large part by underlying economic, environmental, and social conditions of the districts and surrounding communities. Further research is warranted to investigate the degree to which district-specific activities influence the childhood overweight and obesity rates in any individual district.

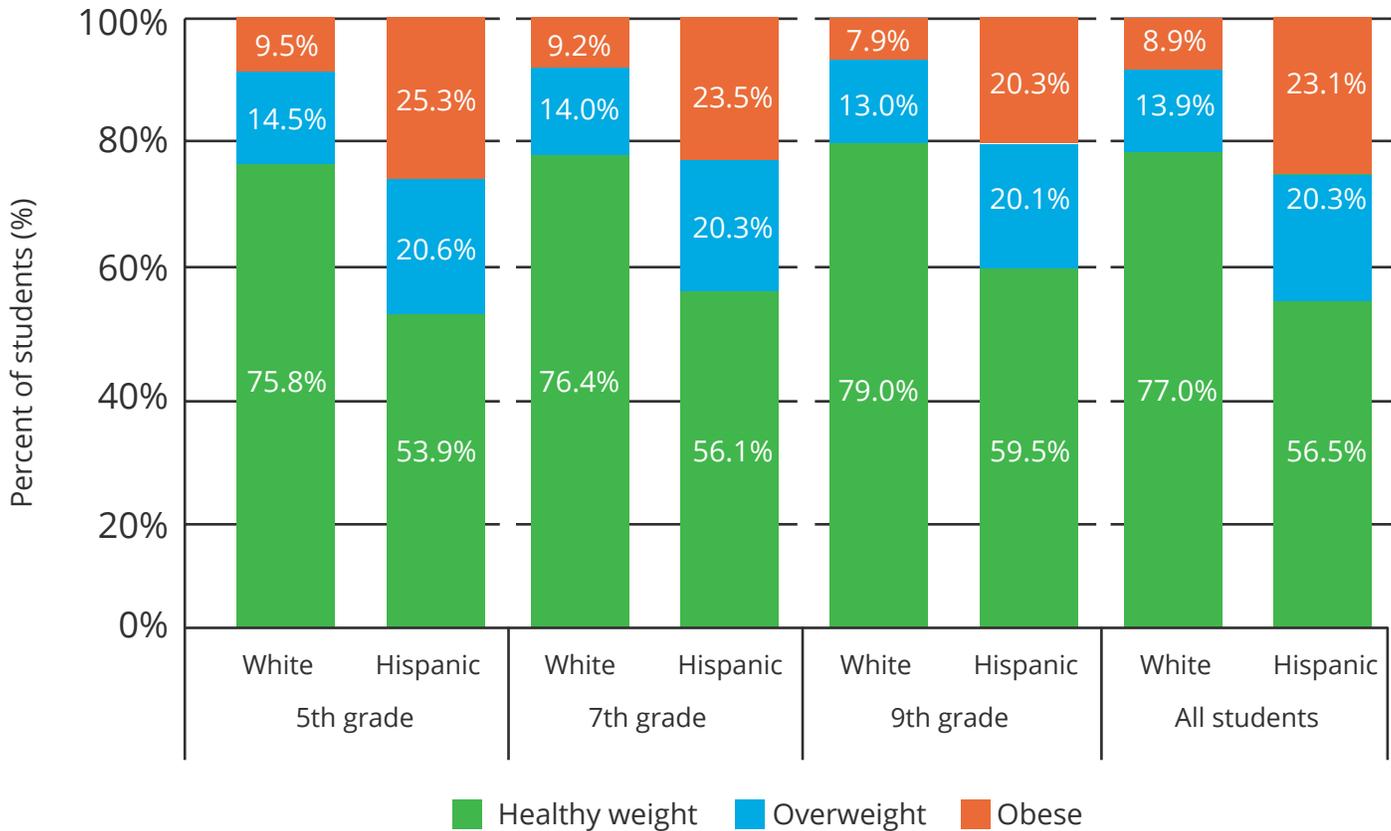
Figure 2: Childhood overweight and obesity among San Diego County 5th, 7th, and 9th grade public school students by district (school year 2014-15)



Source: California Department of Education, FITNESSGRAM® body composition test

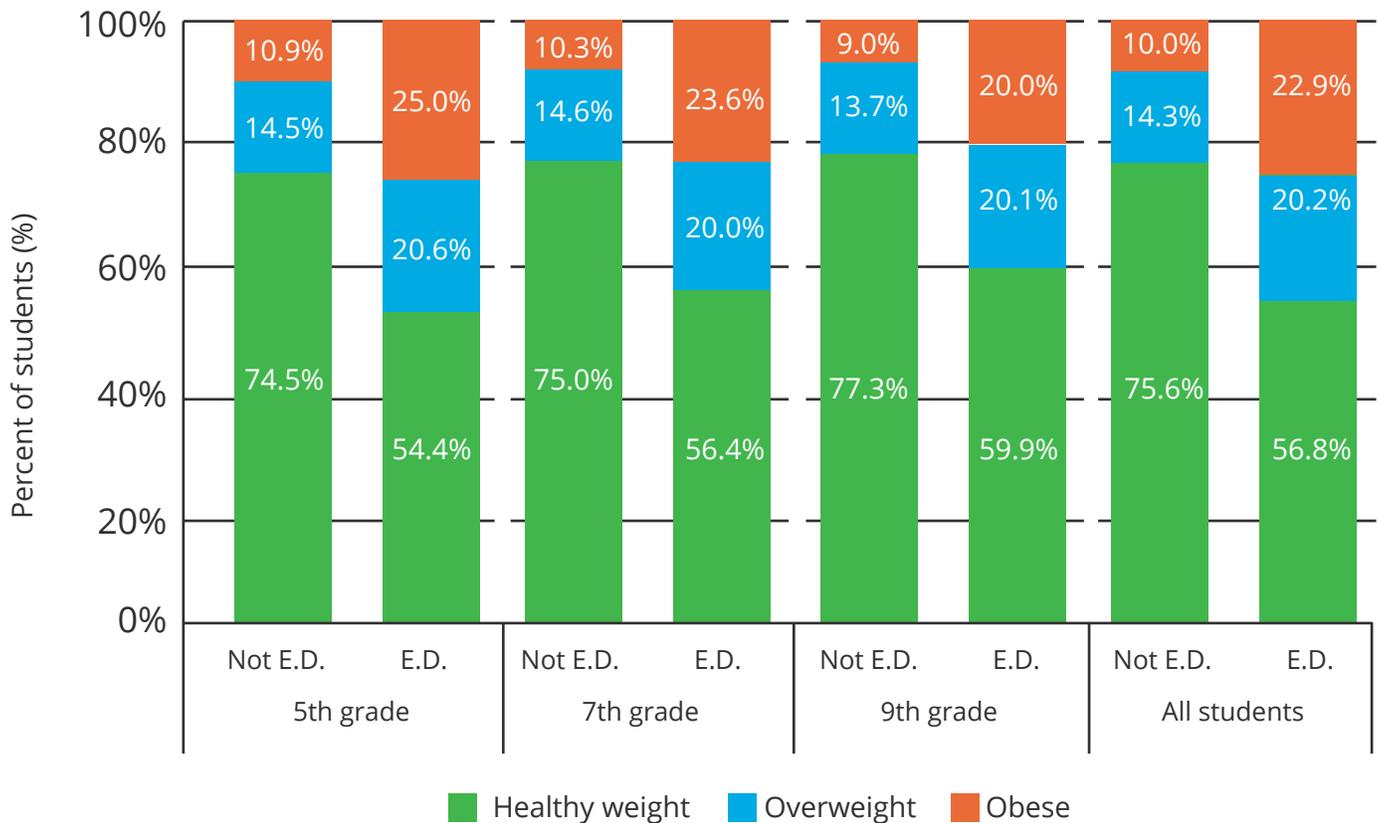
The following figures indicate wide disparities in childhood obesity rates in San Diego County by both race/ethnicity and economic disadvantage when rates are broken out by population sub-groups. For example, the childhood obesity rate for Hispanic students (23.1%) in school year 2014-15 was almost 2.5 times higher than childhood obesity rates among white students (8.9%). Similarly, the prevalence of obesity for economically disadvantaged students (22.9%) in the same year was over twice the rate than for students who were not economically disadvantaged (10.0%).

Figure 3: Childhood overweight and obesity among San Diego County 5th, 7th, and 9th grade public school students White vs. Hispanic students (school year 2014-15)



Source: California Department of Education, FITNESSGRAM® body composition test

Figure 4: Childhood overweight and obesity among San Diego County 5th, 7th, and 9th grade public school students economically disadvantaged (E.D.) vs. non-E.D. students (school year 2014-15)



Source: California Department of Education, FITNESSGRAM® body composition test

These findings are important because Hispanic students represent approximately half of all public school students in San Diego County with respect to race/ethnicity and similarly, low-income students account for half of all public school students in San Diego County with respect to socioeconomic status. In school year 2014-15, Hispanic students accounted for 49% of all fifth, seventh, and ninth graders, which is the largest single racial/ethnic group in the County, and economically disadvantaged students accounted for 51% of all fifth, seventh, and ninth graders in the County.

Conclusion

Childhood obesity rates appear to be leveling off and even declining among some demographic subgroups in San Diego County. While these changes should be celebrated, substantial challenges remain. Highly disparate childhood obesity rates among children of differing socioeconomic and racial/ethnic populations demonstrate the existence of glaring health disparities among San Diego County children. Considering that low-income and Hispanic students now account for approximately half of all public school students in San Diego County, success in preventing and reducing childhood obesity in the region will require an intentional and intensive health equity strategy. Furthermore, the wide variation of childhood overweight and obesity rates across San Diego County school districts suggests that district-specific initiatives should be reflective of the magnitude and nuanced dynamics of childhood obesity in the district and surrounding communities. It is important that health improvements are equitably shared among all children, especially those with the highest rates of overweight/obesity and the greatest barriers to good health. COI's leadership and key stakeholders are examining results from this analysis and will determine the most effective strategies for addressing these health disparities.



Examining a Special Population: Children Enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Methodology

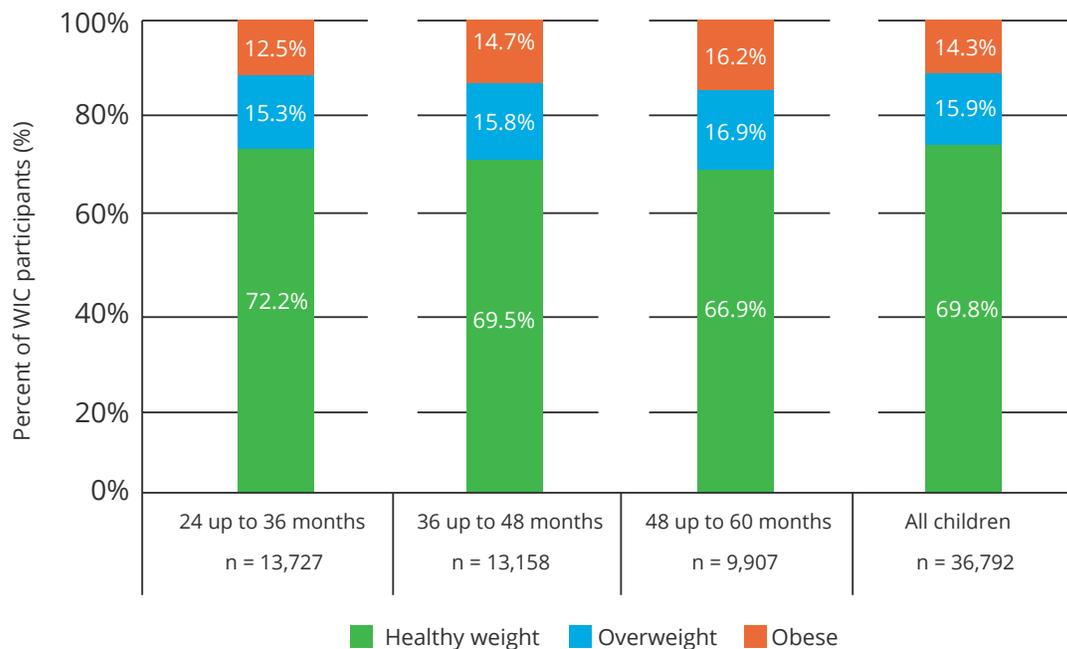
Cross-sectional anthropometric data of 36,792 San Diego County children ages 24 to 60 months enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in San Diego County are presented in a series of figures below. It is important to note that these children represent a specific segment of San Diego County's population of under-resourced families. These families are enrolled in the WIC program based on several criteria including low household income, identified nutritional risk, and vulnerable stage of life, specifically early childhood (birth to five years of age) or being pregnant or within one year postpartum. In San Diego County, 72% of WIC participants between the ages of 24 and 60 months are Hispanic. San Diego County WIC agencies include American Red Cross WIC, North County Health Services WIC, San Diego State University Research Foundation WIC, San Ysidro Health Center WIC, and Scripps Health WIC.

The height and weight measurements taken by WIC for each child are used to calculate a body mass index (BMI) and are then standardized into percentiles by age and gender using categories defined by the Centers for Disease Control and Prevention. These data represent the most recent height and weight of each WIC participant measured at a WIC service delivery location in San Diego County over a year (a single measurement time between April 2015 and March 2016). The data are presented in three age groupings—24 to up to 36 months (n=13,727), 36 to up to 48 months (n=13,158), and 48 to up to 60 months (n=9,907)—and are further divided by gender (female n=18,043; male n=18,749) and Hispanic (n=26,328)/Non-Hispanic (n=10,464).

Findings

Figure 5 illustrates a steady increase in the prevalence of both overweight and obesity relative to increasing age, from 15% to 17% in the overweight category and from 12% to 16% in the obese category. Overall, there is an increase in the percent of children categorized above the “normal or healthy weight” category (overweight and obese groups combined), from 28% for children ages 24 to up to 36 months to 33% for children ages 48 to up to 60 months.

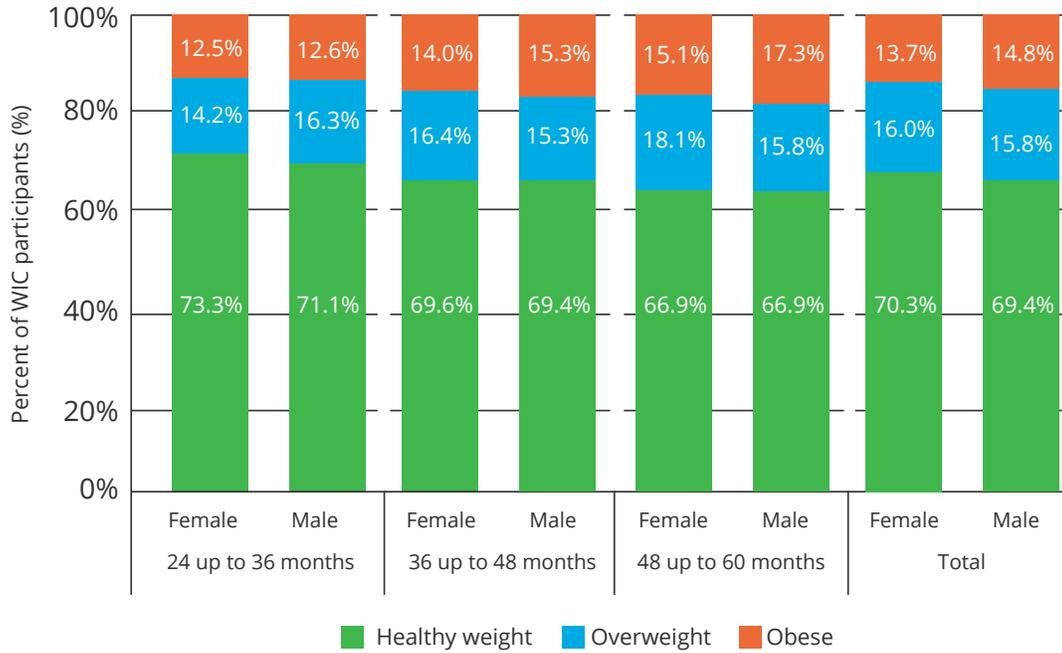
Figure 5: Childhood overweight and obesity among San Diego County WIC participants ages 24 to 60 months (2015)



Source: San Diego County WIC agencies

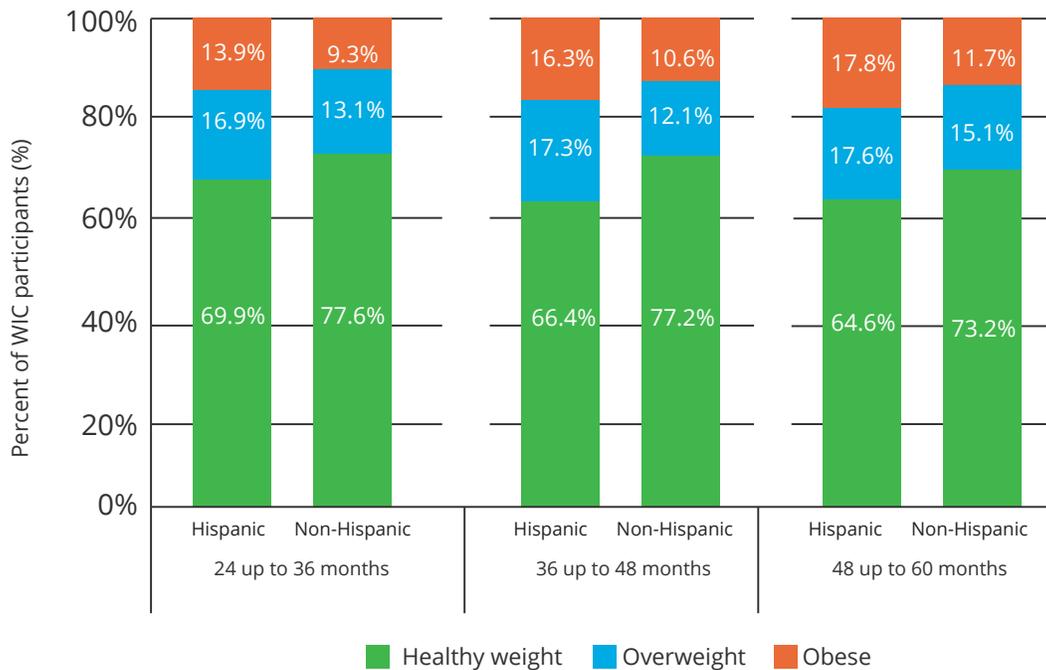
Figure 6 illustrates lower rates of overweight and obesity combined for younger children when compared with older children, from 29% to 33% for boys and from 27% to 33% for girls. Figure 7 illustrates higher rates of both overweight and obesity for Hispanic children relative to non-Hispanic children, with higher rates for older children than for younger children.

**Figure 6: Childhood overweight and obesity among San Diego County WIC participants ages 24 to 60 months (2015)
Females vs. Males**



Source: San Diego County WIC agencies

**Figure 7: Childhood overweight and obesity among San Diego County WIC participants ages 24 to 60 months (2015)
Hispanic vs. Non-Hispanic**



Source: San Diego County WIC agencies

Indicators of Progress at the Local Level



Indicators of Progress at the Local Level

Background

The Institute of Medicine (IOM, now part of the National Academies of Sciences, Engineering, and Medicine) identified multi-level policy and environmental strategies designed to accelerate progress in obesity prevention at the national, state, and local levels.² While federal and state policies can set the stage for healthy communities, activities at the local level allow for more innovation and creativity and can result in direct policy, systems, and environmental improvements. IOM recommendations reflect the recognition that not every strategy is appropriate for every community, as local assets, demographics, and challenges vary widely across the U.S.

In 2013, the IOM released recommendations for measuring progress of obesity prevention efforts at both national and community levels.³ This document specifies that while national evaluation activities can show changes in general trends over time, community-level evaluation provides an additional level of detail and local context, offering the potential for identifying degrees and types of success as well as trends in the community. Despite these opportunities, data sources, resources, and support at the community level are often inadequate or unavailable, thus limiting the capacity and potential of community-level evaluation. To address these challenges locally, the COI reached out to partners for assistance in creating strategies to identify and track indicators of progress toward implementing strategies and achieving obesity prevention goals in San Diego County.

Methodology

Community stakeholders have participated in every step of the evaluation process, from design to data collection to analysis. Key COI stakeholders—including Leadership Council members, domain workgroup co-chairs, academic partners, and the County of San Diego Health and Human Services Agency—assisted identifying measurable, evidence-based indicators that can be tracked to show changes and/or progress toward short-term and intermediate outcomes of healthy policies and environments. Initially, partners developed criteria to inform the selection of key indicators. Criteria included:

- **Evidence-based or promising practice**—The indicator is recommended by recognized authorities and supported by quality evidence. 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. (See [San Diego County Childhood Obesity Action Plan](#) for a full list of COI strategies.)
- **Overall balance**—There is fair representation of both healthy eating and physical activity indicators.

“Stakeholders are much more likely to support the evaluation and act on the evaluation results and recommendations if they are involved in the evaluation process.”

*Centers for Disease Control and Prevention
Program Performance and Evaluation Office*

Once criteria were established, COI partners and staff assessed current obesity prevention activities and interventions within each COI domain that are related to healthy eating and physical activity and aligned with COI goals and strategies. A literature review was conducted to determine the strength of evidence related to documented activities and intersection with national recommendations. Next, data sources were examined to ensure that data are available and/or accessible at the local level. These steps resulted in identification of the 12 indicators being highlighted in this report. (Although national recommendations include activities related to all COI domains, only activities in the government, healthcare, schools and after-school, and early childhood domains met agreed-upon criteria.)



Indicator 1: Active School District Wellness Councils

Why Is This Indicator Important?

The Centers for Disease Control and Prevention recommends coordinating healthy eating and physical activity policies and practices through a school health wellness council and school health coordinator.⁴ Wellness councils are tasked with planning and advocating for the implementation of wellness policies and programs that promote health-enhancing behaviors among students, including healthy eating and physical activity. Wellness councils are ideally comprised of representatives from different segments of the school and community, including teachers, nutrition service staff members, students, families, school administrators, school nurses and other healthcare providers, social service professionals, and religious and civic leaders.

Measure

Number of active school district wellness councils in San Diego County by school district and number of children enrolled.

Methodology

Active school district wellness councils are defined as those that meet at least quarterly. COI district representatives collected data for 2015 from San Diego County school districts. Using a rubric created by members of the COI Schools and After-school Domain workgroup, they scored school districts based on the activity levels of their wellness councils using the following criteria. A score of “2” or “3” indicates an active wellness council.



COI district representatives are trained volunteers who act as liaisons between the COI Schools & After-school Domain workgroup (workgroup) and school districts throughout San Diego County to share information and resources that help to prevent and reduce childhood obesity.

COI district representatives:

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

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

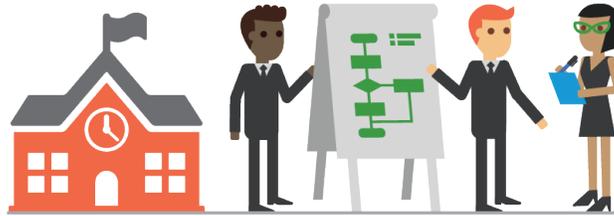
Table 2: San Diego County Childhood Obesity Initiative Schools and After-school Domain active wellness council scoring rubric

| Wellness council meets more than quarterly | Wellness council meets quarterly | Wellness council meets irregularly | Wellness council not active |
|--|----------------------------------|------------------------------------|-----------------------------|
| 3 points | 2 points | 1 point | 0 points |

Findings

There are 42 public school districts in San Diego County that operate just over 750 schools in the region. Over half a million K-12 students (501,269) were enrolled in San Diego County public schools during the 2014-2015 school year, including 3,788 students enrolled in schools operated by the San Diego County Office of Education (SDCOE). For this indicator, data were not available for Spencer Valley School District, SDCOE schools, and Rancho Santa Fe Elementary School District. Non-participating school districts account for 7,684 students.

In 2015, 19 of 42 school districts in San Diego County had an active wellness council in place that met at least quarterly. A total of approximately 358,501 public school students, or nearly 72% of all public school students in the County, are enrolled in districts with active school district wellness councils.



19 *out of* **42**
 school districts have
 active wellness councils

Table 3: Frequency of San Diego County school district wellness council meetings

| Districts that meet at least quarterly (active) | Districts that meet less than quarterly | Districts that do not meet |
|---|---|---|
| Cajon Valley Union School District | Del Mar Union School District | Alpine Union School District |
| Carlsbad Unified School District | Grossmont Union High School District | Bonsall School District |
| Chula Vista Elementary School District | La Mesa - Spring Valley School District | Borrego Springs Unified School District |
| Fallbrook Union Elementary School District | National School District | Cardiff School District |
| Julian Union School District | Poway Unified School District | Coronado School District |
| Oceanside School District | San Pasqual Union School District | Dehesa School District |
| San Diego Unified School District | Santee Unified School District | Escondido Union High School District |
| Encinitas Union School District | | Jamul-Dulzura School District |
| Escondido Union School District | | Julian Union High School District |
| Fallbrook Union High School District | | Mt. Empire Unified School District |
| Lakeside Union School District | | Ramona School District |
| Lemon Grove School District | | San Dieguito Union High School District |
| San Marcos Unified School District | | Solana Beach Unified School District |
| San Ysidro Unified School District | | Warner Unified School District |
| South Bay Union School District | | |
| Sweetwater Union High School District | | |
| Vallecitos Union School District | | |
| Valley Center - Pauma Unified School District | | |
| Vista Unified School District | | |

Source: San Diego County Childhood Obesity Initiative Schools and After-school Domain Workgroup

Recommendations

The [San Diego County Childhood Obesity Action Plan](#) (*Action Plan*) recommends developing and convening active wellness councils comprised of district and school administrators, school board members, students, child nutrition, physical education, health services, families, and community-based organizations. The *Action Plan* also calls on healthcare stakeholders to participate in local school wellness councils. (See *Action Plan* strategies S2 and H14.)

Opportunities for future efforts to expand the number of school districts that have active school wellness councils include educating administrators, school staff, parents, and other key stakeholders on the importance of having active school wellness councils. It will be important to work with district staff to ensure that their wellness councils include a diverse group of stakeholders; have specific, measurable goals; and include clear, consistent communication. In addition, efforts should be made to support good nutrition, physical education, and physical activity by making investments through school districts' Local Control and Accountability Plans (LCAPs). Targeted efforts should focus on districts with student populations that show evidence of health disparities, such as higher than average rates of childhood overweight and obesity.

Indicator 2: Strong School District Beverage Policy Language

Why Is This Indicator Important?

According to the Centers for Disease Control and Prevention (CDC), sugar-sweetened beverages are the largest source of added sugar and an important contributor of calories in the diets of children in the U.S. The CDC also indicates that high consumption of sugar-sweetened beverages has been associated with obesity and other health conditions including type 2 diabetes, cardiovascular disease, non-alcoholic fatty liver disease, and dental caries. Further, the CDC recommends ensuring ready access to potable drinking water and limiting access to sugar-sweetened beverages.⁵ A study conducted by the University of California Los Angeles Center for Health Policy Research found that in San Diego County in 2011-12, 28% of children ages 2 to 11 and 61% of adolescents ages 12 to 17 drank one or more sugar-sweetened beverage per day.⁶

The National Prevention Council's National Prevention Strategy recommends implementing and enforcing policies that increase the availability of healthy foods in schools as well as eliminating high-calorie, low-nutrition drinks from vending machines, cafeterias, and school stores and providing greater access to water.⁷

The Institute of Medicine (IOM, now part of the National Academies of Sciences, Engineering, and Medicine) recommends that school boards develop school district wellness policies and related regulations that include nutrition standards for foods sold/served outside of federal food programs that are aligned with guidance on optimal nutrition and also recommends increasing the proportion of school districts with policies that require schools to provide access to free, clean, potable water throughout the school setting.² Healthy People 2020 identifies the objective of increasing the proportion of schools that do not sell or offer calorically sweetened beverages to students to 21.3 percent from the 2006 baseline of 9.3 percent (Healthy People objective NWS-2.1).⁸

Measure

Number of school districts in San Diego County with strong beverage policy language and number of children enrolled.

Methodology

Data for the 2015-2016 school year were collected by COI district representatives who conducted local school district wellness policy analysis using a rubric created by members of the COI Schools and After-school Domain workgroup. The rubric was used to score school districts based on the strength of the beverage policy language included in their local school district wellness policies using the criteria below. Districts that scored a five or above were considered to have very strong wellness policy language, those that scored three to four were considered to have strong language, those that scored two were considered to have somewhat strong language, and those that scored one or zero were considered to have policy language that is not strong.

Table 4: San Diego County Childhood Obesity Initiative Schools and After-school Domain beverage policy scoring rubric

| | | | | | |
|--|--|---|---|---|--|
| K12 or high school districts: no flavored milk, no sports drinks | K12 or high school districts: either flavored milk or sports drinks not allowed or limited | Elementary or middle school districts: no flavored milk at any time | Elementary or middle school districts: flavored milk limited to certain meals or days | All districts: water access and/or promotion language | All districts: specific language for preschools included in policy |
| 3 points | 2 points | 3 points | 2 points | 1 bonus point | 1 bonus point |

Findings

There are 42 public school districts in San Diego County that operate just over 750 schools in the region. Over half a million K-12 students (501,269) were enrolled in San Diego County public schools during the 2014-2015 school year, including 3,788 students enrolled in schools operated by the San Diego County Office of Education (SDCOE). For this indicator, data were not available for Spencer Valley School District, SDCOE schools, and Rancho Santa Fe Elementary School District. Non-participating school districts account for 7,684 students.

In 2015, three school districts had strong beverage policy language, one district had somewhat strong policy language, 36 school districts had beverage policy language that is not strong, and no districts had beverage policy language that is considered very strong. In total, only 33,767 students (less than 7% of all students) in San Diego County are enrolled in districts with strong beverage policy language. Districts with strong beverage policy language include:

Chula Vista Elementary School District—policy allows no flavored milk at any time and includes water access and/or promotion language (29,806 students enrolled).

Julian Union High School District—policy allows no flavored milk or sports drinks at any time and includes water access and/or promotion language (157 students enrolled).

Mountain Empire Unified School District—limits flavored milk and sports drink availability, includes water access and/or promotion language, and includes preschools in beverage policy language (3,804 students enrolled).



3 *out of* **42**

school districts have strong beverage policy language

Recommendations

The [San Diego County Childhood Obesity Action Plan](#) (*Action Plan*) recommends developing, implementing, and regularly assessing school wellness policies that meet or exceed best practice standards and incorporate topics related to coordinated school health. The *Action Plan* also recommends ensuring all foods and beverages sold and served in schools—including meals, a la carte, vending, school stores, classroom celebrations, and fundraisers— and in after-school programs meet or exceed federal, state, and district nutrition standards and promote healthy eating. (See *Action Plan* strategies S1, S2, and AS4.)

With only three out of 42 districts having strong beverage policy language in their district wellness policies, there is much room for improvement. Opportunities for future efforts to expand the number of school districts that have strong beverage policy language in local school district wellness policies include educating administrators, school staff, parents, wellness councils, and other key stakeholders on the health impact of sugar-sweetened beverages. In addition, efforts should be made to support good nutrition by making investments through school districts' Local Control and Accountability Plans (LCAPs). Targeted efforts should focus on districts with student populations that show evidence of health disparities, such as higher than average rates of childhood overweight and obesity.



The **Centers for Disease Control and Prevention** defines sugar-sweetened beverages to include soft drinks (soda), fruit drinks, sports drinks, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar, typically high fructose corn syrup or sucrose (table sugar), has been added. Although the presence of protein and other nutrients differentiates sweetened milk and alternative milk beverages from other sugar-sweetened beverages, adding sugar to plain milk can substantially increase the calories per serving without increasing the overall nutrient value of the drink. The Nutrition in Healthcare Leadership Team, established as a subcommittee of the COI's Healthcare Domain workgroup, has adopted [similar definitions](#) in its efforts to reduce sugar-sweetened beverage consumption.



Indicator 3: Strong School District Physical Activity and Physical Education Policy Language

Why Is This Indicator Important?

Healthy People 2020 identifies the objectives of increasing the proportion of the nation’s K-12 schools that require daily physical education for all students: elementary schools from the 2006 baseline of 4.4 percent to the target of 4.8 percent, middle and junior high schools from the 2006 baseline of 10.5 percent to the target of 11.5 percent, and senior high schools from the 2006 baseline of 2.1 percent to the target of 2.3 percent (Healthy People objectives PA-4.1-PA-4.3).⁹ The National Prevention Council’s National Prevention Strategy recommends coordinated, comprehensive, and multicomponent programs and policies to encourage physical activity and physical education, especially in schools and early learning centers.⁷

The Institute of Medicine (IOM, now part of the National Academies of Sciences, Engineering, and Medicine) recommends that local education agencies adopt requirements that include opportunities for daily physical activity outside of physical education such as active transport to school programs, intramural sports and activity programs, active recess, classroom breaks, after-school physical activity programming, and integration of physical activity into curricula lesson plans. The IOM also recommends that school districts improve and maintain an environment that is conducive to safe physical education and physical activity as well as increasing the proportion of the nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours.³

Measure

Number of school districts in San Diego County with strong physical activity and physical education policy language and number of children enrolled.

Methodology

Data for the 2015-2016 school year were collected by COI district representatives who conducted local school district wellness policy analysis using a rubric created by members of the COI Schools and After-school Domain workgroup. The rubric was used to score school districts based on the strength of the physical activity and physical education policy language included in their local school district wellness policies using the criteria below. Districts scored a “3” if policy language requires adherence, a “2” if policy language strongly promotes adherence, a “1” if policy language supports or encourages adherence, and a “0” if physical activity and physical education are not mentioned.

Table 5: San Diego County Childhood Obesity Initiative Schools and After-school Domain physical activity and physical education policy scoring rubric

| Physical education minutes defined | Physical activity opportunities during school day | Physical activity opportunities before and after school | Moderate to vigorous physical activity | Safe routes to school | Joint use | Daily recess (elementary schools only)* *Refers to recess outside of “lunch” recess |
|------------------------------------|---|---|--|-----------------------|--------------|--|
| 0 - 3 points | 0 - 3 points | 0 - 3 points | 0 - 3 points | 0 - 3 points | 0 - 3 points | 0 - 3 points |

Elementary school districts that scored 21 were considered to have very strong wellness policy language, those that scored 19 to 21 were considered to have strong language, those that scored 11 to 18 were considered to have somewhat strong language, and those that scored 10 or less were considered to have policy language that is not strong. High school and K-12 districts that scored 18 were considered to have very strong wellness policy language, those that scored 15 to 18 were considered to have strong language, those that scored 10 to 15 were considered to have somewhat strong language, and those that scored 9 or less were considered to have policy language that is not strong.

Findings

There are 42 public school districts in San Diego County that operate just over 750 schools in the region. Over half a million K-12 students (501,269) were enrolled in San Diego County public schools during the 2014-2015 school year, including 3,788 students enrolled in schools operated by the San Diego County Office of Education (SDCOE). For this indicator, data were not available for Spencer Valley School District, SDCOE schools, and Rancho Santa Fe Elementary School District. Non-participating school districts account for 7,684 students.

In 2015, seven school districts had strong physical activity and physical education policy language, seven districts had language that was somewhat strong, and 26 districts had language that was not strong. In total, 45,922 students (more than 9% of all students) in San Diego County are enrolled in districts with strong physical activity and physical education policy language. Table 6 presents districts with strong physical activity and physical education policy language.

Table 6: San Diego County school districts with strong physical activity and physical education policy language and number of students enrolled

| School district | Students enrolled |
|---|-------------------|
| Chula Vista Elementary School District | 29,806 |
| San Ysidro Unified School District | 4,842 |
| Alpine School District | 1,845 |
| Cardiff School District | 731 |
| Julian Union Elementary School District | 4,142 |
| Del Mar Union School District | 4,399 |
| Julian Union High School District | 157 |
| TOTAL | 45,922 |

Recommendations

The [*San Diego County Childhood Obesity Action Plan \(Action Plan\)*](#) recommends developing, implementing, and regularly assessing school wellness policies that meet or exceed best practice standards and incorporate topics related to coordinated school health. The *Action Plan* also recommends providing regular opportunities for structured and unstructured physical activity throughout the day; providing elementary and secondary students the state-mandated amount of physical education; increasing participation in active transportation to school programs; and implementing shared-use agreements and opening school facilities for use by students, staff, and the community before and after school. (See *Action Plan* strategies S1, S13, S22, S23, and S26.)



7 out of 42

school districts have strong physical activity, physical education policy language

With only seven out of 42 districts having strong physical activity and physical education policy language in their district wellness policies, there is much room for improvement. Opportunities for future efforts to expand the number of school districts that have strong physical activity and physical education policy language in local school district wellness policies include educating administrators, school staff, parents, wellness councils, and other key stakeholders on the role physical activity can play in student mental and physical health, behavior, attendance, and academic performance. In addition, efforts should be made to support physical education and physical activity by making investments through school districts' Local Control and Accountability Plans (LCAPs). Targeted efforts should focus on districts with student populations that show evidence of health disparities, such as higher than average rates of childhood overweight and obesity.



Indicator 4: Farm to School Activities

Why is This Indicator Important?

Farm to school is defined as the combination of school gardens, food-based education, and local foods procurement in a school setting.¹⁰ A report by the Trust for America's Health and the Robert Wood Johnson Foundation indicates that farm to school programs both increase consumption of fruits and vegetables and actually change eating habits, leading students to choose healthier options at lunch.¹¹ The Centers for Disease Control and Prevention recommends implementation of farm to school programs that work to reduce reliance on commercially processed and prepared foods and equip schools with necessary resources to prepare meals from scratch using fresh whole foods.¹² The Institute of Medicine (IOM, now part of the National Academies of Sciences, Engineering, and Medicine) recommends increasing the number of schools with farm to school programs.³

The [2015 State of Farm to School in San Diego County](#) report found that San Diego County Farm to School Taskforce members had more active farm to school programs than nonmembers, operate more than 90% of school gardens in San Diego County, and are more likely than nonmembers to conduct farm to school activities and purchase local foods.¹³

Measure

Number of school districts in San Diego County implementing farm to school activities and number of children enrolled.

Methodology

Data for the 2014-2015 school year were collected by Community Health Improvement Partners' food systems department staff, in collaboration with the San Diego Farm to School Taskforce, through an electronic survey distributed to key farm to school contacts in all San Diego County public school districts. Data collection was conducted for the [2015 State of Farm to School in San Diego County report](#). (This report is publicly available and contains more detail about the growth and implementation of farm to school activities in the region.)



The **San Diego County Farm to School Taskforce** (F2S Taskforce) is a partnership of local school, business, and public health leaders who actively collaborate to increase consumption of local, healthy, seasonal foods and to improve food literacy within schools. Members are defined as those who attend at least three F2S Taskforce meetings per year or participate in at least one key F2S Taskforce initiative (Growers' Workshop, Good Food Showcase planning committee, the F2S Taskforce's local definition, and the F2S Taskforce's Harvest of the Month calendar). In 2015, 23 school districts were members of the F2S Taskforce. F2S Taskforce member districts account for 85% of all public school students (424,226) in San Diego County. The F2S Taskforce was created as a subcommittee of the COI Schools and After-school Domain workgroup and is facilitated by CHIP.

Findings

There are 42 public school districts in San Diego County that operate just over 750 schools in the region. Over half a million K-12 students (501,269) were enrolled in San Diego County public schools during the 2014-2015 school year, including 3,788 students enrolled in schools operated by the San Diego County Office of Education (SDCOE). Survey responses were received from 39 out of 42 school districts. Responses were not received from Coronado, Mountain Empire Unified, and Warner Springs School Districts, as well as SDCOE schools. Non-participating school districts account for 7,270 students.

In the 2014-2015 school year, 33 public school districts conducted some type of farm to school activity. Enrollment in these districts accounts for 95% of all public school students (474,791) in San Diego County. Activities reported include sourcing local foods, nutrition education, active gardening programs, district farm to school goals and/or plans, marketing local foods, "Smarter Lunchroom" principles in the cafeteria, and farm to school activities in the classroom. The districts that conducted farm to school activities in the 2014-2015 school year are presented in Table 7.



Table 7: San Diego County school districts conducting farm to school activities and number of students enrolled

| School district | Students enrolled |
|---|-------------------|
| Alpine Union School District | 1,845 |
| Bonsall Unified School District | 2,287 |
| Borrego Springs Unified School District | 864 |
| Cajon Valley Union School District | 16,601 |
| Cardiff School District | 731 |
| Carlsbad Unified School District | 11,049 |
| Chula Vista Elementary School District | 29,806 |
| Del Mar Union School District | 4,399 |
| Encinitas Union School District | 5,445 |
| Escondido Union High School District | 9,442 |
| Escondido Union School District | 19,204 |
| Fallbrook Union Elementary School District | 5,113 |
| Grossmont Union High School District | 22,220 |
| Jamul-Dulzura Union School District | 945 |
| Julian Union School District | 4,142 |
| La Mesa-Spring Valley School District | 12144 |
| Lakeside Union School District | 6,135 |
| National School District | 5,829 |
| Oceanside Unified School District | 20,980 |
| Poway Unified School District | 35,629 |
| Rancho Santa Fe School District | 691 |
| San Diego Unified School District | 129,779 |
| San Dieguito Union High School District | 12,645 |
| San Marcos Unified School District | 20,452 |
| San Pasqual Union School District | 553 |
| San Ysidro School District | 4,842 |
| Santee School District | 6,472 |
| Solana Beach School District | 3,146 |
| South Bay Union School District | 7,646 |
| Spencer Valley School District | 3,205 |
| Sweetwater Union High School District | 41,018 |
| Valley Center-Pauma Unified School District | 4,155 |
| Vista Unified School District | 25,377 |
| TOTAL | 474,791 |



33 out of 42

school districts conduct
farm to school activities

Recommendations

[The San Diego County Childhood Obesity Action Plan](#) (*Action Plan*) recommends implementing supportive policies and providing incentives for the production, distribution, and procurement of foods from local farms, as well as increasing gardens and farm to school programming, including local sourcing and food literacy education. (See *Action Plan* strategies G18 and S20.)

Opportunities for future efforts include expanding the number of school districts that conduct farm to school activities, the number and types of activities conducted, and the number of districts that participate on the San Diego County Farm to School Taskforce. Institutional changes that can strengthen farm to school efforts include incorporating farm to school into district wellness policies and curriculum, and hiring school garden and farm to school coordinators. Additional activities may include educating administrators, school staff, parents, wellness councils, and other key stakeholders on the role farm to school activities can play in establishing healthy eating behaviors, supporting the local economy, providing a platform to teach core content areas through hands-on activities, and increasing student participation in improving healthier school meals. In addition, efforts should be made to support good nutrition, including farm to school activities, by making investments through school districts' Local Control and Accountability Plans (LCAPs). Targeted efforts should focus on districts with student populations that show evidence of health disparities, such as higher than average rates of childhood overweight and obesity.

Indicator 5: School District Policy Language Addressing Nutrition Standards for Before- and After-school Programs on School Grounds

Why is This Indicator Important?

The California Department of Education outlines recommended nutrition standards for foods and beverages served in after-school programs.¹⁴ The National AfterSchool Association recommends that after-school programs serve foods and beverages in amounts and types that promote lifelong health and help prevent chronic disease. These include minimally processed foods made with whole grains and heart-healthy fats or oils, and without added sugar or trans fats; fruits and vegetables; and beverages made without added sugars.¹⁵

Measure

Number of school districts in San Diego County with policy language that meets or exceeds WellSAT expectations addressing nutrition standards for foods and beverages served to students in before- and after-school programs on school grounds and number of children enrolled.

Methodology

Data for the 2015-2016 school year were collected by representatives of the County of San Diego Health & Human Services Agency. Local school district wellness policies were evaluated using the Wellness School Assessment Tool: 2.0 (WellSAT)¹⁶ based on the degree to which they address nutrition standards for all foods and beverages served to students while attending before/aftercare on school grounds (WellSAT question NS3). Based on WellSAT methodology, weak policy statements are those that:

- Address nutrition standards or Smart Snacks,¹⁷ but do not mention before/aftercare/childcare.
- Include nutrition standards for before/aftercare, but are weaker than Child and Adult Care Food Program (CACFP)¹⁸ or Smart Snack standards.

Policy statements that meet or exceed expectations are those that require that foods and beverages served to students in before/aftercare, whether run by the school or an outside party (e.g., YMCA) meet CACFP or Smart Snack standards. (Policy may state that one of these specific nutrition standards is followed, or may list the specific standards, providing evidence that they are followed.)



The Rudd Center for Food Policy & Obesity's WellSAT tool¹⁶ provides a standard method for the quantitative assessment of school wellness policies. School wellness policies are evaluated based on the degree to which they address 50 policy items, which are categorized into five sections: Nutrition Education and Wellness Promotion, Standards for USDA Child Nutrition Programs and School Meals, Nutrition Standards for Competitive and Other Foods and Beverages, Physical Education and Physical Activity, and Evaluation. The WellSAT tool offers a consistent and reliable means of assessing the comprehensiveness and strength of school wellness policies.

Findings

There are 42 public school districts in San Diego County that operate just over 750 schools in the region. Over half a million K-12 students (501,269) were enrolled in San Diego County public schools during the 2014-2015 school year, including 3,788 students enrolled in schools operated by the San Diego County Office of Education (SDCOE). For this indicator, data were not available for Spencer Valley School District, SDCOE schools, and Rancho Santa Fe Elementary School District. Non-participating school districts account for 7,684 students.

In 2015, 15 public school districts had wellness policies that address nutrition standards for foods and beverages served to students in before- and after-school programs on school grounds and 13 of these districts had weak policy language. Only two districts—Bonsall Unified and Jamul-Dulzura Union—had policy language that meets or exceeds WellSAT expectations. These policies require that snacks served in after-school care make a positive contribution to children’s diets and health, with an emphasis on serving fruits and vegetables as the primary snacks, and beverages that are within federal nutritional standards. Only 3,232 students (less than 1% of all students) in San Diego County are enrolled in districts with policy language that meets or exceeds WellSAT expectations addressing nutrition standards for foods and beverages served to students in before- and after-school programs on school grounds.

Table 8: San Diego County school districts with language that meets or exceeds WellSAT nutrition standard recommendations for before- and after-school programs and number of students enrolled

| School district | Students enrolled |
|-------------------------------------|-------------------|
| Bonsall Unified School District | 2,287 |
| Jamul-Dulzura Union School District | 945 |
| TOTAL | 3,232 |



15 *out of* **42**

school districts have policy language that addresses nutrition standards for before- and after-school programs

Recommendations

The San Diego County Childhood Obesity Action Plan (Action Plan) recommends that after-school programs on school sites should, at minimum, follow district and/or school site wellness policies. The Action Plan also recommends that all foods and beverages served in before- and after-school programs should meet or exceed California Snacks & Meal Standards for After School Programs and that after-school programs 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). (See *Action Plan* strategies AS1, AS4, and AS5.)

Opportunities for future efforts to expand the number of school districts that have strong wellness policy language addressing nutrition standards for foods and beverages served to students in before- and after-school programs on school grounds include educating administrators, school staff, parents, wellness councils, after-school program providers, and other stakeholders on the importance of providing healthy food in the before- and after- school setting. Understanding that many children live in households with limited access to healthy food, education efforts should focus on the role before- and after- school programs can play to support the health and wellness of students, including access to healthy food and beverages. In addition, efforts should be made to support good nutrition by making investments through school districts' Local Control and Accountability Plans (LCAPs). Targeted efforts should focus on districts with student populations that show evidence of health disparities, such as higher than average rates of childhood overweight and obesity.



Indicator 6: School District Policy Language Addressing Before- and After-school Physical Activity for all Students

Why is This Indicator Important?

The National AfterSchool Association recommends that after-school programs provide physical activity offerings that support the U.S. Department of Health and Human Services guidelines recommending that all children and youth obtain at least 60 minutes of physical activity per day that includes a mixture of moderate and vigorous intensity activity as well as bone and muscle strengthening activities.¹⁵

The California Department of Education outlines recommendations for physical activity in after-school programs in the California After School Physical Activity (CASPA) Guidelines.¹⁹ These guidelines include the following recommendations:

- Develop clear physical activity policies to implement the CASPA Guidelines in after-school programs.
- Develop and maintain high-quality after-school physical activity that includes a minimum of 30 to 60 minutes of moderate to vigorous physical activity.
- Ensure that all students are included in after-school physical activity.

Measure

Number of school districts in San Diego County with policy language that requires physical activity opportunities for all students before and after school in elementary, middle, and high schools and number of children enrolled.

Methodology

Data for the 2015-2016 school year were collected by representatives of the County of San Diego Health & Human Services Agency. Local school district wellness policies were evaluated using the Wellness School Assessment Tool: 2.0 (WellsAT)¹⁶ based on the degree to which they address before- and after-school physical activity for all students (WellsAT question PEPA14). Based on WellsAT methodology, weak policy statements are those that suggest physical activity opportunities before and after school. Policy statements that meet or exceed expectations are those that require physical activity opportunities before and after school.

Findings

There are 42 public school districts in San Diego County that operate just over 750 schools in the region. Over half a million K-12 students (501,269) were enrolled in San Diego County public schools during the 2014-2015 school year, including 3,788 students enrolled in schools operated by the San Diego County Office of Education (SDCOE). For this indicator, data were not available for Spencer Valley School District, SDCOE schools, and Rancho Santa Fe Elementary School District. Non-participating school districts account for 7,684 students.

In 2015, 10 public school districts had policy language that requires physical activity in before- and after-school programs and 14 districts had policy language that suggests physical activity in before- and after-school programs. Nearly 39% (193,318) of all public school students in San Diego County are enrolled in districts with policy language that requires physical activity in before- and after-school programs.

Table 9: San Diego County school districts with policy language that requires physical activity in before- and after-school programs and number of students enrolled

| School district | Students enrolled |
|---|-------------------|
| Alpine Union School District | 1,845 |
| Cajon Valley Union School District | 16,601 |
| Dehesa School District | 2,809 |
| Grossmont Union High School District | 22,220 |
| Jamul-Dulzura Union School District | 945 |
| Mountain Empire Unified School District | 3,804 |
| Ramona Unified School District | 5,697 |
| San Diego Unified School District | 129,779 |
| Santee School District | 6,472 |
| Solana Beach Unified School District | 3,146 |
| TOTAL | 193,318 |



10 *out of* **42**

school districts have policy language that requires physical activity in before- and after-school programs

Recommendations

The [*San Diego County Childhood Obesity Action Plan*](#) (*Action Plan*) recommends that after-school programs on school sites should, at minimum, follow district and/or school site wellness policies. The Action Plan also recommends before- and after-school programs to provide regular opportunities for physical activity and play that follow CASPA Guidelines. (See *Action Plan* strategies AS1 and AS9.)

Opportunities for future efforts to expand the number of school districts that have wellness policy language requiring physical activity for students in before- and after-school programs include educating administrators, school staff, wellness councils, parents, after-school program providers, and other stakeholders on the role physical activity plays in the health and wellness of children, including improved sleep, stronger bones, reduced anxiety and stress, and improved blood pressure and cholesterol levels. Understanding that many children live in neighborhoods that lack safe opportunities for physical activity, education should include the important role before- and after- school programs can play in supporting children to meet their daily physical activity needs. In addition, efforts should be made to support physical education and physical activity by making investments through school districts' Local Control and Accountability Plans (LCAPs). Targeted efforts should focus on districts with student populations that show evidence of health disparities, such as higher than average rates of childhood overweight and obesity.



Indicator 7: Municipal and County Policies that Promote Physical Activity

Why is This Indicator Important?

The Institute of Medicine (IOM, now part of the National Academies of Sciences, Engineering, and Medicine) recommends increasing legislative policies for the built environment (i.e., community-scale, street-scale, and transportation and travel policies) that enhance access to and availability of physical activity opportunities.²

Healthy People 2020 identifies the objectives of increasing legislative, community-scale, transportation, and travel policies for the built environment that enhance access to and availability of physical activity opportunities (Healthy People objectives PA-15.1-PA-15.3).⁹ (Note, these objectives are considered developmental and do not yet include baseline measures or targets.)

The Centers for Disease Control and Prevention recommends making changes to social and physical environments that make healthy choices easier, safer, cheaper, and more convenient including community design that encourages walking and biking.²⁰

The California Department of Public Health's California Wellness Plan 2014 recommends increasing the number of municipalities that have adopted local policies, ordinances, engineering solutions, or other strategies that promote safe, walkable, and bikeable communities, particularly in low-income, underserved communities as well as increasing the percentage of municipal General Plans that contain a health element with language specific to environments that promote daily physical activity.²¹

Measure

Number of municipalities and unincorporated areas in San Diego County with policies in place or in process that support physical activity.

Methodology

Data for 2015 were collected through policy scans conducted by the County of San Diego Health & Human Services Agency and Circulate San Diego. The County of San Diego identified jurisdictions with any of the following policies in place or in process as of 2015: trails master plan, pedestrian master plan, active transportation plan, safe routes to school plan, bike master plan, complete streets policy, multi-modal level of service plan, or traffic calming program. Data from Circulate San Diego's 2015 Regional Walk Scorecard²² were also used for this report. The Walk Scorecard measures what cities in the region are doing to improve walkability. Data related to policies that promote walkability and active transportation are included.



Trails Master Plan—outlines a process of establishing a separate system of hiking trails, bicycle paths and equestrian trails for which motorized vehicles are not permitted.

Pedestrian Master Plan—establishes the policies, programs, design criteria, and projects that will enhance pedestrian safety, comfort, and access.

Active Transportation Plan—a master plan and policy document that guides the development and maintenance of active transportation infrastructure including sidewalks, pathways, multi-use trails, and bikeways as well as Safe Routes to School programs.

Safe Routes to School (SRTS) Plan—a strategic plan implemented to create walkable and bicycle-friendly communities offering alternative routes to schools in order to encourage active transportation, thereby reducing vehicle use and improving public health.

Bike Master Plan—offers a blueprint for updating bikeways, to include additional infrastructure for bike use (bike parking, etc.) and making biking safe and efficient within a municipality.

Complete Streets Policy—includes plans for sidewalks, bike lanes, safe crosswalks, median islands, safe and comfortable public transportation stops, artwork, and/or design within the context of the community, with the goal of having more people filter through areas using various modes of transportation.

Multi-Modal Level of Service (MMLOS)—the process of evaluating how well urban streets meet the needs of all users within a community.

Traffic Calming Program—a strategic plan to help make residents, pedestrians, drivers, and bicyclists more comfortable by encouraging slower speeds on community streets by introducing traffic circles, lane width changes, median island, speed bumps, etc.

Findings

As presented in Table 10, in 2015, 16 of the 18 incorporated cities in San Diego County had policies in place or in process that promote physical activity. Based on the policy analysis, Del Mar and Poway were the only municipalities with no policy in place or in process.

Table 10: San Diego County incorporated cities with policies that promote physical activity

| City | Population | Trails Master Plan | Pedestrian Master Plan | Active Transportation Plan | SRTS Plan | Bike Master Plan | Complete Streets Policy | MMLOS | Traffic Calming Program |
|----------------|------------|--------------------|------------------------|----------------------------|-----------|------------------|-------------------------|-------|-------------------------|
| Carlsbad | 110,653 | | x | x | | x | x | | x |
| Chula Vista | 257,989 | | x | | x | x | x | x | x |
| Coronado | 23,497 | | | x | | x | | | |
| El Cajon | 101,444 | | | | x | x | | | |
| Encinitas | 61,518 | x | | x | x | x | x | | x |
| Escondido | 147,294 | x | | | x | x | x | x | x |
| Imperial Beach | 26,761 | | | | x | x | | | |
| La Mesa | 58,813 | | x | x | x | x | x | | x |
| Lemon Grove | 26,199 | | | | x | x | x | | |
| National City | 59,827 | | | x | x | x | x | x | |
| Oceanside | 171,682 | | x | | | x | | | x |
| San Diego | 1,368,061 | | x | | | x | | | x |
| San Marcos | 90,827 | x | | | | | x | x | |
| Santee | 55,805 | | | | x | x | x | | |
| Solana Beach | 13,104 | | | x | | | x | x | x |
| Vista | 96,413 | | | | x | x | x | | x |



16 *out of* **18**
 cities and the County
 of San Diego have
 policies that promote
 physical activity

As presented in Table 11, the County of San Diego has adopted, or is developing, policies that promote physical activity in 30 communities in unincorporated areas of San Diego County. The County of San Diego has initiated creation of an active transportation plan in support of efforts to promote active transportation options in the unincorporated areas of the County. The active transportation plan will include updates to the County’s bike and pedestrian master plans, and will also include a complete streets policy, a SRTS plan, and MMLOS evaluation.

Table 11: San Diego County unincorporated communities with policies that promote physical activity

| Community | Trails Master Plan | Pedestrian Master Plan | Bike Master Plan |
|--------------------|--------------------|------------------------|------------------|
| Alpine | x | x | x |
| Bonsall | x | | x |
| Borrego Springs | x | x | |
| Boulevard | x | | |
| Campo-Lake Morena | x | | |
| Central Mountain | | | x |
| Crest-Dehesa | x | | x |
| Descanso | x | | |
| Desert | | | x |
| Fallbrook | x | x | x |
| Hidden Meadows | x | | |
| Jamul-Dulzura | x | | x |
| Julian | | | x |
| Lakeside | x | x | x |
| Mountain Empire | | | x |
| North County Metro | x | | x |
| North Mountain | | | x |
| Otay | | | x |
| Pala-Pauma | x | | x |
| Pendleton-De Luz | | | x |
| Pine Valley | x | | |
| Portrero | x | | |
| Rainbow | | | x |
| Ramona | x | | x |
| San Dieguito | x | | x |
| Spring Valley | x | x | x |
| Sweetwater | x | | x |
| Twin Oaks Valley | x | | |
| Valle de Oro | x | | x |
| Valley Center | x | | x |

Recommendations

The [San Diego County Childhood Obesity Action Plan](#) (*Action Plan*) recommends that local governments:

- 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.
- 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.
- Develop, adopt and implement multi-modal level of service standards that ensure roadways and other projects enhance the safety, access, and experience of pedestrians, bicyclists, transit users, and disabled users.
- 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). (See *Action Plan* strategies G1, G21, G22, and G26.)

Opportunities for future efforts to expand the number of policies undertaken by local governments that promote physical activity and active transportation include educating elected officials, community leaders, and other key stakeholders on the role local governments can play in improving the lives of their residents through key polices that promote physical activity, particularly through active transportation. Community outreach and engagement efforts to inform, educate, and empower residents and mobilize community partnerships should be part of an overall strategy to encourage local governments to adopt policies that promote physical activity and active transportation. These efforts should focus on jurisdictions with a large number of residents with demonstrated health disparities and higher than average rates of childhood overweight and obesity, limited active transportation options, and high rates of traffic fatalities.

Once policies are in place, clear goals, monitoring plans, and funding sources should be identified to assure effective implementation and accountability. In addition, the health impact on San Diego County residents should be a key consideration by the San Diego Association of Governments (SANDAG) in development and implementation of regional transportation policies. Funding and infrastructure should support continued growth of active transportation policies and infrastructure, both now and in the future.



Circulate San Diego is a San Diego non-profit organization that works to promote public transportation, active transportation (walking and bicycling), and accommodate sustainable growth in order to create excellent mobility choices and vibrant, healthy neighborhoods. Circulate San Diego produces the [San Diego Regional Walk Scorecard](#), which measures what cities in the San Diego region are doing to improve walkability. The Scorecard raises awareness about actions cities can take and fosters healthy competition among cities to champion walk-friendly policies and projects.



Indicator 8: Municipal and County Policies that Promote Healthy Beverage Consumption

Why is This Indicator Important?

According to the Centers for Disease Control and Prevention (CDC), sugar-sweetened beverages are the largest source of added sugar and an important contributor of calories in the diets of children in the U.S. The CDC also indicates that high consumption of sugar-sweetened beverages has been associated with obesity and other health conditions including type 2 diabetes, cardiovascular disease, non-alcoholic fatty liver disease, and dental caries. Further, the CDC recommends ensuring ready access to potable drinking water and limiting access to sugar-sweetened beverages.²³ A study conducted by the University of California Los Angeles Center for Health Policy Research found that in San Diego County in 2011-12, 28% of children ages 2 to 11 and 61% of adolescents ages 12 to 17 drink one or more sugar-sweetened beverage per day.⁶ The National Prevention Council's National Prevention Strategy recommends ensuring that foods served or sold in government facilities and government-funded programs and institutions meet nutrition standards consistent with the Dietary Guidelines for Americans.⁷

Healthy People 2020 has set multiple objectives for increasing the proportion of infants who are breastfed and also identifies the objective of increasing the proportion of employers that have worksite lactation support programs from the 2009 baseline of 25% to the target of 38% (Healthy People objectives MICH-21 and MICH-22).²⁴ The National Prevention Council's National Prevention Strategy recommends that women breastfeed their babies exclusively for the first six months after birth when able, as well as supporting policies and programs that promote breastfeeding.⁷

The Institute of Medicine (IOM, now part of the National Academies of Sciences, Engineering, and Medicine) recommends reducing energy intake from consumption of sugar-sweetened beverages as well as increasing the proportion of employers that have worksite lactation-support programs.²

Measure

Number of municipalities and unincorporated areas in San Diego County with policies in place or in process that promote healthy beverage consumption.

Methodology

Data for 2015 were collected through policy scans conducted by multiple partners of the San Diego County Childhood Obesity Initiative including the County of San Diego Health & Human Services Agency and Community Health Improvement Partners. Policy scans identified jurisdictions with policies in place or in process that promote breastfeeding and/or reduction in consumption of sugar-sweetened beverages.

Findings

As presented below, in 2015, only five cities in San Diego County, along with the County of San Diego, had policies in place or in process that promote reduction of sugar-sweetened beverage consumption and/or lactation accommodation. Jurisdictions with beverage policy language included:

- City of Chula Vista
 - The healthy vending policy establishes nutrition standards for food and beverages offered in vending machines located in city facilities.
 - The breastfeeding support policy allows sufficient break time for breastfeeding employees and requires provision of a private room or space, other than a toilet stall, close to an employee’s work area to express milk.

- City of Coronado
 - The Healthy Eating Active Living (HEAL) City resolution:
 - Establishes healthy nutrition standards for food and beverages offered in vending machines and meetings located in City facilities.
 - Pledges to accommodate breastfeeding employees upon their return to work.

- City of Del Mar
 - The lactation policy allows sufficient break time for breastfeeding employees and requires provision of a private room or space, other than a toilet stall, close to an employee’s work area to express milk.

- City of La Mesa
 - The La Mesa Community Wellness Program:
 - Encourages all City-owned facilities to eliminate carbonated beverages and unhealthy snacks in vending machines.
 - Recommends that the City’s athletic council and athletic sports leagues offer healthy choice alternatives in snack bars at City-owned fields.
 - Recommends protecting a mother’s right to breastfeed by providing reasonable accommodations for private breastfeeding in City-owned facilities.

- City of Lemon Grove
 - The Healthy Food Policy requires that if snacks or beverages are served at City-sponsored meetings or events, healthy options such as fruit, water, or 100-percent juice drinks should be made available to attendees and that all snack foods sold in City vending machines should include healthy options.

- County of San Diego
 - The County of San Diego healthy vending policy establishes healthy nutrition standards for food and beverages offered in vending machines located on County property and requires that 100% of foods and beverages sold in vending machines at facilities that primarily serve youth—including recreation centers and sports facilities— and 50% of foods and beverages sold in vending machines in other County facilities—including parks and open spaces—meet the nutrition standards.
 - The County of San Diego Health & Human Service Agency’s lactation accommodation policy allows sufficient break time for HHSA employees who are breastfeeding and requires provision of a private room or space, other than a toilet stall, close to an employee’s work area to express milk.



The **Healthy Chula Vista Initiative** and related [Healthy Chula Vista Action Plan](#) support the City's Strategic Plan goal of creating a thriving, healthy community by creating policies and programs to improve the City's physical and social environments, promote awareness and access to services, and build community partnerships. The Healthy Chula Vista Initiative identifies 11 strategies related to healthy food access to be carried out over the next five years. In 2016, the City of Chula Vista instituted the Healthy Chula Vista Advisory Commission to advise and make recommendations to the City Council and City Manager on health-related policies and opportunities that would benefit the community.

Recommendations

The [San Diego County Childhood Obesity Action Plan \(Action Plan\)](#) recommends identifying policy gaps and opportunities to include healthy eating and active living in all policies and planning documents (e.g., regulations, codes, and ordinances) and implementing these policies; adopting and implementing worksite wellness policies that model healthy eating and active living in all government settings; implementing 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); implementing policies that prohibit the sale of sugar-sweetened beverages and promote the sale of healthful foods and beverages in government facilities; and promoting breastfeeding as the healthiest first food by implementing workplace lactation policies that provide safe, private, and clean breastfeeding accommodations on government property. (See *Action Plan* strategies G1, G8, G13, G14, and G17.)



5 *out of* **18**
cities and the County
of San Diego have
healthy beverage
policies

Opportunities for future efforts to expand the number of jurisdictions that have policies that promote breastfeeding in the workplace and reduction in consumption of sugar-sweetened beverages include educating jurisdiction staff on the benefits of breastfeeding, including improved retention of employees, reduction in sick time taken by employees, and lower healthcare and insurance costs. Education efforts should also focus on the health impact of sugar-sweetened beverages and the role the workplace can play in supporting employee health through improved nutrition standards and procurement policies. Targeted efforts should focus on jurisdictions with populations that show evidence of health disparities, such as higher than average rates of childhood overweight and obesity.

Indicator 9: Bicycle Infrastructure

Why is This Indicator Important?

According to the Centers for Disease Control and Prevention (CDC), transportation and travel policies and practices can encourage active transport by facilitating walking, bicycling, and public transportation use; increasing the safety of walking and bicycling; reducing car use; and improving air quality. Environmental changes that support these goals and increase physical activity can be achieved by using strategies such as changing roadway design standards and creating or enhancing bicycle lanes.²⁵ The CDC recommends enhancing the public transportation system to accommodate bicyclists and pedestrians, enhancing infrastructure to support bicycling, and implementing model transportation and land use planning policies that encourage dense networks of connected streets that serve the needs of all transportation modes and roads that include robust infrastructure for bicycling and walking while mitigating the potential adverse effects of motor vehicle travel.²⁶ The San Diego County Bike Coalition has set the goal of having local transportation policies and funding priorities in place that result in 200 new miles of integrated and safe bikeways and supporting facilities across San Diego County by 2017.

Bike paths, lanes, and routes provide varying degrees of protection for bike riders. Bike routes provide little protection, especially for children. Evidence shows that a mother's bike riding influences whether children ride bikes and mothers are not as likely to ride in open streets with little protection from motor vehicles. In 2014, California State Assembly Bill 1193 created a fourth class of bikeway facilities: protected bike lanes. Protected bike lanes are physically separated from vehicle travel lanes by more than a white stripe. This can entail grade separation, flexible bollards, or permanent barriers. Protected bike lanes provide the most protection and comfort for people on bikes and do the most to encourage a broad range of users.

Measure

Miles of bicycle routes, bicycle lanes, and bicycle paths in San Diego County.

Methodology

Data on bike paths, lanes, and routes for 2014 were provided by the San Diego Association of Governments (SANDAG) from the [San Diego Regional Bike Map](#).²⁷ (Note: Protected bike lanes are not included in this report as this designation was not in place at the time of data collection for the 2014 San Diego Regional Bike Map.)



Bike Paths

Separate paths for shared use by bike riders, pedestrians, and other non-motorized users.

Bike Routes

Shared right-of-way designated by signs only, where bike riders share the roadway with motor vehicles.

Bike Lanes

Striped lanes for one-way bike travel on a street or highway.

Protected Bike Lanes

Bike lanes that are physically separated from vehicle travel lanes by grade separation, flexible bollards, or permanent barriers.

Findings

In 2014, San Diego County had a total of 1,375 bikeway miles split between bike lanes (952 miles), bike routes (256 miles), and bike paths (167 miles). According to the California State Transportation Agency, total public road mileage in San Diego County is approximately 10,149 miles. Bikeway miles to total public road miles represents a 1 to 7 ratio and total road miles have increased by more than 5% since 2009.²⁸

Recommendations

The [San Diego County Childhood Obesity Action Plan](#) (*Action Plan*) recommends modifying 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. (See *Action Plan* strategy G23.)

Opportunities for future efforts include expanding funding for and prioritization of increased bicycle infrastructure throughout San Diego County, with a particular focus on jurisdictions with populations that show evidence of health disparities, such as higher than average rates of childhood overweight and obesity. Emphasis should be placed on infrastructure that best supports bicycle safety, including development of more bike paths and protected bike lanes.



1 to 7

ratio of bikeway miles
to total public road
mileage



The **San Diego County Bike Coalition** is a non-profit organization that advocates for and protects the rights of all people who ride bicycles. The Bike Coalition promotes bicycling as a mainstream, safe, and enjoyable form of transportation and recreation.



The **Bayshore Bikeway** is a regional bicycle facility that will eventually extend 24 miles around San Diego Bay. Currently, approximately 15 miles of bicycle paths have been built. The rest of the facility consists of on-street sections designated as either bicycle lanes or bicycle routes.

The **Coastal Rail Trail** is part of a connected 44-mile bike trail between the City of Oceanside and the City of San Diego. The trail is being constructed in segments by SANDAG and the various cities it traverses.

The **Inland Rail Trail** is a proposed 21-mile bike path located through the cities of Oceanside, Vista, San Marcos, and Escondido, as well as within a portion of the unincorporated County of San Diego. The entire project is expected to be completed in 2018.



Indicator 10: Hospital Healthy Food and Beverage Standards

Why is This Indicator Important?

The Centers for Disease Control and Prevention recommends that hospitals promote the health of employees, patients, and communities by considering policies and practices that ensure that the healthier choice is the easier choice, including policies that promote healthy food and beverage options.²⁹ The American Medical Association points out that the healthcare community has a highly visible leadership role to play in the promotion of health and wellness policies, which should “first do no harm” and deems it essential that health care organizations become both models and advocates of food systems that promote optimal health.³⁰

Measure

Number of hospitals with healthy food and beverage standards.

Methodology

To understand hospital healthy food and beverage standards, Community Health Improvement Partners (CHIP) staff and Nutrition in Healthcare Leadership Team (NHLT) members worked with BW Research Partnership, Inc. to conduct an online survey of San Diego County hospitals in December, 2015. Nine of 22 hospitals responded to the survey. Responding hospitals include Edgemoor Hospital, Jacobs Medical Center at UC San Diego Health, Kaiser Permanente Medical Center, Naval Medical Center San Diego, Palomar Hospital, Paradise Valley Hospital, Psychiatric Hospital of San Diego County, Scripps Mercy Hospital Chula Vista, and Sharp Coronado Hospital.



In 2011, the **Nutrition in Healthcare Leadership Team (NHLT)** was established as a subcommittee of the COI Healthcare Domain workgroup. 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. NHLT goals include:

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

NHLT members convene regularly to share best practices, leverage resources, and work collectively to implement activities related to these goals. Facilitated by CHIP, the NHLT has supported over half of San Diego County hospitals to sign Healthcare Without Harm’s Healthy Food in Healthcare Pledge, which demonstrates broad commitment to healthy food and beverage practices in the region’s hospitals.

Findings

All nine hospitals responding to the survey reported implementation of one or more standards within their hospitals that support healthy food and beverage environments. (Note, findings only represent those hospitals that responded to the survey and cannot be generalized to all hospitals in the region.) Survey findings included:

- Three (3) hospitals have developed and adopted a sustainable food service policy.
- Five (5) hospitals have developed and implemented a policy, contract, and/or request for proposal language that includes local and sustainable food purchasing and other environment stewardship goals with food vendors.
- All hospitals have reduced meat (beef, poultry, pork, and lunchmeat) options and/or serving sizes on the menu for cafeteria/retail and patient service over the past three years.
- Six (6) hospitals have begun to or already increased purchasing of meat (beef, poultry, pork, and lunchmeat) produced without the use of non-therapeutic antibiotics over the last three years.
- Eight (8) hospitals have begun to or already increased purchasing of locally and/or sustainably grown or produced foods over the previous three years.
- Eight (8) hospitals have increased the percentage of healthy beverages purchased and served over the previous three years.
- Six (6) hospitals have increased access to and promotion of drinking water in their facilities (e.g. installation of hydration stations, availability of fruit infused water, lunch specials including drinking water).



9

hospitals reported
having healthy food
and beverage standards



A **Sustainable Food Service Policy** links desired outcomes and values of the program to the institution's broader mission by addressing key issues in the food system affecting the health of individuals, communities, and the environment. These issues may include, but are not limited to: antibiotic resistance, air and water pollution, and worker health and safety. The policy should address preferred practices in purchasing, food nutrition, food/ beverage environment, food/ farm linkages, education/ promotion, waste, food vendors/ contractors, resource conservation, and chemicals management.

Recommendations

The [*San Diego County Childhood Obesity Action Plan*](#) (*Action Plan*) recommends implementing health and wellness policies to support healthy nutrition in all healthcare settings for patients and employees, modeling healthy eating and active living in all healthcare settings, and establishing and implementing food and beverage policies and practices in hospitals and other healthcare settings that foster a healthy and sustainable food system. (See *Action Plan* strategies H15, H16, and H20.)

Opportunities for future efforts to expand the number of hospitals that implement and model healthy and sustainable food and beverage policies and practices include educating hospital administrators, food services staff, and others about how hospitals can leverage their purchasing power by investing more of their food service budgets in purchasing foods that are grown locally and/or sustainably. Hospitals can also leverage their community benefit dollars and activities to play a major role in improving access to healthy food. Participation in the NHLT can foster opportunities for collaboration and help to advance healthy and sustainable food and beverage policies and practices.



Indicator 11: Exclusive In-hospital Breastfeeding

Why is This Indicator Important?

The National Prevention Council's National Prevention Strategy recommends that women breastfeed their babies exclusively for the first six months after birth when able, as well as supporting policies and programs that promote breastfeeding.⁷ The Institute of Medicine (IOM, now part of the National Academies of Sciences, Engineering, and Medicine) recommends increasing the proportion of children between the ages of six months and five years old who are exclusively breastfed or given breast milk for their first six months.³ Hospitals play a critical role in successful breastfeeding initiation and in helping mothers continue to breastfeed after leaving their facilities.

As presented in the table below, Healthy People 2020 has set multiple objectives for increasing the proportion of infants who are breastfed.⁸

Table 12: Healthy People 2020 breastfeeding objectives

| Objective number | Objective | Baseline | Target |
|------------------|---|----------------------|--------|
| MICH-21.1 | Increase the proportion of infants who are ever breastfed | 74% 2007 - 2009 | 81.9% |
| MICH-21.2 | Increase the proportion of infants who are breastfed at 6 months | 43.5% 2007 - 2009 | 60.6% |
| MICH-21.3 | Increase the proportion of infants who are breastfed at 1 year | 22.7% 2007 - 2009 | 34.1% |
| MICH-21.4 | Increase the proportion of infants who are breastfed exclusively through 3 months | 33.6% 2007 - 2009 | 46.2% |
| MICH-21.5 | Increase the proportion of infants who are breastfed exclusively through 6 months | 14.1% 2007 - 2009 | 25.5% |
| MICH-23 | Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life | 24.2% 2007 - 2009 | 14.2% |

Measure

Proportion of newborn infants who are breastfed exclusively in local hospitals.

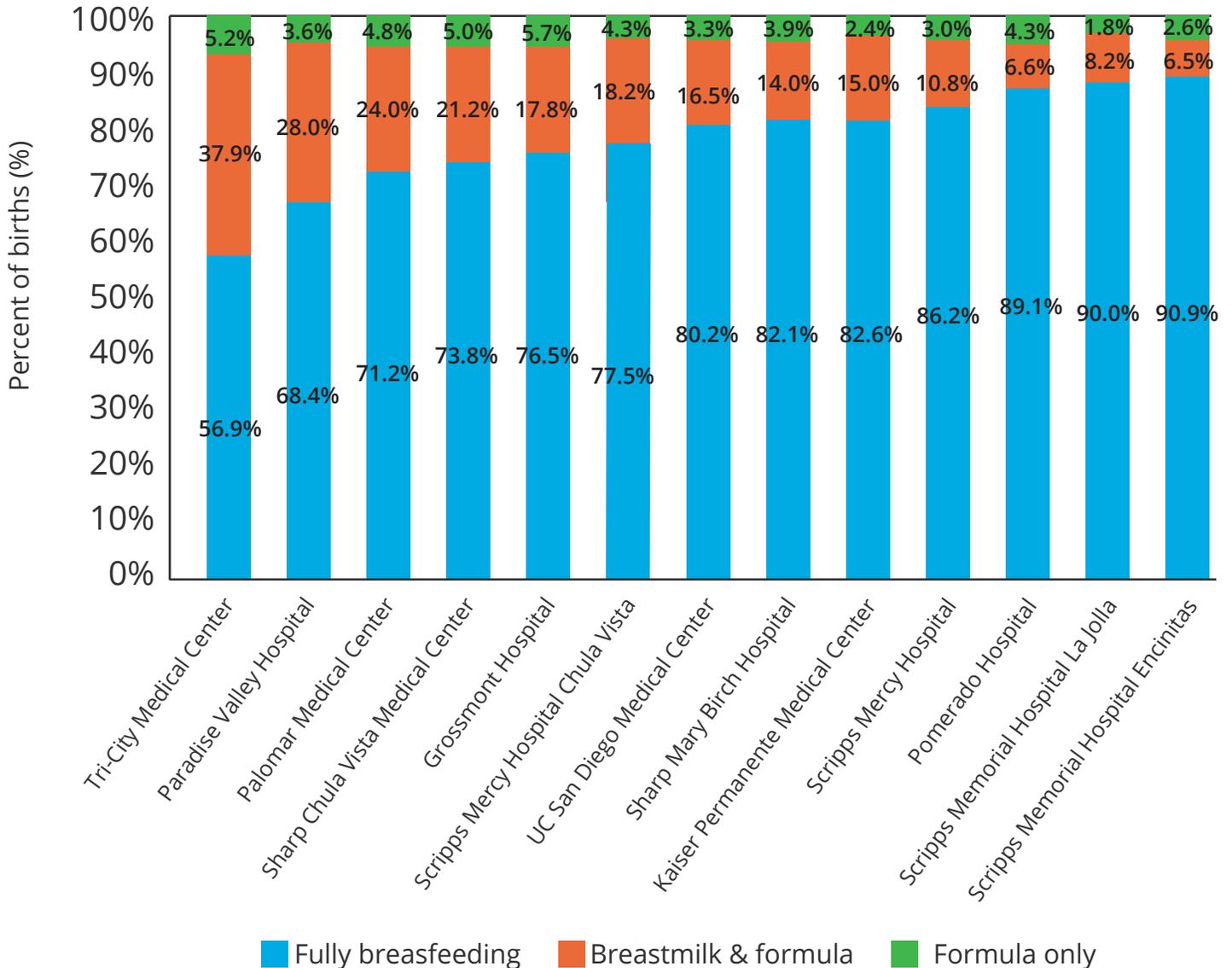
Methodology

California in-hospital infant feeding practices are monitored using data collected by the California Department of Public Health Maternal, Child and Adolescent Health Program in all non-military hospitals providing maternity services.³¹

Findings

In California, there has been steady progress in increasing in-hospital breastfeeding initiation in recent years. Statewide, the rate of any breastfeeding increased from 90.8% in 2010 to 93.9% in 2015, while exclusive breastfeeding rates increased from 56.6% in 2010 to 68.6% in 2015. Rates of in-hospital breastfeeding in San Diego County are higher than the state average: rates of any breastfeeding increased from 94.4% in 2010 to 96.2% in 2015 and rates of exclusive breastfeeding increased from 68.5% in 2010 to 79.6% in 2015. Figure 8 presents 2015 breastfeeding rates by non-military hospitals that provided maternity services in San Diego County.

Figure 8: San Diego County hospital breastfeeding rates (2015)



Source: California Department of Public Health



80%

rate of exclusive
in-hospital breastfeeding
for infants born at San
Diego County hospitals

Recommendations

The [*San Diego County Childhood Obesity Action Plan*](#) (*Action Plan*) recommends promoting breastfeeding as the healthiest first food and providing lactation support to pregnant women and mothers, provision of breastfeeding education and training for healthcare professionals and students, and implementation of policies to support breastfeeding in all healthcare, early childcare, government, and workplace settings. (See *Action Plan* strategies G17, H4, H10, H15, EC10, and B11.)

Opportunities for future efforts to increase rates of exclusive breastfeeding include continued expansion of hospitals with Baby-Friendly Hospital designation and better support for breastfeeding in healthcare, government, business, and other public settings. Other recommendations include professional education that serves to improve breastfeeding-related knowledge, skills, attitudes, and behaviors of healthcare providers; encouraging prenatal providers to promote and support breastfeeding by providing a variety of breastfeeding resources and education to expectant mothers and families; supporting a breastfeeding-friendly credentialing model for outpatient care settings; and encouraging businesses to support breastfeeding in the workplace by having, at minimum, supportive policies, private space for women to express milk, and flexible scheduling.



The **Baby-Friendly Hospital Initiative** is a global program that was launched by the World Health Organization and the United Nations Children’s Fund in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. Baby-Friendly hospitals and birthing facilities must adhere to the following 10 steps to receive, and retain, a Baby-Friendly designation:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming in and allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

Baby-Friendly hospitals in San Diego County include:

- Kaiser Permanente Medical Center
- Scripps Memorial Hospital Encinitas
- Sharp Mary Birch Hospital
- UCSD Medical Center



Examining a Special Population: Children Enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

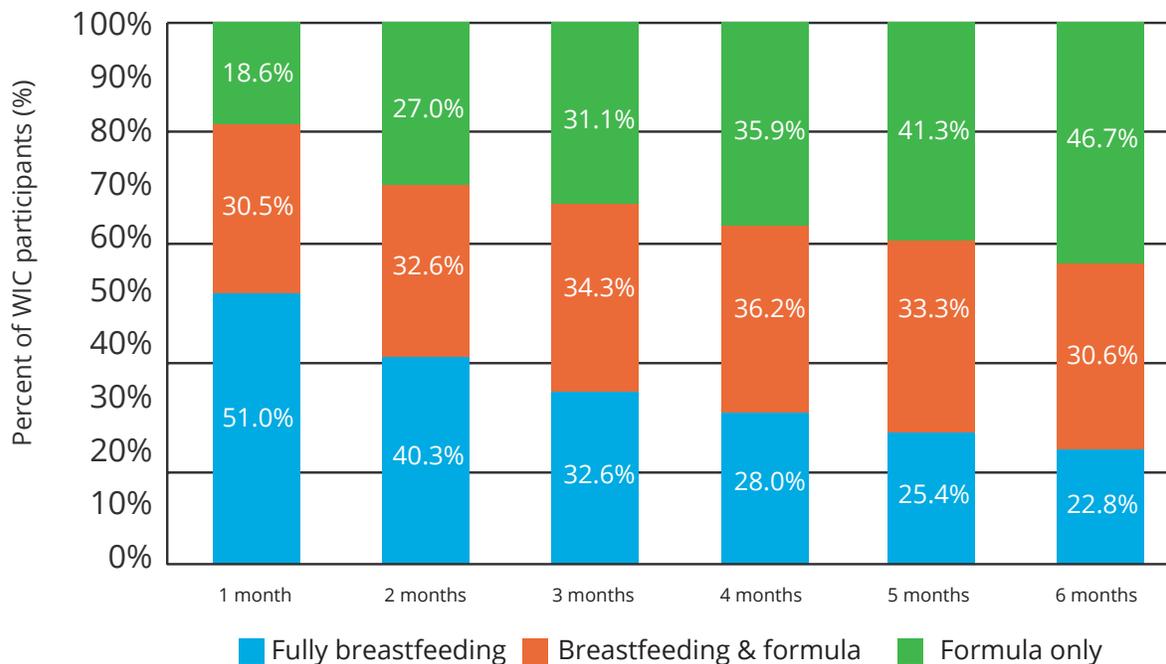
Methodology

The following figures illustrate the feeding choices made for 15,394 San Diego County infants participating in WIC between birth and one year of age, presented by monthly age groups. The feeding choice groups are comprised of those breastfeeding, those breastfeeding and receiving formula, and those only receiving formula, based on the WIC food package issuance, which is determined through nutritional counseling and assessment with the mother. These data are cross-sectional and represent the feeding choice made by the mother for her infant recorded at one point in time in the month of March 2016.

Patterns to Note

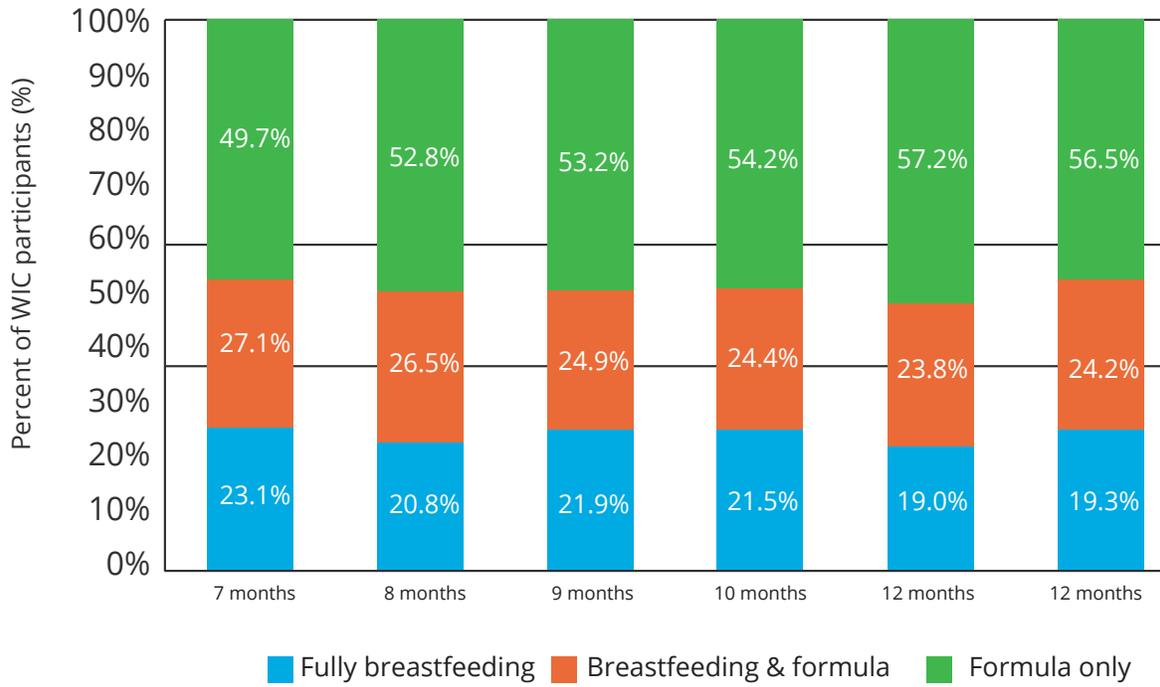
The WIC program prioritizes encouragement and support for breastmilk as the healthiest feeding choice for infants. Within San Diego WIC participants, the group that reports fully breastfeeding decreases in size over the first six months, beginning at 51% in the first month and reducing to 23% for those six months of age. When combining the “fully breastfeeding” group with the “breastmilk and formula” group, the rate in the first month of life is approximately 81%, reducing to about 53% for those six months of age. Over the second half of the first year, from seven months of age through 12 months of age, the feeding choice remains relatively steady, with between 50% and 45% of infants receiving some breastmilk.

Figure 9: Feeding choice for San Diego County WIC participants ages birth to 6 months by age group (March 2016)



Source: San Diego County WIC agencies

Figure 10: Feeding choice for San Diego County WIC participants ages 7 to 12 months by age group (March 2016)



Source: San Diego County WIC agencies



Indicator 12: Healthy Nutrition Practices in Licensed Childcare Facilities

Why is This Indicator Important?

The Institute of Medicine (IOM, now part of the National Academies of Sciences, Engineering, and Medicine) recognizes that children who consume a diet rich in nutrient-dense fruits, vegetables, low-fat or nonfat (for children over two years of age) milk and dairy products, and whole grains, and low in energy-dense, nutrient-poor foods, are less likely to be overweight and obese. The IOM recommends that childcare facilities provide meals that are consistent with the meal patterns in the federal Child and Adult Care Food Program (CACFP)¹⁸ to ensure that children have access to healthy foods and age-appropriate portions. The Centers for Disease Control and Prevention recommends increasing access to healthier foods in childcare settings and for childcare providers to be in alignment with *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*.³³ These standards recommend that all meals and snacks should meet CACFP requirements and that programs not eligible for reimbursement under the regulations of CACFP should use the CACFP food guidelines.

Measure

Number of licensed childcare centers and family childcare homes enrolled in the Child and Adult Care Food Program.

Methodology

Data on the numbers of licensed childcare centers and family childcare homes participating in the U.S. Department of Agriculture's (USDA) CACFP in 2014-2015 in San Diego County were obtained from a report published by California Food Policy Advocates.³⁴ Data sources for this report include the California Department of Social Services, California Department of Education, and Kidsdata.org.

Findings

In 2016, 229 out of 879 (26%) licensed childcare centers and 1,614 out of 3,275 (49%) licensed family childcare homes were approved to operate CACFP in San Diego County.



The **USDA Child and Adult Care Food Program (CACFP)**¹⁸ provides financial aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons. CACFP nutrition standards are based on the Dietary Guidelines for Americans and require that meals and snacks served include a variety of vegetables and fruit, whole grains, and foods low in added sugar and saturated fat. In addition, the standards encourage breastfeeding and align with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and with other Child Nutrition Programs.

Recommendations

The San Diego County Childhood Obesity Action Plan (Action Plan) recommends ensuring that all meals, snacks, and beverages served in childcare settings are consistent with CACFP meal patterns. (See *Action Plan* strategy EC8.)

Opportunities for future efforts include increasing enrollment in the CACFP program, with particular focus on childcare centers and family childcare homes that serve a large number of children who are at risk of higher than average rates of childhood overweight and obesity. In addition, school districts that operate preschools are encouraged to revise their wellness policies to specifically address the nutritional needs of young children by formally adopting CACFP guidelines.



The **Quality Preschool Initiative (QPI)** enhances and sustains quality in preschool programs serving high-need families throughout San Diego County. QPI is funded by First 5 San Diego and implemented by the San Diego County Office of Education. QPI provides quality early childhood education services and learning environments, based on nationally recognized best practices. In fiscal year 2014-2015, **12,713 children were served fruits and/or vegetables daily at 178 QPI sites** in San Diego County.



49%

of licensed family childcare homes are approved to operate CACFP



The YMCA Childcare Resource Service's (CRS) **Wellness Champion Program** helps childcare providers improve the nutrition and physical activity environments in childcare settings and provides incentives and support for those providers who are able to meet program criteria. Wellness Champions are licensed providers who agree to receive training and uphold best practices in physical activity and nutrition, including compliance with CACFP nutrition guidelines.

Wellness Champions receive numerous benefits including preferred referrals through the YCMA CRS Resource and Referral line. In 2015, **3,945 referrals were made to 167 Wellness Champion sites** in San Diego County. An additional incentive is having initiation fees waived for Wellness Champions who are interested in joining any YMCA gym in San Diego County (a \$100 value). This benefit encourages childcare providers to lead healthy lifestyles and become wellness role models to the children and families they serve.

Accomplishments of COI Domain Workgroups



Accomplishments of COI Domain Workgroups

The San Diego County Childhood Obesity Initiative's public-private partnership includes domain-specific workgroups that serve as mini "think-and-do tanks" to develop, leverage, and replicate best practices and resources. Domain champions, who are leaders in their fields, co-chair the workgroups and engage their peers and colleagues to participate. Domain workgroups are responsible for developing domain-specific strategies to reduce and prevent childhood obesity, as well as conducting activities to support those strategies. Domain workgroup activities are documented, tracked, and monitored through the use of workplans, which are used to track implementation of strategies recommended in the [San Diego County Childhood Obesity Action Plan](#).

Domain workgroups achieved the following accomplishments in 2015-16 in support of the COI's mission to reduce and prevent childhood obesity through policy, systems, and environmental change:

Government Domain Workgroup

- Supported local municipalities—including cities of San Diego, Chula Vista, Lemon Grove, and La Mesa—to adopt municipal general plans and regulations that support health.
- Supported the sugar-sweetened beverage forum, "Finding the Sweet Spot: Reducing the Impact of Sugar-sweetened Beverages." The forum included a panel of nationally recognized experts who explored the health and economic impacts of sugar-sweetened beverages and policy solutions to address the problem. Speakers included Dr. Kimber Stanhope of University of California Davis, Xavier Morales of the Latino Coalition for a Healthy California, Michael Long of George Washington University, and Harold Goldstein of Public Health Advocates (formerly California Center for Public Health Advocacy). More than 70 people attended the event, including representatives from elected officials' offices, healthcare, public health, community-based organizations, and universities.
- Hosted the "Good Food at Work, School, and Play: A Healthy and Sustainable Vending Forum" in collaboration with the County of San Diego Health and Human Services Agency, the American Heart Association, and the University of California San Diego (UCSD) Center for Community Health. The forum was focused on making the case for healthy vending, highlighting local best practices, and showcasing healthy and sustainable vending companies. Over 45 individuals attended, including representatives from local government, hospital administrators, clinicians, hospital nutrition service leaders, and food systems advocates.
- Conducted a policy scan to identify the number of local governments with healthy beverage and active living policies (see Indicators 7 and 8 in this report).

Healthcare Domain Workgroup

- Convened a subcommittee focused on planning Clinician-Community Integration for Wellbeing (CCIW), a pilot project designed to connect families of children ages 2-12 identified as overweight or obese with trained health coaches and community resources that address the social determinants of health in pediatric care settings. Project partners include 2-1-1 San Diego, the American Council on Exercise, Rady Children's Hospital, Children's Primary Care Medical Group, Community Health Improvement Partners, the San Diego Hunger Coalition, and USCD Center for Community Health.
- Identified and reviewed commonly used obesity prevention messaging campaigns in San Diego County.

- Revised [5-2-1-0](#) messaging to remove milk from the general message and focus on water consumption.
- [5-2-1-0](#) messaging has been adopted by the American Academy of Pediatrics and Kaiser Permanente and is currently being used by Children’s Primary Care Medical Group and Palomar Health. Sharp HealthCare is currently co-branding [5-2-1-0](#) materials for dissemination in its system.
- Supported the Nutrition in Healthcare Leadership Team (NHLT), a consortium of San Diego healthcare food service, sustainability, and wellness professionals working to promote optimal health by ensuring all foods and beverages served in healthcare settings are healthy, fresh, affordable, and produced in a manner that supports the local economy, environment, and community. NHLT activities included:
 - Hosted an NHLT re-engagement lunch designed to reinvigorate existing members and engage new ones. As a result, membership in NHLT has recently more than doubled its membership from four to 10 local hospitals.
 - Highlighted NHLT accomplishments during a presentation at the 2015 Biennial Childhood Obesity Conference.
 - Hosted the “Food as Medicine, Healthcare’s Role in a Healthy Food System” event. The event featured leading chefs, physicians, local hospital leaders, and national advocates discussing the importance of food in preventive health, as well as how the healthcare sector can leverage its purchasing power and expertise to advance the development of a healthy and sustainable food system. The event highlighted the efforts of leading local hospitals that participate in the NHLT. The event was attended by over 100 hospital administrators, clinicians, hospital nutrition service leaders, and food systems advocates.

Schools and After-school Domain Workgroup

- Created a rubric identifying indicators of progress to assess the strength of wellness policies and status of district wellness councils. Using the Indicators of Progress rubric, the workgroup completed a scan of district wellness policies in San Diego County.
- Developed a [Healthy School Fundraising Champions Recognition](#) program with a goal to identify and recognize at least one healthy fundraiser in 75% of San Diego County school districts.
- Provided a Local Control and Accountability Plan (LCAP) training to provide an overview of the LCAP process and priority areas, local examples of how and why districts have included wellness components into LCAPs, and strategies for wellness teams and other stakeholders to advocate for integration of wellness components into LCAPs. Attendees included principals, nurses, parents, food service staff, and other key stakeholders representing 16 school districts and 14 community organizations.
- Supported the San Diego County Farm to School Taskforce (F2S Taskforce), which increases consumption of local, healthful, seasonal foods, and improves food literacy in San Diego County school districts. The F2S Taskforce is comprised of 23 school districts, eight local food and farm businesses, and seven community partners. Beyond those qualifying for membership, the F2S Taskforce engaged nearly 200 different entities including over 40 school districts, nearly 100 local farms and food businesses, and dozens of community partners. The following accomplishments were achieved:
 - Produced the [State of Farm to School in San Diego County](#) report, which provides a comprehensive analysis of San Diego County school districts’ farm to school activities.
 - Created annual individual profiles for San Diego County public school districts highlighting their farm to school activities based on findings from the [State of Farm to School](#) report.

Early Childhood Domain Workgroup

- Continued to work with the YMCA Childcare Resource Service to increase the number of Wellness Champions and referrals to Wellness Champions. The Wellness Champion program has been an overwhelming success with a total of 3,945 referrals to 167 sites from July to December 2015.
- Completed a scan of 17 local colleges and universities within San Diego County to identify post secondary education providers of early childhood education certificates and degrees.
- Created a Higher Education Taskforce to identify required physical activity and nutrition training provided by local colleges and universities that offer early childhood education programs. The Higher Education Taskforce worked to identify key healthy nutrition/physical activity elements that should be included in early childhood education curricula.
- Identified and recruited 16 new partner organizations to diversify and strengthen the domain workgroup.
- Provided comments on the United States Department of Agriculture's Food and Nutrition Services proposed meal pattern, which would better align the meal pattern with the 2010 Dietary Guidelines for Americans, by requiring more whole grains, a greater variety of fruits and vegetables, and less sugar and fat.

Community Domain Workgroup

- Provided technical assistance and resources to community advocacy projects focused on healthy eating and active living.
- Developed a list of technical assistance needs that would benefit community engagement projects in addressing policy, systems, and environmental changes that would improve access to healthy food or safe access to physical activity opportunities.
- Developed and piloted [CHAMP](#) (Community Health Action Map Partners), a community-based map identifying past and present resident-led efforts to improve community health across San Diego County.
- Supported the sugar-sweetened beverage forum, "Finding the Sweet Spot: Reducing the Impact of Sugar-sweetened Beverages," where over 65 attendees learned the health impacts of sugar-sweetened beverages and innovative policy solutions from nationally recognized experts.
- Launched a mini-grant program to fund community improvement projects that support healthy eating and active living in under-resourced communities.

Media Domain Workgroup

- Created success story templates for use by domains to better capture their collaborative efforts. To date, five success stories have been documented and shared broadly among COI partners.
- Disseminated over 11,500 materials promoting the [5-2-1-0](#) messaging.
- Conducted a storytelling train-the-trainer session for COI domain champions to enhance their capacity to promote COI efforts.
- Redesigned the [COI newsletter](#) to enhance look and content.
- Developed a tool to track [5-2-1-0](#) materials to better understand how and to whom they are disseminated.
- Connected with and promoted partners' efforts and communicated breaking public health news through social media, including Facebook, Twitter, and YouTube. Since their launch, the San Diego County Childhood Obesity Initiative's social media accounts have amassed more than 1,157 followers.
- Provided a storytelling training for the Resident Leadership Academy (RLA) Council to help build capacity allowing for better dissemination of their efforts in the community.

Business Domain Workgroup

Support provided by COI domain workgroups in support of local businesses included:

- Produced an annual Crop Availability Report and the third annual [State of Farm to School](#) report, which provided schools and other institutional buyers with high-quality information on the availability of local produce, as well as market information to growers and distributors interested in school food services.
- Hosted three events to enhance farm to institution efforts in San Diego County, the Growers Workshop, Good Food Showcase, and the Grower-Institution-Distributor Meeting. Combined, the events impacted more than 240 participants.
- Completed a survey of Nutrition in Healthcare Leadership Team members and found that in the past three years, 100% of reporting hospitals have reduced their meat offerings or meat serving sizes, 90% increased the purchasing of locally and/or sustainably grown food, 90% have improved their beverage and vending policies and practices, and 70% have increased their purchasing of meat and poultry raised without routine use of medically important antibiotics.
- Helped facilitate procurement of local and sustainable fish from Catalina Offshore to multiple school districts.

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5095 Murphy Canyon Road, Suite #105
San Diego, CA 92123
(p) 858.609.7964 - (f) 858.609.7998
www.ourcommunityourkids.org