

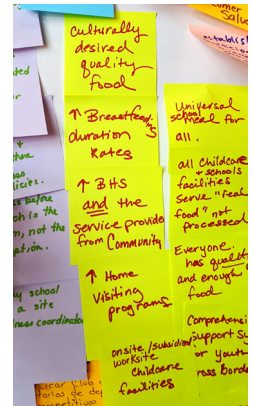
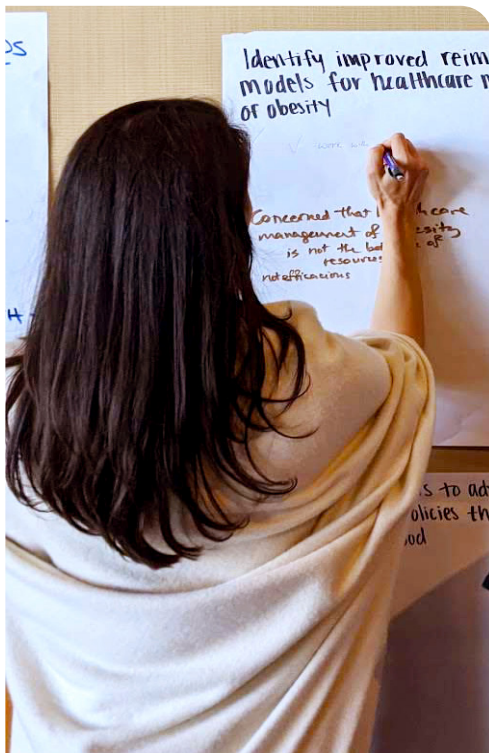
STRATEGIC 2020 PLANNING PROCESS REPORT

San Diego County Childhood Obesity Initiative



SAN DIEGO COUNTY
**CHILDHOOD
OBESITY
INITIATIVE**

Working Together to Shape a Healthy Future
Facilitated by UC San Diego Center for Community Health



UC San Diego
SCHOOL OF MEDICINE

Center for
Community Health

OVERVIEW AND BACKGROUND

The San Diego County Childhood Obesity Initiative (COI) is a public-private partnership with the mission of reducing and preventing childhood obesity through policy, systems, and environmental change. The COI is facilitated by UC San Diego Center for Community Health and funded by the County of San Diego Health and Human Services Agency (HHSA). Established in 2006, the COI engages a diverse group of regional stakeholders with committed public leadership from the County Board of Supervisors and program-level involvement of HHSA staff.

The COI has adopted a Collective Impact model to create, support, and mobilize 400+ partners from multiple domains (i.e., sectors); provide leadership and vision; provide education and advocacy; and coordinate and sustain countywide efforts in the prevention and reduction of childhood obesity. To assure effective implementation of the strategies outlined in the COAP, partners from the following domains collaborate to fulfill the COI mission:

- » Government
- » Healthcare
- » Schools and After-School
- » Early Childhood
- » Community
- » Media
- » Business

The COI has established active workgroups in each domain to develop, leverage, and replicate best practices and resources throughout San Diego County and shape a healthy future for children.

We envision healthy eating and active living resulting in optimal health and wellness.



Mission

The San Diego County Childhood Obesity Initiative is a multi-sector coalition with the mission of reducing and preventing childhood obesity by advancing policy, systems, and environmental change through collective impact.

Vision

We envision healthy eating and active living resulting in optimal health and wellness for all children and families in the San Diego region.

Goals

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

SYNOPSIS OF REPORT

The Childhood Obesity Initiative hired Be the Change Consulting to facilitate a strategic planning process that would lead to new priorities for the next three years. This planning process centered on a day-long retreat for all the COI members held on Coronado Island on February 20, 2020.

Participants engaged in a series of generative activities to create and select new priorities.

The two priorities of the Initiative over the next three years are:

1. **Address Adverse Childhood Experiences (ACEs)** and contributing factors on parenting and healthy development of children, with specific focus on 0–5 years of age.
2. **Advocate for policy and implementation** of comprehensive Pre-K–12 health education; increase access to and participation in school meal programs and build/strengthen policy for physical activity.

Goals will be set in these priority areas, and the following four strategies will be used to achieve those goals:

1. Create culturally humble community messaging around childhood obesity.
2. Increase communication between partners and domain working groups.
3. Use data-driven strategies in an action research cycle.
4. Integrate health and racial equity into structure, function, and collaboration of the COI.

Recommendations created as a consensus together include the following:

- » **Shift frame from childhood obesity prevention to health and racial equity promotion.**
 - › Acknowledge childhood obesity is a symptom and move focus to the root causes.
 - › Continue to explore renaming the Initiative to formalize this shift in framing.
- » **Be prepared to intentionally respond to emerging threats such as COVID-19.**
 - › This response should continue to uphold the Initiative goals (e.g., access to healthy food, safe play spaces for children) and should coordinate with government efforts at all appropriate levels.
- » **Identify new partners with ACEs and Trauma-Informed expertise and provide ACEs training for all members.**
 - › Recruiting partners with expertise in food security and mental health will be essential.
- » **Change culture and ways of working to include more community voice and authority.**
 - › Seek funding that allows the COI to compensate community members in their work with us.

These recommendations are given with more detail at the end of the report.

NEW PRIORITIES

PLANNING PROCESS

In 2019–2020, Initiative members agreed to start a planning process to come up with new key priorities for the next three years. Be the Change Consulting was hired to lead the process.

One goal was to foster a collective vision for how the COI can address health and racial equity in San Diego County.

Planning Retreat

On February 20, 2020, COI members convened in Coronado for a day-long planning retreat. The COI members stated the following desires for the retreat in advance:

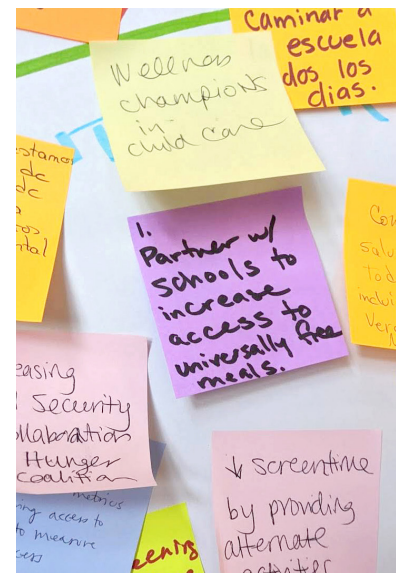
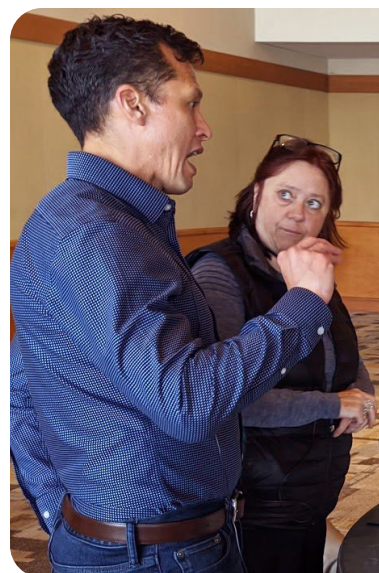
- » Renewed energy for the Initiative
- » Stronger focus on food insecurity and access to CalFresh
- » Identifying those high-impact goals
- » How to engage in First 5 San Diego
- » How to integrate ACEs into our work
- » Launching a comprehensive media campaign that can be promoted across all domains
- » Addressing how to support ACEs in primary care screenings
- » Getting the big visionary juices flowing—setting goals for follow-up
- » Cross-domain collaboration
- » Identifying indicators to add to our COI Obesity Report
- » Engage with *Live Well Schools* more in the Schools domain

Stated Goals

From the desired goals above, three broad goals were developed from the retreat:

1. Celebrate the COI milestones and achievements of the team (through that initial breakout activity in the morning).
2. Build culture through shared values and norms. Begin to foster a collective vision for how the COI can address health and racial equity in San Diego County.
3. Explore and define future priority areas for the COI.

Relevant to goal two, the COI leaders designed a fertile opportunity for equity work throughout the retreat with the invitation of seven community residents from the City Heights neighborhood of San Diego. These women participate in an organization designed to help younger Latinx people learn their rights and learn how to have a healthy diet so that future generations can avoid child obesity. They all spoke Spanish as their main language, and simultaneous translation services were provided for the group. The residents participated in an engaged way, offering more perspectives, and taking up more space and authority throughout the morning. The entire room was making linguistic modifications for full participation. We are hopeful that this becomes a model for deeper equity work in the COI.



Agenda

A key feature of the design of the retreat was to engage in unusual activities, challenges, and conversations, often involving physical movement, that inspire creativity. This is core to the philosophy and style of Be the Change Consulting.

Time	Focus	Responsible
8:30 – 9:00	Registration and Breakfast	All
9:00 – 9:10	Welcome and Introductions	Blanca Melendrez Kelley Axelson
9:10 – 9:25	Opening Remarks	Douglas Ziedonis, MD, MPH. Associate Vice Chancellor for Health Sciences
9:25 – 10:20	Team Building Activities <ul style="list-style-type: none"> • North Star Activity • Boulders Activity • Crossing the River Activity 	Be the Change Consulting
10:20 – 10:30	<i>BREAK</i>	
10:30 – 12:00	Addressing Root Causes: Adverse Childhood Experiences Presentation <ul style="list-style-type: none"> • ACEs Overview • Implications for Obesity • Framework to Address Obesity Group Brainstorm Discussion	Dr. Leon Altamirano North County Health Services All
12:00 – 12:45	<i>LUNCH</i>	
12:45 – 1:00	Energizer Activity	Be the Change Consulting
1:00 – 1:50	Mountains Activity	Be the Change Consulting
1:50 – 2:00	<i>BREAK</i>	
2:00 – 3:00	Better than Iowa Caucuses Activity <ul style="list-style-type: none"> • Defining Priority Areas 	Be the Change Consulting
3:00 – 3:40	Centering Community Voice Reflection - What will it take to move this forward? Action Items	Be the Change Consulting All
3:40 – 3:45	Wrap-Up and Next Steps <ul style="list-style-type: none"> • March 9th Leadership Council Meeting • Strategic Planning Sessions 	Be the Change Consulting
3:45 – 4:00	Evaluation and Raffle	All
4:00	<i>Meeting Ends</i>	

Landscape Metaphor

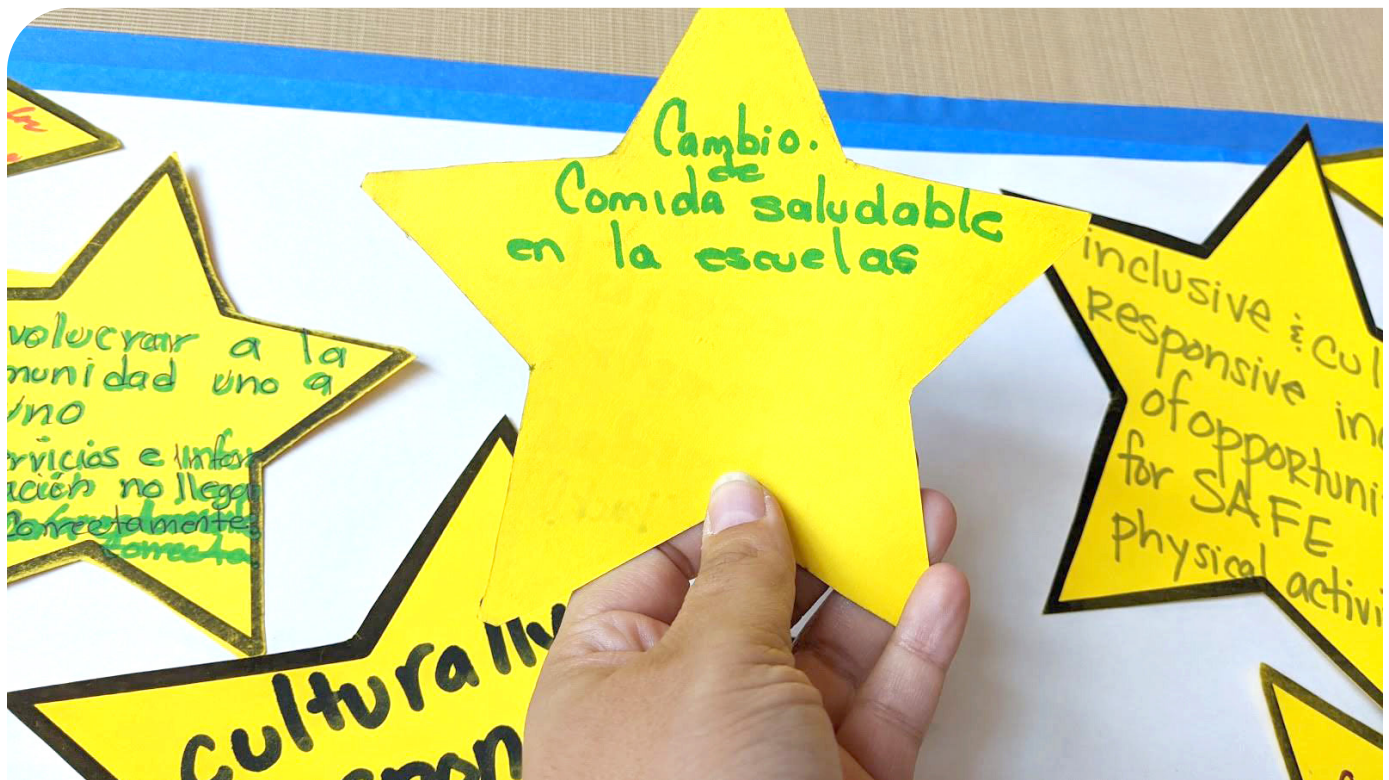
Be the Change Consulting developed a metaphor of a landscape to acknowledge the history, the purpose and the key goals of the COI before moving into priorities. The landscape had several key components.

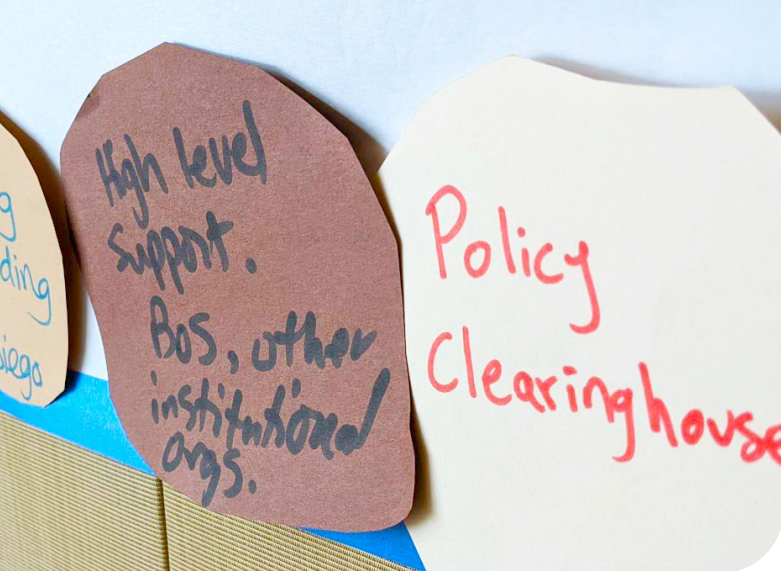
Star: The Why. The stars represent the north stars of the Initiative or the reason the Initiative exists. The COI leadership started the group with the following four north stars/priorities:

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.

After a small group brainstorming session, the group added other north stars, including:

- » Meaningful cross-collaborations/linkages between domains
- » Elevate visibility of the COI
- » Loved and thriving children
- » Applying an equity, social justice lens
- » Create and support environments that support healthy eating and active living
- » Develop priorities through a group process
- » Culturally responsive increased access to healthy food and drink





Boulders: The Foundation

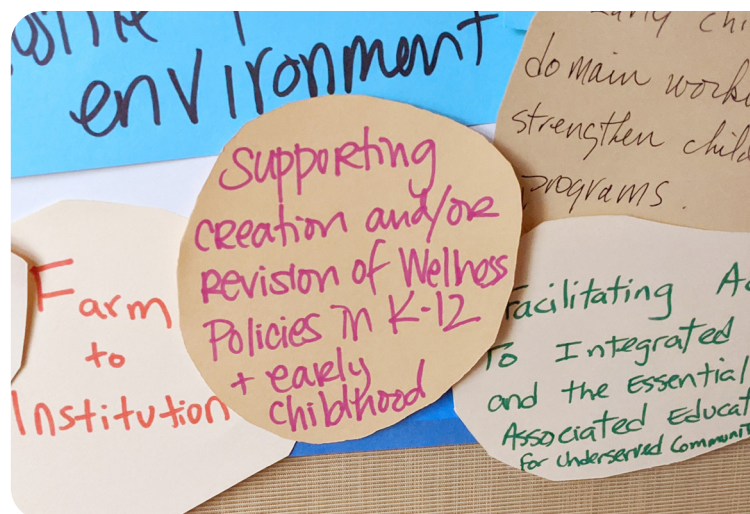
Boulders represent the history of the Initiative, the great work that has been done. The COI leadership offered three initial boulders:

1. 15th anniversary—largest and longest public-private partnership in the country
2. Engaged public health partners to come to the table. "Let's do more!"
3. 5210 campaign and Vision Zero (brought groups together to do great work, but didn't achieve desired outcomes)

Participants again worked in small groups and added to the history, including:

- » Engaged public health partner.
- » Well-defined domain workgroups.
- » Farms to institutions.
- » Facilitating access to integrated care.
- » Released the first ever State of Childhood Obesity in San Diego County report, which found during the 2014–2015 school year that over one-third (34.2%) of the San Diego County fifth, seventh and ninth grade children enrolled in public schools were overweight or obese. The data also indicated wide health disparities in childhood obesity based on race/ethnicity and economic disadvantage.
- » Built and maintained partnerships with more than 400 public and private agencies and individuals.
- » Launched a new COI website with new resources and materials.

- » Developed a Sugar-Sweetened Beverage and a Vision Zero Toolkit to highlight opportunities for municipalities and community residents to create healthier communities.
- » Hosted a web forum, "Regional Approaches to Childhood Obesity: Successes, Barriers and Organizational Structures," with the purpose of building the capacity of partners to meet the mission and goals of the COI.
- » Hosted a web forum, "Addressing Health Disparities in Underserved Populations," with the purpose of increasing understanding of root causes related to health disparities, as well as policies and practices that can reduce disparities and improve health outcomes.
- » Hosted the Good Food Showcase, an event to connect buyers with local good food businesses from the San Diego County region.
- » Updated the school wellness policy clearinghouse with current wellness policies from 41 San Diego County districts.
- » Launched the Community Health Action Map Partners (CHAMP) to map community engagement groups that empower and train residents to make positive changes in their neighborhoods. The map currently features 19 groups throughout San Diego County.
- » Hosted Second Vision Zero Symposium that brought together San Diego residents and leaders in traffic safety, street design, and public health to discuss working towards zero traffic deaths.



The River: Barriers

A fun, challenging and physical activity asked the group to name barriers to success that could prevent them from getting from their strong foundation to reaching their Star goals.

Barriers included:

- » Competition
- » Being out-resourced
- » Discrimination
- » Lack of dedication
- » Lack of time
- » Bureaucracy
- » Hostile political environment

Then the participants worked together to navigate through these barriers.



Mountains: The What

An excellent keynote speech on Adverse Childhood Trauma inspired participants and informed their thinking as they developed potential priorities for the next three years.

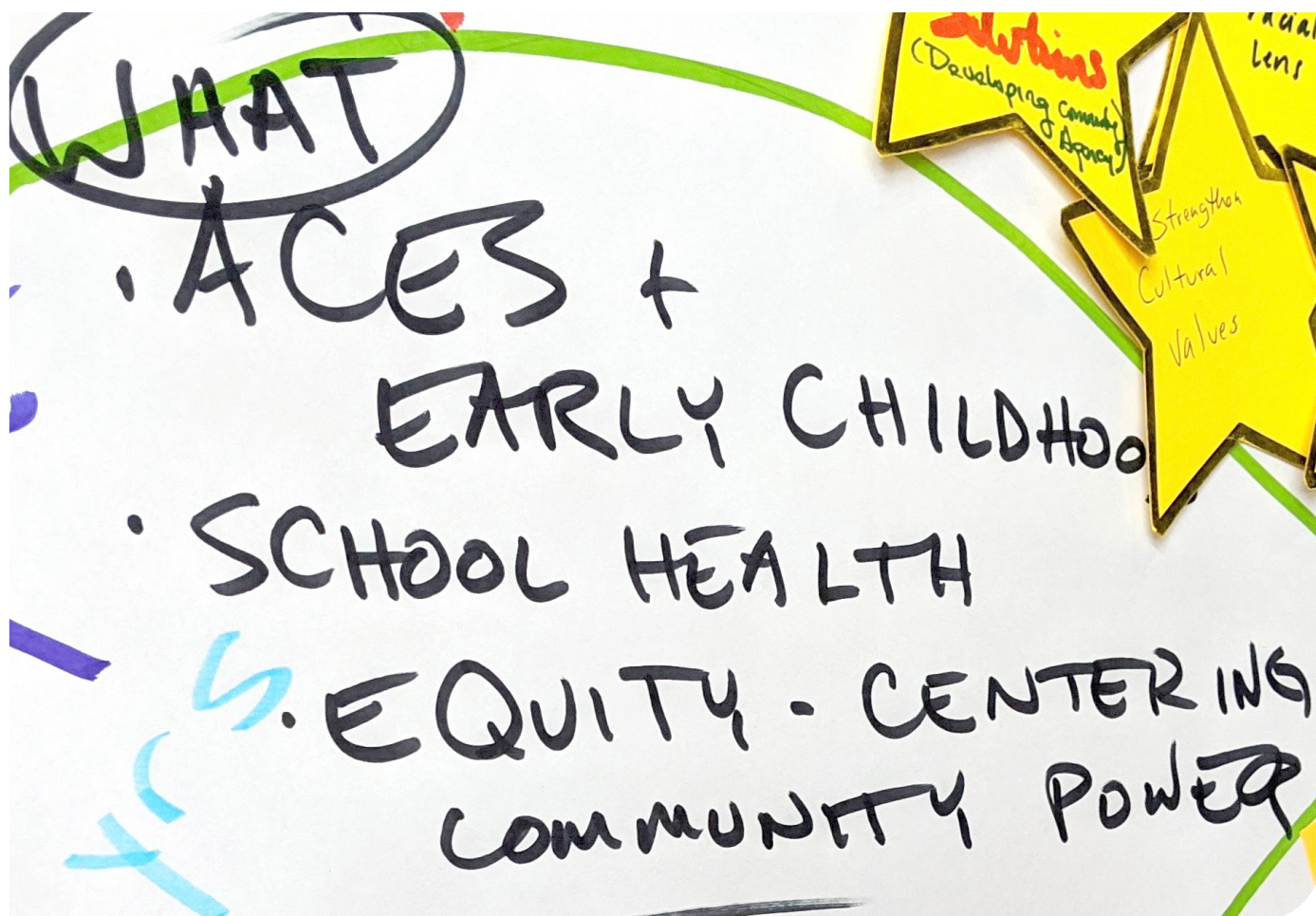
The mountains in the landscape represent the concrete goals and potential priorities of the Initiative in increasing order of time and difficulty. In this activity, participants brainstormed a large list of potential priorities. The full list is here:

- » Strongly advocate for school districts to fund positions for wellness (Goal: All 42 districts).
- » Advocate to Pre-K–12 school boards and district leaders for comprehensive Pre-K–12 Health Education (Goal: 42 districts)—develop recognition program for districts who implement.
- » Advocate to California universities (UCs, etc.) to make high school Health Education a requirement for acceptance.
- » Develop quarterly COI Marketing Campaign shared across all domains/sectors—provide printed materials to all COI partner institutions.
- » Recognition program for early childhood and Pre-K–12 schools that are implementing wellness.
- » Engage state and national researchers and policy experts in COI education events across sectors to keep partners updated on latest legislation and research.
- » Bring back the COI Legislative Breakfasts to better engage our local and state elected officials and their staffers, school board members, etc., in solutions to address childhood obesity.
- » Address the link between food insecurity and obesity.
- » School meal programs/access to healthy food options at all grade levels (preK to high school and afterschool programs).
- » Strongly encourage focus on measuring outcomes as well as the health impacts of the COI work—if there is not a stronger evaluation element to the COI activities, and if activities start to drift too far away from the primary focus of obesity reduction and prevention, there is risk of discontinued financial investment into the COI.

- » Support statewide policy to both increase access to school meals and improve the quality of school meals (broaden this to include state and federal policy).
- » Support state and federal policy to improve access to quality Physical Education and other opportunities for physical activity before, during and after school.
- » Engage administrators, education advocates, child health advocates and other stakeholders to advance state improvements in direct certification and increase school districts' participation in universal free meals program, such as CEP or P2 for all eligible public schools including charters (monitor and optimize implementation of AB 1871: CA's school meal guarantee for low-income charter school students).
- » Develop ways to incorporate obesity management in the healthcare setting (group visits, care coordinators, etc.).

The mountains represent the concrete goals and priorities.

- » Identify improved reimbursement models for healthcare management of obesity.
- » Engage MediCal and other health care agencies to support these reimbursement models.
- » Increase communication between different agencies from different sectors so that efforts can be more collaborative and unified.
- » Continue to support/develop nutrition incentive programs, maybe through state health agencies.
- » Examine and support healthy food systems to improve access for limited resource communities.
- » Activate and sponsor community healthy food access events.
- » Use data-driven strategies in an action research cycle.
- » Engage jurisdictions to advance active transportation and policies that support access to healthy food (government domain).
- » Advocate for breakfast after the bell programs in schools as a strategy to improve student health, attendance and academic achievement.



- » Advocate for implementation of comprehensive health education in all grades. **Background:** SD County Office of Education is supporting implementation of the *2019 Health Education Curriculum Framework for California Public Schools* (grades K–12). The resources are scheduled to be released in spring 2020. The six topics in the Framework are (1) nutrition and physical activity; (2) growth, development, and sexual health; (3) injury prevention and safety; (4) alcohol, tobacco, and other drugs; (5) mental, emotional, and social health; and (6) personal and community health. Currently, sexual health is the only required and funded component in California schools.
- » Explore how ACEs impact parenting and the healthy development of young children. We know a high ACE score correlates with higher risk of overweight and obesity in adulthood—what can the COI do to mitigate this risk for children experiencing toxic stress?
- » Explore how the COI can address screen time usage by both parents and children. We are seeing anxiety rates in children rise, while at the same time seeing many parents addicted to their own screens. This causes parents to not be attuned with their children and/or their needs.
- » Explore how to create culturally humble community messaging around childhood obesity.

THE CAUCUS

Be the Change Consulting developed a caucus activity to select from the many priorities. The activity was fun and engaging as participants delivered compelling statements to encourage others to support their desired priorities. A key moment emerged when one participant noticed that some were content priorities and some were process priorities. The group agreed to take on two key priorities (what we will do), and employ four overarching strategies (how we will do it) to achieve them. This was the key moment in which the priorities were chosen for the next few years (subsequently, these priorities were approved by the COI Domain Leadership at a March 9 meeting).

Two Key Priorities

1. **Address Adverse Childhood Experiences** (ACEs) and contributing factors on parenting and healthy development of children, with specific focus on 0–5 years of age.
2. **Advocate for policy and implementation** of comprehensive Pre-K–12 health education; increase access to and participation in school meal programs and build/strengthen policy for physical activity.

Four Key Strategies

1. Create culturally humble community messaging around childhood obesity.
2. Increase communication between partners and domain workgroups.
3. Use data-driven strategies in an action research cycle.
4. Integrate health and racial equity into structure, function and collaboration of the COI.



CONCLUSION

The work of the Initiative is now to figure out what the implications of these new priorities and strategies are. Critical questions for the initiative to answer in the near future include:

- » What work stays the same and what shifts?
- » What new partners are needed?
- » How do we develop workplans in each priority area that include the four strategies?
- » How will we embrace equity in a deeper way?
- » What structural and cultural shifts are necessary to achieve our new priorities?
- » What leadership is necessary to meet these new goals?
- » What are the outcomes, milestones and metrics we will use to determine success?

Recommendations

The following recommendations represent 4 ways in which these priorities and strategies may be more deeply embedded into the COI's efforts, alongside other strategic planning across the COI and within its domain working groups.

1. Shift frame from childhood obesity prevention to health and racial equity promotion.

COI partners share the core belief that all residents of San Diego County should have the opportunity to live long, healthy lives regardless of their income, education, racial/ethnic background, or other factors. To deliver on this core belief, the COI will continue to strive to address children's and families' complex experiences, circumstances, histories, diversity, environments, resources, and cultures. The COI acknowledges that childhood obesity is a symptom to root causes, and, therefore, obesity prevention strategies will focus on the social determinants of health that lead to health disparities.

The obesity epidemic is a complex public health issue with multiple causes; no single individual, agency,

organization, business, or institution can solve this problem alone. Collaboration, teamwork, and resource sharing are required at every level to bring about change. The COI brings partners together to work collectively toward our common vision of optimal health and wellness for all children and families in the San Diego region. The COI should continue to explore renaming the Initiative to formalize this shift in frame.

2. Be prepared to intentionally respond to emerging threats such as COVID-19.

In the context of this pandemic, any healthcare effort that doesn't relate to the immediate safety and wellbeing of the community will fail to draw attention and relevance. What is the current opportunity to focus the Childhood Obesity Initiative effort to respond to the COVID-19 threat to the health of low-income families in San Diego, without abandoning the overall mission of the Initiative?

The COI response should continue to uphold Initiative goals and should coordinate with government efforts at all appropriate levels. Likely areas should include: information dissemination to Initiative partners and families already touched by the Initiative; continued (and increased) access to healthy food and health care for under-resourced families including undocumented people; safe practices and places for children to play; and continuing to support contractors, vendors and businesses that provide healthy food and services in under-resourced communities.

Centralized efforts in all the above areas should be conducted by government agencies; city and county offices, the school districts, etc. The COI should not create new efforts to respond to the crisis that could be uncoordinated and confusing. Rather, the COI could repurpose its significant member resources to contribute to coordinated government efforts. Examples include cash grants, staff time, providing volunteers, etc.

Actions that the COI has taken since the visioning process: As a result of the visioning exercise, a key step for the COI was to work on advancing power, agency, and support among community members to give them a voice and then connect them with resources. The COI is in the process



of establishing a Health and Racial Response Resident Team to address and respond to racial disparities occurring around COVID-19. One idea is to collect and analyze, and integrate real-time neighborhood-level data with epidemiologic data with community residents through an established community-based mobile data-collection platform to (1) identify short-term interventions for rapid-response resource and aid distribution (e.g., food, housing, healthcare) across California; (2) describe the long-term impact of COVID-19 on social, cultural, health, and economic dimensions, and (3) lift up community-driven solutions that can be scaled across neighborhoods, cities and the state through real-time data, crowd-sourced data, location based data and digital storytelling.

3. Identify new partners with ACEs and Trauma-Informed expertise and provide ACEs training for all members.

The Initiative has prioritized incorporating adverse childhood experiences (ACEs) into its core work. This focus brings new energy and excitement into the Initiative, and positions the COI to be an innovator in the childhood obesity prevention field. The focus aligns with the (pre-Covid-19) priorities of Governor Newsom and California Surgeon General Nadine Burke-Harris, and could create new partnerships and relevancy for the COI. This new focus is a profound content shift. An ACEs-informed approach will pivot some of the work and methods of the COI. For example, much of the work of the Initiative seeks structural change that makes healthy choices easier; however, design intervention will need to also address protective factors and the emotional complexity that may affect children's eating habits, such as food security and mental health. The COI should recruit new partners with expertise in

trauma-informed prevention, care and treatment. In addition to the content shift, adoption of a trauma-informed lens invites reflection on the systems and processes that underpin the COI as well as member organizations. These partners should work with the COI leadership to develop training for all members, as well as recommendations for implementation.

4. Change culture and ways of working to include more community voice and authority.

The COI has prioritized an equity approach, which is about lifting up the voices and power of the families most directly impacted by childhood obesity and other health disparities. Leading with an equity approach in which providers and recipients co-create goals and priorities, develop strategies that are relevant for specific communities, and then test and evaluate work together, will require expertise, cultural shift and momentum-building. The COI should recruit multiple partners who are experienced in deep equity work, ideally in public health initiatives. The COI should expand on the practice of bringing in community residents to all relevant work. These residents must be paid, and other provisions should be provided to ensure their participation, translation, transportation, childcare, etc.

This work would enable the COI to create a diverse, rich group of community members who can play an essential role to create a bi-directional conversation that empowers the community with direct access to policy advocates, city planners and funders to address critical impact priorities for the wellbeing of their communities and thereby drive meaningful program and policy design for the COI.