

CALIFORNIA OBESITY PREVENTION PLAN:

A Vision for Tomorrow, Strategic Actions for Today



Many thanks to all of our partners across the state who contributed to the development of the 2010 California Obesity Prevention Plan.

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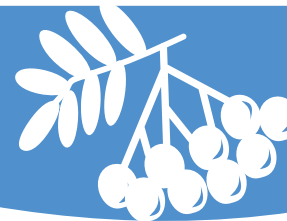


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Background

California and the nation face a growing obesity epidemic that threatens the life expectancy gains of past decades and portends greater increases in health care costs. In recognition of this problem, the California Legislature mandated that the California Department of Public Health (CDPH), formerly the California Department of Health Services, create a strategic plan to coordinate existing resources and to guide a statewide response to the obesity crisis [Budget Act of 2005, Senate Bill (SB) 77, Item #4260.001.0001, Provision 7].

In September 2005, Governor Schwarzenegger convened a Summit on Health, Nutrition, and Obesity and announced a 10 Step Vision for a Healthy California. The Vision recognizes that addressing the obesity epidemic requires all of us—government, business, community organizations, families, and individuals—to make California a national model for healthy living through policy, environmental, and behavior changes.

Following the Governor's Summit, the California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today (Plan) was released in 2006 and produced with input from multiple stakeholders. Since its publication significant progress has been made, and in 2008 CDPH received a five-year cooperative agreement from the Centers for Disease Control and Prevention (CDC) to enhance and update the Plan.

California continues to pursue opportunities to encourage healthy eating and active living in California. In February 2010, Governor Schwarzenegger convened a second Summit on Health, Nutrition, and Obesity outlining new obesity prevention priorities for his Administration. In addition, the CDC awarded federal stimulus grants to CDPH and local health departments to improve nutrition and physical activity environments in California. This revised Plan incorporates priorities from these ongoing implementation efforts and builds on prior efforts and existing programs while integrating new scientific knowledge and best practices.

Case for Action

The obesity epidemic is a multi-faceted issue that reflects changes in our social, economic, and built environments over many years. It is an issue that will require innovative actions, a shared vision, and a collaborative approach to resolve.

California's Current Health Status

- ▲ One in every nine California children, one in three teens, and over half of adults are already overweight or obese.^{1,2} This epidemic affects virtually all age, income, educational, ethnic, and disability groups, although rates are highest among Californians of Latino, American Indian, African American, and Pacific Islander descent, Californians from lower-income households, and those with disabilities².



CALIFORNIA OBESITY PREVENTION PLAN

- ▲ Although obesity rates in California have leveled in recent years, they remain alarmingly high. Over the past 30 years, obesity rates have tripled among children and adolescents and have remained high.³ More than 30 percent of low-income California children and teens are overweight or obese.⁴ Between 40-80 percent of overweight children will become overweight adults.^{5,6} Given the current high prevalence of overweight among California children and teens, the National Healthy People 2010 target of five percent overweight is unattainable but remains a goal for the state's continued efforts.
- ▲ Where people live, work, and play impacts obesity. For example, in Imperial County, 73 percent of adults are overweight or obese, versus only 43 percent of San Francisco County adults.² Within counties, residents of low-income neighborhoods have higher obesity rates. In West Los Angeles, approximately three in every ten adults are overweight or obese, versus nearly 75 percent (or more than seven in every ten adults) in South Los Angeles.²
- ▲ Evidence demonstrates that breastfeeding provides reduced risk for obesity and obesity-related chronic diseases such as diabetes and asthma,⁷ and the United States Breastfeeding Committee identifies breastfeeding as the earliest—and as a frequently overlooked—form of obesity and disease prevention. And yet, according to CDPH data, only half of babies whose mothers decide to breastfeed are discharged from hospitals exclusively breastfeeding.
- ▲ Healthy eating and active living are key to preventing overweight and obesity. Less than 30 percent of California adults are eating enough fruits and vegetables, and only half get enough physical activity.^{1,2}
- ▲ Poor diet, inactivity, and obesity contribute to the risk of heart disease, type 2 diabetes, high blood pressure, stroke, arthritis-related disabilities, depression, sleep disorders, and some cancers.
- ▲ New data suggests that obesity is now responsible for more disability and activity limitations than smoking.⁸
- ▲ These chronic illnesses are the major causes of death and disability in California. In 2007, 2.7 million California adults—about one in ten—had diabetes.² The same year, more than six percent of California adults reported they have had a diagnosis of heart disease and nearly one in four had been diagnosed with high blood pressure.² Additionally, more than nine percent of Californians 65 years or older have experienced a stroke.⁹
- ▲ As a direct result of the obesity epidemic, children's doctors are seeing a significant rise in chronic illness in children. Obese children are more than twice as likely to have type 2 diabetes as children of normal weight.¹⁰ If current trends continue, experts warn that one of three American children born in 2000—and half of all children from ethnic/racially diverse populations—will develop type 2 diabetes during his/her lifetime.¹¹



- ▲ California's costs attributable to physical inactivity, obesity, and overweight in 2006 were estimated at \$41.2 billion. In contrast, a five percent improvement in each of these risk factors could result in annual savings of nearly \$2.4 billion.¹²
- ▲ The costs of obesity-related chronic illness are even higher. A report by the Milken Institute estimated that by 2023 Californians will have 4.2 million avoidable chronic diseases. The treatment costs of these diseases are estimated at \$18.9 billion, and losses in productivity are estimated at \$98 billion.¹³
- ▲ Estimates indicate that California could save \$1.7 billion over five years by investing \$10 per person per year in strategic prevention programs.¹⁴

Our Obesogenic Environment

People make decisions in the context of their environment, and today in California there are strong environmental forces that often make healthy choices the difficult choices. Mothers and babies lack support for proper infant feeding and bonding in hospitals, workplaces, and public settings. Food choices are often made based on what is available, affordable, and convenient. Today, many Californians live in neighborhoods with an abundance of cheap, low-nutrient, high-calorie food, but with limited access to affordable fresh fruits and vegetables. Low-income families must often travel miles from their neighborhood to purchase healthy foods at reasonable prices. Rural, low-income, and minority communities generally have less access to supermarkets;¹⁵ and predominantly Black neighborhoods may have up to 50 percent less access to chain supermarkets than White neighborhoods.¹⁶ Fruits and vegetables are often more costly than calorie-dense foods of lower nutritional quality.^{17,18} One study found lower calorie dense meals (generally containing more fruits and vegetables) cost 41 percent more, on average, than the highest energy-dense meals (generally consisting of lower nutritional quality).¹⁶ Higher prices of fruits and vegetables are associated with lower intake and increases in body mass index (BMI).^{19,20} To address obesity, we must ensure that all California residents have access to affordable healthy foods.

One analysis of food intake data from the National Health and Nutrition Examination Survey (NHANES) found that soft drinks are the single largest contributor of calorie intake in the United States.²¹ Mixed, but growing evidence from scientific studies indicates that greater consumption of sugar-sweetened beverages (SSBs) is associated with increasing weight gain, diabetes, and obesity.^{22,23,24} SSBs are among the least expensive source of calories in the marketplace.²⁵ Supermarket soft drink brands are particularly cheap, often as low as 28 cents per quart, but even popular brand names may be available for about 33 cents per quart when on sale. Milk costs two to three times as much, at about 75 to 95 cents per quart.²⁶ To address obesity, we must ensure that all California residents have access to affordable healthy beverages, especially water.



Neighborhood and work environments influence our daily levels of physical activity. People who live in neighborhoods with access to sidewalks and bike paths are more likely to meet recommended minutes of physical activity.²⁷ Most transit users get daily exercise through walking or cycling to the bus stop or train station, but sprawl prevents many Californians from taking public transit to work. Although many parents would like their children to walk or bike to school, the percentage of children doing so has dropped from 66 percent in 1974 to 13 percent in 2000 due to distance from school, crime, or traffic danger.²⁸ Unsafe streets and the lack of safe play areas and parks keep children from being active outside. Those most at risk to be overweight—low-income, ethnically/racially diverse communities—have the least access to safe places to exercise and play, such as parks, bike trails, and public pools.^{29,30} To address obesity, we must ensure that all California residents have access to safe places to play and be active.

Our culture and the media also influence what we eat. Advertising and marketing of unhealthy foods and beverages is ubiquitous. In 2006, 44 companies spent \$1.6 billion on marketing food and beverages to children and adolescents, including \$492 million on carbonated beverages alone.³¹ More than 50 percent of food and beverage advertising on television was targeted towards children under 12, and more than two-thirds of food product advertising aimed at children was for products of poor nutritional quality.³² In the *Guide to Breastfeeding Interventions*, the CDC notes that the prevalence of formula marketing undermines breastfeeding efforts. Marketing now reaches children and families through the Internet, email, and text messaging as well. To address obesity, we must reduce children's exposure to advertising for unhealthy foods and beverages.

Addressing the Obesogenic Environment

California has learned many lessons from its successful tobacco control program that provide a model for the type of environmental and social norm change that will be required to address the obesity epidemic. The tobacco model rests on three basic concepts:

1. *Changing social norms:* create a social and legal climate where tobacco is less desirable and less acceptable, including countering tobacco industry advertising;
2. *Changing the environment:* create an environment where tobacco is less accessible and second-hand exposure is reduced. This has been approached by raising the cost—through the tobacco tax—and through State and local policies to limit the places where tobacco can be used and sold; and
3. *Increasing access to cessation services.*

The successful tobacco model is instructive and provides a foundation for creating a California in which healthy choices are the easy and preferred choices. While this model will need to be modified and expanded to implement innovative policy and environmental changes, it provides strategic guidance for moving forward. The California Obesity Prevention Plan endeavors to provide a road-map for changing



food and physical activity environments, changing social norms to encourage healthy eating, discouraging consumption of unhealthy foods and beverages, and supporting active living.

Addressing obesity will require rethinking public health's engagement in current and future public policy discussions. Our built environment encourages driving over active transportation through transportation infrastructure and land use patterns that have taken decades to build. Our cities, now “built out”, were developed decades ago, with little attention to parks and open space. Social and economic changes that put a premium on convenience, such as two working parents, have led many people to prefer the convenience of fast-food over home-cooked meals. Our food environment is also influenced by other factors (such as agricultural policies) that determine the price and availability of healthy and unhealthy foods and beverages.

Public policies on transportation, agriculture, housing, economic development, land use, environmental protection, crime, education, climate, and others all have important influences on the social, physical, and economic environments that shape our communities, and in turn shape health behaviors. Interagency collaboration, at both the state and local level, is critical to ensuring a healthy, sustainable, and prosperous California. We have the opportunity and the social imperative to strategically address the policies and practices that shape our communities and our state.

Government alone, however, cannot address the obesogenic and inequitable environments that have developed over many years. Addressing the environments that affect the health and well-being of Californians goes well beyond the purview of government, and will require collaboration among all sectors. Employers, health care insurers and providers, community organizations, schools and child care, the food and beverage industry, and other diverse organizations must come together in a shared, comprehensive, multi-sector collaboration that addresses all the venues in which Californians live, work, and play.

Unique, Diverse State

As we address these myriad of issues, environments will emerge that support Californians of all backgrounds and all ages to eat well and move more. This will require continued attention to the state's unique diversity, drawing upon, supporting, and enhancing the many ways in which eating and activity are intimately related to culture, family, and community history. In 2007, California's population was more than 55 percent Hispanic, Asian, or non-Hispanic Black.³³ There are a disproportionately high number of low-income children—more than 40 percent of the childhood population—which puts them at higher risk of obesity.³⁴ The higher rates of obesity among people of color, as well as those of lower income and education, are driven by inequities in access to safe and healthy environments, including healthy foods. To change this will require working with residents in disadvantaged communities to carefully develop innovative and supportive efforts that address health, social, and environmental inequities.



California's 10 Step Vision

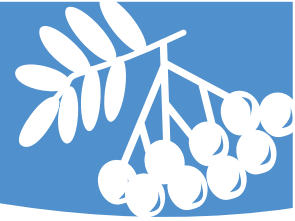
The 10 Step Vision for a Healthy California is a call to action to transform the State. We imagine a California in which all Californians can enjoy healthy eating and active living. We imagine that healthy eating and active living are the preferred choices because our environment makes them the easy choices. With every sector of California society engaged, a healthier California can be a reality. The rewards of healthier lives for all Californians, and healthier, more vibrant communities, will make it worthwhile in longer life spans, less disability, and lower health care costs.

Governor's Schwarzenegger's 10-Step Vision offers us a picture of the environment we strive for:

1. Californians will understand the importance of physical activity and healthy eating, and they will make healthier choices based on their understanding.
2. Every day, every child will participate in physical activity.
3. California's adults will be physically active every day.
4. Schools will only offer healthy foods and beverages to students.
5. Only healthy foods and beverages will be marketed to children ages 12 and under.
6. Produce and other fresh, healthy food items will be affordable and available in all neighborhoods.
7. Neighborhoods, communities, and buildings will support physical activity, including safe walking, stair climbing, and bicycling.
8. Healthy foods and beverages will be accessible, affordable, and promoted in grocery stores, restaurants, and entertainment venues.
9. Health insurers and health care providers will promote physical activity and healthy eating.
10. Employees will have access to physical activity and healthy food options.

Accomplishments

Since the first publication of the Plan in 2006, California has seen significant progress in the implementation of policies supporting obesity prevention. Examples of key legislation are highlighted on pages 7 and 8.



Access to Healthier Foods and Beverages in Schools

In 2005, to initiate action to achieve the 10 Step Vision, Governor Schwarzenegger sponsored and signed landmark legislation to:

- ▲ Establish nutrition standards for a la carte foods and beverages sold outside of the Federally-funded School Breakfast and Lunch programs (SB 12, Escutia, 2005)
- ▲ Extend to high schools a law banning sodas in elementary and middle schools (SB 965, Escutia, 2005)
- ▲ Provide funding for fresh fruits and vegetables in school meals (SB 281, Maldonado, 2005)

These laws were a first step toward improving California's school environments and have served as a model for the nation. The Governor's 2006 budget also supported his 10 Step Vision with the following investments:

- ▲ \$3 million to meet an increased demand for the School Breakfast Program and the California Fresh Start Pilot Program to increase the number of students receiving a nutritious breakfast that includes more fruit and vegetables
- ▲ \$15 million to revitalize the School Garden Program

Since 2006, additional legislation has been passed and signed that address unhealthy school food preparation practices, including the elimination of deep fried foods (SB 80, Senate Budget and Fiscal Review Committee, 2007), and the removal of trans fats from school meals (SB 490, Alquist, 2007).

Access to Healthier Foods and Nutrition Information

In 2008, California became the first state in the nation to require large chain restaurants to post nutrition information on menus (SB 1420, Padilla, 2008). Also in 2008, Governor Schwarzenegger enacted legislation banning the use of trans fats in prepared foods for retail establishments [Assembly Bill, (AB) 97, Mendoza, 2006].

Support for Physical Activity

To further demonstrate California's commitment to active living, the Governor signed a 2006 budget that supported his 10 Step Vision with the following investments:

- ▲ \$40 million in ongoing grants to hire more credentialed physical education (PE) teachers
- ▲ \$500 million for the purchase of PE, arts, and/or music supplies and equipment to improve and expand the infrastructure of school programs



In addition, the following laws have been enacted to promote healthier environments in California:

- ▲ The Statewide Park Development and Community Revitalization Act of 2007 expands opportunities for local assistance program grants and encourages joint partnerships (AB 31, De Leon, 2008).
- ▲ The Complete Streets Act of 2008 requires that when transportation plans are revised, cities and counties are to consider all users of streets and roads, including bicyclists and pedestrians (AB 1358, Leno, 2008).
- ▲ Safe Routes to School (SRTS) legislation allows state and local entities to apply for and use Federal highway safety funds, which support projects like SRTS (AB 57, Soto, 2007).
- ▲ SB 375 requires the linking of transportation, housing, and land use planning to support sustainable communities (SB 375, Steinberg, 2008).
- ▲ The Safe Drinking Water, Water Quality and Supply, Flood Control, and River and Coastal Protection Bond Act provides over \$5 billion in funding to address water quality, flood control, and river and ocean protections. It also provides funds to support/expand State parks and natural education facilities, promote sustainable communities, expand green space and parks, and address climate change (Proposition 84, 2006).

2010 California Obesity Prevention Plan

The California Obesity Prevention Plan has evolved over the past five years. The 2010 Plan provides an expanded and updated road map to guide this work based on emerging evidence about the most effective policies and practices. The Plan includes a focus on policy and environmental change since the evidence shows that without policy and environmental change, our efforts to address the obesity epidemic cannot succeed. The Plan addresses the CDC's evidence-based target areas to develop and implement policy and environmental strategies that will support Californians to:

- ▲ Increase consumption of fruits and vegetables
- ▲ Increase physical activity
- ▲ Increase breastfeeding initiation, duration, and exclusivity
- ▲ Decrease consumption of sugar-sweetened beverages
- ▲ Decrease consumption of high energy dense foods (foods that are high in calories but have low nutritional value)
- ▲ Decrease television viewing time



Each of these target areas, as well as California's 10 Step Vision and priorities from the Governor's 2010 Summit on Health, Nutrition, and Obesity, are addressed by the goals, objectives and strategies incorporated into the Plan. In addition, CDPH reviewed obesity prevention literature to identify strategies and activities for each sector. CDPH also consulted the CDC State Plan Index and worked with state-level partners and community stakeholders to advise the Plan's development. As part of this process, CDPH convened workgroups, conducted listening sessions across the state, and gathered feedback at meetings and conferences, such as the 2009 Childhood Obesity Conference and the 2009 School Wellness Conference. The feedback helped prioritize strategies and actions.

The Plan is organized around four overarching goals, and endeavors to identify specific objectives and strategies that can be undertaken over the next five years within each of the sectors that must be engaged to effectively address the obesity epidemic. The goals and related objectives and strategies are grounded in evidence-based best practices, and are illustrated by real examples from across California where communities are already leading the fight against obesity.

Conclusion

The 2010 California Obesity Prevention Plan serves as a springboard for action on the part of individuals; state, local, and tribal government; business; schools; health care insurers and providers; and community-based and philanthropic organizations to join together to reverse the obesity trend in California.

The Plan:

Strategies for Action



GOAL 1. STATE-LEVEL LEADERSHIP AND COORDINATION:

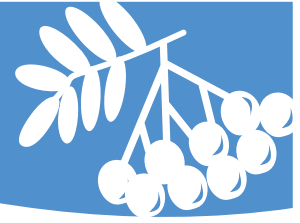
Ensure state-level leadership and coordination of statewide obesity prevention efforts to create active living and healthy eating environments and work toward the elimination of health inequities.

OBJECTIVE 1 – STATE GOVERNMENT:

By December 2015, the State will convene partners to collaborate on common goals and share resources and best practices that support active living and healthy eating environments.

STRATEGIES:

- ▲ Through the Strategic Growth Council—California’s cabinet-level committee tasked with coordinating statewide efforts related to sustainable communities—coordinate obesity prevention efforts among relevant state agencies, and provide recommendations for policy priorities and strategies to the Governor and Legislature.
- ▲ Implement the Strategic Growth Council’s Health in All Policies Task Force, established by the Governor’s Executive Order, to promote and facilitate consideration of health in applicable state agency policies—including Education, Food and Agriculture, Office of Planning and Research, Parks and Recreation, Public Health, Environmental Protection, Social Services, and Transportation—and ensure Health in All Policies through collaboration and coordination of obesity prevention efforts.
- ▲ Coordinate obesity prevention efforts with all applicable statewide organizations, including the California Conference of Local Health Officers/County Health Executives Association of California.
- ▲ Bring state and local partners together through meetings and conferences, including the Childhood Obesity Conference, School Wellness Conference, Moving Children Safely Conference, California Walk/Bike Conference, and others sponsored by the *Network for a Healthy California (Network)* and Women, Infants, and Children (WIC) Supplemental Nutrition Program.
- ▲ Disseminate best practices on key topics, including the built environment; coordinated school health; joint use of public facilities; and hospital, worksite and school wellness policies.
- ▲ Expand the California Department of Public Health’s (CDPH) central website addressing obesity prevention to provide information on resources, best practices, model policies, and progress on the statewide obesity plan.



GOAL 2. STATEWIDE PUBLIC EDUCATION CAMPAIGN:

Expand statewide public education campaigns that promote healthy eating and active living as funding is available.

OBJECTIVE 1 – STATE GOVERNMENT:

By December 2015, the State will disseminate, funding permitting, healthy eating and active living messages through state-level nutrition, obesity prevention, and physical activity programs.

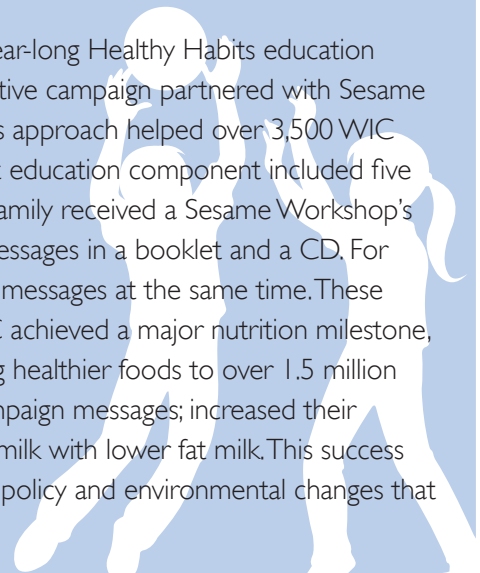
STRATEGIES:

- ▲ Prioritize active living and healthy eating messages that CDPH will disseminate through appropriate channels.
- ▲ Develop and test culturally- and linguistically-appropriate messages with intended target audiences.

Strategies in Action

STATEWIDE PUBLIC EDUCATION CAMPAIGNS

The California WIC Program implemented and evaluated a statewide, year-long Healthy Habits education campaign to support major changes for healthier WIC foods. The innovative campaign partnered with Sesame Workshop, whose characters are universally recognized. Using a wellness approach helped over 3,500 WIC staff become powerful health advocates for WIC families. The participant education component included five key health messages and reached nearly one million WIC families. Each family received a Sesame Workshop's Get Healthy Now mini-kit. The kit included active living, healthy eating messages in a booklet and a CD. For the first time ever, all 675 WIC clinics gave the same nutrition education messages at the same time. These messages were also coordinated with external partners. As a result, WIC achieved a major nutrition milestone, coordinating nutrition messages across numerous channels and providing healthier foods to over 1.5 million Californians. Evaluation results found that WIC families remembered campaign messages; increased their consumption of fruits, vegetables, and whole grains; and replaced whole milk with lower fat milk. This success highlights the critical importance of linking communications strategies to policy and environmental changes that make it easier for people to act on healthy eating messages.





Strategies in Action

STATEWIDE MEDIA CAMPAIGNS

CDPH's *Network for a Healthy California* implements an annual statewide mass media campaign for six months of the year comprised of English- and Spanish-language television, outdoor, and radio advertisements. The science-based campaign targeted to food stamp recipients or eligible women with children is designed to increase self-efficacy among women to improve dietary and physical activity regimens in their households. Designated as Champions for Change, "everyday" moms recruited by the *Network* serve as role models to impart their insights about childhood obesity, type 2 diabetes, and the importance of eating fruits and vegetables.



A new television campaign launched in April 2010, sets up the issue of childhood obesity with a poignant comparison of the hard situations parents struggle with and sends the underlying message "It's time to change."

"Saying no to my kids when they want to load up on fattening food is hard. But seeing them get teased about their weight would be even harder."





GOAL 3. HEALTHY COMMUNITY ENVIRONMENTS:

The State will work with local and tribal governments and communities to improve access to healthy eating and physical activity in government, worksites, health care, families, schools, and industry.

OBJECTIVE 1 – STATE GOVERNMENT:

By December 2015, the State will work with local and tribal health departments and other local and tribal government agencies to improve healthy eating and active living environments, including provision of local assistance grants to high need communities as funding becomes available.

STRATEGIES:

- ▲ Utilize CDPH's Federal American Recovery and Reinvestment Act funds to work with local health departments and communities to increase access to joint use of public facilities and decrease access to sugar-sweetened beverages.
 - Revise and/or adopt applicable toolkits, marketing, and educational materials, and develop and implement trainings in at least six grantee communities.
 - Work toward adoption of state and local policies that limit access to sugar-sweetened beverages and increase access to school facilities for safe places for children and families to play.
 - Evaluate interventions and share best practices.
- ▲ As funding is available, provide local assistance grants aimed at addressing obesity-related health inequities.
- ▲ Advocate for changes and enhancements in federal policies, such as the Farm Bill, Child Nutrition and WIC Reauthorization, and Transportation Reauthorization to promote program participation, healthier foods, and greater opportunities for physical activity.
- ▲ Advocate for increased and regionally-equitable federal funding for the National School Lunch Program and School Breakfast Program to ensure that schools can provide nutritious meals aligned with the Dietary Guidelines for Americans and the Institute of Medicine's recommendations for school meals.
- ▲ Promote an increase in total participation in federal, state, and local government nutrition assistance programs (e.g. WIC, Child and Adult Care Food Program, National School Lunch Program, Breakfast Program, Supplemental Nutrition Assistance Program).



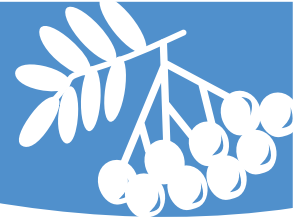
- ▲ Coordinate with local health departments, statewide organizations, and community-based organizations to ensure leverage of resources and promote learning, synergy, and collaboration among programs.
- ▲ Promote and coordinate the establishment of regional, city, and/or county food policy councils to enhance policies and systems that support access to and availability of affordable fresh fruits, vegetables, and other healthy foods.

OBJECTIVE 2 – LOCAL AND TRIBAL GOVERNMENT:

By December 2015, communities will increasingly adopt model planning, land use, and transportation policies and practices that promote obesity prevention.

STRATEGIES:

- ▲ Improve planning and zoning policies to increase access to healthy foods and beverages, public recreational facilities, parks, and green spaces that are safe and connected to public transit and the places where people live and work.
 - Use joint use as a tool to develop public space for physical activity.
 - Provide resources and best practices through the CDPH website, webinars, and trainings.
 - Educate the public and policy makers on the co-benefits of active transportation and local sustainable food systems to reduce greenhouse gas emissions and promote healthy eating and active living.
 - Encourage development, maintenance, redevelopment, and equitable access to public green spaces, including parks, community gardens, greenbelts, play fields, trails, and public-rights-of way, as well as recreational facilities in all neighborhoods, that increase the opportunity for physical activity for all community members.
 - Adopt and implement “walkable” community policies and build paths/trails with optimal trees and green space to provide safe and convenient travel options for walking, bicycling, or using assistive devices, such as wheelchairs.
 - Ensure that public recreational facilities, parks, supermarkets, and farmers’ markets are close to where people live and work as well as accessible from public transit.
 - Develop urban greening incentive programs for developers to facilitate the planning and maintenance of green spaces around public facilities, residential neighborhoods, and park lands.



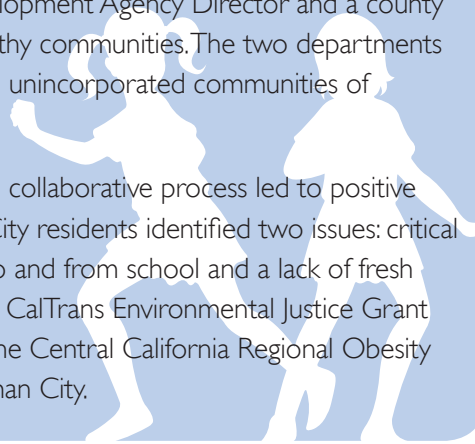
- When retrofitting and developing new streets, encourage complete street designs.
- Identify priority communities/neighborhoods in need of increased access to physical activity and healthy foods and beverages.
- Raise awareness among community planners, traffic engineers, law enforcement, emergency services, advisory groups, developers, and builders of the relationship between community design and community health.
- Research and identify best practices on developing general and specific planning (e.g. pedestrian master plans) and zoning rules to increase physical activity and healthy eating environments.
- Develop a checklist of health issues to be used to review community development proposals and incorporate the use of health impact assessments.
- Highlight general and specific plans that demonstrate best practices and provide opportunities for communities to network.
- Identify planning and zoning opportunities to increase access to healthy foods and beverages through store sitings in underserved communities and mobile vendors.
- Introduce or modify land use policies/zoning regulations to promote, expand, and protect potential sites for community gardens and farmers' markets, such as vacant city-owned land or unused parking lots.

Strategies in Action

THE BUILT ENVIRONMENT

The update of the Kings County general plan in 2005 coincided with the County Health Department's goal to address community health and the built environment. With a Local Public Health and Built Environment grant from the California Department of Public Health, the Community Development Agency Director and a county planner attended a Smart Growth Conference focused on building healthy communities. The two departments then worked together to create individualized mini general plans for the unincorporated communities of Kettleman City, Armona, Stratford, and Home Garden.

Residents identified what they wanted their community to look like. The collaborative process led to positive change even before the adoption of the new General Plan. Kettleman City residents identified two issues: critical concerns about a highway pedestrian crossing used by children to get to and from school and a lack of fresh produce. Through collaborative efforts, the County received a \$140,000 CalTrans Environmental Justice Grant to study safety enhancements along the highway. And, with support of the Central California Regional Obesity Prevention Program, the first farmers' market was established in Kettleman City.





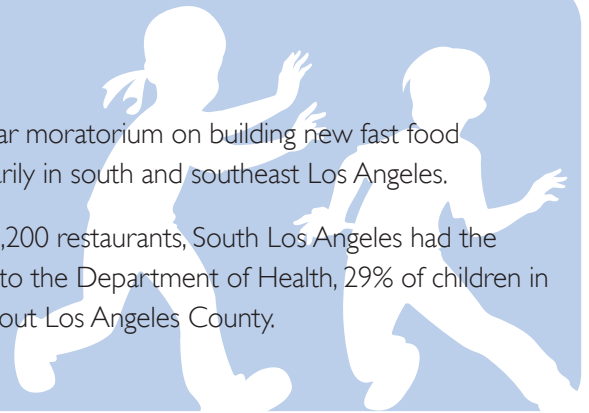
- Implement local ordinances to restrict mobile vending of calorie-dense, nutrient-poor foods near schools and public playgrounds.
- Adopt land use and zoning policies that restrict fast food establishments and mini-markets near school grounds and public playgrounds.

Strategies in Action

FAST FOOD MORATORIUM

In 2008, the Los Angeles City Council voted to place a one-year moratorium on building new fast food restaurants in some of the city's poorest neighborhoods, primarily in south and southeast Los Angeles.

An analysis by the *Los Angeles Times* showed that of the city's 8,200 restaurants, South Los Angeles had the highest concentration of fast-food eateries at 45%. According to the Department of Health, 29% of children in South Los Angeles were obese compared with 23.3% throughout Los Angeles County.



- ▲ Build trails and sidewalks that provide safe and continuous access for all users and adopt and implement policies that address complete streets and active transportation (e.g. walking, bicycling, public transportation, and the use of assistive devices like wheelchairs).
 - Develop strategies that will ensure equitable access to Safe Routes to School funds.
 - Support expanded funding at the federal, state, and local levels for active modes of transportation—walking, bicycling, and public transportation—and increased priority for, and flexibility to, integrate safe walking, bicycling, and public transit access in California's transportation investments.
 - Adopt a pedestrian and bicycle master plan to develop a long-term vision for walking and bicycling in the community and guide implementation.
 - Plan, build, and retrofit streets to reduce vehicle speeds, accommodate bicyclists, and improve the walking environment.
 - Update and disseminate maps of walking and bicycling routes throughout the city/county, including information on mileage, sidewalk routes, and bike paths.



- ▲ Enhance personal safety in areas where people are or could be physically active.
 - Adopt community policing strategies that improve safety and security, especially in higher crime neighborhoods.
 - Improve street lighting.
 - Decrease the number of abandoned buildings and homes.
- ▲ Enhance traffic safety in areas where people are or could be physically active.
 - Engineer streets for lower speeds or retrofit existing streets with traffic calming measures.
 - Develop infrastructure to improve the safety of street crossings (e.g. raised crosswalks, pedestrian refuges, and curb extensions).

OBJECTIVE 3 – LOCAL AND TRIBAL GOVERNMENT:

By December 2015, communities will increasingly implement model nutrition strategies that promote obesity prevention.

STRATEGIES:

- ▲ Educate local elected officials on the health and economic benefits of policies that promote healthy eating.
- ▲ Encourage development of local, sustainable food systems, including farmers' markets, community gardens, and farm to institution programs that support food security for low-income populations.
 - Partner with organizations promoting sustainable, local agriculture (e.g. Center for Ecoliteracy, California Food and Justice Coalition, Community Food Security Coalition, California Farm to School Program, and California School Garden Network) to educate residents, community stakeholders, businesses, and other institutions on the importance of developing local markets to provide access to fresh produce, support regional economies, and mitigate the impacts of long distance transport.
 - Identify effective tools and models for the development, marketing, and delivery of programs to supply fresh produce and other foods to local schools, businesses, and other institutions.
 - Develop regional networks to bring producers and buyers together, such as farmers, ranchers, schools, hospitals, chefs/restaurants, small stores, and others, to develop local business opportunities and markets.
 - Encourage school participation in the California Farm to School Program and the California School Garden Network.

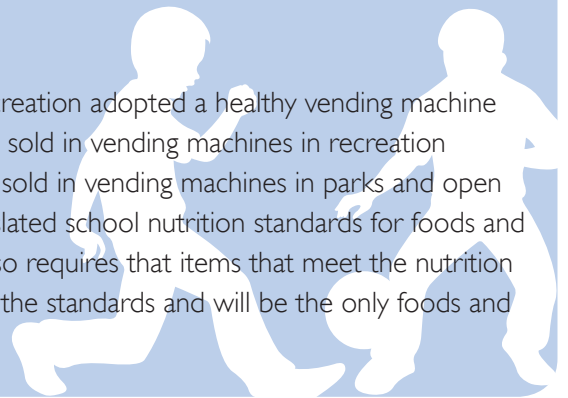


- ▲ Establish nutrition standards for foods and beverages available in government-run recreation centers, parks, and other public facilities that limit access to calorie-dense, nutrient-poor foods and beverages.
 - Share model policies.
 - Provide technical assistance and training.

Strategies in Action

COMMUNITY VENDING POLICIES

In 2006, the County of San Diego Department of Parks and Recreation adopted a healthy vending machine policy. The policy specifies that 100% of the food and beverages sold in vending machines in recreation centers and sports facilities, and 50% of the food and beverages sold in vending machines in parks and open space, meet specific nutrition standards modeled after state-legislated school nutrition standards for foods and beverages sold outside the school meal programs. The policy also requires that items that meet the nutrition standards will not be priced higher than items that do not meet the standards and will be the only foods and beverages advertised on vending machines.

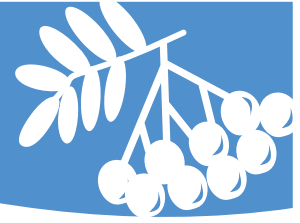


OBJECTIVE 4 – ALL EMPLOYERS:

By December 2015, employers will increasingly implement model obesity prevention strategies.

STRATEGIES:

- ▲ Develop and enforce organizational policies supporting onsite breastfeeding that are consistent with state requirements for employers to provide employees with break time and the use of a room to express milk.
 - Implement the Lactation Accommodation Policy and ensure that it is addressed during new employee orientation, distributed to all employees, and posted.
 - Offer flexible spending accounts that employees can use for reimbursement for breastfeeding pumps, supplies, and consultations.
 - To support breastfeeding, consider flexible schedules and/or telecommuting for employees returning to work from maternity leave.
 - Consider onsite child care to facilitate breastfeeding onsite.



- ▲ Create workplace policies that make it easy to consume healthy foods and beverages during the work day.
 - Disseminate model workplace policies that have been successfully implemented in California and across the nation.
 - Implement the state vending law in state worksites.

Strategies in Action

WORKSITE VENDING POLICIES

State legislation passed in 2008 set nutrition standards for a specified percentage of foods and beverages sold in vending machines on State property. Vendors operating vending machines must ensure that foods and beverages meet standards for calories, total fat, saturated fat, and sugar.

- Ensure that workplace policies address foods and beverages in the cafeteria, at meetings and events, and in vending machines.
- Implement pricing strategies for fruits and vegetables.
- Partner with local growers and other businesses to have a farmer's market near the worksite.
- ▲ Create workplace policies supportive of regular physical activity during the work day.
 - Provide incentives to employees who walk, bike, or use public transportation to commute to and from work and for work-related travel.
 - Promote stairway use, provide bike racks, lockers and showers, and offer flex or break time for physical activity.
 - Offer free physical activity opportunities at lunch time.
 - Encourage walking meetings.
 - Use buying power to negotiate discounted health club memberships for employees and their families.
 - Offer employees volunteer opportunities to improve physical activity and healthy eating by rehabilitating parks and off-street bicycle and pedestrian pathways, planting trees and greenery, supporting local community gardens, and helping at community food banks.



- ▲ Encourage health plans to include prevention and wellness activities, such as counseling, education, and access to weight loss, weight maintenance, and physical activity programs in benefit plans.
 - Consider partnering with other companies for increased buying power.
 - Use buying power to obtain coverage for nutrition and physical activity programs and services.
 - Offer incentives for employees to take advantage of prevention programs and activities included in their benefit plan.

OBJECTIVE 5 – HEALTH CARE INSURERS AND PROVIDERS:

By December 2015, health care insurers and providers will increasingly adopt policies and practices that ensure effective obesity prevention and early treatment.

STRATEGIES:

- ▲ Increase member access to covered services that include nutrition, physical activity, and wellness services that support healthy weight.
 - Offer ready access to evidence-based, low-cost weight management programs, counseling, and education for members in all plans.

Strategies in Action

HEALTH CARE: SUPPORTING HEALTHY LIFESTYLES

Blue Shield of California's Healthy Lifestyle Rewards program helps its members adopt and maintain healthy lifestyle habits. Using online tools and resources supporting healthy eating, regular physical activity, stress management, and smoking cessation, members can earn up to \$200 annually.



- ▲ Consider reimbursement strategies to encourage utilization of family-based preventive services including weight management, nutrition, breastfeeding, and physical activity.

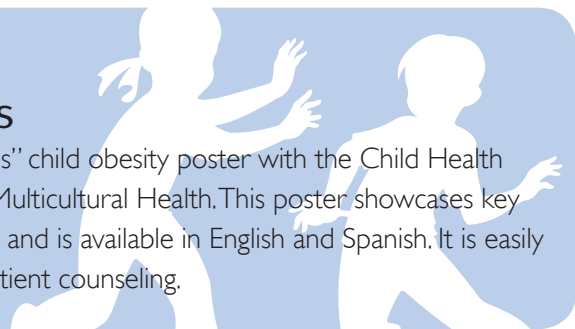


- ▲ Increase adoption of “universal” healthy weight messaging for infants, children, and adolescents such as Babies Were Born to Breastfeed; Eat Smart, Get Moving; Pull the Plug; and Drink Well with appropriate adaptation for multicultural populations.
 - Offer free multilingual health education materials to providers in order to facilitate effective counseling of the diverse populations affected by obesity.

Strategies in Action

HEALTH CARE: SUPPORTING HEALTHY LIFESTYLES

Kaiser Permanente co-branded the “Little Changes. Big Rewards” child obesity poster with the Child Health and Disability Prevention (CHDP) Program and the Office of Multicultural Health. This poster showcases key messaging: Eat Smart, Get Moving, Pull the Plug, and Drink Well and is available in English and Spanish. It is easily adapted for use in various settings and is central to effective patient counseling.



- ▲ Increase adoption of evidence-based clinical guidelines, such as the American Medical Association’s (AMA) Expert Committee on Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity.
 - Develop incentives that encourage the implementation of promoted guidelines.
 - Encourage implementation of the United States Preventive Services Task Force recommendations for breastfeeding support and breast pumps.
 - Encourage implementation of the United States Prevention Services Task Force recommendation for obesity screening and referral for services and counseling for children six years and older.
 - Increase continuing education opportunities for health care providers in the area of prevention, early treatment of obesity, nutrition, physical activity, effective brief counseling, cultural diversity, and breastfeeding.
 - Promote guidelines that address preconception, prenatal, and post conception healthy weight counseling and care. For instance, all prenatal women should have their weight gain pattern assessed at each visit.

Strategies in Action

HEALTH CARE PROVIDER EDUCATION

Medi-Cal Managed Care and CHDP offer statewide provider trainings, *Pediatric Obesity: Provider Skill Sets for Improved Care* using the AMA guidelines as the training framework.



CALIFORNIA OBESITY PREVENTION PLAN

- ▲ Adopt Healthcare Effectiveness Data and Information Set (HEDIS) used by Medi-Cal Managed Care Health Plans to monitor quality improvement measures, such as body mass index, nutrition, and physical activity counseling associated with obesity prevention and early treatment for children and adults.
 - Ensure written documentation in the medical record of nutrition and physical activity counseling and referral.

Strategies in Action

MEDICAL RECORD DOCUMENTATION

Medi-Cal Managed Care recently adopted the new HEDIS measure, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents which is being implemented by Medi-Cal Managed Health Plans.

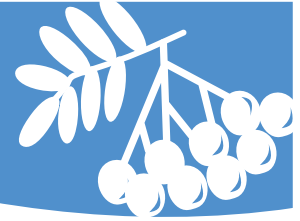
- ▲ Increase the availability and promotion of healthy food choices in health care facility food service operations and health care facility onsite food vendors.
 - Encourage community hospitals to procure locally-produced fruits and vegetables for hospital food service and employee farmers' markets.

Strategies in Action

FARMERS' MARKETS: INCREASING ACCESS TO HEALTHY FOODS

What can a hospital do to support its mission? After noticing vendors selling purses and jewelry in Kaiser Permanente's Oakland hospital, Dr. Preston Maring wondered if bringing in a farmer's market might do just that. With support from management, Dr. Maring worked with the Pacific Coast Farmers Market Association and opened the first Kaiser Permanente market in May 2003. The market was an immediate success, bringing fresh produce to visitors, patients, and employees. By 2005, just two years later, the number grew to 25 markets in five states from Georgia to Hawaii. Each market is managed locally by vendors and farmers under three guiding principles: certified organic foods, no food needing refrigeration, and complementary to, not competing with, hospital cafeterias.





Strategies in Action

SNACK CARTS: INCREASING ACCESS TO HEALTHY FOODS

As Chief of Pediatrics at Highland General Hospital, Alameda County's public hospital in the heart of Oakland, Dr. Robert Savio sees hundreds of young patients who are obese and face a high risk for diabetes, hypertension, and cardiovascular disease. Hospitals are supposed to promote health, he says, "but sitting in the waiting room, kids would see these snack carts come through loaded with candy and Cheetos. My colleagues and I call them 'diabetes carts!'"

Dr. Savio helped spearhead a year-long campaign to transform the hospital's food environment. "If we don't change the food available in hospital settings, it's like we're creating our own patients," he says. Dr. Savio and his colleague Michele Bunker-Alberts, a family nurse practitioner and lactation consultant, convinced the people in charge of snack carts—the organization of hospital volunteers—to offer healthier choices such as nuts, fresh fruit, and baked rather than fried potato chips; and they got the gift shop to agree not to sell candy anymore.

- ▲ Increase the number of hospitals and outpatient settings that adopt the World Health Organization (WHO)/UNICEF 10-Steps of Baby-Friendly Certification and/or the California Model Hospital Policy Recommendations to support breastfeeding.
- Support hospital employees with lactation accommodation.

Strategies in Action

BREASTFEEDING: THE FIRST LINE OF DEFENSE IN OBESITY PREVENTION

The Breastfeeding Task Force of Greater Los Angeles assisted the California Hospital Medical Center in Los Angeles with adopting the 10 Steps for successful breastfeeding. As the hospital worked toward a baby-friendly hospital designation along with the associated hospital policies, their exclusive hospital breastfeeding rates increased from 3.2 % in 2006 to 10.2% in 2007, which represents a 300% improvement. As of January 2010, their exclusive breastfeeding rate is 35.0 %, another 300% improvement since 2007.



- ▲ Increase workforce capacity, competence, and office management resources to effectively implement healthy weight promotion and early treatment in primary care settings.
 - Sponsor trainings and provide clinical tools designed for the primary care setting.

Strategies in Action

SUPPORTING OBESITY PREVENTION IN PRIMARY CARE

The California Medical Association Foundation (CMAF) has worked collaboratively with numerous health plans to develop three obesity toolkits that provide universal information to assist providers with evidence-based obesity prevention and primary treatment.

- ▲ Participate in community advocacy efforts for a healthier environment for children and adolescents, such as attending school board meetings to promote physical education and healthy school lunches.
 - Promote community advocacy training using the CMAF toolkit *Physicians for a Healthy Community*.

OBJECTIVE 6 - FAMILIES:

By December 2015, positive obesity prevention practices will be the social norm for families.

STRATEGIES:

- ▲ Participate in advocacy efforts to develop school and community environments that promote healthy eating and physical activity.
 - Participate in local projects that improve access to healthy eating and physical activity, such as improving a park or creating a community garden.
 - Identify and work with local stakeholder groups that may support family advocacy efforts.

Strategies in Action

INCREASING PHYSICAL ACTIVITY THROUGH GRASSROOTS ADVOCACY

A group of 24 Bakersfield mothers began the Greenfield Walking Group at local Steirn Park. After navigating across four lanes of high speed traffic, the women did their workouts through a minefield of hypodermic needles, aggressive stray dogs, and loitering gang members. With support from the Central California Obesity Prevention Program, the group joined other residents and city staff on a Walkability Assessment and presented their findings to City officials, who agreed to work with them to clean up the park. The Bakersfield Chamber of Commerce helped the group raise \$10,000 to construct a walking path and worked with youth to build a new playground. Regular Walking Group members report weight losses of up to 80 pounds, reduced stress, and improved self-esteem. The Walking Group, now with 60 members, works with other communities on improving walkability and serves as an advocate for policy change on a regional, state, and national level.



- Engage with local leaders and at public meetings to ensure family concerns are heard.
- Participate on school wellness councils to ensure that local school wellness policies are implemented.
- ▲ Choose to breastfeed and do so exclusively for six months, then continue to breastfeed along with the introduction of complementary foods for at least one year and preferably longer.
 - Attend prenatal breastfeeding classes to know what to expect the first week and help overcome normal challenges.
 - Breastfeed at least eight-ten times a day in the first few weeks and avoid the use of formula to ensure an adequate milk supply.
 - Access lactation specialists in the community who can help if problems arise.
 - Engage in discussions with friends and family who have had positive breastfeeding experiences.
- ▲ Make physical activity, healthy eating, and other healthy lifestyle behaviors the foundation of daily living.
 - Eat at least one healthy meal a day together as a family.
 - Involve family members in selecting and cooking healthy meals.
 - Encourage children to determine when they are full, rather than a “clean your plate” approach.
 - Reduce consumption of sugar-sweetened beverages like sodas, sports drinks, and sweetened teas and choose healthy beverages like water and low-fat milk more often.
 - Choose fruits and vegetables, whole grains, beans, and nuts and seeds over high-calorie, low-nutrient foods.
 - Participate in fun physical activity every day—playing, walking, hiking, planting and caring for a garden, engaging in sports—as a family.
 - Identify recreation opportunities close to home.
 - Plan fun routine and weekend activities that interest family members (e.g. bike riding).
 - Limit screen time (television viewing, sedentary computer use) to no more than two hours a day for children two and over; and no screen time for those under two.
 - Ensure television sets are not in children’s bedrooms.
 - Turn off the television during meals and eliminate television in eating areas.
 - Provide non-screen, alternative recreational activities for children.
 - Model healthy television viewing behavior by limiting adult viewing time to no more than 1-2 hours of quality programming per day.



OBJECTIVE 7 – COMMUNITY ORGANIZATIONS:

By December 2015, positive obesity prevention practices will be the social norm in California communities.

STRATEGIES:

- ▲ Enlist empowered youth and parents to organize faith congregations, schools, and community-based organizations to improve access to affordable, healthy foods and beverages, and safe places to play.
- Offer advocacy training to interested youth and parents.

Strategies in Action

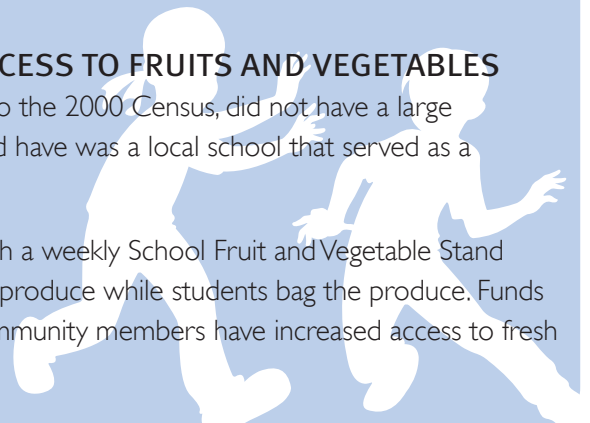
EMPOWERING CULTURALLY DIVERSE PARENTS TO IMPROVE THE SCHOOL ENVIRONMENT

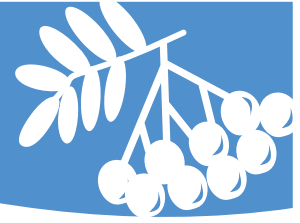
Parents in the Central Valley community of Earlimart had an opportunity to get a behind the scenes look at their children's school cafeteria as a "hands on" lesson on parent engagement. The parents participated in weekly CDPH, California Project LEAN (Leaders Encouraging Activity and Nutrition) trainings, "Padres en Accion: Abogando por Ambientes Escolares Saludables/ Parents in Action: Advocating for a Healthier School Environment." "As parents, we didn't know how the food was prepared," shared parent advocate, Esther Vergara. A meeting was arranged to tour the cafeteria and meet the food service director. This experience proved to be very powerful for the group of parents, as well as the food service director. "We want parents to know that we are dedicated to the overall wellness of the children, and we strive to serve healthy meals that also meet special dietary needs of children," said Clint Lara, Food Service Director of Earlimart School District. "Now that we know how the food is stored, cooked and served, we as parents, feel much more comfortable with our children eating breakfast and lunch at school," said Esther. The parents received a Spanish-language toolkit and lesson plans on advocating for healthier school environments. The group is planning to join the district's Wellness Council and establish a Fruit and Vegetable stand on the Elementary School campus.

FRUIT AND VEGETABLE STANDS: INCREASING ACCESS TO FRUITS AND VEGETABLES

The Central Valley City of Pixley, population 2,589 according to the 2000 Census, did not have a large supermarket selling fresh fruits and vegetables. What Pixley did have was a local school that served as a community center and major employer:

A group of committed individuals worked together to establish a weekly School Fruit and Vegetable Stand that sells affordable fruits and vegetables. Parents help sell the produce while students bag the produce. Funds earned go toward after-school activities. And, families and community members have increased access to fresh fruits and vegetables!





- Engage trained youth and parents in promoting policy and environmental changes that interest them.

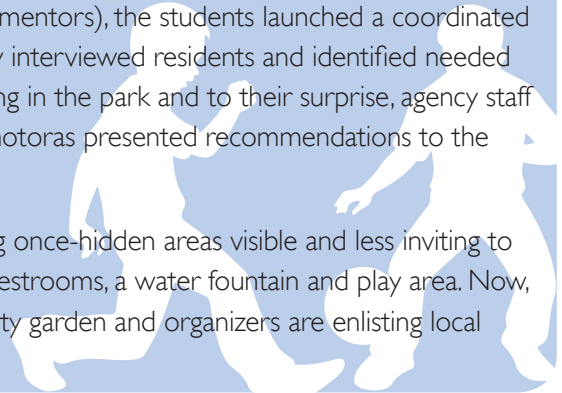
Strategies in Action

CREATING SAFE PLACES TO PLAY THROUGH YOUTH ADVOCACY

For many years, Lauderbach Park was a place where children from the crowded apartment complexes of southwest Chula Vista played. But the park was taken over by gangs and prostitutes. Drug and alcohol use, litter and graffiti were rampant. Children attending the nearby elementary school avoided the park.

A group of five high school students who grew up in the neighborhood and had many happy childhood memories of the park were determined to make it safer. Beginning in June 2007, working with local promotoras (Spanish-speaking health promoters who served as the students' mentors), the students launched a coordinated effort after receiving leadership and policy advocacy training. They interviewed residents and identified needed improvements. They invited City officials to attend a public meeting in the park and to their surprise, agency staff showed up to listen to their concerns. Finally, the youth and promotoras presented recommendations to the City Council.

The result: The City trimmed bushes and replaced a fence, making once-hidden areas visible and less inviting to criminal activity. The park also received new landscaping, lighting, restrooms, a water fountain and play area. Now, families and children visit the park. There are plans for a community garden and organizers are enlisting local businesses to "adopt" different areas of the park.



- ▲ Market and sell only healthy foods and beverages to children and youth at community, faith-based, and youth organizations.
 - Educate stakeholders of the need to increase access to healthy eating options for children and youth.
 - Encourage organizations to assess the nutrition messages they promote to children and youth.
 - Promote healthy foods and beverages.
- ▲ Increase access to certified farmers' markets, food cooperatives, and community gardens to expand healthy and affordable food options, particularly in low-income and underserved neighborhoods.

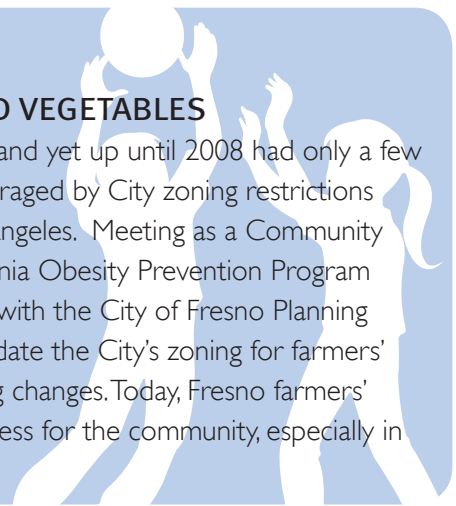


- Work with community groups to establish farmers' markets in communities with limited access to fresh fruits and vegetables.

Strategies in Action

FARMERS' MARKETS: INCREASING ACCESS TO FRUITS AND VEGETABLES

The City of Fresno lies at the heart of California's vast agricultural valley, and yet up until 2008 had only a few farmers' markets providing local fresh produce to the community. Discouraged by City zoning restrictions and heavy fees, farmers were taking their produce to Berkeley and Los Angeles. Meeting as a Community Hunger and Nutrition Forum, and with support from the Central California Obesity Prevention Program and Fresno Metro Ministries, local farmers and others began discussions with the City of Fresno Planning and Development Department and worked together to address and update the City's zoning for farmers' markets. In June 2008, the City Council unanimously approved the zoning changes. Today, Fresno farmers' markets provide local markets for locally grown produce and greater access for the community, especially in the City's underserved areas.



- Work with farmers' markets to encourage the acceptance and use of Electronic Benefit Transfer (EBT) cards for food stamp benefits.

Strategies in Action

EBT AT FARMERS' MARKETS: INCREASING ACCESS TO FRUITS AND VEGETABLES

The Merced Flea and Farmers' Market has served the community for three decades. Since the economic downturn, the number of visitors increased 20%, with more than 6,000 on a typical Saturday in the Spring of 2009. With an increasing number of customers turning to food stamps, the market operator applied for and implemented EBT, allowing shoppers to use their food stamp benefits to purchase produce. Now, as shoppers arrive, their EBT card is charged for a cash amount they specify and the shoppers receive tokens to purchase produce, generally at lower prices than traditional grocery stores.



- ▲ Promote participation in federal, state, and local government nutrition assistance programs (e.g. WIC, Child and Adult Care Food Program, National School Lunch Program, Breakfast Program, Supplemental Nutrition Assistance Program).
 - Ensure food assistance programs provide healthy foods.
 - Improve outreach to promote nutrition assistance programs.
 - Educate consumers and providers to encourage nutritious foods and beverages.
 - Enroll eligible individuals.



OBJECTIVE 8 - SCHOOLS:

By December 2015, schools will adopt policies and practices that support obesity prevention.

STRATEGIES:

- ▲ Adopt the coordinated school health model.
 - Address the eight components of coordinated school health: health education, physical education, parent/community involvement, nutrition services, health services, psychological/counseling services, safe and healthy school environment, and health promotion for staff.
 - Establish and maintain a school health or wellness council that meets regularly and includes school staff, students, parents, and community partners.
 - Through the school health/wellness council, implement, evaluate, and update school wellness policies that extend to before- and after-school care.
 - Annually report on wellness policy implementation and monitoring at school board meetings and to the general public.
- ▲ Provide access to healthy foods and beverages, limit access to unhealthy foods and beverages, and provide quality nutrition and health education in schools and before- and after-school programs.
 - Eliminate the sale of electrolyte replacement beverages, commonly known as sports drinks, during the school day in public middle and high schools.
 - Provide free access to fresh drinking water in eating areas.
 - Provide nutritious meals through the Federal school breakfast and lunch programs by ensuring alignment with the Dietary Guidelines for Americans and the Institute of Medicine's recommendations for school meals.
 - Market the school meal program and eliminate the marketing of unhealthy foods and beverages on school grounds.



- Ensure that competitive foods and beverages, at a minimum, are compliant with or exceed California school food and beverage standards and work toward the reduction or elimination of the sale of competitive foods and beverages.

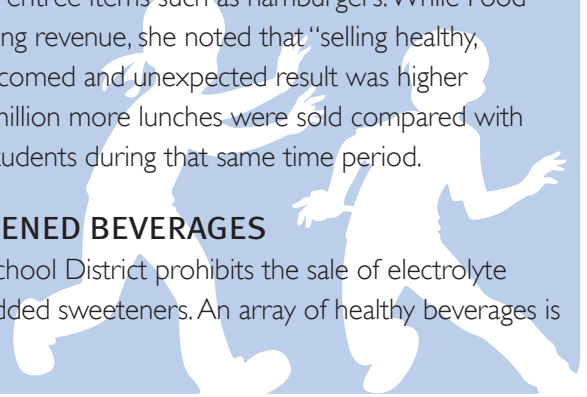
Strategies in Action

SCHOOLS: REDUCING ACCESS TO COMPETITIVE FOODS

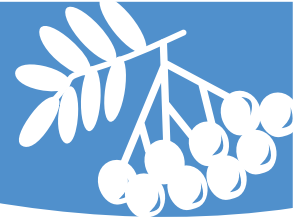
The Food Services Department of Hacienda La Puente Unified School District reduced competitive foods and beverages sold in its schools by no longer selling a la carte entrée items such as hamburgers. While Food Services Director Geri Dee said she was concerned about losing revenue, she noted that “selling healthy, balanced meals is the right thing to do for the students.” A welcomed and unexpected result was higher profitability for the Food Services Department. Almost half a million more lunches were sold compared with three years ago despite a drop in enrollment of about 1,300 students during that same time period.

SCHOOLS: REDUCING ACCESS TO SUGAR-SWEETENED BEVERAGES

To support the health of students, the San Francisco Unified School District prohibits the sale of electrolyte replacement drinks (e.g. sports drinks) because they contain added sweeteners. An array of healthy beverages is allowed based on standards established by the District.



- Increase access to fresh fruits and vegetables through Farm to School Programs and the California School Garden Network.
- Use alternatives to foods and beverages in fundraisers, celebrations, and incentives.
- Ensure that children receive high quality nutrition education and health education that meet state standards, pre-kindergarten through grade 12.
- ▲ Provide opportunities for physical activity before, during, and after school for preschool- and school-aged youth.
 - Require that students spend at least 50 percent of physical education class time in moderate to vigorous physical activity.
 - Implement the California Department of Education’s After School Physical Activity Guidelines.
 - Expand the Governor’s Fitness Challenge, which encourages students to be active 30-60 minutes a day at least three days a week for a month.



- Make school recreational facilities available for after-hours use by the community, especially in neighborhoods that lack park and recreational facilities.
- Ensure that California's mandated minutes for physical education are met or exceeded for K-12th grade.
- Support safe routes to school by working with local government to improve infrastructure and providing education and support to families on safely walking or biking to school.
- Ensure access to spaces for physical activity, offering optimal green space and natural areas for play.
- Establish and maintain gardens on school campuses and at after-school facilities.
- Integrate physical activity into the classroom.

OBJECTIVE 9 – CHILD CARE:

By December 2015, child care facilities will adopt policies and practices that support obesity prevention.

STRATEGIES:

- ▲ The State will consider opportunities to implement recommendations to improve nutrition and increase physical activity as described in the report *Keeping Children Healthy in California's Child Care Environments*, jointly released by the California Department of Education and the California Health and Human Services Agency.
- ▲ Child care providers will support nutrition and physical education training as a component of parent and caregiver training.
- ▲ The State will explore opportunities to strengthen the Child and Adult Care Food Program (CACFP), including opportunities related to participation rates, marketing, and nutrition and physical activity standards.
- ▲ The State will compile and share nutrition and physical activity best practices for child care programs.
 - Align recommendations from relevant State and Federal agencies for various child care environments including preschool.
- ▲ The State and child care providers will support consistent messaging related to nutrition and physical activity to families, providers, children, and the general public.
 - The State will collaborate with all relevant state agencies on the development and delivery of consistent messaging.



OBJECTIVE 10 – FOOD AND BEVERAGE INDUSTRY:

By December 2015, the food and beverage industry will adopt policies and practices that limit access to unhealthy foods and beverages and promote healthy choices to children and youth.

Strategies in Action

INDUSTRY: SUPPORTING CONSUMER KNOWLEDGE WITH INFORMATION

In response to First Lady Michelle Obama's call for food and beverage industry initiatives supporting her healthy families program, the nation's non-alcoholic beverages companies have come together in a voluntary commitment to better provide consumers with clear, concise calorie information. On February 9, 2010, the American Beverage Association announced that beginning in 2010, and complete by 2012, beverage companies will display total calories per container on front labels, use a 12-ounce serving size (rather than eight ounce) on multi-serving containers, place total calorie counts per container on vending machine selection buttons, and prominently display calories on company controlled beverage fountains. The companies have also committed to "reducing the beverage calories in the marketplace through innovation, smaller portion sizes, and further marketing of their low-calorie beverages."



STRATEGIES:

Food Manufacturers and Retailers

- ▲ Limit advertisements of less healthy foods and beverages, and eliminate indirect advertising at institutions serving children and youth, including schools, preschools, after-school programs, and recreation facilities.
 - Eliminate formula marketing bags, coupons, baby club incentives from hospitals, physician offices, clinics, and child care centers.
 - Comply with the International WHO Code of Marketing of Breastmilk Substitutes signed by the United States in 1994 for infant nutritional products (which calls for no advertising of infant formula or bottles directly to the public and for the distribution by health care workers of factual, ethical information to parents).
 - Eliminate fundraisers, contests, and curriculum that promote unhealthy foods and beverages.



- ▲ Provide consumers with information on portion size, portions per container, calories per portion, and total calories on the front labels of packaged foods.
- ▲ Participate in the National Salt Reduction Initiative to make voluntary salt reductions in packaged foods aimed at reducing population salt intake by 20 percent over five years.

Food Processors and Restaurants

- ▲ Comply with California law (Section 114094 of the Health and Safety Code) requiring restaurant chains with 20 or more locations to post calories on menus and menu boards, and follow Federal menu labeling laws when in effect.
- ▲ Encourage non-chain restaurants to provide consumers with the same required nutrition information as in Section 114094 of the Health and Safety Code.
- ▲ Limit fat, sugar, and sodium and add fruits and vegetables to meals, especially to child-focused meals.
 - Offer healthy food and drink options as the standard in all children's meals and on children's menus.
 - Participate in the National Salt Reduction Initiative to make voluntary salt reductions to restaurant foods aimed at reducing population salt intake by 20 percent over five years.
- ▲ Ensure that packaged single-serving snacks, beverages, and meals contain no more than one standard portion size per package.
- ▲ Eliminate toys in kid's meals and direct promotions to children of foods high in fat and sugar.

Retail Grocers

- ▲ Provide fresh, affordable produce and other healthy items in low-income neighborhoods.
- ▲ Provide point-of-choice promotions for produce and other healthy foods in low-income neighborhoods.
- ▲ Develop partnerships with local government to identify incentives (i.e., micro loans, awards) for limiting the marketing of unhealthy foods, especially in convenience stores and bodegas located within one-half mile of schools.



- ▲ Adopt written store policies that restrict the amount of advertising and product placement of “junk-food” at grocery checkout counters.
- ▲ Adopt the “Breastfeeding Welcome Here” campaign in business establishments.
- ▲ Explore opportunities to utilize existing distribution systems to deliver fruits, vegetables, and other healthy food options to low-income neighborhoods.

Strategies in Action

HEALTHY CHECK OUT CHOICES THROUGH YOUTH ADVOCACY

Can middle school students have an impact on the retail food environment? They can if they are five students from Anderson Middle School in Shasta County.

The students zeroed in on the local Wal-Mart and arranged a meeting with the store manager: “Would Wal-Mart wish to help prevent childhood obesity and improve community health by promoting healthier food to its customers?” they asked. To their surprise, the manager invited them to redesign the standard checkout shelf display. Store staff then built two displays according to the students’ specifications, replacing candy bars, chewing gum, and potato chips with dried fruits and nuts, granola bars, and lean beef jerky.

For the unveiling of the project, aptly named “Kids Make a Stand,” the students organized a press conference. Following strong sales, the store added a third healthful checkout stand along with refrigerated “cold boxes” with 100 percent fruit juice, low-fat yogurt, and fresh fruits.

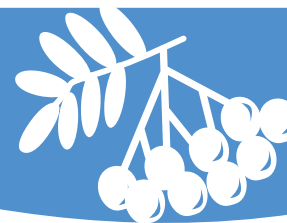


OBJECTIVE 11 – ENTERTAINMENT AND PROFESSIONAL SPORTS:

By December 2015, the entertainment and professional sports industries will adopt policies and practices that address obesity prevention.

STRATEGIES:

- ▲ Portray healthy eating and active living strategies as the norm in television, film, and advertisements.
 - Depict physically active people—that include people of all ages, ethnicities, genders, body types, and abilities—in television, film, and advertisements.
 - Depict healthy foods and beverages as enjoyable.
 - Depict breastfeeding as the norm for infant feeding.
 - Recognize news programs, films, television shows, and advertisements that portray healthy eating and active living with annual awards.



- ▲ Limit the availability and portion sizes of less healthy foods and beverages and increase healthy foods and beverages at sports, movie, and other entertainment venues.
 - Entertainment venues, movie theater chains, and professional sports teams should promote and provide nutritious, affordable food and beverage choices, and welcome breastfeeding mothers and babies.
- ▲ Use product placement to promote healthy foods and beverages in movies and television programs.
- ▲ Limit the licensing of popular children’s characters to healthy foods and beverages consistent with the Dietary Guidelines for Americans.



GOAL 4. STATEWIDE TRACKING AND EVALUATION SYSTEM:

Create and implement a statewide tracking and evaluation system.

OBJECTIVE I – STATE GOVERNMENT:

By December 2015, the State will measure progress toward obesity prevention in California, assessing overall health, health behaviors, and policy and environmental changes.

STRATEGIES:

- ▲ Conduct a data inventory and recommend a systematic approach to data collection on healthy eating and active living indicators.
 - Conduct an inventory of currently available surveillance and survey data, including type of data collected, the surveillance system or survey from which the data comes, time frame of collection, population covered, and correlating state plan objective.
 - Include the following statewide surveillance systems: California Health Interview Survey (CHIS), California Dietary Practices Survey (CDPS), California Teen Eating, Exercise and Nutrition Survey (CalTEENS), California Children's Healthy Eating and Exercise Practices Survey (CalCHEEPS), *FITNESSGRAM*®
 - Also include the following Centers for Disease Control and Prevention State Surveillance Systems and Surveys: Behavior Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), Pediatric Nutrition Surveillance System (PedNSS), Pregnancy Nutrition Surveillance System, National Immunization Survey, Pregnancy Risk Assessment Monitoring System, School Health Policies and Programs Study, National Hospital Discharge Survey, National Vital Statistics System, CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)
- ▲ Based on the data inventory, convene a task force to develop an evaluation and accountability agenda to improve California data systems.
 - Recruit and maintain an Evaluation Advisory Committee (task force) made up of state and national experts in evaluation, nutrition, and physical activity.

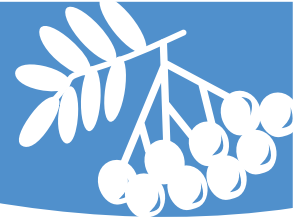


- Convene annual meetings of the Evaluation Advisory Committee that will provide recommendations for evaluating and tracking policy and environment/systems change, give recommendations to shape the program agenda, and guide future surveillance and evaluation efforts.
- ▲ Incorporate standardized health indicators, such as physical activity, healthy eating, breastfeeding, social norm change, and healthy community environment measures into all relevant statewide surveys.
 - Determine standardized health indicators for physical activity, healthy eating, breastfeeding, social norm change, and policy and environmental changes; incorporate these indicators into relevant statewide surveys.
 - Propose a systematic approach for collecting policy and environmental change indicators related to healthy eating and active living.
 - Coordinate surveillance activities across CDPH Chronic Disease Programs, and collect surveillance data for all currently available surveillance measures related to nutrition, physical activity, overweight, obesity, and other related risk factors.
- ▲ Ensure that data is available and accessible for local governments and communities to advise and enhance their obesity and chronic disease efforts.
- ▲ Document and disseminate local success stories and lessons learned.



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