



# San Diego County Childhood Obesity Initiative Strategic Plan

## **Vision**

We envision healthy eating and active living in all places.

## **Mission**

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

## **Purpose**

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

## **Goals**

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

## **Values**

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

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

Collaboration—We foster an environment of collaboration, not competition.

Integrity—We display integrity and professionalism.

## **Guiding Principles**

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

We strive to be inclusive and linguistically and culturally appropriate.

We share experiences, lessons learned, and promising practices.

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

We operate with fiscal integrity.



### ***San Diego County Childhood Obesity Action Plan***

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

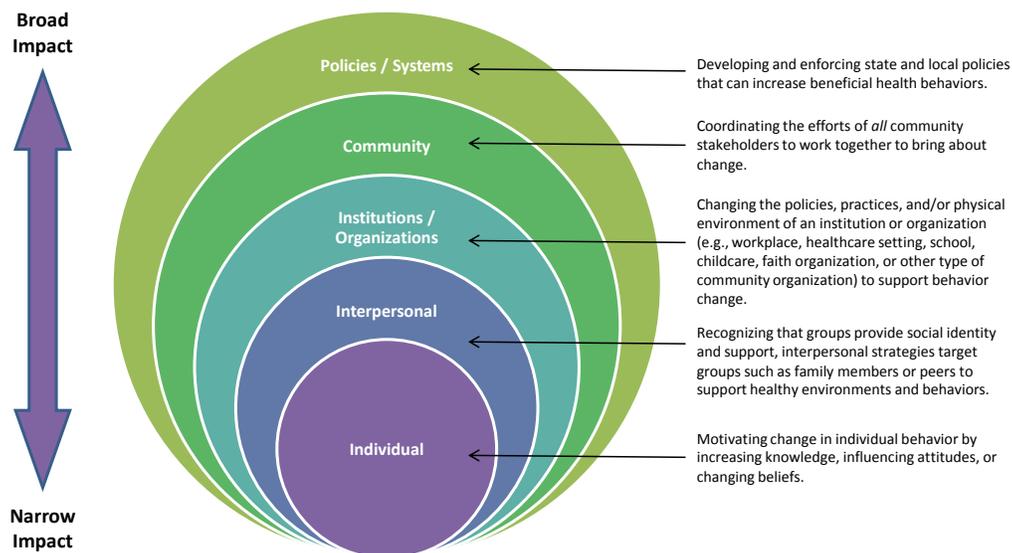
The steering committee dedicated months to collecting and synthesizing diverse perspectives on the challenge of addressing childhood obesity. A rigorous literature review informed their process. The steering committee also sought the input of workgroups made up of experts from a variety of disciplines; held community conversations with residents from different neighborhoods, races/ethnicities, cultures, and backgrounds; and conducted interviews with key informants. Recognizing the necessity for a multidisciplinary, comprehensive approach to the problem, the steering committee identified seven key domains that have the most influence on policies and environments that support healthy choices and behavior change: government, healthcare, schools, childcare, community, media, and business. As the process unfolded, a diverse group of community members and partners from each domain joined the effort. In 2006, the steering committee released the first *Call to Action: San Diego County Childhood Obesity Action Plan (Action Plan)*. The *Action Plan* was revised in 2007, 2010, and again in 2015.

The objectives of the *Action Plan* include:

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

The *Action Plan* steering committee utilized a socio-ecological model of health promotion in the development of this plan. The socio-ecological model illustrates that health choices are affected by factors at the individual, interpersonal, organizational, community, and policy levels. At the core of the socio-ecological model is the concept

that supportive environments and public policies strongly influence individuals to make healthy choices. Adequate access to affordable and nutritious food, infrastructure such as parks and playgrounds, active transportation options, and safe neighborhoods can make healthy living easier, particularly in under-resourced communities. While education can influence individual choices, addressing environmental barriers and community conditions creates systems-level change that impacts more people and may be easier to sustain than individual interventions alone. For this reason, the *Action Plan* emphasizes policy, systems, and environmental changes to reduce and prevent childhood obesity.



## San Diego County Childhood Obesity Initiative

### History

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

The COI was established as a public-private partnership, and this collaborative spirit continues to guide its work. By engaging agencies, institutions, organizations, neighborhoods, and individuals from multiple sectors to work together to combat



childhood obesity, the COI leverages existing resources and promising practices and inspires new partners to join the cause.

### Organizational Structure

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

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

### **Overarching Strategies**

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

*Reducing Access to and Consumption of Sugar-Sweetened Beverages*—The health consequences of drinking soda and other sugar-sweetened beverages are well documented. Sugar-sweetened beverages (SSBs) are the primary source of added sugars in the American diet.<sup>1</sup> Although consumption has declined in recent years, the average American still consumes 150 calories of SSBs daily<sup>2</sup> and 45 gallons of SSBs per year.<sup>3</sup> A study by UCLA and the California Center for Public Health Advocacy<sup>4</sup> found that in 2011-2012, 28 percent of children ages 2 to 11 and 61 percent of children ages 12 to 17 in San Diego County drank one or more SSB per day. Scientific evidence indicates a strong link between SSB consumption and obesity.<sup>5</sup> Children who drink at least one serving of SSBs per day have 55 percent increased odds of being overweight or obese when compared to children who rarely drink SSBs.<sup>6</sup> Reducing access to and consumption of SSBs, while increasing availability of healthful beverages, is one of the most important actions that can be taken to improve community health.

*Increasing Safe Routes to Healthy Places*—Regular physical activity in childhood and adolescence has many health benefits including improved strength and endurance,



healthy bones and muscles, healthy weight, reduced anxiety and stress, and increased self-esteem, and may also improve blood pressure and cholesterol levels.<sup>7</sup> The U.S. Department of Health and Human Services (USDHHS) recommends that young people ages 6 to 17 years participate in at least 60 minutes of physical activity daily.<sup>8</sup> Despite these recommendations, a 2013 national study by the Centers for Disease Control and Prevention found that only 27.1 percent of high school students surveyed (including 17.7 percent of females and 36.6 percent of males) had participated in at least 60 minutes per day of physical activity on all seven days before the survey.<sup>9</sup> Improving access to physical activity includes a supportive built environment and infrastructure, public safety, and safe routes that lead to destinations with amenities that support health. Although the USDHHS does not provide specific health recommendations for physical activity for children ages 0-5, experts recommend active play and other forms of physical activity for toddlers and pre-school children and agree that young children should engage in substantial amounts of physical activity on a daily basis.<sup>10,11</sup>

### **Collective Impact**

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

- *Common Agenda*—COI partners approach the problem of childhood obesity within the framework of policy, systems, and environmental change; share the vision of healthy eating and active living in all places; and agree on the COI's goals.
- *Mutually Reinforcing Activities*—With the *Action Plan* as a guide, COI partners implement identified strategies unique to their domains, as well as overarching strategies. All partners do what they do best with differentiated approaches, but do so in a collaborative and coordinated manner.
- *Continuous Communication*—Consistent and open communication helps build trust and transparency. Communication is supported through regular meetings of the Leadership Council and domain workgroups, electronic newsletters, and social media.
- *Shared Measurement*—COI's evaluation plan identifies three tiers of measurement: 1) overall childhood BMI; 2) community-level changes; and 3) specific activities of COI domain workgroups. Evaluation is supported by COI partners and local researchers, epidemiologists, and others with expertise and knowledge in this field. Evaluation activities are informed by an evaluation committee comprised of local researchers, academicians, and epidemiologists and are facilitated by CHIP.
- *Backbone Support*—CHIP serves as the backbone support organization for the COI. In this capacity, CHIP staff members conduct the following activities:



provide strategic guidance; recruit, retain, and recognize partners; convene and facilitate partnerships; serve as a conduit between and among partners and the community to make strategic connections; provide technical assistance and support to partners; manage internal and external communications; facilitate and provide support for evaluation activities; provide education and advocacy to steward policy; and serve as resource managers to identify and facilitate funding to support COI goals and partners.

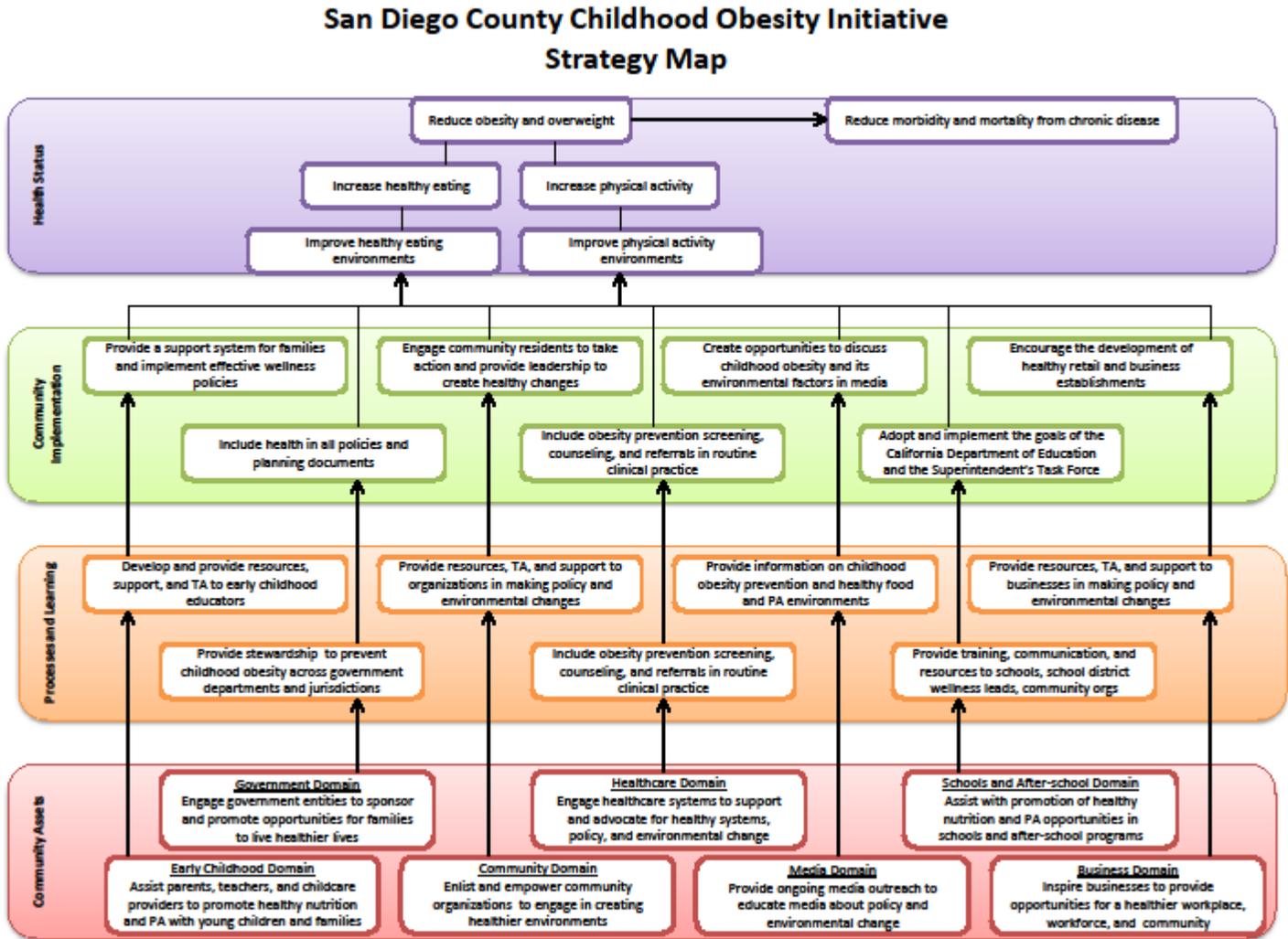
### **Health Equity**

Rates of childhood obesity are higher among some populations and in certain neighborhoods. It is no coincidence that the same communities that have suffered from years of disinvestment, failing infrastructure, lack of access to healthful foods, transportation challenges, and public safety issues are often the same communities with higher rates of chronic diseases such as diabetes and obesity. Race/ethnicity, sex, age, geographic location (e.g., rural vs. urban), education, income, and disability have been linked to disparities in obesity prevalence.<sup>12</sup>

Many of the obesity prevention strategies recommended for COI domains address the social determinants of health that lead to health disparities. COI partners work to ensure that policy, systems, and environmental changes that support health benefit all communities in the region, especially those experiencing health disparities. Examples include improving access to healthful, affordable food and beverages in areas with limited access or high density of fast food outlets, and improving infrastructure (e.g., parks, playgrounds, walking paths, bike paths, etc.) in areas with limited opportunities for safe outdoor physical activity. COI partners share the core belief that all residents of San Diego County should have the opportunity to live a long, healthy life, regardless of their income, education, or racial/ethnic background.

## Strategy Map

The illustration below presents a graphic representation of the implementation strategy COI partners use to reach collective vision and goals.



## What Can You Do?

Everyone has a role to play in solving the childhood obesity epidemic because everyone has a stake in the outcome. We must all work together to ensure that healthy food and physical activity choices are available to all San Diego County residents. No matter who you are or what you do, you can help make San Diego County a healthier place. To find out how you can participate, visit the COI website at [www.OurCommunityOurKids.org](http://www.OurCommunityOurKids.org).



## Live Well San Diego



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

October 2012; and Thriving, adopted in October 2014.

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

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

## Community Health Improvement Partners



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

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

- <sup>1</sup> Welsh, J.A., Sharma, A.J., Grellinger, L., & Vos, M.B. (2011). Consumption of added sugars is decreasing in the United States. *American Journal of Clinical Nutrition*, 94(3), 726-734.
- <sup>2</sup> Kit, B., Fakhouri, T., Park, S., Nielsen, S., & Ogden, C. (2013). Trends in sugar-sweetened beverage consumption among youth and adults in the United States: 1999-2010. *American Journal of Clinical Nutrition*, 98, 180-188.
- <sup>3</sup> Andreyeva, T., Chaloupka, F.J., & Brownell, K.D. (2011). Estimating the potential of taxes on sugar-sweetened beverages to reduce consumption and generate revenue. *Preventive Medicine*, 52(6), 413-416.
- <sup>4</sup> Babey, S.H., Wolstein, J., & Goldstein, H. (2013). Still Bubbling Over: California Adolescents Drinking More Soda and Other Sugar-Sweetened Beverages. UCLA Center for Health Policy Research and California Center for Public Health Advocacy.
- <sup>5</sup> Woodward-Lopez, G., Kao, J., & Ritchie, L. (2011). To what extent have sweetened beverages contributed to the obesity epidemic? *Public Health Nutrition*, 14(3), 499-509.
- <sup>6</sup> Morenga, L.T., Mallard, S., & Mann, J. (2013). Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *British Medical Journal*, 346.
- <sup>7</sup> U.S. Department of Health and Human Services. (2008). Physical Activity Guidelines Advisory Committee report. Washington, DC: U.S. Department of Health and Human Services.
- <sup>8</sup> U.S. Department of Health and Human Services. (2008). 2008 Physical Activity Guidelines for Americans. Washington, DC: U.S. Department of Health and Human Services.
- <sup>9</sup> Centers for Disease Control and Prevention. (2014). Youth Risk Behavior Surveillance—United States, 2013. *Morbidity and Mortality Weekly Report*, 63(SS04), 1-168.
- <sup>10</sup> Institute of Medicine (IOM). (2011). Early Childhood Obesity Prevention Policies. Washington, DC: The National Academies Press.
- <sup>11</sup> The Nemours Foundation. (2013). Best Practices for Physical Activity: A Guide To Help Children Grow Up Healthy.
- <sup>12</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity. (2013). The Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities. Retrieved from <http://www.cdc.gov/obesity/downloads/CDCHealthEquityObesityToolkit508.pdf>.

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