

**Sacramento County
Childhood Obesity Prevention Coalition**

**Creating
Healthy
Environments**

A Snapshot of Childhood Obesity in Sacramento County



Childhood obesity is a local, state, and national epidemic. Over the past three decades, the number of obese children (age 6-11) has more than tripled and the number of obese adolescents (age 12-19) has doubled. The 2006-07 California Physical Fitness Report found that 30.4% of students in Sacramento County are overweight.ⁱ

The increase in obesity stems from a broad range of issues. Over the past 40 years, changes in the built environment have promoted sedentary lifestyles. Lack of sidewalks, long distances to schools, and the need to cross busy streets discourage walking, biking, and other physical activity. Researchers estimate that while more than two-thirds of all children walked or biked to school as little as thirty years ago, that number has now plummeted to less than ten percent.ⁱⁱ Overall, fewer than 20% of Sacramento County adolescents report being active for thirty minutes, five days per week.ⁱⁱⁱ

Social Change has Contributed to Less Active Behavior

Social change has also contributed to less active behavior. Renewed emphasis on academic achievement in the school has reduced the time and space available for active play and structured physical education. Longer workdays and single parent households limit opportunities available for physical activity outside of school hours. In 2005, the California Health Interview Survey found that of Sacramento County children aged 12-17, 30% do not engage in physical activity outside of PE class. Conversely, the survey found that nearly three-fifths of overweight teens in Sacramento County spend more than three hours of each weekday watching television.

The effect of changing behavioral norms is being witnessed in California Physical Fitness Test Results. In Sacramento County, 38.0% of fifth, seventh, and ninth graders rated at a level that did not meet “*healthy fitness zone*” standards for aerobic capacity in 2006-07.^{iv}

The Struggle of Maintaining a Healthy Diet

Community design and values contribute to consumption of a less healthy diet. While there are a variety of venues where nutritious foods can be obtained, many of these outlets are not easily accessible by all populations, particularly the traditionally underserved communities. Frequently, high calorie, low nutrient foods replace nutritious foods in the regular diet of children in our community. Cost, access, and taste preferences all contribute to the difficulty of maintaining a healthy diet. Access to healthy foods is significant given that half of Sacramento County children under age 12 and nearly three-quarters of teens eat less than the recommended amount of fruit and vegetables per day.^v

The impact of overweight and obesity has a tremendous impact on individuals, as well as the overall community. Several health conditions have been increasingly associated with childhood obesity including type II diabetes, hypertension, asthma, orthopedic complications, and sleep apnea. Adult onset conditions such as cardiovascular disease, congestive heart failure, osteoarthritis, gallstones, and female infertility have all been linked to increased incidence among individ-



uals who were obese during childhood. Obesity is associated with 4 of the 10 leading causes of death.^{vi} Additionally, the psycho-social impact of childhood obesity includes social stigma and isolation, low self-esteem, and poor body image, which can potentially lead to future eating disorders and other impacts on mental health.

Based on national figures, obesity accounted for 5-to-9% of total health care expenditures in 1998 and accounted for more than 25% of the increase in health care costs between 1987 and 2001. On average, health care costs for obese Americans are 36% higher than for people of normal weight.^{vii} The cost associated with treating obesity-related morbidities outweighs the costs of implementing comprehensive obesity prevention programs.

While obesity has been identified as a major health issue in Sacramento County, resources to develop local comprehensive programs addressing this issue have been limited.

i. Overweight students are fifth, seventh, and ninth graders who are not in the Healthy Fitness Zone for Body Composition.

ii. Transportation alternatives, “The 2001 Summary of Safe Routes to School Program in the United States.” March 26, 2001. p. 5.

iii. 2003 California Health Interview Survey. December 20, 2007.

iv. California Department of Education, Standards and Assessment Division. 2006-2007 California Physical Fitness Report. Summary of Results. December 21, 2007.

v. 2005 California Health Interview Survey. December 20, 2007.

vi. National Center for Health Statistics (NCHS). Report of final mortality statistics, 1995. Monthly Vital Statistics Report 45(11): Suppl.2, June 12, 1997.

vii. Health Plans Emerging as Pragmatic Partners in the Fight Against Obesity. NIHCM Foundation 1-10, April 2005.

For more information regarding the Smart Growth Initiative visit:
www.cityofsacramento.org/planning/policies-and-programs/smart-growth.cfm

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A Call To Action

In response to the alarming statistics, the Childhood Obesity Prevention Coalition was formed. The Coalition seeks to assess local childhood obesity prevention needs, develop local priorities, generate recommendations, and foster efforts to counter the rising obesity trend in Sacramento County.

Since forming, the Childhood Obesity Prevention Coalition has focused on expanding the network of community partners working to implement solutions. A variety of stakeholders are necessary to address childhood obesity in a comprehensive manner. Presently, the Coalition is comprised of members representing health insurance plans, hospitals, school readiness programs, community-based organizations and non-profits, the County Health Department, nutrition programs, schools, universities, advocacy organizations, health educators, and local media outlets. The Coalition welcomes and encourages additional participants.

The Coalition has also identified a number of strategies and interventions that will serve to limit childhood obesity in Sacramento County. Strategies and interventions are listed in the following section. The Coalition continues to seek resources for ongoing support of obesity prevention efforts.

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Framework for Change

The following goals and interventions provide a framework for supporting and engaging the Sacramento community in the development of physically active and healthy children through education, coordination, and promotion of physical activity and healthy eating initiatives.

The goals and interventions are presented to prompt action by individuals and agencies positioned to make a positive contribution to childhood obesity prevention efforts. Although a broad array of options are included, the Coalition encourages new and diverse partners to develop additional strategies based on their areas of expertise and asks that all partners come together to address the obesity challenge in the community.



Health Care Recommendations



Goal One . . .

Encourage, support and protect breast feeding as the foundation of healthy nutrition.

Recommended Interventions:

- Conduct inventory of breast feeding programs in Sacramento County.
- Provide incentives to “baby friendly hospitals.”
- Create a clearinghouse of breastfeeding programs in Sacramento county.
- Promote evidence-based research regarding the benefits of breastfeeding in reducing obesity.

Goal Three . . .

Health care providers will receive trainings on assessment guidelines and management practices associated with reducing risks of inadequate nutrition, lack of physical activity, and childhood obesity.

Recommended Interventions:

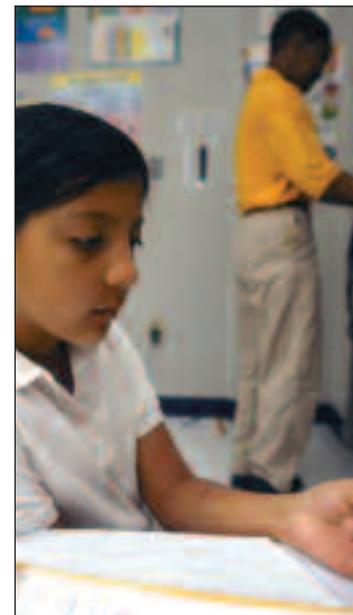
- Train providers on the benefits of using Body Mass Index (BMI) as a vital sign.
- Educate providers on appropriate behavior change and patient counseling techniques.
- Provide incentives to patients for participating in weight management programs.
- Reimburse providers for time spent counseling patients on obesity related issues.

Goal Two . . .

Support schools and other agencies on wellness policies, healthy eating and active living.

Recommended Interventions:

- Identify and share successful wellness policies.
- Identify barriers to implementation of wellness policies.
- Engage and provide referrals to stakeholders that can contribute to wellness policy implementation.





Community-Level Recommendations



Goal One . . .

Promote: high-quality, affordable healthy foods; accessible physical activity settings and programs; health education and resources to all Sacramento residents.

Recommended Interventions:

- Create a County clearinghouse/lending library of recommended nutrition and physical activity educational materials, curricula, and marketing materials.

Goal Two . . .

Assure all communities have access to safe, affordable in- and outdoor recreation areas.

Recommended Interventions:

- Initiate after-school programs for parents and children.
- Fund scholarships for children to participate in recreation activities.
- Provide incentives to youths utilizing parks and other recreation areas.
- Increase law enforcement patrols of parks and recreational areas.





Goal Three . . .

Decrease screen time (television, computers, video games) for children.

Recommended Interventions:

- Promote Healthy People 2010 recommendation of allowing no more than two hours of screen time per day.

Goal Four . . .

Improve access to affordable, quality, nutritious foods in all communities.

Recommended Interventions:

- Provide incentives to grocery stores to locate in underserved communities.
- Facilitate collaborations between neighborhood markets and local agriculture producers.
- Build community gardens.
- Recruit farmers markets to underserved communities.

Goal Five . . .

Host and support media events that promote healthy eating and physical activity

Recommended Interventions:

- Launch a media campaign promoting healthy foods and fitness.



Environmental Recommendations



Goal One . . .

Educate Sacramento County residents about the correlation between the “built environment,” access to physical activity and nutritious foods, and childhood obesity.

Recommended Interventions:

- Conduct training workshops with land-use policy makers.
- Develop asset maps identifying location of healthy food and physical activity outlets.



Goal Two . . .

Incorporate elements of the Smart Growth Initiative sponsored by the Local Government Commission into city and county land use planning processes.

Recommended Interventions:

- Monitor development proposals for inclusion of mixed-use, open space, and pedestrian-friendly elements.
- Advocate at Board of Supervisors, City Council and Planning Commission hearings for incorporation of Smart Growth principles into development proposals.

Goal Three . . .

Develop infrastructure improvements on walking routes to schools.

Recommended Interventions:

- Develop “Walk to School” and “Safe Routes to School” campaigns.
- Advocate for construction of sidewalks.
- Advocate for installation of traffic calming measures.
- Plant trees to provide protection from heat and rain.

School-Based Recommendations



Goal One . . .

Improve and sustain access to healthy food, physical activity, and wellness education in the school setting.

Recommended Interventions:

- Host in-service trainings for key school district personnel.
- Assure that all children eligible for free and reduced lunch also receive breakfast and summer lunch programs.
- Incorporate educational food garden models into school curriculum
- Establish farm to school programs.
- Identify and promote “best practices” for nutrition and physical activity programs aimed at schools and after-school programs.



Goal Two . . .

Promote the Healthy Kids Resource Center’s clearinghouse of resources to assist in developing federally and state mandated local school wellness, physical education and health education policies.

Recommended Interventions:

- Notify all schools and after school care facilities of recommended nutrition policies for healthy meals, snacks and beverages.





Pre-School/Childcare Recommendations



Goal One . . .

Licensed preschool/childcare providers will collaborate with parents and the community in providing culturally appropriate education on benefits of nutrition, physical activity and limited television viewing.

Recommended Interventions:

- Identify and promote “best practices” for nutrition and physical activity programs aimed at preschools.
- Create nutrition and physical activity guidelines for preschools and childcare programs.
- Incorporate healthy nutrition and physical activity standards into licensed preschool/childcare curricula.
- Use the Early Childhood Environmental Rating Scale (ECERS) to assess current practices regarding viewing time and content of television, computer, and video gaming in child care settings.



Goal Two . . .

Add stimulating indoor/outdoor areas and play equipment in licensed preschool/childcare programs that will promote physical activity and nutritional awareness.

Recommended Interventions:

- Develop and support educational food garden models for childcare providers.
- Identify and promote best practices models for play equipment and areas.



**The Sacramento County
Childhood Obesity Prevention Coalition
invites all stakeholders to begin this work to create
a leaner, healthier future for our children.**

**For additional information on childhood obesity, or to learn
more about joining the Childhood Obesity Prevention Coalition,
call 916.447.7063 extension 345 or call the
Heritage Institute for Family Advocacy 916.564.4111**

**The Sacramento County Childhood Obesity Prevention Coalition
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SACRAMENTO COUNTY CHILDHOOD OBESITY PREVENTION COALITION

Application For General Membership

- Yes! I would like to be added to the Sacramento County Childhood Obesity Prevention Coalition General Membership mailing list. Here is my current information.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Signature: _____

Date: _____

- Members are encouraged to attend each meeting.
- The Coalition will meet on the third Thursday of every month.

Name the primary agency or group you represent on the Coalition:

Check all categories that you represent as a coalition member.

Constituency Representation:

- Local and State Government Agencies
- Schools/Districts/Colleges/Universities
- Health Associations such as AHA, ALA, ASC
- Youth
- Parents
- Community Based Organizations
- Media Representative
- Health Plans
- Community Member
- Public Health
- Child Care Programs/Providers
- Elected Officials
- Youth Serving Agencies
- Retail/Business
- Faith-Based Organizations
- Health Care/Hospitals
- Environmental
- Other _____

Please return completed application to:

Kaiser Permanente, Geographic Managed Care Department

Att: Gina Anixter

3240 Arden Way, Sacramento, CA 95825

Or fax to: 916.652.2204