

March 26, 2010

Director, Office of Executive Secretariat
U.S. Department of Agriculture
1400 Independence Avenue, SW
Room 116–A Whitten Building
Washington, DC 20250

**RE: Task Force on Childhood Obesity: Joint Request for Information from the
Departments of Agriculture, Health and Human Services and Education, USDA 2010-
0001-0002, FR Doc. 2010–5719**

Dear Secretary Vilsack, Secretary Sebelius and Secretary Duncan,

The California Convergence respectfully submits comments in response to the joint request for information from the Task Force on Childhood Obesity, posted in the Federal Register on March 16, 2010, Doc. 2010–5719, USDA 2010-0001-0002.

The California Convergence is a collaboration of more than 40 grantees of numerous funders working to prevent childhood obesity in California. The California Convergence works together to improve food and physical activity environments so every community can be healthy. Members of the California Convergence do this by creating an effective learning community that takes action, and shares information, tools and resources across initiatives and funding streams, to create healthy environments across the state. With funding from Kaiser Permanente and The California Endowment, the California Convergence supports an infrastructure to bring together grantees from those funders along with grantees of the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, the Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, and the California Department of Public Health.¹ The California Convergence is aligned with the national Convergence Partnership, making manifest that effort on a statewide scale.

An important aspect of the California Convergence—one that informs its success—is that it grew from an organic, bottom-up approach that brought together local leaders, residents, and public health practitioners to work across issues and sectors. When the funders convened the first meetings of their grantees, it was to ask a simple question: do you want to come together to discuss the work and perhaps collaborate? The answer was a resounding yes, and as the relationships have solidified across the state it has become clear that multi-sector collaboration can inform individual organization's work as well as create a network that can do more together to prevent obesity than any one group can do alone. Everything the California Convergence does is informed by a strong, engaged community voice. This perspective is reflected in our answers to the Task Force's questions below.

The four pillars highlighted in the First Lady's Let's Move initiative touch on many aspects of the California Convergence's work. In fact, part of the California Convergence's goal is to connect those working on food or physical activity in public and private sectors. So the work in local communities often blends the four pillars into a comprehensive strategy and

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groundbreaking approach to creating healthy environments. Engaging residents and institutional and government actors together has become part of the process for affecting change. In this way, the California Convergence amplifies the voices of residents and engages them in the environmental change process. As Genoveva Islas-Hooker, Regional Program Coordinator, Central California Regional Obesity Prevention Program put it, “Convergence is about much more than preventing obesity — it’s about creating equity in communities so everyone has the same opportunities for healthy lives.”²

Our answers below illustrate how focused efforts to change environments can achieve goals in many pillars simultaneously. This is a consequence of people coming together across sectors and issues, building relationships and establishing trust, all under the broad umbrella of improving food and activity environments for children and families in every community.

1. For each of the four objectives described above, what key topics should be addressed in the report?

In 2008, public health advocates, health department representatives, service providers and education experts from across the state convened in Sacramento for a two-day conference to share their vision, identify priority policy areas, and develop a plan to improve food and fitness environments in California. Out of this meeting came the California Convergence’s four policy priorities³:

- Improving school nutrition standards for children;
- Revitalizing retail food environments to include healthier options;
- Ensuring land use and transportation promote physical activity; and
- Instituting public safety measures to ensure all neighborhoods are safe.

These four policy areas are directly aligned with the four pillars of Let’s Move even as the goals are translated into the California Convergence’s specific policy aims. For example, improving nutrition standards for children includes on-campus meals and after-school programs, and thereby directly translates to pillar two, providing healthier food in schools. The California Convergence wants to change retail food environments to 1) improve the California WIC package and 2) implement zoning restrictions to reduce fast food consumption, which connects to the third pillar, increasing access to healthy, affordable food. Land use, transportation and public safety goals, including making more space available for physical activity through joint use and “complete streets”^{4, 5} and promoting safe routes to schools, align with the fourth pillar of increasing physical activity in schools and communities.

Locally, the California Convergence groups bring information to community residents and parents, and so its work also highlights the importance of the first pillar, “empowering parents with information and tools to make good choices for themselves and their families” but with an important nuance. That is, the California Convergence experience is that creating environmental change at the community level requires engagement among those who live there. Not always easy to do, such engagement is nonetheless essential to crafting and supporting meaningful policy at the local level. Therefore, it is important to think of parents not simply as *consumers* of

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information, but as *citizens* who can take part in assessing the environment and identifying the changes that will help them and their families lead healthy lives and avoid obesity. The information the California Convergence shares with residents and parents empowers them not only with knowledge about healthy eating and activity but also with the tools they need to be engaged with the policy makers who shape their local environments.

In its report, the Task Force should address all four of the California Convergence policy priorities, with attention to how a multi-sector, community-based approach can inform and accelerate progress on creating healthy community environments for everyone.

2. For each of the four objectives, what are the most important actions that Federal, State, and local governments can take?

Some actions are government-specific. For example, the Task Force could encourage government agencies to use their contracts with vendors to encourage healthy practices (e.g., only healthy offerings in vending machines on public property). But even a recommendation like that should take into account the private sector influence on establishing such a policy. In our experience, and in the practice of the California Convergence members, environmental change—especially policy change—results from an integrated approach wherein residents, community-based organizations, private sector, and government work together. In policy deliberations in particular, a community voice is essential. Therefore, we identify the important actions for Federal, State, and local governments in our answers to questions 12-15 which demonstrate how the sectors relate to each other in establishing healthy environments.

3. Which Federal government actions aimed at combating childhood obesity are especially in need of cross-agency coordination?

Coordinate Federal Agencies to Maximize their Effectiveness

One Federal government action aimed at combating childhood obesity that requires cross-agency coordination is Supplemental Nutrition Assistance Program education, or SNAP-Ed.

SNAP-Ed is a U.S. Department of Agriculture (USDA) and state partnership that provides matching funds to support nutrition education for eligible low-income persons. SNAP-Ed programs improve the likelihood that SNAP participants will make healthy choices within a limited budget and have active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.gov.

Throughout the United States, SNAP-Ed has established an infrastructure of programs at the state and local level that are well positioned to implement comprehensive obesity prevention interventions. SNAP-Ed programs are already working in program areas that align with the four pillars of the Let's Move initiative, including schools, retail, worksite, faith organizations, after-school programs, agriculture, media and other private sector channels.

However, despite the opportunity presented by the SNAP-Ed infrastructure, current USDA Food

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and Nutrition Service program guidance restricts allowable SNAP-Ed activities to focus exclusively on traditional education approaches. These approaches, when used alone, are often inefficient, outdated, and a poor use of limited resources. The USDA guidance significantly limits the use of effective and proven social marketing interventions and disallows the use of environmental and system change approaches despite a wide-body of research that illustrates the power of these methods to deliver sustainable improvements in eating and activity.

In preparing the comprehensive interagency action plan, the Task Force should require USDA and the Centers for Disease Control and Prevention to work in coordination to implement changes in the SNAP-Ed program that unlock the potential of state and local programs to play a greater role in helping to address childhood hunger and prevent obesity.

Specifically, the Task Force should:

- Encourage SNAP-Ed programs to use existing federal funds to support population-based, evidence-driven public health interventions—including community-based social marketing, mass communications, and environmental and policy change approaches—that reach low-income children and their families where they live, work, go to school, and make their food and physical activity choices.
- Ensure that State and local programs use approaches that enable and support healthy behavior change at the individual level by addressing social, environmental and community factors that limit healthy choices.
- Allow state and local agencies to use administrative funds and/or SNAP-Ed reimbursement to conduct marketing campaigns that increase participation in the Federal nutrition programs, especially in SNAP, school breakfast, summer meals, afterschool snack, and the child and adult care food program.
- Encourage all federal nutrition assistance programs, including SNAP-Ed, to conduct counter-marketing campaigns to address the marketing of unhealthy foods and beverages, learning a lesson from the strategies and innovations that worked so well for tobacco control.

By requiring greater cross-agency coordination and alignment with CDC recommended strategies to prevent obesity, SNAP-Ed programs can do more to help create community and neighborhood environments that enable and empower parents and children to make healthy choices, while helping to increase community food security, prevent obesity and reduce the risk of chronic disease for low-income Americans.

Leverage Cross-Agency Action to Limit and Monitor Food Marketing to Children

Pursuant to the FY 2009 Omnibus Appropriations Act (H.R. 1105), the Federal Trade Commission, the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Department of Agriculture were charged with establishing an Interagency

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Working Group on Food Marketed to Children (known as the SNAC PAC). The SNAC PAC is conducting a food marketing study to identify the “positive and negative contributions of nutrients, ingredients, and food” to the diets of children 17 and younger and “evidence concerning the role of consumption of nutrients, ingredients, and foods in preventing or promoting the development of obesity” among children 17 and younger. By July 15, 2010, the Working Group is directed to submit to Congress research findings and recommendations on nutrition standards for food marketing. In December 2009, the SNAC PAC released the first draft of the nutrition standards.⁶

The SNAC-PAC recommendations are an important cross-agency strategy with the potential to shape policy to ensure children are not exposed to harmful food marketing practices in an effort to support healthy food environments. The Task Force should highlight and support the SNAC PAC nutrition standards and work against any effort to weaken them.

Support Coordination and Flexibility Among Local Governments

At the local level, California Convergence members have prompted county departments of public health, land use and planning, business, and city councils to work together to promote healthier environments. The promotion of healthy eating, safe, active lifestyles, and the prevention of violence depend on cross-sector collaboration, including participation from schools, businesses, city and county agencies and elected officials. In California, Governor Arnold Schwarzenegger recently lent strong support to the movement to incorporate “health in all policies” when he established the Health In All Policies Task Force to bolster the health component of ongoing inter-agency work related to land use, transportation, agriculture, housing, water and public infrastructure.^{7, 8}

Incorporating health in all cities’ General Plans is an effective cross-agency strategy to ensure the built environment, including physical structures like sidewalks or roads as well as things like access to healthy food, takes health into consideration. A few examples from the California Convergence:

- More than 60% of the population in Kings County is estimated to be overweight or obese. “We know that these high rates are fueled by environments that don't support access to healthy, affordable foods and physical activity opportunities. The public health department saw a real opportunity to work with planners to take a non-traditional prevention approach based on Smart Growth principles, and so we began sharing ideas,” says Juan Ibarra, community health capacity-building specialist with the Central California Regional Obesity Prevention Program. Smart Growth is aimed at averting the problems faced by many rapidly growing communities, by promoting walkability, bikeability, and public transit; neighborhood schools and mixed-use development; and the preservation of natural and cultural resources. According to Greg Gatzka, Kings County community development agency director, and collaborator on a Smart Growth project undertaken in Kings County by the Central California Regional Obesity Prevention Program, “Early planners were concerned with moving unhealthy uses away from where people lived. Over time, though, planning became ‘how do we divide up

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land and issue zoning permits’ instead of ‘how do we build healthy communities.’”⁹ With that in mind, community residents played an integral role in the efforts to update the Kings County General Plan, which hadn’t been updated since 1993. “Whenever the community is involved, officials tend to listen more,” says Ibarra.

With that in mind, a team of advocates, public health professionals, and city planners, including Gatzka, invited residents to sit down with them to discuss their concerns and ideas for improving the food and physical activity environment. “The cross-pollination between planners and public health people, who normally don’t work closely together, has shaped our ability to contribute and comment on general plans,” noted Keith Winkler, director of Kings County department of public health. For their efforts, Gatzka and his colleagues at the Kings County community development agency earned an honorable 2008 Merit Award from the Cities Counties Schools Partnership—one of only three merit awards given to California cities that year.¹⁰

- When fast food outlets and liquor stores outnumber grocery stores, finding healthy food can be nearly impossible. But cross-sector collaboration can facilitate the regulation and zoning requirements to ensure that all communities have access to grocery stores, farmers markets and other venues that provide healthy food options. For example, California Convergence members in South Los Angeles worked with residents and health department experts and with the city council to fashion a one-year moratorium on building new fast food restaurants in an already highly saturated part of Los Angeles.
- Another critical opportunity for cross-agency collaboration is for violence prevention. Violence prevention resides in almost every local government department because it touches on schools, housing, and employment. The challenge is to recognize natural allies whose work has an impact on safety but whose motivation or interest may not be specifically about that topic. What’s needed is an infrastructure that can adequately link people across issues so they can work in unison across sectors to create cities, neighborhoods, and streets that are safe for activity.

One California Convergence member, The California Endowment-funded Central California Regional Obesity Prevention Program in Madera, California, did this in collaboration with the police department using an approach called Crime Prevention Through Environmental Design (CPTED). CPTED is based in the premise that “the proper design and effective use of the built environment can lead to a reduction in the fear of crime and incidence of crime, and to an improvement in quality of life.”¹¹ After a group of concerned parents and school officials met with officer Durbin Lloren to share how they felt unsafe in their neighborhoods, uncomfortable with students walking to school, and concerned about increased gang activity, they developed the Community Patrol, which included school officials, parents, youth and the police department. In collaboration with Officer Lloren and the Central California Regional Obesity Prevention Program, the Community Patrol developed several Safe Routes to Schools strategies, all of which engaged parents in active roles. According to Officer Lloren, “The most important thing is getting neighborhood residents to meet and talk to each other.”

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In each example, the government's work was informed in large part by community members who got involved to create safer, healthier communities. For officer Lloren, success is dependent on the personal and institutional relationships as part of a larger strategy for public safety. From the community perspective, Central California Regional Obesity Prevention Program community coordinator Cristina Gomez-Vidal said, "It's really about building relationships and building trust."¹²

These examples emphasize the need for local governments to work together across departments more effectively as well as strengthen mechanisms for engaging and responding to community residents. The Task Force should recommend ways that public health departments, in particular, can work more effectively with the community residents they serve. Public health departments are often hampered in this regard, even when they have the desire, because of inflexible funding streams. To create environments that support healthy eating and physical activity, public health departments need more flexibility with their resources coupled with structural mechanisms for greater engagement with and accountability to community members.

4. For each of the four objectives, what are the most important actions that private, nonprofit, and other nongovernmental actors can take?

In keeping with the California Convergence perspective that integrated community-based work across sectors is the most effective way to create healthy environments, we address this question in our answers to questions 12-15.

5. For each of the four objectives, what strategies will ensure that efforts taken by all of the entities mentioned above reach across geographic areas and to diverse racial, ethnic, socioeconomic, and geographic groups, including children who are at highest risk of obesity and children with disabilities?

Many attribute success in the California Convergence to the fact that most projects collaborated across sectors using an environmental policy approach, bringing together residents, public health professionals, agency administrators, community-based organizations and others. The key is ensuring that community residents' voices are heard and help shape the goals and strategies of the change efforts. This means that those community members who suffer most from the problem must be engaged in the process. For example, the Santa Clara County public health department, part of the California Department of Public Health's Communities of Excellence (CX3) project, involved neighborhood moms to document conditions through CX3 GIS mapping and survey work. After documenting their neighborhood as a food desert, the moms fought to open a farmers' market in the neighborhood, and they continue efforts to bring in a full-service grocery store. Their presentations to leaders also have led to numerous improvements to pedestrian safety. In another CX3 project, youth in La Mesa, San Diego County, mapped obstacles to safe travel to school, lack of fresh fruit and vegetables at neighborhood markets, and need for access to public transit and park facilities. Based on project outcomes, the area high school has made pedestrian-safety improvements. They also received a 2008 Spotlight Award from the Governor's Council on Physical Fitness and Sports.

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The strategy the Task Force should support is effective and inclusive community organizing of residents. California Convergence members take this seriously and see bringing those voices to the table as central to their work.

6. What goals should we set within each objective to ensure that we meet our overall goal of solving the problem of childhood obesity in this Nation in a generation?

Overall, goals for each pillar should include mechanisms for ensuring cross-sector collaboration, equity, and attention to the environments surrounding individuals. We have identified specific policy goals in our answers to questions 12-15.

7. What concrete, specific actionable recommendations or guidelines would help parents reduce the risk that their child will become overweight or obese and how can their effectiveness be measured?

The California Convergence understands that the environments we live in can either foster health or promote disease. The public health research is unequivocal on this, so the best concrete and actionable guideline for parents is to be involved in the democratic process at the local level to ensure the policies are in place that support health in every neighborhood. Resident involvement—including parents—is essential for creating meaningful changes in local community and school environments so they make it possible, even easy, for everyone to eat healthy food and be active.

8. What are the key benchmarks by which we should measure progress toward achieving those goals?

Transforming unhealthy communities to thriving environments takes time and requires ongoing evaluation to assess benchmark achievements. Evaluations of obesity prevention efforts should be designed to understand how community food and physical activity environments can be changed, what it takes to make and sustain changes over time, and what impact the changes have on health disparities related to diabetes and obesity in the participating communities. Evaluators need innovative tools to measure a range of short-term, intermediate and long-term outcomes, including changes in the built environment, organizational and legislative policy change, behavioral change in diet and physical activity, as well as changes in fitness levels.¹³

According to Samuels and Associates, the evaluators of the Healthy Eating, Active Communities and Central California Regional Obesity Prevention Programs, “[T]he evaluations of these initiatives employ a variety of qualitative and quantitative methodologies to capture accomplishments, challenges, lessons learned and best practices from these initiatives efforts to change policies and environments.” Using these methods, the evaluators have identified the “best practices for utilizing policy and environmental strategies to improve the children’s health and reduce health disparities.”¹⁴

Benchmarks for progress should also include measures of community engagement so that

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communities can determine whether they have informed and activated residents to participate in the change process.

For example, the California Convergence member in Richmond, California, Kaiser Permanente's Healthy Eating, Active Living (HEAL) effort, brought together the health department and community groups who overcame a long history of antagonism to create HEAL Zones, areas in Richmond that support healthy eating and active living. Richmond advocates supported civic engagement by encouraging residents to take leadership roles in policy and advocacy activities. This history—both in the substance of the work as well as the process—gave local leaders the background to come together with others who had similar community-based experiences.¹⁵ The bridges built and shared success can accelerate the ability of the community to work together. Documenting and evaluating the process can help other communities do the same thing. Measures could also be developed to assess the level of cross-sector activity and whether prevention measures are focused on lasting changes in the environment.

9. What important factors should be considered that do not easily fit under one of the four objectives?

California Convergence groups have been concerned about food marketing, with good reason. Right now, marketers are the primary educators about food in this country. According to the FTC, companies spent \$2 billion in 2006 marketing food and beverages to children.¹⁶ This includes traditional commercials on TV, toys and giveaways at fast food restaurants, and digital marketing that seeps into every nook and cranny of an increasingly digital generation.^{17, 18} Parents can hardly be expected to compete with spokescharacters from their children's favorite movies, giving away toys at every turn, contacting their children on their Facebook pages or sending them coupons directly to their cell phones.

The marketing is a problem because it works. According to the Institute of Medicine, food marketing targeting children overwhelmingly promotes foods children should avoid, and leads them to request and consume more of those foods than they should.¹⁹

At the local level, some California Convergence groups have addressed marketing by doing neighborhood audits, as in the Baldwin Park example discussed below in Question #13, where the school and community groups worked together to assess the amount of junk food marketing students are exposed to on their way to and from school and presented their findings to the city council. In the example from Shasta county discussed below in Question #14, students worked with community organizations to engage business representatives, in this case from Wal-Mart, to revamp a checkout aisle to be junk food free. And, in Cajon Valley School District (K-8), the School Board limits and discourages the marketing of non-nutritious foods and beverages through signage, vending machines, logos, school supplies, ads in school publications, coupon programs, or other means. Students on the wellness committee helped develop and implement the policy.

While the local efforts are important, the major food marketers operate nationally and internationally. Transforming food marketing so that it promotes what children should eat rather

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than promoting what they should avoid needs to be a nationally-focused effort. While some marketers have pledged to do better, as the First Lady pointed out when she spoke to the Grocery Manufacturer's Association on March 16, many of these efforts have not gone far enough. In a study released last December, Children Now assessed food companies' pledges to change their marketing and found that three out of four foods advertised on television are still for foods children should avoid.²⁰ At that rate of change, according to professor Dale Kunkel, the study's lead author, it will take until the year 2033 to end child-targeted advertising for nutritionally poor foods.²¹

The children in Baldwin Park and Shasta county—any where in the nation—shouldn't have to wait that long.

To prevent harmful marketing practices that contribute to poor health outcomes, the Task Force should:

- Encourage the federal agencies concerned with marketing and with screen time, the Federal Trade Commission and the Federal Communications Commission, to assess food and entertainment company practices that promote unhealthy food and sedentary behavior to children and youth and work with parents, community-based organizations, researchers, and advocates to monitor food and beverage marketing and pursue regulation when appropriate.
- Support the removal of marketing of low-nutrient foods and beverages children should avoid in elementary, secondary, middle and high schools.
- Encourage local policy to regulate toy giveaways at restaurants, either banning them or only allowing toys with healthy kids' meals, as is currently being considered by board of supervisors in Santa Clara County.

10. What are the key unanswered research questions that need to be answered with regard to solving childhood obesity and how should the Federal Government, academia, and other research organizations target their scarce resources on these areas of research?

California Convergence groups and others working at the local level would benefit from policy and economic research that could inform them about what policies most effectively improve food and activity environments, including the impact of physical education and nutrition on children's academic performance. In addition, research on how the most effective mechanisms for engaging communities in the policy process would help California Convergence groups improve their abilities to create healthier environments.

11. In areas or communities that currently have a high incidence of childhood obesity, what is the best explanation of why particular children do not become obese?

Obesity can be understood as an expression of genes as they manifest in the environment. A key factor to keeping all children healthy will be creating environments that foster health rather than

promote disease.

12. Specifically with regard to objective 1 (empowering parents): How can Federal, State, and local governments, the private sector, and community organizations best communicate information to help parents make healthy choices about food and physical activity?

The work of the California Convergence is grounded in the understanding that what surrounds us, shapes us. As research shows, where families live, play, work and buy food has a direct impact on their health.²² This is why schools, after-school programs, parks, grocery stores and other retail outlets all have a significant impact on parents' ability to ensure that their families stay healthy. Parents can't make good decisions for their families if healthy choices are not available. Living in close proximity to fast food restaurants and convenience stores, for example, is correlated to having a higher prevalence for obesity.²³ The information and tools parents receive must be connected to the places where they will put that information to use. If parents' local environments don't foster health, the information they need may be about how to join with others to create healthier environments, rather than about food or activity per se.

Help Smaller Restaurants Provide Information on their Menus

One strategy to arm parents with critical information is to post nutrition information on all restaurant menus and menu boards. To this end, as of July 2009, California followed states like New York and Washington State to pass a law requiring chain restaurants with more than 20 locations to disclose nutrition information at point-of-purchase.²⁴ The California law, which affects 17,000 restaurants across the state, will provide patrons—many of them parents and families—with the necessary information to maximize informed, nutritious eating. Happily, parents across the country will now benefit from this information as a mandate for menu-labeling is part of the recently signed health care reform law.²⁵ Though not required by the same mandate, some smaller independent restaurants are nevertheless joining the movement to provide calorie counts and other nutrition information for all of their standard menu items.²⁶ The question now is: how can government, business, and community organizations help smaller venues provide this essential information to parents?

One California Convergence group showed how it can be done. In response to California's menu-labeling law, advocates funded through the Healthy Eating Active Communities program in South L.A. offered nutritional analysis to help a local food court serving a primarily low-income Latino clientele include nutritional information on all menu boards. In the process, the menu-labeling promoted nutritional literacy and helped business owners play an active role in the health of their community.²⁷ It is notable that the establishment in this example was not one of the large chains required by law to provide menu labeling. In this case, the successful labeling resulted from months of close work between the vendors, community groups, and the Los Angeles Department of Public Health. Many business owners undergoing the same process (in South Los Angeles and elsewhere) have been so alarmed to learn of the high calorie and fat content of menu items that they either revised their recipes or removed the items entirely from the menu.²⁸

Gather Information Using Neighborhood Assessments

Part of empowering parents with information is about gathering that information. For example, in an effort to make changes in their local convenience stores, a group of 10th through 12th graders in Baldwin Park (Los Angeles County) conducted a Corner Store Marketing Audit in the spring of 2007. Their work shows how the information parents need to make healthy purchases follows from what is available—and what is not available—in the food environment. The students worked closely with Christina Cardenas, advocate coordinator for the Healthy Eating Active Communities initiative in Baldwin Park, a California Convergence member, who said, “We mapped out corner stores and small markets and found 17 of them within a two-mile radius surrounding schools.” The students learned that junk food manufacturers spend millions of dollars a year marketing their unhealthy brands to young people. One of the ways they wanted to fight back was by creating their own “Healthy Selection” logo to identify all products that met California’s school nutrition standards. They held an open design competition, and now signs and stickers of the winning logo are posted throughout the eight participating stores, serving as a helpful guide for customers of all ages, including parents. “Labeling ‘Healthy Selections’ is the first step in changing business practices,” say Cardenas. “It has allowed us to get our foot in the door and begin a relationship with store owners, which is crucial to achieving permanent policy change in collaboration with the City of Baldwin Park.”²⁹ Such policy change is the foundation necessary for getting parents the information they need to make good choices for their families. It brings together the business sector, schools, and community organizations who can work together to inform and empower parents.

Another example of empowering parents and families through engagement comes from the HOPE Collaborative (Health for Oakland’s People and Environment), a W.K. Kellogg Foundation Food & Community grantee and California Convergence member. Central to the development of its community action plan was an innovative neighborhood assessment strategy that engaged community members in examining their food and physical activity environments. The micro-zone reviews included youth-led surveys, listening sessions with community members, and walk-the-block assessments where collaborative members noted food accessibility and details such as empty lots and the presence of parks or playgrounds. The community action plan identified three policy and system change targets to implement across multiple Oakland neighborhoods:

- Increase incentives for healthy food retail in Oakland’s flatland areas;
- Incorporate a “complete neighborhoods” model in the city’s planning process; and
- Equalize the representation of voices in community planning and civic ownership.

The collaborative’s goal for equalizing the representation of voices in community planning is the mechanism by which it will empower parents and others to be sure their neighborhoods provide the food and physical activity opportunities every family needs. The collaborative’s work is also a good example of how the four pillars work together.

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Based on these experiences, the Task Force should:

- Encourage schools, youth, and community members to assess neighborhoods for access to and increase demand for healthy food and opportunities for physical activity. Include suggestions for sharing information that can bring together government leaders, community organizations, schools, and residents.
- Identify ways restaurants exempt from menu labeling laws can still offer this crucial information to their customers. Assess whether centralized assistance for determining calorie counts and recipe changes can help smaller venues provide the same information as for mandated restaurants. Invest in a standardized tool to help small restaurants calculate nutrition information to include on their menus.
- Support requirements for all packaged food labels to include clear, comprehensive nutrition information.
- Identify ways for parents to become empowered with information they can use in the democratic process to engage businesses and government in creating healthy food and activity environments.

13. Specifically with regard to objective 2 (healthier food in schools): What are the most promising steps that can be pursued by the Federal, State, and local governments, schools, communities, the private sector, and parents to ensure that children are eating healthy food in schools and child care settings?

Parents are especially challenged when they don't have control over what is offered in the food environment(s) their children frequent. For example, children spend the majority of their time each day in school and in after-school programs, so making nutritious food available during and after school is an effective tactic to meet parents' needs to provide healthy meals for their kids when they're not at home.

One of the major advances in promoting health in California school settings was the United States Department of Agriculture's 2006 mandate for school wellness policies.^{30, 31} School wellness policies encompass a breadth of health promotion tactics, including making healthier food available on campuses and at school functions. Research has shown strong links between obesity and proximity to fast food restaurants, as well as obesity and the consumption of soda and other sugar-sweetened beverages.^{32, 33} In fact, regardless of income or ethnicity, adults who drink one or more sugar-sweetened beverages every day are nearly a third more likely to be overweight or obese.³⁴ Research from California shows that today children are drinking far more soda than many people expect: nearly 41% of children ages 2-11 drink at least one soda or sugar-sweetened beverage every day.³⁵ Many advocates and beverage companies agree that schools should restrict access to sugar-sweetened beverages, and prioritize making safe drinking water available instead.^{36, 37}

Keep Low-Nutrient Food and Beverages Out of Schools

When schools sell fast food products, as well as soda and other sugar-sweetened beverages, it undermines children's health. As such, California has taken a policy change approach that has had significant impact on the food our children eat in schools. California's SB 12, which went into effect July 1, 2007, established limits on fat and sugar content and portion size on all foods sold outside the school meal program, including items sold a la carte, in vending machines or school stores, or as part of a school fundraiser.³⁸ California also passed legislation to eliminate the sale of soda and some of the other sweetened beverages on school campuses statewide. Through SB 965 and SB 677, elementary, middle and high schools are held to strict standards that prohibit the sale of soda and some of the other sugar-sweetened beverages.³⁹ And recently, the soda industry has touted its voluntary efforts to remove sugar-sweetened beverages from schools. Many in the California Convergence are concerned, however, that sports drinks are still available in secondary schools.

One example of how this legislation has helped provide healthier food in schools comes from Sweetwater Union High School District in San Diego County, California. In 2006, with support from the Healthy Eating Active Communities program, schools in Sweetwater adopted a wellness policy that included bans on junk food, candy, and soft drinks on school campuses. The ban was combined with the introduction of new healthy food options in school cafeterias that got kids excited about eating well. According to the district's food services director Nancy Stewart, "What the [Healthy Eating Active Communities] partnership did for me was give me a voice coming from the academic side, with compelling research showing that our kids are going to learn better if they eat better and are healthier."⁴⁰ Actions like this at the local level help mount support for the state policy that can protect all children.

Make Safe Drinking Water Available to All School-Aged Children

Compounding the impact of soda consumption on children's health is the lack of safe, drinkable water in schools—perhaps one of the most profound indicators of equity in our nation. We know that water is one of our most vital needs for survival, and also has been associated with reduced rates of overweight and obesity. And, when it comes from the tap, water is free. However, a survey of California school districts showed that nearly 40% of schools do not make water available to children during school meals. This is why California Governor Arnold Schwarzenegger has sponsored and Senator Mark Leno has introduced SB 1413 to ensure that all California students have access to free, fresh drinking water in school food service areas. The Task Force must support efforts to replace sugar-sweetened beverages with safe drinking water schools nationwide.⁴¹

Many schools in California are already using innovative strategies to provide free, safe water in school food service areas, and the implementation costs are relatively low. For example, some schools in Berkeley and Los Angeles Unified School Districts both provide water in 5-gallon containers and supply paper cups to students during meal time at the average cost about \$2,000 per site (\$1.20 per student). In some schools in Folsom-Cordova and Hayward Unified School Districts, students can drink filtered water for free through cafeteria "hydration stations," a

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solution that cost between \$2,000-\$3,000 per site.⁴²

The lack of water in schools affects communities statewide, but especially so in California's Central Valley, where limited access to water threatens child and adult nutrition, agriculture and economic stability more than in any other region. It is incredible that in the United States rural communities in the Central Valley of California, where most of the nation's produce is raised by low-income farmworkers, that those hard working families do not have access to potable water. Degradation of aquifers, pesticide and agricultural waste have poisoned the well water upon which small communities depend. This leaves schools and residents with the need to purchase water at inflated costs, or resort to sugar-sweetened beverages as their source of essential fluids. Communities often do not have the revenue to operate community filtration or fixes to stop water pollution. The consequence can be seen in the obesity, diabetes, and chronic disease rates in the Central Valley. The Task Force should insist that every community in the nation have clean tap water.

Engage Students in Assessing and Improving the School Food Environment

In another example that emphasizes the importance of local engagement in creating change, "Healthy Teens on the Move," an advocacy committee of students from two local high schools in Baldwin Park, have made it their mission to improve Baldwin Park's physical activity and food environment for local children, of whom one in three is overweight. Taking their concerns before the city council and school board, the teens were actively involved in bringing healthy changes to school cafeterias, where time for eating lunch was extended and salad bars were installed. Fresh fruit is now standard fare and the sale of junk food is banned, in accordance with state-mandated nutrition standards. In this example, community groups worked with students to influence policy and practice regarding foods sold at school.

To improve the food available in schools, the Task Force should:

- Encourage school food service directors to improve the nutritional quality of foods sold outside of meals (known as competitive foods), beverages, and school meals by providing appropriate portion sizes of healthy foods and beverages (e.g., more whole grains, legumes, fruits, vegetables, and water, and less saturated fat, trans fat, sodium, and sugars).
- Identify ways to facilitate the adoption of local farm-to-school programs to make fresh produce available in school cafeterias and available for sale on school grounds.
- Identify resources for providing free fresh fruit and vegetable snacks in all schools.
- Support the implementation and enforcement of strong local wellness policies to ensure healthy school food environments, including, prohibiting the use of foods as a reward or punishment, limiting energy-dense, nutrient-poor foods at school celebrations, and offering only healthy snacks (e.g., fresh fruits and vegetables) after-school and at school functions.

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- Encourage school districts to establish or apply school nutrition standards to after school programs and school functions.
- Allow for geographic preferences of local and regional sources for healthy foods and encourage farm-to-school programs.
- Foster relationships between schools and local businesses to promote cross-sector solutions to food and nutrition challenges.
- Encourage all states to eliminate the sale and marketing of junk food and sugar-sweetened beverages in elementary, middle, and high schools, including non-100% juice and sports drinks^{43, 44, 45}
- Encourage the promotion of healthy non-branded foods and beverages such as fruits, legume, vegetables and water.
- Encourage schools to supply free water in food service areas during meal times and elsewhere on campus throughout the day and ensure that water fountains are clean and appealing.

14. Specifically with regard to objective 3 (access to healthy, affordable food): What are the biggest challenges to enhancing access to healthy and affordable food in communities across America, and what are the most promising strategies to overcome these challenges?

Where people live has a direct impact on what food is available to them. This often means that lower income neighborhoods have less access to healthy food than do more affluent ones. For example, in a study of three low-income Los Angeles neighborhoods between 2004 and 2006, a mapping analysis revealed that fast food outlets and liquor stores far outnumbered grocery stores. The most common types of retail food outlets were fast-food restaurants (30%) and convenience, liquor, or corner stores (22%). Supermarkets were less than 2% of the total. This configuration limited the healthy options available to families since convenience, liquor, or corner stores offered fewer than half of the selected healthful foods and sold healthful foods at higher prices than did supermarkets.⁴⁶

An exciting opportunity to bring supermarkets where they are needed most is the Obama Administration's cross-agency Healthy Food Financing Initiative. As part of the seven-year initiative, the Departments of Health and Human Services, Treasury and Agriculture will make more than \$400 million available to promote the development and equipment of grocery stores and other food retailers in communities currently lacking access to healthy food. In the first year, agency partners aim to work with the private sector to expand healthy food options in as many of one-fifth of the nation's communities lacking healthy food access. "We're here to make sure that in America, where a child grows up doesn't determine whether they have access to a better—healthier—future," said Treasury Secretary Tim Geithner. Echoing one of the tenets of the California Convergence mission, Health and Human Services Secretary Kathleen Sebelius

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noted, “Encouraging people to choose fresh, nutritious food is important. But to achieve that goal that kind of food must be available, and in far too many parts of our country—both urban and rural communities—that’s not the case.”⁴⁷ The Task Force should do everything it can to support this important interagency collaboration.

Increase the Number of Places Where Healthy Produce is Sold

One strategy for local and state governments and policymakers at the federal level to ensure access to healthy, affordable food is to leverage the purchasing power of the federal Women, Infants, and Children Program (WIC) and Food Stamp Program participants to encourage small stores and farmers’ markets to offer fruits and vegetables in low-income neighborhoods.

Based on Dietary Guidelines for Americans and current infant feeding practice guidelines of the American Academy of Pediatrics, in 2009 the federal WIC program redesigned food packages to include: fresh vegetables and fruits; whole grains; tofu; lower amounts of cheese, juice and eggs; lower fat milk; and more culturally diverse food options to all participants over two years old. With the help of the California WIC Association and numerous community advocates, California implemented the new WIC food Package changes on October 1, 2009.⁴⁸

The next challenge facing groups in the California Convergence will be to establish the range of new WIC foods in all the local venues women currently frequent to get WIC food, including some corner stores and neighborhood bodegas. One CX3 project got a head start on this goal, using cutting-edge public health tools and methods developed by the California Department of Public Health’s Network for a Healthy California, Geographic Information System (GIS) tool designed to map and assess the food and physical environment in low-income neighborhoods. In a neighborhood in Richmond, California, youth involved in CX3 documented three independent Latino markets that carried a wonderful selection of fresh fruits and vegetables and other healthy foods, but none of which were WIC vendors. With the new WIC food package set to begin within a year’s time, the community organizations worked diligently with the Latino markets. Two of the three became WIC vendors. The county health department (Contra Costa Health Services) took it a step further, providing its expertise and neighborhood data to the Richmond planning department, where it’s being used to implement changes to the general health plan.

In addition to WIC, Electronic Benefits Transfer, or EBT, dramatically increases access to fresh fruits and vegetables for local residents receiving government food assistance. Many California farmers’ markets, and other outdoor food markets and produce stands, are not equipped for vendors to accept EBT. Therefore, many markets have set up a Central Point of Sale device to sell market scrip to customers, who can then shop in the market with the scrip. This system requires the market management to be authorized to accept EBT and to organize and promote the use of EBT cards at the market.⁴⁹ California Convergence member Michelle Mineni, whose father runs flea markets in Merced, California, where many people shop for food, noted, “We were seeing more and more of our customers turning to food stamps to feed their families, and so my father applied to the necessary government agencies and brought EBT to the flea markets in 2008.” Following the establishment of EBT at their flea market, the Minenis began working

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with The California Endowment's Central California Regional Obesity Prevention Program to help promote EBT at other Merced flea and farmers markets.⁵⁰

In Los Angeles, the Center for Food and Justice of Occidental College has been engaged in W.K. Kellogg Foundation-supported work to develop a detailed picture of the food environment in low-income neighborhoods. As a follow up to its food systems mapping project—coined Project CAFE (Community Action on Food Environments)—the Center is now working to transform the Los Angeles food environment by replacing the current fast food and corner stores with supermarkets, produce stands and farmers markets. Additionally, the Center is launching public awareness campaigns to raise usage of WIC in farmers markets and anywhere accepting electronic benefits transfer cards, known as EBTs. Ultimately, the Center hopes to drive increased participation of WIC and create more opportunities for all children to access healthy fresh food.

Making healthy food available and visible in local corner stores is also effective, especially in neighborhoods lacking traditional grocery stores or farmers markets. Without grocery stores in their neighborhoods, many low-income families are unable to purchase healthy food. Residents with limited access to transportation rely heavily on corner stores for their food shopping. Most corner stores sell primarily alcohol, cigarettes, and packaged junk food; few offer healthy food options or produce.⁵¹

For example, The Accelerated School in South Los Angeles is surrounded by an urban "food desert" where fast-food restaurants and convenience stores vastly outnumber produce vendors and supermarkets, making it difficult for residents to eat a nutritious diet that includes fresh fruits and vegetables. Six of the high school's students decided to do something about it. They approached their own neighborhood store owners, encouraging them to sell fresh produce and other nutritious foods, offering hands-on assistance to help them do so.

Coronado Market was the first to undergo a "corner store conversion." In the summer of 2007, with the owner's cooperation and financial support from South L.A. Healthy Eating Active Communities advocates, local students transformed the market's display racks and signage to showcase healthy snacks like apples, bananas and oranges, while moving junk food to the back of the store. In 2008, Los Compadres, a second market directly across the street from the school, received a similar makeover and students continue working with both store owners to ensure that the changes are sustained. Through the City of Los Angeles' Community Redevelopment Agency, another market (El Azteca Market) was approved for funding for a complete interior and exterior renovation of the store with the caveat that they provide fresh produce and maintain those changes in order for the grant funds to be forgiven. The youth leading the "market makeovers" are using media advocacy strategies, such as video documentaries and a strong Internet presence (see www.marketmakeovers.org and www.werefedup.com), to promote similar efforts in other locales.⁵²

Youth have also led the way for schools to become an important source for families to buy fruits and vegetables.⁵³ In Oakland, for example, advocates with the Easy Bay Asian Youth Center, one of the organizations funded through the Healthy Eating Active Communities program,

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helped set up a farm stand at two Oakland elementary schools. The results were impressive: Oakland residents (20 percent of whom are below the federal poverty line) now had access to fresh fruits and vegetables at a place they could easily access, and the schools' institutional buying power facilitated lower prices that Oakland parents and families could afford.⁵⁴ A similar program was established and is equally successful in rural Pixley, California.⁵⁵ Making healthy food more easily accessible is one of the key strategies to helping parents help their families.

Work with Business to Improve Retail Offerings and Create “Junk Food Free” Space

Improving the retail environment can be especially challenging for private, non-profit groups—but not impossible. In Shasta County, students affiliated with the California Convergence group there zeroed in on their local Wal-Mart store, the biggest retailer in Anderson, and asked for a meeting with the manager, Tim Trimble. They asked him some challenging questions, including: Would Wal-Mart wish to help prevent childhood obesity and improve community health by promoting healthier food to its customers? With four children of his own, Trimble was sympathetic from the start and, to the students' happy surprise, invited them to redesign the standard shelf display at the checkout aisle to offer kids healthier snack foods. Wal-Mart 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.⁵⁶

Reduce Fast Food Density to Make Room for Healthier Restaurants

In 2008, the Los Angeles city council approved a one-year moratorium on fast food outlets in over-saturated parts of the city. According to a county department of health survey, 30% of South Los Angeles adults were obese, compared with about 21% of adults countywide. South Los Angeles also a higher rate of diabetes than the county: 11.7% compared with 8.1% for the county overall. According to the *Los Angeles Times*, a survey of the 8,200 restaurants in Los Angeles revealed that South L.A. had the highest concentration of fast food. In an effort to reduce the fast food consumption in Los Angeles, the South L.A. Healthy Eating, Active Communities program worked with the city council to pass a one-year moratorium on the establishment of new fast food restaurants in a 32-square mile area of South Los Angeles. The city council defined fast food as “any establishment which dispenses food for consumption on or off the premises, and which has the following characteristics: a limited menu, items prepared in advance or prepared or heated quickly, no table orders and food served in disposable wrapping or containers.”⁵⁷ According to councilmember Jan Perry, who led the effort, “It’s not about banning fast food, it never was. It’s about capitalizing on a window of time to insure that the land we still have left to develop is developed in a strategic manner that speaks to the need for a greater diversity of food choices for the people of the community.”⁵⁸

In each of these groundbreaking examples, California Convergence members had to work across sectors to improve the food environment. Community groups engaged parents and both worked with government to demand changes that meant more families would have affordable, accessible fruits and vegetables.

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To ensure access to healthy food, the Task Force should:

- Assure the smooth implementation of Healthy Food Financing.
- Encourage collaboration across government agencies at the Federal, State, and local levels to find incentives and mechanisms for selling fresh produce in underserved areas.
- Promote the establishment of Electronic Benefits Transfer systems at farmers markets.
- Support regional infrastructure for production, distribution, and processing of local and regionally grown healthy foods, including links with grocery stores, schools, hospital systems, food banks, childcare, and afterschool programs.
- Identify incentives for institutional procurement of local and regionally grown healthy foods for grocers, schools, childcare, employers, and other community institutions.
- Establish the parameters for grant and loan programs, technical assistance, and other incentives to attract retail grocery stores, improve offerings at small stores, start and sustain farmers' markets, and other innovative means to improve access to high-quality fresh affordable fruits, vegetables, and other healthy foods in underserved communities.
- Highlight ways to leverage the purchasing power of the federal Women, Infants, and Children (WIC) Program and Food Stamp Program, perhaps by identifying incentives for small stores and farmers' markets to become WIC-certified.
- Support increases in food stamp benefits to help more people purchase healthy foods and improve outreach and efficiency in food stamp delivery and nutrition education.
- Develop strategies for investing in new and existing farmers, land acquisition, and access to capital to ensure support for family farms in communities across the country.
- Encourage retailers to talk with and be responsive to local residents' suggestions to create healthy food environments.
- Provide contract models for zoning and land use to support healthy food environments at the retail level.
- Encourage restaurants to provide healthy foods and beverages by reformulating existing menu items, adding healthier menu items (e.g., fruits, vegetables, and whole grains), offering affordable and reasonably sized portions, providing healthier combinations for meals, and making healthier items the standard for children's meals.
- Promote in-season sources for locally and regionally grown products in retail, restaurant, and entertainment venues.

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- Ask businesses to place healthier food and beverage items at eye level, the ends of aisles, and prominent places, and increase overall shelf space devoted to healthy items in grocery stores, convenience, and small stores and reduce point-of-sale marketing of energy-dense, nutrient-poor foods and beverages to children in grocery stores, corner stores, and restaurants.

15. Specifically with regard to objective 4 (physical activity): What steps can be taken to improve quality physical education and expand opportunities for physical activity during the school day, in local communities and neighborhoods, and in outdoor activities and other recreational settings?

Children are healthier when they have safe places to play. This is especially important since most teens are not active enough, and certain subgroups of teens are especially at risk for inactivity. Many children, especially those living in high-density, urban areas do not have safe, accessible places to play and be active. And in rural areas, while there may be the appearance of open space, in fact there can be a dearth of parks or other well-maintained, safe recreation areas close enough to use daily. In California, for example, 1 in 3 adolescents get less than the recommended levels of physical activity or no physical activity whatsoever and 1 in 4 teens report they have no safe park near their home.⁵⁹ Besides the health benefits, research shows that student learning is improved when schools promote healthy physical activities and incorporate them throughout the day, including before and after school.^{60,61}

There are several reasons for the lack of access to places to play and be active, including the high cost of living in areas that are proximate to open spaces (such as state parks or reserves), lack of transportation to such parks, and the dilapidation of parks in lower-income areas due to lack of city resources to maintain them.⁶² Teenage girls, teens from low-income families, teens whose schools do not require physical education, and Latino, Asian, and African American teens are particularly at risk.^{63, 64, 65}

In addition to limited access to safe places to play, many children also lack safe ways to get to school, an important mechanism for increasing physical activity.⁶⁶ Safe Routes to School programs encourage children to walk and ride bicycles to school, resulting in healthier children, improved air quality, reduced fuel consumption and greenhouse gas emissions.⁶⁷ In 1999, California was the first state to pass Safe Routes to School legislation with dedicated funding.⁶⁸

The California Convergence also identified community safety as one of its priorities since safety is a key factor in whether people are physically active. The lack of safe places to be active contributes to serious long-term health problems including obesity. Safety can include everything from well-maintained sidewalks that allow pedestrians to share the streets with vehicles to preventing violence.

Repair and Build Local Parks and Make Sure they are Safe

One strategy to increase physical activity is to make more public space available and accessible for non-motorized transit and recreation, especially in low-income communities and among

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communities of color. In an effort to address this very challenge to maintaining overall fitness, in 2007, a group of women in Bakersfield, California, many of them Spanish-speaking farm workers, collaborated with advocates from the Central California Regional Obesity Prevention Program to conduct a walkability assessment in their neighborhood park. Together with residents and representatives from city agencies, the group toured the neighborhood and identified the problems that prevented more people from being active in the park, including: health hazards such as dirty hypodermic needles and broken bottles, lack of sufficient lighting, and gang activity. The group—including parents—used the data they collected in the assessment to make their case to city officials and the Bakersfield Chamber of Commerce that their park was in dire need of transformation. As a result of their collecting data and working together with city officials, the group was able to garner the support it needed to clean up the park and create a walking path to promote physical activity.⁶⁹

Establish Joint Use Agreements between Schools and Communities

Fortunately, most communities already have a solution to increasing the places where children can play: keeping schoolyards open after hours so all children can be more active. By establishing “joint use” agreements, public schools and facilities for recreation can be used by the public during non-school hours. Research shows that formal joint use agreements are more beneficial to the communities they serve than informal, non-binding agreements because they protect the institutions offering the joint use space.⁷⁰ California is a national leader in establishing joint use agreements, as numerous sections of California’s education code lend support for joint use in schools and other public spaces.⁷¹ In 2008, supported in part by the California Convergence, organizations representing health, civil rights, city planners, local elected and appointed officials, park and recreation officials, school board administrators, and academic researchers established the Joint Use Statewide Task Force. The goal of the Joint Use Statewide Task Force is to ensure that “all children have a safe place to play and be active within easy reach.”⁷² The Joint Use Statewide Task Force provides evidence-based information on establishing joint use agreements on its Web site, <http://www.jointuse.org>.

The Healthy Eating Active Communities site in Pixley, California, is one example of how joint use can be successful. After convening a group of parents to identify the community’s concerns around children’s health and fitness, local Healthy Eating Active Communities advocates helped bring parents and school administrators together to create an after-school program that keeps kids engaged and active. In Pixley, parents established a Ballet Folklorico program that provided fun, exercise and community cohesion, centered in the school and providing life-long skills that will prevent obesity (see the following video for more information: <http://www.jointuse.org/resources/success-spotlight/?item=1>). Based on the experience in Pixley and a number of case studies of joint use agreements throughout the state, the California Convergence learned that collaboration between parents, community members and school administrators is the key to the success of the joint use programs.^{73, 74}

Increase Sustained Physical Education and Physical Activity in School

Located in a low-income, predominately Latino neighborhood of South L.A. where residents face alarmingly high rates of childhood diabetes and obesity—more than one in three children are overweight—Norwood Street Elementary, with the support of the Healthy Eating, Active Communities program, has inspired its 700 students to embrace physical activity as part of the school’s culture.⁷⁵ At the elementary school level, the State of California mandates 200 minutes of physical education per 10 school days, and limits physical education class size to maximize student activity.⁷⁶ But studies show that in low-resource schools, physical education tends to be deficient in both quantity and quality; in some schools it may be dropped altogether. Where physical education programs do take place, large class sizes, a shortage of credentialed teachers, and no budget for equipment often mean defaulting to less-vigorous activities like running or walking laps. Norwood’s innovative physical education program is centered around the Fitnessgram test requirements, and uses games and other low-cost activities incorporating “mental strategies” to keep students engaged both physically and mentally. (Fitnessgram is used by schools to measure three components of health-related physical fitness: aerobic capacity, body composition, and muscular strength, endurance, and flexibility.) Norwood’s physical education program succeeded in raising the proportion of its students passing the Fitnessgram test from 36% in 2006-07 to 60% in 2008-09.

To promote physical activity in schools and communities, the Task Force should:

- Encourage cities to develop language for their General Plans to recognize the relationship between violence prevention, health, and preventing obesity, and prioritize public safety and health.
- Encourage different sectors within government and in community-based programs to identify the role for violence prevention in their current and future activities and integrate violence prevention activities across sectors.
- Encourage schools nationwide to open their doors to after-hours play and programming by establishing joint use agreements.
- Recommend that schools provide children with 30-60 minutes of quality physical activity daily (including both competitive and non-competitive activities) through physical education classes with capacity limits that do not exceed academic classes, recess, and before, and/or after, school programming.
- Support creation, rehabilitation, and maintenance of parks, playgrounds, and recreation facilities in underserved residential areas and offer quality programming to encourage and support physical activity.
- Encourage communities to connect roadways to trails and bike paths that provide safe places to walk and bike.

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- Ensure that schools are located in areas that are easily accessible by walking, bicycling, and public transit.
- Support Smart Growth strategies and zoning for new developments and revitalizing communities, including compact and mixed-use zoning, affordable housing, thriving retail, transit oriented development, urban infill, and green building practices.
- Promote Complete Streets and Safe Routes to School that are designed and operated to enable the safe and convenient travel of all users of the roadway.
- Identify, assess and make the best curricula for physical education widely available.
- Identify mechanisms for support, resources, policy expertise, models and best practices for working with local government and schools on increasing physical activity.
- Encourage state and local governments to form or build upon existing partnerships, coalitions, or advisory boards to address access to physical activity and healthy eating.
- Encourage private-public partnerships to create new parks and establish programs, such as Adopt-a-Park, to help maintain the beauty and safety of parks.

16. What other input should the Task Force consider in writing the report?

Throughout these comments we have emphasized the value of bringing forward the voices of those most hurt by environments that foster obesity instead of health. We encourage the Task Force to talk to the residents across the country struggling in urban and rural settings to find healthy food at affordable prices, school meals that prepare students to learn, and places for children to play safely. And talk to those who have been working for years—sometimes decades—on the policy goals we’ve highlighted. We know many people throughout California who would be eager to share their experiences with you, along with members of health departments, local government, schools, and community-based organizations who can share how they have built well-traveled bridges with each other so they can work together to create the world we all want to live in.

Please let us know how we can help.

Sincerely,

The California Convergence

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References

¹ The California Convergence includes grantees from Kaiser Permanente's Healthy Eating, Active Living program; The California Endowment's Healthy Eating, Active Communities program and Central California Regional Obesity Prevention Program; The Robert Wood Johnson Foundation's Active Living By Design program; The U.S. Department of Health and Human Services/Center for Disease Control and Prevention Steps to a Healthier U.S. program; The California Department of Health Services Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention program; and The W.K. Kellogg Foundation's Food and Fitness Initiative.

² California Convergence: Promise and Progress in Building a Movement. March 2009. Available at <http://www.convergencepartnership.org/atf/cf/%7B245a9b44-6ded-4abd-a392-ae583809e350%7D/09.06.16-CA%20CASE%20STUDY.PDF>

³ California Convergence. Journey Map, 2008. Available at http://www.californiaconvergence.org/journey_map.php.

⁴ Complete streets are designed and operated to enable safe access for all users. Pedestrians, bicyclists, motorists and transit riders of all ages and abilities must be able to safely move along and across a complete street. Creating complete streets means transportation agencies must change their orientation toward building primarily for cars. Instituting a complete streets policy ensures that transportation agencies routinely design and operate the entire right of way to enable safe access for all users. Places with complete streets policies are making sure that their streets and roads work for drivers, transit users, pedestrians, and bicyclists, as well as for older people, children, and people with disabilities.

⁵ National Complete Streets Coalition. Complete Streets FAQ, 2005-2009. Available at <http://www.completestreets.org/complete-streets-fundamentals/complete-streets-faq/>.

⁶ Interagency Working Group on Food Marketed to Children Tentative Proposed Nutrition Standards. Federal Trade Commission; Centers for Disease Control and Prevention; Food and Drug Administration; United States Department of Agriculture. December 2009. http://ftc.gov/bcp/workshops/sizingup/SNAC_PAC.pdf

⁷ 2010 Summit on Health, Nutrition and Obesity: Actions for Healthy Living. *Health in All Policies: Incorporate Health Objectives in City and Regional Planning*. February 2010. <http://www.chhs.ca.gov/Documents/HealthSummitHealthInAllPolicies.pdf>.

⁸ The California Strategic Growth Council. Strategic Growth Council Objectives. <http://www.sgc.ca.gov/>.

⁹ Healthy Eating, Active Communities. HEAC-CCROPP Storybank. *Applying Smart Growth Principles to General Plan Update, Kings County Moves Toward a Healthier Future*. Available at http://www.healthyeatingactivecommunities.org/communications3_9.php

¹⁰ *Ibid.*

¹¹ Crime Prevention Through Environmental Design. CPTED Training. <http://www.cptedtraining.net/>.

¹² Healthy Eating, Active Communities. HEAC-CCROPP Storybank. *Obesity Prevention Council "Madera In Motion" Sees Safe Neighborhoods as Key to Community Health*, 2010. Available at http://www.healthyeatingactivecommunities.org/communications3_10.php.

¹³ Samuels and Associates. Unpublished data. <http://samuelsandassociates.com/>.

¹⁴ Samuels and Associates. Unpublished data. <http://samuelsandassociates.com/>.

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- ¹⁵ California Convergence. *Promise and Progress in Building a Movement*. March 2009. Available at <http://www.convergencepartnership.org/atf/cf/%7B245a9b44-6ded-4abd-a392-ae583809e350%7D/09.06.16-CA%20CASE%20STUDY.PDF>
- ¹⁶ Federal Trade Commission. *Marketing Food to Children and Adolescents. A Review of Industry Expenditures, Activities, and Self-Regulation: A Report to Congress*. 2008. Available at <http://ftc.gov/os/2008/07/P064504foodmktngreport.pdf>.
- ¹⁷ Chester, J. and Montgomery, K. *Interactive Food & Beverage Marketing: Targeting Children and Youth in the Digital Age*. Berkeley, CA: Berkeley Media Studies Group, May 2007. Available at <http://digitalads.org/>.
- ¹⁸ Montgomery, Kathryn C., and Jeff Chester. *Interactive Food and Beverage Marketing: Targeting Adolescents in the Digital Age*. *Journal of Adolescent Health* (2009) 1-12.
- ¹⁹ McGinnis M., Gootman J., Kraak V. Institute of Medicine. Committee on Food Marketing and the Diets of Children and youth. *Food marketing to children and youth: Threat or opportunity?* Washington DC: National Academies Press, December 2005.
- ²⁰ Kunkel D, McKinley C, Wright P. *The Impact of Industry Self-Regulation on the Nutritional Quality of Foods Advertised on Television to Children*. Oakland, CA: Children Now, December 2009. Available at http://www.childrennow.org/uploads/documents/adstudy_2009.pdf.
- ²¹ Kunkel D et al., page 9
- ²² Aboelata MJ. *The Built Environment and Health: 11 Profiles of Neighborhood Transformation*. Oakland, CA: Prevention Institute, July 2004. Available at <http://www.preventioninstitute.org/component/jlibrary/article/download/id-479/127.html>.
- ²³ California Center for Public Health Advocacy. *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*. California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research, April 2008. Available at http://www.publichealthadvocacy.org/PDFs/RFEI%20Policy%20Brief_finalweb.pdf.
- ²⁴ Office of State Senator Alex Padilla. *Padilla Menu Labeling Bill Signed into Law: California First State in the Nation to Require Calorie Information on Menus and Indoor Menu Boards*. September 2008. Available at http://dist20.casen.govoffice.com/index.asp?Type=B_PR&SEC={5EACFA15-EA6B-41D8-9711-C030F9FAD5EE}&DE={2A2F9347-7C21-44C6-AB50-64FEB922050F}.
- ²⁵ Center for Science and the Public Interest. *Health Reform to Deliver Calorie Counts to Chain Restaurant Menus Nationwide. CSPI Celebrates “Huge Victory” to Consumers After 7-Year Fight*. March 2010. Available at <http://www.cspinet.org/new/201003211.html>.
- ²⁶ Healthy Eating, Active Communities. HEAC-CCROPP Storybank. *South Los Angeles Neighborhood Mercado Pioneers Smart Menu Labeling among Non-Chain Restaurants*, 2010. Available at http://www.healthyeatingactivecommunities.org/communications3_11.php.
- ²⁷ *Ibid.*
- ²⁸ Obra J. *New Menus are Quite a Disturbing Revelation*. Miami Herald Media, September 2009. Available at <http://www.miamiherald.com/2009/09/01/1210563/new-menus-are-quite-a-disturbing.html#ixzz0iZN0iYjT>.

Comments from the California Convergence
Submitted to the Interagency Task Force on Obesity

²⁹ Healthy Eating, Active Communities. HEAC-CCROPP Storybank. *Baldwin Park's residents and "Healthy Teens on the Move" take campaign for healthy food choices to corner stores located near schools*, 2010. Available at http://www.healthyeatingactivecommunities.org/communications3_6.php.

³⁰ This impacted schools participating in a program authorized by the National School Lunch Act or the Child Nutrition Act of 1965.

³¹ United States Department of Agriculture: Food and Nutrition Service. Local Wellness Policy. Available at <http://www.fns.usda.gov/tn/Healthy/Wellnesspolicy.html>.

³² California Center for Public Health Advocacy. *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*. California Center for Public Health Advocacy, PolicyLink, and the UCLA Center for Health Policy Research, April 2008. Available at http://www.publichealthadvocacy.org/PDFs/RFEI%20Policy%20Brief_finalweb.pdf

³³ Babey SH, Jones M, Yu H, Goldstein H. *Bubbling Over: Soda Consumption and Its Link to Obesity in California*. UCLA Center for Health Policy Research, September 2009. Available at <http://www.healthpolicy.ucla.edu/pubs/Publication.aspx?pubID=375#download>

³⁴ *Ibid.*

³⁵ *Ibid.*

³⁶ American Beverage Association. *Beverage Industry Delivers on Commitment to Remove Regular Soft Drinks in Schools, Driving 88% Decline in Calories*, New York: ABA, March 2010. Available at <http://www.ameribev.org/news--media/news-releases--statements/more/183/>

³⁷ California Food Policy Advocates. SB 1413: Promoting Water Consumption in Schools: Why Water? Available at http://www.cfpa.net/water/school_water_factsheet_twopgs.pdf.

³⁸ California Center for Public Health Advocacy. Legislative Successes, 2010. Available at <http://www.publichealthadvocacy.org/legsuccess.html>.

³⁹ *Ibid.*

⁴⁰ Healthy Eating, Active Communities. HEAC-CCROPP Storybank. *A Chula Vista School District Reinvents the School Cafeteria, Improving Students' Health While Increasing Revenue*, 2010. Available at http://www.healthyeatingactivecommunities.org/communications3_19.php

⁴¹ California Food Policy Advocates. SB 1413: Promoting Water Consumption in Schools: Why Water? Available at http://www.cfpa.net/water/school_water_factsheet_twopgs.pdf.

⁴² 2010 Summit on Health, Nutrition and Obesity: Actions for Healthy Living. *Water Consumption in Schools: Increase Access to Free Drinking Water During Mealtimes*. February 2010. <http://images.emaildirect.com/clients/govpressoffice847/HealthSummitWaterConsumptionInSchoolsFinal.pdf>.

⁴³ PepsiCo has made a pledge to stop all soda sales to elementary schools and middle schools worldwide by 2012. Advocates are encouraging PepsiCo and all soda companies to stop sales of all sugar-sweetened beverages to all schools, including high schools.

⁴⁴ PepsiCo. *PepsiCo Sets Industry Standard By Establishing the First Consistent Global Approach to Selling Beverages in Schools*. March 2010. Available at <http://www.pepsico.com/PressRelease/PepsiCo->

Comments from the California Convergence
Submitted to the Interagency Task Force on Obesity

Sets-Industry-Standard-By-Establishing-the-First-Consistent-Global-Appro03162010.html.

⁴⁵ Mestel R. *PepsiCo pledges not to sell sugary beverages in schools worldwide*. Los Angeles Times, March 2010. Available at http://latimesblogs.latimes.com/booster_shots/2010/03/pepsico-pledges-to-not-sell-sugary-beverages-in-schools-worldwide-.html.

⁴⁶ Azuma AM, Gilliland S, Vallianatos M, Gottlieb R. Food access, availability, and affordability in 3 Los Angeles communities, Project CAFE, 2004-2006. *Preventing Chronic Diseases*. Volume 7, No. 2. March 2010. Available at http://www.cdc.gov/pcd/issues/2010/mar/08_0232.htm.

⁴⁷ U.S. Department of Health and Human Services. Obama Administration Details Healthy Food Financing Initiative. February 2010. Available at <http://www.hhs.gov/news/press/2010pres/02/20100219a.html>

⁴⁸ California WIC Association. WIC Facts and Figures 2002-2009. Available at <http://www.calwic.org/facts.aspx>

⁴⁹ Ecology Center. EBT Farmers' Market Nutrition Project. Available at <http://www.ecologycenter.org/ebt/index.html>.

⁵⁰ Healthy Eating, Active Communities. HEAC-CCROPP Storybank. *Changing The Food Environment: Adding EBT Turns Flea Markets Into Convenient And Affordable Farmers Markets*, 2010. Available at http://www.healthyeatingactivecommunities.org/communications3_20.php.

⁵¹ Public Health Law & Policy. *Healthy Corner Stores: The State of the Movement*, 2009. Available at <http://www.phlpnet.org/system/files/HCSReport.pdf>.

⁵² Healthy Eating, Active Communities. HEAC-CCROPP Storybank. South Los Angeles Students Spearhead Cornerstore Conversions, Capturing Their Success in Online Videos. http://www.healthyeatingactivecommunities.org/communications3_4.php.

⁵³ California Center for Public Health Advocacy. *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*. April 2008. Available at <http://www.publichealthadvocacy.org/designedfordisease.html>.

⁵⁴ Healthy Eating, Active Communities. HEAC-CCROPP Storybank. Oakland Schools Become Neighborhood Produce Markets, Expanding Residents' Access to Healthy, Affordable Food Available at http://www.healthyeatingactivecommunities.org/communications3_13.php.

⁵⁵ Healthy Eating, Active Communities. HEAC-CCROPP Storybank. *A Popular School Produce Stand Improves Community Nutrition And Health, And A Step-By-Step Handbook Shows How*, 2010. Available at http://www.healthyeatingactivecommunities.org/communications3_22.php.

⁵⁶ Healthy Eating, Active Communities. HEAC-CCROPP Storybank. Shasta County Middle School Students Enlist Wal-Mart in Creating Healthier Snack Options for Kids. Available at http://www.healthyeatingactivecommunities.org/communications3_17.php.

⁵⁷ Hennessy-Fiske M. *Panel OKs Fast-Food Curbs: Council committee backs a one-year ban in South L.A. on new such restaurants. Aim is to boost health*. Los Angeles Times, July 2008. Available at <http://articles.latimes.com/2008/jul/23/local/me-fastfood23?pg=2>.

⁵⁸ Casper M. *Halfway Through the Moratorium: L.A. Confronts Fast Food*. EcoLocalizer, January 2009. Available at <http://ecolocalizer.com/2009/01/28/halfway-through-the-moratorium-la-confronts-fast-food/>.

Comments from the California Convergence
Submitted to the Interagency Task Force on Obesity

- ⁵⁹ Babey SH, Brown ER, Hastert TA. *Access to Safe Parks Helps Increase Activity Among Teenagers*. UCLA Center for Health Policy Research, December 2005. Available at <http://www.healthpolicy.ucla.edu/pubs/Publication.aspx?pubID=159>.
- ⁶⁰ California School Boards Association and California Project Lean. *Physical Activity and Physical Education in California Schools: A survey of district/county office of education perceptions and practices*. September 2009. http://www.californiaprojectlean.org/docuserfiles//200909_PAPE_Research%20Brief_with_ResourceList%5B1%5D.pdf
- ⁶¹ Centers for Disease Control and Prevention. *National Health and Nutrition Examination Survey data on the prevalence of overweight among children and adolescents: United States, 1976 to 1980 and 2003–2006*. 2006.
- ⁶² Sister C, Wilson J, Wolch J. *The Green Visions Plan for 21st Century Southern California. 15. Park Congestion and Strategies to Increase Park Equity*. Los Angeles, California: University of Southern California GIS Research Laboratory and Center for Sustainable Cities, December 2007. Available at http://www.greenvisionsplan.net/html/documents/15_green_visions_park_congestion_and_strategies_to_increase_park_equity.pdf.
- ⁶³ Babey SH, Diamant AL, Brown ER, Hastert TA. *California Adolescents Increasingly Inactive*. UCLA Center for Health Policy Research, April 2005. Available at <http://www.healthpolicy.ucla.edu/pubs/Publication.aspx?pubID=137>.
- ⁶⁴ Sister C, Wilson J, Wolch J. *The Green Visions Plan for 21st Century Southern California. 15. Park Congestion and Strategies to Increase Park Equity*. Los Angeles, California: University of Southern California GIS Research Laboratory and Center for Sustainable Cities, December 2007. Available at http://www.greenvisionsplan.net/html/documents/15_green_visions_park_congestion_and_strategies_to_increase_park_equity.pdf.
- ⁶⁵ Babey SH, Hastert TA, Brown ER. *Teens Living in Disadvantaged Neighborhoods Lack Access to Parks and Get Less Physical Activity*. UCLA Center for Health Policy Research, March 2007. Available at <http://www.healthpolicy.ucla.edu/pubs/Publication.aspx?pubID=221>.
- ⁶⁶ California School Boards Association. *Safe Routes to School: Program and Policy Strategies*. August 2009. Available at http://www.csba.org/Services/Services/PolicyServices/~/_/media/Files/Services/PolicyServices/PolicyBriefs/200909_SRTS_PolicyBrief.ashx.
- ⁶⁷ California Department of Transportation. *Caltrans Awards \$48.5 Million for Safe Routes to Schools*, August 2009. Available at <http://www.dot.ca.gov/hq/paffairs/news/pressrel/09pr18.htm>.
- ⁶⁸ *Ibid.*
- ⁶⁹ Healthy Eating, Active Communities: HEAC-CCROPP Storybank. *The Greenfield Walking Group—Transforming A Park, Transforming A Community*. Available at http://www.healthyeatingactivecommunities.org/communications3_2.php.
- ⁷⁰ Cooper T, Vincent JM. *Joint Use School Partnerships in California: Strategies to Enhance Schools and Communities*. Center for Cities & Schools, August 2008. Available at http://citiesandschools.berkeley.edu/reports/CC&S_PHLIP_2008_joint_use_with_appendices.pdf.

Comments from the California Convergence
Submitted to the Interagency Task Force on Obesity

⁷¹ Berkeley Media Studies Group and Prevention Institute. California's Policy Framework, 2009. Available at <http://www.jointuse.org/resources/policy/ca-policy-framework/>.

⁷² Berkeley Media Studies Group and Prevention Institute. Joint Use Task Force, 2009. Available at <http://www.jointuse.org/about/joint-use-task-force/>.

⁷³ Berkeley Media Studies Group and Prevention Institute. Joint Use. Success Spotlight, 2009. Available at <http://www.jointuse.org/resources/success-spotlight/?item=0>.

⁷⁴ Cooper T, Vincent JM. *Joint Use School Partnerships in California: Strategies to Enhance Schools and Communities*. Center for Cities & Schools, August 2008. Available at http://citiesandschools.berkeley.edu/reports/CC&S_PHLP_2008_joint_use_with_appendices.pdf.

⁷⁵ Healthy Eating, Active Communities: HEAC-CCROPP Storybank. *A South L.A. elementary school embraces a culture of physical activity and everyone participates*. Available at http://www.healthyeatingactivecommunities.org/communications3_12.php

⁷⁶ Motions/Resolutions Presented to the Los City Board of Education for Consideration. January 2008. Available at <http://laschoolboard.org/files/EntireYear2008.pdf>.