

Go for Health!

A Comprehensive Plan to Increase Healthy Nutrition and Regular Physical Activity Among Children and Youth in Santa Cruz County



Vision for Santa Cruz County: All children in Santa Cruz County will be physically fit and well-nourished through healthy eating and regular physical activity.

The Go for Health! Planning Process was underwritten by a grant from the Pajaro Valley Community Health Trust
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Executive Summary

Childhood obesity rates have doubled and tripled over the past decades, becoming a national public health crisis. Children who are overweight are at risk of developing a host of health problems. Health care costs for illnesses due to overweight are currently estimated to account for \$117 billion annually.

Childhood obesity is a public health epidemic with complex causes. Two key causes are lack of physical activity and unhealthy eating, but the underlying contributing causes are many. Modifying these behaviors is challenging but crucial. Building a healthy lifestyle from the start will translate into fewer cases of diabetes, stroke, heart attack and obesity for youth and adults, as well as reduced health care costs for chronic illnesses caused by overweight and obesity.

Childhood obesity is a health problem with complex causes. A multi-pronged, comprehensive approach is needed to combat it.

Children and families, however, cannot do it alone. Some of the factors which families cannot overcome independently include: commercial pressure from food industry advertising; inadequate nutrition and physical education in the schools; a lack of safe walkways and bikeways; urban sprawl; and access to healthy food and physical activity opportunities due to income and other social factors. This crisis demands a community-wide, multi-pronged and comprehensive prevention and intervention strategy. We must work together.

The **Go for Health!** five-year plan provides a community blueprint for Santa Cruz County policy-makers, funding agencies, schools, parents, community-based organizations, health care providers, food industry, businesses and the media to take action to improve children's health through healthy eating, regular physical activity and changing community norms. The plan outlines problems, outcomes and action steps to improve children's eating and physical activity habits. The plan will be used to guide funding requests to implement a comprehensive call to action.

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Go for Health! is a broad-based collaborative in Santa Cruz County with over 150 members and first convened in August 2003 by the United Way of Santa Cruz County, the Children's Network, the Children's Food and Fitness Coalition and the Pajaro Valley Community Health Trust. **Go for Health!** developed this plan over a nine-month period with input from funders, businesses, students, parents, elected officials and health and nutrition professionals.

The **Go for Health!** Plan identifies 24 outcomes and related action steps to increase children's healthy eating and physical activity opportunities by improving children's and

families' environments, engaging health care providers, changing food industry practices and enlisting the media.

The action steps will require the collaboration of all stakeholders. A number of the action steps build on existing efforts. Others require new or expanded resources. **Go for Health!** is confident of its ability to succeed in this endeavor; the stakes are so high we cannot afford to fail: we are facing a health crisis of unprecedented proportions and are ready to respond as a community to support children and families in developing and maintaining habits of healthy eating and regular physical activity. ■

The Crisis at Hand

While childhood overweight has always been a health issue for some children, our nation has been astounded that the incidence of child overweight has more than doubled in the past two decades. In Santa Cruz County many organizations are dedicated to improving the health and well being of children, yet we have seen our children's weights keep pace with the national upward trends. The **Go for Health!** Collaborative convened to answer: Why? What does this mean? What should we do? How do we do it?

Overweight and Obesity: An Overview

- Overweight and obesity result from an energy imbalance. This involves eating too many calories and a lack of adequate physical activity.
- Body weight is the result of genes, metabolism, behavior, environment, culture and socioeconomic status.
- Behavior and environment play a large role causing people to be overweight and obese. These are the greatest areas for prevention and treatment actions.

Adapted from The Surgeon General's report, 2001¹

The severity of this epidemic and the resulting costs to the individual, community and nation, have inspired an immediate call to action, even with limited studies that demonstrate effective prevention strategies. Nationally, health care costs for illnesses due to overweight are estimated at \$117 billion annually and rising.²

Nutrition and physical activity have an enormous impact on health and mortality as well as health care costs. One estimate shows that diet and inactivity contribute to 310,000 to 580,000 deaths per year, even more than tobacco (260,000 to 460,000 deaths per year).³ The Journal of the American Medical Association (JAMA),⁴ offers a more cautious analysis,

indicating that the leading causes of death in 2000 were tobacco (435,000 deaths, representing 18.1% of the total deaths in the U.S.) and poor diet and physical inactivity (400,000 deaths, 16.6% of the total). Whichever estimate is correct, because of the increase in overweight Americans, the authors project that within a few years deaths caused by poor diet and inactivity will certainly overtake those due to tobacco use.

The public health community, pediatricians and the public at large identify childhood obesity as a serious problem. A California Field Poll of 1,000 Californians in English and Spanish released on March 31, 2004 found that 92% of Californians believe that childhood obesity is a serious problem.⁵ Eighty percent felt that the problem has increased in the past five years. The majority identified unhealthy eating habits as nearly as big a health threat to children as illegal drug use.

A comprehensive survey of San Francisco Bay Area residents by the San Jose Mercury News and the Henry J. Kaiser Foundation found that respondents were more likely to hold individuals rather than the government or food industry responsible for overweight.⁶ Even parents who were concerned about childhood obesity reported engaging in everyday habits that contributed to obesity. Children cannot eat healthy and be physically active without the full support of their family, schools and community.

Prevalence of Childhood Overweight

The U.S. Surgeon General has identified overweight in children and adolescents as a major health problem. Nationwide, the number of obese children is increasing at an alarming rate. In the past 20 years the incidence of obesity has doubled in children ages 6–11 and tripled for children ages 12–19.⁷

Children who are overweight are at risk of developing high blood pressure, high cholesterol, asthma and Type 2 diabetes.

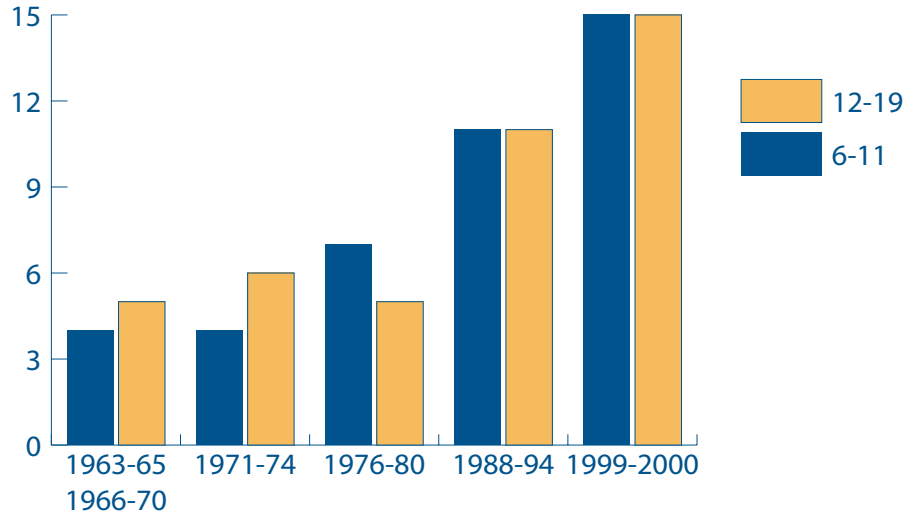
As they are more likely to be overweight in adulthood, they are at risk of developing stroke, high blood pressure, heart disease and arthritis.

Type 2 diabetes results when the body's insulin is no longer effective in processing glucose in the blood. Type 2 diabetes was previously referred to as "adult onset diabetes" to distinguish it from Type 1 diabetes, which often strikes in childhood when the pancreas stops being able to make insulin at all. No longer only an adult problem, Type 2 diabetes is being found in children for the first time and at increasing rates.

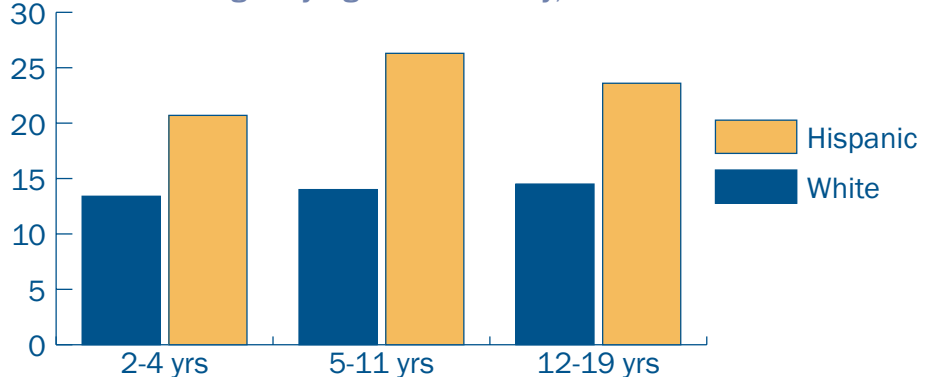
Santa Cruz County ranks in the top ten counties in California for the incidence of childhood overweight. The resulting health problems of overweight children are a major public health challenge facing the county.

In 2003, 16.2% of low-income Santa Cruz County children under two were identified by doctors as overweight, as were 19.7% of those over two. Compare this to 16.2% and 17.3% respectively for California and 13.1% and 13.4% respectively for the U.S. as a whole.⁹ According to the self-reported heights and weights on the California Healthy Kids Survey administered in Santa Cruz County schools, 13% of seventh graders were overweight and another 17% were at risk of being overweight.¹⁰ Overweight adolescents are more likely to be overweight or obese as adults.¹¹

Prevalence of Overweight U.S. Children Ages 6–19, for years 1963–2000⁷



Santa Cruz County Children Above 95th Percentile for Weight By Age and Ethnicity, 2002⁸



Obesity: A Complex Problem with Many Causes

- **Advertising**—Restaurants and the food industry spend \$10 billion on advertising each year while the National Cancer Institute spent \$7.75 million on advertising the “5-A-Day” fruits and vegetables diet recommendations in a seven year period (1992–1999).¹²
- **Fast Foods Meals**—Cost less but have more calories.
- **Limited Access to Healthy Food**—Stores in low-income areas generally do not offer quality fresh fruit or vegetables. Healthy food is usually more expensive.
- **Screen Time**—TV, computer and computer games. Children age 2–17 reported spending over six hours per day engaged in media activities.¹³
- **Changing Culture**—Evolved from a nation of farmers (50% of population lived on farms in 1900) to a nation of commuters. Family time is increasingly spent on sedentary activities, e.g., eating out, going to movies, watching TV and driving.
- **Urban Sprawl**—Increases use of cars for transportation to school, shopping, work, recreation.
- **Inadequate Infrastructure**—Lack of adequate sidewalks, bike paths and walking paths.
- **Unsafe neighborhoods**—Or perception of lack of safety, result in children who don't play outside. ■

Consequences of Obesity

Perhaps the greatest immediate negative consequences of obesity for children are psychological and social. On a daily basis, overweight children are exposed to cultural pressure to be thin. With the sudden focus of an “obesity epidemic” the overweight child is now a target, viewed by some as “the problem that needs to be solved.” As we strive to improve child health, it is imperative to understand that pressuring youngsters to be thin has not helped reduce the prevalence of overweight; instead it has led to new health problems such as rampant body dissatisfaction, poor body image, low self-esteem, eating disorders, depression and substance abuse.

Because children are still developing physically and psychologically, nutritionists have traditionally avoided putting children on “weight reduction diets.” Instead they have worked with families to promote



healthy eating and physical activity, with the goal of slowing the rate of weight gain, while allowing the child’s height to “grow into” his/her own weight. Within an environment that provides healthy eating and regular physical activity, children will naturally and healthily grow into a wide variety of shapes and sizes, some smaller, some larger. This wisdom still stands.

The focus of any prevention strategy must be on whole health, not just weight. Linking physical activity and healthy eating to weight loss carries the risk of obscuring the relationship among movement, play, eating and joy. Healthy children should enjoy eating nutritious foods and enjoy a variety of regular physical activities and also feel emotionally strong, free of mental illness, substance abuse, teen pregnancy and painful discrimination related to body size. When it comes to children, we must first do no harm.

Definitions of Healthy Eating and Physical Activity

Healthy Eating, as defined by the Dietary Guidelines for Americans¹⁴

- **Use plant food as the foundation of your meals:** build your eating pattern on a variety of plant foods, including whole grains, fruits and vegetables
- **Keep an eye on servings:** compare your calorie needs with the calories per serving of the foods you eat
- **Engage in healthful eating patterns:** use the Food Guide Pyramid as a starting point to shape your eating patterns
- **Assess your nutrient needs:** growing children, teenagers, women and older adults have higher needs for some nutrients
- **Check the food label before you buy:** check the ingredients, nutrients and serving sizes to ensure that they meet your personal food needs
- **Eat to meet your nutrient needs:** don’t rely on dietary supplements alone to meet your nutrient needs

*For more information: <http://www.health.gov/dietaryguidelines/dga2000/document/build.htm#pyramid>

Regular Physical Activity¹⁵

- **30 minutes per day for adults.** Complete at least 30 minutes of moderate physical activity most days of the week, preferably daily.
- **60 minutes per day for children.** Children should get 60 minutes of moderate physical activity most days of the week, preferably daily.
- Adults and children who are meeting these standards can gain even more health benefits by increasing the amount of time they are physically active or by taking part in more vigorous activities.
- Activities can be done all at once, or spread out two or three times during the day.



Eating Patterns

Many foods eaten both as snacks and meals are now nutrient poor and of a significantly larger portion size, often providing empty calories without adequate nourishment. In the 1980s, Americans spent \$6 billion on fast foods in 1,000 restaurants. By the 2000s, we were spending \$100 billion on fast food in a total of 23,000 outlets. Conversely, in the 1980s 75% of meals were eaten from home; by the 2000s, the majority of meals were being eaten away from home.¹⁶ The number of new snack food products introduced each year increased from 1,000 to 2,000 during this period.¹⁷ At the same time, only a fifth of all children are eating five servings a day of fruits and vegetables in the 2000s.¹⁸

The average intake for men grew from 2,450 calories in 1971 to 2,618 calories in 2000. For women, caloric intake grew from 1,542 calories to 1,877 calories during the same time period.¹⁹ Teens drink twice as much soda as milk²⁰ and an average 12-ounce soda has 150 calories.²¹ Billions are spent annually on advertising snack food, fast food and soft drinks and millions more on lobbying.

Physical Activity

Physically fit children have better memory, concentration and energy levels, are healthier physically and emotionally and are likely to carry their healthy lifestyle over into adulthood. This translates into less obesity, heart disease, stroke, high blood pressure, Type 2 diabetes, cancer, fractures and depression. It is recommended that children have at least an hour of moderate physical activity most days of the week.²²

Schools have reduced physical education classes due to time and money constraints. The Robert Wood Johnson Foundation identifies the reduction in physical education programs in schools as an important problem; only 8% of elementary schools, 6.4% of middle schools and 5.8% of high schools provide students in all grades with daily P.E. or its equivalent (150 minutes per week for elementary schools and 225 minutes per week for middle and high schools).²³

Children are increasingly sedentary at home as well, more likely to stay inside watching TV or playing video games than to play outside after school. Only 31% of children, living within one mile of school, walk to school daily.²⁴ The average child ages 8–18 spends more than three hours a day watching TV and another three to four hours with other screen media, e.g., computer and video games.²⁵

Special Needs Children

As obesity rates climb for the general child population, the rates are also climbing among special needs children as well. Physical activity and healthy eating are vital to the health and self-esteem of children with disabilities. Obesity intensifies disabilities. We must ensure that these special populations are included in family and community activities as described in this Plan. ■



“Santa Cruz County’s Go for Health! is a great example for California—and the nation—of a strong multifaceted approach and of the effectiveness of a diverse coalition in promoting community health.”

Larry Cohen
Executive Director
Prevention Institute
Oakland, CA

A Community Course of Action: The Go for Health! Planning Process

As many organizations in Santa Cruz County began recognizing childhood obesity as a problem they should be addressing, one thing became abundantly clear: child overweight cannot be solved on an individual basis; this has been tried and this has failed. This public health epidemic requires a collective effort, a comprehensive plan and collaborative strategies among all sectors of the Santa Cruz County community. Childhood obesity is a multifaceted problem and requires a multi-pronged approach. A broad-based community coalition with a common vision of healthy eating and regular physical activity for all children is needed.

The Santa Cruz County **Go for Health!** collaborative was convened in August 2003 by the United Way, the Children's Network of Santa Cruz County, the Children's Food and Fitness Coalition and the Pajaro Valley Community Health Trust. **Go for Health!** has more than 150 members representing elected officials, hospitals and health providers, county public health, K–12 schools, higher education, community based organizations, food banks, businesses including food processors and distributors, transportation, city planning, parks and recreation, fitness and martial arts, farmers, labor, child care, advocates, researchers, media and funders. When asked to participate, people were enthusiastic and ready to be involved. Members came to the table with diverse backgrounds, experiences and perspectives and have demonstrated their commitment to grapple with this issue.

The premise of the Santa Cruz County **Go for Health!** approach is that healthy eating and regular physical activity provide a foundation for the child's healthy growth and development. Building healthy lifestyles from the start will translate into less obesity among youth and adults.

The **Go for Health!** plan provides a blueprint for policy-makers, funding agencies and local schools, health care providers, service providers, business and the media to take action to improve children's health through healthy eating, regular physical activity and changing community norms. The purpose of the **Go for Health!** plan is to present a consensus document outlining the community outcomes and action steps needed to improve children's eating and physical activity habits.



To develop this plan, **Go for Health!** held nine monthly meetings attended by 45–55 people at each meeting. Members were informed about childhood obesity and local statistics. They then brainstormed desired community changes, identified outcomes and chose action steps. Input and feedback were sought from diverse stakeholders and regional and national experts. The draft was presented to over 250 people in 19 community and civic groups. Promising models of community interventions around the country were explored.

Go for Health! also incorporated the national directives set forth in Healthy People 2010. Healthy People 2010²⁶ is a comprehensive set of health objectives developed by the U.S. Department of Health and Human Services for the nation to achieve by 2010. Created by scientists both inside and outside of government, Healthy People 2010 identifies a wide range of public health priorities and specific, measurable objectives to increase health and longevity and to eliminate health disparities. The Healthy

People 2010 goals for childhood obesity and healthy eating are to:

- Reduce the proportion of children and adolescents ages 6–19 who are overweight or obese from 11% in 1988–94 to 5% in 2010. Overweight and obesity are defined as at or above the gender- and age-specific 95th percentile of Body Mass Index (BMI)²⁷ based on the revised CDC Growth Charts for the United States. A BMI of 25–29.9 is considered overweight, while a BMI over 30 is considered obese.
- Increase the proportion of persons aged two years and older who consume at least two daily servings of fruit from 28% in 1994–96 to 75% in 2010.
- Increase the proportion of persons aged two years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables, from 3% in 1994–96 to 50% in 2010.
- Increase the proportion of persons aged two years and older who consume at least six daily servings of grain products, with at least three being whole grains, from 7% in 1994–96 to 50% in 2010. ■



Go for Health! Framework

Structure

A Steering Committee meets monthly to oversee and facilitate the implementation of the five-year plan. The Steering Committee chose United Way to provide staff to the collaborative. **Go for Health!** is comprised of the following committees: Public Policy; Public Education / Media / Communication; Health Care System; Business / Industry / Employers; Child's Environment—Schools / Community / Family / Child Care; Steering; Evaluation.

Goals

Go for Health! has adopted the community goal that “Children in Santa Cruz County will be physically fit through healthy eating and regular physical activity.” The community goal describes the condition of well being we want for our children and youth.

The core of the **Go for Health!** plan is the development of a series of community outcome objectives that link to this community goal. Outcomes are the specific and measurable changes in the behavior and health of community and residents that reflect progress towards the community goal. For each outcome, a series of action steps have been identified that need to be undertaken in order to accomplish the outcome.

Go for Health! recognizes that a comprehensive approach is required involving all sectors: families, government, schools, businesses and workplaces, food industry, health care system and media. **Go for Health!** takes a holistic approach—improvements in eating and activity must include the entire family.

The **Go for Health!** logic model is presented on the next page. The logic model approach is often used to articulate the “theory of change” underlying service interventions. In general, it includes a description of the resources, the activities and how they are counted and the outcomes. The **Go for Health!** logic model identifies the inputs—available resources and constraints; activities that are part of the plan; outputs which allow the activities to be quantified; and the outcomes. The outcomes are the changes expected to take place as a result of the constellation of **Go for Health!** activities—changes in knowledge, attitude, behavior and health.

Presentations to Stakeholder Groups:

- Child Care Planning Council
- Community Bridges—Board of Directors
- Community Bridges—Management Team
- Community Foundation of Santa Cruz County
- First 5 Santa Cruz County—Commission
- Santa Cruz County Head Start—Staff
- Health Improvement Partnership Medical Professionals
- Migrant Parents in Watsonville
- Pajaro Valley Community Health Trust Board of Directors
- Regional Diabetes Collaborative—Education & Prevention Committee
- Regional Diabetes Collaborative—Steering Committee
- Safety Net Clinic Coalition
- Santa Cruz City Council
- Shoreline Middle School—After School Program
- United Way of Santa Cruz County—Board of Directors
- Watsonville City Council
- Women, Infants and Children (WIC)—Staff

Logic Model

Community Goal: All children in Santa Cruz County will be physically fit through healthy eating and regular physical activity.

| Inputs | Activities | Outputs | Outcomes |
|--|--|---|--|
| <p>What Go for Health! members can provide</p> <ul style="list-style-type: none"> ■ Resources ■ Go for Health! member agencies ■ Existing programs ■ Possible grants ■ Constraints ■ Community norms and habits ■ Existing policies and practices in schools, families, workplaces, the food industry and the media ■ Advocacy ■ Changes in school nutrition and physical education ■ Changes in public policy ■ Changes in health care system ■ Changes in food industry practices ■ Changes in media | <p>What Go for Health! members will do</p> <ul style="list-style-type: none"> ■ Information ■ Importance of healthy eating and regular physical activity ■ Risks and consequences of obesity ■ Role of home, school, community, food industry, media ■ Advocacy ■ Changes in school nutrition and physical education ■ Changes in public policy ■ Changes in health care system ■ Changes in food industry practices ■ Changes in media | <p>How to count Go for Health! activities</p> <ul style="list-style-type: none"> ■ Units of service ■ Public education materials—TV, radio, print media ■ Educational sessions—in schools, clinics, community centers ■ Advocacy—with schools, workplaces, the food industry, health care providers and policy makers | <p>What are the changes in or benefits to individuals and communities as a result of Go for Health! activities</p> <ul style="list-style-type: none"> ■ Short-term ■ New knowledge, changed attitude ■ Individual: ■ Knowledge and understanding of benefits of healthy eating and regular physical activity ■ Knowledge of media and its impact on their eating and physical activity behaviors ■ Community: ■ Norms that promote healthy eating and regular physical activity |
| | | | <p>Intermediate</p> <ul style="list-style-type: none"> ■ Modified behavior ■ Individual: ■ Children and families are more physically active in a variety of settings ■ Children and families eat a more nutritious diet ■ Community: ■ Healthier policies and practices in work-place, schools, food industry ■ More involvement of community-based organizations in healthy eating/physical activity ■ More bike and walking paths and trails ■ More opportunities for exercise and sports |
| | | | <p>Long-term</p> <ul style="list-style-type: none"> ■ Improved condition, altered status ■ More children physically fit ■ Fewer children overweight ■ Fewer new cases of childhood diabetes and other preventable problems related to overweight |

Community Outcomes and Action Steps

| Arena | Community Outcome Objective | Strategy | Action Steps | Existing Activities |
|-----------------|--|--|--|--|
| Families | By December 2010, there will be a 10% increase in the number of parents who have a knowledge of healthy eating and regular physical activity as measured by the CAP biannual parent survey. | Provide various educational opportunities for parents to learn about the benefits of healthy nutrition and regular physical activity | <ol style="list-style-type: none"> 1. Provide culturally appropriate nutrition education workshops for parents. 2. Distribute health information on a countywide level at a variety of venues. | Latino 5-A-day; WIC Nutrition Education; Head Start Nutrition Education |
| | By December 2010, there will be a 10% increase in the number of parents who practice and promote healthy eating with their children as measured by pre-post tests that include behavior questions at workshops and other events. (Or to get countywide information, use the CAP biannual parent survey.) | Provide a variety of programs that encourage families to cook and eat together. | <ol style="list-style-type: none"> 1. Train parents about the importance of being positive role models in using healthy nutrition and families cooking and eating together. 2. Offer cooking classes/contests for children and their parents using fruits and vegetables and healthier food options for comfort and traditional foods. 3. Teach parents to reward and discipline their children without using food. | Nutrition Network; Project LEAN; Ready...Set...Grow!; Answers Benefiting Children; WIC Foods |
| | By December 2010, the breastfeeding rate will increase by 10% as measured by WIC County data. | Support breast-feeding through education and advocacy with parents, hospitals and businesses. | <ol style="list-style-type: none"> 1. Educate expectant parents on the short- and long-term benefits of breastfeeding. 2. Promote breast-feeding in all businesses and workplaces. 3. Increase access to breastfeeding resources. 4. Educate public health workers on breastfeeding and the risks associated with infant formula. | Santa Cruz County Breastfeeding Coalition; lactation centers in hospitals; WIC; Nursing Mothers Coalition; La Leche League |
| | By December 2010, there will be a 10% increase in the number of parents who participate in regular physical activity with their children as measured by pre-post tests that include behavior questions at workshops and other events. (Or to get countywide information, use the CAP biannual parent survey.) | Provide a variety of programs that encourage families to be physically active together. | <ol style="list-style-type: none"> 1. Train parents on the importance of being positive role models in demonstrating regular physical activity. 2. Provide and promote opportunities for walking and biking to school and work. 3. Provide educational workshops and events that decrease “screen time” and increase healthy lifestyles. | Walking Clubs; Capitola Walks; Bike to Work/School |

| Arena | Community Outcome Objective | Strategy | Action Steps | Existing Activities |
|-----------------------|--|---|--|--|
| <p>Schools</p> | <p>By December 2010, there will be a 10% increase in the number of nutrition education sessions offered and integrated in all curriculums, K–12 as measured by the results from the School Health Index (SHI).</p> | <p>Support the inclusion of K–12 nutrition curriculum so that all young people will have accurate information about healthy eating. Offer community-wide resources for teachers and school staff to access nutrition and cooking curricula, as well as support to offer these programs in their classroom</p> | <ol style="list-style-type: none"> 1. Integrate nutrition education into all schools subjects at every grade level. 2. Provide nutrition counseling in K–12 schools using a registered dietician. 3. Provide opportunities for students to be involved in determining what they eat and how they are physically active at school. 4. Offer field trips for students to learn about food origins and distribution (e.g., local farms, farmers markets, etc). 5. Offer cooking classes in schools. 6. Establish a Life Lab program at all schools. 7. Establish a school nutrition advisory council at every school site. | <p>Life Lab Garden-based Science Curriculum; Ready...Set...Grow!</p> |
| | <p>By December 2010, there will be a 10% increase in the number of children eating healthy foods at school as measured by food service statistics collected by the schools, compliance with district food policy and evaluation of standards in school food policies.</p> | <p>Support schools in making the school environment one that promotes healthy eating among students.</p> | <ol style="list-style-type: none"> 1. Assist school districts in providing healthy universal breakfasts in schools. 2. Increase school participation in federal school meals programs. 3. Involve children in growing foods as part of curriculum. 4. Share information on model programs with schools to show the profitability of offering healthy foods in school lunch programs, such as salad bars and farm-to-school programs. | <p>Food on the Run; Project LEAN; LASERS; Life Lab School Food Service</p> |
| | <p>By December 2010, there will be fun, robust daily physical education programs of at least 30 minutes a day for all grade levels in all schools, K–12, as measured by surveying school administrators countywide regarding compliance with state PE requirements and results from the School Health Index (SHI) in Watsonville.</p> | <p>Ensure that all students have the opportunity for physical activity during the school day and provide them with the skills they need to engage in physical activity outside of school time.</p> | <ol style="list-style-type: none"> 1. Offer after-school programs that promote healthy nutrition and physical activity. (e.g., nutrition and cooking classes, yoga, etc). 2. Advocate for one school period of daily physical activity in schools; use trained physical educators/sports aides to help. 3. Ensure schools meet or exceed requirements for minimum minutes of P.E. 4. Provide various physical activity options that reflect the interest and diversity of participants during physical education classes. | <p>5-A-Day; Power Play!</p> |

| Arena | Community Outcome Objective | Strategy | Action Steps | Existing Activities |
|------------------|--|--|---|---|
| Community | By December 2010, there will be a 10% increase in the number of community members aware of and involved in childhood obesity prevention efforts as measured by the CAP biannual survey. | Reach out to community members to train and involve them in promoting healthy eating and regular physical activity. | <ol style="list-style-type: none"> 1. Create a clearinghouse of grant opportunities related to addressing childhood obesity issues. 2. Develop coordinated campaigns to foster communication and participation across community sectors. 3. Develop a nutrition information and resource guide. | Fruit/Vegetable of the Month; 5-A-Day's ieatwell.org Web site |
| | By December 2010, there will be a 10% increase in the number of neighborhoods that are safe for recreation and physical activities as measured by a survey of law enforcement jurisdictions to determine the number of registered Neighborhood Watch programs. | Increase opportunities for physical activity in residential neighborhoods and increase the perception of community safety so that children and families will take advantage of these opportunities. | <ol style="list-style-type: none"> 1. Develop and promote programs and activities that enable community members to feel safe outside (e.g., Neighborhood Watch, safe houses, self-defense and other neighborhood programs). 2. Promote teen nights at schools or community centers that offer a variety of physical activities options, with adult supervision. | Soquel & San Lorenzo Valley Teen Nights |
| | By December 2010, there will be a 10% increase in the number of opportunities for physical activity of all types for young people. | Promote non-competitive physical activities for young people in schools, parks and recreation programs and at home. | <ol style="list-style-type: none"> 1. Identify and promote non-competitive physical activities in communities and schools. | Fit WIC Kids; Martial Arts; Capitola Walks; Bike to Work/School; Head Start Walking Club |
| | By December 2010, there will be a 10% increase in the number of children and youth who are media literate as measured by pre-post tests at workshops on media literacy and body image. Media literate children and adolescents will be less susceptible to marketing and other messages that promote unhealthy eating, sedentary lifestyles and unrealistic body image. | Educate children and adolescents to become more media literate and less susceptible to marketing and other messages that promote unhealthy eating, sedentary lifestyles and unrealistic body image expectations. | <ol style="list-style-type: none"> 1. Provide educational programs and workshops for children on media literacy, including accessing, analyzing, evaluating and creating media. 2. Provide educational programs and workshops for children on positive body image. | Picture This; Marin Institute Media Advocacy Training; Food On The Run; Live in Your Skin |

| Arena | Community Outcome Objective | Strategy | Action Steps | Existing Activities |
|-------------------------|--|--|---|--|
| <p>Community</p> | <p>By December 2010, there will be a 10% increase in the number of girls playing organized team sports as measured by the CAP biannual parent survey.</p> | <p>Promote athletics as a catalyst for girls' self-esteem, self-expression and mental and physical wellness.</p> | <ol style="list-style-type: none"> 1. Provide "girls only" sport opportunities, classes and workshops at low cost or free of charge to low-income families (e.g., climbing gym, surf schools). 2. Identify and connect with national campaigns that promote female involvement, self-confidence and pride in sports. 3. Train parents about the benefits of their daughters' participation in sports so they will encourage them to participate. | <p>Gameface</p> |
| | <p>By December 2010, there will be a 10% increase in the number of community-based organizations that integrate healthy eating into their services and programs as measured by a survey of community-based organizations.</p> | <p>Provide resources to help CBOs develop ways to build healthy eating into their services.</p> | <ol style="list-style-type: none"> 1. Promote healthy nutrition in every setting (e.g., churches, parks and recreation programs, pre-schools, clubs, adult schools, agricultural fields, youth and teen programs, camps, family resource centers, etc). 2. Conduct outreach & training to clinical and social service providers working with children and families. Provide training by registered dietitians; materials for dissemination; and technical assistance for integrating the promotion of healthy nutrition into their services. 3. Provide bilingual mental health counselors to address the connection between eating disorders and obesity in Spanish speaking populations. | <p>Latino 5-A-Day; 5-A-Day Power Play!; Nutrition Network Grant; Food For Children; USDA Food Distribution; Project LEAN; Diabetes Health Center; Diabetes Support Group</p> |

| Arena | Community Outcome Objective | Strategy | Action Steps | Existing Activities |
|-------------------------------|---|---|--|---|
| Community | By December 2010, there will be a 10% increase in the number of community-based organizations that integrate regular physical activity into their services and programs as measured by a survey of community-based organizations. | Provide resources to help CBOs develop ways to build regular physical activity into their services. | <ol style="list-style-type: none"> 1. Promote regular physical activity in every setting (e.g., churches, parks and recreation programs, pre-schools, clubs, adult schools, agricultural fields, youth and teen programs, camps, family resource centers, etc). 2. Conduct outreach and training to clinical and social service providers working with children and families. Provide technical assistance for integrating the promotion of regular physical activity into their services. 3. Identify, develop and implement a consistent physical education model for families of obese children served through home visiting programs. | Diabetes Health Center |
| Business and Workplace | By December 2010, there will be a 20% increase in the number of local employers that promote healthy eating and regular physical activity among employees and their families as measured by Chamber of Commerce surveys. | Local businesses make healthy eating and physical activity possible and accessible to their employees. | <ol style="list-style-type: none"> 1. Promote workplace wellness and exercise programs, health education and healthy practices (e.g., healthy options whenever food is served in the workplace). 2. Member organizations of Go for Health! members will institute workplace wellness plans. 3. Employers provide employees with incentives and schedules to bike/walk/bus to and from work. 4. Adopt nutrition standards for meals and snacks served by all food service providers. | Employee Wellness Programs; Get Movin'; Bike to Work; American Cancer Society "Meeting Well"; MCHD; County of Santa Cruz Health Services Agency |
| Public Policy | By December 2010, 80% of school boards, city councils and the Board of Supervisors will have adopted policies that promote healthy eating and regular physical activity as measured by surveys of school boards and jurisdictions. | Educate and involve policy leaders in promoting healthy lifestyles of healthy eating and regular physical activity. | <ol style="list-style-type: none"> 1. Create sample policies on healthy eating and regular physical activity; monitor adoption and implementation of policy. 2. Advocate with schools and school boards to adopt nutrition standards for meals and snacks served in schools. 3. Conduct a public forum to educate local policy makers and community members regarding the long-term health effect of policy decisions and importance of changing social norms. Solicit endorsements of the Go for Health! Plan. | Surgeon General's guidelines on healthy eating and regular physical activity |

| Arena | Community Outcome Objective | Strategy | Action Steps | Existing Activities |
|---------------------------|--|---|---|---|
| Public Policy | By December 2010, there will be a 20% increase in the number of children and families who walk and bike regularly as measured by the Community Assessment Project biannual parent survey. | Identify and resolve issues that impede safe walking and biking for children and families and promote a more active lifestyle for all families. | <ol style="list-style-type: none"> 1. Incorporate pedestrian and bike friendly designs, such as enhanced medians, separate bike lanes, walking paths and curb extensions. 2. Advocate for policies that promote community and neighborhood infrastructure designs that encourage physical activity. 3. Conduct a community audit of bikeways, walkways, sidewalks, trails and neighborhoods. | Community Traffic Safety Coalition; Capitola Walks; Mission Pedestrian; Pace Car Program; Safe Routes to School; Traffic Busters; Active Living By Design; Walkable Communities Subcommittee of Central Coast Fitness and Nutrition Collaborative; Regional Transportation Commission's Bike Committee and Bikeways Map |
| Health Care System | By December 2010, there will be a 10% increase in the number of health care providers who actively promote healthy eating and regular physical activity as measured by provider surveys. | Provide tools and education on nutrition for medical providers and offices. | <ol style="list-style-type: none"> 1. Identify and distribute culturally appropriate educational materials to families through pediatricians, family practitioners and other professionals working with children and families. 2. Partner with local doctors to offer programs for kids in schools regarding the risks of obesity. 3. Develop and implement a consistent nutrition education model for families of obese children served through home visiting programs. | CHDP Provider Education; 5-A-Day Toolkits |
| | By December 2010, the breastfeeding rate will increase by 10% as measured by WIC County data. | Support breast-feeding through education and advocacy with parents, hospitals and businesses. | <ol style="list-style-type: none"> 1. Advocate with all hospitals to implement formal "Baby-Friendly" policies. 2. Train public health workers on breastfeeding and the risks associated with infant formula. | Santa Cruz County Breastfeeding Coalition; lactation centers in hospitals; WIC; Nursing Mothers Council; La Leche League |

| Arena | Community Outcome Objective | Strategy | Action Steps | Existing Activities |
|----------------------|---|--|--|---|
| Food Industry | By December 2010, there will be a 100% increase in the number of food stores that provide nutrition education as measured by the number of 5-A-Day retail kits in use at local stores. | Promote information about healthy nutrition in stores where people buy food. | 1. Encourage stores to provide nutrition information, taste testing, healthy cooking tips and demonstrations and recipes for display/distribution. | 5-A-Day |
| | By December 2010, there will be a 10% increase in the number of corporations that market food responsibly. | Support positive marketing practices, including product development, advertising, pricing and placement. | 1. Identify and reward “best marketing practices” for food, beverage and supermarket/grocery store industry. | Statewide 5-A-Day Retail Advisory Board |
| | By December 2010, there will be a 10% increase in the number of Santa Cruz County residents that have access to fresh local produce as measured by the volume of EBT/food stamp dollars spent at Farmers Markets and pounds of fruits and vegetables distributed through food bank | Increase the availability and attractiveness of locally grown healthy food. | <ol style="list-style-type: none"> 1. Ensure that food stamps, Electronic Benefit Cards and WIC coupons are accepted as payment options at farmer’s markets and stores with healthy food. 2. Train small storeowners in underserved areas and provide them with incentives to carry healthier food items such as quality fresh produce. 3. Publicize and promote farmer’s markets, community gardens and Community Supported Agriculture programs. 4. Monitor food banks and meal programs for low-income families to be sure that they offer healthy options and provide information about healthy nutrition. 5. Ensure access to more fresh produce at the Food Bank. | Electronic Benefit Card ad hoc working group; Latino 5-A-Day; CAFF/Central Coast Hunger Coalition; Food agency monitoring visits; Ag Against Hunger |
| | By December 2010, 90% of local fast food restaurants will offer and promote healthy choices as measured by pre and post-tests of fast food restaurant menus. | Promote healthy food alternatives at restaurants serving youth and other busy community members. | 1. Advocate for healthy alternatives at fast food restaurants. | |

| Arena | Community Outcome Objective | Strategy | Action Steps | Existing Activities |
|-------|--|--|---|---|
| Media | By December 2010, there will be a 20% increase in media promotion of healthy eating and regular physical activity as measured by airtime and print space devoted to promotional messages. | Create and promote local media materials and campaigns that provide information about healthy nutrition and regular physical activity. | <ol style="list-style-type: none"> 1. Use existing media to deliver a broader, more complete message to the community about the risks of obesity and who is susceptible; information on dangers of overeating, healthy eating tips and the availability of fresh, locally grown foods. 2. Train local media representatives to become experts on obesity issues and prevention strategies. 3. Create a locally produced cooking show in Spanish and English. | Statewide 5-A-Day; Food Stamp Promotion PSA; Coast Weekly Community Fund; Sentinel Healthy Living Section; Radio Bilingue—KHDC—Salinas affiliate; Fast Food High School fotonovela; free publications (e.g., Growing Up in Santa Cruz, Good Times, Metro Santa Cruz). |

Call to Action

This is an ambitious plan. With 24 outcomes and related action steps to reach the community goal of “Children in Santa Cruz County will be physically fit through healthy eating and regular physical activity,” **Go for Health!** collaborative members recognize the challenges ahead. The risk of failure pales in comparison to the consequences of doing nothing. We are facing a health crisis of unprecedented proportions if we do not create changes in community norms that help children and families develop and maintain habits of healthy eating and regular physical activity.

The community needs elected officials, including county supervisors, city councils and school boards, to adopt policies that promote healthy eating and regular physical activity. Businesses and workplaces need the tools to promote health and wellness among their employees.

The food industry needs to market and distribute food that is healthful and the media plays a crucial role by being responsive to community needs.

“The life expectancy of babies born today may well be shorter than their parents unless we significantly improve our unhealthy lifestyles, which is why we need to Go for Health!”

David R. McNutt, MD
County Health Officer/Medical Director
County of Santa Cruz

The **Go for Health!** Plan is a five-year plan. It will take time to identify resources and implement the action steps. During 2005, baseline data will be gathered where it does not currently exist. It is crucial to success that change in behavior is measured over time. As work in these areas is relatively new, many evaluation methods will be tried for the first time. **Go for Health!** will need to monitor the effectiveness of the measurement tools and make adjustments over time.

By working together, **Go for Health!** members are confident that Santa Cruz County can become a model for healthy eating, regular physical activity and reduced childhood obesity. ■

Partners

Go for Health! has reviewed and incorporated the ideas from a variety of statewide organizations including:

- **Strategic Alliance for Health Food and Activity Environments** (Strategic Alliance)²⁸ staffed by the Prevention Institute and coordinates strategy development, outreach, training, media and research
- **California Food Policy Advocates** (CFPA)²⁹ whose 2004 agenda includes universal school breakfast and improved school lunch
- **California Project LEAN**³⁰ (Leaders Encouraging Activity and Nutrition), administered by the California Department of Health Services and the Public Health Institute and whose goals include policy/environmental changes to support healthy eating and physical activity, educating Californians to choose healthier foods and be more physically active, conducting research-driven and consumer-focused nutrition and physical activity campaigns; and helping coordinate state and local efforts
- **California Obesity Prevention Initiative** (COPI),³¹ established in 2000 to reduce obesity and its associated health risks; Project LEAN is a lead partner
- **California Nutrition Network** (CNN),³² a part of the California Department of Health Services, whose mission is to enable low-income Californians to eat healthy foods and be more physically active. CNN funds local projects, works with the media and retail, facilitates the efforts of community collaboratives, health departments and schools to promote healthy eating and regular physical activity and promotes policy and environmental change at the local level

Go for Health! works closely with other collaboratives on the Central Coast that are addressing obesity, including:

- **Central Coast Hunger Coalition**,³³ established in 1985 to eliminate hunger and promote nutrition in the tri-county area of Santa Cruz, Monterey and San Benito counties
- **Regional Diabetes Collaborative** (RDC),³⁴ formed in 2002 to coordinate diabetes efforts in the tri-county area
- **Children's Food and Fitness Coalition** (CFFC),³⁵ formed in 2001 to improve fitness and health in Santa Cruz County
- **Health Improvement Partnership** (HIP),³⁶ established in 2002 to bring together health care leaders in Santa Cruz County to address key health issues
- **Nutrition and Fitness Collaborative of the Central Coast** (NFCCC),³⁷ organized in 2003 to reduce childhood obesity in the tri-county area ■



“Second Harvest looks forward to working with Go for Health! to promote healthy eating and nutrition among the 42,000 people fed each month through the food bank network.”

Lee Mercer
Education and Outreach Director
Second Harvest Food Bank of
Santa Cruz and San Benito Counties

“Healthy Kids and a healthy community must be a priority for all of us.”

Peggy Flynn
ETR Associates

Go for Health! Member Organizations

| | | |
|---|--|---|
| Answers Benefiting Children | County of Santa Cruz Parks, Open Space and Cultural Services | Santa Cruz Area Transportation Management Association |
| American Heart Association | County of Santa Cruz Probation Department | Santa Cruz Bicycle Industry Coalition |
| American Lung Association | Diabetes Health Center/Centro de Diabetes | Santa Cruz City Schools |
| Assemblymember John Laird's Office | Dominican Hospital | Santa Cruz County Farm Bureau |
| Bike to Work | ETR Associates | Santa Cruz County Office of Education |
| California Food Policy Advocates | Familia Center | Santa Cruz County Regional Transportation Commission |
| Capitola Mall / The Macerich Company | Financial Strategies | Santa Cruz County Sentinel |
| California Nutrition Network—Ready, Set, Grow | First 5 Santa Cruz County | Santa Cruz Medical Society |
| Capitola Walks | Girl Scouts of Monterey Bay | Santa Cruz Sports Central |
| Central Coast Alliance for Health | Granite Rock Company | Scotts Valley Unified School District |
| Central Coast Center for Independent Living | Health Improvement Partnership of Santa Cruz County | Second Harvest Food Bank |
| Child Care Planning Council | Santa Cruz County Head Start | SEIU Local 415 |
| Child Development Resource Center | La Manzana Community Resources | Soquel Union Elementary School District |
| Children's 5-A-Day Power Play! Campaign | Latino 5-A-Day Campaign | Special Parents Information Network |
| Child Health and Disability Prevention Program (CHDP) | Live Oak Family Resource Center—Community Bridges | State Assembly Representative 28th District |
| City of Santa Cruz Parks and Recreation Department | Live Oak School District Child Nutrition Program | Santa Cruz County Office of Education—The Ark |
| City of Santa Cruz Public Works Department | Monterey County Health Department/Nutrition Network/Project LEAN | Stellar Productions |
| City of Scotts Valley Parks and Recreation Department | New Leaf Community Markets | SunRidge Farms/Falcon Trading Company |
| City of Watsonville | Pajaro Valley Community Health Trust | The Core |
| City of Watsonville—Parks and Community Services Department | Pajaro Valley Unified School District—Migrant Education, Region XI | The Epilepsy Network |
| Clinic Operations—SCMF | Pajaro Valley Unified School District—Nutrition Services | The Healthy Way |
| Coast Commercial Bank | Pajaro Valley Unified School District—Healthy Start Program | Tiger Martial Arts |
| Community Food Security Coalition | Planned Parenthood Mar Monte | Traffic Busters |
| Community Bridges | Population Services International | United Way of Monterey County |
| Community Alliance with Family Farmers | Prosperity Ed | United Way of Santa Cruz County |
| Community Foundation of Santa Cruz County | Resource Center for Nonviolence | University of California Santa Cruz |
| Community Organizing for Relational Power in Action | Safe Routes to School | Walnut Avenue Women's Center |
| Community TV of Santa Cruz County | Safety Net Coalition | Watsonville Community Hospital |
| Congressman Sam Farr's Office | | Watsonville Health Center |
| County of Santa Cruz Health Services Agency | | We Write Corporation |
| | | WIC—Community Bridges |
| | | YMCA of Watsonville |

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34. Regional Diabetes Collaborative. 85 Nielson St., Watsonville, CA 95076. (831) 761-5695.
35. Children's Food and Fitness Coalition. 12 West Beach St., Watsonville, CA 95076. (831) 763-8821.
36. Health Improvement Partnership. 375 Encinal Ste. A, Santa Cruz, CA 95060. (831) 466-4316.
37. Nutrition and Fitness Collaborative of the Central Coast. 1299 Aguajito Rd. #103, Monterey, CA 83849. (831) 647-7819.



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| | | | |
|---------------|-----------------|----------------|-----------------|
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