



Collaborative
to Prevent Childhood Obesity

Eating Smart. Living Fit.

The Strategic Community Action Plan



Foreward

This document is a strategic community action plan that addresses the prevention of childhood obesity in the Greater Cincinnati area. It represents the collaborative effort of a variety of stakeholders that have worked together over the last 18 months to identify key strategies and actions that our community must take to begin to reverse the increasing trend of childhood obesity and to ensure a healthier future for our community.

Hundreds of hours have been donated to this initiative by task force members. Local foundations and businesses have provided generous financial support. We thank the community for their participation in gathering key information that helped us to form this plan to build a healthier future for our children.

Major Funders

The Health Foundation of Greater Cincinnati
The Greater Cincinnati Foundation
The United Way of Greater Cincinnati
United Health Care
Discover Health! Adventures in Learning
Nutrition Council
The Center for Closing the Health Gap in Greater Cincinnati

Sincerely,

Sue Weinstein, M.D.
Co-Chair and Executive Director;
Collaborative to Prevent Childhood Obesity
nussbams@zoomtown.com
513-708-9900

Lauren Niemes, M.Ed., R.D., L.N.
Executive Director
Nutrition Council of Greater Cincinnati
Co-Chair, Collaborative to Prevent Childhood Obesity
Lauren@nutritioncouncil.org
513-621-3262





The Need for Action

With over half of American adults classified as overweight or obese, the obesity epidemic is one of the most critical public health problems facing our country today. Obesity is a major risk factor for type 2 diabetes, heart disease and certain kinds of cancer, and has significant direct and indirect economic costs for our society, as well as physical and emotional costs to the individual.

Of even greater concern to public health officials is the rapidly rising rate of childhood obesity because of the potential immediate and long-term complications. Over the past 30 years, the rate of obesity has more than doubled in pre-school children and adolescents. It has more than tripled in children ages six to 11 years old.¹ Both physical problems such as type 2 diabetes and hypertension and psycho-social problems like depression are increasing in prevalence in overweight children. Looking to the future, research shows that pediatric overweight contributes to serious health risks in adulthood and may decrease overall life expectancy.²

Addressing this public health issue is complex because there are a wide variety of factors that influence a child's weight. These factors include genetics, individual behaviors, social and physical environments, cultural norms, marketing, media and public policies. The complexity of this issue demands a long-term, community-wide strategic plan if we want to halt and reverse these troubling trends in our community.

Many effective community health promotion programs utilize a socio-ecological model to address complex issues like childhood obesity. This model takes into account the many interactions that occur between individuals and the environments in which they live. The Collaborative to Prevent Childhood Obesity Task Force utilized the socio-ecological model in formulating the community strategic action plan. The first attachment is a diagram of the socio-ecological model.





The Local Picture

Since late 2004, the Cincinnati Enquirer's Editorial Staff Writer Krista Ramsey, has run a series of editorial features about the state of our children's health under the title of Healthy Children, Healthy Future. In Spring of 2005, the Enquirer hosted a childhood obesity summit bringing together area experts and community leaders that raised awareness and challenged our community to action.

At the end of the summit, representatives from several local organizations made a commitment to develop an action plan to support the health and fitness of Greater Cincinnati's children and adopted the name of the Enquirer series, Healthy Children/Healthy Future (HC/HF). John Zurick (ZQI, Inc.), a strategic planning consultant was engaged and the planning process was started in June of 2005.

An advisory group and a planning task force were formed and engaged in a year-long process of information gathering, data analysis and community planning. The members of these two groups are listed in the second attachment. From June 2005 to May 2006 the Healthy Children/Healthy Future Planning Task Force and its various subcommittees met frequently and conducted the following research activities to help develop this action plan:

- **Literature review** – Task force members continually analyze research publications, community and government reports, expert position papers and other reference materials to identify best practices, evidence-based strategies and successful

models related to the prevention of childhood obesity.

- **State and local data review** – Local statistics related to children's weight including BMI, lifestyle behaviors and environmental assessments were researched and analyzed.
- **Community forums** – Five public forums with diverse audiences (urban African-American, Appalachian, Hispanic and low-income populations, as well as suburban and rural groups) were held to collect public opinions, identify perceived barriers, motivators and influencers.
- **Focus groups** – Nine focus groups were held with children, parents, school staff and community organizations to probe key issues that were brought forth in the community forums related to healthy eating and physical activity in children and their families.
- **Community leader interviews** – 10 individual interviews with key leaders from diverse fields including business, media, public health and nonprofits were conducted to gather perceptions and opinions on how our community should address the problem of childhood obesity.
- **Community survey** – The Enquirer conducted an on-line 10 question survey that generated 689 responses to gain insight on public opinion on a variety of issues related to childhood obesity including the role of government, schools and influencing factors.



- **Strategic planning retreat** – a planning session, attended by 72 community stakeholders, was held to review the research findings and to begin to identify measurable objectives and key strategies in five community sectors: early childhood, schools, health care, the physical environment and the social environment.

A full report documenting the details and outcomes of these activities was produced and is available for review.

After the retreat in April, the task force formed working groups to further refine the strategies, identify common themes and develop an integrated plan that incorporated multiple interventions across all levels of the socio-ecological model. Once the major goals and strategies of the plan were identified the group then developed an organizational structure that would support the implementation of the plan in the most efficient way, building upon existing community resources.



Vision/Mission Statements

Our Vision

All children in our community develop lifelong eating and activity habits that help them lead healthy lives.

Our Mission

To lead collaborative efforts in the Greater Cincinnati community to prevent childhood obesity by promoting and sustaining healthy lifestyles in children and their families.

Guiding Principles

In all its operations and activities The Collaborative to Prevent Childhood Obesity will be guided by the following principles as it pursues its vision and mission:

- Coordinate and connect existing community infrastructure
- Monitor and communicate measurable outcomes
- Practice inclusion and respect diversity
- Commit to best-practices and evidence-based strategies
- Facilitate parental and community involvement
- Establish community data collection and information sharing
- Develop private/public partnerships
- Build effective teamwork



The Community Strategic Action Plan

To organize the goals and strategies of the task force, four common themes that crossed sector boundaries were categorized: leadership, communication, education and evaluation. In addition, specific strategies were developed in four sectors: Early Childhood, Schools, Health Care and Community. The results are presented below and a matrix of the strategies, lead organizations, outcome indicators and links to the socio-ecological model are presented in the third attachment.

Leadership

Goal

A strong community coalition engages, organizes and supports physical activity and healthy eating in children and their families.

Strategies

1. Engage diverse stakeholders to create and support the collaborative committee structure that implements the plan
2. Secure funding and human resources for collaborative management
3. Encourage and support the development of local wellness committees in child care settings, schools and other community organizations
4. Coordinate advocacy for legislation, policies, procedures and funding mechanisms

Communication

Goal

A communication system delivers internal and external messages that coordinate information and motivates change through a variety of channels.

Strategies

1. Increase awareness about The Collaborative to Prevent Childhood Obesity and community strategic action plan
2. Utilize information technology to establish resource clearinghouse (i.e. Web site) with sections for families, community and collaborative working groups
3. Deliver consistent, positive, behavior focused messages through community-wide social marketing campaign
4. Coordinate mass media channels to effectively promote behavior change both at an individual and community level
5. Promote community-wide events that support physical activity and healthy eating for children and families

Education

Goal

Children, parents and professionals have access to educational opportunities and resources related to healthy weight, nutrition and physical activity.

Strategies

1. Educate professionals, families and communities to understand and use effective standards for body composition (i.e. BMI) and education tools
2. Support and evaluate educational activities/tools/resources for parents and other caregivers to understand the consequence of childhood obesity and to teach healthy lifestyles
3. Conduct quarterly continuing education/collaborative events



Evaluation

Goal

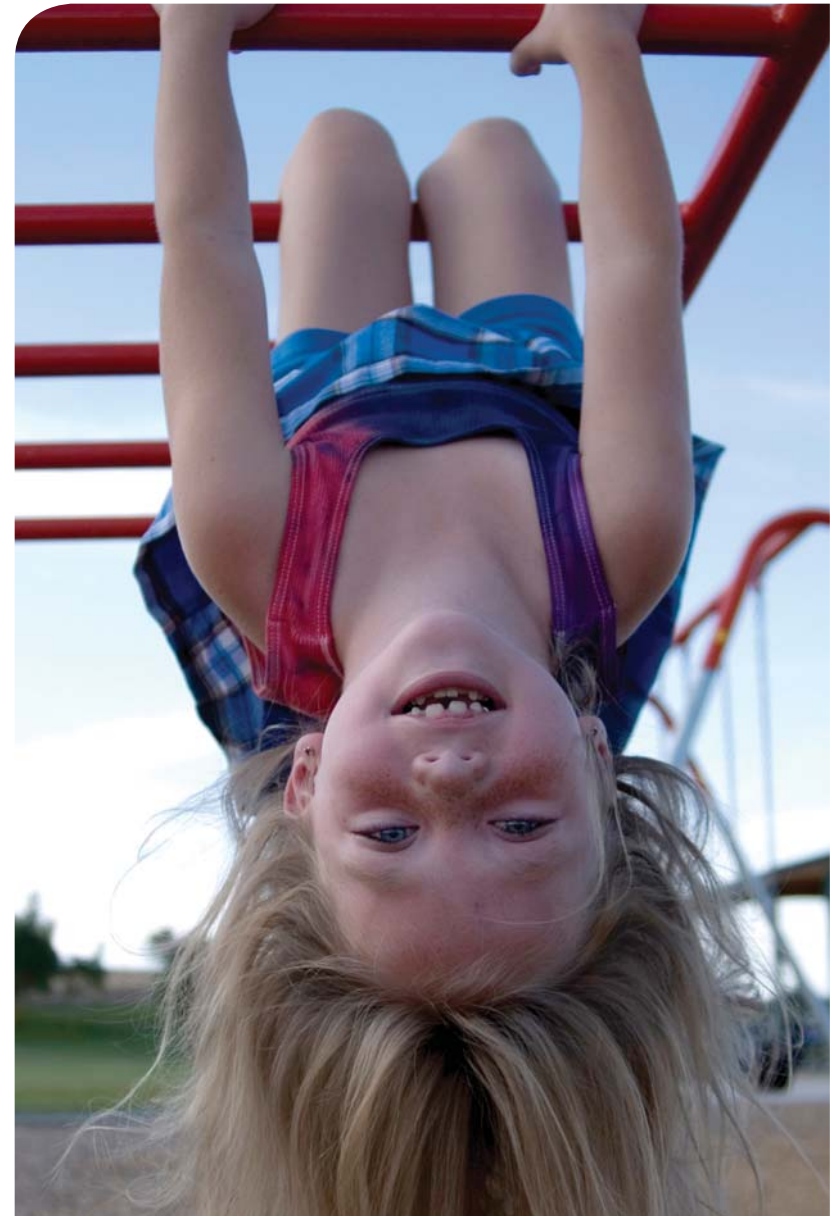
Local organizations and professionals collect and utilize data to monitor and improve children's health related to their weight status (includes BMI, physical activity and nutrition, stages of change, breastfeeding rates, food access and security, etc.).

Strategies

1. Develop local community-wide system to monitor children's body composition (i.e. BMI) and lifestyle behaviors (i.e. Fitness Gram, Family Eating Assessment, YRBS)
2. Standardize BMI collection procedures

Final Preparation To Implement The Plan

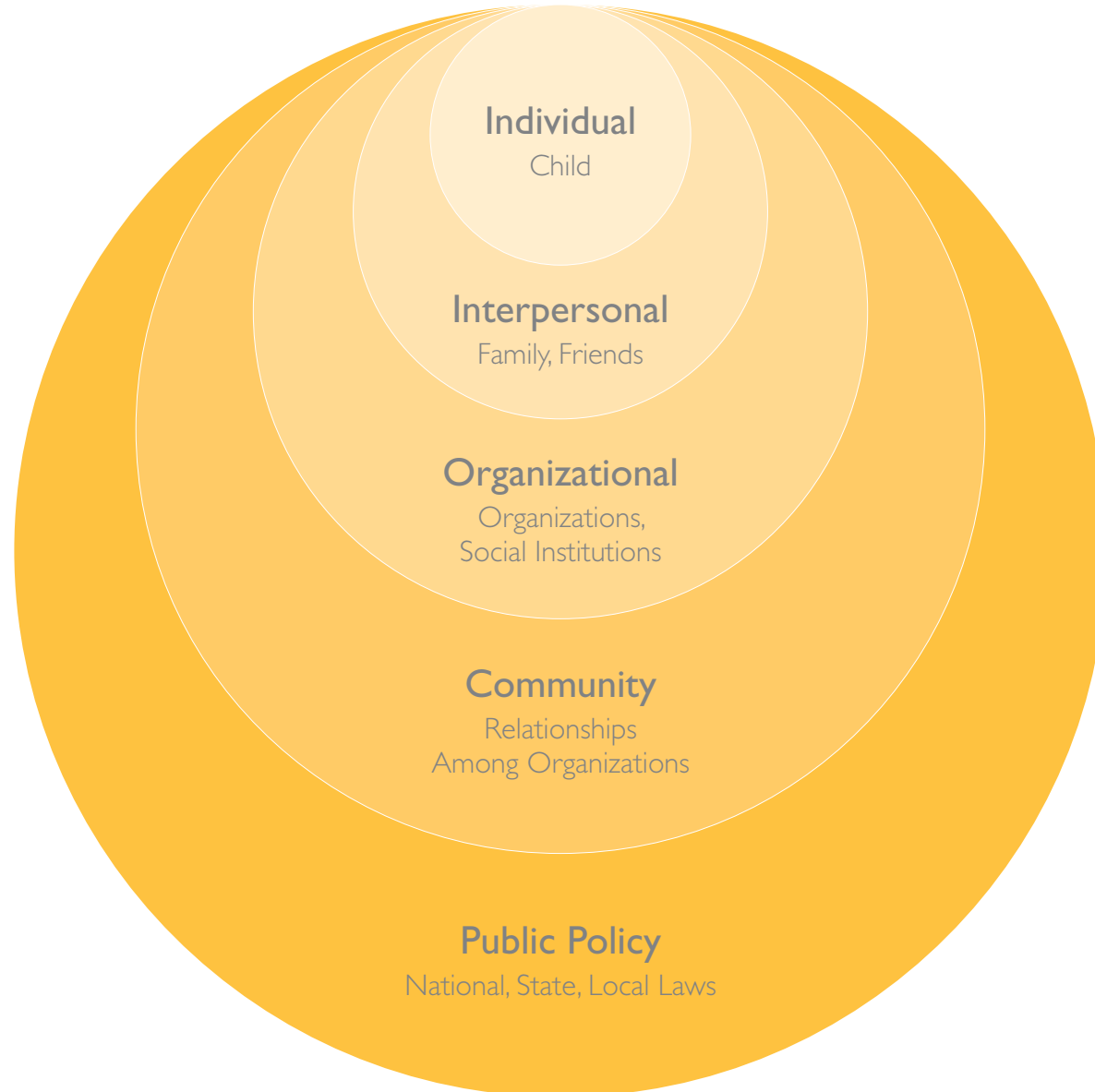
During the last quarter of 2006, the task force developed an organizational structure, budget and timeline (see attachments 4 and 5 for structure and timeline). A newly formed Steering Committee has begun assuming responsibility for implementation of the community strategic action plan. An organizational name and logo have been developed, as well as communication strategies for presenting results and needs to the community.



¹Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and trends in overweight among US children and adolescents, 1999-2000. J Am Med Assoc 288 (14): 1728-1732.

²Koplan JP, Liverman, CT, Kraak, VI (eds). Preventing Childhood Obesity — Health in the Balance. Washington DC: The National Academies Press, 2005.

Socio-ecological Model — Attachment I



Task Force and Advisory Group Participants — Attachment 2



- American Cancer Society
- American Heart Association
- The Center for Closing the Health Gap in Greater Cincinnati
- Child Focus, Inc.
- Cincinnati Enquirer
- Cincinnati Health Department
- Cincinnati Children's Hospital Medical Center
- Clermont County Health Department
- Cincinnati Public Schools
- Cincinnati Recreation Commission
- Discover Health! Adventures in Learning
- The Greater Cincinnati Foundation
- Hamilton County General Health District
- Hamilton County Park District
- Harmony Project
- The Health Foundation of Greater Cincinnati
- Health Improvement Collaborative of Greater Cincinnati
- Loveland City School District
- Nutrition Council of Greater Cincinnati
- Ohio on the Move
- The Ohio State University
- United Health Care
- The United Way of Greater Cincinnati
- University of Cincinnati
- Willow Creative Group
- YMCA of Greater Cincinnati



Community Strategic Action Plan — Attachment 3



Leadership Goal: A strong community coalition engages, organizes and supports physical activity and healthy eating in children and their families.

Strategies	Lead Organizations	Outcome Indicators	Socio-Ecological Level
1. Engage diverse stakeholders to create/support committee structure that supports the work of the plan	CPCO Steering Committee CPCO Work Groups: Early Childhood, Schools, Health Care, Community, Social Marketing	# of coalition members # of committee meetings	Community
2. Secure funding and hire support for coalition infrastructure management	CPCO Steering Committee	\$ raised # of grants awarded	Organizational Community
3. Encourage and support the development of local wellness committees in child care settings, schools and other community organizations	CPCO Work Groups: Early Childhood, Schools, Community	# of wellness committees formed # of actions implemented	Organizational Policy
4. Coordinate advocacy for legislation, policies, procedures and funding mechanisms	CPCO Steering Committee SW Ohio Children's Advocacy Group Local School Wellness Committees Health Care Providers Insurance Companies	# of wellness policies implemented # of bills introduced Change in funding coverage	Organizational Policy



Communication Goal: A communication system delivers internal and external messages that coordinate information and motivates change through a variety of channels.

Strategies	Lead Organizations	Outcome Indicators	Socio-Ecological Level
1. Increase awareness about Collaborative	CPCO Steering Committee CPCO Work Groups	# of CPCO messages Increase in positive survey responses Identifying CPCO	Community
2. Utilize information technology to establish resource clearinghouse (i.e. Web site) with sections for families and coalition working groups	Steering Committee CPCO Work Groups	# of visits Utilization of resources	All levels: Individuals, Families, Organizations, Community, Policy
3. Deliver consistent, positive, behavior focused messages through community-wide social marketing campaign	Steering Committee Social Marketing Work Group	To be decided depending upon campaign message, target audience and method of evaluation	Individuals Interpersonal – Families
4. Coordinate mass media channels to effectively promote behavior change both at an individual and community level	Enquirer Additional Local Media Outlets including Television, Radio and Web-based	# of media messages # of reported changes	All levels: Individuals, Families, Organizations, Community, Policy
5. Promote community-wide events that support physical activity and healthy eating for children and families	Community Partners	# of events # of participants	Individual, Interpersonal, Organizational, Community





Education Goal: Children, parents and professionals have access to educational opportunities and resources related to healthy weight, nutrition and physical activity.

Strategies	Lead Organizations	Outcome Indicators	Socio-Ecological Level
<p>Coalition Educate professionals, families and communities to understand and use effective standards for body composition (i.e. BMI) and education tools</p>	<p>CPCO Steering Committee CPCO Work Groups: Early Childhood, Schools, Health Care</p>	<p># of professionals trained # of professionals using tools # of BMI tools utilized</p>	<p>Interpersonal Organizational</p>
<p>Support and evaluate educational activities/tools/resources for parents and other caregivers to understand the consequence of childhood obesity and to teach healthy lifestyles</p>	<p>CPCO Steering Committee CPCO Work Groups</p>	<p># of resources evaluated # of resources distributed</p>	<p>Individual Interpersonal Organizational</p>
<p>Conduct quarterly continuing education/coalition events</p>	<p>CPCO Steering Committee CPCO Work Groups Community Partners</p>	<p># of events # of attendees</p>	<p>Community</p>
<p>Early Childhood & Schools Sectors Identify, disseminate and encourage implementation of best practices for evidence-based curricula and classroom activities</p>	<p>Nutrition Council Action for Healthy Kids Growing Well Educational Service Centers</p>	<p># of schools adopting best practices</p>	<p>Organizational</p>
<p>Identify and share culturally appropriate materials for parents</p>	<p>Local Schools and Early Childcare Providers</p>	<p># of parents receiving materials</p>	<p>Interpersonal Organizational</p>



<p>Health Care Sector Facilitate professional education to increase interventions with parents and children</p>	<p>Children's Hospital Local Health Departments Managed Care Organizations</p>	<p># of providers obtaining CEU's/CME's</p>	<p>Individual Interpersonal Organizational</p>
<p>Identify, disseminate and encourage consistent patient/parent education</p>	<p>Children's Hospital Local Health Care Providers</p>	<p># of providers utilizing education tools</p>	<p>Individual Interpersonal Organizational</p>
<p>Community Sector Connect Greater Cincinnati to safe, available recreational spaces and programs for increasing movement</p>	<p>Area Parks/Recreation C YMCA Developers</p>	<p># of attendees</p>	<p>Organizational Community</p>



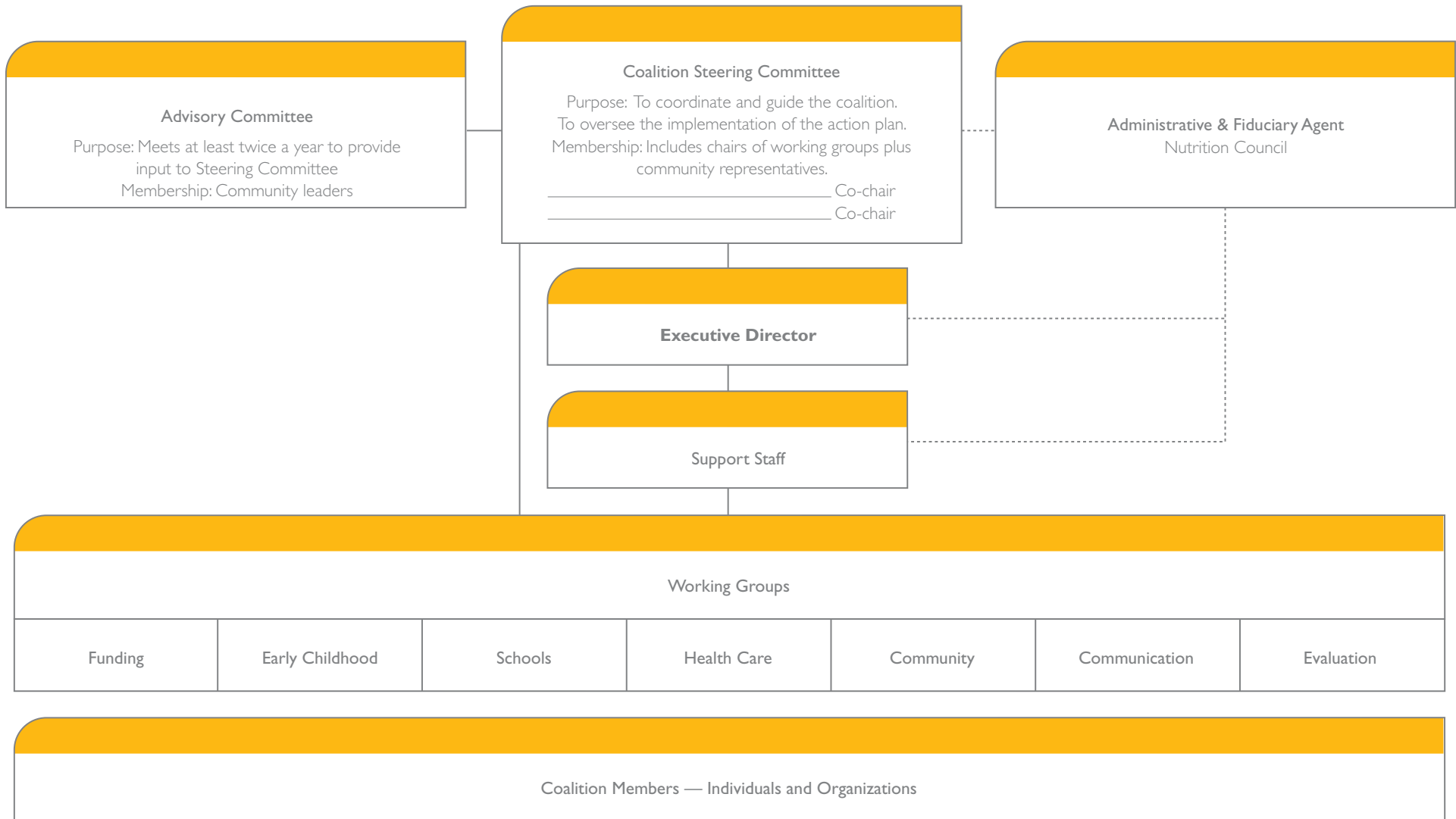
Evaluation/Surveillance Goal: Local organizations collect and utilize data to monitor and improve children's health related to their weight status (includes BMI, physical activity and nutrition, stage of change, breastfeeding rates, food access and food security, etc).

Strategies	Lead Organizations	Outcome Indicators	Socio-Ecological Level
<p>Coalition Develop local community-wide system to monitor children's body composition (i.e. BMI) and lifestyle behaviors (i.e. Fitness Gram, Family Eating Assessment, YRBS)</p>	Steering Committee Children's Hospital Local Health Departments	Creation of database and infrastructure % of children in region with age-appropriate BMI	Organizational Community
Standardize BMI collection procedures	CPCO Work Groups: Early Childhood, Schools, Health Care	Forms and procedures used	Organizational Public Policy
<p>Early Childhood & Schools Sectors Assess early childcare environments using NAP SACC</p>	Nutrition Council Early Childhood Work Group	# of assessments # of improvements made	Organizational
Assess parents' nutrition and physical activity behaviors	Nutrition Council Early Childhood Work Group	# of assessments # of behaviors improved	Individual Interpersonal
<p>School Sector Assess school health environments using the School Health Index</p>	Action for Healthy Kids Hamilton County Health District Growing Well	# of assessments completed # of improvements made	Organizational
Assess children's lifestyle behaviors associated with obesity such as fitness, fruit and vegetable consumption, hours of screen time, etc.	Children's Hospital Community Partners i.e. Girls!Can, Girl Scouts	# of assessments # of improvements made	Individual Organizational



<p>Health Care Sector Pilot-test a lifestyle assessment tool that measures children's behaviors to be utilized by health care professionals</p>	<p>Children's Hospital Health Department Local Providers</p>	<p># of providers using tool # of improvements</p>	<p>Individual Interpersonal Organizational</p>
<p>Community Sector Develop plan to assess community environment that includes parks, recreation, neighborhoods</p>	<p>Parks and Rec Centers</p>	<p>Capacity measures Utilization</p>	<p>Organizational Community</p>
<p>Identify and pilot assessment tools that include recreation utilization, walkability, access to healthy foods</p>	<p>Children's Hospital UC Developers</p>	<p># of assessments # of improvements made</p>	<p>Community</p>

Organizational Structure — Attachment 4



Timeline: Leadership — Attachment 5



Category/Strategy	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Leadership Internal	2006	2007	2007	2007	2007	2008	2008	2008	2008
1a. Formalize Steering Committee									
1b. Select Working Group Chairs and Members									
1c. Form Advisory Committee									
1d. Committees/Groups Meet									
2a. Appoint Coordinator for Early Support									
2b. Hire Executive Director									
2c. Hire Support Staff									
2d. Secure Funding									
Leadership External									
3a. Support/Encourage Local Wellness Committee									
4a. Develop Advocacy Plan for Collaborative									

Timeline: Communication



Category/Strategy	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Communication Internal	2006	2007	2007	2007	2007	2008	2008	2008	2008
<i>1.</i> Increase Awareness of CPCO Brand and Plan									
<i>1b.</i> Launch									
<i>1c.</i> Ongoing									
Communication External									
<i>2a.</i> Develop Short Term Web Site									
<i>2b.</i> Establish Technology for Resource Clearinghouse									
<i>2c.</i> Launch Site to Public									
<i>3a.</i> Plan Social Marketing Campaign									
<i>3b.</i> Launch Campaign									
<i>4a.</i> Coordinate Media Channels to Promote Behavior Changes									
<i>5a.</i> Promote Community-Wide Events to Support Mission									

Timeline: Education/Evaluation



Category/Strategy	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Education	2006	2007	2007	2007	2007	2008	2008	2008	2008
1a. Evaluate/Support Educational Resources for Parents/Caregivers to Teach Healthy Behaviors									
2a. Educate for Effective Use of BMI									
3a. Conduct Quarterly Continuing Education									
SECTORS-set Timeline									
Evaluation									
1a. Develop and Maintain Community System for Surveillance									
2a. Standardize BMI Community Collection									
SECTORS-set Timeline									

Task Force and Advisory Group Participants



Co-Chairs

Lauren Niemes, M.Ed., R.D., L.N., *Nutrition Council*

Sue Weinstein, M.D., *Community Volunteer*

Task Force Members

Candace Alexander, *American Heart Association*

Rose Ancheta, M.S., *The Center for Closing the Health Gap*

Karen Balon, *Child Focus, Inc.*

Christopher Bolling, M.D., *Cincinnati Childrens Hospital Medical Center*

Debbie Dent, *Willow Creative Group*

Katherine DeWitt, *Clermont County General Health District WIC*

Jon Divine, M.D., *Cincinnati Childrens Hospital Medical Center*

Judith Harmony, Ph.D., *Harmony Project*

David Klein, M.D., Ph.D., *Cincinnati Childrens Hospital Medical Center*

Krista Ramsey, *Cincinnati Enquirer*

Trisha Rayner, M.A., *The YMCA of Greater Cincinnati*

Amy Roell, *Hamilton County Park District*

Barbara Rose, M.P.H., *Cincinnati Childrens Hospital Medical Center*

Nancy Strassel, *Greater Cincinnati Health Council*

Dwight Tillery, *The Center for Closing the Health Gap*

Kim Toole, R.N., M.S.N., *Cincinnati Health Department*

Sally Warner, M.Sed., *Community Volunteer*

Stacy Wegley, M.S., *Hamilton County General Health District*

Kim Wheeler, *American Cancer Society*

Advisory Group Members

Mary Anne Berry, *Cincinnati Recreation Commission Foundation*

Kevin Boys, Ph.D., *Loveland City School District*

Dorothy Coleman, *United Health Care*

Donald Hoffman, *Health Foundation of Greater Cincinnati*

Byron McCauley, *The Cincinnati Enquirer*

Ray Watson, *Greater Cincinnati Foundation*

David Wells, *The Cincinnati Enquirer*