

**Assessment of San Luis Obispo County Community Leaders'
Attitudes on Obesity Prevention Strategies
2006**

Mini-grant 2005
Gold Coast Collaborative
Regional Nutrition Network

SAN LUIS OBISPO COUNTY
 COMMUNITY
FOUNDATION


DIRINGER
AND ASSOCIATES

San Luis Obispo County Community Foundation
P.O. Box 1580
San Luis Obispo, CA 93406
Tel: 905-543-2323

Prepared by:
Amy Gilman, MPH
Diringer and Associates
P.O. Box 14822
San Luis Obispo, CA 93406
Tel: 805-481-3033

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Executive Summary

The percentage of people, including children who are overweight or obese has increased dramatically nation-wide over the past twenty years. The health consequences of being overweight or obese are extreme as obesity is associated with increased risk of chronic diseases, such as heart disease, diabetes and cancer. As children are increasingly overweight, so too are they increasingly diagnosed with risk factors for chronic disease.

The obesity epidemic affects San Luis Obispo County as well. Data from the California Department of Education, 2005, show that 29.1 percent of county 5th graders and 31.3 percent of county 9th graders are at-risk of overweight or overweight. Moreover, there are geographic and ethnic disparities in the childhood rates of overweight: Latino 5th graders are nearly twice as likely to be at-risk of overweight or overweight compared to white 5th graders. Also, program data from the four cities in the northern and southern parts of the county show higher percentages of children, especially younger children, who are overweight or at-risk of overweight.

Recognition of this rapidly changing scenario has led to consensus among county stakeholders that there needs to be greater county-wide collaborative efforts to address the key social and environmental factors leading to children being overweight. Critical to the development of collaborative efforts has been to understand and document the current attitudes and interests of community leaders. Such knowledge will form a starting point for future public education. To understand the attitudes and interests, the San Luis Obispo County Community Foundation (SLOCCF) obtained funds from the Gold Coast Regional Nutrition Network Project to conduct interviews with community leaders, including the County Board of Supervisors, and randomly selected members of city councils and school district boards.

The interviews were conducted between December 2 and January 2, 2006 with the five members of the County Board of Supervisors, five randomly selected members of city councils, and eight randomly selected district school board members. The interviews were reviewed for common themes, responses to specific questions, and identification of potential strategies.

Interview analysis indicated that among the participating community leaders, there is a high level of recognition of the seriousness of obesity and the importance of preventing obesity. Also, the majority of interviewees were interested in engaging in efforts to prevent obesity and could suggest general strategies to prevent obesity. However, gaps were identified in the understanding of the issues related to obesity for low income families, programs in existence to prevent obesity, and specific policy options available to community leaders.

To support the knowledge and understanding of community leaders on how to combat the rising epidemic of obesity in San Luis Obispo County, the report includes the following recommendations:

- As recommended by the County Health Commission and the Gold Coast Collaborative on Nutrition and Fitness, a county wide task force should be formed

to bring together the diverse constituencies and develop an action agenda for obesity prevention in San Luis Obispo County.

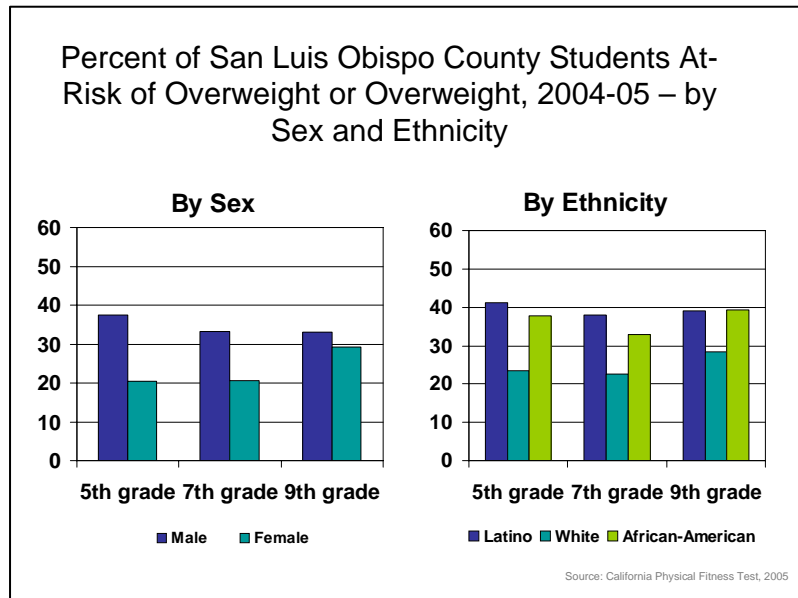
- Through community forums and convenings, community leaders should be made aware of the range of viable strategies, such as best practices from other locations to create school and community environments with opportunities for more nutritious food and more physically active lifestyles
- Local government agencies should be made aware of policies that promote appropriate opportunities for physical activity and access to quality affordable food, including:
 - The county and the cities can explore land use planning that adopt Smart Growth principles, considering preventive health perspectives.
 - Schools should develop the mandated Wellness Policies and directly address nutrition and physical activity issues.
 - Community programs and outreach to marginalized populations to provide education and resources should be supported.
- Continued community dialogue is necessary to both adopt policies that encourage healthy activity and eating, and to enable individuals adopt lifestyle changes that are necessary to stem the obesity epidemic.

Assessment of San Luis Obispo County Community Leaders' Attitudes on Obesity Prevention Strategies

Background

In San Luis Obispo County, there is increasing local concern about the percentage of children, especially younger children, who are overweight, or at risk of overweight. The 2005 SLO Children's Summary Report shows that over 1 in 4 children are overweight or at risk of being overweight. Furthermore, analysis of the 2001-2005 California Physical Fitness Tests show that the percentage of 5th graders in SLO who are considered overweight has increased over the last four years from 26.3 percent to 29.1 percent, while the percentage of 9th graders increased from 29.3 to 31.3 percent. More alarming is that on average 37.8 percent of low-income children, 3-5 years old, participating in Headstart, WIC, and CHDP programs are at-risk of overweight or are overweight¹.

Among these children, Latino children are at a much higher risk of being overweight than their white counterparts. According to the school-based data, 41.2 percent of Latino 5th graders in SLO are considered overweight compared to 23.5 percent of white 5th graders. Similarly, 35 percent of Latino children, ages 2-5 years, participating in the Child Health and Disability Prevention Program (CHDP) are at-risk or overweight, compared to



25 percent of white children. Data from the four cities in the northern and southern parts of the county also show higher percentages of children, especially younger children, who are overweight or at-risk of overweight. These communities have a disproportionate share of families with children living in poverty: ranging to 22 percent compared to the county average of 10 percent, and a much greater percentage of Latino families.

The well documented long-term health and economic impacts associated with obesity are raising the concern of parents, educators, health officials, and community leaders,

¹ Data obtained from local Headstart and WIC programs, 2005, and CHDP, 2003.

and the Governor of California. According to the U.S. Surgeon General², an estimated 300,000 deaths may be attributable to obesity, with the risk of death rising with increasing weight. Being overweight or obese is associated with diabetes; over 80 percent of people with diabetes are overweight or obese. Obesity also is associated with elevated triglycerides (blood fat) and decreased HDL cholesterol ("good cholesterol"), high blood pressure and the incidence of heart disease. Some types of cancers are associated with overweight and obesity, such as colon, prostate, kidney and postmenopausal breast cancer.

Moreover, the rate of Type 2 diabetes has increased dramatically among children and adolescents. Also, overweight children and adolescents more frequently have high cholesterol and high blood pressure – factors for heart disease – compared to healthy weight children. Overweight adolescents have a 70-80 percent chance of becoming overweight or obese adults with the associated health risks.

In economic terms, a 2005 study estimated that obesity and inactivity could cost California \$28.7 billion in healthcare expenses, injuries and lost productivity; 32 percent more than five years ago³. With overall health costs increasing, more focus will be placed on preventive measures.

Recognition of this rapidly changing scenario has led to consensus among key county stakeholders that there needs to be greater collaborative efforts to address the key social and environmental factors leading to children being overweight. Several key stakeholders; including the County Office of Education and the County Department of Public Health are active members of the County's Gold Coast Collaborative for Nutrition and Fitness (SLO GCC), which currently is the forum for various on-going and developing nutrition and physical activity projects. It is expected that SLO GCC will play a leading role in county-wide, community-based strategic planning processes over the next several months.

Critical to these collaborative efforts to develop effective policy and environmental change strategies and messages within a county-wide strategic plan has been to understand and document the current attitudes and interests of community leaders. Such knowledge will form a starting point for future public education on the importance of preventing obesity and strategies to prevent it. To understand the attitudes and interests, the San Luis Obispo County Community Foundation (SLOCCF) obtained a mini-grant from the Gold Coast Regional Nutrition Network Project to conduct structured interviews with community leaders, including the County Board of Supervisors, and randomly selected members of city councils and school district boards.

A secondary purpose to conducting the interviews was to establish contact with community leaders and raise awareness among them about the importance of preventing obesity and chronic disease and about the range of possible nutrition and fitness recommendations and strategies. Finally, establishing early relationships with community leaders was expected to enhance the partnership between obesity

² U.S. Department of Health and Human Services, Office of the Surgeon General; www.surgeongeneral.gov.

³Chenoweth, et al., *The Economic Costs of Physical Inactivity, Obesity and Overweight in California Adults: Health Care, Workers' Compensation, and Lost Productivity*, 2005.

prevention stakeholders and the community leaders, increasing program momentum and sustainability.

Project Goals and Objectives

Goal: To assess and document the attitudes and concerns of selected community leaders to strategies to enhance nutrition and physical fitness in San Luis Obispo County, especially in low income communities.

Objectives:

- To conduct approximately 25 key informant interviews with community leaders in San Luis Obispo County on attitudes and interests to strategies to enhance nutrition and fitness, especially among low income communities
- To prepare a written report of the interview findings
- To widely disseminate the results to key advocates and policy groups
- Assist in the development of strategic plans with stakeholder groups on nutrition and fitness.

Methodology

The San Luis Obispo County Community Foundation retained a local health policy consulting firm, Diringer and Associates, to work with SLO GCC and other key partners to develop the interview tools, conduct the interviews, review the results and develop a dissemination strategy.

Selection of interview participants: All five members of the county Board of Supervisors were identified as key participants. In addition, one member from each of the seven city councils and two members from each of the eight main school district boards were randomly selected using a lot drawn method. One city council member opted not to participate and was replaced by another randomly drawn member from that city council.

Preparation of structured interviews: Preparatory discussions were held with about twenty stakeholder program directors, staff and members of the community to review strategies and recommendations to better understand local issues and prioritization. Based upon these discussions, a short list of possible strategies was developed. These strategies, as well as pertinent background questions, were included in interview formats prepared for each category of participant. The prepared interview formats, including graphs and maps, were used as talking points to allow the interviews to be more free-flowing discussions on issues that concerned the participants.

The preparatory discussions included representatives from:

- Department of Public Health, including CHDP and WIC
- County Office of Education and local school districts, including teachers, food service directors, and a superintendent
- EOC Child Care Resource Center, Head Start and Migrant Head Start
- Department of Social Services
- Central Coast Agricultural Network, including the Farm-to-School program, and
- Representatives of the Hispanic/Latino community.

Several preparatory discussions were with members of the San Luis Obispo branch of the Gold Coast Collaborative.

Timing of the interviews: Letters expressing the purpose of the interview and inviting participation were sent to all selected participants' offices in mid-November 2005. The interviews were held calls between December 2 and January 2, 2006.

Response rate to invitation to participate: All five of the members of the county Board of Supervisors agreed to participate in the interview. Five of the seven city council members (71%) and eight of the sixteen school board members (50%) participated. The timing of the interviews, just before and after the holidays, and the fact that school board members are part-time officials may have contributed to low response rate among the school board members.

Analysis of the interview results: Notes were taken during each interview, which were then reviewed for common themes, responses to specific questions, and identification of potential strategies. Matrices of the frequency of responses were developed for each category of participants to indicate the level of importance.

Interview Results

1. Preliminary Context

Responses to a series of introductory questions were asked or indirectly elicited from almost all of the interview participants in an effort to understand what background, if any, they had when identifying strategies for the prevention of obesity.

1.1 Importance of obesity

Overall, there was a high recognition level of obesity as an important issue. Nearly all persons interviewed, 13 of 18, mentioned that obesity prevention is important (6 school board members; 3 city council members; and 4 members of the Board of Supervisors. Five persons overall mentioned that preventing obesity is important in order to have a healthy life; one Supervisor specifically said that being obese decreases life expectancy.

Furthermore, one school board member recognized that overweight children become overweight adults, perpetuating the problem, while three others (1 city council, 2 school board members) mentioned that being obese has become so common that it is now 'normal'. One Supervisor recognized the economic importance of preventing obesity, and one school board member each referred to class attendance and academic performance, and classroom behavior, as reasons preventing obesity is important.

1.2 Information sources

More than half of the persons interviewed overall (10 out of 18 participants) mentioned that they have seen newspaper or magazine articles or heard radio/TV reports on the growing obesity epidemic.

One school board member referenced a school board support organization's website (www.csba.org), saying it had helpful obesity prevention materials. Two school board members said that their Food Service Director or Superintendent had briefed the board about school meal and/or soda restrictions legislation in the past one and half years, but not in relation to obesity prevention. However, no school board member mentioned having attended any conferences related to obesity prevention.

In the past year, the California League of Cities; a support organization for city councils, has included obesity prevention on its conferences' agendas, yet not all city council members are designated to participate in these conferences. No interviewed city council member attended such a conference, nor did a member mention hearing about obesity prevention in an intra-agency presentation. One city council member cited the movie *Supersize Me* when talking about foods people commonly eat.

Two members of the Board of Supervisors attended the 2005 annual Local Government Commission conference on community design (www.lcg.org), which included a presentation on community design and obesity prevention. One Supervisor accessed a related article from The California Endowment (www.calendow.org) and shared it with county Planning Department staff. No one has come to the Board to present/brief on obesity prevention.

A list of key resources is provided in Appendix A.

1.3 Roles and responsibilities

Depending on the level of community leadership and proximity to children, answers varied on who is responsible for preventing obesity. Five of the eight school board members indicated that parents are most responsible, because: "food habits start at home", "children only spend one-third of their time at school", and "families need to make choices to prevent childhood obesity". Two city council member and no members of the Board of Supervisors specifically mentioned parents.

One city council member suggested parents and schools are responsible; another mentioned existing social service partners, and one said the individual is responsible. Among Supervisors, two identified the individual and three mentioned that 'everyone' is responsible.

Few persons directly indicated what role they could take in preventing obesity, yet it can be derived from the types of responses provided on what could be done. One school board member stated that schools have a role in providing exercise, "emphasizing training and how the body works", meals, and nutrition and health education. Another school board member said that schools are a good place to assess children (healthy weight status), and questioned "what do we do best?"

Two city council members also questioned cities' roles in preventing obesity. One city council member clarified the question saying that because the county provides public health funding and programming, cities traditionally have only been involved with managing the Parks and Recreation Department, which has been viewed as "leisure", not community health. One city council member specified that cities have a role in

providing exercise opportunities through trails, parks and after-school programming. Also, one city council member said that the cities' role is to "give choices".

Public health funding and programming is under county jurisdiction, yet in at least two cities Community Development Block Grants can be applied to public well-being programs.

All members of the Board of Supervisors talked about working with partners to prevent obesity. One Supervisor stated that "government has a role to give messages"; another said that the Board of Supervisors should establish policies and prioritize them. And, one member said that the Board of Supervisors can give choices and provide opportunities for healthy living.

The county also has Community Development Block Grants and Preventive Health grants.

2. Most commonly identified strategies for obesity prevention

Each community leader was prompted to discuss what should be done to prevent obesity. Each respondent suggested several activities. Each activity was given a point whenever the activity was mentioned, then totaled for each community leader group. When possible, similar responses were clustered into a more generalized strategy to reduce repetitiveness. The most commonly identified clusters of strategies within each category of participants are presented below. A complete list of identified strategies for each group is included in Appendix B.

2.1 School Board Members

School boards provide policy and fiscal oversight to their districts, and do not generally engage in the details of program development. Their authority is largely limited to their schools, thus limiting the scope of preventive strategies over which they have influence. Nevertheless, schools and school boards are important partners in combating child obesity.

#1. Quantity and quality of physical activity

The Model Content Standards for Physical Education in California schools were revised in 2004. These model content standards provide guidance on developing physical education programs so that students have the essential skills and knowledge needed to be physically active throughout their lifetimes. However, decisions about how best to teach the standards are left to teachers, schools and local education agencies.

Each school board member (8 out of 8) said that the quantity and quality of physical activity should be addressed. Most could recall when physical education was mandatory all four years of high; now school districts have 1-2 years mandatory in high school. Four of the eight members said they would like the four years to be again mandatory, if possible. Furthermore, one member, having seen "the children walking around a field", questioned the quality of the physical education provided. Another district said that their grammar schools have rotating physical education teachers, but not every day. One member said the district is improving the quality by hiring physical education specialists

to support physical education classes in grades 1-6. One member said that “there is a difference between *fitness for life* and just meetings the regulations”, but that parents need to be convinced.

Five of the members said that joint use agreements with their communities to share facilities and fields help to keep children active. Two members said that their existing joint use agreements are problematic due to budget restraints on both sides, namely in regards to facility maintenance. Four members said their districts need new facilities, which could be developed in partnership with the communities. One suggested a school gym that the community could use as a health club in the evenings.

Before and after-school programs, including open gym hours, were also mentioned by five of the school board members.

#2. Nutrition/health curriculum

The second most commonly mentioned (6 of 8 school board members) activity mentioned was extending health and nutrition curriculum. These members believe that generally the districts are in line with current state standards, “but more could be done”. There was concern over how to fit the extra subjects into the school day. One member said that the “mentality is that the Academic Performance Index comparative charts are more important than the child”.

There were a variety of suggestions on what could be done to enhance the curriculum. One member thought that health should be a district requirement for graduation. One member said that “life skills” classes should be instituted, including health and nutrition. One member thought that more health and nutrition education could be included in science classes, and another suggested including ‘branding’ textbooks with healthy foods to help influence children. One member suggested school gardens as a means to educate children, and eat what they grow. Another would like an increase in agricultural and cooking classes offered as part of Regional Occupational Programs.

#3. Healthy food options and elimination of sodas and ‘junk food’



Overall, four of the school board members directed their suggestions at school food products and meals.

In 2003, state legislation restricted the sale of sodas in grammar and middle schools within the school day. In 2005, the state extended the soda and sweetened beverage restriction to high schools. Three school board members think that their districts have cut soda sales, replacing sodas with juices and water in the vending machines. Two believe that it is good to eliminate the sodas to get the children out of the habit.

Also in 2005, legislated limits of fat and sugar content and portion size were established on any food sold anywhere on school campuses K-12 outside the school meal program. These limits apply to foods sold a la carte, in vending machines, in school stores, or as part of a school fundraiser. One member said that the sale of unhealthy food should be banned. Another member pointed

out that school funding raising events often involve candy or baked good sales. Yet another, school board member mentioned that there are a lot of school parties with cakes and that in grammar school the children get sweets as a reward.

Schools meals are required to meet certain national nutrition standards. Two school board members said they were sure that the districts will remain in compliance with standards regarding school meals. However, one school board member commented that “we are splitting dietary hairs with low fat and whole wheat pizzas” and questioned “how do we work with what children want?” Two school board members said that the school meals may be healthy, but they are not necessarily edible or attractive resulting in a lot of wasted food. One member suggested that there should be more food options for children, different from what is available now. Some districts have implemented ‘Hula Huts’, ‘Chinese take-out’ and salad bars, but not at all levels of schooling.

A limitation to the availability of diverse and attractive food at schools is the lack of cooking facilities and staff. Most districts have a central kitchen, with cooking equipment, but most individual schools generally only have warming kitchens. Two school board members also mentioned that their high schools have open campuses; one because there is no cafeteria and the other due to the large number of students, and the students often go to fast food.

#4. Public education

While most of the school board members believe that parents are responsible for preventing obesity, only one member suggested that schools find a way to communicate with parents, directing them toward resources and linking opportunities.

One school board member said that parents need to make family choices in order to make time to prepare healthy food, yet the same member noted that making time is very difficult in single-parent households. Two school board members suggested cooking support, such as Rachel Ray (*Food Network's 30 Minute Meals*) shows and healthy shopping techniques, for parents. One member also noted that Latino cooking, such as tamales, can be high in fat.

2.2 City Council Members

City Councils seem limited in their approach to preventing obesity, perhaps because they are not used to thinking in preventive health terms for their communities. Provision of public health education and services is within the county domain. One city council member said that existing city systems should be improved, without considering whether there could be new approaches.

#1. Opportunities for physical activity

All five of the city council members mentioned ways in which the cities provide opportunities for people to engage in physical activity, mostly involving the parks and recreation departments and other community activity partners. Partners cited included volunteers, YMCA, Boys and Girls Club, and the Methodist Church. However, one member said that early in the school year, the Parks and Recreation did not seem to have much participation, that the skate park is inconsistently available and that more after-school programs should be available to children. Another member also said that

their skate park is underutilized, that at the teen center there appears to be more video gaming than physical activity, and that the city should host more public running events. One member said their after-school programming was basically child care, even though it was located on school grounds. One councilperson said that the city has already budgeted to improve the municipal parks, and another mentioned that the city had a short-term utility tax to support Parks and Recreation activities. One city council provides a staff to the City Bicycle Committee.

Two city council members mentioned that the cities have joint use agreements to use school facilities and fields, yet as noted among the school board members these can be problematic due to proportioning of maintenance costs. Community partners and youth league sports also have use agreements with the city or schools to help cover maintenance costs. One member said the city provides scholarships to enable low-income participation.

#2. Mixed-use zoning for walkability/physical activity

Four of the city council members mentioned that the cities are working on mixed-use development codes (commercial and residential combined), if not form-based codes, which regulates development primarily on the desired physical form, and secondarily on the land use (www.formbasedcodes.org). Form-based and mixed-use codes could contribute to increasing opportunities for physical activity by placing homes and work places in walkable distances and including sidewalks and trails in new development plans. One member also mentioned on-going Green Belt planning, which creates buffers between cities and agricultural open space. One member said that “people need to at least have the opportunity to be active”.

#3. Safe routes to and from schools

An activity related to community development is safe routes to and from schools as it enables children to be active, whether walking, riding bicycles or skateboards to school. Three city council members mentioned this activity; one in terms that putting in sidewalks should be prioritized, one that the city is working on safe sidewalks, including piloting of LED crossings and less curb cuts, and one that the city already has safe, specific routes to schools with crossing guards that were worked out with the police. However, one of these members also said that while sex offenders could be moved, that fear is on everyone’s minds and parents will drive their children to school anyway.



#4. Public education

Specific public education of preventive health issues is not traditionally in the city’s purview. Two city council members said that parents need to be aware of nutritional issues and of before and after-school activities. Only one city council member said that they support public health fairs and that nutrition and physical activity issues could be included.

However, cities could work in partnership with county programs, city sponsored activity programs could include this component, and cities do have Community Development

Block Grants, which depending upon local policy, can be used by local organizations to provide such services.

2.3 County Board of Supervisors

Members of the Board of Supervisors have wide ranging attitudes and suggestions for obesity prevention, the majority focusing on schools and then public education and opportunities for physical activity.

#1. Nutrition, nutrition education and physical education in school environments

Each of the five members of the county Board of Supervisors suggested improving nutrition, nutrition education or physical education in schools, yet two of the members acknowledged that the Board has little jurisdiction over schools. Three Supervisors said that there should be more physical education.

Four also said that nutritional quality should be improve, including two suggestions for less soda and one for 'balanced' school meals. One Supervisor agreed that farm-to-institution type programs are a good idea. One Supervisor also recognized that it is difficult for schools avoid the financial lure of contracts with 'junk food' vendors.

Three Supervisors suggested improving nutrition education, through a social-health program or a health program.

#2. Public education

Four of the Supervisors referred to various types of public education being necessary. One suggested providing culturally sensitive educational tools to parents, especially when the children are very young as food habits set in early, which include healthy, yet affordable choices. This Supervisor also suggested working with doctors to gain people's trust and working with the Economic Opportunity Commission to reach low-income families. One Supervisor suggested public education through partners on family choices with long-term impacts, such as sustainable agriculture and the quality of foods consumed.

Two Supervisors said that people need encouragement to change their behaviors.

#3. Opportunities to engage in physical activity

Three of the five Supervisors mentioned the need for physical activity. Two Supervisors mentioned providing trails as a way to encourage physical activity. One Supervisors said parks should have a parent activity area while the children play (increased funding to parks was on the agenda that week). Another mentioned that public response to parks has been mixed as some people do not feel safe in the parks. One Supervisor said that the Board should give people the choice and the opportunity to engage in physical activity.

Conclusions and Recommendations

Among the interviewed community leaders, there is a high level of recognition of the seriousness of obesity and the importance of preventing obesity. Also, the majority of interviewees were interested in engaging in efforts to prevent obesity and could suggest

general strategies to prevent obesity. However, analysis of the interviews identified gaps in the understanding of the issues related to obesity for low income families, knowledge of programs in existence to prevent obesity, and awareness of specific policy options available to community leaders.

There did not seem to be an understanding to the barriers of obtaining economical, healthy foods, particularly for low-income working families. No one mentioned the strong association between poverty, hunger and obesity. Two participants mentioned community feeding programs, such as Meals-on-Wheels and the Food Bank, but only one participant mention questioned the quality of food distributed through such programs. Also, no one mentioned the Food Stamp program or whether Food Stamp recipients are able to access quality foods through venues such as Farmers' Markets. Also, there was no mention of whether low-income families have safe spaces nearby for playing and walking.

San Luis Obispo County has many diverse programs engaging in efforts to combat obesity. For example, schools have been attempting to improve menus, increase physical activity, and enhance their health curricula. The Economic Opportunity Commission's Child Care Resource Connection has been working with child care providers to improve nutrition, and the Child Health and Disability Prevention (CHDP) program has been screening young children at risk of obesity. Farm-to-school programs are being developed to bring fresh, local produce to schools.

Through the Gold Coast Collaborative, some of these programs have been convening for the past year to share information and begin to develop county-wide strategies. The GCC and the County Health Commission have recommended the establishment of a county-wide task force to fully address obesity issues in the County. However, none of the interviewees seemed to be aware of these existing efforts. The support of community leaders is crucial and increased dialogue is necessary to increase their awareness of programs and solicit their support.

On the policy level, few of the participants expressed awareness of the range of strategies and practices that are necessary to create communities that enhance opportunities to incorporate physical activity into our daily lives and to access quality foods more conveniently. Increased education on policy alternatives for community leaders would enhance the long term success of the efforts.

Possible strategies require the collaboration of government; planning, agricultural, health, social services and education departments and partners; community support organizations and community members themselves.

Until very recently, no local forms of government (county, city and school boards) have been tasked with developing policies to prevent obesity. However, under new federal regulations, each school district is mandated to develop a Wellness Policy by June 2006. These Wellness Policies are aimed at increasing support children's access to nutritious foods and to physical activity within the school environment. However, by December 2005, there was only one district in the county to have started the development process and only one of the interviewed school board members mentioned that the district was engaged in developing a Wellness Policy.

In mid- 2005 the county Board of Supervisors adopted Smart Growth principles, which could include preventive health perspectives. However, implementing policies and guidelines have yet to be developed. Despite the adoption of principles, it was interesting to note that only two Supervisors mentioned mixed-use development codes as a way to provide opportunities for physical activity. In February 2006, members of the county Board of Supervisors will be briefed on obesity prevention and will be asked to support a recommendation from the County Health Commission to approve a county Obesity Prevention Task Force, which could include development of guidelines to integrate preventive health strategies into the Smart Growth principles.

Cities have wide-reaching potential to influence their environment, even without having specific authority over public health programs. Cities also practice aspects of Smart Growth in varying degrees, but have not adopted principles. City council members could adopt principles that incorporate preventive health measures for the wellbeing of the community.

Recommendations

The following are recommendations that we believe will assist in the knowledge and understanding of community leaders on how to combat the rising epidemic of obesity in San Luis Obispo County.

- As recommended by the County Health Commission and the Gold Coast Collaborative on Nutrition and Fitness, a county wide task force should be formed to bring together the diverse constituencies and develop an action agenda for obesity prevention in San Luis Obispo County.
- Through community forums and convenings, community leaders should be made aware of the range of viable strategies, such as best practices from other locations to create school and community environments with opportunities for more nutritious food and more physically active lifestyles
- Local government agencies should be made aware of policies that promote appropriate opportunities for physical activity and access to quality affordable food, including:
 - The county and the cities can explore land use planning that adopt Smart Growth principles, considering preventive health perspectives.
 - Schools should develop the mandated Wellness Policies and directly address nutrition and physical activity issues.
 - Community programs and outreach to marginalized populations to provide education and resources should be supported.
- Continued community dialogue is necessary to both adopt policies that encourage healthy activity and eating, and to enable individuals adopt lifestyle changes that are necessary to stem the obesity epidemic.

Appendix A: Key Resource Sites

California Department of Education, Local School Wellness Policy,
www.cde.ca.gov/ls/nu/he/wellness.asp

California Department of Health Services, Obesity Prevention Initiative,
www.dhs.ca.gov/ps/cdic/copi/default.htm

California School Boards Association, www.csba.org

Center for Public Health Advocacy, www.publichealthadvocacy.org

Centers for Disease Control and Prevention, www.cdc.gov/programs/chron.htm and
www.cdc.gov/healthyplaces

Food Network, www.foodnetwork.com

Form-Based Codes Institute, www.formbasedcodes.org

League of California Cities, www.cacities.org

Local Government Commission, www.lgc.org; and
www.lgc.org/freepub/land_use/factsheets/form_based_codes.html

Office of the Surgeon General, www.surgeongeneral.gov

Physical Education Model Content Standards for California Public Schools,
www.cahperd.org/calendar/images/PE_Standards.pdf

The California Endowment, www.calendow.org

USDA, Food and Nutrition Service, www.fns.usda.gov/tn/Healthy/wellnesspolicy.html

Appendix B: Matrix of Suggested Strategies by Category of Participant

Suggested Strategies	School Board Members								Total
	1	2	3	4	5	6	7	8	
Increase access to, improve standards to the amount, intensity, duration, and quality of physical education and activity; joint use, open gym	1	1	1	1	1	1	1	1	8
Enhance district health education curriculum standards and guidelines to include both nutrition and physical education	1	1		1	1	1		1	6
Strengthen/develop joint use agreements or facilities and fields		1		1	1	1	1		5
Ensure healthy food standards for all food and beverages in schools, including elimination of sodas and junk foods	1	1			1		1		4
Expand healthy, attractive food choice options, such as fresh fruits/vegetables and salad bars			1	1	1	1			4
Increase opportunities through after school programs	1	1			1	1			4
Promote public education/support					1	1		1	3
Reduce children's exposure to 'junk food' advertisements			1			1			2
Ensure safe walking/riding routes to and from schools	1								1
Institute a 'life skills' class			1						1
Improve nutrition labeling, reduce food package sizes			1						1
Educate and promote smaller portion sizes (in restaurants)					1				1
Institute a fast food tax			1						1
Establish vocational classes for agricultural and cooking skills					1				1
Promote school environment that includes student well-being as well as academic performance							1		1

8 out of 16 = 50% response

City Council Members

Suggested Strategies	1	2	3	4	5	Total
Increase opportunities to engage in physical activity, with partners; joint use	1	1	1	1	1	5
Ensure safe, well-maintained parks, trails	1		1	1	1	4
Pursue mixed use development codes, with sidewalks, trails	1		1	1	1	4
Support public education	1	1		1		3
Ensure safe walking/riding routes to and from schools	1		1		1	3
Increase access for all to sources of quality food				1		1
Strengthen food give away programs	1					1
Promote physicians' role in addressing obesity		1				1
Advocate for improved school food quality		1				1

5 out of 7 = 71% response

Board of Supervisors

Suggested Strategies	1	2	3	4	5	Total
Advocate for improved nutrition/physical education in schools	1	1	1	1	1	5
Support public education	1	1		1	1	4
Increase opportunities for all for physical activity, with partners		1		1	1	3
Develop safe, well-maintained parks, trails		1		1	1	3
Increase access for all to sources of quality food		1		1		2
Promote mixed-use development codes, with sidewalks, trails		1		1		2
Establish worksite wellness programs					1	1
Ensure county food vendors include healthy options, post nutritional standards					1	1
Develop public education in institutions (CYA)	1					1
Institute a sugar tax				1		1
Educate and promote smaller portion sizes (in restaurants)				1		1
Promote physicians' role in addressing obesity					1	1

5 out 5 = 100% response