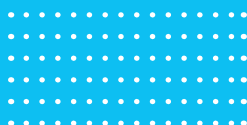




# MARIN COUNTY EARLY CHILDHOOD OBESITY PREVENTION PLAN



First 5 Marin  
Children & Families  
Commission 2012



# AUTHOR

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Barbara Clifton Zarate, MPH, is a Program Manager at First 5 Marin Children and Families Commission where she works on children's health and school readiness.

Since joining First 5 Marin in 2005, Ms. Clifton Zarate has focused on early childhood obesity prevention by providing evidence-based technical assistance and training to early childhood educators and community advocates. She has organized a countywide forum on obesity prevention, presented annual workshops and train-the-trainer events about healthy eating and active living. She established a countywide health component in First 5 Marin's school readiness programs, helping parents and caregivers learn how to prepare healthy school lunches, snacks and meals, and eliminate sugar-laden drinks.

Ms. Clifton Zarate also serves on the Board of Trustees for the Marin Community Foundation. She was appointed by the Marin County Board of Supervisors as a "representative of the poor and needy" (where she continues her health advocacy for the disadvantaged along with concern for education equity, affordable housing and employment with a self-sufficient wage). Barbara is also a past board member of the Marin County Health Council, the Marin Child Care Council and the Marin County Wellness Leadership Council. She has represented Marin County on the California Children's Health Initiative and was a member of the Healthy Families Advisory Panel for the State of California.

Ms. Clifton Zarate earned her undergraduate degrees in Biology and Psychology from Dominican University, and completed her Masters in Public Health at San Francisco State University.

# FORWARD

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Dear Friends,

On behalf of First 5 Marin Children and Families Commission, we are pleased to present to you the Marin County Early Childhood Obesity Prevention Plan. We want to express gratitude to the many individuals and groups who guided the development of this comprehensive plan.

Childhood obesity in the United States has become a national health crisis, having more than tripled in the last 30 years. One in every three children is now overweight or obese. Children with obesity are developing diseases that were formerly only seen in adults. Marin's children could face a future limited by chronic disease and for the first time in history, shorter life spans than their parents. Along with the adverse effects that obesity has on our children's health, childhood obesity also imposes substantial economic costs on our healthcare system.

While the statistics are alarming, there is reason to be hopeful. These challenges bring us the opportunity to step out of our silos and re-examine how we are taking care of the children — all of the children — in Marin County, and throughout the nation.

This plan exemplifies the type of collaborative work necessary to turn the curve on early childhood obesity in Marin through an ecological frame. Although Marin County has many innovative and effective health, nutrition and physical activity programs, there is a need for greater coordination, consistency, sharing of “best practices” and expansion so that children in every community can benefit.

Some of the recommendations in this plan are already in place and should be expanded. Other strategies may require additional funding, legislation or collaboration to implement. All recommendations deserve consideration and further discussion. [The County of Marin, Department of Health and Human Services, is developing a countywide “Healthy Eating and Active Living Plan”; we hope that this plan will contribute to their discussion and draw attention to early prevention].


To create substantial change in the settings that impact young children, all sectors including government, healthcare, child care, community and families must work together so that each and every child in Marin will have the opportunity to live a long, healthy, and productive life. We invite you to be a part of this important journey.

Sincerely,



Barbara Clifton Zarate, MPH

First 5 Marin Program Manager



Amy Reisch, MSW

First 5 Marin Executive Director

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# EXECUTIVE SUMMARY

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Childhood obesity is a major health issue impacting communities across the United States; it threatens the health of our children, vitality of our communities, affordability of our healthcare system and overall quality of life. According to the Center for Disease Control, today more than one third of U.S. children are overweight or obese.

Obesity places young people at risk for life-long health problems. Preventable chronic diseases including high cholesterol, high blood pressure, early coronary heart disease, stroke, several types of cancer, asthma, type 2 diabetes and metabolic disorders that were once adult syndromes are now being seen in children. Along with the increasing negative health effects of obesity and overweight, there are increasing economic costs to our healthcare system. The California Center for Public Health Advocacy estimated that direct and indirect costs related to overweight and inactivity are over \$41 billion annually for the state — and nearly \$230 million annually for Marin County alone.

The epidemic of childhood obesity is occurring in young children, across all socioeconomic strata, and among all ethnic groups—though specific populations, including African Americans, Hispanics, Native Americans, and families from lower income households who struggle with “food insecurity” are disproportionately affected. The current economy is forcing many families to make poor nutritional choices, based on access and economics.

The Marin Pediatric Nutrition Surveillance System [PedNSS] indicates that childhood overweight or obesity begins early in life and the prevalence rate increases with age. Almost 1-in-3 low-income children

in Marin [30.6%] are overweight or obese by age five; for low-income Hispanic children the number increases to 34.4%. The data supports the need for culturally and linguistically sensitive and inclusive programs and materials, as well as the attention to the root causes of inequities, the impact of socioeconomic factors, and a focus on prevention.

In Marin there are almost 14,000 children zero to five years old in child care. Almost 5,500 of those children are in unlicensed, informal child care settings. Those children spend a large portion of their day in care, sometimes eating two to three meals a day away from home. Because children establish their nutrition and physical activity patterns early on, the child care environment has been identified as a key environment to impact early childhood obesity.

Understanding the causes of childhood obesity, determining what to do about them, and taking appropriate action require attention to social, cultural and environmental contexts. Addressing what influences eating behaviors and physical activity levels is essential for reducing childhood obesity.

First 5 Marin Children and Families Commission realized that the effort to prevent early childhood obesity would need to be collaborative and include traditional and non-traditional partners. The intention was to create a plan that identifies potential partners, proposes strategic interventions and includes policy and environmental changes. The Marin Early Childhood Obesity Prevention plan uses an Ecological Framework and the Spectrum of Prevention to identify domains that may influence early childhood obesity and strategies for preventing obesity and reducing disparities. >>

>> The plan identifies the domains of influence and the need for a multi-sector, collaborative effort to greatly reduce childhood obesity. For sustainable, systemic change, a holistic approach must incorporate policy changes [most importantly those that impact inequities], health promotion innovations and best practices, and cultural and linguistic sensitivity across all key settings. It begins with identifying where and how pregnant women and young children spend their time and where change agents can inform and influence decision-making and behavior development.

Goal areas of the plan range from increasing access to affordable healthy food and consumption of water, to limiting screen time and advertising to children. Also noted is the importance of building community capacity to advocate for healthier environments.

Several domains of influence are identified in the plan. They include healthcare, early childhood providers and families, funders, and local government. Specific recommendations are identified for each domain to guide its actions for change.

The one key overall recommendation is to create a Healthy Eating and Active Living Alliance to provide leadership, vision, oversight, support and coordination of efforts to address early childhood obesity prevention. An oversight body should convene and support partnerships among domains, review and report progress of recommendations and hold key partners responsible for outcomes.

We can envision a Marin where every child, regardless of socioeconomic status, culture or zip code will have an equal and healthy start. But, we cannot accomplish this in isolation. We must truly collaborate and coordinate our efforts in order to see real change in Marin County. Prevention of early childhood obesity must be a countywide public health priority, and a countywide commitment to each and every child.



# BACKGROUND

## CHILDHOOD OBESITY

Childhood obesity has more than tripled in the last 30 years. According to the Centers for Disease Control and Prevention, today more than one-third of U.S. children are overweight or obese. Recent efforts in the field of child obesity prevention have placed emphasis on the school-age population, and with good reason. Schools present a unique opportunity to reach large groups of children on a regular basis with healthy foods and physical activity. However, many children come to kindergarten already overweight or obese, indicating that more attention needs to focus on the period of life before school, and even before birth.

“Overweight” and “obesity” are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems [Overweight and obesity are the result of “caloric imbalance,” too few calories expended for the amount of calories consumed].

## HEALTH EFFECTS

The childhood obesity epidemic in the United States has serious health and social consequences. Obesity places young people at risk for life-long health problems including high cholesterol, high blood pressure, early coronary heart disease, stroke, several types of cancer, asthma, type 2 diabetes [which was previously considered an adult disease], pregnancy complications, bladder control problems and social discrimination — which can result in poor self esteem, depression, and other psychological disorders.

## ECONOMIC COSTS

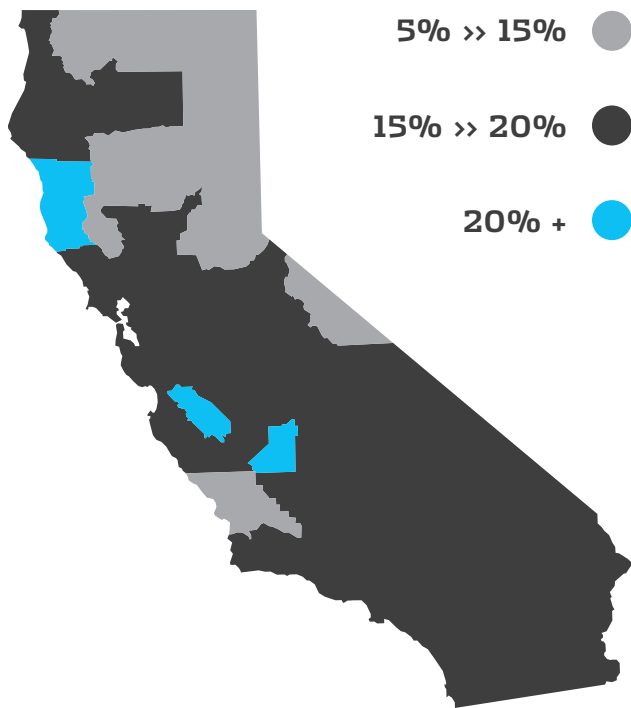
Along with the increasing negative health effects of obesity and overweight, there are increasing economic costs to our healthcare system. In 2009, the California Center for Public Health Advocacy estimated that direct and indirect costs related to overweight and inactivity to be \$41.2 billion annually for the state, and \$229.7 million annually for Marin County. About 75% of our healthcare dollars goes to treating chronic disease and only about 5% towards prevention. Understanding that approximately 80% of chronic diseases could be prevented through healthy lifestyle choices, it makes perfect sense that we shift how we deliver those healthcare dollars and invest in prevention.

## SOCIAL DISPARITY

Rates of childhood obesity are generally higher in families from lower socioeconomic households that struggle with “food insecurity.” People who are food insecure often forego healthy foods such as whole grains, fresh fruits, vegetables and lean meat because those foods are usually more expensive than processed and fast foods, which often contain excess amounts of fat, sodium and sugar.

The current economy is forcing many families to make poor choices, based on access and economics. Many of those affected are people of color, in particular Hispanic, African American and Native American families with children. Obesity prevention must address cultural, socioeconomic and inequity factors that have detrimental impact on the nutrition and physical activity patterns of these children and their families and communities. >>





## OBESITY AMONG LOW INCOME CHILDREN AGED 2 TO 4 YEARS

.....  
Data from the Pediatric Nutrition Surveillance System. County obesity rates are variable within states. Even states with the lowest prevalence of obesity have counties where many low-income children are obese and at risk for chronic disease. <http://www.cdc.gov/pednss/>

>> In addition to food insecurity issues, many of these families also live in communities which lack safe playgrounds, walking and biking paths and opportunities for free or affordable organized physical activities.

### MARIN COUNTY

Marin County, located just north of San Francisco, California, is one of the most affluent counties in the country. According to the 2010 US Census, the population in Marin was 252,409. The ethnicity of the county was 81.2 percent Caucasian, 3.2 percent Black or African American, 14 percent Hispanic, 5.6 percent Asian, and 8 percent Other/Mixed race.

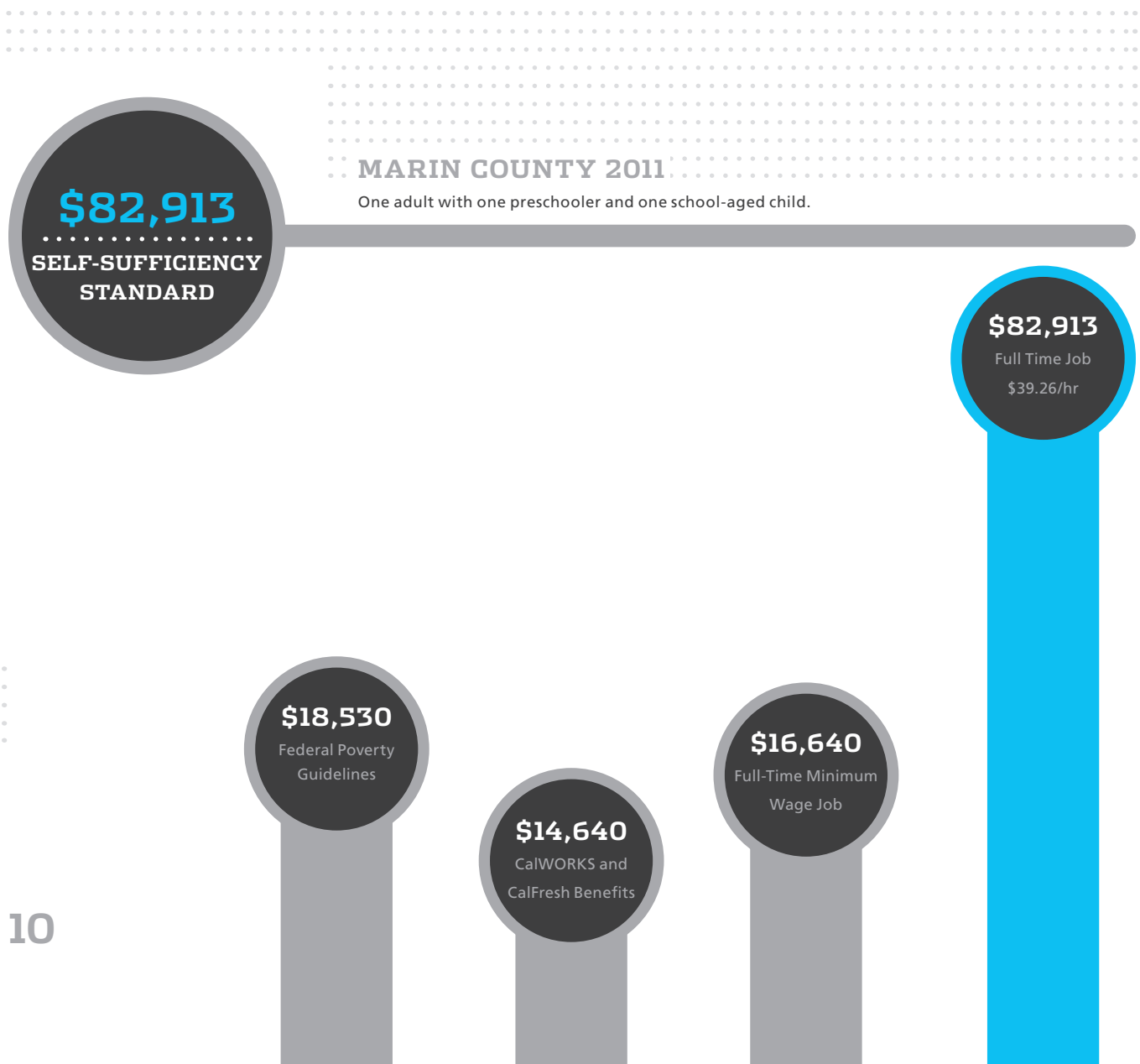
In 2010, there were nearly 38,000 children 0 to 12 years old in Marin County. Of those children, 16,560 were newborn to 5 years old. According to the 2010 American Community Survey [ACS], 13% of Marin County children were “officially” living in poverty. But, other reports estimate that about 20% of children in Marin actually live in poverty and 23% fall below the self-sufficiency standard [a calculation of income adequacy that measures economic well-being].

These reports from KidsData, ChildrenNow and The Insight Center for Community Economic Development take into account Marin's extremely high cost of living [91% higher than the national average] and a family's true cost of making ends meet.

The graph below shows that the Federal Poverty Level [FPL], which is commonly used to determine eligibility for public support programs, is not enough to pay for basic needs [housing, child care, food, healthcare, transportation] in Marin. Neither is the maximum CalWORKs and combined CalFresh benefit, which is even less than the FPL. The graph below demonstrates that

in order for a family of three to meet their most basic needs in Marin County, they would need to work over four minimum wage jobs.

Low-income families live across the county with higher numbers concentrated in the Canal neighborhood in San Rafael, Marin City, and pockets in Novato and West Marin. In some school districts in Marin, more than half of the children in public schools qualify for free and reduced lunches, a common measure of poverty and significant economic need.



## CHILDREN WHO ARE OVERWEIGHT OR OBESE

The Pediatric Nutrition Surveillance System [PedNSS] is an annual public health surveillance system that describes the nutritional status of low-income U.S. children who attend federally-funded maternal and child health and nutrition programs, including WIC and Child Health and Disability Prevention [CHDP] primary care providers.



## HEALTH OUTCOMES

In 2011, County Health Rankings noted that Marin ranked number one in health outcomes. The health of a community depends on many different factors, including access to quality healthcare, access to quality education and employment, individual behaviors and the environment. Marin fares well in these areas in part because Marin County has the highest per capita income, which makes many of those factors more easily attainable. This number one ranking fails to take into account those children living in poverty in Marin. The danger of being ranked number one is that those with

poor outcomes will be ignored because they live in the “healthiest county.” The real concern are the disparities in health and access across communities.

Marin County has the highest cost of living in the state of California. Although Marin’s population generally has high incomes, there is a significant population that does not, and is struggling with the consequences of many of the disparities. One of these disparities is the high prevalence of obesity among low-income Hispanic children. The Marin Pediatric Nutrition Surveillance System [PedNSS] summary [see graph above] indicates that childhood overweight or obesity begins early in

life and the prevalence rate increases with age. Almost 1-in-3 low-income children in Marin [30.6%] are overweight or obese by age 5. By 11 years of age, almost 1-in-2 children [47.1%] are overweight or obese.

Obesity prevalence at all ages is highest among Hispanic children. Although the overall number of people of color is low in Marin County, the prevalence of obesity and overweight are higher in these populations than any other. The data supports the need for culturally and linguistically sensitive and inclusive programs and materials, as well as the attention to the root causes of inequities.

**OPPORTUNITY IN CHILD CARE**

Early child care settings, including both licensed child care [centers and homes] and informal care [unlicensed care by neighbors, friends, or family members], present a tremendous opportunity in obesity prevention by making an impact at a pivotal phase in children’s development. In Marin, there are almost 14,000 children zero to five years old in child care. Almost 5,500 of those children are in informal child care settings. Those children spend a large portion of their day in care, sometimes eating two to three meals a day away from home. Because children establish their nutrition

and physical activity patterns early on, the child care environment can provide valuable nutrition and physical activity information, education and support for children and families.

According to the Mean Child Care Cost Child Care Regional Market Rate Survey completed in 2009, in Marin it costs approximately \$15,596 for full-time licensed infant care and \$11,308 for full-time licensed preschool care. There are almost 800 children on the Central Eligibility List waiting for an opportunity for affordable child care in the county. Informal care, in most cases, offers a more affordable option for families, but standards of care are scattered and there is lack of oversight. The Marin Child Care Council, Marin County’s Resource and Referral agency, has created relationships, resources and opportunities for informal care providers and would be a valuable resource in addressing early childhood obesity with these providers, as well as with licensed providers.



# CALL TO ACTION

While 75% of healthcare costs result from chronic disease, less than 5% of our healthcare dollar is spent on prevention. Preventable chronic diseases begin in childhood. Our prevention efforts improve child health in the short term, and provide benefits that last into adulthood. Prevention-oriented health systems reach greater numbers of children and stimulate population-wide changes throughout targeted communities.

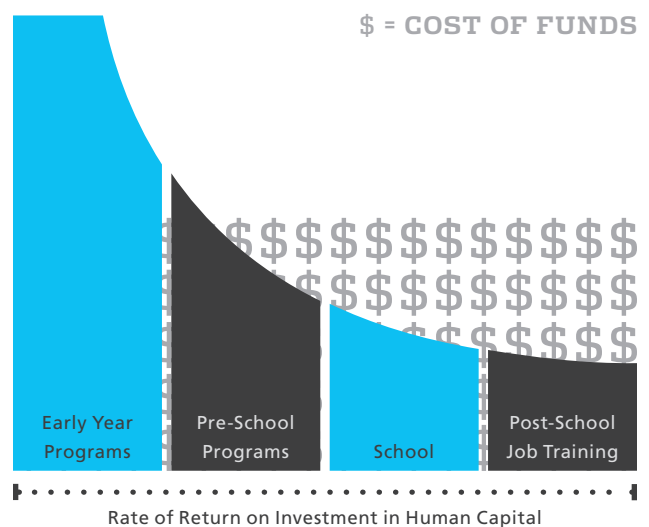
Early investment provides significant return. There is a greater opportunity to impact obesity if we focus our efforts in early childhood. Obesity prevention requires a systemic, community-based approach. Efforts that focus on the individual are not adequate to overcome community barriers, such as market forces and limitations of the built environment.

Marin County is prime for expanding its prevention efforts in order to combat the rise in childhood obesity. Marin's policy leaders are strongly committed to equitable access to healthy foods and recreation spaces across all communities. The county's relatively small number of children provides an ideal opportunity for coordinated, targeted efforts. In addition, Marin's wealth, willingness, and strong values placed upon healthy and active lifestyles are factors that could support the elimination of early childhood obesity in this county. But to accomplish this task, we each need to do our part to successfully engage and support our children, families and community partners so that every child has access to good nutrition and physical activities.

## HUMAN CAPITAL INVESTMENT

The Human Capital Investment graph demonstrates the rates of return of investment from birth throughout adulthood. Human Capital Investment is the process of increasing the household's holdings of human wealth either by engaging in formal or informal training.

Rates of Return. J. Heckman and Masterov, The Productivity Argument for Investing in Young Children.



# THE APPROACH

In analyzing the challenges and causes of childhood obesity, it becomes apparent that the use of an ecological framework along with the “Spectrum of Prevention” model would have the greatest impact in reducing early childhood obesity. The ecological framework shows all the domains that may influence the development of a child, The Spectrum of Prevention demonstrates how we need to influence those domains. These two models address the domains of influence and underlying causes of childhood obesity.

## ECOLOGICAL FRAMEWORK

An ecological frame recognizes that a child does not develop in isolation, but rather within a set of social systems that are inter-connected. The ecological frame focuses on multiple levels of environmental, political and behavioral influences and provides a comprehensive approach to preventing childhood obesity.

This action plan is a comprehensive community approach that aims to impact the “norms” of all noted domains. Its goal is to increase communication and collaboration among systems and integrate environmental and policy changes that will decrease rates of early childhood obesity.

## DOMAINS OF INFLUENCE

### Healthcare

- » Hospitals and clinics
- » Healthcare providers [obstetricians, pediatricians, nurses, health educators and medical assistants]

### Early Childhood Education and Care

- » Marin Child Care Commission

- » Marin county resource and referral [Marin Child Care Council]

- » Preschools/centers, family day care homes, play groups/mother’s clubs, summer camps [YMCA, JCC, parks and rec., etc.]

### Schools

- » Elementary [kindergarten]
- » High school
- » Higher education [early childhood education and medical assistant programs]

### Community

- » Families
- » Peer-to-peer [i.e. Promotores]
- » Community-based organizations
- » Food banks/pantries
- » Farmers markets
- » Faith-based

### Business

- » Retail super markets
- » Restaurants
- » Workplace

### Government

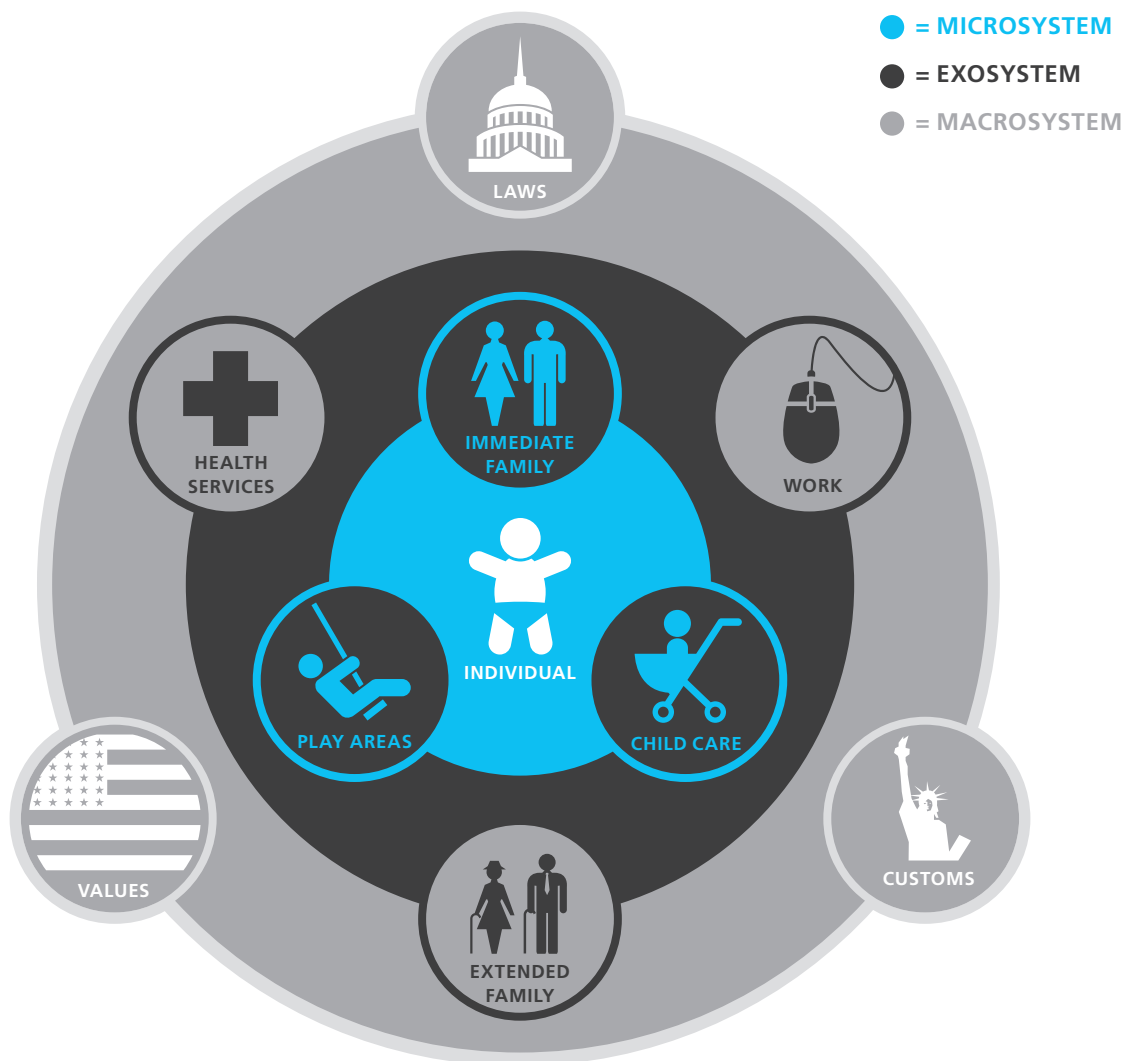
- » Department of Health and Human Services
- » Child and Adult Care Food Program
- » Parks and recreation [city and county]
- » Libraries

### Other

- » Media/social marketing
- » Funders

## ECOLOGICAL FRAMEWORK

The Ecological Frame is essentially a systems theory approach to understanding influence that occurs in various domains due to actions in different systems. There are many effects that occur from cross-level influences and relationships between and among levels. This graphic illustrates multiple levels of influence on a child's nutrition and physical activity.





## SPECTRUM OF PREVENTION\*

Another model which clearly explains the flow of impact is the “Spectrum of Prevention,” which acknowledges that a broad range of factors play a role in health. Policies, legislation and organizational practices are all powerful influences in shaping attitudes and behaviors related to health in general and obesity in particular. Strengthening an individual’s skills and knowledge must be combined with broader community factors to encourage lasting change.

The Spectrum of Prevention [developed by Larry Cohen from the Prevention Institute] is a systematic tool that promotes a multifaceted range of activities for effective prevention. The spectrum has seven levels of influence. Which are:

### LEVELS IN THE SPECTRUM OF PREVENTION

#### **Strengthening Individual Knowledge + Skills**

Strengthening individual knowledge and skills ~ assisting individuals to increase their knowledge and capacity to prevent childhood obesity.

#### **Promoting Community Education**

Promoting community education ~ reaching groups of people with information and resources to build support for healthier behavior and community norms.

#### **Training Providers**

Training providers ~ educating those who influence others working in the obesity prevention arena, whether they be professionals, paraprofessionals, community activists or peers.

#### **Fostering Coalitions + Networks**

Fostering coalitions and networks ~ creating or strengthening the ability of people and organizations to join together to work on a specific problem.

#### **Changing Organizational Practices**

Changing organizational practices ~ changing internal business and agency regulations and norms.

#### **Mobilizing Neighborhoods + Communities**

Mobilizing neighborhoods and communities ~ facilitating local efforts to achieve an identified prevention action, practice, or policy.

#### **Influencing Policy + Legislation**

Influencing policy and legislation ~ working to change laws or regulations at the local, state, and national levels.

\* Cohen, L., Swift, S. (1999). The spectrum of prevention. [www.preventioninstitute.org](http://www.preventioninstitute.org)

# GOAL AREAS

## GOAL AREAS:

- » **Increase access to affordable healthy food** [Institute of Medicine-IOM]
- » **Increase breastfeeding** [initiation, duration and exclusivity] [Centers for Disease Control -CDC and IOM]
- » **Improve feeding and eating practices** [IOM]
- » **Increase consumption of fruits and vegetables** [CDC]
- » **Increase water consumption**
- » **Decrease consumption of sugar-sweetened beverages** [CDC]
- » **Increase opportunities for physical activity in young children and their families** [CDC and IOM]
- » **Decrease sedentary behavior in young children and their families** [limit screen time] [CDC and IOM]
- » **Decrease direct marketing to children**
- » **Increase childhood obesity preventative practices for children among healthcare providers** [IOM]
- » **Provide consistent countywide healthy eating and active living messaging/social marketing**
- » **Strengthen families** [capacity building]
- » **Increase grassroots advocacy and engagement in local food systems and community plans**

In 2011, First 5 Marin Children and Families Commission convened key partners to support the creation of this plan. First 5 Marin realized that the effort to prevent early childhood obesity would need to be a collaborative effort, including traditional and non-traditional partners. The intention was to create a plan that identifies potential partners, proposes strategic interventions and includes policy and environmental changes.

The planning process included a literature review and input from multidisciplinary partners, including input from diverse communities throughout Marin. A set of Core Principles and Goal Areas were developed:

## CORE PRINCIPLES:

- » Focus on Pre-Natal to 5 years old
- » Countywide plan for ALL children 0-5 years old
- » Build on existing assets and efforts
- » Realistic/Implement-able
- » Substantial impact

# RECOMMENDATIONS

First 5 Marin suggests the following recommendations to ensure that young children have healthy environments in which to live, learn and play.

## OVERALL RECOMMENDATIONS

**1 >> Create a Healthy Eating and Active Living Alliance** to provide leadership, vision, oversight, support and coordination of efforts to address early childhood obesity prevention. The oversight body should convene and support partnerships among domains, review and report progress of recommendations and hold key partners responsible for outcomes based on appropriate roles, resources and capacity.

**2 >> Collaborate to develop consistent messaging and culturally sensitive social marketing and health education campaigns** directed at children, families, communities, providers and the public at large, to improve nutrition and increase physical activity. Distribute information through bilingual, multi-lingual media.

**3 >> Reach different cultural and socioeconomic groups with different needs.** Work to understand and effectively address the different strategies and their effectiveness with various cultural and socioeconomic groups. Ensure that all efforts are linguistically and culturally appropriate and sensitive.

**4 >> Enhance proper public discussions and open decision-making.** Provide information and education on various policies that could be improved.

**5 >> Provide a forum in which stakeholders can share and leverage resources and best practices.**

**6 >> Prioritize underserved geographic areas and/or populations.**

## RECOMMENDATIONS BY DOMAIN

This plan calls for a multi-sector collaborative approach to greatly reduce childhood obesity in Marin County. For sustainable, systemic change, a holistic approach must incorporate policy changes [including those that impact inequities], health promotion innovations and best practices and cultural and linguistic sensitivity across all key settings. It begins with identifying where pregnant women and young children spend their time and where change agents can inform and influence decision-making and behavior development. The following pages note recommended strategies by domain areas.

>> Healthcare

>> Early Childhood Education + Care

>> School

>> Family

>> Community

>> Business

>> Government



## HOSPITALS + CLINICS

- » Promote and support breastfeeding and breastfeeding resources.
- » Promote the “baby-friendly” hospital certification.
- » Create systems for healthcare providers to implement culturally appropriate obstetric and pediatric overweight and obesity prevention practices [including measurement of BMI rates in all well exams].
- » Train all healthcare staff [healthcare providers, nurses, medical assistants, health educators, front-line staff] on culturally appropriate childhood obesity treatment and prevention messages and best practices, including counseling and referrals.
- » Train healthcare providers and staff about the specific challenges facing different diverse populations and the cultural norms that influence their lifestyle choices.
- » Distribute healthy eating and active living information and local resources [food banks/pantries, farmers markets, food stamps, WIC, etc.] to access food, including fresh fruits and vegetables.
- » Incorporate key healthy lifestyle messages and resources into patient visits, events, website and newsletters.
- » Advocate for improved reimbursement for obesity prevention practices and treatment.
- » Model healthy eating and active living.
- » Sponsor healthy eating active living forums for staff, patients and the community.

## HEALTHCARE PROVIDERS

- » Promote and support breastfeeding and breastfeeding resources.
- » Implement culturally appropriate pre-natal and early childhood obesity treatment and prevention messages and best practices, including counseling and referrals. Measure BMI rates in all well exams.
- » Provide tools, resources and information to help patients and their families understand the importance of healthy eating and active living along with specific strategies and support for encouraging behavior change.
- » Distribute healthy eating and active living information and local resources [food banks/pantries, farmers markets, food stamps, WIC, etc.] to access food, including fresh fruits and vegetables at every visit.
- » Provide counseling and referrals of at-risk children in a culturally responsible manner.
- » Incorporate key healthy lifestyle messages and resources into patient visits, web site and newsletters.
- » Advocate for improved reimbursement for obesity prevention practices and treatment.
- » Advocate for healthy eating and active living policies, systems and environmental changes.
- » Model healthy eating and active living.

# EARLY CHILDHOOD EDUCATION + CARE



## MARIN CHILD CARE COMMISSION

- » Serve as the oversight body to consistently review key early childhood education and care actions of the Marin Early Childhood Obesity Prevention Plan.
- » Through a training collaborative, recommend training and sponsor seminars and training for early child care providers about effective methods to promote healthy eating and active living.
- » Include early care programs in wellness policies and programs developed by local educational agencies.
- » Incorporate key healthy lifestyle messages and resources into events, web site and newsletters.
- » Advocate for policies that support access to healthy affordable food and physical activity opportunities for all children and their families.

## MARIN COUNTY RESOURCE + REFERRAL

- » Create a Child Health Section on the R&R website with information, policy guidelines and tools on healthy eating and active living for child care providers and parents.
- » Facilitate a countywide Healthy Eating and Active Living Assessment of early childhood education and care programs.
- » Provide training, technical assistance and resources to early childhood education providers, including license exempt providers, in establishing culturally sensitive, positive nutrition practices and the integration of appropriate physical activity exposure.

» Provide and support an ongoing peer-to-peer mentoring program.

» Provide family support and education resources to early childhood providers, including license-exempt providers, on health promotion and opportunities beyond the child care facility.

» Provide technical assistance and resources to early childhood programs, including license-exempt providers, to establish policies and procedures to institutionalize positive nutrition and physical activity standards and to access resources.

» Provide a healthy eating and active living forum for the early childhood community to network, share resources and best practices, and partner with peers.

» Promote participation in the Child and Adult Care Food Program [CACFP].

» Encourage parents to use healthy food and physical activity environments as criteria for selecting early childhood programs [e.g., sites that have implemented effective wellness policies].

» Incorporate key healthy lifestyle messages and resources into events, web site and newsletters.

» Role Model. Provide healthy food and water at community events and fundraisers.

» Advocate for policies that support access to healthy affordable food and physical activity opportunities for all children and their families.



## PRESCHOOL + CHILD CARE

» Implement a nutrition and physical activity self assessment process to determine priority areas for improvements and create a plan to address them.

» Share and model healthy eating active living best practices, resources and information with peer care providers.

» Implement policies that support staff to model healthy eating and active living.

### Healthy Eating

» Adopt a comprehensive healthy food policy for children, families and staff following nutritional standards.

» Use mealtimes to serve and introduce a variety of different healthy food options to include fresh fruits and vegetables, low-fat and fat-free dairy, whole grains, and lean proteins.

» Model healthy eating and active living.

» Eat meals “family style”.

» Serve water at every meal and have available throughout the day.

» Eliminate the use of food as a reward.

» Eliminate advertising, selling, and distribution of unhealthy foods and beverages.

» Participate in the California Child and Adult Food Program [CACFP].

» Create partnerships with local SF Food Bank, gleaning programs, etc.

» Train child care providers and staff on childhood obesity prevention and resources.

### Active Living

» Implement physical activity policies for early care settings developed by The National Association for Sports and Physical Education [NASPE].

» Provide at least 2 hr/day of physical activity; half in structured activities and half in unstructured free play.

» Provide developmentally appropriate toys and equipment for physical activity and active play.

» Teachers and staff model healthy behavior by participating in physical activity and play time with children.

» Collaborate with organizations that offer physical activity opportunities [YMCA, LIFT, etc.].

» Incorporate physical activity into existing curriculum.

» Eliminate or limit screen time. None under age 2. For ages 2 years and older limit to 30 minutes.



## **Breastfeeding**

- » Welcome mothers to nurse during the day; become a breastfeeding friendly facility.
- » Staff feeds provided breast milk to infants of mothers who are breastfeeding.
- » Promote and support breastfeeding and breastfeeding resources.

## **Family Engagement**

- » Provide education and training [including information about screen time] for children and parents on childhood obesity prevention and resources.
- » Implement family activities that encourage healthy eating and active living, such as cooking demonstrations, school gardens, and family physical activities.
- » Include healthy eating and active living information and local resources [food banks, pantries, farmers markets, food stamps and WIC] through school communications [web site, monthly meal calendars, newsletters, and back-to-school nights.
- » Create a binder of local nutrition and physical activity resources.
- » Create a garden for children.
- » Provide healthy celebrations and fundraisers. Provide healthy food and water at community events and fundraisers.



# SCHOOLS



## ELEMENTARY [KINDERGARTEN]

- » Become a school-based food distribution site.
- » Distribute culturally appropriate healthy eating and active living information [i.e. how to pack a healthy lunch and snacks] and local resources [Food banks/pantries, farmers markets, food stamps, WIC, etc.] to access food, including fresh fruits and vegetables.
- » Incorporate culturally appropriate key healthy lifestyle messages and resources into events web site and newsletters.
- » Institute healthy food and beverage standards for all items available to children during school hours and during after-school programs. Standards should address levels of fat, sodium, sugar and calories.
- » Institute healthy food and beverage standards that apply to school fundraisers and classroom incentives.
- » Ensure children receive physical education that meets minimum standards for quality, duration and frequency.
- » Eliminate advertising of unhealthy foods and beverages to children and youth.
- » Make school recreational facilities available to children and families for use during after-school hours.
- » Provide and model healthy food and water at school events, celebrations and fundraisers.
- » Advocate for school policy and environmental change.

- » Sponsor healthy eating active living forums for children, families and staff.

## HIGH SCHOOL [TEEN PARENTS]

- » Offer breastfeeding support services for teenage mothers.
- » Distribute information listing of local resources [Food banks/pantries, farmers markets, food stamps, WIC, etc.] to access food, including fresh fruits and vegetables.
- » Address physical activity and nutrition through a Coordinated School Health Program.
- » Designate a school health coordinator and maintain an active school health council.
- » Assess the school's health policies and programs and develop a plan for improvements that include staff role modeling.
- » Strengthen the school's nutrition and physical activity policies.
- » Implement a high-quality health promotion program for school staff.
- » Implement a high-quality course of study in health and physical education.
- » Increase opportunities for students to engage in physical activity.
- » Implement a quality school meals program.



» Ensure that students have appealing, healthy choices in foods and water offered outside of the school meals program.

» Incorporate key healthy lifestyle messages and resources into events, web site and newsletters.

» Provide healthy food and water at school cafeteria, events, celebrations and fundraisers.

» Advocate for school policy and environmental change.

» Sponsor healthy eating active living forums for children, families and staff.

## HIGHER EDUCATION

» Implement and/or strengthen relevant community college curricula by emphasizing the importance of nutrition and physical activity modeling and practices in medical and in early childhood settings.

» Train and educate child care and healthcare providers on the importance of breastfeeding and how to promote and support breastfeeding and healthy eating and active living practices.

» Incorporate key healthy eating and active living messages and resources into events, web site and newsletters and on-campus messaging.

» Involve student government in actively modeling and promoting healthy eating and active living, including policy development.

# FAMILIES



- » Model healthy eating and active living.
- » Serve fruits and vegetables at every meal.
- » Eat meals “family style”.
- » Serve water at every meal and have available throughout the day, not sugary drinks.
- » Serve low-fat milk.
- » Provide breast milk to infants and introduce healthy solids at the appropriate time.
- » Eliminate or limit screen time: none for children under age two, for two and up, limit to 30 minutes a day.
- » Disallow computers and TVs in children’s rooms.
- » Turn TV and computer off during mealtime.
- » Promote alternative activities to screen time.
- » Advocate for healthy eating active living policies at preschools and schools.

- » Advocate for and support the offering of healthy foods at community and school events.
- » Grow a garden at home or join a community garden. Cook and eat from the garden!
- » Shop at local farms or farmers markets.
- » Organize or take part in a project that makes it easier and/or safer to walk, bike and play in your neighborhood [i.e. Safe Routes to Schools].
- » Ask grocers to establish candy-free aisles or to have “kid healthy choices” at check stands
- » Advocate for the maintenance and development of parks and trails.





## PEER-TO-PEER

Participate in and support culturally and linguistically appropriate community capacity building, training and resources on healthy eating and active living.

» Model and promote healthy eating and active living.

» Participate in, and provide training, mentoring and resources in the following areas:

» “Train the trainer” early childhood obesity prevention events

» Food justice

» Leadership development

» Community building and organizing

» The navigation of our political and institutional systems. How institutions and political systems work and how to navigate them

» Media and communications skills

» Breastfeeding and breastfeeding resources

» Community gardens

» Form citizen advisory groups to advocate for healthy food access and safe places to play. Organize or take part in a project that makes it easier and/or safer to walk, bike and play in your neighborhood [i.e. Safe Routes to Schools].

» Ask grocers to establish candy-free aisles or to have “kid healthy choices” at check stands.

» Advocate for the maintenance and development of parks and trails.

» Distribute culturally and linguistically appropriate information on health eating and active living and local resources [Food banks/pantries, farmers markets, Food Stamps, WIC, etc.] to access food, including fresh fruits and vegetables and local parks and opportunities for physical activity.

## COMMUNITY ORGANIZATIONS

» Distribute information listing of local resources [food banks/pantries, farmers markets, food stamps, WIC, parks, etc.] to access food, including fresh fruits and vegetables and physical activity opportunities and other resources promoting healthy eating active living.

» Sponsor healthy eating active living forums for children, families and staff.

» Eliminate the advertising and selling of unhealthy foods and beverages to children and their families.

» Create breastfeeding accommodations and promote and support breastfeeding and breastfeeding resources.

» Implement healthy workplace policies and practices and support employee health and wellness.

» Promote and help create and help maintain community gardens.

» Model and provide healthy food and water at staff meetings and celebrations, community events and fundraisers.



- » Incorporate culturally and linguistically appropriate key healthy lifestyle messages and resources into events, web site and newsletters.

- » Help form citizen advisory groups to advocate for healthy food access and safe places to play.

- » Foster the development of community health leaders, including youth.

- » Advocate for policies that support healthy eating and active living.

## **FOOD BANKS/PANTRIES**

- » Promote and support breastfeeding and breastfeeding resources.

- » Distribute information listing of local resources [Food banks/pantries, Farmers Markets, Food Stamps, WIC, etc.] to access food, including fresh fruits and vegetables.

- » Incorporate key healthy lifestyle messages and resources into events, web site and newsletters.

## **FARMERS MARKETS**

- » Expand locations of farmers markets.

- » Encourage farmers markets to accept EBT cards and WIC vouchers.

- » Create breastfeeding accommodations and promote and support breastfeeding and breastfeeding resources [i.e. baby friendly zones].

- » Distribute listings of local resources [Food banks/pantries, farmers markets, Food Stamps, WIC, parks, etc.] to increase access to healthy food, especially fresh fruits and vegetables and access to physical activity opportunities.

- » Incorporate key healthy lifestyle messages and resources into events, web site and newsletters.

## **FAITH-BASED**

- » Distribute information listing of local resources [food banks/pantries, farmers markets, food stamps, WIC, parks, etc.] to access food, including fresh fruits and vegetables and physical activity opportunities and other resources promoting healthy eating active living.

- » Eliminate the advertising and selling of unhealthy foods and beverages to children and their families.

- » Create breastfeeding accommodations and promote and support breastfeeding and breastfeeding resources.

- » Provide healthy food and water at community events and fundraisers.

- » Incorporate key healthy lifestyle messages and resources into events, web site and newsletters.

- » Help form citizen advisory groups to advocate for healthy food access and safe places to play.

- » Sponsor healthy eating and active living forums for members.



## RETAIL SUPER MARKETS

- » Create breastfeeding accommodations.
- » Provide fruits and vegetables taste-testing, demonstrations and recipes with nutritional information.
- » Eliminate displays/advertising of unhealthy food and beverages targeted at children.
- » Change product placement to promote healthy foods and beverages.
- » Use pricing incentives and strategies to encourage healthy food choices.

## RESTAURANTS

- » Create breastfeeding accommodations.
- » Eliminate displays/advertising of unhealthy food and beverages targeted at children.
- » Place healthy choices on menus for children.
- » Promote heart healthy, low-calorie and fresh local foods.
- » Support employee health and wellness.

## WORKPLACE

- » Create breastfeeding accommodations.
- » Support the development of healthy workplace policies and programs.
- » Support employee health and wellness practices.
- » Promote walking meetings.
- » Implement a healthy work site policy that includes serving healthy food and water at all staff meetings, celebrations and events.

# GOVERNMENT



» Create incentive programs to attract supermarkets and grocery stores to underserved neighborhoods.

» Require menu labeling in chain restaurants to provide consumers with calorie and nutritional information on in-store menus and menu boards.

» Mandate and implement strong nutrition standards for foods and beverages available in government-run or regulated after-school programs, recreation centers, parks, and child care facilities, including limiting access to unhealthy foods and beverages and promoting daily physical activities.

» Adopt building codes to require access to, and maintenance of, fresh drinking water fountains [e.g. public restrooms].

» Implement a tax strategy to discourage consumption of foods and beverages that have minimal nutritional value, such as sugar sweetened beverages.

» Develop media campaigns, utilizing multiple channels [print, radio, internet, television, social networking, and other promotional materials] to promote healthy eating [and active living] using consistent messages.

» Plan, build and maintain a network of sidewalks and street crossings that connects to schools, parks and other destinations and create a safe and comfortable walking environment. Develop signage and promote use.

» Adopt community policing strategies that improve safety and security of streets and park use, especially in higher-crime neighborhoods.

» Collaborate with schools to implement a Safe Routes to Schools program.

» Build and maintain parks and playgrounds for all ages [tots, kids, teens, and adults] that are safe and attractive for playing, and in close proximity to residential areas.

» Collaborate with school districts and other organizations to establish joint-use agreements that would allow playing fields, playgrounds, and recreation centers to be used by community residents when schools are closed.

» Preserve regional agriculture and farmland as a source of healthy, local fruits and vegetables and other foods, and connect preschools, schools and public agencies to local food markets and agriculture.

» Protect existing community gardens and support the creation of new ones.

» Incorporate key healthy lifestyle messages and resources into events, web site and newsletters.

## GOVERNMENT PROGRAMS

» Increase outreach, access points and application support.

» Promote and support breastfeeding and breastfeeding resources.

» Expand the lactation peer counseling network and provide breastfeeding education.

» Distribute information listing of local resources [Food banks/pantries, Farmers Markets, Food Stamps, WIC, etc.].





- » Incorporate key healthy lifestyle messages and resources into client visits, events, web site and newsletters.

- » Provide information and resources such as recipes, shopping guides and how to purchase fresh and healthy foods at an affordable price.

- » Advocate for policy, system and environmental changes.

## **CACFP [CHILD & ADULT CARE FOOD PROGRAM]**

Child & Adult Care Food Program improvements are key to promoting healthy eating & physical activity in child care. There are current efforts to improve the Federal Nutrition Programs in Early Childhood through the Hunger-Free Kids Act. While the benefits of CACFP are clear, many providers do not participate in the program because the paperwork is too burdensome. The drop in sponsoring agencies in California in recent years and an unacceptable reduction in participation by homes means that the benefits of CACFP – reimbursement, nutrition, support – do not reach many of the children who need it most.

- » Increase outreach and application support for CACFP.

## **PARKS AND RECREATION [CITY AND COUNTY]**

- » Increase and promote availability and affordability of physical activity programs for young children and their families. Link with sponsors to create scholarship opportunities.

- » Create breastfeeding accommodations [i.e. baby friendly zones] and promote and support breastfeed-

ing and breastfeeding resources.

- » Distribute information listing of local resources [food banks/pantries, farmers markets, food stamps, WIC, etc.] to access food, including fresh fruits and vegetables.

- » Incorporate key healthy lifestyle messages and resources into events, web site and newsletters.

- » Implement policies/standards that eliminate the sale of soda and unhealthy food in community sites that serve young children.

- » Provide healthy food and water at community events.

## **LIBRARIES**

- » Create breastfeeding accommodations and promote and support breastfeeding and breastfeeding resources.

- » Distribute information listing of local resources [Food banks/pantries, farmers markets, food stamps, WIC, parks, etc.] to access food, including fresh fruits and vegetables and physical activity opportunities.

- » Incorporate culturally and linguistically appropriate key healthy lifestyle messages and resources into events, web site, newsletters posters and on-site messaging.

- » Implement policies/standards that eliminate the sale of soda and unhealthy food in community sites that serve young children.

- » Highlight and display books, magazines, materials and web sites that promote and provide education on healthy eating and active living in general and children section of library.



## MEDIA

- » Adopt local regulations/ordinances to eliminate marketing of unhealthy foods and beverages to young children.
- » Promote and support breastfeeding and breastfeeding resources.
- » Include healthy eating and active living promotion into media efforts.
- » Incorporate key healthy lifestyle messages and resources into local programs, events, and web sites.
- » Create PSAs on healthy eating and active living and to promote resources for healthy food access and opportunities for physical activities.

## FUNDERS

- » Coordinate efforts with key partners [County of Marin, First 5 Marin, Kaiser Permanente, Marin Community Foundation, Marin County Office of Education, Sutter, etc.].
- » Convene key community partners.
- » Create public-private partnerships.
- » Provide support and resources to implement best practices and policies.
- » Sponsor movements for change.

# MEASURING SUCCESS

This plan sets a clear goal — preventing early childhood obesity — and describes a number of strategies that are designed to move us toward that goal. This plan encourages accountability measures for all key partners and monitors ongoing progress. If the strategies described in this plan are working, then the accountability measures will reflect that. If, however, these accountability measures are not being achieved, then the strategies must be re-examined. The evaluation effort will require defined responsibility and a monetary commitment in order to develop and implement.

## WHAT DOES SUCCESS LOOK LIKE?

- » Early childhood environments promote healthy eating and active living.
- » Early childhood domains of influence implement and monitor healthy eating and active living policies.
- » Multi-sector partnerships and align goals, outcomes and accountability.
- » Priority for prevention.
- » Platform for collaboration.

## OUTCOMES

- » Decreased incidence of obesity among pregnant women and young children.
- » Decreased incidence of disease related to obesity.
- » Reduced healthcare costs due to obesity-related disease.

- » Increased number of young children maintaining healthy weight.
- » Increased participation in physical activity.

## INDICATORS

- » Exclusive breastfeeding practices.
- » BMI measurement- Outcome measures of Body Mass Index-Age-related BMI percentile is the best indicator of obesity in childhood.
- » Number of early childhood domains of influence that have policies implemented and monitored around nutrition and physical activity.
- » Improved results on national fitness testing scores.
- » Evaluation of domain activity outcomes.
- » Environmental, policy and behavioral change outcomes.

# NEXT STEPS

Focused effort is needed to assure the implementation of the recommended strategies and ongoing support of the Marin County Early Childhood Obesity Prevention Plan. By collaborating with a common intention, we can turn the curve on childhood obesity by creating healthy childhood environments for of all children and families in Marin County.

## WHAT CAN YOU DO?

### Partnering Organizations Are Encouraged To:

- » Review the recommended strategies presented in this plan.
- » Determine which recommended strategies you are currently implementing and identify new strategies you can implement.
- » Make a commitment to adopt new strategies.
- » Work with other organizations and individuals to coordinate efforts.
- » Share best practices and resources.
- » Promote healthy eating and active living.
- » Engage in policy advocacy.

## IMMEDIATE ACTION ITEMS

- » Engage with County of Marin Department of Health and Human Services in the development of the Marin County “Healthy Eating/Active Living” [HEAL] strategic plan.
- » Promote and distribute the Early Childhood Obesity Prevention Plan.
- » Present this report and key strategies to elected officials, school boards, child care commission, funders and all key partners.
- » Create web site or promote on existing web sites.

# CONCLUSION

A community's health is an outcome of a multitude of determinants, including individual genetic and biological factors, individual lifestyles, the environment, culture, societal structures and systemic/institutional policies.

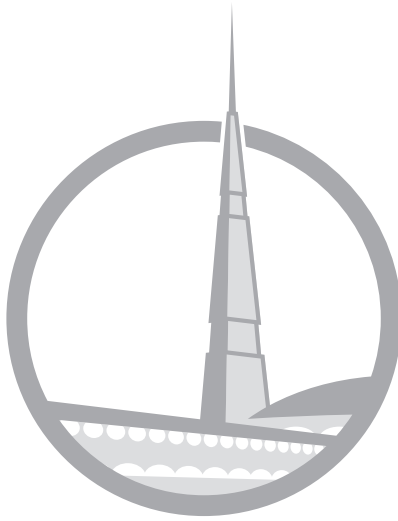
A major concern in Marin and throughout California is the inequality in health among communities, especially with respect to childhood obesity. Our goal is to develop more comprehensive and equitable "upstream" policies, which are preventive, cost effective and community-based.

But often we find that the implementation of an "upstream" health policy in one area does not necessarily correspond to positive health changes across domains. We cannot be satisfied with success within individual realms of influence. We must learn to work more collaboratively, to shift social norms and to focus on children's health across all sectors.

Providing healthier food at preschools, training staff, restricting advertisements and providing information and education to parents is a start. However, parents' capacities to make healthy choices at home depend upon other constraining factors, such as their environment, socioeconomic status and systemic and institutional policies.

For significant change to happen, we must make the reduction of early childhood obesity a priority for Marin County. Shifting social "norms" will take time. However, it is the role and responsibility of all concerned — government, business, communities, schools and families — to help children become and remain healthy, in order to reach their full potential.

We can envision a Marin where every child, regardless of socioeconomic status, culture or zip code will have an equal and healthy start. But, we cannot accomplish this in isolation. We must truly collaborate and coordinate our efforts in order to see real change in Marin County.



**"INSTEAD OF HELPING KIDS BEAT THE ODDS,  
WHY DON'T WE JUST CHANGE THE ODDS?"**

**>>GEOFFREY CANADA**

# MARIN FOOD PROFILE [2010]

## FOOD STAMP PROGRAM

Participating	4,913
Income Eligible Individuals	15,691
Income Eligible Non-Participants	10,778
2007 Program Access Index	0.250
2008 Program Access Index	0.313
County Rank	49
Economic Activity Generated	\$43,107,445

## NATIONAL SCHOOL LUNCH PROGRAM

Students Eating FRP Lunch	4,656
Students Eligible for FRP	1,292 [22%]
County Rank	9
Federal Meal Reimbursement	\$579,974

## SCHOOL BREAKFAST PROGRAM

Students Eating FRP Breakfast	2,805
Non Eligible for Breakfast	1,851 [40%]
County Rank	7
Federal Meal Reimbursement	\$444,554

## SUMMER NUTRITION PROGRAMS

July 2007 Nutrition Programs	922
July 2007 Nutrition Programs	843
Change in Participation	-9%
Non-Participants	3,667 [81%]
County Rank	26

## CHILD & ADULT CARE FOOD PROGRAM

Licensed Child Care Facilities	319
Children in Child Care Facilities	10,559
Licensed Facilities with CACFP	40 [12.5%]

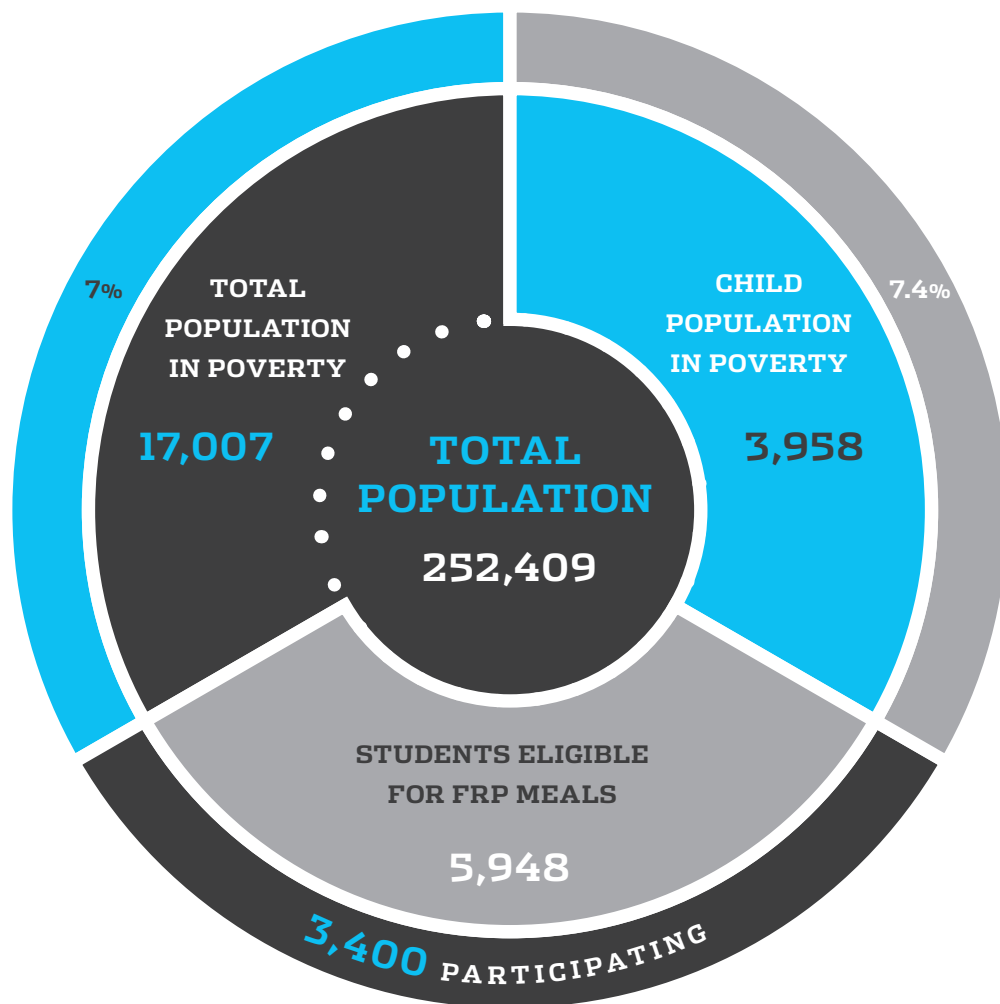
## HEALTH INDICATORS

	MARIN	CALIFORNIA
Adults in Food Insecure Houses	11,000[37.3%]	2,875,000[34.8%]
Overweight or Obese Adults	41.9%	57.1%
People with Type 2 Diabetes	7,000	1,830,000
Breastfeeding Rate	97.6%	86.5%





## DEMOGRAPHIC DATA



2010 MARIN COUNTY NUTRITION AND FOOD INSECURITY PROFILE AND US CENSUS: Please refer to the [Methodology](#) for more information on the above data. For more information about the profiles please contact Evonne Silva [evonne@cfpa.net](mailto:evonne@cfpa.net) or Tia Shimada [tia@cfpa.net](mailto:tia@cfpa.net) or visit us at [www.cfpa.net](http://www.cfpa.net).

# REFERENCES

A wide array of references were used in developing this plan. Some of the sources provided generalized information about obesity or information on a number of the goals established herein. Other sources were more targeted and provided information on one of the specific goals. The sources included professional journals and publications, professional reference and text books, materials published by federal agencies and state governments, reports of conferences and policy summits, as well as articles from the popular press.

**01** >> American Community Survey 2010

**02** >> BlueCross BlueShield of North Carolina Foundation, Nutrition and Physical Activity Self-Assessment for Child Care [NAP SACC], fact sheet, [Durham, NC: November 10, 2009].

**03** >> California Child Care Portfolio, California Child Care Resource and Referral Network. Accessed online at <http://www.rrnetwork.org> [July 2010]

**04** >> California Department of Health Services, Center for Health Statistics, Vital Statistics Section, CD-Rom Public Use Birth Files

**05** >> Center for Disease Control and Prevention [CDC] 2010 "Childhood Overweight and Obesity"  
<http://www.cdc.gov/obesity/childhood/index.html>

**06** >> ChildrenNOW [www.childrenow.org](http://www.childrenow.org)

**07** >> Commission on Macroeconomics and Health. Macroeconomics and health: investing in health for economic development. Report of the Commission on Macroeconomics and Health. Geneva, World Health Organization, 2001.

**08** >> County Health Rankings 2011

**09** >> Kidsdata [www.kidsdata.org](http://www.kidsdata.org)

**10** >> State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2050. Accessed online at <http://www.dof.ca.gov> [June 2009].

**11** >> The Insight Center for Community Economic Development [www.insightcced.org](http://www.insightcced.org)

**12** >> The Pediatric Nutrition Surveillance System [PedNSS] 2010.

**13** >> United States Census 2010

**14** >> U.S. Bureau of Labor Statistics, in July 2010

**16** >> Wilkinson R. Unhealthy societies. The afflictions of inequality. London, Routledge, 1996.

# RESOURCES

The Resources section lists web sites of federal, state, and local governments as well as organizations involved in childhood obesity prevention. The information available at these sites is targeted to individuals, parents, policy makers, community leaders, educators, and healthcare professionals. It is not an exhaustive listing of available web sites and inclusion of the web site should not be considered endorsement of any group.

## Active Bodies Active Minds

Screen time reduction information for people who care for preschool children.

<http://depts.washington.edu/tvhealth/>

## Active Living by Design

<http://www.activelivingbydesign.org>

## Altarum Institute

Participant-Centered Nutrition Education Toolkit

<http://www.altarum.org/publications-resources-health-systems-research/WICPCEtools>

## CalFresh

[www.calfresh.ca.gov](http://www.calfresh.ca.gov)

## California Center for Physical Activity-Safe

Active Community Resources

[www.caphysicalactivity.org](http://www.caphysicalactivity.org)

## California Center for Public Health Advocacy

[www.publichealthadvocacy.org/](http://www.publichealthadvocacy.org/)

## California Food Policy Advocates

[www.cfpa.net/](http://www.cfpa.net/)

## California Project Lean

[www.californiaprojectlean.org](http://www.californiaprojectlean.org)

## Center of Excellence

Nutrition and Physical Activity Self-Assessment for Child Care [NAP SACC], an assessment tool for child care settings, which uses an organizational assessment of 14 areas of nutrition and physical activity policy, practices and environments to identify the strengths and limitations of the child care facility. NAP SACC also includes goal setting and action planning, continuing education and skill building for providers.

<http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=napsacc&page=intent>

## Child and Adult Care Food Program [CACFP]

<http://www.fns.usda.gov/cnd/care/> and <http://frac.org/federal-foodnutrition-programs/child-and-adult-care-program/>

## ChildrenNOW

[www.childrennow.org](http://www.childrennow.org)

## Color Me Healthy

This curriculum supports healthy eating and physical activity for early childhood classroom settings. Components include: teachers guide, picture cards, posters, CDs with original songs, and reproducible parent newsletters.

<http://www.colormehealthy.com>

## Contra Costa Child Care Council

Information and support for parents and child care providers in the areas of child nutrition, fitness, health and safety.

[www.cocokids.org](http://www.cocokids.org)

### **Convergence Partnership**

Healthy People Healthy Places  
[www.convergencepartnership.org](http://www.convergencepartnership.org)

### **County of Marin**

[www.marincounty.org](http://www.marincounty.org)

### **County Health Rankings**

<http://www.countyhealthrankings.org/>

### **Early Childhood Education**

Nutrition Curricula and Activities for Child Care Programs  
<http://www.healthypreschoolers.com>

### **Early Childhood Learning & Knowledge Center**

I Am Moving, I Am Learning [IMIL] is a proactive approach for addressing childhood obesity in Head Start children.  
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Health/Nutrition/Nutrition%20Program%20Staff/lamMovingIam.htm>

### **Environmental Nutrition and Activity Community Tool**

The ENACT Local Policy Database is an online database designed to provide community advocates, health professionals, policy makers, and those working in related fields with concrete examples of adopted and proposed local level policies to improve nutrition and physical activity environments.  
[www.preventioninstitute.org/sa/policies](http://www.preventioninstitute.org/sa/policies)

### **Farm-to-School Program**

[www.reversechildhoodobesity.org](http://www.reversechildhoodobesity.org)

### **Food and Fun for Preschoolers**

[http://www.nal.usda.gov/fnic/pubs/bibs/gen/fun\\_preschoolers.pdf](http://www.nal.usda.gov/fnic/pubs/bibs/gen/fun_preschoolers.pdf)

### **Grow a Preschool Garden**

<http://www.caheadstart.org/HeadStartGarden-Guide07.pdf>

### **Growing Green**

[www.growinggreat.org](http://www.growinggreat.org)

### **Harvest of the Month**

Network for a Healthy California  
[www.harvestofthemonth.com](http://www.harvestofthemonth.com)

### **Healthier US School Challenge**

[www.teamnutrition.usda.gov](http://www.teamnutrition.usda.gov)

### **Healthy Eating Active Living Cities Campaign**

[www.HealCitiesCampaign.org](http://www.HealCitiesCampaign.org)

### **Healthy Hunger-Free Kids Act**

<http://www.whitehouse.gov/the-press-office/2010/12/13/president-obama-signs-healthy-hunger-free-kids-act-2010-law>

### **Healthy Marin**

HealthyMarin.org is a one-stop source of information about the health of Marin.  
[www.healthymarin.org](http://www.healthymarin.org)

### **Healthy Start**

Preschool wellness curriculum centered on the child, their environment and family.  
<http://www.healthy-start.com/preschool-teaching-aids/healthy-start.html>

### **Institute of Medicine**

<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx>

### **Leadership for Healthy Communities**

[www.activelivingleadership.org](http://www.activelivingleadership.org)

### **Let's Move Child Care Access**

innovative toolkits, roadmaps, guides, and fun activities that are being used in areas across the country to encourage healthy eating and physical activity in early childhood.

<http://www.healthykidshealthyfuture.org/content/hkhf/home/change/tools.html>

### **Let's Move!**

is a comprehensive initiative, launched by the First Lady, dedicated to solving the challenge of childhood obesity within a generation.

<http://www.letsmove.gov/>

### **LIFT/Levantate**

[www.liftforteens.org](http://www.liftforteens.org)

### **Marin Agriculture Institute**

Farmers Markets

[www.agriculturalinstitute.org](http://www.agriculturalinstitute.org)

### **Marin Be Healthy**

A site dedicated to increasing healthy eating and physical activity for all Marin residents.

[www.marinBEhealthy.org](http://www.marinBEhealthy.org)

### **Marin Child Care Commission**

<http://www.co.marin.ca.us/depts/HH/main/ss/child-care.cfm>

### **Marin Child Care Council**

[www.mc3.org](http://www.mc3.org)

### **National Association for the Education of Young Children [NAEYC]**

[www.naeyc.org](http://www.naeyc.org)

### **National Dairy Council**

[www.fueluptoplay60.com](http://www.fueluptoplay60.com)

### **National Farm to School Network**

[www.farmtoschool.org](http://www.farmtoschool.org)

### **Network for a Healthy California**

CX3 Champions for Change

[www.cachampionsforchange.net](http://www.cachampionsforchange.net)

### **New York State Dept. of Health**

[www.nyhealth.gov/nutrition](http://www.nyhealth.gov/nutrition)

### **Nutrition Competencies [Standards] for PreK - 12**

<http://www.cde.ca.gov/ls/nu/he/ncccindex.asp>

### **PolicyLink**

[www.policylink.org](http://www.policylink.org)

### **Preschool Learning Foundations**

Curriculum Framework

<http://www.cde.ca.gov/sp/cd/re/psfoundations.asp>

### **Prevention Institute**

[www.preventioninstitute.org](http://www.preventioninstitute.org)

### **Recommendations to Keep Children Healthy in California's Child Care Environments**

<http://www.cde.ca.gov/ls/nu/he/healthychildcare.asp>

### **Safe Routes to Schools**

<http://www.saferoutestoschools.org/>

### **The American Academy of Pediatrics**

[www.aap.org](http://www.aap.org)

### **The California Fit Business Kit Tools**

[www.takeactionca.com/california-fit-business-kit-tools.asp](http://www.takeactionca.com/california-fit-business-kit-tools.asp)

### **The Culinary Institute of America**

Menu for Healthy Kids.

[www.healthykids.ciachef.edu](http://www.healthykids.ciachef.edu)

### **The Lunch Box**

The Lunch Box is an online toolkit with Healthy Tools For All Schools. Use any of these free tools to transform your school food into healthy and delicious food for all children, at every school.

[www.thelunchbox.org](http://www.thelunchbox.org)

### **United States Department of Agriculture [USDA]**

<http://teamnutrition.usda.gov/childcare.html>

### **University of California Berkeley**

Center for Weight and Health.

<http://nature.berkeley.edu/cwh/>

### **University of Maryland Extension**

Healthy Eating and Active Living Interventions for Pre-K Youth [Color me Healthy].

[www.marylandsail.org](http://www.marylandsail.org)

### **YMCA**

<http://www.ymcasf.org/marin/>

### **10 Steps to Breastfeeding Friendly**

#### **Child Care Centers [Toolkit]**

[http://www.dhs.wisconsin.gov/health/physicalactivity/pdf\\_files/BreastfeedingFriendlyChildCareCenters.pdf](http://www.dhs.wisconsin.gov/health/physicalactivity/pdf_files/BreastfeedingFriendlyChildCareCenters.pdf)

### **Breastfeeding.com**

[www.breastfeeding.com](http://www.breastfeeding.com)

### **BreastfeedingOnline**

[www.breastfeedingonline.com](http://www.breastfeedingonline.com)

### **CDC-National Center for Disease Prevention and Health Promotion**

[www.cdc.gov/breastfeeding/](http://www.cdc.gov/breastfeeding/)

### **International Lactation Consultant Association**

[www.ilca.org](http://www.ilca.org)

### **La Leche League International**

[www.lalecheleague.org](http://www.lalecheleague.org)

### **Marin Breastfeeding Coalition**

<http://www.co.marin.ca.us/depts/HH/main/hs/CHPS/BF/MBC.cfm>

### **National Women's Health Information Center**

[www.4woman.gov/pub](http://www.4woman.gov/pub)

### **UC Davis Human Lactation Center**

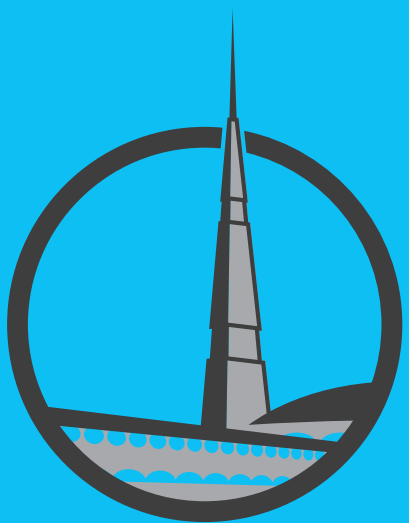
<http://lactation.ucdavis.edu>

### **WIC**

[www.wicworks.ca.gov/breastfeeding/BFResources.html](http://www.wicworks.ca.gov/breastfeeding/BFResources.html)

### **World Alliance for Breastfeeding**

[www.waba.o](http://www.waba.o)





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