

DRAFT



# Healthy Nutrition & Physical Activity for San Francisco's Children

Presented to

San Francisco Board of Supervisors

By

San Francisco Board of Supervisors Childhood Nutrition &  
Physical Activity Task Force

January 2005

Table of Contents

---

**EXECUTIVE SUMMARY** ([coming soon](#))

**TASK FORCE MEMBERS AND STAFF**

**I. INTRODUCTION**

Recommendations  
Priority Strategies

**II. NUTRITION POLICY RECOMMENDATIONS**

**III. PHYSICAL ACTIVITY POLICY RECOMMENDATIONS**

**III. APPENDIX**

Appendix A - Complete Recommendations & Strategies

## **DRAFT**

### **Task Force Members and Staff**

---

**Trish Bascom** – San Francisco Unified School District, School Health Programs

**Stacey Blankenbaker** – Department of Children, Youth & Their Families

**Dena Bushman** – Adolescent Health Working Group

**Christina Carpenter** – Department of Public Health, Staff to Task Force

**Elena Escalera** – St. Mary's College

**Andrea Garber** – University of California, San Francisco

**Lynn Gavin** – San Francisco Unified School District Parent Teacher Student Association

**Ibukun Hambolu** – San Francisco Unified School District Student Advisory Council

**Mel Heyman** – University of California, San Francisco

**Scott Hoshida** – Team Up For Youth

**Tracy McMahan** – Pediatrician

**Constance Mourning** – San Francisco Youth Commission

**Iman Nazeeri-Simmons** – Department of Public Health, Staff to Task Force

**Jennifer Portnick** – Feeling Good Fitness

**Erik Rosegard** – San Francisco State University, Department of Recreation & Leisure

**Ginger Smyly, Chair** – Department of Public Health

**James Threat** – Department of Recreation & Parks

**Marilyn Wann** – FatSo?

**Sophia Yen** – Pediatrician and Child Advocate

## DRAFT

### *INTRODUCTION*

---

Increasing unhealthy nutritional habits and physical *in*activity among children and youth have become a national epidemic and a health crisis with profound medical implications. The Childhood Nutrition & Physical Activity (CNPA) Task Force was established in February 2004 by the Board of Supervisors to develop recommendations for San Francisco to address the serious issue of childhood nutrition and physical activity.

Over the past year, the CNPA Task Force has met monthly to review existing literature recommendations, and best practices, meet with other nutrition and physical activity experts, and compile a comprehensive set of recommendations to improve the nutrition and physical activity opportunities for children, youth and their families. The CNPA Task Force is committed to developing recommendations that improve the nutrition and physical activity opportunities for all children and youth and will encourage size-neutrality in all recommendations. The CNPA Task Force broke into smaller work groups to focus on nutrition and physical activity separately, with the understanding that the significant overlap between these two areas requires some shared recommendations.

Additionally, funding recommendations are presented as potential revenue sources for the support of the nutrition and physical activity recommendations.

### *Recommendations*

The attached list of recommendations reflects the work of the CNPA Task Force to improve access and utilization of nutrition and physical activity opportunities throughout San Francisco (see Appendix A). The recommendations have been prioritized within the categories of Nutrition and Physical Activity with the top four to five strategies being highlighted as priority areas. Additionally, the recommendations are broken out into three topic areas: **Environmental** – structural improvements in the physical environment to improve access and utilization (e.g. transportation, pedestrian safety, grocery store location); **Organizational** – City agencies and departments (e.g. Department of Public Health, School District, Mayor’s Office); and **Awareness/Behavior Change** – individual education and behavior change (focused on children, youth and their families).

### *Priority Strategies*

The CNPA Task Force has identified the following strategies as priority areas in which to focus immediate attention – they are not listed in order of importance. Although these eight strategies have been identified to improve nutrition and physical activity opportunities for children and youth, it is important to note that all recommendations in Appendix A are integral to improving the health of children and youth in San Francisco. The Childhood Nutrition and Physical Activity Task force worked diligently over the course of 2004 to create a set of prioritized recommendations that support children to eat nutritiously and be physically active.

## DRAFT

As the task force finalized the recommendations, it became clear that youth development would be an important approach in the implementation process. A brief definition of youth development is provided:

Youth Development is an approach that ensures healthy adult outcomes by providing youth the opportunity to develop skills, connect to their families & community, take risks, practice leadership. This happens in settings that are safe: both physically and emotionally. That is, programs and agencies must create environments in which all youth are respected and supported regardless of race/ethnicity, socioeconomic status, physical ability, height or weight, gender, or age. In short, embracing all youth and their various abilities, talents and differences.

Additionally, the Department of Public Health adopted the Youth Development Standards of Practice in July 2004 ([www.dph.sf.ca.us/Reports/YthDevStdsPract.pdf](http://www.dph.sf.ca.us/Reports/YthDevStdsPract.pdf)), that may serve as a model for other City/County Departments.

### ***NUTRITION POLICY RECOMMENDATIONS***

---

The following are four **prioritized** nutrition recommendations and associated strategies made by the CNPA Task Force. The recommendations span several areas that affect environments, organizations, and awareness/behavior change. Each recommendation will have a rationale encapsulating the discussions the task force had about the recommendation, best practices for the implementation, and appropriate implementation agencies.

#### **ENVIRONMENT**

**Recommendation 1:** Ensure that at least one reasonably large outlet/vendor that sells healthy, nutritious foods, including fresh vegetables and fruits is easily accessible to residents in all sectors of San Francisco.

**Strategy 1a:** Ensure that every neighborhood in San Francisco has access to affordable fresh fruits and vegetables through either

- (a) reasonably large outlet/vendor
- (b) locally-owned vendor that provides fresh fruit and vegetables, as well as a selection that meets the ethnic and cultural needs of the specified area/neighborhood
- (c) farmer's market
- (d) community supported agriculture (subscription service)
- (e) community garden and/or
- (f) good neighbor policies

**Rationale:** A key component for healthy eating is ensuring access to and affordability of fresh fruits and vegetables. Despite its small area, there are sections of San Francisco where purchasing fresh fruits and vegetables at an affordable cost is difficult. San

## DRAFT

Francisco should promote and ensure equitable opportunities for healthful eating, particularly for disadvantaged communities.

**Best Practices:** Promoting access to healthy eating can be ensured through various mechanisms, including encouraging a farmer's market in every Supervisorial District in the City, encouraging community gardens, and locating a large grocery outlet/vendor in all sectors of the City. It is also important to ensure good neighbor policies (such as encouraging corner markets to provide affordable fresh fruits and vegetables for purchase).

**Lead Agencies:** Planning Department, Department of the Environment, Department of Public Health, Department of Children, Youth and Their Families, Small Business Commission

### ORGANIZATIONAL

**Recommendation 5:** Increase the enrollment and retention of eligible clients into the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Food Stamp programs.

**Strategy 5 a & b:** Through a Board of Supervisor's resolution, strongly encourage the United States Congress to improve the federal guidelines for the WIC program by including access to fruits and vegetables and ensuring that the eligible foods are culturally appropriate. Additionally, advocate San Francisco as a California site for a WIC Fruit and Vegetable pilot program.

**Rationale:** Started in 1974, the Special Supplemental Nutrition Program for Women, Infants, and Children was designed to meet the special nutritional needs of low-income pregnant, breastfeeding, or postpartum women; infants; and children up to 5 years of age who have at least one nutritional risk factor. Approximately 7.5 million people (average monthly participation) are enrolled in WIC nationally. Approximately half of all infants and 25% of all children aged 1 to 4 in the United States participate in the WIC program. Xxx people in SF are enrolled in WIC (average monthly participation).

The WIC Program provides three main benefits: supplemental foods, nutrition education, and referrals to health and social services. The 2004 Preliminary Report of the Committee to Review the WIC Food Packages recommends that WIC revise the food packages to include emphasizing the vegetable group for children, emphasizing the fruit and dairy group for women, limiting the amount of added sugars, saturated fat, cholesterol, and trans fatty acids, promoting breastfeeding of infants, and keeping juice allowances within recommendation.

**Best Practices:** Current research has established that good nutrition and a balanced diet includes eating fresh fruits and vegetables. The *Institutes of Medicine Committee on Preventing Childhood Obesity* is encouraging pilot programs that focus on increasing the availability of fresh fruits and vegetables and other nutritious foods or provide incentives

## DRAFT

for the purchase of these items to participants in the federal food assistance programs such as WIC. Specific ideas for these programs include special fruit and vegetable vouchers; coupons or other discount promotions; and the ability to use electronic benefit transfer cards at farmers' markets or community-supported agricultural markets.

The San Francisco Childhood Nutrition & Physical Activity Task Force strongly recommends San Francisco as a site for a California WIC Fruit and Vegetable pilot program.

**Lead Agencies:** Department of Public Health, Department of Human Services, Board of Supervisors, Mayor Gavin Newsom's Office, American Academy of Pediatrics, American Dietetic Society, United States Department of Agriculture, California WIC Association, California WIC Program

### **AWARENESS/BEHAVIOR CHANGE:**

**Recommendation 7:** Increase the proportion of mothers who breastfeed their babies through 4 to 6 months of age.

**Strategy 7b:** The City and County of San Francisco will encourage all hospitals to become designated as Baby Friendly by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) Baby-Friendly Hospital Initiative accreditation process.

**Rationale:** Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions. Breastfeeding provides a range of benefits for the infant's growth, immunity, and development. According to the American Academy of Pediatrics, exclusive breastfeeding is recommended for the first four to six months of life and breastfeeding, along with the age-appropriate introduction of complementary foods, is encouraged for the first year of life.

According to the Institute of Medicine Preventing *Childhood Obesity: Health in the Balance* (2005) report, epidemiological data suggest that breastfeeding...confers a small but significant degree of protection from childhood obesity, although it is not certain why this is so. Breastfeeding is thought to promote the infant's ability to regulate energy intake, allowing him or her to eat in response to hunger and satiety cues. In contrast, a caregiver who is formula feeding an infant may use visual information about how much remains in the bottle to "encourage" the infant to finish the bottle, potentially fostering overeating.

**Best Practices:** The Baby-Friendly Hospital Initiative (BFHI), launched in 1992, is a global program sponsored by the WHO and UNICEF to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation. The BFHI assists hospitals in giving breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies and gives special

## DRAFT

recognition to hospitals that have done so. Although the hospital is not and should not be the only place a mother receives support for breastfeeding, hospitals provide a unique and critical link between the breastfeeding support provided prior to and after delivery.

**Lead Agencies:** Department of Public Health, San Francisco General Hospital, California Pacific Medical Center, University of California San Francisco Hospital, Kaiser Permanente, St. Luke's Hospital, Chamber of Commerce, First 5 Commission, Department of Human Resources (Family Resource Centers)

**Recommendation 8:** Expand information and resources for understanding healthful nutrition and physical activity to health care providers, community groups who work with children, youth, and families, and parents/guardians.

**Strategy 8a:** Compile an online resource list of programs for San Francisco children, youth and their families containing healthy nutrition and physical activity programs.

**Rationale:** There are many free and low-cost recreation programs available throughout the City, however if people are unaware of the program, utilization may be low. Therefore, from already existing lists and compilations, bring information together in a master list for a variety of users including: health care providers, parents/guardians, and children and youth.

**Best Practices:** Health care professionals have great influence over their patients/client behavior change. In order for the health care professionals to give current and appropriate nutrition and physical activity counseling and guidance, a list of available resources for their client is necessary. Parents/Guardians and other adult family members can have positive influence over their children's and youth's involvement in recreational and physical fitness activities. Having a readily accessible list of current nutritional and physical activity opportunities in the City will help support the positive health of San Francisco's children and youth.

**Lead Agencies:** Department of Public Health, Department of Children, Youth and Their Families, Department of Recreation & Parks, American Academy of Pediatrics, San Francisco Health Plan, San Francisco Public Library

## PHYSICAL ACTIVITY POLICY RECOMMENDATIONS

---

The following are five prioritized recommendations and associated strategies made by the CNPA task force. The recommendations span several areas that affect policy, organizations, and awareness/behavior change. Each recommendation will have a rationale encapsulating the discussions the task force had about the recommendation, best practices (if applicable) for the implementation, and appropriate implementation agencies.

## **ORGANIZATIONAL**

**Recommendation 4:** Organizations have environments that provide optimal opportunities for physical activity for all youth.

**Strategy 4a:** Involve youth in the development of programs and creation of spaces that increase physical activity.

**Rationale:** This recommendation is focused on increasing activity among children and youth; the importance of location and setting is absolutely vital to the success of increased movement. Incorporating youth input into the creation of physical space as well as programming is not only logical, but is also supported by research. Involving youth in such a manner is classic implementation of youth development practices; which is a best practice. In July 2004, the Department of Public Health's governing body, the Health Commission, adopted the "Youth Development Standards of Practice" as guidelines for DPH programs serving youth (whether provided directly by DPH or its contractors). Young people in focus groups provided a number of key elements for programs or services they consider successful: a clear youth imprint on the space, youth help design and run programs. The Standards were developed based on best practices and research.

**Best Practices:** All youth serving programs, be they city agencies or community based organizations, adopt and implement Youth Development Standards of Practice based on those adopted by the Department of Public Health.

A systematic review of published studies, conducted by the Task Force on Community Preventive Services by a team of experts, found several program areas to be effective in getting people to be more physically active including *Creating or Improving Access to Places for Physical Activity*. These interventions involve the efforts of worksites, coalitions, agencies, and communities in attempts to change the local environment to create opportunities for physical activity. Such changes include creating walking trails, building exercise facilities, or providing access to existing nearby facilities. Many of these programs also train participants to use the equipment and offer health behavior education, risk factor screening, referrals to physicians or additional services, health and fitness programs, and support or buddy systems. These multicomponent programs were evaluated as a "combined package" because it was not possible to separate out the effects of each individual component.

**Lead Agencies:** San Francisco Unified School District, Department of Recreation and Parks, Department of Children, Youth and their Families, Department of Public Health, Community Based Organizations

**Recommendation 5:** Develop partnerships across public and private agencies to increase physical activity opportunities.

**Strategy 5a:** City funders should mandate partnerships to increase physical activity and provide opportunities for such collaboration.

## DRAFT

**Rationale:** To properly address the issue of sedentary lifestyle, it is imperative that we consider the range of reasons, both at individual and community/social environment levels that contribute to inactivity. This can only be done when appropriate agencies are working together to address the issues be they access to food, violence, hazardous sidewalks, excessive speeding, poor lighting, etc.

Additionally, collaborating across agencies and programs not only avoids unnecessary duplication, but it also ensures that we maximize limited resources and create optimal opportunities for youth and children to be physically active. Mandating collaboration in some cases may be the first step toward voluntary and cooperative collaboration as the benefits of working together become apparent to all involved parties.

**Best Practices:** A number of resources are available that provide structure and guidelines for partnership and collaboration. A few such examples follow.

The Prevention Institute: Developing Effective Coalitions: An Eight Step Guide  
(<http://www.preventioninstitute.org/eightstep.html>)

National Network for Collaboration.  
(<http://crs.uvm.edu/ncco/collab/>)

**Lead Agencies:** Department of Children, Youth and their Families, Department of Recreation and Parks, Community Based Organizations, Department of Public Health, San Francisco Unified School District, Housing Authority, Planning Department, Department of Public Works, Department of Parking and Traffic, Mayor's Office of Community Development

### **AWARENESS/BEHAVIOR CHANGE:**

**Recommendation 6:** The San Francisco Board of Supervisors and the Mayor will issue recommendations of ideal levels of physical activity for children and youth to City/County Departments.

**Strategy 6a:** The city/county will recommend the following goals for physical activity:

- Elementary school-aged children and youth should accumulate between 30 to 60 minutes of moderate, age- and developmentally-appropriate physical activity from a variety of activities on all, or most, days of the week.
- All children and youth should be physically active daily, or nearly every day, as part of play, games, sports, work, transportation, recreation, physical education, or planned exercise, in the context of normal, everyday family, school, and community activities.
- Adolescents should engage in three or more sessions per week of activities that last 20 minutes or more at a time and that require moderate to vigorous levels of exertion. All youth should meet these minimum requirements.

## DRAFT

- The benefits of physical activity should be made available to children and youth with special needs (i.e., physical, mental, and emotional).
- Ensure that physical activity is not overly competitive nor so focused on educating about the benefits of physical activity that it diminishes the fun and motivating factors for youth and families

**Rationale:** Providing standards for physical activity helps people determine whether their level of physical activity is beneficial to their health, as well as providing goals toward which to work or maintain. The Centers for Disease Control and Prevention developed a set of guidelines recommending certain levels of physical activity for adolescents and children; the Task Force agreed upon slightly modified CDC recommendations (Original recommendations can be found at [www.cdc.gov/HealthyYouth/physicalactivity/promoting\\_health/background.htm](http://www.cdc.gov/HealthyYouth/physicalactivity/promoting_health/background.htm)).

**Best Practices:** Issuing a resolution for physical activity guidelines is an excellent first step, as modeled by the Centers for Disease Control and Prevention. Subsequent to the Board of Supervisors adopting the guidelines, some follow up education, minimally with providers and educators is recommended to raise awareness and support implementation. Approved guidelines should be made easily accessible on the web as well. Other Task Force recommendations support awareness and education of these guidelines.

A systematic review of published studies, conducted on behalf of the Task Force on Community Preventive Services by a team of experts, found several program areas to be effective in getting people to be more physically active. They include:

- ❖ **Community-wide campaigns.** These interventions are large-scale, intense, highly visible, community-wide campaigns with messages directed to large audiences through different types of media, including television, radio, newspapers, movie theaters, billboards, and mailings
  - Community-wide campaigns were typically conducted as part of a multicomponent effort that also included strategies such as support or self-help groups, physical activity counseling, risk factor screening and education, community health fairs and other community events, and environmental or policy changes such as the creation of walking trails
- ❖ **Social Support.** These interventions focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for behavior change.
  - creating new social networks or working within existing networks in a social setting outside the family, such as in the workplace
  - setting up a buddy system, making contracts with others to complete specified levels of physical activity, or setting up walking groups or other groups to provide friendship and support
- ❖ **Point-of-decision prompts.** Signs placed by elevators and escalators encourage people to use nearby stairs for health benefits
  - **Individually-adapted health behavior change programs.** Teach behavioral skills to help participants incorporate physical activity into their daily routines.

## DRAFT

The programs are tailored to each individual's specific interests, preferences, and readiness for change

- Behavioral skills include: 1) goal-setting and self-monitoring of progress toward those goals, 2) building social support for new behaviors, 3) behavioral reinforcement through self-reward and positive self-talk, 4) structured problem solving to maintain the behavior change, and 5) prevention of relapse into sedentary behavior
  - Interventions are delivered to people either in group settings or by mail, telephone, or directed media
- **Creating or Improving Access to Places for Physical Activity:** As described in Recommendation 4

**Lead Agencies:** Board of Supervisors, Department of Public Health, Department of Children Youth and Their Families, San Francisco Unified School District, Department of Recreation and Parks.

**Recommendation 7:** Implement city-wide awareness campaign(s) addressing nutrition and physical activity developed by youth for San Francisco.

**Strategy 7a & 7b:** Identify proven strategies to encourage youth to incorporate up to 60 minutes of moderate physical activity daily (including before, during, and after school). Involve youth and other focus audiences in development of campaign

**Rationale:** Basing our work on strategies that have already been shown to be effective is the best use of time and resources. Ensuring youth participate in the development of any awareness campaign is in and of itself a best practice (as described above).

The task force also emphasized the importance of not targeting any specific group (for example overweight youth) and ensuring that programs are sensitive to the different concerns or issues facing youth. Programs/strategies will be respectful of and will not discriminate based on race/ethnicity, age, gender, weight, height, special needs, income, fitness level or ability. Additionally, the task force believed that presenting physical activity options as something fun was critical to the success of any program.

**Best Practices:** Conducting internet searches as well as participating in state and national networks that work on the issue can link to effective practices. For example, the Strategic Alliance based in Alameda, California, has developed strategies to improve opportunities for physical activity. The Task Force on Community Preventive Services also has conducted research on important approaches – specific programs are yet to be identified. Regardless of which specific programs or approaches are identified, they may need to be adapted to the audience for which it is intended.

**Lead Agencies:** Department of Children, Youth and their Families, Department of Recreation and Parks, Community Based Organizations, Department of Public Health, Coalitions (SF Bike, Walk SF)

## DRAFT

### FUNDING RECOMMENDATIONS:

---

**Recommendation:** Create a revenue stream to fund the Childhood Nutrition and Physical Activity recommendations.

**Strategies:**

1. Levy a fee or tax on soft drinks and/or fast foods.
2. Encourage the Board of Supervisors to support a state-wide effort to levy a tax on soda and/or fast foods.
3. Establish public/private partnership to leverage the philanthropy community.
4. Establish partnership with fast food industry to assist in funding nutrition and physical activity programs.
5. Support federal and/or state legislation that institutes or expands funding for nutrition education and physical activity opportunities for children, youth and families.
6. Advocate for a streamline application process in all Federal Nutrition Programs.
7. Include funding to pay for qualified staff who are content specialists in nutrition and physical activity in all future grant applications, where appropriate.
8. Consider existing funding streams such as Prop H and Prop 63.