

## **NUTRITION POLICY RECOMMENDATIONS**

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The following are three 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.

### **ENVIRONMENT**

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

- (a) reasonably large outlet/vendor
- (b) farmer's market
- (c) community supported agriculture (subscription service)
- (d) community garden and/or
- (e) good neighborhood policies

*Rationale:*

A key component for healthy eating is ensuring access to and affordability of fresh fruits and vegetables. Currently there are sections of San Francisco where purchasing fresh fruits and vegetables at an affordable cost is difficult. San Francisco should promote and ensure equitable opportunity for healthful eating, particularly for disadvantaged communities (wording?)

*Best Practices:*

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

*Lead Agencies:* Planning Department, Department of Public Health – Environmental Health Section, Department of Children, Youth and Their Families, Small Business Commission, etc.

### **ORGANIZATIONAL:**

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

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program. Promote San Francisco as pilot city for expanding WIC program Food Packages to include fruits and vegetables.

**Strategy:** Through a Board of Supervisor's resolution, strongly encourage the federal guidelines for the WIC program to include access to fruits and vegetables and to eliminate juices, and ensure that the eligible foods are culturally appropriate.

*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. 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.

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 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.

*Lead Agencies:* Department of Public Health, Department of Human Services, Board of Supervisors, Mayor Gavin Newsom's Office, American Academy of Pediatrics, registered dietician societies (**what are their names?**)

**AWARENESS/BEHAVIOR CHANGE:**

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

*Rationale:*

From already existing lists and compilations, bring this information together in a type of master list for a variety of users including: health care providers, parents/guardians, and children and youth. 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.

*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 healthy of San Francisco's children and youth.

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

## **PHYSICAL ACTIVITY POLICY RECOMMENDATIONS**

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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 1:** 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 1a:** 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.

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- 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.*
- 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.

*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.

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

**Strategy 2a:** Involve youth in the development of programs and creation of spaces that increase physical activity.

*Rationale:*

These recommendations are 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/Model Programs*

- o 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 DPH.
- o From the Task Force on Community Preventive Services: **Creating or Improving Access to Places for Physical Activity**. As described above.

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

**Recommendation 3:** Develop partnerships across public and private agencies to increase physical activity opportunities

**Strategy 3a:** City funders should mandate partnerships to increase physical activity and provide opportunities for such collaboration.

*Rationale:*

To properly address the issue of sedentary lifestyle, it is imperative that we consider the range of reasons, both at an individual and community/social environment 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.

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*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, CBOs, 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 4:** Implement city-wide awareness campaign(s) addressing nutrition and physical activity developed by youth for San Francisco.

**Strategy 4a:** Identify proven strategies to encourage youth to incorporate up to 60 minutes of moderate physical activity daily (including before, during, and after school).

*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, CBOs, Department of Public Health, Coalitions (SF Bike, Walk SF)

**Strategy 4b:** Involve youth and other focus audiences in development of campaign

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*Rationale:*

As described in previous recommendations, involving youth and other focus audiences in the development of a campaign is one of the key ways to ensure the message will be heard and acted upon.

*Best Practices:* Following commonly accepted youth development approaches, such as ensuring youth have a leadership role in the development of the campaign by having them help create and test themes, run focus groups, identify venues for campaign activities will help ensure a viable, successful campaign. If a particular group is identified (e.g. youth living in the southeast sector of the city), then youth from that area should be recruited to participate. Youth of different sizes and abilities should participate in the development of the campaign, and the campaign should be tested with a diverse group of youth.

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