



State of California-Health and Human Services Agency  
Department of Health Services



ARNOLD SCHWARZENEGGER  
Governor

October 23, 2006

CMS Information Notice No.: 06-06

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)  
ADMINISTRATORS, CHILD HEALTH AND DISABILITY PREVENTION  
(CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, NUTRITION  
CONSULTANTS, CHILDREN'S MEDICAL SERVICES (CMS) BRANCH  
STAFF AND REGIONAL OFFICE STAFF

SUBJECT: "GET HEALTHY CALIFORNIA, CALIFORNIA OBESITY PREVENTION  
PLAN: A VISION FOR TOMORROW, STRATEGIC ACTIONS FOR  
TODAY"

This notice is to alert you to the release of the "Get Healthy California, California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today" from the California Department of Health Services (CDHS). This strategic plan was released on September 14, 2006 and is available on-line at the CDHS website:  
<http://www.dhs.ca.gov/CAObesityPrevention/>

The strategic plan serves as initial guidance for multiple sectors of society to take part in creating a shift to healthy eating and active living. The intention is to provide a springboard for government, business, and philanthropic sectors to unite efforts and create a shared response to the multidimensional and growing obesity epidemic. This document includes "A Vision for California-10 Steps Toward Healthy Living" which served as the basis for the Governor's Summit on Health, Nutrition and Obesity in September 2005.

CDHS has four goals for advancing the 10-Step Vision for a Healthy California:

- Goal 1: Ensure state level leadership and coordination that reaches into communities across the state.
- Goal 2: Create a statewide public education campaign that frames healthy eating and active living as California living.

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- Goal 3: Support local assistance grants and implement multi-sectoral policy strategies to create healthy eating and active living community environments.
- Goal 4: Create and implement a statewide tracking and evaluation system.

For specific recommendations for action regarding healthcare goals see Goal 3.2c, Healthcare Insurers and Providers:

1. Promote prevention as the first step in responding to the obesity epidemic rather than bariatric surgery and pharmaceuticals that are interventions of last resort, particularly for children.
2. Support new mothers in prolonged and exclusive breastfeeding, which protects against childhood obesity.
3. Adopt and implement preventive standards of care that promote regular physical activity and healthy eating in a manner sensitive to culture, age, and abilities.
4. Provide continuing education credits for health practitioners participating in training in nutrition, physical activity, and breastfeeding education.
5. Ensure the availability of healthy choices in food service operations in health care facilities.
6. Maximize the use of fresh and regional foods in health care facility food service operations.
7. Promote incentives to health plan members who participate in wellness and prevention activities.

State Public Health Officer, Dr. Mark Horton endorsed the strategic plan in the attached letter, dated September 29, 2006. He emphasizes the role of CDHS and calls for moving forward with a department-wide coordinated action agenda. A new Obesity Prevention Group in CDHS has been established to guide efforts across all CDHS programs.

Also attached is the "California Obesity Prevention Plan Summary", released on October 10, 2006, which provides an executive summary of the strategic plan. This CDHS document provides a concise overview of the plan and includes strategies for action by:

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- State and local government
- All employers
- Healthcare insurers and providers
- Families
- Schools
- Food and Beverage industry
- Entertainment and professional sports

Please review California's strategic plan and the attached documents. Consider how your local program can move forward with implementing the strategic plan and addressing California's high rate of childhood obesity. For information on childhood obesity prevalence data, go to Pediatric Nutrition Surveillance System (PedNSS) at: <http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/informationnotices/2005/chdpin05d/contents.htm>. This nutrition surveillance data will help you assess local prevalence rates and compare your rates to surrounding counties and the state. The statewide data is collected on 1.5 million children who obtain health exams through the CHDP Program.

Lastly, California's Childhood Obesity Conference is coming up January 23-26, 2007.

Please visit the web page for more information:

<http://www.cce.csus.edu/cts/ChildObesity/ChildOb07/index.htm>

If you have any questions, please contact Judy Sundquist, CMS Nutrition Consultant at (916) 322-8785.

Sincerely

**Original Signed by Marian Dalsey**

Marian Dalsey, M.D., M.P.H., Chief  
Children's Medical Services Branch

Enclosures

State of California—Health and Human Services Agency  
Department of Health Services



SANDRA SHEWRY  
Director



ARNOLD SCHWARZENEGGER  
Governor

September 29, 2006

Dear Colleagues:

We have a vision for a healthier California. Governor Schwarzenegger's 10 Step Vision for a Healthy California and the Summit on Health, Nutrition, and Obesity in September 2005 were calls to action to bring focus and momentum to the transformation that is needed to create the healthy California in which we all want to live. This month's release by the Governor's office of the *California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today* (<http://www.dhs.ca.gov/CAObesityPrevention/default.htm>) further advanced this agenda. The plan provides the structure and the strategies to move ahead. For this plan to work, all sectors – employers, schools, health care, industry, family, and government must take action. Our department has experience and success in effecting major societal changes that resulted in significantly improved health for the people of our state. We can step-up to lead this effort too.

CDHS will serve as the convener and the catalyst to turn this plan into action. To start this process, CDHS needs to develop a department-wide coordinated action agenda across all programs. CDHS staff, programs, and publications contain a wealth of nutrition, physical activity, and chronic disease expertise with the vision to turn the strategic plan into a working action agenda.

To that end, I have asked Dr. Neal Kohatsu, Chief of the Cancer Control Branch, to join Kathleen Mintert and Lisa Hershey in establishing the Obesity Prevention Group (OPG) in the Director's Office. Staff from across the department will be asked to step forward along with key external partners to serve as OPG expert advisors, planners, and ultimately members of the implementation team. OPG will guide the department's obesity prevention efforts across all related nutrition and physical activity promotion, chronic disease and injury prevention programs, and funding opportunities. I will continue my active involvement and oversight of the department's work in obesity, keeping the Director and other Chief Deputies apprised of our progress.

The OPG aims to:

1. Create the department-wide obesity prevention action agenda, based on the Obesity Prevention Plan's framework, with all sectors engaged in the process;
  2. Maintain obesity prevention as a high priority within CDHS and the new Departments of Public Health and Health Care Services;
  3. Coordinate the development of all obesity-related proposals and plans for funding opportunities;
  4. Focus on statewide leadership and coordination – serve as the liaison to key external partners;
- and,

5. Work with all nutrition and physical activity programs, focus on cross-CDHS leveraging and synergy, reduce fragmentation, and serve as the portal for executive staff, providing regular updates on progress and an opportunity for input and direction to the OPG's efforts.

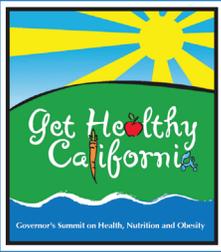
The first step in the development of the action agenda will be for the OPG to complete the mapping that was initiated last year of the existing CDHS capacity in obesity prevention. I have asked the OPG to organize this effort. This inventory of current capacity will lead to a broader understanding of the collective expertise and resources available to us thus fostering collaboration and synergy among programs and leading to strategic alignment and investment of resources in the implementation of the action agenda.

I know you will join me in making this effort successful. I would encourage each of you to review the strategic plan and start to think about how your work in the department can contribute to our success in implementing the 10 Step Vision. We look forward to hearing from you.

Thank you,

A handwritten signature in black ink, appearing to read "Mark Horton", with a stylized flourish at the end.

Mark Horton, MD, MSPH



# CALIFORNIA OBESITY PREVENTION PLAN SUMMARY

A VISION FOR TOMORROW, STRATEGIC ACTIONS FOR TODAY

## Executive Summary

In recognition of California's growing obesity epidemic, competing environmental forces and fragmented efforts, the legislature mandated that California Department of Health Services (CDHS) create this strategic plan to guide a statewide response to this crisis. (Budget Act of 2005, SB 77, Item #4260.001.0001, Provision 7)

**CASE FOR ACTION:** California, like much of the rest of the world, is experiencing an obesity epidemic for which there is no single cause or simple cure. The case for action to address this epidemic is based on three principal factors:

- (1.) **California's Current Health Status** - Poor nutrition and inactivity are causing serious health problems – including type 2 diabetes, heart disease, stroke, and cancer – now, and if left unchecked will lead to worsening conditions in the future.
- (2.) **Competing Environmental Forces** – Choices that lead to poor nutrition and inactivity are often more available, affordable, and convenient than healthier options.
- (3.) **Fragmented, Uncoordinated Efforts** – Many actions are being taken by government, industry, voluntary, and philanthropic sectors, but without concordance.

**CALL TO ACTION:** We have a vision for a healthier California. Governor Schwarzenegger developed a 10 Step Vision for a Healthy California and convened the Summit on Health, Nutrition and Obesity in September 2005 as a call to action to bring focus and momentum to the transformation that is needed to create the healthy California in which we all want to live. Through California's internationally recognized tobacco control programs, we have experience and success in effecting a major societal change that resulted in significantly improved health for the people of our state. It was a difficult task, but we did it. And we can do it again. As California has been a leader in reducing tobacco use, we can be a leader in the campaign to reduce obesity.

**THE PLAN:** This California Obesity Prevention Plan serves as a guide for each sector of society to take part in creating the shift to healthy eating and active living. This plan was constructed with input from a number of advisory groups, forums, and meetings including, the Governor's Summit on Health, Nutrition, and Obesity, the Strategic Alliance, and the California Obesity Prevention Initiative. It identifies recommendations for action for all sectors to make sustainable changes in physical activity and food environments. The strategic actions are organized under these four goals:

- Goal 1:** Ensure state level leadership and coordination that reaches into communities across the state.
- Goal 2:** Create a statewide public education campaign that frames healthy eating and active living as California living.
- Goal 3:** Support local assistance grants and implement multi-sectoral policy strategies to create healthy eating and active living community environments.
- Goal 4:** Create and implement a statewide tracking and evaluation system.

This *California Obesity Prevention Plan* is meant to serve as a springboard for government, business, voluntary, and philanthropic sectors to convert fragmentation into collaboration and synergy, to carefully align and invest resources, and to create a shared response to a societal crisis.

# Strategies for Action!

## 1. State Level Leadership and Coordination

Create a central point of contact within state government to serve as lead and liaison in working across and within different sectors – such as schools, entertainment, employers, health care – to create active living and healthy eating environments.

## 2. Statewide Public Education Campaign

Develop and implement a statewide media campaign that frames healthy eating and active living as California living.

## 3. Local Assistance Grants and Multi-sectoral Policy Strategies to Create Healthy Eating and Active Living Community Environments

Support local assistance grants and implement multi-sectoral policy strategies outlined below to improve access to, promotion of, and participation in healthy eating and active living, by creating change in the social and physical environments.

STATE & LOCAL GOVERNMENT	ALL EMPLOYERS	HEALTH CARE INSURERS AND PROVIDERS
<p><b><u>PRIORITIZE PREVENTION</u></b></p> <ul style="list-style-type: none"> <li>◆ Make prevention a top priority in state and local health departments.</li> <li>◆ Encourage full and equitable access to public facilities (community centers, schools, government buildings) that could house programs and services that increase the amount of daily physical activity for each community member.</li> <li>◆ Develop and disseminate state model worksite policies that provide access to options for healthy eating and physical activity.</li> <li>◆ Ensure food assistance programs provide healthy foods.</li> </ul> <p><b><u>INCENTIVES AND FUNDING</u></b></p> <ul style="list-style-type: none"> <li>◆ Consider incentives for businesses to offer physical activity, healthy food options, and lactation accommodations for employees.</li> <li>◆ Consider incentives for the development of physical activity facilities, improved walkability, grocery stores, farmers' markets, and other retail outlets for healthy foods, particularly in low-income communities.</li> <li>◆ Identify ongoing funding sources for maintenance, rehabilitation, and development of parks, including community gardens and neighborhood parks, and recreation facilities in all neighborhoods.</li> </ul> <p><b><u>PLANNING, LAND USE, AND TRANSPORTATION</u></b></p> <ul style="list-style-type: none"> <li>◆ Adopt and implement "walkable" community policies and build paths/trails to provide safe and convenient travel options for walking, bicycling, or using assistive devices, such as wheelchairs.</li> <li>◆ Use planning and zoning processes to promote appropriate design and land uses that support access to healthy foods and encourage walking and bicycling in all neighborhoods.</li> <li>◆ Ensure that public recreational facilities, supermarkets, and farmers' markets are close to where people live and work as well as accessible from public transit routes.</li> <li>◆ Consider requiring that each city/county general plan contain a recreation element that includes access to, and availability of, facilities and park land.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Establish guidelines for offering healthy food at meetings and events and encourage their use.</li> <li>◆ Provide incentives to employees who walk, bike, or use public transportation to commute to and from work and for work-related travel.</li> <li>◆ Encourage physical activity by promoting stairway use, providing bike racks, lockers and showers, and offering flex time or breaks for physical activity.</li> <li>◆ Encourage worksites to offer an array of affordable, healthy choices in their prepared and vending machine foods.</li> <li>◆ Maximize the use of local and regional foods in food-service operations.</li> <li>◆ Post and enforce organizational policies that support breastfeeding on site, consistent with state requirements for employers to provide break time and the use of a room for employees to express milk.</li> <li>◆ Encourage health plans to include prevention and wellness activities such as counseling, education, and access to weight-loss, weight maintenance, and physical activity programs.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Promote prevention as the first step in responding to the obesity epidemic rather than bariatric surgery and pharmaceuticals that are interventions of last resort, particularly for children.</li> <li>◆ Support new mothers in prolonged and exclusive breastfeeding which protects against childhood obesity.</li> <li>◆ Adopt and implement preventive standards of care that promote regular physical activity and healthy eating in a manner sensitive to culture, age, and abilities.</li> <li>◆ Provide continuing education credits for health practitioners participating in training in nutrition, physical activity, and breastfeeding education.</li> <li>◆ Ensure the availability of healthy choices in food service operations in health care facilities.</li> <li>◆ Maximize the use of fresh and regional foods in health care facilities food service operations.</li> <li>◆ Promote incentives to health plan members who participate in wellness and prevention activities.</li> </ul>

# Strategies for Action!

*continued*

FAMILIES	SCHOOLS	
<ul style="list-style-type: none"> <li>◆ Eat at least one healthy meal a day together as a family.</li> <li>◆ Choose fruits and vegetables, whole grains, beans, nuts and seeds, and non- or low-fat dairy products over high-calorie, low-nutrient foods.</li> <li>◆ Limit calorie intake by moderating portion size, limiting soft drinks and sweetened beverages, and limiting foods with high amounts of sugar and fat.</li> <li>◆ Reduce TV viewing and sedentary computer “gaming” time, especially for children and youth.</li> <li>◆ Participate in physical activity every day.</li> <li>◆ Participate in fun physical activity – playing, walking, hiking, sports – as a family.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Ensure that children receive quality physical education that meets minimum state standards for duration and frequency.</li> <li>◆ Make school recreational facilities available for after-hours use by the community, especially in neighborhoods that lack park and recreational facilities.</li> <li>◆ Institute healthy food and beverage standards for all meals, snacks, and beverages available in preschool, school, and after-school programs.</li> <li>◆ Advertise only healthy foods and beverages on school grounds and use alternatives to foods in fundraising, incentive, and other programs.</li> <li>◆ Maximize the availability of fresh and regional foods through initiatives such as farm-to-school programs.</li> <li>◆ Provide a nutritious breakfast utilizing the federal School Breakfast Program in all schools.</li> </ul>	
FOOD AND BEVERAGE INDUSTRY		ENTERTAINMENT AND PROFESSIONAL SPORTS
<p><b><u>FOOD MANUFACTURERS AND RETAILERS</u></b></p> <ul style="list-style-type: none"> <li>◆ Advertise and promote healthy foods and beverages to children and youth using broadcast, print and electronic media, product tie-ins such as toys, sports and entertainment celebrity’s endorsements, and cartoon characters.</li> <li>◆ Eliminate indirect advertising through fundraising programs, incentive programs using contests or coupons, etc. at institutions serving children and youth (including schools, preschools, after-school programs, and recreation facilities).</li> </ul> <p><b><u>FOOD PROCESSORS AND RESTAURANTS</u></b></p> <ul style="list-style-type: none"> <li>◆ Ensure that packaged single-serving snacks, beverages, and meals contain no more than one standard portion size per package.</li> <li>◆ Limit fat and sugar and add fruit and vegetables, especially to children-focused meals.</li> <li>◆ Post calorie information per serving on all menus and menu boards at restaurants and encourage healthy food options on all menus.</li> </ul> <p><b><u>RETAIL GROCERS</u></b></p> <ul style="list-style-type: none"> <li>◆ Promote produce and other fresh, healthy items in low-income neighborhoods and ethnically/racially diverse communities.</li> <li>◆ Encourage quality, variety, and affordable pricing of produce and other fresh foods in neighborhoods throughout California.</li> <li>◆ Assist with access to grocery stores for seniors, people with disabilities, and low-income communities with limited transportation options.</li> <li>◆ Encourage more healthy choices and less “junk-food” placement at grocery checkout counters.</li> </ul>		<ul style="list-style-type: none"> <li>◆ Encourage the availability of affordable healthy foods and beverages at sports, movie, and other entertainment venues.</li> <li>◆ Consider investing in public physical activity facilities and programs in surrounding communities.</li> <li>◆ Encourage depictions of physically active people that include all ages, ethnicities, genders, body types, and abilities in television, film, and advertisements.</li> <li>◆ Use product placement to market healthy food and beverages in movies and television programs targeted to children and youth.</li> <li>◆ Expand the participation of professional athletes and facility/program administrators in promoting physical activity by providing facilities, equipment, and personnel for community use.</li> </ul>

## 4. Statewide Tracking and Evaluation System

Create and implement a statewide tracking and evaluation system to monitor health impacts, population trends, and assess program performance and impact.

# Acknowledgements

*This plan represents the combined efforts of several information gathering and planning processes including the following:*

**The Governor's Summit on Health, Nutrition, and Obesity, and the pre-Summit Listening Sessions** around California gave business leaders, educators, government officials, and public health professionals an opportunity to focus on essential reforms and announce commitments for action in a variety of sectors. The Governor's 10 Step Vision for a Healthy California provides both a guide and a challenge.

**The Strategic Alliance** "Taking Action for a Healthier California: Recommendations to Improve Healthy Food and Activity Options," developed by a coalition of nutrition and physical activity advocates.

**The California Obesity Prevention Advisory Group**, comprised of over 90 people, primarily external partners, included representatives from local public health departments, public health advocacy groups, transportation planning groups, the California Department of Education, the faith community, city government, the American Academy of Pediatrics, the University of California Cooperative Extension, the Department of Parks and Recreation, volunteer organizations, and a number of other groups and organizations.

**The Physical Activity and Nutrition Coordinating Committee**, comprised of representatives from programs within CDHS that manage nutrition, physical activity, and obesity prevention activities for the department.

**The Nutrition and Physical Activity Action Team**, formed within CDHS, as a broader coordinating obesity prevention group across a dozen divisions.

**The Office on Disability and Health, Living Healthy with a Disability Advisory Committee** "Universal Livability: A Dream for Tomorrow, a Plan for Today," 2005-2010 Strategic Plan.

**The Women, Infants, and Children's Supplemental Nutrition Program (WIC)** "Transitioning to Healthy Eating and Active Living" resulted from a six month strategic process with its partners to shape WIC's direction for obesity prevention.

**The Maternal, Child and Adolescent Health Branch of CDHS** Local Health Jurisdiction Obesity Survey 2006.

For a complete version of the plan visit, [www.dhs.ca.gov/CAObesityPrevention](http://www.dhs.ca.gov/CAObesityPrevention).



**ARNOLD SCHWARZENEGGER**

*Governor*

State of California

**KIMBERLY BELSHÉ**

*Secretary*

Health and Human Services Agency

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California Department of Health Services