

MCHB – SPRANS

Project #: H17MC06712

Community Action Partnership of Sonoma County “Healthy Tomorrows”

Final Report

MATERNAL AND CHILD HEALTH BUREAU (MCHB)
SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)

FINAL REPORT AND ABSTRACT

Project Number: H17MC06712

Grantee Organization: Community Action Partnership of Sonoma
County

October 2011

Abstract

1. Project Identification

Project Title: Healthy Tomorrows Partnership for Children
Project Number: H17MC06712
Project Director: Edwin Ferran
Grantee Organization: Community Action Partnership of Sonoma County
Address: 1440 N. Dutton Ave. Santa Rosa, California 95401
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Project Period: From: 03/01/2006 Through: 02/28/2011
Total Amount of Grant Awarded: \$250,000

1. PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS In March 2006, Community Action Partnership of Sonoma County began a HTPC grant for a pediatric obesity treatment and prevention program called Fortaleciendo Comunidades: Strengthening Communities. The primary focus of this community-federal collaboration was to support a pediatrician-involved community effort to address childhood obesity. The target population was primarily the disadvantaged and largely Hispanic children of an area of southwest Santa Rosa in Sonoma County, California. This project

closely aligned our Healthy Tomorrows project with funding from Kaiser Permanente’s Healthy Eating Active Living Community Health Initiative (HEAL) funding which was awarded shortly after our first application to our project partner: the Community Activity and Nutrition Coalition (CAN-C).

2. GOALS AND OBJECTIVES. Our Healthy Tomorrows project has the following three goals:

Goal One

Low-income children will have access to a culturally competent medical home and timely health maintenance visits with an emphasis on promoting healthy eating and physical activity.

Goal Two

Low-income children will have increased access to health care providers throughout the community with an understanding of the severity and implications of childhood obesity.

Goal Three

Facilitate a community awareness campaign and discussion that improves community access to healthy foods and physical activity in the low-income community.

3. METHODOLOGY. Our overarching methodology for attaining the goals and objectives of the project consisted of five strategic components:

- MENTOR community members.
- EXPAND KNOWLEDGE among service providers.
- IMPROVE COORDINATION among agencies.
- ADVOCATE with schools and other public bodies.
- INCREASE ACCESS to nutritional info and best practices

4. EVALUATION. During the course of the project, the Agency participated in the development

of a community “dashboard” of data tracking indicators of the community’s health. This dashboard, available to all on line at: www.healthysonoma.org, has emerged as the key tool for evaluating key measures related to childhood obesity.

5. RESULTS/OUTCOMES. The project either met or achieved each of the desired goals by the end of the project. These accomplishments included:

- √ Clinic staff were trained in the epidemiology of obesity and use of “brief negotiations” to involve families in prevention of overweight and obesity.
- √ Community clinics agreed to track BMI and to use “Healthy Eating” Toolkits to address obesity through a preventative approach within the medical setting.
- √ The project contributed to a longer term, broader result: community-wide engagement on the issues of healthy eating, nutrition, physical activity, and obesity, and the embedding of this community wide campaign in the most appropriate countywide public system: the County Department of Health Services, under the umbrella of its “Health Action” initiative.

6. FUTURE PLANS/SUSTAINABILITY. Our future plans include continued participation with Health Action on our health agenda, but in addition we plan to:

- Pilot and evaluate alternative culturally tailored education strategies
- Track obesity/anemia community indicators
- Continue participation on health and nutrition collaboratives with an eye towards:
 - identifying gaps
 - supporting rigorous data analysis
 - Identify capacity building opportunities

FINAL NARRATIVE REPORT

1 PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS

In March 2006, Community Action Partnership of Sonoma County began a HTPC grant for a pediatric obesity treatment and prevention program called Fortaleciendo Comunidades:

Strengthening Communities. The primary focus of this community-federal collaboration was to support a pediatrician-involved community effort to address childhood obesity. The target population was primarily the disadvantaged and largely Hispanic children of an area of southwest Santa Rosa in Sonoma County, California. This project closely aligned our Healthy Tomorrows project with funding from Kaiser Permanente’s Healthy Eating Active Living Community Health Initiative (HEAL) funding which was awarded shortly after our first application to our project partner: the Community Activity and Nutrition Coalition (CAN-C).

The need for the project was made clear by an analysis of data culled from BMI screenings done annually at community clinics on children living in the target area. The following table provides a representative sample of the childhood obesity crisis in our community.

Santa Rosa Clinic Data 2008

	<i>Roseland</i>	<i>Mobile Clinic</i>	<i>Southwest</i>	<i>Overall</i>		<i>Sonoma PedNSS</i>	<i>CA PedNSS</i>
Dates collected	5/07- 4/08	3/08-4/08	5/07-4/08			2006	2006
2-4 years	230 ¹	7	165	402		2,599	331,961
Obese ²	20%	14%	19%	18%		16%	16%

	<i>Roseland</i>	<i>Mobile Clinic</i>	<i>Southwest</i>	<i>Overall</i>		<i>Sonoma PedNSS</i>	<i>CA PedNSS</i>
Obese or overweight ²	34%	29%	37%	33%		33%	33%
5-11 years	199	14	138	117		1,608	296,931
Obese	25%	7%	28%	20%		24%	24%
Obese or overweight	42%	43%	44%	43%		43%	42%
12-19 years	61	12	82	155		856	189,381
Obese	34%	42%	30%	35%		25%	23%
Obese or overweight	51%	67%	52%	57%		42%	42%
Total	490 ¹	33	385	908		5,063	818,273
Obese	31%	21%	26%	26%		22%	21%
Obese or overweight	49%	48%	44%	47%		39%	39%

An analysis of this data resulted in the following Findings:

Compared to other low income children in Santa Rosa and California (PedNSS-CHDP):

- Children 2-4 yrs old at all clinics were more likely to be obese
- Children 5-11 yrs old at all clinics were more likely to be obese
- Children 12-19 yrs old at all clinics were more likely to be obese
- Children 12-19 yrs old at all clinics were more likely to be obese or overweight
- All children evaluated in clinics were more likely to be obese
- All children evaluated in clinics were more likely to be obese or overweight
- More than one out of every three 12-19 year old evaluated was obese.
- Approximately three out of every five 12-19 year old evaluated was overweight or obese.

This data, along with anecdotal evidence reported throughout the county from public and private agencies serving these children, illustrated the compelling need for a collaborative and targeted effort to attack the problem. The Healthy Tomorrows grant supported the ability of our agency to leverage and guide other efforts in our community to improve the health and future prospects of these children. The effort was closely linked with the work of the County of Sonoma Department of Health Services and the local Maternal Child and Adolescent Health Advisory Board which is currently chaired by Tracy Greenwald, our agency’s chief pediatric nurse.

2 GOALS AND OBJECTIVES:

Our Healthy Tomorrows project has the following three goals:

Goal One

Low-income children will have access to a culturally competent medical home and timely health maintenance visits with an emphasis on promoting healthy eating and physical activity.

Goal Two

Low-income children will have increased access to health care providers throughout the community with an understanding of the severity and implications of childhood obesity.

Goal Three

Facilitate a community awareness campaign and discussion that improves community access to healthy foods and physical activity in the low-income community.

These goals reflect that our project combines improved clinical practice and attention to obesity prevention with key links to community forums for changing the community in which children live, and then sustaining these efforts.

3 METHODOLOGY:

Our overarching methodology for attaining the goals and objectives of the project consisted of five strategic components:

- MENTOR community members.
- EXPAND KNOWLEDGE among service providers.
- IMPROVE COORDINATION among agencies.
- ADVOCATE with schools and other public bodies.
- INCREASE ACCESS to nutritional info and best practices.

Over the course of the grant, the project conducted the following specific activities and strategies in order to achieve the goals of the project:

- Expand the use of Body Mass Index Screening throughout the community to both identify children in need of interventions but also as a community education tool.
- Train Clinic staff in the epidemiology of obesity and use of “brief negotiations” to involve families in prevention of overweight and obesity
- Establish an Electronic Medical Record system to support better communication and continuity of care/practice
- Improve staff knowledge and skills to support breastfeeding
- Enroll children in affordable health insurance programs and connect them with medical homes
- Develop and disseminate culturally competent, language accessible, health information appropriate materials to support groups working to address key issues regarding healthy eating and physical activity.
- Conduct advocacy and strategic sustainability planning by participating on all relevant committees relating to the HTPC project including the HEAL Advocacy Committee, the CAN-C Steering Committee and the Maternal Child and Adolescent Health Board for


Sonoma County

4 EVALUATION

During the course of the project, the Agency participated in the development of a community “dashboard” of data tracking indicators of the community’s health. This dashboard, available to all on line at: www.healthysonoma.org, has emerged as the key tool for evaluating key measures related to childhood obesity. The following table highlights just a handful of these measures:

<u>Exercise, Nutrition, & Weight</u>		
<u>7th Grade Students who are Physically Fit</u>	Comparison: CA State Value	
<u>Child and Adolescent Fast Food Consumption</u>	Comparison: CA Counties	
<u>Child Fruit and Vegetable Consumption</u>	Comparison: CA Counties	
<u>Teens who Engage in Regular Physical Activity</u>	Comparison: CA Counties	
<u>Youth who Walk, Bike, or Skate from School</u>	Comparison: CA Counties	

A closer look at one of these measures [see figure below] has allowed our community to evaluate the success of our community’s efforts to address the problem and allows for comparisons to other counties and the state as a whole.

 <p>50.9 47.3 Red < 47.3 Green >= 50.9 In-between = Yellow Unit: percent</p>	<p>Child Fruit and Vegetable Consumption</p> <p>Value: 58.1 percent</p> <p>Measurement Period: 2009</p> <p>Location: County : Sonoma</p> <p>Categories: Health / Exercise, Nutrition, & Weight Health / Children's Health Health / Diabetes</p>
<p>What is this Indicator?</p> <p>This indicator shows the percentage of children who eat at least five servings of fruits and vegetables per day.</p> <p>Why this is important: Children need good nutrition to foster healthy growth and development. Ensuring that your children get enough fruits and vegetables will improve their health and set them on a lifelong path of healthier nutrition choices. You can make healthy eating fun by allowing your children to select new kinds of fruits and vegetables to try and encouraging them to help prepare them.</p> <p>It is essential for people of all ages to eat a fresh, healthy and balanced diet in order to optimize weight and prevent chronic disease. Numerous studies have shown a clear link between the amount and variety of fruits and vegetables consumed and rates of chronic diseases, especially cancer. According to the World Cancer Research Fund International, about 35 percent of all cancers can be prevented through increased fruit and vegetable consumption. The USDA currently recommends four and one-half cups (nine servings) of fruits and vegetables daily for a 2,000-calorie diet, with higher or lower amounts depending</p>	

on the caloric level.

Technical Note: The distribution is based on data from 44 California counties and county groups.

Source: California Health Interview Survey

URL of Source: <http://www.chis.ucla.edu/>

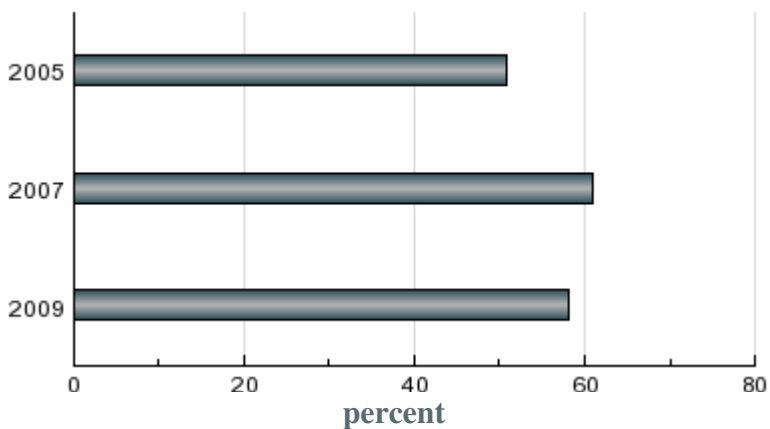
URL of Data: <http://www.chis.ucla.edu/main/default.asp>

Local Comments:

The Health Action 2020 target is for 75% of Sonoma residents to eat 5 or more fruits or vegetables daily.

Maintained By: Healthy Communities Institute

Time Series Data



5 RESULTS/OUTCOMES

The project either met or achieved each of the desired goals by the end of the project. The following outlines the accomplishments organized by each project goal and objectives.

Goal One

Low-income children will have access to a culturally competent medical home and timely health maintenance visits with an emphasis on promoting healthy eating and physical activity.

Objectives:

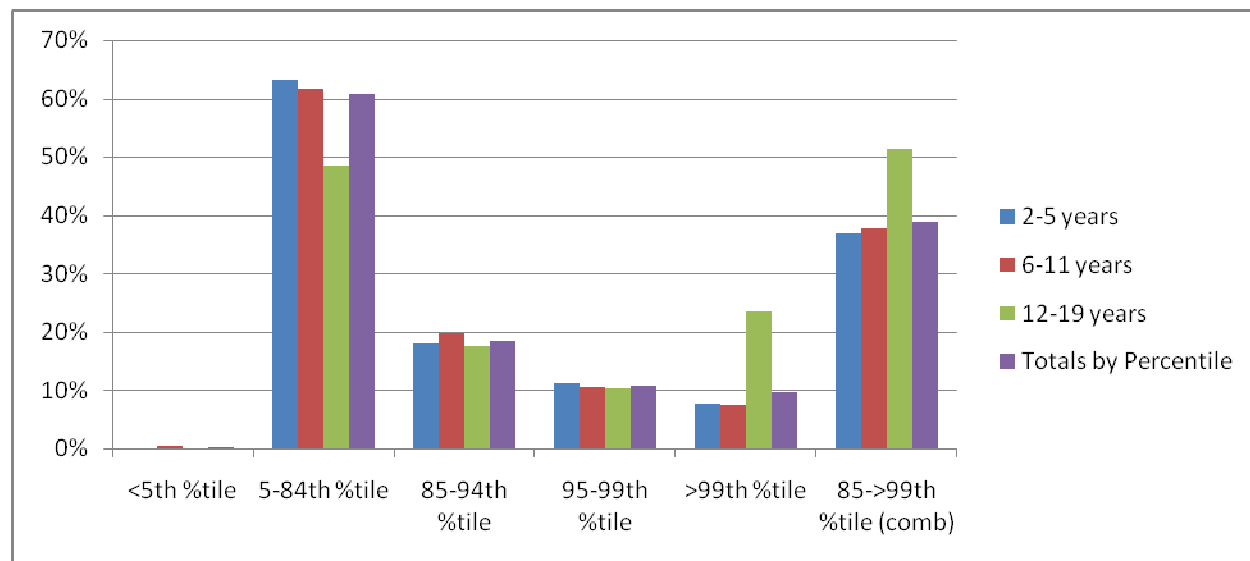
- All Clinic staff will be trained in the epidemiology of obesity and use of “brief negotiations” to involve families in prevention of overweight and obesity

Early on in the project, when the Roseland Children’s Health Center was still under the auspices of the agency, all staff were trained in obesity etiology and clinician staff had been trained in brief negotiations. Subsequent to the merger of the clinic to the Southwest Health Center, trainings continued, both in the form of ‘refreshers’ for previously trained staff, but also as new trainings for new staff as they joined the clinical teams. The understanding that obesity was a critical issue in the community has driven the desire of clinical staff as well as staff of other partner organizations, to have a strong understanding of the causes of obesity, the course it takes when unmitigated by education and behavior change, and the methodologies for intervening with at risk families.

- Clinic will implement system to record BMI at every health maintenance visit and at least annually for all children. By the end of year one a minimum of 1000 children will have had a baseline screening.

This objective was also completed early on in the course of the project. By the end of the second year of the project we had a baseline set of information regarding BMI in the patient population at the Roseland Children’s Health Center. BMI data from three different clinics was collected and was available for analysis.

Base line data collected in Year Three is shown on the following chart:



BMI screenings were subsequently expanded to all clinics and the measurements incorporated as part of each child’s health record. Combined with the training of clinic personnel, this has resulted in an integrated approach, supported by real data, towards addressing the obesity issue on a day-to-day basis.

The following achievements were also met as part of the strategies to achieve Goal 1:

- The Roseland Children’s Health Center pediatrician trained ancillary staff to measure and report BMI to medical practitioners during health maintenance visits and enter these in children’s records to allow practitioners to target prevention interventions.
- Bright Futures guidelines were incorporated into all well-child forms for children ages 4-18, with emphasis on physical activity and nutrition (those for children 0-36 months were modified during the ending HTPC grant project).
- The Roseland Children’s Health Center modified the practice management system in order to systematically track BMI. This information allowed the project to track progress towards the Healthy People 2010 goal on reducing overweight and obesity in children and adolescents.
- Clinical and support staff worked together to design some innovative tools such as prescriptions for exercise, follow-up visits and education with ancillary staff, and breast feeding protocols.

Goal Two

Low-income children will have increased access to health care providers throughout the community with an understanding of the severity and implications of childhood obesity.

The following achievements were met as part of the strategies to achieve Goal 2:

Objectives:

- 25 healthcare providers from a minimum of 5 community clinics received training on obesity etiology, obesity prevention and brief negotiations in order to raise health system awareness and capacity to treat obesity.
- The community clinics agreed to track BMI and to use the “Healthy Eating” Toolkits to address obesity through a preventative approach within the medical setting.
- “Healthy Eating” toolkits were developed by the Sonoma County Family and Nutrition Task Force and placed in the exam rooms of trained health care providers.
- Clinic providers and ancillary staff were trained in BMI tracking, charting, and brief negotiations to provide a living model and place for trial of obesity toolkit.
- Staff were trained to support breastfeeding mothers in order to exclusively breastfeed their infants for the first 6 months of life.
- Each year of the project at least 100 children were enrolled in affordable health insurance programs and connected with medical homes .

Goal Three

Facilitate a community awareness campaign and discussion that improves community access to healthy foods and physical activity in the low-income community.

The following achievements were met as part of the strategies to achieve Goal 3:

Objectives:

- Project staff coordinated its work with other community-wide efforts in order to garner greater collective impact in the form of policies and integrated strategies addressing obesity through improved access to nutritious food. This activity included targeted

advocacy work with school boards to develop and implement policies regarding healthy food and activity, to improve pediatric health.

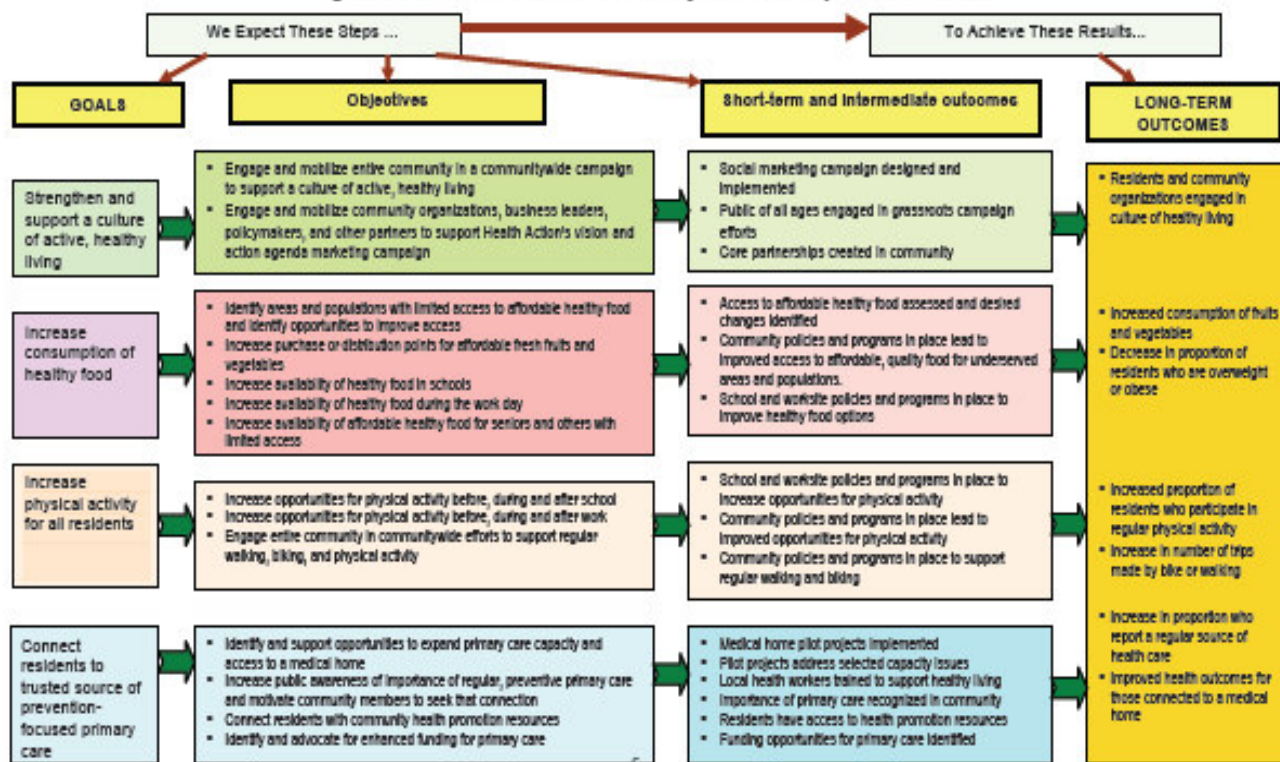
- Project staff played a more active and facilitative role on several key community committees, including but not limited to, the HEAL Advocacy Committee, the CAN-C Steering Committee and the Maternal Child and Adolescent Health Board for Sonoma County.
- A Health Initiative Leaders Training program was launched to mentor community members in the process of advocating for the needs of their community.
- The project also worked with other important community resources for children, such as pre-schools, and after school programs to help them to incorporate better nutrition and increased physical activity into their programs. Accomplishments in this arena included: several local Head Start classes piloted an Active Kids-Active Learners curriculum; a local community parent/child program for three year olds incorporated both healthy nutrition and activity based learning into weekly lessons and homework; several area youth programs were supported in how to modify the snacks and meals offered as part of their during and after-school activities.
- The project worked closely with the HEALTHY EATING ACTIVE LIVING (HEAL) project on 4 key areas of concentrated work: Neighborhood (community engagement), Worksites (employee wellness), Healthcare (clinical providers), and Schools. The community coalition partners, and advisory committee, completed a range of healthy eating and active living projects to address community conditions leading to obesity in the neighborhood, healthcare sector, schools and area businesses.

- “Childhood Obesity and Nutrition” education toolkits were distributed to providers and Promotoras de Salud serving low-income families within the Roseland Children’s Health Center and the Southwest Community Health Center catchment area.

While we view these specific accomplishments as important, our work on this project contributed to a longer term, broader result: community-wide engagement on the issues of healthy eating, nutrition, physical activity, and obesity, and the embedding of this community wide campaign in the most appropriate countywide public system: the County Department of Health Services, under the umbrella of its “Health Action” initiative.

Health Action has expanded its influence and impact over the past year (the final year of our project) exponentially and is evidenced by the comprehensive resources accessible to all community members at the Health Action website. [see <http://sonomahealthaction.org/>] The origin and foundation of this work was laid by Community Action Partnership staff’s development of a logic model for the effort. [see figure below]

Figure 1: Priorities for Action – Goals, Objectives and Expected Outcomes



As reported during our project exit visit conducted on February 8, 2011, the project evolved over time in the following ways:

- Clinical leadership was transferred to the local consortium of Community Clinics
- The project’s public health approaches and strategies were institutionalized within the County Health Department, and
- Community Action Partnership adopted the role of a ‘locally-based, value-driven intermediary’ that would provide input and employ advocacy strategically to help the greater community collaborative of agencies generally, and the more influential public agency partners keep their eyes on the prize, as well as to identify critical gaps that either we could fill or seek other resources to address.

This role had emerged as an agency priority during the year long reorganization that coincided with the final year of the Healthy Tomorrow’s project. This reorganization evolved from the following rationale:

- Over the years, traditional public health and non-profit service delivery approaches had not successfully nor significantly effected the fundamental gaps and disparities -- whether they be ‘economic,’ ‘educational achievement,’ or as in the case of the Healthy Tomorrows initiative, ‘health,’ -- that faced our disadvantaged communities.
- The economic downturn had at the same time decreased funding; increased local competition for scant public and philanthropic resources.

The reorganization was the agency’s response to these factors and was actualized by our adoption of the following approaches to our work:

- As a mission, moving beyond poverty “maintenance.”
- Adopting a new “Theory of Change” that included the ‘locally-based intermediary’ role.
- Moving from “6 Divisions” to a single “Healthy Communities” Department recognizing the interrelationships among economic, education, and health issues.
- Investing in strategic partnerships to broaden our impact, and
- Identifying critical gaps where we can provide leadership.

The implications of this for this Healthy Tomorrow’s project were profound and resulted in what we view as its greatest success: the evolution of the Healthy Tomorrow’s agenda into a community wide agenda, institutionalized in a public agency (the Department of Health Services), and actualized in a public campaign under the auspices of Health Action.

6 FUTURE PLANS/SUSTAINABILITY

Our future plans include continued participation with Health Action on our health agenda, but in addition we plan to:

- Pilot and evaluate alternative culturally tailored education strategies
- Track obesity/anemia community indicators
- Continue participation on health and nutrition collaboratives with eye towards:
 - identifying gaps
 - supporting rigorous data analysis
- Identify capacity building opportunities