

## **HEALTH PRIORITY / IMPROVE NUTRITION AND PHYSICAL ACTIVITY**

**R6: Prevent obesity through improved nutrition and physical activity.**

**R7: Increase prevalence and duration of breastfeeding.**

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### **Results**

**R6:** Prevent obesity through improved nutrition and physical activity.

“The Commission recognizes the importance of healthy eating habits and physical activity in the prevention of childhood obesity and the impact on a child’s overall healthy development and ability to learn.”<sup>1</sup>

**R7:** Increase prevalence and duration of breastfeeding.

“The Commission recognizes the impact of breastfeeding on early child health, development and attachment and how this benefits both the child and the mother/family. For this reason the Commission added this specific and targeted result area.”<sup>2</sup>

### **Community Assessment**

Sacramento County is ranked 31<sup>st</sup> in the state for exclusive breastfeeding: 81.7% for any breastfeeding and 55.9% percent for exclusive breastfeeding.<sup>3</sup>

The only publicly available data related to obesity in children come from the CHIS which contains data on children considered overweight for their age. Estimates for 2003 and 2005 suggest that while the problem of overweight/obesity has declined for children ages 5-11, it is on the rise for children ages 0-4 in Sacramento County. These estimates are reported as statistically unstable for children ages 0-4 in Sacramento County but should be taken into consideration. In particular, these estimates suggest that the percentage of children ages 0-4 who are overweight for their age in Sacramento County has surpassed California overall.<sup>4</sup>

### **Target Population**

All expectant and post-partum women and children ages zero to five in Sacramento County for breastfeeding support services.

All children ages one to five for nutrition education and physical activity programs and Tot Lots.

### **Background and Best Practices and Promising Practices**

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months and continued breastfeeding for up to at least a year with the gradual introduction of solids. The World Health Organization expands this recommendation

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<sup>1</sup> Ibid.

<sup>2</sup> Source: First 5 Sacramento Commission, 2009 Strategic Plan Update For Fiscal Years 2010-2015

<sup>3</sup> California WIC Association and the UC Davis Human Lactation Center, *Reducing Obesity from the Start: California Hospitals Must Increase Exclusive Breastfeeding Rate*, 2008.

<sup>4</sup> Walter R. McDonald and Associates, Inc. Aug.15 2008 Trends Report

to include continued breastfeeding for at least two years. Many risks are associated with not breastfeeding, including: obesity, asthma, allergies and decreased cognitive development.<sup>5</sup>

Breastfeeding provides antibodies to help babies fight viruses and bacteria; it has been correlated to decreased risks for obesity and Sudden Infant Death Syndrome.<sup>6</sup>

Statewide, only 43 % of new mothers initiate exclusive breastfeeding while in the hospital, with African American and Latino mothers least likely to begin exclusive breastfeeding in the hospital (43% and 32%, respectively.)<sup>7</sup>

According to Children Now: California Report Card '09, approximately one in 12 preschool-age children is overweight. Moreover, overweight children are five times more likely to be overweight at the age of 12, and 50 percent to 80 percent of overweight children and teens are much more likely to be overweight adults.<sup>8</sup>

The built environment, or man-made structure and infrastructures, have a significant impact on the health of people living in a community. For example, Californians are four times more likely to find fast food restaurants than they are to find a grocery store or produce store in their neighborhood, limiting access to fresh fruits and vegetables while increasing access to high calorie foods that are low in nutritional value.<sup>9</sup>

A study in the January 2009 issue of *Medicine and Science in Sports and Exercise* finds that children's activity levels begin to dip between ages three and five, suggesting that early interventions are needed to effectively address the childhood obesity epidemic, Reuter's reports. The researcher recommend that physical activity be encouraged at a young age, both to establish healthy behaviors and to harness a child's natural desire to be active. In addition, they recommend that parents engage in physical activity with their children and impose limits on television and screen time.<sup>10</sup>

In the 2007 to 2010 funding cycle, the Commission released three rounds of funding to build Tot Lots in Sacramento County (First 5 Sacramento Tot Lot Locations Map: Appendix). These Tot Lots will be insured and maintained for fifteen years.

## Implementation Strategies

**Strategy 1:** Contact mothers at high risk of discontinuation to offer lactation support within 72 hours of hospital discharge and provide referral to lactation support to all breastfeeding mothers upon hospital discharge.

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<sup>5</sup> Sacramento County Children's Report Card 2008

<sup>6</sup> *California Report Card '09, Setting the Agenda for Children*, Children Now.

<sup>7</sup> Ibid.

<sup>8</sup> Partnerships for America's Economic Success, *Early Childhood Health Problems and Prevention Strategies: Costs and Benefits* (Washington DC: Partnerships for America's Economic Success, 2008).

<sup>9</sup> California Center for Public Advocacy, *Searching for Healthy Food: The Food Landscape in California Cities and Counties*. (Sacramento, CA: California Center for Public Advocacy, 2007).

<sup>10</sup> Norton, Reuters, 1/12/09; Taylor et. al, *Medicine and Science in Sports and Exercise*, January 2009.

**Strategy 2:** Encourage continuation of breastfeeding through one year of age by funding lactation consultant services and supports.

**Strategy 3:** Require that all First 5 Sacramento funded contractors that provide direct services to parents, screen and refer, if indicated, pregnant women and families with newborns to certified lactation support services.

**Strategy 4:** Continue to encourage Sacramento County hospitals to adopt policies conducive to the initiation and continuation of breastfeeding and to complete the “Baby Friendly USA” certification.

**Strategy 5:** Assure access to high quality community programs that provide parent and caregiver education on early childhood nutrition, healthy food access and physical activity.

**Strategy 6:** Build infrastructure projects such as Tot Lots and other play equipment with nutritional themes in safe, healthy environments.

### **Funding Process**

The funding process will be through the release RFAs beginning in September 2009 through December 2010.

### **Proposed Funding Allocation**

The funding allocation over the five year cycle is \$8,611,622.

### **Funding Timeframe**

The Implementation Plans will be implemented through the Fiscal Years 2010/11 – 2014/15 funding cycle and the Commission investment for that funding cycle will begin on July 1, 2010, for a three year term with a possible two year extension upon review.

### **Implementation Plan Summary**

A chart is provided on the next page that summarizes timelines, key strategies, outcomes, indicators, fiscal resources and identifies who is responsible for implementation of the plan.

### **Subsequent Changes**

On May 2, 2011, the Commission reduced funding by 25% to Strategies 1 and 2 of the Implementation Plan, resulting in a reduction of breastfeeding support services provided by the DHHS Women, Infant, and Children (WIC) program for Fiscal Years 2011-12 through 2014-15. In addition, the Commission reduced funding by 50% to Strategy 5 for Fiscal Year 2011-12 and discontinued funding thereafter for services provided by Health Education Council. Strategy 6, Tot Lots was also discontinued, and the funding for these projects will not be released in Fiscal Year 2013. These reductions were necessary based on state budget actions.