

**City of Columbus Early Childhood Obesity Prevention Coalition**  
Steering Committee                      \_\_\_\_\_ Working Group 1  
\_\_\_\_\_ Working Group 2                        X   Full Coalition

Date: February 28, 2012                      Time: 10:00 am – 11:30 am

Location:                      Columbus Public Health  
                                         Meeting Room 119E  
                                         240 Parsons Ave.  
                                         Columbus, Ohio 43215

**Facilitator:** Autumn Trombetta, Columbus Public Health

**Attendees:** Dawn Sweet (WIC), Anita Ba (ACHIEVE CHART), Sherry Liu (OSU CPH/PRC), Barb Seckler (CPH/Institute for Active Living), Andrea Lourie (NCH, Center for Healthy Weight and Nutrition), Jackie Broderick-Patton (CCS), Esther Gillett (WIC), Bobbi Shannon (YMCA), Karen Dorman (CHA), Shelby Sutphen (CHA), Cheryl Graffagnino (CPH), Carol Smathers (OSU CPH/PRC), Grace Kolliesuah (CPH-Caring for 2), Ali Segna (CPH HCHW), Jen Goodwin (CPH Creating Healthy Communities), Sheri Sheterom (CPH-Caring for 2), Vedette Gavin (Community Health Fellow, Case Center for Reducing Health Disparities), Janeen Leori (Case Center for Reducing Health Disparities), Doug Wolf (NCH), Allyse Engelder (CPH HCHW CDC Associate)

**Meeting at-a-glance:**

- Program Updates
- Presentation by Vedette Gavin- Case Center for Reducing Health Disparities
- Columbus City School BMI Data
- Announcements

**Meeting Outcomes:**

- The coalition took away several ideas from Vedette’s presentation to apply to ACHIEVE and various coalition activities
- The coalition learned more about the overweight and obesity trends in Columbus City Schools
- Letter of Recognition nomination forms were passed out at the meeting
- Coalition members will present on their organizations at future Coalition meetings

**Next Steps:**

- Next meeting: Tuesday March 27, 2012 10:00am -11:30am at Columbus Public Health, Room 119E.
- Healthy Prenatal Subgroup meetings with Capital University Nursing students on Thursdays, from 10:30 to 11:30 in room 119A

### **Agenda Item 1: Program Updates**

- Andrea Lourie: new to the coalition, works at NCH's Center for Healthy Weight & Nutrition, doing a research project there.
- Barb-Institute for Active Living, brought Get Active Columbus cards with art walk program on the back to the meeting for coalition members to take. Sent box around with sheet. Welcomed the coalition to collaborate and put new content on website to help other programs. July 13, 2012 6:30 pm is Bike Columbus. There will be activities for young kids from 3-5 pm, bike rodeo, trikes, COSI. This is the first year that they are gearing activities toward younger children, however, keeping long bike ride to older kids and adults. This is a fundraiser for Institute for Active Living, cost is \$25 per ticket
- Janeen Leori: Pediatric dietician, working in research evaluation
- Vedette Gavin: formerly of CPH, works in Cleveland, Healthy Eating and Active Living
- Cheryl Graffagnino: Works on Coalition and works on ACHIEVE. CHART team is working to plan Action Institute. Developing an opportunity to share PSE with a wide group of organizations, but also develop a process for community engagement and show them how they can use policy to solve problems with obesity in pregnant women and children. Mark April 27 for this event-slight setback of bookkeeping issues at federal level. Cannot get contract approved, so cannot yet get funding for the event. Getting feedback. Supposed to be approved in October, then in December, now has been pushed back to March.
- Bike Columbus is a perfect example of synergy of coalition that they will have activities for young children as well as older children.
- Autumn: nominating Columbus Public Library's Ready to Read program because they selected books on physical activity and nutrition. Had copies of letter of recognition nomination form for coalition members to take. Went over announcements on agenda.

### **Agenda Item 2: Case Center for Reducing Health Disparities-Vedette Gavin**

1. Healthy Eating and Active Living Mission-improve the health of the Buckeye, Larchmere and Woodland Hills community by making healthy eating and active living a part of the culture and everyday living in the neighborhood. Making those things options in the community.
2. Program focuses on one specific neighborhood and use a model of a tree
  - a. **Buckeyes** are residents living a healthy lifestyle as a result of having access to resources and living in a healthy neighborhood
  - b. **Branches** are ways that resources are spread through neighborhood (housing, safety, education, businesses, etc.)
  - c. **Roots** are organizations that create or bring healthy neighborhood features into a community
  - d. **Water** is neighborhood features that create a healthy environment that provides options for healthy lifestyle choices.
    - i. Features exist at the county or city level, but do not penetrate deeply enough into the neighborhoods.
3. Strategic planning process
  - a. Advisory Council-70% are residents and community members
  - b. Stage one was to assess the community-both the people and the place, and how the two interact.
    - i. **People**-Used focus groups, made sure those focus groups were representative of the community (youth, seniors, childcare centers, and public housing) also included three neighborhoods within the neighborhood. Collective visioning session with 400 people reviewing values, beliefs and priorities.
    - ii. **Place**-food environment, active living features, programs, gardens, markets, parks. Resource utilization to see if residents knew about these resources.
  - c. Stage two was to identify strategic planning areas
    - i. Created map of food resources and also map of active living.
    - ii. Merged all of this information to create areas of opportunity.
  - d. Stage three, develop strategic plan, including the following priorities:
    - i. Accessible affordable healthy food

- ii. Communication and awareness
  - iii. Intra- and inter-connected communities
  - iv. Healthy and safe community gathering spaces
  - v. Opportunities for active living that build relationships
  - vi. Opportunities to learn and practice healthy living skills.
4. **Example:** exercising with others, especially when safety is a concern, looked back at focus groups.
- Needed:*
- a. Designated places and space for exercise
  - b. Facilities open year round
  - c. Activities that are social and family friendly
  - d. Safe spaces, both physically and perceived (drop-out rate astronomical because kids after 8th grade do not want to cross neighborhoods where gang activity is prevalent to go to school, no walking)
  - e. Affordable
  - f. *Community identified assets:* 15 community parks, 4 community spaces, current indoor activity was at capacity.
  - g. *Goal:* Create, promote opportunities for active living that build community
    - i. Free outdoor summer exercise series
    - ii. 12 weeks, 8 activities, 3 locations, volunteer instructors
    - iii. Over 400 regular participants.
    - iv. Encouraged instructors to participate through the idea of creating clientele, most instructors were community residents, residents were coming with people.
    - v. Began to find hubs in community, those who were a trusted source of information, tracked social networks.
5. Community
- a. Lots of movement within the same zip code-renters, doubles, with separation from public housing, dilapidated housing.
  - b. Community Development Center itself had newsletter that was only sent to perceived safe area of community, because the center thought those residents would be the only ones that would read it
  - c. Want to retain sense of community but allow them access to the same resources
  - d. Created electronic information hubs at library, rec center, etc.
  - e. Also found people who were hubs of information in the community.
  - f. Residents find information on health on accident, not because they are purposely looking for it. Allow them access to information where they are doing something else-barber shop apples and fruit, day care wants garden- consistently branded and labeled as Healthy Eating and Active Living
  - g. People feel safe when they know the people they are around, regardless of reputation, utilizing preexisting locations to create these safe areas to gather.
6. Q & A
- a. Barb-safety issue, was there any evaluation on perception of safety in areas where the programs were? Evaluation was whether people brought children or elderly parents or people from out of the neighborhood, and those things were happening. People began coming to park.
    - i. Janeen: Vedette has jumped over hurdles to spend money in the neighborhood in a very intentional way, despite restrictions of being attached to a hospital.
    - ii. Vedette uses "Principles of Engagement"-engage to empower and engage, never just to learn from community. Sometimes have to compromise process, evaluation and metrics in order to create real change. Sometimes have to get creative. Replicable, and didn't have to go through IRB and get informed consent, etc. Used the same supplies every time simply to create space. Rule is 60% of funds go into community. Created pass-through fund at CDC, who turned around and hired a neighborhood resident with a truck. **When people create something for themselves, they want to protect it.**

- b. Carol: How did the Advisory Board form?
  - i. Advisory board was originally the figureheads of community organizations within community, but Vedette changed everything. Had meetings with those people, eliminated people who couldn't come to meetings and asked for names of people who were engaged, then asked *them* for names for people who weren't busy.
  - ii. Community advisors stamp their approval on everything. Need to replace themselves on advisory board if they find another area of interest. Freedom of grant allows community residents decide for themselves, want to be healthy and make good choices. **Empower, not inform.**
  - iii. All sit on general advisory council, which meets quarterly and doesn't meet for any reason. Work groups meet once a month.
- c. Karen: How did you engage home care providers?
  - i. Engaging in come care providers-agency called Starting Point identified and gave them data about community assets child care centers were the highest type of business in the community. Sent a letter to invite child care center directors to Visioning Session. Set out specific resources for them to get connected with, which confirmed community members' belief that this group was going to do what they say they were going to do. Community members then brought in others that didn't come the first time.
- d. Grace: How does group connect with politicians to create policy and sustainability?
  - i. There is a community development process ongoing, simply inserted this information into that process. Healthy Cleveland Ordinance-created last year, best practices that can easily be implemented, goals are: community garden present in every community, walkability, bike ability, all city property is smoke free. However, missing drill down into the community. Simply the first big step.
  - ii. Barb: Columbus can't do ban on trans-fat but can use the rest of ordinance as an example.
  - iii. **Fight to keep community voice and community vision intact.**
- e. Autumn: Tell us more about the information kiosks
  - i. Electronic, touch screen, located at community center, library, third location TBD. Money from foundation, tracking users? Still in development. Did outline of information, designed to be a community portal. Take information from website and put it into kiosks, community history, development, resources. May be applicable to Community Development for All People. Idea came from community for information accessibility. Library maintains and manages kiosk content.
  - ii. Advisory Council approves all HEAL materials, strategically placed one outdoor activity in each neighborhood. Placed relevant activities in each neighborhood, once people got involved in activities, would cross over and try other activities. Paid community residents only 10 or 20 bucks a week to set up outdoor events. Series ended up in the newspaper without press releases.

**Agenda Item 3: Columbus City School BMI Data-Doug Wolf**

- 1. Prevalence of overweight/obesity in CCS and kindergarten
  - a. Prevalence of obesity is similar, broke down into catchment area where NCH/ACHIEVE focus
  - b. Overall trend is down in overweight, trend upwards in healthy weight, which may be result of school district changing environment/policies. Less obese kids and less overweight kids in 05, 06 and 07. Positive things are happening. Weight measurements are happening in the first two months of kindergarten, which is the goal of ECOP and the Plan. (Children are entering kindergarten at a healthy weight.)
  - c. Discussion of 2007/2008 jump in overweight and obesity. Not a measurement issue because calculation has been same-issue with decimal discrepancy with CDC, but was accounted for. Could be change in nation's mentality toward obesity prevention, and working hard to combat that.