



Children & Families
Commission of Orange County

Agenda Item No. 8
October 3, 2007 Meeting

DATE: August 13, 2007

TO: Children and Families Commission of Orange County

FROM: Michael M. Ruane, Executive Director

SUBJECT: Childhood Obesity Prevention/ Healthy Nutrition Workshop

SUMMARY:

The first of three scheduled workshops in Commission priority areas will take place immediately following the Commission meeting.

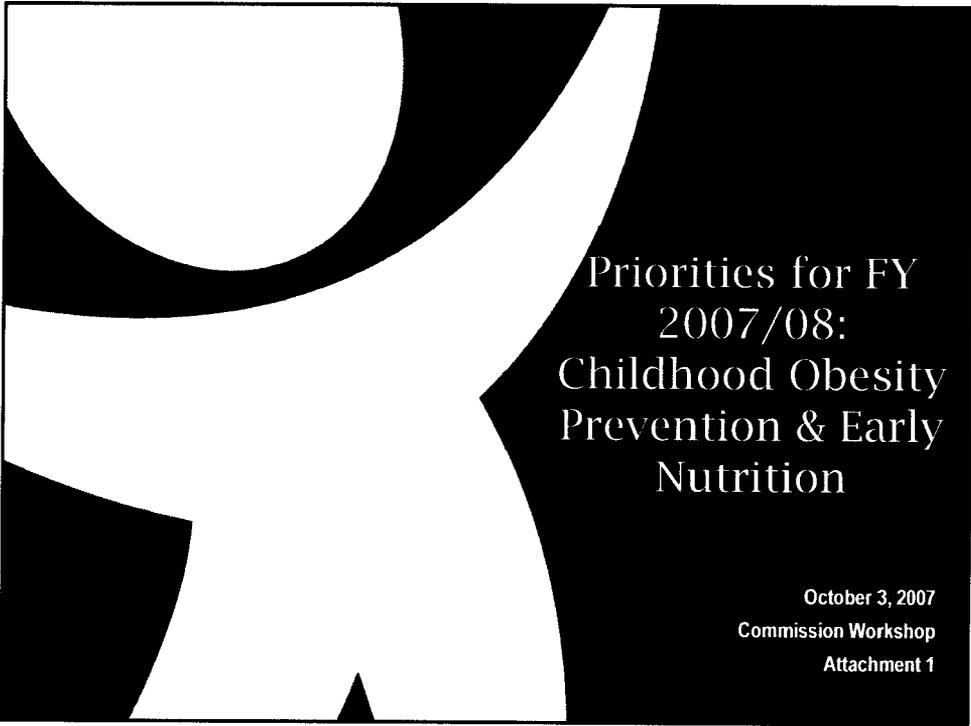
The intention of the workshop is to discuss relevant research and existing community efforts in the area of childhood obesity prevention and conclude with a potential action plan.

The next workshops are scheduled on the following dates:

Proposed Date	Topic Area
January 2, 2008	Services to Homeless Children
Spring, 2008	Developmental Delays- Speech and Language

Enclosed are:

1. Childhood Obesity Prevention & Early Nutrition Presentation
2. Recent Publication on breast feeding rates in California -*Reducing Obesity from the Start*
3. Background information on the planned Santa Ana YMCA Facility



Priorities for FY 2007/08: Childhood Obesity Prevention & Early Nutrition

October 3, 2007
Commission Workshop
Attachment 1

Recap from September Meeting

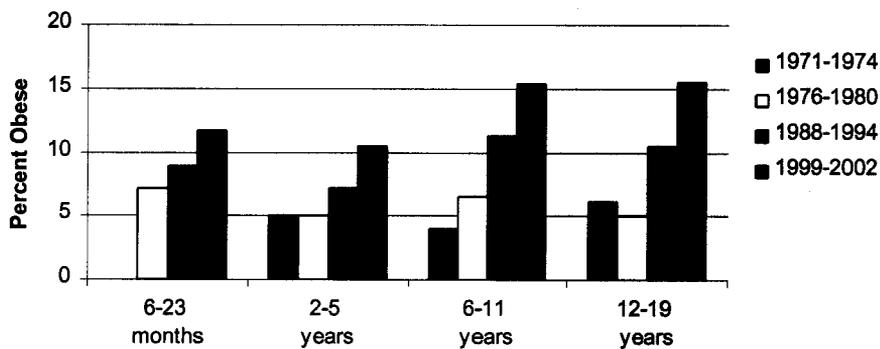
- Three priority areas identified for Commission Workshop sessions in FY 07/08:
 - Childhood Obesity Prevention – October, 2007
 - Homeless Children – January, 2008
 - Speech and Language Delays – Spring, 2008
- Opportunity to address one-time or initial investments in priority areas while outside strategic assessment by The Bridgespan Group is underway.

Session Objectives

- Understand scope and prevalence of child obesity in Orange County
- Review current Commission investments and opportunity to further leverage investments
- Review emerging prevention opportunities

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National Increases in Childhood Obesity



Source: National Health and Nutrition Examination Survey (NHNES) I, NHNES II, NHNES III and NHNES.
 These data are for children at or above the 95th percentile of BMI for age and gender.

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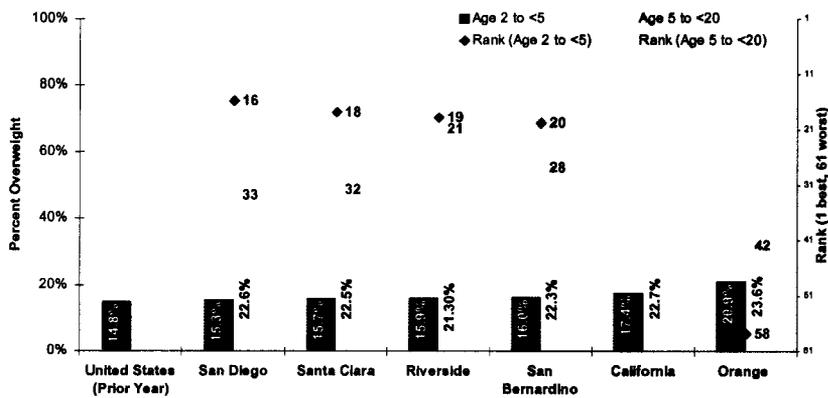
Increase in Childhood Obesity

- Since 1980, the prevalence of being overweight among children and adolescents has doubled among 12 to 19 year olds, and tripled among 6 to 11 year olds.
- Type 2 diabetes, once rare in children, is estimated to be 30 to 50% of all pediatric diabetes diagnoses. 12,000 California teenagers have been diagnosed with diabetes but the rates are likely much higher as Type 2 diabetes is "silent" in its earliest stages.
- Children and adolescents who are overweight are more likely to remain so as adults, with an estimated 75% of overweight adolescents being obese as young adults.
- Childhood obesity is the result of a variety of factors—individual, social, and environmental, including:
 - Greater consumption of soft drinks and high-fat, high-calorie foods
 - More time spent in sedentary activities, including watching television
 - Inadequate school physical education programs
 - Limited access in many neighborhoods to healthy foods and safe places to be physically active.

4 Source: Center for Public Health Advocacy Policy Brief No. 4 August 2005



Percent and Rank of Overweight Youth County Comparison, 2005

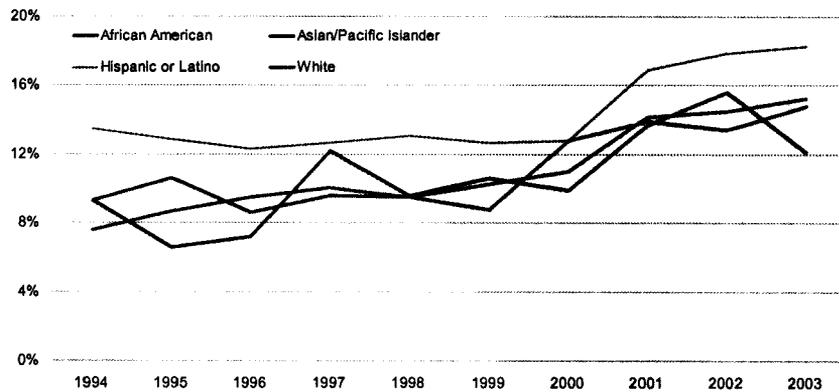


OC has the highest proportion of overweight children ages 2-5 when compared to CA, the Nation and our California peer counties (20.9%).

5 Source: PedNSS. Children served by the Children Health and Disability Program (lower income children).



Overweight Among Orange County Children Ages 2 to 5 by Race/ Ethnicity, 1994-2003



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Current Commission Investments

- **Sesame Street: The Body**
 - Interactive Traveling Exhibit hosted at Discovery from February 2 – September 9, 2007
 - Set attendance records
 - Evaluation of exhibit's impact on families with children 0-5 currently being conducted
 - Commission Investment: \$375,000

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Current Commission Investments

- **Sesame Workshop Outreach Materials**
 - Bilingual Binder of Resource Materials in English and Spanish includes:
 - Activities
 - Healthy Nutrition
 - Interactive DVD
 - Timeline Launch date Fall 2007
 - Distribution Strategy
 - 2500 Healthy Habits kits ordered; 5,000 caregiver/parent guides
 - Link distribution with existing Commission programs and KCET outreach programs
 - Focusing on Family and Center based Child care programs targeting 2-5 year olds and their families
- Commission Investment: \$95,448 to Sesame Workshop

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Current Investments

- **LEAN Start Program with 10 Boys & Girls Club 10 Boys and Girls Clubs Targeting 2000 families with children 2-5**
 - 6 week curriculum
 - 90 minute session every week
 - 5 key concepts for parents/caregivers
 - Traffic Light Eating & Portions
 - Importance of Breakfast & Whole Grains
 - Fruits and Veggies
 - The Skinny on Fats
 - Proteins and Play
- Commission Investment: Recommended FY 07/08 \$220,000
- Prior contributions (including curriculum development) \$505,000

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Presenters

- Dr. Dan Cooper, UCIMC
 - Provide national public health perspective on effective strategies to increase physical activity among children and any lessons learned from school partnerships
- Arlene Turner, Commission Consultant
 - Provide perspective on local community based resources for families with young children.
- Dr. Patrica Reba, Community Care Health Centers
 - Provide overview of current health and nutrition program at pediatric clinic.

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Emerging Opportunities

- Commission partners are working to develop innovative strategies to promote early nutrition and physical activity
 - Outreach to New Parents
 - Breastfeeding Promotion
 - Health & Nutrition – MacDonald Franchises
 - New YMC Facility / Programs

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Outreach to New Parents

- The program will provide parenting information, at the right stages of a child's development, through multiple communications targeting expectant parents and parents with young children.
 - Evaluate current touch points (prenatal, at-birth, post-birth, well-child visits).
 - Analyze current pieces that are being delivered (Kit for New Parents, Kid Builders, etc.).
 - Provide recommendations on a program to serve the parenting needs of OC families.
- Commission can utilize current agreement with Meredith Corporation and their expertise as a national magazine publisher (including American Baby and Parenting); and their extensive data base of healthcare providers, Ob/GYNs and child birth educators to develop and implement a comprehensive parent educational program.

Funding: Initial effort included in Meredith Corporation partnership agreement.

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Breastfeeding Promotion

- Commission partners are working to develop innovative strategies to promote early nutrition and physical activity including support for breastfeeding.
 - The Commission's Breastfeeding Initiative offers breastfeeding training for staff, increased availability of community Breastfeeding classes, support groups for families in community based locations, support for hospitals to establish policies in accordance with Baby Friendly status, and other coordinative efforts to influence the culture of breastfeeding.
 - The Initiative works through the Bridges network of providers including hospitals, family resource centers, home visitors, public health nurses.
 - Key partners include the American Academy of Pediatrics, Perinatal Council and the Orange County Breastfeeding Coalition.
- This ongoing program may be enhanced through greater communication/marketing efforts (i.e. Meredith Corporation)

Funding: Included in Bridges for Newborns Program and Meredith Partnership.

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Emerging Opportunities

- YMCA Orange County- New Campus
 - New Facility in Central Orange County
 - Could be serve as a hub of health services and recreation opportunities including
 - Aquatics Center and Programs
 - Classroom or meeting space for health education
 - Athletic programs, including rack and fitness
 - YMCA OC is sponsor of OC In Motion, countywide collaborative promoting physical activity and nutrition, which includes commission.

Funding: Currently not funded by Commission. Funding request up to \$6 million (one-time).

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Emerging Opportunities

- Partnership with southern California McDonald's Franchise owners.
 - Outreach to Orange County Pediatricians including Continuing Medical Education opportunities, grand rounds, and education materials for parents. Support pediatrician(s) to provide community education
 - Outreach in partnership with Boys and Girls Clubs promoting nutrition and literacy

Funding: Not determined at this time but expected to be minimal (may be covered by existing funding agreements)

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Emerging Opportunities

- Funding for the future consideration of the Homeless Children and Speech and Language Delay priorities is available under Strong Families/Homeless Prevention and Healthy Children funding categories.
- The medical Administrative Activities (MAA) federal reimbursement revenues were earmarked for one-time pandemic flu preparedness, capacity building, administrative and childhood obesity prevention projects. At the present time the following amounts are available for allocation to childhood obesity prevention:
 - \$2,400,000 – Current MAA Funds
 - \$500,000 – FY 07/08 MAA Revenues (from prior claim)
 - \$200,000 – Capacity Building Grant Set-aside
 - \$3,100,000**
- Should your Commission approve a higher funding amount for the YMCA Project, the balance of the amount up to \$6 million would be comprised of foundation grants, outside matching funds and restructured funding agreements with community partners.

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Next Steps

- Based upon Commission direction, return with funding agreements and action plans for all of the projects presented at the workshop.
- Develop a timeline for implementation and review of progress.

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Reducing Obesity from the Start: **California Hospitals Must Increase Exclusive Breastfeeding Rates**

Preventing obesity should start as early as the day a child is born.



Childhood overweight is an urgent health crisis in California. More than 400,000 children under six years old are overweight, and this number continues to increase dramatically.¹ Overweight children are more vulnerable to a host of chronic problems that, until recently, were seen only in adults, such as weight-related diabetes and joint problems, high blood pressure, and high cholesterol.²

There is a great deal of concern about childhood overweight around the country, and many programs have been set up to address the problem. Interventions typically target school-age children, but prevention should start much earlier, as early as the day a child is born.

A POLICY BRIEF ON CALIFORNIA BREASTFEEDING AND HOSPITAL PERFORMANCE

Produced by the California WIC Association and the UC Davis Human Lactation Center

BREASTFEEDING IS THE FIRST STEP IN PREVENTING CHILDHOOD OVERWEIGHT

Breastfeeding is recognized by policy makers and physicians as the first step in preventing childhood overweight. Breast milk provides infants with all the nutrients they need as well as elements that promote growth and a healthy immune system.³ According to the American Academy of Pediatrics, breastfed infants may be less likely than bottle-fed infants to become overweight as children or obese as adults.⁴ Children who are exclusively breastfed for at least the first few months of life have the lowest risk for becoming overweight.^{5,6}

Exclusive breastfeeding: The infant receives only breast milk, no other food or fluid.



BREASTFEEDING RATES IN CALIFORNIA HOSPITALS MUST INCREASE

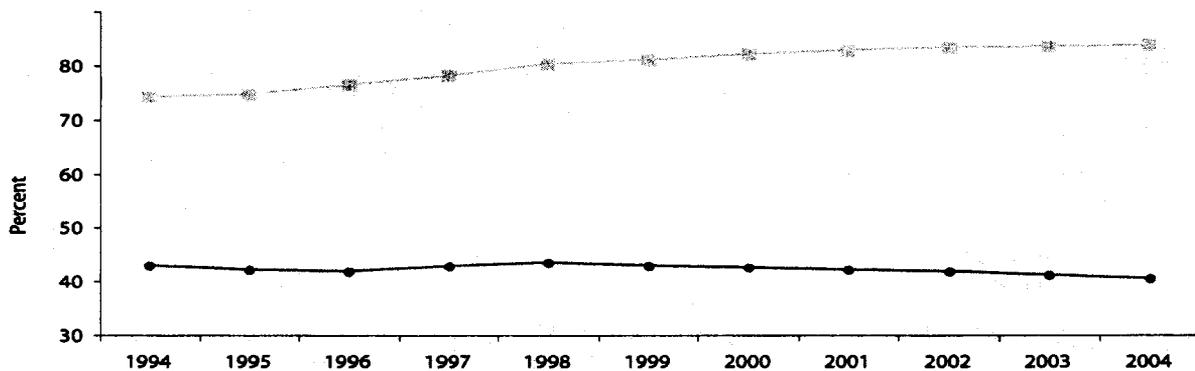
More than 83 percent of California mothers make the important decision to breastfeed their infants, but only 40.5 percent of these mothers are breastfeeding exclusively—that is, breast milk is their baby's only food when they leave the hospital.⁷ Yet exclusive breastfeeding is the healthiest way to feed new babies. A host of international health organizations—including the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, Academy of Breastfeeding Medicine, World Health Organization, and United Nations Children's Fund—recommend exclusive breastfeeding for the first six months of life.

The rate of women in California who exclusively breastfeed their infants in the hospital has been virtually stagnant since 1994, even though more women are breastfeeding each year (Figure 1).

Exclusive breastfeeding rates vary widely from county to county. The highest rates tend to be in mountain and coastal counties; the lowest rates are in the Central Valley and Southern California (Table 1).

Given the proven importance of exclusive breastfeeding, increasing the percentage of women breastfeeding their babies exclusively has become a priority for the California Department of Health Services.

Figure 1: California In-Hospital Breastfeeding Rates, 1994 - 2004 — ANY — EXCLUSIVE



Data Source: California Department of Health Services Genetic Disease Branch, Newborn Screening Data, 2004

Table 1. California County In-Hospital Breastfeeding Rates, Lowest to Highest Exclusive Breastfeeding Rates

RANK	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE
50	IMPERIAL	2,606	79.8	5.3
49	TULARE	6,725	79.2	22.5
48	KERN	12,221	79.0	22.9
47	LOS ANGELES	154,054	80.8	23.8
46	SAN BENITO	570	88.4	23.9
45	MADERA	2,369	64.1	24.9
44	ORANGE	47,406	83.2	26.2
43	KINGS	1,745	68.1	27.0
42	MERCED	3,077	85.6	28.1
41	SAN JOAQUIN	9,683	81.8	28.9
40	SAN BERNARDINO	25,399	78.2	30.8
39	FRESNO	15,584	86.2	35.6
38	SUTTER	2,003	79.8	37.4
37	STANISLAUS	8,942	81.9	39.8
36	VENTURA	10,794	88.2	41.9
35	RIVERSIDE	24,176	80.8	44.3
34	MONTEREY	6,729	91.6	50.6
33	LAKE	455	86.2	54.3
32	AMADOR	130	89.2	54.6
31	SACRAMENTO	22,740	81.7	55.9
30	TUOLUMNE	490	92.0	57.1
29	SAN DIEGO	41,523	88.8	57.5
28	SANTA CLARA	30,962	86.4	58.5
27	INYO	191	92.2	58.6
26	SOLANO	5,141	85.3	59.4
25	CONTRA COSTA	11,490	88.6	59.9
24	SANTA BARBARA	6,033	92.2	60.7
23	DEL NORTE	309	91.3	61.5
22	SANTA CRUZ	3,651	93.4	62.2
21	EL DORADO	1,061	90.2	62.8
20	PLACER	1,806	92.7	63.6
19	HUMBOLDT	1,387	91.3	64.2
18	SISKIYOU	312	87.2	65.1
17	YOLO	1,852	92.0	65.6
16	BUTTE	2,660	87.6	66.1
15	TEHAMA	603	89.6	66.7
14	SAN FRANCISCO	12,308	89.2	69.3
13	SONOMA	5,811	94.0	69.7
12	SAN LUIS OBISPO	2,693	91.2	69.8
11	ALAMEDA	20,975	87.6	70.1
10	SAN MATEO	5,335	95.4	70.5
9	NAPA	1,098	92.7	71.2
8	MENDOCINO	975	92.7	73.7
7	LASSEN	238	87.8	74.0
6	MONO	146	95.9	75.3
5	MODOC	41	87.8	75.6
4	NEVADA	881	96.3	79.7
3	SHASTA	1,932	91.3	85.5
2	PLUMAS	87	96.6	93.1
1	MARIN	1,804	96.1	95.5

Note: Eight counties had too few births with known type of feeding to report: *Alpine, Calaveras, Colusa, Glenn, Mariposa, Sierra, Trinity, Yuba.*

Data Source: California Department of Health Services Genetic Disease Branch, Newborn Screening Data, 2004



A POLICY BRIEF ON CALIFORNIA BREASTFEEDING AND HOSPITAL PERFORMANCE

HOSPITAL POLICIES MATTER

Hospital policies have an enormous impact on the decisions mothers make about infant feeding.^{8,9,10} Although breastfeeding is a natural process, new mothers and babies need education and support to get feedings off to a good start. In 2002, WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) surveyed California hospitals to learn how their breastfeeding practices and policies related to their breastfeeding rates.¹¹ In that survey, there was a strong correlation between good practices (like the Ten Steps to Successful Breastfeeding promoted by WHO and Unicef, see Figure 2) and higher rates of breastfeeding. Conversely, hospitals without such policies were much more likely to have very low rates of breastfeeding. For example, many hospitals lack enough trained staff to give mothers the help they need after giving birth.



Figure 2: The Ten Steps to Successful Breastfeeding

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in" – allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Data Source: Protecting, promoting, and supporting breastfeeding: the special role of maternity services, a joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.

Other practices that interfere with a mother's decision to breastfeed are shown in Table 2. Several studies have shown hospital practices such as separating mothers from their babies, delaying the first feeding, and giving formula to every mother (even those who have told hospital staff that they want to breastfeed) can prevent mothers from carrying out their decision to breastfeed their infants.^{8,9,10}

Table 2. Hospital Policies or Practices that Discourage Exclusive Breastfeeding

POLICY/PRACTICE THAT DISCOURAGES EXCLUSIVE BREASTFEEDING	% CALIFORNIA HOSPITALS
Less than 60% of postpartum nurses have training to assist breastfeeding mothers	28%
No written policy to keep healthy mothers and infants from being separated	20%
Formula given routinely to breastfeeding infants	24%
First feeding not initiated until at least the second hour after birth	13%
Breastfeeding assessments are not consistently recorded in medical chart	40%
Mothers sometimes or always told to limit the time they breastfeed	61%

Data Source: Maternity and Infant Care Policies and Practices Are Related to Exclusive Hospital Breastfeeding Rates in California Hospitals. California Department of Health Services WIC Supplemental Nutrition Branch, 2006.

Hospital stays for uncomplicated births typically last only 24 to 48 hours. Healthy mothers and babies need time to get breastfeeding started before babies are given anything else. Even women who plan to give both breast milk and formula to their infants after leaving the hospital should not give formula to their infants until their milk supply is established. Giving formula too early compromises a woman's ability to follow through with her decision to include breastfeeding in her feeding plans.

Mothers need opportunities to practice feeding their infants while knowledgeable support is available. Low-income women are particularly vulnerable to hospital practices that interfere with breastfeeding because few low-income women can afford skilled breastfeeding support; the assistance in the hospital may be the only help they receive.

WHY IS FORMULA GIVEN TO HEALTHY BREASTFED BABIES?

Well-intentioned hospital staff members often give supplemental formula routinely to breastfeeding babies in the belief that the mother may be too tired to breastfeed. However, supplemental bottles reduce the baby's interest in breastfeeding, interfering with the mother's ability to make enough milk to feed her baby.¹¹

Most breastfed infants do not need any supplements. A small percentage of newborns (5 percent to 15 percent) have medical situations that result in a doctor's recommendation for supplementation. In some California hospitals, however, formula is given to more than 75 percent of breastfed infants. In these hospitals, it is likely that supplementation is a matter of routine. By providing every mother with education, attention, and support, supplementation of breastfed infants can be minimized.

California's hospitals have a duty to follow worldwide medical and professional standards, as well as mothers' own decisions, and ensure that California's babies receive all the health benefits of exclusive breastfeeding.

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months.

THE STUDY

The California Department of Health Services Genetic Disease Branch asks all families who have babies in California hospitals about infant feeding. During their hospital stay, families are asked to indicate what the baby has been fed since birth: only breast milk, breast milk and formula, only formula, or something else. When babies receive only breast milk, they are said to be "exclusively breastfed." "Any breastfeeding" refers to babies who are exclusively breastfed as well as those who receive both breast milk and formula ("mixed feeding").

Using these data, the University of California Davis Human Lactation Center has compiled a list of the 15 hospitals with the highest breastfeeding scores and the 15 hospitals with the lowest breastfeeding scores in the state. When hospitals had fewer than 20 births with known feeding in any ethnic group, breastfeeding data for that group were not reported. Hospitals with the highest and lowest scores were required to have representative data from at least three different ethnic groups. These hospitals were ranked based on their "any" breastfeeding rates, their exclusive breastfeeding rates, and the disparity between these rates across ethnic groups. The lowest-scoring hospitals (Table 3) had low "any" and "exclusive" breastfeeding rates and the greatest disparity between the two rates. The highest-scoring hospitals (Table 4) had high "any" and "exclusive" breastfeeding rates and the lowest disparity between the two rates.



Table 3. California's Lowest-Scoring Hospitals, by Breastfeeding Rates

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE
1	Anaheim Memorial Medical Center	Orange	1865	78.7	8.6
2	Garden Grove Hospital	Orange	3019	83.5	6.7
3	San Gabriel Valley Medical Center	Los Angeles	1996	59.8	6.7
4	Fountain Valley Regional Medical Center	Orange	3622	64.8	7.5
5	Citrus Valley-Queen Of The Valley	Los Angeles	2193	68.4	10.4
6	Riverside County Regional Medical Center	Riverside	2680	70.0	12.5
7	Community Regional Medical Center Fresno	Fresno	6949	82.2	13.7
8	Pomona Valley Hospital Medical Center	Los Angeles	6719	66.1	14.5
9	Tarzana Regional Medical Center	Los Angeles	3422	83.4	16.2
10	San Bernardino Community Hospital	San Bernardino	2386	76.9	19.5
11	San Joaquin Community Hospital	San Joaquin	1703	66.0	14.9
12	Northridge Hospital Medical Center	Los Angeles	2570	81.8	21.6
13	Whittier Hospital	Los Angeles	2053	88.2	19.7
14	Regional Medical Center Of San Jose	Santa Clara	2193	88.1	20.1
15	Mercy General Hospital Sacramento	Sacramento	2579	73.3	27.4

Table 4. California's Highest-Scoring Hospitals, by Breastfeeding Rates

RANK	HOSPITAL	COUNTY	TOTAL BIRTHS	% ANY	% EXCLUSIVE
1	Marin General Hospital	Marin	1776	96.0	95.4
2	Ridgecrest Regional Hospital	Kern	424	95.3	91.3
3*	Kaiser Permanente Hayward	Alameda	2772	94.1	88.5
4**	Alta Bates Kaiser	Alameda	1605	94.1	86.7
5	Scripps Memorial Hospital La Jolla	San Diego	3721	95.8	85.9
6	El Camino Hospital	Santa Clara	4465	94.7	88.1
7	Mills Peninsula Hospital	San Mateo	2264	96.0	84.6
8	Marshall Hospital	El Dorado	559	90.2	85.0
9	French Hospital Medical Center	San Luis Obispo	744	94.8	83.7
10	Sutter Maternity and Surgery Center	Santa Cruz	824	96.0	82.4
11	Pomerado Hospital	San Diego	1154	95.1	84.1
12*	Monterey Peninsula Community Hospital	Monterey	1216	90.1	85.6
13*	Scripps Memorial Hospital Encinitas	San Diego	1481	95.8	80.0
14*	Santa Barbara Cottage Hospital	Santa Barbara	2547	93.0	78.7
15	Alta Bates-Summit Medical Center	Alameda	5958	88.9	82.0

*Baby-Friendly Facilities ** Data displayed as reported. Kaiser patients delivered at Alta Bates during study period.

NOTES TO TABLES 3 AND 4:

Selection Criteria: Only hospitals with at least 20 infants with known feeding data in three or more ethnicities were eligible for listing. Ranking was based on three criteria: 1) exclusive breastfeeding rate; 2) the "any" breastfeeding rate; and 3) the difference between the "any" breastfeeding and exclusive breastfeeding rates. Hospitals with the 15 lowest and highest scores are listed above.

Terminology: "Any Breastfeeding" includes those exclusively breastfeeding and those supplementing breastfeeding with formula. "Exclusive breastfeeding" includes those who breastfeed only.

Data collection: The data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Branch. All nonmilitary hospitals are required to complete the Newborn Screening Test Form prior to an infant's discharge. Upon completing the form, staff must select one of the following five categories describing "all feedings since birth" (not including water feedings): (1) Breast only; (2) Formula only; (3) Breast and Formula; (4) TPN/Hyperal; (5) Other. Hospitals vary in how and when these data are collected and this variation may affect the outcomes. Percentages are calculated using only those whose feeding method is known.

Data Source: California Department of Health Services Genetic Disease Branch, Newborn Screening Data, 2004

POLICY CHANGES NEEDED TO INCREASE IN-HOSPITAL EXCLUSIVE BREASTFEEDING RATES

Research has shown that hospital policies that specifically support breastfeeding can dramatically increase exclusive breastfeeding rates and improve the health of mothers and infants after discharge.^{12,13,14} Twelve hospitals in California have been designated as “Baby-Friendly Hospitals” (Table 5).¹⁵ These are hospitals that provide the best possible care for lactating mothers and their infants by following the “Ten Steps to Successful Breastfeeding” outlined by the World Health Organization and UNICEF (Figure 2). These steps ensure that all mothers receive breastfeeding education and support from well-trained staff. Several of these hospitals are among the top-performing hospitals in the state.

Model hospital policies based on the ten steps, and a toolkit that assists in their implementation, are available on the California Department of Health Services Maternal, Child, and Adolescent Health website (<http://www.mch.dhs.ca.gov/programs/bfp/toolkit/default.htm>). These policies can be used as a guide to increase breastfeeding rates statewide.

RECOMMENDATIONS FOR ACTION

Effective interventions are needed to end the current obesity epidemic. Breastfeeding has been shown to play an important role in protecting children from overweight and ill health. Support of mothers who decide to breastfeed in the hospital is a vital opportunity to reduce childhood overweight in California. This opportunity must not be lost.

Hospitals must expand their efforts to implement the California Model Hospital Policies or become Baby-Friendly by taking the following actions:

- Ensure access for all women to culturally and linguistically appropriate in-hospital breastfeeding support services.
- Rid their environments of formula marketing materials and end the practice of providing free formula to mothers who have chosen to breastfeed their infants.
- Train all staff in breastfeeding support techniques, and make better progress in ensuring sufficient numbers of culturally and linguistically competent providers are available.
- Forge stronger ties with WIC and other prenatal or breastfeeding support programs for low-income women.

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UC DAVIS

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<http://lactation.ucdavis.edu>

Table 5. Baby-Friendly Hospitals in California

HOSPITAL NAME	COUNTY
Community Hospital of Monterey Peninsula	Monterey
Corona Regional Medical Center	Riverside
Glendale Memorial Hospital and Health Center	Los Angeles
Goleta Valley Cottage Hospital	Santa Barbara
Kaiser Permanente Hayward	Alameda
Kaiser Permanente Riverside	Riverside
Robert E. Bush Naval Hospital	San Bernardino
Scripps Memorial Encinitas	San Diego
UCSD Medical Center	San Diego
Ventura County Medical Center	Ventura
Weed Army Community Hospital	San Bernardino
Women's Health and Birth Center	Sonoma

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This project was made possible by a grant from the Vitamin Cases Consumer Settlement Fund. Created as a result of an antitrust class action, one of the purposes of the Fund is to improve the health and nutrition of California consumers.

Hospital practices analysis supported in part by the California Department of Health Services WIC Supplemental Nutrition Branch.

SANTA ANA YMCA CAPITAL DEVELOPMENT OVERVIEW

YMCA's IMPACT IN THE COMMUNITY

As an internationally recognized and trusted organization with locations worldwide, the YMCA has demonstrated successfully the ability to span cultures and foster communities in addressing societal issues and implementing change.

TARGET POPULATION

The service area for the YMCA includes Santa Ana, Costa Mesa, and parts of Tustin, and encompasses concentrations of densely populated housing, plus major urban centers for business and shopping. Several public transportation routes adjoin the site making it easily accessible from various communities.

The site is situated within 1.5 miles of eight K-12 schools serving 12,000 children. Expanding to within a 3-mile radius of the site, there are over 80,000 children. 51% of the households have children and 71.9% of the population within three miles is Hispanic/Latino (*Source: Scan/US, Inc.*).

The population of children in the service area continues to face significant overall challenges;

- **Low Academic Performance.** The schools within the community are part of the Santa Ana Unified School District (SAUSD) which ranks lowest in academic performance for Orange County (*OC Dept. of Education*).
- **English Learners.** 60% of SAUSD students are classified as English learners (*SAUSD*).
- **Crime.** Children are living amidst pervasive crime (the County's highest crime rates are in Santa Ana), crowded housing and significant ramifications of poverty. The city was named the No. 1 city on the nation's urban hardship index due to the exceedingly high cost of housing and challenges facing the urban poor (*Rockefeller Institute of Government Studies, Sept. 2004*).
- **Poverty.** As stated, 75% of SAUSD students are eligible for the federal free and reduced meal program, considered a reliable indicator of poverty.
- **Health Issues.** Schools in the community are facing higher than average rates of obesity, asthma and teen pregnancy. It is well-documented that low-income populations face higher prevalence rates of such health conditions (*UCLA Center for Health Policy Research*).

The new YMCA will feature a variety of values-based programming that is built upon the Six Pillars of Character: *Respect, Caring, Responsibility, Trustworthiness, Fairness and Citizenship*. All YMCA programs engage the family and help direct participants toward a course in life on which they can achieve their goals, hopes and dreams.



*We build strong kids, strong families,
strong communities*

SANTA ANA YMCA CAPITAL DEVELOPMENT OVERVIEW

This new Santa Ana facility will allow the YMCA to:

- Provide programs and activities to help increase the percentage of physically fit individuals and families in the community, thus helping to lower the incidence of obesity, diabetes and other related illnesses, and reducing insurance and healthcare costs to companies and individuals.
- Enhance or build new skills for youth and adults: computer learning, homework assistance, business and financial literacy and employment development skills.
- Strengthen relationships with collaborative partners such as Latino Health Access, Hoag Memorial Hospital Presbyterian and Kaiser Permanente to gain access and deliver preventive health and educational activities directly to the population at the site.
- Enhance and expand, in the new facility, after school programming currently being provided to neighboring schools that will help reduce the incidences of youth-related crime and gang activities.
- Provide resources to families to ensure that their children will enter school healthy, developmentally on target and ready to learn. This will be accomplished with the *Childcare Health Consultation Program*, through the YMCA Community Services Branch.
- Provide support to youth, from toddler through 12 years of age with developmental disabilities through the *YMCA Inclusion* program designed to facilitate the inclusion of children in YMCA After School programs as well as in childcare programs.

SANTA ANA YMCA FACILITY OVERVIEW

The new Santa Ana site will be on 2.5 acres with a 32,000-square-foot YMCA facility and outdoor sports and recreational campus that will feature:

- An Outdoor Aquatic Center, providing swimming instruction, family recreational swim, therapeutic whirlpool, aquatic exercise programming for all ages, and a pop-fountain play area for kids.
- Health and Wellness Services outreaching to our YMCA service area that will include health and wellness programs; providing screenings, health education programs, cardiovascular fitness and strength-training.
- A “12-week” starter area for the “ready-to-be-fit” population, with one-on-one coaching and mentoring to introduce newcomers to fitness activity and equipment.
- Outdoor recreational facilities including youth and adult sports featuring an outdoor speed soccer arena.



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strong communities*

SANTA ANA YMCA CAPITAL DEVELOPMENT OVERVIEW

- A youth and teen adventure center including climbing wall and ropes course improving self-esteem, team-building skills and character development.
- A Kids' Center that will provide enrichment opportunities for YMCA children.
- Multi-purpose meeting rooms to be used for financial literacy classes, entrepreneur education classes, employment counseling and a community meeting space.
- Multi-purpose exercise rooms for dance and aerobic classes.
- A high-tech learning center complete with computer lab, study center for the at-risk middle school students that will provide tutoring, mentoring character development, youth leadership, as well as YMCA Youth & Government, Youth Leadership University, and Youth Achievers programs.

SANTA ANA CAPITAL CAMPAIGN BACKGROUND

In 1999, the YMCA conducted a market study to determine the community interest for a new YMCA facility in Santa Ana. The findings from the study were used to secure a land donation in a location where the interest for a YMCA in Santa Ana was the greatest.

In 2003, the Segerstrom family donated a gift of land valued at \$3.2 million for a 2.5-acre parcel of land where the new YMCA facility will stand. It is adjacent to Segerstrom High School-a new 2,500-student school, the Armstrong Ranch residential tract and the new Christ Our Savior Cathedral for Orange County, which is in the early stages of development.

The YMCA facility will be central to the many children and families who need the countless opportunities a YMCA brings to the community. This new YMCA will bring added resources and increase access to purposeful, life enhancing programs. It will focus on bridging gaps and forging community collaborations to activate and improve the lives of children and families in this densely populated city.

DEVELOPMENT TIMELINE

Our current timeline is expected to proceed as follows: When 90% of the \$20 million is received-in cash and pledges, we will initiate construction permits; anticipated by second quarter 2008. Construction would also begin second quarter 2008 with completion approximately 12 months later.

FUNDING THE NEW YMCA

The total Capital project cost is \$18 million, as well as a \$2 million operational endowment. We have raised more than half of the capital project goal.



*We build strong kids, strong families,
strong communities*

SANTA ANA YMCA CAPITAL DEVELOPMENT OVERVIEW

This work has led to several very generous gifts from local community and business members. Most notable are the exciting gifts of \$4 million from the Van Cleve Foundation Trust, as well as \$500,000 from the Sares-Regis Group. The Santa Ana Capital Campaign is gaining momentum and is positioned for a successful conclusion.

ABOUT THE YMCA

The YMCA of Orange County puts Christian principles into practice through programs that *build spirit, mind, and body for all*. The vision of the YMCA of Orange County is to be recognized both locally and nationally as a leader in *building strong kids, strong families and strong communities*. The YMCA of Orange County reaches thousands of children and youth, with a focus on the underserved. All support services are available either at no charge, or on a sliding scale.

The completion of this project is a critical part of the YMCA of Orange County's mission to have a strong presence in a broad spectrum of socio-economic communities. For the YMCA to fulfill its mission and vision, the YMCA of Orange County must be a strong part of communities across the entire social spectrum of Orange County.

Your involvement in and commitment to the new Santa Ana YMCA will serve as a catalyst in building this new community asset for the youth and families in Santa Ana. Thank you very much for your serious consideration of supporting this important project.

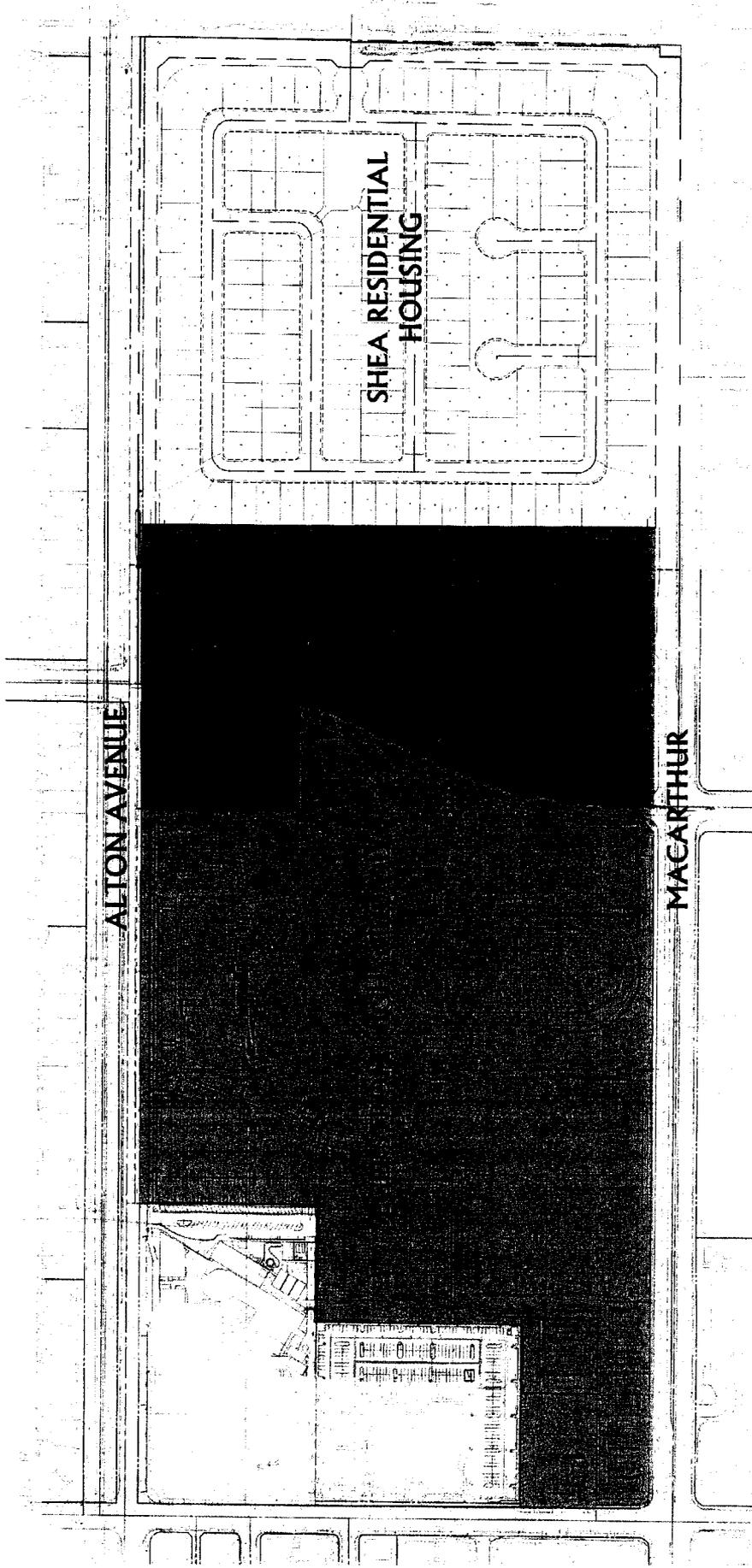
Santa Ana YMCA capital campaign contact person:

Jon Voget, Executive Director
Santa Ana YMCA Development
13821 Newport Ave., Ste. 200
Tustin, CA 92780
(714) 508-7664

Attachments: Site Plan, Site Plan II, Elevations, Building Plan, Santa Ana Case



*We build strong kids, strong families,
strong communities*



ALTON AVENUE

MACARTHUR

SHEA RESIDENTIAL
HOUSING



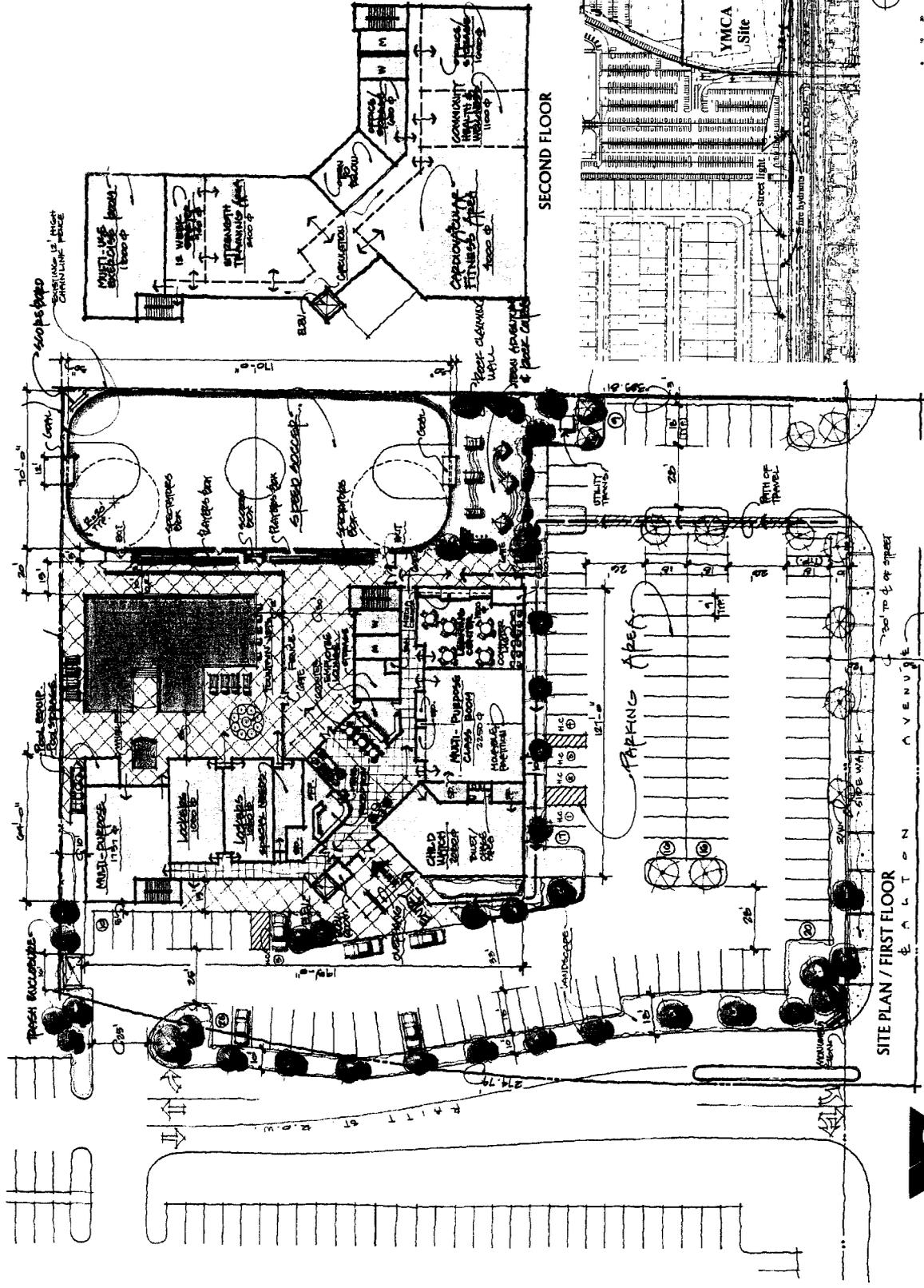
ARMSTRONG RANCH DEVELOPMENT

SANTA ANA, CA.

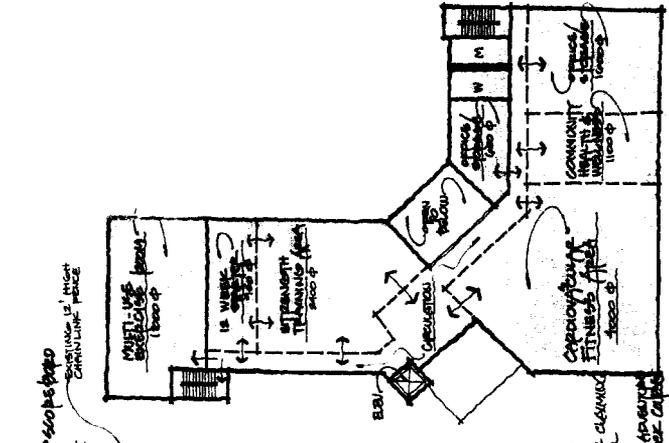


DATA
 A. ADDRESS
 330 BLOCK ALTON AVENUE, SANTA ANA, CA 92704
 B. APPLICANT'S PARCEL NO.
 140941-07 (SEE MAP ATTACHED TO SITE PLAN REVIEW DOCUMENTS)
 C. APPLICANT'S CONTACT
 JON VOUBT
 200 UNIVERSITY DRIVE
 NEWPORT BEACH, CA 92660-3313
 PHONE (949) 462-9990
 FAX (949) 646-5370
 D. REDEVELOPMENT PROJECT AREA
 N/A
 E. GENERAL PLAN AND USE DESIGNATION
 LR (LOW DENSITY RESIDENTIAL)
 F. LOT SIZE: 10,000 S.F. (0.24 ACRES)
 FIRST FLOOR: 16,849 S.F.
 SECOND FLOOR: 16,849 S.F.
 TOTAL AREA: 33,698 S.F.
 G. PARKING PROVIDED: 203 SPACES
 H. ALL PARKING PROVIDED IN SPACES
 I. BUILDING ANALYSIS

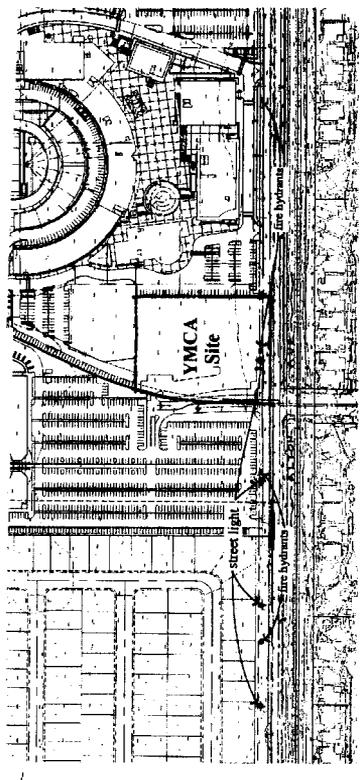
- TYPE V-10R, FULLY SPRINKLERED
 - BASIC ALLOWABLE 10,000 SF PER TABLE 5-B
 - INCREASE FOR TWO STORIES
 - 10,000 X 2 = 20,000 SF
 - TO MAX 40% INCREASE 8,000 SF
 - FOR FIRE SPRINKLERS - 10,000 X 1.50 SF
 - 22,338 S.F. DESIGNABLE
- OCCUPANCY
- A1 OCCUPANCY PER TABLE 3-A
- EXTERIOR BUILDING MATERIALS
- 75% OF CONCRETE WALLS
 - METAL & BUILT UP ROOFING



SITE PLAN / FIRST FLOOR
 SCALE 1"=20' FT



SECOND FLOOR



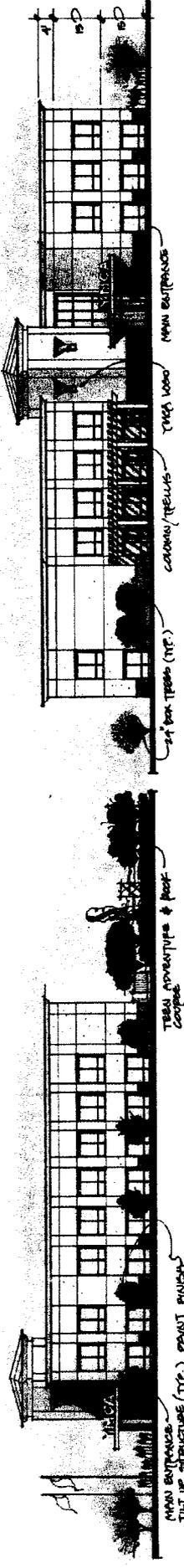
SCALE 1"=20' FT

NEW SANTA ANA YMCA BRANCH

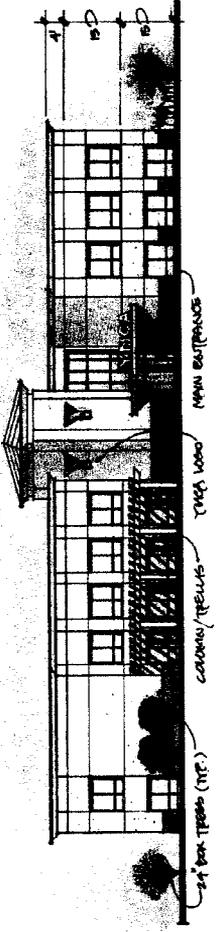
SANTA ANA, CA



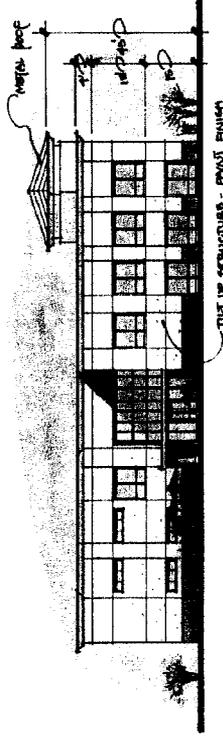
211060 10/14/03



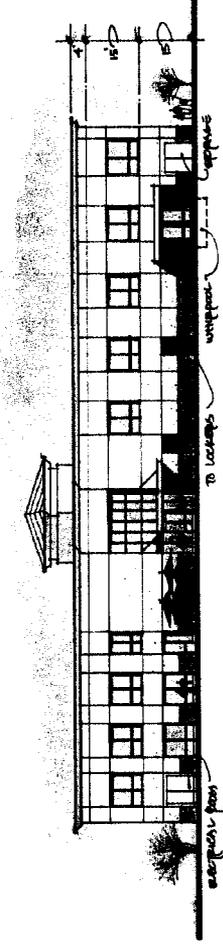
NORTH ELEVATION



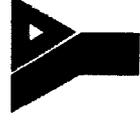
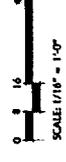
EAST ELEVATION



SOUTH ELEVATION



WEST ELEVATION



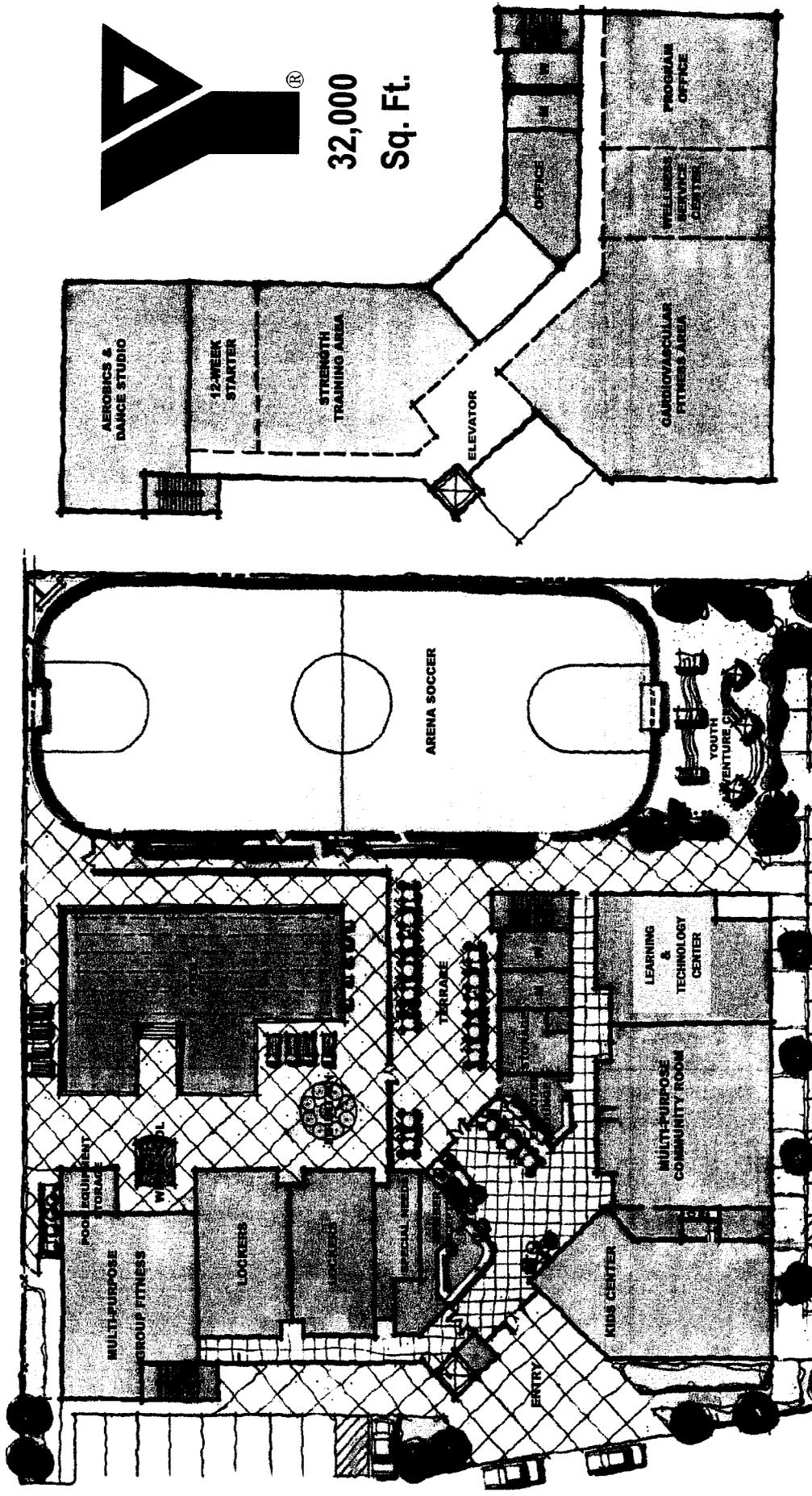
NEW SANTA ANA YMCA BRANCH

SANTA ANA, CA



211060 10/14/03

YMCA Building Layout



FIRST FLOOR

SECOND FLOOR

