# Table of Contents

Letter of Support ................................................................. 2
Letter of Support from the Chair ............................................. 3
Executive Summary ............................................................. 4
Socio -Ecological Frame work ............................................... 5
Goals and Objectives ........................................................... 6
Introduction ........................................................................... 7
What is childhood obesity, and why is it so prevalent? ............... 9
Effects of Childhood Obesity .................................................. 9
Mission and Values .............................................................. 10
Purpose ............................................................................... 11
Goals and Objectives ............................................................ 12
Issues related to Childhood Obesity in Opa-Locka ....................... 12
Opa-Locka Demographics Based on 2007 Census ......................... 13
Process, Data, Planning, Evaluation in Developing the Call to Action... 14
Timeline ............................................................................. 15
Methods ............................................................................ 15
Youth Focus Groups ............................................................. 16
Surveys ............................................................................. 18
Measuring Success ................................................................ 18
Call to Action Highlights and Charge to the Community ............. 19
Implications of Comprehensive Data Gathered ......................... 20
Acknowledgement .................................................................. 20
References ........................................................................... 
Graphs and Community Data ................................................ 
Maps ............................................................................... 
Appendices .........................................................................
OFFICE OF THE PRESIDENT

October 11, 2010

Ms. Karen Landry
Executive Director
War on Poverty – Florida, Inc.
51960A Norwood Avenue
Jacksonville, FL 32208

Dear Ms. Landry:

On behalf of the faculty, staff, and students of Florida Memorial University, I wish to advise you that we are pleased to be a partner with the “War on Poverty: Building Healthier Communities: Childhood Obesity Prevention Initiative” funded by The Blue Foundation for a Healthy Florida. The literature is replete with evidence that children of color suffer disproportionately from obesity more than other ethnic groups. Over the past two decades, obesity rates in children 6–11 years old have more than doubled and in adolescents, the rates have tripled. In order to stop this trend, intervention strategies are needed. The information gathered through the BHC: Childhood Obesity Prevention initiative provides the framework in which to begin a holistic approach to addressing this problem for the children living in the Opa–Locka Community. We are very excited to write this letter that begins the building of a Healthy Opa–Locka Community Action Plan to address childhood obesity.

We are grateful to The Blue Foundation for a Healthy Florida for supporting this process and the community. We will continue to move forward engaging partnerships and the community in our efforts to ensure that all Opa–Locka children live healthy lifestyles and have access to healthy food choices, places to play, and fruit and vegetable gardens.

Florida Memorial University’s motto is “Leadership, Character, and Service” and we intend to continue working with you and other organizations to eradicate this critical health issue.

Sincerely,

Sandra T. Thompson, Ph.D.
Interim President

STT/bje
“Quality Healthcare Everyone Can Afford”

Ms. Karen Landry
Executive Director
War on Poverty - Florida, Inc.
51960A Norwood Avenue
Jacksonville, FL 32208

Dear Ms. Landry:

On behalf of the Jessie Trice Community Health Center, Inc. Board and Staff, we are pleased to be a partner with the War on Poverty: Building Healthier Communities: Childhood Obesity Prevention initiative funded by The Blue Foundation for a Healthy Florida.

Childhood obesity is a serious medical condition that affects children and adolescents. It occurs when a child is well above the normal weight for his or her age and height. Childhood obesity is particularly troubling because the extra pounds often start children on the path to health problems that were once confined to adults, such as diabetes, high blood pressure and high cholesterol. Childhood obesity can also lead to poor self-esteem and depression.

One of the best strategies to reduce childhood obesity is to improve the diet and exercise habits of your entire family. Treating and preventing childhood obesity helps protect the health of your child now and in the future. The information gathered through the BHC: Childhood Obesity Prevention initiative provides the framework in which to begin a holistic approach to addressing this problem for the children living in the Opa-Locka Community. We are excited that with numerous partners, this project begins the Building a Healthy Opa-locka Community Action Plan to address childhood obesity.

The Blue Foundation for a Healthy Florida has provided support for this process and the community as we move forward engaging additional partnerships and the community in our efforts to ensure that all Opa-locka children have access to healthy food choices, places to play, garden and live active lifestyles. Jessie Trice Community Health Center, Inc. applaud the Blue Foundation for their investment in the Community.

The mission of the Jessie Trice Community Health Center, Inc. is to provide comprehensive primary healthcare services by increasing access and improving the quality of life of our diverse South Florida community. By working with you and other organizations, this critical health issue of childhood obesity will be eliminated.

Sincerely,

Annie R. Neasman, RN, MS
President & CEO
The Building a Healthy Community Childhood Obesity Prevention Project was started as a model program addressing childhood obesity in Jacksonville, Florida. In January 2009 The War on Poverty received funding through The Blue Foundation for a Healthy Florida's Embrace A Healthy Florida Initiative to establish a coalition to address the causes of childhood obesity. Through the Building a Healthy Community Childhood Obesity Prevention Project (BHC-COP) and our project partners including schools and after-school programs, community residents, college students, parents and seniors have participated in the design and support of the project activities to promote active lifestyles and healthy eating habits for youth and their families. In July 2009, the War on Poverty-Florida (WPF) began a partnership with Florida Memorial University (FMU) to reduce the risks of childhood obesity by addressing the issue of food access and reducing the risks of childhood obesity by increasing community awareness in Opa-locka, Florida. The heart of this strategy is engaging the community, especially youth, in a range of activities in the interest of developing enduring solutions The BHC Opa-locka project, Building a Healthy Community, began in January, 2010 supported by The Blue Foundation for a Healthy Florida. A comprehensive approach was developed in the interest of building a healthy community. This included the examination of food systems within the community, economic development within the region, health disparities and resulting implications, and individual and family choices. This data informed the process and ensuing discussions with the broader community provided a foundation for building comprehensive plan. Background: The first task of the Opa-locka partners was to identify and convene a diverse group of key stakeholders and champions; this would become the Advisory Council for the project. A smaller subset of the Council became the steering committee. The steering committee (see Appendix D and E) participated in a visioning process, which included outreach to other participants, defining the vision and mission, and conducting a process of asset mapping to identify and categorize organizations that are involved in policy initiatives that address food insecurity and access to healthy food choices. (Appendix K) The role of the steering committee is to guide the development of the policy agenda including; public education and awareness, and increase access to fresh high quality food and food systems. The larger Advisory Council was divided into seven working groups created to address specific areas including: policy and advocacy, community building, built environment, health and nutrition, early childhood and education, marketing and community outreach, and data surveillance and evaluation (see Appendix F). Further examination and exploration was required by the Advisory Council to understand the current landscape, identify potential partners working on efforts to address childhood obesity and examine policies related to access to fresh food and food insecurity. The efforts of the Building a Healthy Community Childhood Obesity Prevention Project are informed by the collaborative efforts of the Advisory Council, related community engagement.
and coalition building meetings, and focus groups including youth and community residents. Through this process various community assets and barriers to healthy practices have been identified. The process of building a collaborative approach was focused on building upon the community’s existing assets including schools, community youth programs, day care and after schools, health and social services, parks and recreation, churches, restaurants, grocery markets, and beauty/barber shops. Furthermore, the coalition engaged the authentic voices of Opa-locka residents in the process to create strategies for change to improve the health and well being of the community.

Through this extensive inclusive process spanning more than 6 months and including more than 1000 people; four main areas of focus were identified: health, education, built environment and public safety. These main focus areas were identified as a result of data analysis, the consensus of the working groups, and alignment with public sector initiatives and budget realities. Ultimately, these four areas will guide the development, implementation and evaluation of an agenda for increasing healthy food options, education and awareness, increasing access to fresh quality produce and food systems for all people, who work, play, live, and worship in Opa-locka.

**Socio -Ecological Framework**

The development of this community-based approach to addressing the issue of childhood obesity requires a careful analysis of individuals, cultures, cultural groups, organizations and the relationships among those groups in the society. A socio-ecological approach allows for different levels of intervention at the personal, family, social, community, and environmental levels. This framework acknowledges that the environment influences the health of the individual.

In order to develop a comprehensive approach, examination of food systems within a society is critical to the development of strategies that support sustainability and influence economic development within the region. Understanding health disparities and how individuals make choices based upon access, the broader community reality and the larger economic and political contexts provides a foundation for developing solutions for rebuilding systems that support the community. This framework is at the heart of Building a Healthy Community.

The strategic visioning process during the initial meetings sought to engage stakeholders in identifying the historical context of obesity, related health issues affecting the Opa-locka community, and examination of the current situation. Once the coalition determined its vision and mission, efforts to determine “What Matters Most” to the community included the development of asset mapping tools to examine the physical infrastructure, proximity of assets and resources, and how residents access these resources. (Appendix K)
WPF conducted an extensive survey of the Opa-locka community to inform the community as a whole, the Advisory Council, and Steering Committee about the problem of obesity and opportunities to engage the community in active dialogue focused on change. A comprehensive data collection process was used. A total of 281 surveys were received from individuals and parents. (Appendix G) Three focus groups were conducted including 68 youth participants. Focus groups were held at the Norland Elementary After-school Program, Rainbow Park Elementary, Nathan B. Young Elementary, COPE Center North Alternative School, Youth Co-Op, Holy Temple Baptist Church, and in the community at-large. (Appendix H). In addition to the survey and focus groups, WPF completed an analysis of assets including access to physical assets that promote healthy eating habits and active lifestyles (Appendix I). The data served to reveal what matters most to community residents and engaged youth thereby developing an inclusive agenda for actions recommended by youth who share a vision for the community.

**Goals and Objectives**

1. Promote health education and advocacy efforts to increase access to healthy food for residents and schools located in the Opa-locka area. Including partnerships with:
   
   a. Early care and education and Head Start  
   b. Public Schools and Public Health  
   c. Public Safety, City Planning, and Built Environment  
   d. Community non-profits to assist in the development of farmer’s markets and community gardens, programs on food preparation, home economics and healthy shopping on a budget, food preservation, and health advocacy.

2. Provide healthy food preparation and demonstrations, and offer nutrition education focusing on healthy eating, incorporating personal budgeting activities.

3. Increase the number of youth and adults who engage in community gardening and urban agriculture.

4. Promote the active engagement of children, youth, and families in the design, development, implementation and evaluation of community health and health education initiatives.

5. Develop civic leadership programs for youth to build youth-led community organizing, community engagement and advocacy.

Upon reading the surveys submitted by the middle school youth group regarding their health habits and attitudes, we were struck by the simplicity and truth of one particular response. When asked how would this new health initiative affect their community one student responded, “People will be good to each other.” That statement goes to the very heart of this project. At the heart of **Building a Healthy Community** lies one key goal: teaching and enabling the residents of Opa-locka to be good to themselves, thereby creating community wellness “being good to one another.”
Introduction

In addressing childhood obesity in a community, one critical element to explore is the availability of good, healthy food that families and schools can access to feed children. For decades communities such as Opa-locka, Florida suffered as grocery stores and fresh, affordable food disappeared from their neighborhoods due to economic conditions and city planning decisions. (Appendix K) To reverse this trend in Opa-locka, and to address the issue of childhood obesity, a group has formed to address the availability and affordability of food in this community. Thanks to support from The Blue Foundation for a Healthy Florida, War on Poverty-Florida has organized a Building a Healthy Community Childhood Obesity Prevention Project to develop this call to action.

The Building a Healthy Community Childhood Obesity Prevention Project was started as a model program addressing childhood obesity in Jacksonville Florida. In January 2009 The War on Poverty received funding through The Blue Foundation for a Healthy Florida’s Embrace A Healthy Florida Initiative to establish a coalition to address the causes of childhood obesity in the Brentwood neighborhood in Jacksonville, Florida. Through the Building a Healthy Community Childhood Obesity Prevention Project (BHC-COP) and our project partners, schools and after-school programs, community residents, college students, parents and seniors have participated in the design, implementation and support of the project activities to promote active lifestyles and healthy eating habits for youth and their families.

In July 2009, the War on Poverty-Florida (WPF) began a partnership with Florida Memorial University (FMU) to reduce the risks of childhood obesity by addressing issues of food availability and by increasing awareness, engaging community in activities, and involving youth in developing solutions in Opa-locka, Florida. The BHC-COP Opa-locka project began in January, 2010 following several months of planning and additional funding by The Blue Foundation for a Healthy Florida. Opa-locka is one of six communities in Florida chosen by The Blue Foundation for a Healthy Florida to build community engagement to reduce the prevalence of childhood obesity, promote healthy lifestyles for children and youth, through increasing access to healthy food and places for children to be physically active.

In order to develop a comprehensive approach to this issue, examination of food systems within the community was critical to the development of strategies that support sustainability and influence economic development within the region. Understanding health disparities, how individuals make choices based upon access to resources, and the nature of the broader community provides a foundation for rebuilding systems that supports building a healthy community.

The heightened visibility and national policy discussions on healthy eating and active living are encouraging. Our community is joining with thousands of other communities across the nation to address this issue. Even the First Lady, Michelle Obama, has joined in the effort to address Childhood obesity through her Let’s Move! Campaign, drawing more national attention to this issue. But the real challenge lies in specific assessments, program development and implementation on the local level. This report demonstrates that necessary community data collection and stakeholder engagement has begun in earnest. And most importantly, the groundwork has been laid for an effective healthy community initiative.
While the problem of childhood obesity and its impact may be obvious to those who work regularly on this issue, we do not assume that this perspective is broadly held among community residents. From the very beginning the steering committee recognized the importance of developing a community-based approach. The engagement of community in the interest of moving toward healthy lifestyles requires a careful analysis of individuals, cultures, organizations and relationships among those groups in society.

As we assessed attitudes and culture we also began to review the relevant literature on this issue. The 2009 Miami Dade County, Florida Youth Risk Behavior Survey indicated that among high school students, 10% were obese (students who were > 95th percentile for body mass index, by age and sex, based on reference data), 75% ate fruits and vegetables less than five times per day, 84% ate vegetables less than three times per day, more than 50% did not attend physical education classes in an average week when they were in school, and 68% did not attend PE classes daily when they were in school. The major barrier identified by Opa-locka stakeholders that keep students from exercising is community safety.

Published reports, and our initial data collection confirms that access to healthy, high quality foods is significantly lower in low-income communities where a “convenience store culture” is more prevalent. This is true in Opa-locka. In addition, the lack of access to transportation options marginalizes communities with high obesity rates and food stamp usage. Better access to healthy food and transportation corresponds with healthier eating, lower risks of obesity and other diet-related chronic diseases. Based on the findings of our local data and national research, the BHC-COP strives to implement a plan that crosses traditional silos of government, education and business. We are developing a community-based collaborative approach which:

- Provides health (specifically nutrition) education to a multi-generational community, while introducing new foods and new food preparation concepts
- Creates new opportunities for community gardening and entrepreneurial development around fresh food concepts.
- Addresses challenges presented by the built environment and creates recreational options using existing community assets and newly converted public spaces, and
- Maintains an ongoing monitoring and evaluative process to access the progress and efficacy of the implemented strategies.
What is childhood obesity, and why is it so prevalent?

The incidence of obesity has increased among the children and adolescents in United States and has nearly doubled in the last three decades. Lack of physical activity and proper diet are considered to be the major contributing factors to childhood obesity. Our society has become obesogenic, one that promotes obesity, now characterized by an environment and policies that promote increased intake of unhealthy food and physical inactivity. Policy and environmental change that promotes healthy choices in nutrition and physical activity and makes them affordable, available and accessible would prove to be effective in combating obesity (Centers for Disease Control and Prevention). Residents living in lower income households are less likely to have access to a healthy diet compared to higher income residents (Rudd Report, 2008 - Access to Healthy Foods in Low-Income Neighborhoods Opportunities for Public Policy). Numerous factors including the technological, social, economic, lifestyle changes combined with US farm and agricultural policies have profoundly influenced the diet of the individual and are partially responsible for the obesity epidemic. Obesity in youth is related to type 2 diabetes, elevated blood cholesterol levels, high blood pressure, and some obese youth suffer from respiratory disorders, orthopedic conditions, and hyper-insulinemia. These health conditions were formerly seen only in adults.

The possibility of an overweight child becoming an overweight adult is about 70% and the odds are higher if the parent is overweight too. In addition to factors of physical activity and diet, marketing of food to children seems to have magnified the incidence of obesity among young adults and children. (Neal, 2008)

According to a report on childhood obesity published in the Journal of the American Medical Association, 2/3rd of American adults are obese or over weight. The leading cause for this rise has been attributed to the undesirable changes in the eating habits and exercising.

I. Effects of Childhood Obesity

The health consequences of obesity can prove to be fatal. The seeds of obesity are often sown in childhood, since significant weight gained in childhood is often carried to adulthood. Various adult diseases that are being reported in children and adolescents can be traced to childhood obesity. Obesity is considered to be a health risk as it leads to various health issues including:

- Type 2 Diabetes
- Heart Disease
- Liver Disease
- High Blood Pressure
- Early Puberty
- Asthma
- Eating Disorders
- Sleep Disorders
- Skin Infections
These diseases are more common among children with an unhealthy weight (Trujillo, 2007). Most studies of obesity suggest that lack of proper diet and lack of physical activity are the major causes of childhood obesity.

II. Mission and Values

The Mission of the Building a Healthy Community Childhood Obesity Prevention Program (BHC-COP) is to reduce the rate of childhood obesity and thereby reduce the related health issues of childhood and adolescent obesity in Opa-locka. This will be achieved through the collaborative effort of community stakeholders, working throughout the community to increase awareness, educate, increase access to fresh food, and develop policy initiatives that support long-term sustainability of strategies.

Vision: To have a healthy and safe community that has access to affordable and accessible fruits and vegetables and physical assets which support appropriate recreation and opportunities for personal renewal.

Our theory of change is based on building partnerships, fostering community support and resident involvement. The BHC-COP program provides information to educate youth and families, and reduces barriers to resources, information and healthy foods. Through this community engagement process WPF identifies health-related community assets, increases awareness of these assets, and provides greater access to physical assets, such as full service groceries, fresh markets, and community gardens. The process builds upon the community’s existing assets including schools, community youth programs, day care and after schools, health and social services, parks and recreation, churches, restaurants, grocery markets, and beauty/barber shops. Beauty and barber shops are identified as important community networking and information centers. The BHC-COP program seeks to modify and eliminate barriers to assets, thereby, providing opportunities to prevent childhood obesity in the Opa-locka community. WPF will focus the community on the risks of childhood obesity and promote prevention through an educational health series. Activities and strategies include exercise and fitness programs targeting youth between the ages of four and sixteen. WPF will work with schools and after-school programs to implement in-school, after-school and pre-school activity programs. Specific activities include:

- Engaging participants in activities that include financial education programs such as Healthy Shopping on a Shoestring Budget; Basic Budgeting, etc.
- Engaging participants in in-store food preparation demonstrations that promote healthy eating and recipes, including modifications to achieve healthful food consumption goals.
- Engaging participants and families in on-site activities for food preservation at Robert Ingram Elementary School.
- Educating children and parents in “How to Advocate for Your Health.”
- Coordinating Youth Advisory Council with Portrait of Empowerment activities.
- Incorporating the designs from the contests into the promotional materials for community awareness campaigns.
- Coordinating Community Gardening, Urban and Community Garden project at the Nathan B. Young Elementary School.
III. Purpose

The Building a Healthy Community Childhood Obesity Prevention Project is made possible through funding provided by The Blue Foundation for a Healthy Florida’s Embrace a Healthy Florida initiative which seeks to build community engagement to reduce the prevalence of childhood obesity, promote healthy lifestyles for children and youth, and increase access to healthy food and places for children to be physically active.

Approach

In July 2009, the War on Poverty-Florida (WPF) began a partnership with Florida Memorial University (FMU) to reduce the risks of childhood obesity by addressing the issue of food access and reducing the risks of childhood obesity by increasing community awareness in Opa-locka, Florida. The heart of this strategy is engaging the community, especially youth, in a range of activities in the interest of developing enduring solutions. The BHC Opa-locka project, Building a Healthy Community, began in January, 2010. A comprehensive approach was developed in the interest of building a healthy community. This included the examination of food systems within the community, economic development within the region, health disparities and resulting implications, and individual and family choices. This data informed the process and ensuing discussions with the broader community provided a foundation for building comprehensive plans.

The first task of the Opa-locka partners was to identify and convene a diverse group of key stakeholders and champions; this would become the Advisory Council for the project. A smaller subset of the Council became the steering committee. The steering committee (see Appendix D, E) participated in a visioning process, which included outreach to other participants, defining the vision and mission, and conducting a process of asset mapping to identify and categorize organizations that are involved in policy initiatives that address food insecurity and access to healthy food choices. (Appendix K) The role of the steering committee is to guide the development of the policy agenda including: public education and awareness, and increase access to fresh high quality food and food systems. The larger Advisory Council was divided into seven working groups created to address specific areas including: policy and advocacy, community building, built environment, health and nutrition, early childhood and education, marketing and community outreach, and data surveillance and evaluation (see Appendix F). Further examination and exploration was required by the Advisory Council to understand the current landscape, identify potential partners working on efforts to address childhood obesity and examine policies related to access to fresh food and food insecurity.

Several key organizations and partners were invited to participate including youth-serving organizations, schools, health clinics, community non-profits and the public sector.

The efforts of the Building a Healthy Community Childhood Obesity Prevention Project are informed by the collective efforts of the Advisory Council, related community engagement and coalition building meetings, and focus group outcomes, and community survey and interview results.

Through this process, various community assets and barriers to healthy practices have been identified. The process of collaboration has highlighted several community assets. Furthermore, the coalition engaged the authentic voices of Opa-locka in the process to create strategies for change to improve the health and well being of the community.
IV. **Goals and Objectives**

1. Promote health education and advocacy efforts to increase access to healthy food for residents and schools located in the Opa-locka area.

2. Provide food preparation and demonstration, and nutrition education focusing on healthy eating, and personal budgeting activities.

3. Increase the number of youth and adults who engage in community gardening and urban agriculture.

4. Promote the active engagement of children, youth, and families in education efforts, design, development, implementation and evaluation of community health initiatives.

5. Develop civic leadership programs for youth to build youth-led community organizing, community engagement and advocacy.

V. **Issues related to Childhood Obesity in Opa-locka**

The development of a community process requires that the community be engaged at a substantive level. Before we engaged residents we needed to answer two fundamental questions. The first question, “Why should they care?” Secondly, “What difference does this issue make in our community?” Healthy children grow up to be healthy adults, mentally and physically. The World Health Organization defines health as “A state of complete physical, mental and social well-being and not merely the absence of disease.” The escalating rates of childhood obesity in America are a matter of concern for the current and future health of these children. The statistics show that 1 in 3 American children and adolescents as well as two thirds of adults are overweight or obese. Based on the reports submitted by the 2005-2006 National Health and Nutrition Examination Survey, 17% of children aged between 2-19 are considered to be overweight or obese.

Rates of food insecurity are high among families with children in communities of color, particularly Hispanic and non-Hispanic Blacks. Latinos make up the largest share (37.1%) of all households with very low food security among children, followed by non-Hispanic Blacks (32.6%), non-Hispanic Whites (25.2%), followed by children of other races/ethnicities (5%). The demographic profile of our selected neighborhood mirrors the description of a nutritionally vulnerable high risk community.

Population: 15,376
Households: 5,190
- 41.2% with children under 18
- 28.4% married couples living together
- 35.2% with female as head of household (no husband present)
- 8.5% with someone over the age of 65 living alone
- 24.8% were individuals
- 2.97 - average household size
- 3.52 - average family size

Families: 4,000 (approx)

Race:
- Black - 69.6%
- Latino - 28.6%
- White - 3.1%
- Native American - 0.35%
- Asian - 0.21%

Ethnicity: (As reported by 20% of respondents) Cuban - 9.58%
- Dominican - 2.59%
- Haitian - 2.9%
- Jamaicans - 3%
- Nicaraguans - 2.22%

It is clear that Opa-locka has a large minority population. Both African-American and Latino populations must be served with culturally relevant programs and policies if childhood obesity is to be addressed in this community.
The 2009 Miami-Dade County, Florida Youth Risk Behavior Survey indicates that among high school students:

- 10% were obese (students who were > 95th percentile for body mass index, by age and sex, based on reference data),
- 75% ate fruits and vegetables less than five times per day,
- 84% ate vegetables less than three times per day,
- more than 50% did not attend physical education classes in an average week when they were in school, and
- 88% did not attend PE classes daily when they were in school.
- The barriers identified by Opa-locka students that prevents them from exercising more includes lack accessible recreational facilities and community violence.

While the obesity rate in Opa-locka appears to be lower than the national averages, it is still of concern. In addition, it is clear that children and youth are not engaged in healthy behaviors relative to healthy eating and active living.

VI. **Process, Data, Planning, and Evaluation in Developing the Call to Action**

The initial phase of the BHC-COP included a range of parallel activities: forming the Advisory Council, conducting a survey and focus groups, and an analysis of assets including access to physical assets that promote healthy eating habits and active lifestyles. Targeted outreach to potential partners was divided among the following sectors

- medical/ health professionals
- local government
- faith based organizations
- local businesses and financial institutions
- universities
- community and faith-based organizations
- schools
- youth-serving organizations

Upon further review and consideration, 7 working groups were formed that aligned with ongoing citywide and countywide policy initiatives. It seemed vital that the efforts in Opa-locka be informed by community members and aligned with ongoing policy discussions. Therefore, the listed working groups were initiated in the spring of 2010. The Policy & Advocacy working group was an overarching committee. The other working groups focused on specific areas of concern as listed. (Appendix F)

- **Community Building**
- **Built Environment**
- **Health & Nutrition**
- **Early Childhood & Education**
- **Marketing & Community Outreach**
- **Data Surveillance & Evaluation**
Through synthesis of ongoing discussions of the overall coalition, the working group findings, and discussion among the Advisory Council and the Steering Committee; a consensus was developed to focus on 4 areas: health, education, the built environment, and public safety. The four areas were consistently reiterated by the overall coalition, the data gathered, and the working groups.

**Timeline**

The Building a Healthy Community Childhood Obesity Prevention Project was launched in January 2010. The steering committee formed in February, and 6 monthly meeting were held by the coalition at Florida Memorial University. (Appendix A) Community outreach and engagement activities continued throughout the process to identify and engage stakeholders. Beginning in May, focus group activities were conducted and a community survey was conducted in the summer of 2010 (Appendix H, I, J). Working groups were formed to examine policies, and the activities of the working groups are ongoing.

**VII. Methods**

The strategic planning process sought to engage stakeholders in identifying the historical context of obesity related health issues pervading the Opa-locka community, and examine the current situation. Once the coalition determined its vision and mission, the efforts to determine “What Matters Most” to the community included the development of the asset mapping tool to examine the environment, proximity of assets and resources, and how residents access these resources.

*Several compelling questions guided the community scan.*

1. What are residents’ habits, concerns, and interests about food?
2. What organizational and community infrastructure is in place to improve access to healthy food and create a more sustainable and equitable food system?
3. What activities and efforts are underway and where is there unrealized potential for increasing access and education?
4. What are the major challenges and opportunities to building more sustainable and equitable food systems in Opa Locka?
5. Who is at the table, who is engaged, and who is missing?

The asset analysis of the Opa-locka community revealed several asset building blocks while reviewing existing reports about childhood obesity and addressing childhood obesity through physical activity, and access to healthy food. The examination of physical assets - identifying grocery stores, corner markets, restaurants, parks and recreational services, community gardens, health related services, community youth programs, daycare and after-school programs, schools, faith-based organizations and other related community assets provided a list of resources and maps. (Maps- Opa Locka Assets)

Our researchers and interns noted more than 20 food retail outlets, grocery stores and convenience stores, and the Hialeah - Opa Locka Flea Market with its farmer’s market/produce market, however the majority of Opa-locka residents shop at Walmart and Winn Dixie for groceries. Neither of these assets are located in Opa-locka. (Maps - Opa Locka Assets Grocery Markets)
There are 12 different health and social service providers in the area, however, none of these providers offer WIC program. The WIC centers serving Opa-locka residents are located in nearby Carol City and at the Juan Mann Center where the highest number of infants and children are reportedly seen by caseworkers. There are 10 schools serving children living in Opa Locka, 3 elementary schools, and students attend middle and high school outside of the city in other communities. WPF examined 13 categories including, PE Programs, Healthy Food Options, Copy of Menu, After School Program, School Garden, Environment Program/Club, Community Classes, Magnet Programs, Exceptional Student Centers, Alternative Schools, Charter Schools, Hot Breakfast/Lunch Programs and whether Vending Machines were in the schools. 80% of the schools reported having PE programs, 50% have after-school programs however only 1 is located in Opa-locka.

During the analysis phase, working groups were formed in the interest of being inclusive and engaging diverse stakeholders in the design and development process. Youth engagement and the development of a Youth Advisory Council was considered a high priority by the steering committee. Florida Memorial University’s Career Development office facilitated the identification and recruitment of interns to assist with research, community outreach and engagement, and the St. Thomas Law School recruited law school students to facilitate focus groups.

**Youth Focus Groups**

In order to inform the stakeholders about the problem of obesity opportunities and promote community dialogue, three focus Center North, Normand Elementary School, and Rainbow Park EI- participants between the age group of 7 - 15 years. One of the community of Opa-locka is related to the health of an individual, do you and your family or friends face” the participants included:

- AIDS
- High Blood pressure
- Allergy
- Heart Disease & Heart Attack
- Diabetes
- Asthma
- Bronchitis
- Cancer and Polio

When the students were asked about health conditions in their community, what could be done and “What they would like to see in the community to help the community have a healthy lifestyle” their candid responses included:

- *Educating the community about good health and also about the bad effects of unhealth food.*

- *Helping them make the right choices.*

- *Eating healthy food, listening to teachers more about health, regular exercise.*

- *To open more parks and stores in the community, to grow a garden of fruits and vegetables.*

- *Having health fairs with food, toys, activities, and giving away items so we can play and exercise.*
According to the students, the issues that were common in the community are food poisoning, transportation difficulties, allergies, lack of fresh fruits and vegetables and most thought that healthy food was expensive.

Recommendations by Students / Changes Desired by the Students about food at their schools:

- Redesign the lunch room
- Get better lunch ladies and provide free lunch.
- Students should not be charged for plates, glasses and spoons.

The student’s perception was that maintaining good personal hygiene and dental care and keeping the surroundings clean could reduce the incidences of food poisoning.

When the participants of the focus group were asked “Do you have any concerns about going to the park and recreational places” they emphatically stated that one of the most prevalent issues in Opa-locka is the community violence. The community is not safe.

Although more than 20 convenience store and grocery store assets were revealed in the community scan, Opa-locka student participants identified the stores that were most frequently visited by the families and friends as: Wal-Mart 48%, Publix 29%, Winn-Dixie 19% and Presidente.

The most profound responses came in response to questions about what could be done to promote healthy eating, physical activity and student perception about how healthy eating and physical activity could be encouraged. They concluded that:

- Food should be tasty and should look better
- Lunch in the schools should have vegetables, fruits and should taste better and look better.
- Groups should be created that promote healthy activities, teach about healthy foods and promote activities such as boxing and karate.
- Exercise could be made fun.
- Sports days would promote activities.
- Kids need more information on the importance of exercising
- Safe places are created for physical activity. Parks and playgrounds are not safe.
- The community needs education on how to be healthy.
- Teachers need incentives for their efforts and resources to provide the students with the equipment needed for exercising.

“How will this initiative impact the community?”

Their response:

- This will make people eat healthy food and exercise
- People will not fall sick and will be happier.
- People will be good to each other.
Surveys

A system of community outreach was developed consisting of survey research, and in-person interviews of parents and community residents. A total of 281 survey responses were received. Surveys were distributed at schools, community based organizations, and a health fair (Appendix H, I). In July, interns conducted street outreach and surveyed or interviewed more than 100 residents. The community survey was conducted to gather information from people who live, work, and worship in Opa-locka on issues related to healthy eating and active lifestyles. Survey results indicate that physical activity is one of the essential factors that ensure a healthy life for an individual. It’s imperative to impart considerable knowledge to children regarding the importance of regular physical activity for at least 1 hour daily through a series of interactive lesson plans and activities specific to kids in different age groups.

Health conditions of major concern noted in the survey feedback include:

- *Diabetes:* 29%
- *Obesity:* 18%
- *Hypertension:* 15%
- *Cancer:* 13%

Nearly 70% of survey respondents reported that fresh fruit and vegetables are available to them, however many interviewed reported that produce is too expensive and not available. In addition, both students and parents are concerned about safety in their neighborhood. Many reported their reluctance to go out after dark, thereby limiting access to shopping. Furthermore, many were concerned that the nearby Hialeah Opa-locka Farmer’s Market is in accessible due to an entrance fee charged on weekends and lack of public transportation.

40 % of residents surveyed reported that Medical Providers and the Internet are the sources of information regarding health, 34 % said that magazines are a source of information regarding health, and 14 % of reported the church is the source of information regarding health.

### VIII. Measuring Success

The goals established by the Advisory Council and carried forward through the development of the finalized plan include:

- *Development and implementation of an action plan to address childhood obesity in Opa-locka*
- *Examine short/long term effects on community*
- *Engage community in grass roots advocacy*
- *Assess community/nutrition health education opportunities*
- *Examine preliminary findings from community feedback*
- *Educate to increase awareness about the issue*
- *Further identification of specific strategies and policies to implement*
- *Measure the increase in knowledge about healthy eating*
- *Measure the increased behaviors in healthy eating and physical activity*
The data and the discussions by the Advisory Council and the other community stakeholders have resulted in the following Call To Action to address childhood obesity in Opa-locka, Florida.

In order to address the community concerns about childhood obesity in Opa-locka, we will focus in the following areas:

1. **Early Learning**
   - Increase early screening prior to entering school
   - Educate parents and childcare providers about the importance of good nutrition, physical activity, and reduced television, computer usage, and video games.
   - Strengthen partnerships with health care providers to offer education and information on child health and development.
   - Through the University of Florida’s Food and Nutrition Education Program provide parent education on childhood development and healthy nutrition.

2. **Schools and After School Programs**
   - Provide food demonstrations, and taste test activities at schools and after school programs.
   - Initiate a daily food journal for students
   - Plant organic gardens and integrate food and nutrition lessons into school curriculum
   - Engage school wellness committees & parent advisory committees in best practices
   - Implement 4H programs in schools
   - Increase access to healthy and affordable foods throughout the community
   - Recruit teachers and support staff members to be role models for healthy living and cooking demonstrations.
   - Engage parents and school wellness committees in promoting healthy food choices

3. **Community and Faith-based Organizations**
   - Identify a medical home for all Opa-locka residents
   - Ensure access to healthy and affordable foods for the Opa-locka community.
   - Engage faith-based leaders’ wellness programs for the betterment of churches, their congregations, and communities.
   - Promote nutrition education and cooking demonstrations including food preparation and preservation
   - Develop community and faith-based gardens.
   - Utilize the train-the-trainer model to expand wellness programs into all faith-based and community related organizations
   - Develop common messages to be utilized by all sectors

4. **Built environment**
   - Increase police foot patrol and community policing
   - Encourage community pride and beautification of community and local parks
   - Expand access to community gardening and agriculture
   - Engage local businesses to support gardens, environmental protection, conservation, and beautification projects
   - Connect community service to public service
   - Increase lighting and cameras, walking paths and access to recreation areas.
IX. Call to Action Highlights and Charge to the Community

This report presents powerful data which illustrates the existence of a thriving food desert in our community. We say thriving because the current environment supports the existence of substandard nutritional outposts in the form of convenience store markets and undermines economic and recreational assets which would create a healthier community. (Appendix K)

Implications of Comprehensive Data Gathered

The health of an individual depends upon nutritional intake and the amount of regular physical activity. It’s imperative to ensure that every child in the community has access to healthy food and performs the required amount of physical activity every day. Anecdotally, the increased use of technology has resulted in decreased rates of physical activity among Opa-locka’s children. Technology has resulted in children spending more time in indoors than outdoors.

The built environment, including streets, sidewalks, buildings and places that have been created or modified can have either a positive or negative impact on the health of children and families. Lack of physical infrastructure, such as poor lighting, no sidewalks, no bike lanes, and lack of parks, can create an environment that is not conducive for physical activity or prevents access to healthy foods. Community violence is a deterrent to exercise and outdoor activity.

The success of this project will be determined by ongoing engagement of a variety of stakeholders and by providing the information requested by community. Community residents and leaders are positioned to play an active role in resolving the issue and promoting healthy lifestyles. Families, schools, and community can provide support and guidance for the individuals as we make decisions that will have a positive impact on their health. The health of Opa-locka’s children can be improved in schools; for example, the underutilization of physical education programs in the schools is of concern. Studies show that physical education increases test scores and should be given equal emphasis in schools. School is a critical part of the social environment that can also greatly influence the eating habits of the children. School based nutrition education is highly recommended especially when we consider the increase in one parent families or families with two working parents. Furthermore, the availability of convenience foods and fast food restaurants inhibits the parents’ ability to monitor their children’s eating habits.

The project would be a great success if the strategies and skills are focused not only in increasing the knowledge of individuals but if they are also directed in changing the social attitudes at a community level, increasing self efficacy. In Opa-locka it is vital that all of the strategies be culturally competent.
Food Availability, Affordability and Daily Consumption:

Fig 1
The above graph represents the actual numbers of participants by race reporting on food (N= 163).

Food Availability:

- 111 of the African American participants reported that the Food was Available.
- 1 American participant reported that the Food was Available.
- 3 Asian participants reported that the Food was Available.
- 13 Caribbean participants reported that the Food was Available.
- 6 Caucasian Participants reported that the Food was Available.
- 18 Latino participants reported that the Food was Available.

The community survey was conducted to gather information regarding the health issues of major concern in the society and also to get information pertaining to the physical fitness of the children at Opa - Locka. The graph below provides the information pertaining to the health status of the Opa - Locka community.
Obesity as an Issue:
- 11.6% of the African-Americans reported that Obesity is an Issue.
- 1.8% of the Carribeans reported that Obesity is an Issue.
- 0.6% of the Caucasians reported that Obesity is an Issue.
- 2.4% of the Latinos reported that Obesity is an Issue.

Hypertension as an Issue:
- 15.9% of the African-Americans reported that Hypertension is an Issue.
- 3.6% of the Carribeans reported that Hypertension is an Issue.
- 0.6% of the Caucasians reported that Hypertension is an Issue.
- 1.2% of the Latinos reported that Hypertension is an Issue.

Substance Abuse as an Issue:
- 4.9% of the AA reported that Substance abuse is an issue.
- 0.6% of the Asians reported that Substance abuse is an issue.
- 0.6% of the Carribeans reported that Substance abuse is an issue.

Heart Disease:
- 9.2% of the AA reported that Heart Disease is an Issue.
- 1.8% of the Carribeans reported that Heart Disease is an Issue.
- 1.2% of the Latino reported that Heart Disease is an Issue.
Cancer as an Issue:
- 11.0% of the AA reported that Cancer is an issue.
- 0.6% of the Asians reported that Cancer is an issue.
- 0.6% of the Carribeans reported that Cancer is an issue.

Other (like Asthma & AIDS):
- 7.3% of the AA reported that diseases like Asthma and AIDS are an issue.
- 1.2% of the Carribeans reported that diseases like Asthma and AIDS are an issue.
- 0.61% of the Latinos reported that diseases like Asthma and AIDS are an issue.

![Graph showing percentage of participants by race, regular physical activity (PA) >= 60 minutes and PA >= 2 - 3 days.]

Fig 3
The total number of participants in the survey was 163. Of those surveyed, 129 out of 163 participants reported that their children participated in physical activity (PA) regularly.
- 33.1% of AA reported performing PA >= 60 minutes daily
- 20.2% of AA reported performing PA >= 2 - 3 days
- 0.6% of Asians reported performing PA >= 60 minutes daily
- 1.2% of Asians reported performing PA >= 2 - 3 days
- 3.6% of Carribeans reported performing PA >= 60 minutes daily
- 1.2% of Carribeans reported performing PA >= 2 - 3 days
- 1.2% of Caucasians reported performing PA >= 60 minutes daily
- 1.2% of Caucasians reported performing PA >= 2 - 3 days
- 6.1% of the Latinos reported performing PA >= 60 minutes daily
- 3.6% of the Latinos reported performing PA >= 2 - 3 days

Opa-locka’s Action Plan to Build A Healthy Community to Prevent Childhood Obesity
Based on the graph to the left:
47.8% of the participants reported physical activity for ≥ 60 minutes daily
31.2% of the participants reported physical activity ≥ 2-3 days per week.

The extent of accessibility to these super markets is definitely a matter of concern.

The increased rate of obesity in the United States could also be attributed to the lack of accessibility to the food stores and this propels the people to consume junk food.

Based on the above information it is evident that
- The most commonly preferred shopping centers are Wal-Mart, Winn-Dixie and Publix.
- There is sufficient availability of food for the community.

40% of people said that Medical Providers and Internet are the sources of information regarding health.
34% said that Magazine is the source of information regarding health.
14% of people said that church is the source of information regarding health. The role of churches in African American community is a well known fact. It’s imperative for the churches to enhance the knowledge of people regarding healthy behaviors as this would eventually lead to the establishment of a healthy community.

And now the next step depends on you.
ACKNOWLEDGEMENTS

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Claudette Joseph, Teen Leadership Academy
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Karen Moore

GRAPHIC DESIGNER
Michael Jones, Creative Mac Training & Services/darkWATERdesignz


## Appendix A

### Building a Healthy Community: Childhood Obesity Prevention Coalition

**Meeting Agenda**  
**Tuesday, June 4, 2010**  
6:00 p.m.  
Nathan B. Young Elementary

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>6:00 – 6:10</td>
<td>Welcome &amp; Introductions</td>
<td>Dr. Barbara Edwards, Florida Memorial University</td>
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<tr>
<td></td>
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<td>Principal Raymond Sands – Nathan B. Young Elementary</td>
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<td></td>
<td>War on Poverty: Building a Healthy Community</td>
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<tr>
<td>6:15-6:25</td>
<td>Current Environment</td>
<td>Marlene Arribas – Hispanic Coalition</td>
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<td>6:25-7:35</td>
<td>Embrace A Healthy Florida:</td>
<td>Christine Robinson, The Blue Foundation for a Healthy Florida</td>
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<tr>
<td></td>
<td>What is Childhood Obesity and</td>
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<td>What does it mean to our</td>
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<td>community?</td>
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<td></td>
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<td>Community Feedback Survey</td>
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<tr>
<td>7:35-7:50</td>
<td>Network Update:</td>
<td>Claire Tomlin, Pola Reydburd &amp; Dylan Terry – The Market Company</td>
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<tr>
<td>7:50-8:00</td>
<td>Garden Site Tour</td>
<td>Principal Raymond Sands – Nathan B. Young Elementary</td>
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<tr>
<td>8:00</td>
<td>Announcements &amp; Adjourn</td>
<td>All</td>
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## Appendix B
### Advisory Council Meeting Schedule 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time</th>
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<tbody>
<tr>
<td>2/1/2010</td>
<td>Florida Memorial University–Conference Center</td>
<td>12:00 – 2:00</td>
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<tr>
<td>3/2/2010</td>
<td>Florida Memorial University–Conference Center</td>
<td>12:00 – 2:00</td>
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<tr>
<td>4/6/2010</td>
<td>Florida Memorial University–Conference Center</td>
<td>12:00 – 2:00</td>
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<tr>
<td>5/4/2010</td>
<td>Florida Memorial University–Conference Center</td>
<td>12:00 – 2:00</td>
</tr>
<tr>
<td>6/2/2010</td>
<td>Nathan B. Young Elementary</td>
<td>6:00 – 8:00</td>
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<tr>
<td>7/6/2010</td>
<td>Florida Front Porch–Conference Center</td>
<td>6:00 – 8:00</td>
</tr>
<tr>
<td>8/3/2010</td>
<td>Florida Memorial University–Conference Center</td>
<td>6:00 – 8:00</td>
</tr>
<tr>
<td>9/7/2010</td>
<td>Florida Memorial University–Conference Center</td>
<td>6:00 – 8:00</td>
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<tr>
<td>10/5/2010</td>
<td>Florida Memorial University–Conference Center</td>
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<tr>
<td>11/2/2010</td>
<td>Florida Memorial University–Conference Center</td>
<td>12:00 – 2:00</td>
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<tr>
<td>12/7/2010</td>
<td>Florida Memorial University–Conference Center</td>
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## Appendix C: Steering Committee Meeting Schedule 2010

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<tr>
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<tr>
<td>4/27/2010</td>
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<td>1:00 – 2:00</td>
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<tr>
<td>5/25/2010</td>
<td>Conference Call</td>
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<td>6/29/2010</td>
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<td>7/27/2010</td>
<td>Conference Call</td>
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<tr>
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<td>Florida Memorial University–Conference Center</td>
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<td>11/30/2010</td>
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<tr>
<td>12/7/2010</td>
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Appendix D
Steering Committee/Advisory Board

Barbara Edwards, Florida Memorial University
Karen Moore, New Synergies
Annie Neasman, Chair, Jessie Trice Centers
Dr. Marvin Sanders, University of Miami
Dr. Frank Astor, Blue Cross & Blue Shield
Dr. David Brown, Florida International University
Debra Susie, Florida Impact
Michael Farver, End Childhood Hunger
Dr. Lisa Jones, Florida Front Porch
Michelle Johnson, Concerned African Women
Lisa Rogers-Cherry,
Monica Dawkins, University of Florida/IFAS
Commissioner Dottie Johnson, City of Opa-Locka
Karen Phillips
Karen Landry
## Appendix E
### Advisory Council Members

<table>
<thead>
<tr>
<th>Dr. Frank Astor</th>
<th>Annie Neasman</th>
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<tr>
<td>Reginald Bonhomme</td>
<td>Jeannie Necessary</td>
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<td>Dr. Anna Price</td>
<td>Dr. David Brown</td>
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<td>Nurse Veronica Ricketts</td>
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<td>Dr. Ella Cobb</td>
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<td>Karen Moore</td>
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<td>Dr. Pamela Green</td>
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<td>Jennifer Gustafson</td>
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Appendix F: Committee and Working Group Roles

The BHC-COPC Advisory Board - **Steering Committee** is comprised of participating collaborative partners from local municipal, state, and federal government, non-profit, faith-based, civic and public agencies, healthcare and nutrition organizations who are involved in the Building A Healthy Community: Childhood Obesity Prevention initiative. The role of the committee is to guide the development of the policy agenda for increasing healthy food options, education and awareness, increasing access to fresh quality produce and food systems.

**Policy & Advocacy Working Group** will develop the policy agenda for increasing healthy food options, education and awareness, increasing access to fresh quality produce and food systems.

**Community Working Group** will develop the community outreach and engagement strategies and identify resource centers for building food systems and increasing access through formal and informal networks.

**Built Environment Working Group** will develop food production retailing agenda including farmer’s market, cooperatives. WIC/EBT/SNAP access. expansion of food business systems that link residents to healthy food distribution systems.

**Health & Nutrition Working Group** will develop healthy eating, and how to shop for and prepare cost-effective and nutritious meals options. Increase food access and engage youth and residents in gardening or food preparation for food security, educational, and entrepreneurial purposes.

**Early Childhood & Education Working Group** will develop and guide the availability and opportunities for nutrition and community health education in the classroom, garden, health fairs and community outreach events. The committee will recruit nutrition and community health educators, Master Gardeners and Jr. Master Gardeners, Urban Agriculture and environment, education and advocacy.

**Marketing & Community Outreach Working Group** will develop and identify new partners, industries, community venues, groups, and events that will create opportunities for increasing awareness of healthy food options and resources. The committee will collaborate with the other committees to ensure the promotional materials, outreach strategy, and promotional activities are conducive and appropriate for youth, adults and families.

**Data Surveillance & Evaluation Working Group** will develop and review data collection and evaluation tool, identify data collection and evaluation process, and provide recommendations.
Working Groups

**Policy & Advocacy**
Annie Neasman  
Karen Moore  
Janisse Schoepp  
Dr. Lisa Jones  
Michael Farver  
Debra Susie  
Michelle Johnson  
Sokoya Finch  
Jennifer Gustafson  
Karen Weller

**Health & Nutrition**
Claire Tomlin  
Pola Reydburd  
Marisel Losa

**Community**
Monica Dawkins  
Manelle St. Hilaire  
Dr. David Brown  
Veronica Ricketts  
Dr. Deborah George

**Early Childhood & Education**
Reginald Bonhomme  
Manelle St. Hilaire  
Dr. Deborah George  
Jennifer Gustafson  
Dottie Johnson

**Marketing & Community Outreach**
Michelle Johnson  
Karen Phillips  
John Brown  
Beverly Kirton-Smith

**Built Environment**
Janisse Schoepp  
Frank Astor
Appendix G
Guiding Questions Community Meeting June

1. Where do people in Opa-Locka buy their food?

2. What supports and infrastructure is in place to support fresh fruit and vegetables in the area?

3. Do you garden? Have you ever visited a community garden?

   What supports are in place to support community gardens? What is needed?

4. What supports are in place to support a local farmer’s market? What is needed?

5. Do you purchase produce at the Opa-Locka/Hialeah flea market?

   If not, what are the barriers to accessing the flea market? What is needed?

6. What do we know about the school system supports and infrastructure to support nutrition education, increased physical activity and access to healthier food options?

   What is needed?

7. What are the benefits of addressing childhood obesity in Opa-Locka?
8. Do the faith-based organizations in Opa-Locka serve Opa-Locka residents?

If so, who serves the highest portion of residents?

How do we engage the faith-based organizations? Local leaders?

9. How do we engage youth in the solution? What organizations serve Opa-Locka Youth? Who else should we engage?

10. How often do you exercise and for what duration?

11. Where do you exercise?

12. If given a choice would you prefer to exercise outside or inside?

13. Do you feel it is safe to exercise outdoors in your neighborhood?

14. Do you like to exercise alone (weights, and other solitary machines) or do you like to exercise with a group (team sports, dance class, etc.)

15. Do you have a favorite sport or activity? If so what is it?

16. What are the barriers that keep you from exercising more?
Appendix H

Build a Healthy Community Survey

Age: ______  Number in Family: ______  Zip Code: ______

Ethnicity/Race: (Please check all that apply)  ______ Black/ African American
______ Caucasian
______ Caribbean/Caribbean American
______ Asian/Asian American
______ Hispanic/Latino
______ Other

1. What health conditions are of major concern for you, your family or your community? (Please circle all that apply)
   - [ ] Diabetes
   - [ ] Obesity
   - [ ] Hypertension
   - [ ] Substance Abuse
   - [ ] Heart Disease
   - [ ] Cancer
   - [ ] Other __________________________

2. Where do you shop for groceries? __________________________

3. Are fresh fruits and vegetables available in your neighborhood?
   - [ ] Yes
   - [ ] No

4. Do you consider them affordable?
   - [ ] Yes
   - [ ] No

5. Do you or your child/children eat fresh fruits and vegetables daily?
   - [ ] Yes
   - [ ] No

   If no, please describe why.
   __________________________

6. Are you aware of any community gardens in your neighborhood?
   - [ ] Yes
   - [ ] No

   If yes, Where? __________________________

7. Where do you get information about nutrition and health? (Check all that apply)
8. About how many hours per day do your children watch TV or play video games?

☐ 3 or more hours per day  ☐ 1 to 2 hours per day  ☐ Seldom

9. Can children in your community play outside or in parks without a concern for safety?

    Yes  No

10. How often are your children physically active?

    60 minutes or more per day  2 to 3 days per week  Seldom
Appendix I
Building a Healthy Community Opa-Locka Childhood Obesity Prevention Project Parent Survey

In January 2010, War on Poverty-Florida partnered with Florida Memorial College to launch the Building a Healthy Community Opa-Locka Childhood Obesity Prevention Project. The project is an awareness campaign designed to promote active lifestyles and healthy eating habits for youth and their families. As part of the program, we are working with your child’s school to provide education on nutrition and eating healthy foods. Your child will have the opportunity to try new fruits and vegetables as part of the learning experience. We need your help…

Following is a short survey about your child’s eating habits and physical activity. Please take five minutes to complete this survey and return it to your child’s teacher. Should you have any questions feel free to email Karen Phillips at kphillips@waronpoverty.org.

Thanks for your support!

Child’s Name: ____________________________________________

Grade: ___________ Teacher Name: ___________________________

Parent/Guardian Name: ____________________________________

1. On average, how many meals (including snacks) a day does your child eat?
   - [ ] One or two
   - [ ] Three
   - [ ] Four or five
   - [ ] Six or more

2. How many days a week does your child eat vegetables?
   - [ ] Daily
   - [ ] 4 to 6 days per week
   - [ ] 1 to 3 days per week
   - [ ] Never

3. How many days a week does your child eat fruit?
   - [ ] Daily
   - [ ] 4 to 6 days per week
   - [ ] 1 to 3 days per week
   - [ ] Never

4. Where does your child eat dinner most nights?
   - [ ] At home
   - [ ] Restaurant (dine-in)
   - [ ] Fast-food restaurant or in the car after drive-through
   - [ ] At the home of a friend or family member
   - [ ] At a child care facility
   - [ ] At a church or community organization
   - [ ] At an after-school program
5. Does your child have fried food for dinner more than once a week?
 □ Yes
 □ No
 □ Don’t know

6. What does your child drink daily or on most days? (Check all that apply)
 □ Whole or 2% Milk (white or chocolate)   □ 100% Juice
 □ 1% or Skim Milk (white or chocolate)    □ Water
 □ Sugar Sweetened Drink (Kool-Aid, Soda, Tea) □ Sports’ drink
 □ Other _______________________________

7. Does your child eat dessert or a snack after dinner daily or on most days of the week?
 □ Yes □ No

   If yes, (Check all that apply)
 □ Ice Cream or Pudding    □ Fruit
 □ Cookies, Cake, Chips or Pie □ Other ______________________________

8. How active is your child most days?
 □ Very active (playing outside 2 or more hours per day)
 □ Active some of the time (playing outside 1 to 2 hours each day)
 □ No active (sitting most of the day)

9. How many hours a day does your child watch TV or play video games?
 □ 3 or more hours per day
 □ 1 to 2 hours per day
 □ Seldom

10. Would you like to see changes in the way your child eats?
 □ Yes
 □ No
 □ Maybe    If so, what changes? ______________________________

Additional Comments:
Appendix J

Focus Group Questions

1. What health problems do you and your family or friends face?

2. Where do you and others in your family shop for groceries?

3. What parks and recreational facilities are located in your neighbourhood? Do you have any issues going to these parks and recreational facilities?

4. Can you talk about any of the problems that you feel are only in your area, compared to the rest of the Miami Dade County?

5. What are some things that you would change about your food choices at school?

6. Where are the health centers in your community? (Where do your family/parent take you when you are sick?)

7. Where do you go for information about nutrition and health?

8. What do you think are the greatest challenges to living a healthy lifestyle in the Opa-Locka?

9. What does “living a healthy lifestyle” mean to you?

10. What can be done to promote physical activity in your community?

11. What can be done to promote healthy eating and balanced diet?

12. Who can contribute?

13. What should we tell them?

14. How should we engage the community?

15. What can you do?

16. What would you like to see in the community to promote healthy lifestyles and active living?

17. How will it impact the community?
Appendix K

MAPS

Opa Locka Assets
18. Schools
19. Daycare/After School Programs
20. Community Youth Programs
21. Parks and Recreation
22. Health & Social Services
23. Churches
24. Crime Watch
25. Restaurants
26. Grocery Markets
27. Beauty Salons and Barber Shops

1 Schools
- Bunche Park Elementary
- Excel Academy
- Hialeah - Miami Lakes High School
- Hialeah Middle School
- Miami Carol City High School
- Nathan B. Young Elementary
- North Dade Middle School
- Rainbow Park Elementary
- Robert B. Ingram/ Opa-Locka Elementary
- Westview Middle School

2 Daycare/After School Programs
- Angela Stewart
- Bridging the Gap Academy
- Bunche Park Elementary Head Start/Early Head Start
- Caran's Learning Nest Inc.
- Celeste Levell Large Family Child Care Home
- Childcare Facilities -
- Children's Academy Preschool #5
- Children's Academy Preschool #6
- City of Opa-Locka Kids Program (COOL Kids)
- Community Book & Dance Academy
- Elsie Cruz Large Family Child Care Home
- FCAA Opa-Locka Educational Service Center
- Hanan's Childcare and Academic Development center
- Jean’s Kiddie Kollege
- Kathy Jane Johnson Family Day Care Home
- Kid’s World Learning Center
- Kidz Kozy Corner Learning Center
- King’s Kids Academy, Inc.
- Little Angel’s Christian Academy
- Little Rascals Learning Center
- Marian Center Preschool
- Marianela A. Fernandez Family Day Care Home
- Neely Family Day Care Home
- Opa-Locka Head Start & Child Care Center
- Ophelia E. Brown-Lawson Head Start & Childcare Center
- Pamela Taylor Day Care Center
- Terrie Osman Family Child Care Home

3 **Community Youth Programs**
- Alliance for Musical Arts
- City of Opa-Locka Baseball Program
- City of Opa-Locka Basketball Program
- City of Opa-Locka Football and Cheerleading Program
- Quant Productions
- Teen Upward Bound
- The Portrait Empowerment
- Theo’s Ministries
- Youth Corp Inc.

4 **Parks and Recreation**
- Brentwood Park
- Bunche Park
- Ingram Park
- Myrtle Grove Park
- North Glade Park
- Segal Park
- Sherbondy Park

5 **Health & Social Services**
- Dade Family Counseling
- Doctors Medical Center
- Here’s Help Inc.
- Home Care 4U
- Med One Medical Center
- Miami Gardens Neighborhood Services
- Opa-Locka Community Action Agency/Neighborhood Center
- Opa-Locka Community Development
- Opa-Locka Focal Point Sr. Center
- Opa-Locka Medical Clinic
- Professional Care Inc.
- Teen Up Ward Bound Inc.

6 Churches
- Cherubim & Seraphim Movement New Convenant
- Church of God North Dade
- Church of the Transfiguration
- Divine Life Temple Church of Our Lord
- First Baptist Church of Bunche Park
- Free Will Baptist Church New Birth Baptist Church
- Holy Church Ministries
- Holy Temple Missionary Baptist Church
- Iglesia Bethesda Assembly of God
- Iglesia De Dios Pentecostal
- Iglesia Rebano Capilla Del Rey
- Magnolia Park Church of Christ
- Mt. Zion AME Church
- New Generation Missionary Baptist
- New Missionary Baptist Church
- Opa-Locka United Methodist Church
- Potter's House Ministries
- Soul Saving Station Church
- St Andrew Missionary Baptist Church
- St. Philip's Church
- The Living Word Baptist Church
- Theo's Ministries Temple
- Triumph the Church and Kingdom of God and Christ
- Victory Outreach Mean's Home

7 Crime Watch
- Citizen's Crime Watch of Miami Dade County
- City of Opa-Locka Kids Program (COOL Kids)
- City of Opa-Locka PEARLS / COOL Teens Program
- Invisible Eye Crime Watch
- Opa-Locka Crime Prevention
- Opa-Locka Weed & Seed
- Rainbow Park Crime Watch

8 Restaurants

- B & V Bar Restaurant
- Bobby’s Meals
- Burger King
- Café Mekong
- Carribean Café
- Checkers
- China Garden
- China Lakes Restaurant
- Chop Suey
- Curley's Restaurant
- De Reggae Café Restaurant Inc.
- Dee Dee
- Dennys
- Domino’s Pizza
- Enrique’s Restaurant
- Golden Hong Kong Restaurant
- Homestyle
- Juana Cafe Inc.
- Mama Dolores Cafeteria
- Munchy’s Pizza Corp
- Ozzy S Cafe
- Papa Johns
- Restaurant Blanca S Catering Inc.
- Shang Haii Chinese Restaurant
- Sweet House Cafe
- Wing Zone

9 Grocery Markets

- Supermarkets
  - Carol City 183rd Street Super Market
  - Classic Supermarket
  - Collado Supermarket
  - Diaz Supermarket #4
  - I A Supermarket
  - Imperial Supermarket
  - La Chiquita Supermarket
  - Power Super Market
- Top Value Supermarket

- Grocery Stores
  - African Millennium Store
  - Cuqui Citgo
  - Family Dollar
  - General Food Store
  - Kwik Stop
  - Maritza Market
  - Opa-Locka/Hialeah Flea Market
  - Price Choice
  - Superior Value Market Food Town Center

10 Beauty Salons and Barber Shops

- Aquarius Nail & Hair Designer
- Beauty Lab
- Dionne’s Hair Studio
- DL Nails
- Eureka’s Hair Palace
- Glo Skin Care
- Hair Xscape
- Kurt Above Barber Shop
- Maggie Beauty Salon
- Miracle Hair Designs
- Nails
- Persuasion Inc.
- Regina’s Beauty Salon
- Sonia Natural Motions Unisex Beauty Salon
- Supernatural, theBarbershop and Unique Look Unisex Salon
- The Beauty Salon
- The Boulevard Beauty Salon
- Yohanna Beauty Salon & Spa
OPA-LOCKA
ASSETS

Legend
- Schools
- Community Youth Programs
- Day Care/After School
- Health and Social Services
- Parks and Recreation
- Churches
- Crime Watch
- Restaurants
- Grocery Markets
- Beauty and Barber Shops

Prepared by

HCSF

Health Council of South Florida, Inc.

Disclaimer
The assets included in this map and their addresses were provided by War on Poverty - Florida, Inc., Jacksonville, Florida.
OPA-LOCKA ASSETS
Parks and Recreation

Disclaimer
The assets included in this map and their addresses
were provided by War on Poverty - Florida, Inc.,
Jacksonville, Florida.

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HCSF
Health Council of South Florida, Inc.
Opa-locka’s Action Plan to Build A Healthy Community to Prevent Childhood Obesity