

CLOCC BREAKOUT SESSIONS

- I. DATA SURVEILLANCE
 - A. Children Health Cabinet Opportunity
 - B. Research
 - C. Knowledge, Skills, Attitude, Behavior
 - 1. A lot of opportunity with organizations that have interest in data/research.
 - 2. BMI – look for environmental factors related to BMI.
 - 3. Get adiposity data upon child entering school.
 - 4. Interested stakeholders.
 - 5. Set on modeling and simulation resources capability of developing information among all four counties.
 - 6. Uniquely positioned.
 - 7. Utilizing the new medical campus for some of these things.

- II. EARLY CHILDHOOD
 - A. Umbrella Organization
 - 1. Community Assessments/local buy-in.
 - 2. Go Team Activities.
 - 3. 5-4-3-2-1 GO!
 - B. Funding
 - 1. Information dissemination – How, to whom, when (during well-baby checkup?)
 - 2. Better communication and buy-in from healthcare providers.
 - 3. Cultural education re: body size/health.
 - C. Priority areas in each of four counties
 - 1. Need to identify all of the stakeholders.

- III. SCHOOL SYSTEMS
 - A. Connections with after-school programs already established
 - 1. Physical Education.
 - 2. “Go To” Teams at the high schools.
 - 3. Consistent message “wrap around”.
 - B. Challenges
 - 1. How could resources help the schools meet P.E. requirements?
 - 2. Nutrition education through meals programs.
 - 3. Obesity information from Health Educators to parents.
 - C. Resources Available
 - 1. Nurse on Campus.
 - D. More Information
 - 1. What are schools doing and what help is needed?
 - 2. What are community partners doing?
 - 3. BMI data disaggregated.
 - 4. BMI- who generates and reports?
 - 5. Funding existing and potential.

E. What Would Work?

1. Work with resources with 4 year and under to ask what they need.
2. Healthy school Teams.

IV. CLINICAL PRACTICE

- A. Need to know hospital-based obesity programs.
- B. Medical school has provided neutral environment for sharing information and resources on other issues.
- C. Getting information from both community resources and clinical services is important first step. Clinicians aware – need help.

V. GOVERNMENTAL PROGRAMS AND POLICIES

- A. Collaboration process
 1. partnership with public, private, faith-based schools.
- B. Challenges
 1. Lack of availability of healthy foods in inner-city.
 2. Decreased economics to access healthy food/quality.
 3. Transportation to link community.
 4. Putting a system in place that would work for this region.
 5. Safety & security.
 6. Misconception.
 7. Getting people in different areas to talk to each other.
 8. Competing for same resources/silos.
- C. What would work
 1. Find out more best practices from similar cities – counties.
 2. Who are partners and what are they doing?

VI. ARTS AND CULTURE

- A. Works Well
 1. Demonstrated value.
 2. Connecting the needs resulting in more kids served – program capacity.
 3. Identified effective collaborative within region.
 4. School partnerships/After-school.
- B. Challenges
 1. Duplication of Services.
 2. No central clearinghouse.
 3. What places to meet?
 4. Process too slow within each partners life-cycle, ie., progress, strategies.
 5. Broaden collaboration scope.
 6. The “dot” connection (connect the train to the trip?).
 7. Funding/resources.
- C. What Information is needed?
 1. Regional MAPP?
 2. Health Disparities of each county?

3. Clear, concise simple messages such as 5,4,3,2,1 model.
4. More sharing of regional best practices.

VII. RESEARCH

A. Challenges

1. How do you measure outcomes?
2. Resistance to hard data.
3. Do we have trust at grassroots level - need for successful collaboration.
4. Geographical barriers/system barriers
5. Turf issues – need agreements before starting
6. Penetration of information, system

B. More Information Needed

1. Available funding
2. Senior leadership buy-in: Nemours, UCF, Florida Hospital, ORHS.
3. Identifying community-level participants.
4. What do we need to learn, ie., legislatively, school systems etc.
5. Standard practice for communicating BMI/Perceptions to parents.
6. Need to identify resources available – decide what is missing.
7. Quality of collectible data.
8. Need policy – put teeth into it.

VIII. HEALTHY COMMUNITIES

A. What Might Work?

1. Networking.
2. Sharing knowledge, practices, resources – partnership!
3. Shared agenda and direction – provides focus.
4. Provides leadership on issue/help identify leadership.
5. Provides way to listen to communities.
6. Common message like 5-4-3-2-1.

B. Information Needed

1. What department originally under at CMH?
2. Recruitment strategies.

C. Challenges

1. Large geographic area.
2. Not duplicating, but bringing all together.
3. Funding
4. Starting and sustaining a staffed entity.
5. Changing mindsets of folks to work together versus in isolation.
6. Finding common ground.
7. Fewer corporations/small business mindset.
8. Lack of agricultural resources (variety).
9. Compendium of resources for referring.