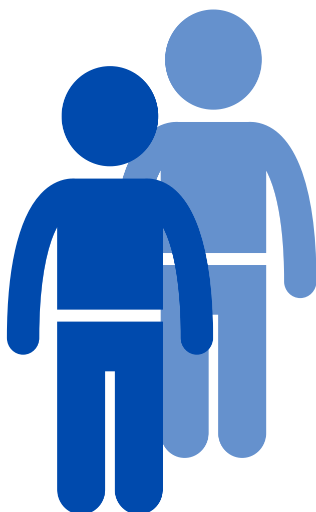
ACTION PLAN



BALTIMORE 2020

Acknowledgements

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Content

Executive Summary 04

The Need for an Action Plan 05

Setting 06

Creation of the Action Plan 07

Subcommittee Description and Membership 09

Network Processes 12

Essential Questions 12

Methods of Engagement 13

Findings from the Stakeholder Action Network 15

Recommended Actions 19

Epilogue COVID-19 24

References 25

List of Figures 28

Appendices 29

IS A MULTI-LEVEL PROBLEM

Executive summary

The following report presents the findings of a project conducted from 2018-2020 by Centro SOL and Comité Latino de Baltimore to address Latino child obesity. Child obesity is a complex, entrenched problem fueled by disparities in income, access to healthy food and safe space for recreation. Without reductions in child obesity, the future health of the nation is in jeopardy given the association between child obesity and costly and deadly adult diseases such as diabetes and high blood pressure.

Child obesity is a multi-level problem and demands a multi-level solution. Centro SOL and Comité Latino partnered to involve members and supporters of Baltimore's Latino community in a discussion of solutions to child obesity at the family, community and policy levels. This report represents one step in what we intend to be an ongoing partnership to address obstacles to child healthy weight encountered by Latino families in Baltimore.

The report provides an actionable framework for local health systems, community-based organizations and policymakers to use in addressing the high prevalence of childhood obesity among Latino communities in and around Baltimore. It reflects the voices of diverse stakeholders and provides key information about developing programs that match community needs and preferences, increasing access to effective programs and advocating for policy changes.

The Need for an Action Plan

The negative health effects of childhood obesity extend across the life course. Reducing cardiovascular disease and diabetes in adults requires addressing the childhood obesity epidemic. The National Academy of Medicine has declared an urgent need for more research on the prevention of childhood obesity, specifically implementation of proven behavioral interventions. [1] Though prevention of obesity remains the ultimate goal, there is an increasing focus on treatment.
Obesity treatment guidelines have the potential to exacerbate disparities for Latino children in immigrant families, who have among the highest rates of childhood overweight and obesity of any racial or ethnic group in the US. [2] [3] [4] [5]

Obesity treatment programs are mainly found in clinical settings, are limited in number and are frequently impractical for families with transportation, language, financial, trust and other barriers to frequent engagement with healthcare systems. [6]
The participation of Latino parents and the broader Latino and Latino-serving community is essential to efforts to address the gap in effective, practical obesity treatment for Latino children in immigrant families and in specifying locally-specific priorities for addressing the many factors that contribute to disparate rates of childhood obesity for Latino children.

Latino Childhood Obesity is a Public Health Crisis

In a national sample, 26% of Latino children were obese at age three compared with 14.8% of White and 16.2% of Black children. [1] Latino children in immigrant families are at particularly high risk of obesity. [6] Latino children and adolescents also show a faster increase in BMI beginning as early as kindergarten. [7]

Many Latinos face barriers to good health. Poverty is a strong independent risk factor for childhood obesity and increases the risk of obesity for many Latino children who are overrepresented among low-income children in the U.S. [8] [9] [10] [11] Latino families living in lower-income and unsafe neighborhoods report the high cost and limited availability of healthy foods as constraints. Physical activity is also limited due to long work hours and lack of affordable and safe community spaces for exercise. [7]

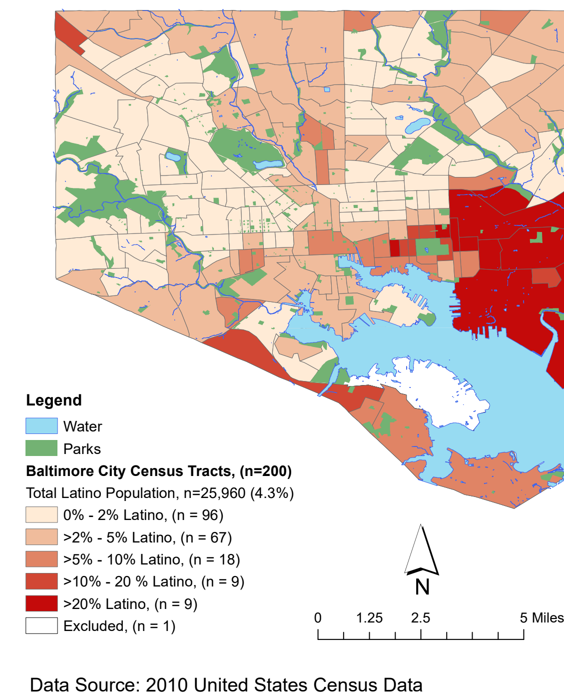
Figure 1: Latino Childhood Obesity is a Public Health Crisis.

SETTING

At a national level, the Latino population increased from 50.7 million in 2010 to a record 60.6 million in 2019, accounting for the 18% of the nation's population and becoming the second largest racial/ethnic group, exceeded only by non-Hispanic Whites. [12] With a growth rate of 2%, Latinos represent the nation's second-fastest growing racial or ethnic group. [12] The Latino population in Baltimore has grown 134.7% in the past decade, in part due to the city's strategy of welcoming immigrants. [13] Latinos now account for 5% of the population. [14]

Baltimore, Maryland is a re-emerging gateway city for immigrants. Many immigrants arrived in the late 19th and early 20th centuries, [15] and after that, few immigrants settled in Baltimore until there was an influx of Latino immigrants starting in the 1990s. An important challenge in Baltimore, as in other re-emerging cities, is the limited infrastructure and multilingual social welfare support services, [16] [17] which may be a barrier to access the clinical-centered obesity treatment programs.

Latino Population in Baltimore City, MD in 2010
By Census Tract, n = 200



Latino Population in Baltimore City, MD in 2018
By Census Tract, n = 200

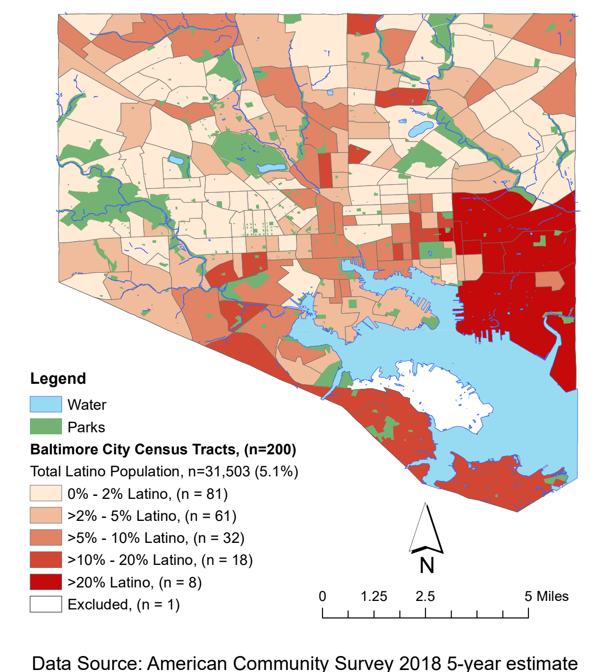


Figure 2: Latino population increase in Baltimore City 2010-2018 [18] [19]. The maps elucidate the demographic change in Baltimore City indicating the overall increase of the Latino population.

Creation of the Action Plan

The Action Plan is the result of engaging the community to establish The Latino Child Healthy Weight Action Network, hereafter referred to as the Stakeholder Action Network. The purpose of the Stakeholder Action Network was to partner with community stakeholders to develop a patient- and family-centered approach to treatment of childhood obesity for Latino children in Baltimore and to identify policy priorities relating to promoting healthy child weight.

Stakeholder Action Network members included Latino immigrant families, community leaders, healthcare delivery experts and academic researchers. The Stakeholder Action Network was comprised of four subcommittees and a Steering Committee (Figure 3).

STAKEHOLDER ACTION NETWORK

Figure 3: The Stakeholder Action Network.

The Treatment of Child Obesity: Promising Approaches

Programs
Recommendations highlight the need for culturally tailored approaches and meaningful engagement of community members to address health disparities in obesity. [1] [20] [21] Interventions that address multiple components of childhood obesity, are adapted to the local context and include community involvement are more likely to be implemented and sustained.[1] Community-based interventions for Latino children have been shown to have positive impacts, including positive health behavior changes among parents and reductions in child BMI. [22] [23]

Policy
The Centers for Disease Control and Prevention recommends the establishment of an environment that promotes healthy living for the prevention of obesity. [24] Similarly, the World Health Organization recommends that governments take action at the local, state and national level to prevent childhood obesity.[25] Approaches should be inclusive, tailored to suit local contexts and aimed to improve equity within and between communities.

Figure 4: The treatment of child obesity: promising approaches.

The Stakeholder Action Network was co-led by researchers from Centro SOL (Center for Salud/Health and Opportunities for Latinos) and Comité Latino de Baltimore. Both organizations have extensive experience working to address the needs of immigrant communities in Baltimore City, and have collaborated in multiple projects including events and educational sessions for the community.

Centro SOL was established at Johns Hopkins in 2013 to better address the healthcare needs of Baltimore's growing Latino population. Centro SOL faculty and staff work at the intersection of healthcare delivery and community engagement and have the knowledge, patient-centered research experience, community and institutional relationships and linguistic and clinical skills necessary to address obesity and health disparities in the limited English proficiency (LEP) Latino population in Baltimore.

Since its inception, Centro SOL has worked across varied healthcare and community settings to promote equity in health and opportunity for Latinos and has developed close partnerships with key leaders and organizations in the Latino community. Centro SOL has become deeply rooted in the Baltimore Latino community through community-based programs in patient engagement, exercise and nutrition, mental health and career development.

Comité Latino arose from meetings of Latino leaders to discuss issues affecting their community and to share resources and information. The group has met monthly since 2016 to create a safe space to express concerns and learn about important issues such as immigrant rights and police reporting.

The mission of Comité Latino is to help Latinos "integrate into their communities and collectively strengthen the Latino community." Comité Latino's work is not focused on health, per se, but on community needs, resources and resilience.

SUBCOMMITTEE DESCRIPTION AND MEMBERSHIP

Patient Engagement Subcommittee

Patient Engagement Subcommittee members came from two existing Centro SOL patient engagement boards, the Latino Family Advisory Board (LFAB) and the Youth Advisory Board (YAB). The LFAB is a patient-family advisory council established in 2011 at Johns Hopkins Bayview Medical Center. The parent participants are immigrants from throughout Latin America who take their children to the Children's Medical Practice for medical care. [13] The Youth Advisory Board was established in 2017 and is comprised of 12–19-year-old patients from the Children's Medical Practice.
Prior to this project, the research team starting working to improve obesity treatment for Latino children in immigrant families via a pilot of a clinic-based obesity treatment program, Active and Healthy Families (AHF). AHF is family-based group medical appointment program for overweight or obese Latino children at risk of conditions such as prediabetes, type 2 diabetes and dyslipidemia. The program offers a curriculum tailored to the cultural and linguistic needs of Latino families.

Families who participated in the AHF pilot affirmed the sessions' educational content and activities and AHF's tailoring to their experiences as Latino immigrant parents. Participating parents reported that a community setting would be more convenient for them and would facilitate physical activity via more space or proximity to a park. Therefore, adaptation of AHF for community-based delivery was presented to all subcommittees as one treatment program option.

Duration: 6 group appointments (2 hours every other week) and individual follow-up appointments for 6 months.

Topics covered:

- Healthy Habits Matter
- Eating for a Healthy and Strong Body
- Physical Activity and Screen Time
- Managing Stress
- Cholesterol and Triglycerides
- Review and Graduation

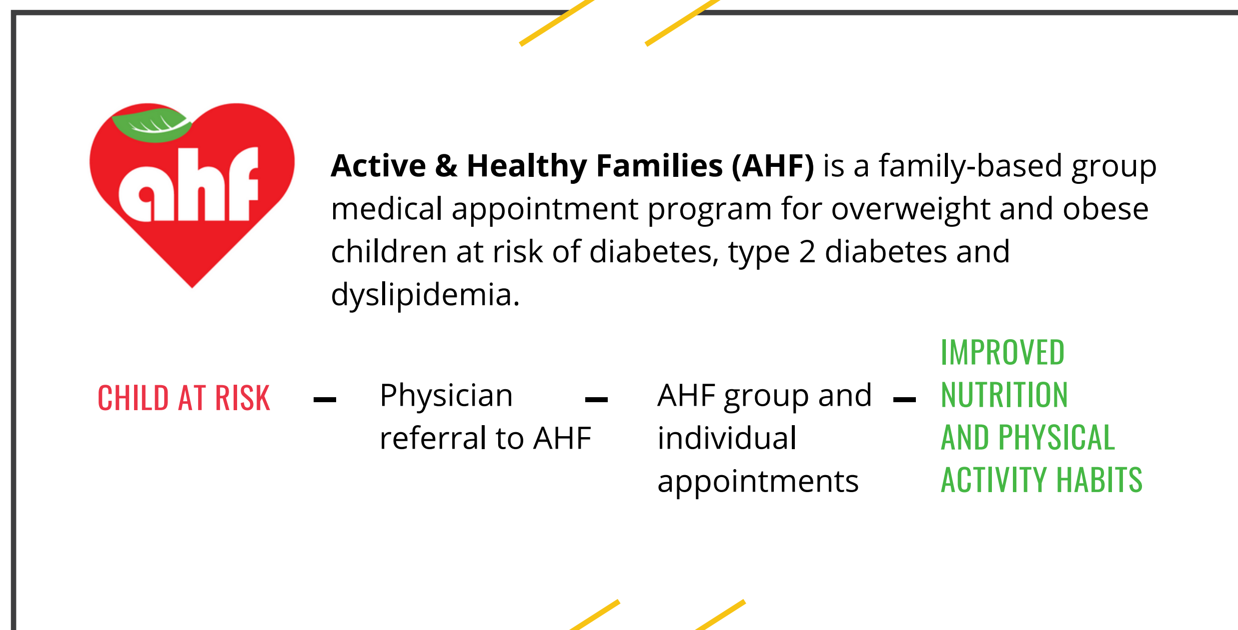


Figure 5: Active and Healthy Families Program.

The Community Engagement Subcommittee

The Community Engagement Subcommittee was comprised of representatives from organizations serving Baltimore's Latino immigrant community. Comité Latino convened this subcommittee and led its meetings. The subcommittee met quarterly.

Comité Latino de Baltimore serves the Southeast Baltimore immigrant community to help them to integrate and advocate to strengthen the voices of the Latino Community. It is a grassroots group that has monthly meetings with their neighbors to support them and has a large network of community participants that communicate via social media and chat groups. Their contribution to the Community Subcommittee was critical to hear the perspective of the community at large and connect with Latino serving organizations.

Friends of Patterson Park has a long-lasting relationship with the communities nearby the Patterson Park area. Latino immigrant families have been avid users of the park and the organizations has adapted its programming to overcome language barriers and to ensure the park's vitality as a treasured green space and encourage its use and appreciation by neighbors, visitors and future generations.

B'More for Healthy Babies is a community-based initiative in Baltimore City to reduce infant mortality and child deaths through education, advocacy, policy development and research in order to effect systemic change. Their participation in the Community Subcommittee contributed to understand perspectives from the programs serving families and mothers.

CASA is a well-known advocacy organization that aims to create a more just society by building power and improving the quality of life in working class and immigrant communities. Their participation in the Community Subcommittee brought a view from an organizer who directly serves Latino immigrants in Baltimore City.

Living Classrooms Foundation aims to improve the lives and futures of children, youth and families as it serves communities with holistic and transformative opportunities. Their Park House Site at Patterson Park serves Latino children and their families and focuses on after school programming. Their contributions to the Community Subcommittee elucidated their experience offering programs for healthy programs in a green space.

State Farm Community Outreach in Baltimore City aims to support community to insurance. Their participation in the Community Subcommittee was chosen due to their community outreach efforts to support immigrant families. They brought a business perspective about access to resources for families.

Priority Partners as one of the largest managed care organizations serving Latinos in the City has a comprehensive Outreach Program that serves families in Comité Latino de Baltimore. Their contribution to the Community Subcommittee helped to incorporate lessons learned on community outreach in health education.

Figure 6: Comité Latino de Baltimore, Community Engagement Subcommittee meeting.

The Healthcare Delivery Subcommittee

The Healthcare Delivery Subcommittee was designed to include perspectives from local clinicians and leaders in population health, healthcare policy, school-based health and charity care programs. This subcommittee consisted of standing and ad hoc members. Standing members met quarterly. Healthcare Delivery Subcommittee meetings were supplemented with a small number of in-depth expert interviews to address gaps in knowledge revealed during discussions of policy and healthcare financing. Interviewees were considered ad hoc subcommittee members. Interviewees included a department chair, medical directors of school-based programs and policy experts at the state and city levels.

Seven interviews were conducted to gather information about the following topics:

1) What models exist for community-based and community-delivered interventions?

2) What is the relevance of the Total Cost of Care Model in Maryland to our objectives?

3) How can we work with policymakers to address structural barriers to healthy weight for Latino children?

The Research Subcommittee

The Research Subcommittee consisted of the Centro SOL research team.

Figure 7: Research team:Left to right:
Lisa DeCamp, Monica Guerrero Vazquez, Sarah Polk.

NETWORK PROCESSES

Members of the Network Subcommittees were engaged to answer four essential questions working collaboratively with the research subcommittee that followed community-based participatory approaches.

Essential Questions

Four essential questions (EQ) were posed to the Patient Engagement, Community Engagement and Healthcare Delivery Subcommittees in order to:

- design a feasible, acceptable family-centered obesity treatment program
- determine policy priorities
- foster a collaborative relationship within the Stakeholder Action Network necessary for continued partnership.

The strategy of guiding questions was used to promote a broad and open discussion and decrease time spent on details of research methods. During meetings between October 2018 and March 2020, subcommittee members answered the questions through small and large group discussions using user-centered design principles including ranking and prioritizing exercises and generating importance/effort matrices. [7] [27] [28]
The Research Subcommittee organized the themes and priorities from subcommittee meetings and key informant interviews to prepare a combined set of responses to each of the four essential guiding questions.

1	**What are the key components of a community-based obesity treatment program for Latino children in LEP, immigrant families?**
2	**Who should be involved in the delivery of and as participants in this obesity treatment program?**
3	**What are the existing community and healthcare assets for promoting healthy weight among children in Latino immigrant families?**
4	**What are the current community and healthcare barriers for promoting healthy weight among children in Latino immigrant families?**

Figure 8: Essential Questions (EQ).

Methods of Engagement

Community-based participatory research (CBPR) principles, including photovoice, guided the Stakeholder Action Network subcommittee meetings during which the essential questions were answered.

What is Community-Based Participatory Research (CBPR)?

CBPR is a "collaborative approach" [29] that relies on involvement and collaboration of community members, organizational representatives and researchers in the research process. Partners contribute their expertise to enhance understanding of a given phenomenon and integrate the knowledge gained with action to benefit the community involved. CBPR is intended to reduce the gap between theory, research and practice. [30]

Figure 9: What is Community-Based Participatory Research (CBPR)?

How was CBPR used in this project?

- To engage Comité Latino in the research process and in a leadership role in the Community Engagement and Steering subcommittees
- To address language and cultural appropriateness by incorporating feedback from the Patient Engagement Subcommittee using qualitative analysis
- To assure sustainability through program implementation and research training for Comité Latino

A subset of Patient Engagement Subcommittee members were invited to participate to address essential questions 3 and 4 through a participatory action research method, Photovoice.

What is Photovoice?

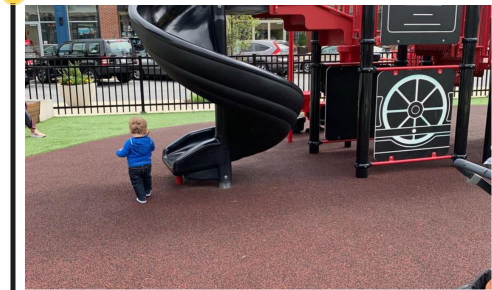
Photovoice is a participatory action research method in which community members take photos and engage in group discussion about the significance of their photos in order to answer a question about how to address something that is negatively affecting the health, safety or wellbeing of people in their community. [31]

Figure 10: What is Photovoice?

How was Photovoice used in this project?

QUESTIONS

Members of the Patient Engagement Subcommittee took photographs that captured the assets and barriers in the community for promoting healthy weight among children in Latino immigrant families (EQ 3 & 4).

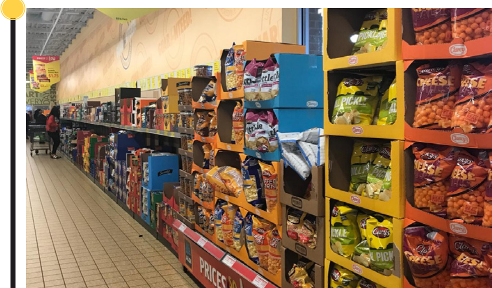


TAKING PHOTOS, DISCUSSING

Photovoice members presented their photos to one another and discussed their meaning.

ANALYZING, CHOOSING

Photovoice members came to consensus on common themes captured by their photos and which photos optimally captured each theme.

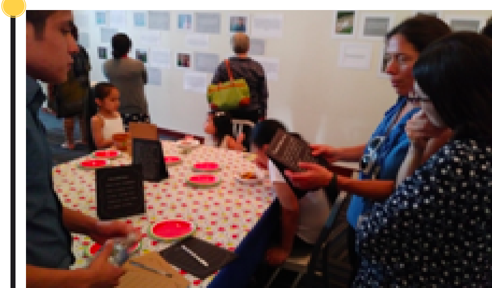


PHOTOBOOK

Photovoice participants' work was developed into a 54-page photobook with over 45 photos which has been shared with local healthcare, policy and community leaders.

EXHIBITION

An exhibition of Photovoice results was also created and displayed at a library in Southeast Baltimore City as well as at the Maryland State House. A gallery showing at Baltimore City Hall was cancelled due to the COVID19 pandemic.



Findings

from the Stakeholder Action Network

1. What are the key components of a community-based obesity treatment program for Latino children in LEP, immigrant families?

Community Engagement Subcommittee:

- For content:
  parent education on healthy habits and cooking
- For sustainability:
  offer equal opportunities considering existing economic and structural disadvantages
- For duration:
  culturally tailored to find a balance between intervention facilitations and culture
- For setting:
  consider accessibility in terms of public transportation and language

Healthcare Delivery Subcommittee:

- For content:
  support group for parents, healthy snacks, physical activity
- For sustainability:
  consider insurability of patients and distribution of funds or interventions tailored for insured and underinsured children
- For duration:
  evidence-based with intensive, weekly, after school for a total of 26 hours
- For setting:
  friendly location for the community and children

Patient Subcommittee:

- For content:
  educate parents who have the "control" of food in the house and need to know how to do healthy eating

Parents are responsible for what the children eat. And we don't know what is healthy, we think that as long as our kids are happy, they can eat anything.

Community Subcommittee member

2. What are the key components of a community-based obesity treatment program for Latino children in LEP, immigrant families?

When the program is delivered by someone we know, it is easier to trust them. But having a second opinion from the doctor about our child's health is also important.

Community Subcommittee member

Community Engagement Subcommittee:

- To participate:
  parent–empower and involve parents as key participants in the children's health
- To deliver the program:
  community workers – those facilitating the interventions should have a connection with the community (someone that people know and trust)

Healthcare Delivery Subcommittee:

- To participate:
  a strong participation of families, community and community-based organizations: parents, siblings, teachers, school nurse, YMCA, grocery stores and community physicians
- To deliver the program:
  exercise expert, nutritionist, behavioral expert, community health worker
- To supervise:
  coordinator, pediatrician, subspecialist, analyst/evaluator
- To lead (who should run the program):
  community-based organizations, population health department

Patient Subcommittee:

- To participate:
  parents and children
- To deliver the program:
  doctors and nutritionists

3. What are the existing community and healthcare assets for promoting healthy weight among children in Latino immigrant families?

Communit Engagement Subcommittee:

- Public spaces
- Public libraries
- Free clinics and free community programs focused on living a healthy lifestyle
- Local parks

Healthcare Delivery Subcommittee:

- Places (CivicWorks, YMCA,recreation centers, community-based organizations)
- People (CHWs,new healthdepartment leadership,strong community)
- Systems (school-based systems, bilingual staff
- Policy (ban on sugary drinks, telemedicine, ECHO increasing access, Diabetes Prevention Program)

Patient Subcommittee:

- Community groups for Exercise for families
- Education programs for parents to act as role models and promote the idea that food is an asset
- Parent motivation to prevent child overweight
- Eating foods that are in season to promote behavior change for healthy eating monitoring fruits, veggies and water intake.
- Having a car allows family to go to parks
- Parks are close to some residential areas

Figure 11: Patterson Park, safe space for the community wellbeing.

4. What are the current community and healthcare barriers for promoting healthy weight among children in Latino immigrant families?

Community Engagement Subcommittee:

- Cultural understanding about obesity and overweight in the families
- Lack of culturally appropriate medical services
- Lack of access to healthcare insurance and systematic challenges to receive services including lack of bilingual clinical staff

Healthcare Delivery Subcommittee:

- Barriers to healthcare access

Patient Subcommittee:

- Unreliable transportation
- Marketing promotion of unhealthy foods
- Safety concerns to access public spaces and parks

> **It is hard to go to the doctor and not being able to talk with anybody, it feels like nobody wants to help.**
>
> **Community Subcommittee member**

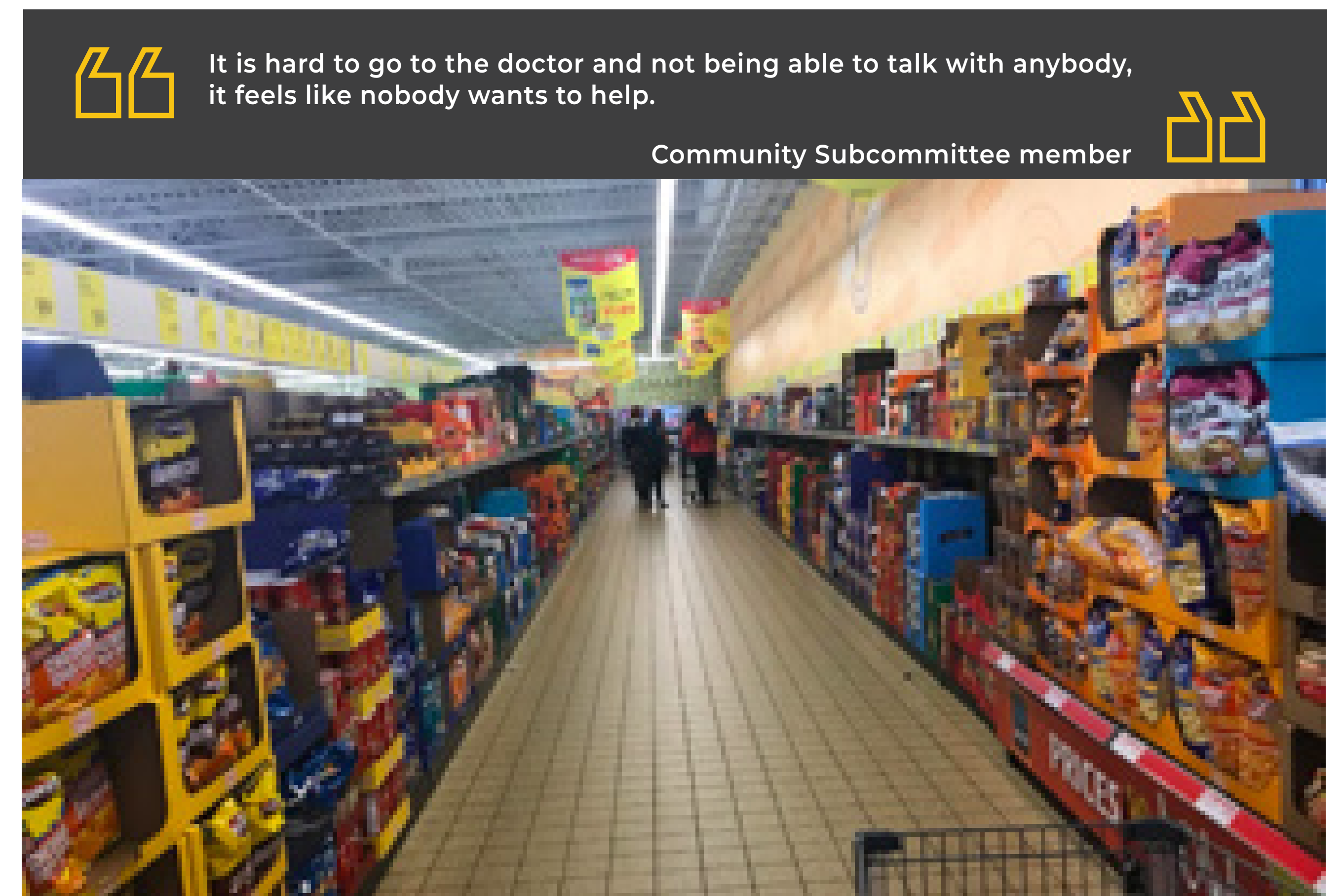


Figure 12: Photovoice: A barrier for promoting healthy weight among children in Latino immigrant families - Abundance of unhealthy food options. Photo by Dilian Barrera, 2019.

Recommended Actions

The following goals and actions reflect the synthesis of the responses to the essential questions provided by the Stakeholder Action Network. Network members support the recommended key actions as critical next steps in reducing Latino child obesity.

Goal 01 »

To deliver an obesity treatment program for Latino children in immigrant families, which will be focused on knowledge relevant to healthy weight and the skills needed to make behavior change and to overcome obstacles/challenges encountered at home and in the community.

TREATMENT PROGRAM CHARACTERISTICS:

Explicitly focused on engaging multiple adult family members

Specifically works to engage fathers who play an important role in child weight but are seldom involved in prevention or treatment programs [32]

Is flexible

Families who miss a session are welcome to return. Continuous attendance is encouraged, but occasional absences are anticipated.

Support for each family to address their unique assets and challenges

Acknowledges community-level barriers to healthy behaviors such as unsafe neighborhoods

Program offers relevant community resources related to low cost physical activity and healthy food access are shared at each session

Acknowledges family-level barriers to healthy behaviors such as limited food budgets and working parents with multiple jobs and limited free time

Includes exercises that are possible indoors with limited space that do not require equipment

Includes practical incentives to facilitate behavior change at home such as:

- Measuring cups and cereal bowls for portion control
- Water pitchers to encourage drinking water with meals
- Jump ropes for exercise
- Playing cards as an alternative to snacking when children are bored

TREATMENT PROGRAM CONTENT:

Education – interactive group workshops for parents and children with ample time for questions and time for parents and children alone

Group physical activity – with practical examples of what could be done at home with limited space and with no equipment

Cost conscious healthy snack preparation

Educational workshops take place in the afternoons, evenings, or weekends

In order to accommodate participation of fathers and of parents with competing demands

Two treatment program phases

Phase 1 - Weekly educational workshops and individual support for 3-5 months

Phase 2- Intermittent support for an additional 4-6 months including check in calls monthly by program staff and/or continued invitations to physical activity programs in the community

TREATMENT PROGRAM LOCATIONS:

Community-Based Organization; possible venues include schools, churches, recreation center, non-profit immigrant serving organizations

- Already known to the Latino immigrant community
- Accessible via public transportation
- With space for group meetings, exercise and snack preparation

Figure 12. Photovoice. Photo by Paola 2019

PATTERSON PARK HOUSE IS:

- a community hub used by thousands of community members each year
- a welcoming place for Latino immigrant families which hosts health and wellness activities for children and families in partnership with local schools and community organizations
- a living classroom

Figure 13: Living Classrooms - Example of community site model.

TREATMENT PROGRAM FACILITATORS:

Community Health Worker (CHW)

Critical role in keeping families engaged in the program

- Co-facilitator for program meetings
- Sends all program communication (e.g. text message reminders prior to sessions
- Completes individual support phone calls with families

CHW valued by our community members and recognized to be important a team member in other community health promotion programs [33]

Recognized role in cost-effective and culturally tailored healthcare delivery

Nurse

The presence of a health professional is valued by community members

Physician cost is prohibitively high according to the Healthcare Delivery Subcommittee

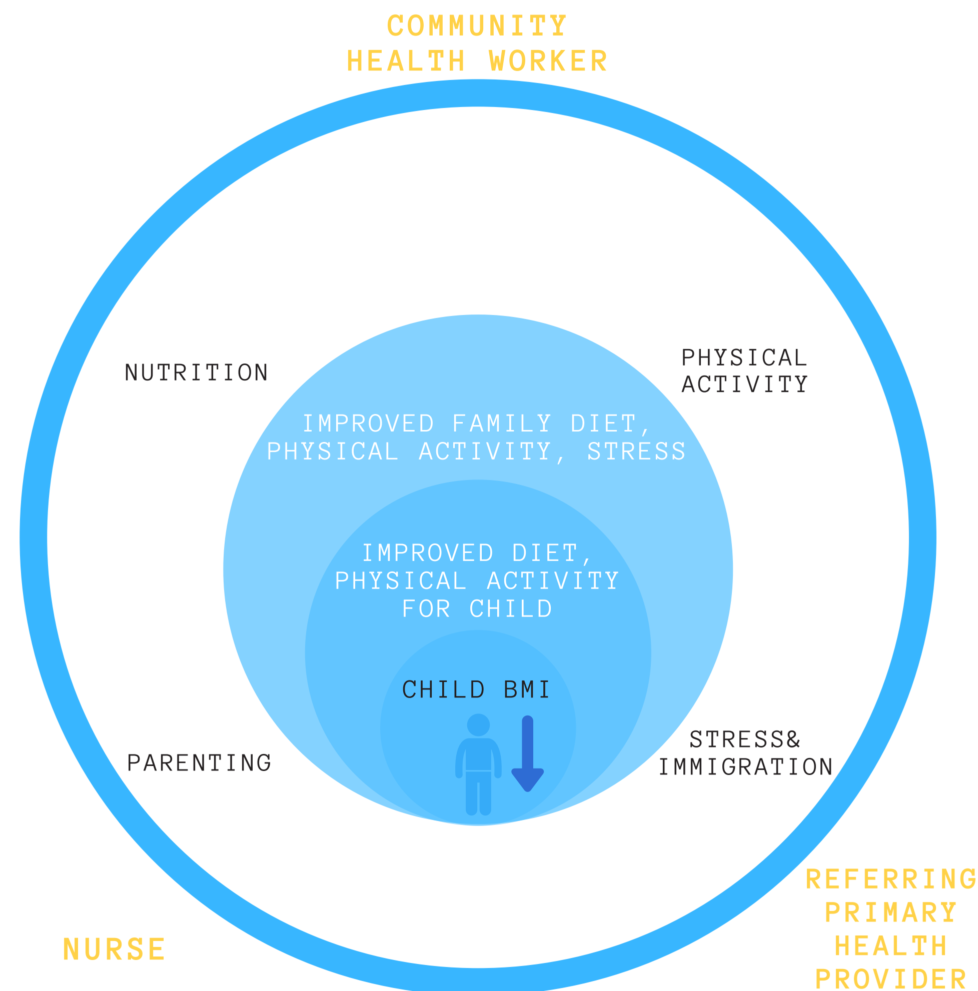


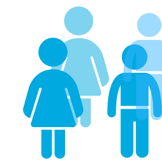
Figure 14:Community-AHF Intervention.

TREATMENT PROGRAM PARTICIPANTS:

Children

Overweight and obese children referred by their primary care provider

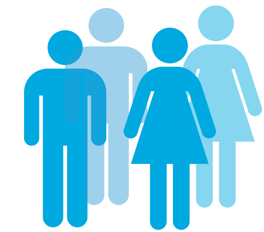
Siblings of referred children are welcome to join



Parents

At least one parent or caregiver must attend with each child participant

Additional parents/caregivers are also welcome to attend with specific efforts to include fathers



HOW THE PROGRAM WILL BE SUSTAINED:

Short term

- Grants

Long term

- Health insurance coverage
- Insurance coverage for the program could also allow use of Medicaid's coverage if transportation is a barrier for participation

NATIONAL DIABETES PREVENTION PROGRAM (NDPP) PAYMENT MODEL

A CDC recognized organization that delivers DPP can take referrals from participant or medical providers to enroll in DPP, once the participant is in the program, insurance (Medicare) covers the cost of delivery.

Figure 15: Medicaid Fee-for-Service Coding and Billing Diagram [34].

Goal 02 »

To collaborate with community members and Latino-serving organizations to advocate for policy solutions necessary to overcome community-level barriers to Latino child healthy weight.

TO FACILITATE PHYSICAL ACTIVITY

Provide safe, convenient places for exercise

- Improve street lighting to facilitate walking
- Keep parks clean
- Fund more recreation leagues for low-income children
- Subsidize gym memberships
- Support existing partnerships and local efforts to improve neighborhood safety

Enhance school recess

- Increase recess time - data demonstrates increased recess time associated with improved learning [35]
- Misbehavior consequences should not include loss of recess time
- Facilitate recess time to increase active play (parent volunteers/older students)

Figure 16: Children in Patterson Park playground for games and physical activity.

TO FACILITATE HEALTHY EATING

School lunch policy

- Expand promising practices such as community gardens at schools and local farms partnerships to provide more fresh food in school lunch
- Promote optimal school lunch nutritional standards

Food marketing regulation changes

- Expand promising practices such as healthy food placement programs by community stores
- Strengthen policies to decrease unhealthy food marketing targeting kids

Epilogue COVID-19

We cannot conclude this report without acknowledging the devastating impact of the COVID-19 pandemic on Baltimore's Latino immigrant community. Latinos had the highest positivity rate for SARS-CoV-2 of all racial and ethnic groups tested through the Johns Hopkins Health System in the early months of the pandemic, this despite having less access to healthcare [36], health information and testing. The high positivity rate for Latinos had been predicted, given knowledge of risk factors such as poverty, crowded housing and essential worker status. [37] The disparities in COVID-19 mortality as well as physical and fiscal morbidity are a manifestation of longstanding inequities.

COVID-19 and obesity are pathologically entwined. People with obesity have worse outcomes if they contract COVID-19. [38] [39] Preliminary data indicate that COVID-19 will increase child obesity. [40] [41] Poverty increases the risk of both COVID-19 [42] and obesity, [43] and COVID-19 is increasing poverty, especially among Latinos. [44]

While this is a very depressing epilogue, we hope it will strengthen readers' resolve to work collaboratively on community-centered approaches to reducing child obesity, one of the most critical public health disparities of our time. More than ever it is imperative to partner with the community to address obesity, an existential threat to Latino children whose wellbeing matters to all of us.

Figure 17: COVID19 Community Testing at Sacred Heart Church.

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LIST OF FIGURES

Figure 1. Latino Childhood Obesity is a Public Health Crisis 05

Figure 2: Latino population increase in Baltimore City 2010-2018 [18] [19]. The maps elucidate the demographic change in Baltimore City indicating the overall increase of the Latino population. 06

Figure 3. The Stakeholder Action Network 07

Figure 4. The treatment of child obesity: promising approaches 08

Figure 5. Active and Healthy Families Program 09

Figure 6. Comité Latino de Baltimore, Community Engagement Subcommittee meeting 10

Figure 7. Research team:Left to right:
Lisa DeCamp, Monica Guerrero Vazquez, Sarah Polk. 11

Figure 8.Essential Questions (EQ). 12

Figure9.What is Community-Based Participatory Research (CBPR)? 13

Figure 10. What is Photovoice? 13

Figure 11. Patterson Park, safe space for the community wellbeing. 17

Figure 12. Photovoice: A barrier for promoting healthy weight among children in Latino immigrant families 18

Figure 13. Living Classrooms - Example of community site model 20

Figure 14. Community-AHF Intervention. 21

Figure 15. Medicaid Fee-for-Service Coding and Billing Diagram [34] 22

Figure 16. Children in Patterson Park playground for games and physical activity. 23

Figure 17. COVID19 Community Testing at Sacred Heart Church 24

APPENDICES

Appendix A: Stakeholder Action Network Memberships and Processes

Subcommittee	Member Descriptions	Meetings	Feedback Methods Used
Patient Engagement	Latino Family Advisory Board Members (n=15, all women) Youth Advisory Board Members (n=2, 1 woman, 1 man) Active and Healthy Family Clinical Pilot Participants (n=1, 1 woman)	Total meetings = 4 meetings Meeting location: Hospital conference room Photovoice meetings (8 meetings) with a subset of Patient Engagement Subcommittee members (n=8, 7 women, 1 man). Meeting location: Local library conference room	Small group breakouts and activities were guided by User-Center Design Thinking methodology (activities included creating problem statements and making Difficulty and Importance matrices in small groups) Photovoice Methodology
Community Engagement	Comité Latino members (n=5, all women) Additional subcommittee members (n=7, 6 women, 1 man) All subcommittee members work at non-profit organizations working directly with the local Latinx community.	Planning meetings with Comité Latino were held monthly Total Meetings = 6 meetings Meeting location: local non-profit conference room	Large group discussion, small group breakouts and activities that were guided by User-Center Design Thinking methodology (activities included creating problem statements and making Difficulty and Importance matrices in small groups)
Healthcare Delivery	Subcommittee members (n=6, 4 women, 2 men) Members consisted of: adviser to campus president, endocrinologist, pediatricians, population health experts Ad hoc members (n=10, 8 women, 2 men) Medicaid experts Healthcare policy School-based health and wellness Adult community-delivered healthcare programs	Total meetings = 5 meetings Meeting location: Hospital conference room	Large group discussion, small group breakouts and activities that were guided by User-Center Design Thinking methodology 30-60 minute in-depth qualitative interviews with ad-hoc experts

Subcommittee	Member Descriptions	Meetings	Feedback Methods Used
Research	Subcommittee members (n=6 all women) Members consisted of: clinician investigators, field research staff	Meetings held weekly Meeting location: Hospital research space conference room	Research meetings were traditional in nature and included subcommittee meeting note synthesis, group ideation, brainstorming and planning for upcoming activities
Steering Committee	Leaders Comité Latino representatives (n=2) Research Staff Co-ordinator (n=1) 1-2 members from each subcommittee	Total meetings = 4 meetings Meeting locations: local non-profits, hospital conference room	Steering Committee meetings were traditional in nature and included review of progress by subcommittees, group ideation, brainstorming and planning for each individual subcommittee