

RWJF Childhood Obesity Update—2008

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Robert Wood Johnson Foundation



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A MESSAGE FROM RISA LAVIZZO-MOUREY ON THE ANNIVERSARY OF RWJF'S \$500 MILLION COMMITMENT TO REVERSE THE CHILDHOOD OBESITY EPIDEMIC

Together, we've accomplished much over the last 12 months—more than might have been expected.

There has been especially strong momentum in schools throughout the nation. Sugar-sweetened beverages and unhealthy snacks in vending machines are becoming less common. In a few schools, like Florida's Feinberg-Fisher K-8 Center, students are helping to grow and harvest fresh produce for the lunch program, under the supervision of science teachers and food service staff. With the help of creative teachers and administrators, these lucky students are nourishing their minds and bodies at the same time.

We also are continuing to learn a great deal about childhood obesity—identifying key contributors to the epidemic and learning which interventions are most effective. I'm especially pleased to see increased coordination among advocates working on the issue, both in local communities and on a national level.

Early results are significant and have already begun to change lives, but it's crucial to remember that we're just getting under way. When the programs launched over the past year reach full maturity, I expect the pace of change to accelerate exponentially.

Our progress to date can be grouped into four categories: **improving coordination, building the evidence base, putting research into action and advocating for change.**

Improving Coordination Among Leaders, Researchers and Activists

In late 2006, the Institute of Medicine (IOM) reported on our nation's [Progress in Preventing Childhood Obesity](#). The IOM offered a classic "good news/bad news" assessment. It found that the public was deeply concerned about the epidemic and that thousands of community health and civic leaders had launched creative and diverse interventions (the good news). But, it warned, these efforts remained too few, too small and too fragmented (the bad news).

RWJF took that as a call to action. We needed to get leaders in the field talking to each other, uncovering strategies that work and exploring ways to deploy them on a larger scale. As a first step, we convened our childhood obesity grantees in New Orleans. For many of our partners, it was their first opportunity to meet face-to-face, compare notes and learn from their peers. Participants left the meeting better informed, better coordinated and more energized than ever.

In an effort to promote collaboration among policy leaders, RWJF brought together elected and appointed officials from all levels of government to discuss innovative partnerships, promising practices and policy-relevant research that create healthier communities. This national summit was organized by [Leadership for Healthy Communities](#), an RWJF national program that engages and supports state and local leaders promoting policies that enable active living and healthy eating in their communities.

Coordination is important not only among grantees and policy-makers, but also among the growing number of philanthropies funding efforts to improve the health of communities across the nation. That's why we're working closely with the [Healthy Eating/Active Living \(HEAL\) Convergence Partnership](#), a joint effort by The California Endowment, Kaiser Permanente, Nemours Health and Prevention Services, RWJF and the W.K. Kellogg Foundation. The Centers for Disease Control and Prevention (CDC) serves as technical advisor. Through the HEAL Convergence Partnership, we share information, pool resources and coordinate strategy. Most recently, HEAL Convergence partners made the decision to work together to add community health as a consideration when civic leaders are making transportation and infrastructure decisions. We hope this effort will yield results next year, when Congress is expected to



consider major transportation legislation.

In addition to coordinating within the philanthropic community, we've been working closely with the leading government agencies that fund obesity research and prevention efforts—the CDC and the National Institutes of Health (NIH). Together we are planning a new collaborative effort focused on reducing childhood obesity. The collaborative will build on the complementary strengths of each organization to focus and coordinate our research and programs, communicate research findings to policy-makers and the public, and enhance the effectiveness of community outreach.

Building the Evidence Base

Through investments in [Active Living Research](#), [Healthy Eating Research](#) and [Bridging the Gap](#), we've learned critically important information about the childhood obesity epidemic. Researchers documented [strong links](#) between obesity prevalence among low-income and certain ethnic populations and disparities in the food, activity and information environments in their communities. One [paper](#) showed that, on average, African-American children are exposed to significantly more advertisements for unhealthy food products than white children. We also learned that access to safe places to play influences children's activity levels even more than previously suspected. Research also confirmed a clear connection between obesity prevalence and the lack of healthy foods in neighborhoods. When hamburgers at the fast-food chain or soda and chips at the corner market are the only nearby food options, that's what kids are going to eat.

That finding would come as no surprise to [Kenyon McGriff](#), a young man who knows first-hand how food accessibility affects personal health. In his West Philadelphia neighborhood, corner grocery stores and take-out pizza were Kenyon's primary food sources after school. By the 10th grade, he weighed 270 pounds, and his doctor warned that he was at serious risk for diabetes. Kenyon was able to take control of his health, thanks to the support of community volunteers and his extraordinary personal determination. He's lost 35 pounds—and recently completed his first marathon.

Improving food environments in neighborhoods like Kenyon's is incredibly difficult, and no one has experienced more success than [The Food Trust](#), a nonprofit organization based in Pennsylvania that's working to expand its efforts to other states. The Food Trust brought community leaders, government and the private sector together and took a serious look at how the lack of food choices was harming low-income communities. Working with their partners, they actually brought supermarkets back to Philadelphia's urban core, an incredibly impressive achievement.

In addition to supporting The Food Trust's efforts to replicate their success in other states, we're supporting two research networks that will enhance our understanding of the unique causes and impacts of the obesity epidemic in the African-American and Latino communities. The [African American Collaborative Obesity Research Network](#) (AACORN) and [Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children](#) not only will improve existing efforts in these highest-risk communities, but also strengthen the knowledge base of the entire obesity-prevention community.

We're also working to help communities develop and advocate for policies that have the greatest chance of achieving success. That's where the National Policy and Legal Analysis Network (NPLAN) comes in. NPLAN is a recently created consortium of experts that provides legal research, model policies, easy-to-use fact sheets and other materials that help local communities create and implement needed policy changes. NPLAN was created in response to requests from local advocates, and it will prove an invaluable resource for the growing number of communities joining the effort to reverse the obesity epidemic.

Finally, we are funding broad evaluations of innovative state-level policies aimed at preventing



childhood obesity in Arkansas, Delaware and West Virginia. These evaluations will help identify the most effective approaches, so we can share best practices throughout the nation. Although its obesity-prevention program is only five years old, Arkansas already has emerged as a shining star, bucking the national trend by [halting the rise of childhood obesity](#) within its borders.

Being one of a small number of states to show significant progress against the childhood obesity epidemic is impressive, but what's most encouraging to me are the stories of individual young people whose lives have been changed for the better by the Arkansas program. Young people like Samantha Sanders, who was a third-grader when a routine screening at her school showed that she was at serious risk for obesity. Her mother, who thought Samantha was going through a harmless phase she'd outgrow, got the message. In addition to embracing changes made at school, the Sanders family also took steps to improve their health at home: eating better, reducing TV time and becoming more physically active. Samantha lost 30 pounds. She's kept the weight off and feels better than ever before.

On a national level, RWJF support helped the IOM create a standing committee on preventing childhood obesity. The committee will continue to explore and report on the causes and most promising solutions to the epidemic, and it will continue to monitor national progress toward implementing the [recommendations](#) of its first report on [Preventing Childhood Obesity](#). And much is happening on that front. Just last month, for instance, Associated Black Charities and the Association of Baltimore Area Grantmakers released a consensus blueprint for preventing childhood obesity—Eat Right! Get Moving—that was closely modeled on the IOM's guidelines. The blueprint is strongly supported by city leaders, and focuses on improving nutrition in schools and communities, increasing physical activity throughout the day, and improving local environments so healthy choices are more accessible for all Baltimore residents.

Putting Research Into Action

As experiences in Baltimore and Philadelphia suggest, we need to **use what we learn to catalyze change in schools, communities and states throughout the nation.**

After launching the Alliance for a Healthier Generation's [Healthy Schools Program](#) with a pilot grant in 2006, RWJF last year funded a major expansion of the program in states with the highest rates of obesity. The program is an innovative model that helps schools become healthier places for students and staff to learn and work. The expansion will enable the Healthy Schools Program to provide on-site help to more than 8,000 schools by 2010 and to reach tens of thousands more with online support. While the program provides guidelines and tools, it's up to each school to determine which changes are most appropriate for its students.

The program also works "upstream" to make it easier for schools to make healthy changes. For example, the Alliance brokered an agreement with the American Beverage Association and the nation's top three beverage companies to reduce sugar-sweetened beverages in schools. The [results](#) after just one year? Forty-one percent fewer beverage calories were shipped to our nation's schools. That's an important step in the right direction. A similar agreement with snack food companies aims to provide healthier snack options for students.

Last month, we took students from 24 schools participating in the Healthy Schools Program to Capitol Hill to meet their members of Congress. These middle-school kids told policy-makers about the challenges their schools face and the creative steps they're taking to make their schools healthier places. The students even invited their senators and representatives to use their upcoming Congressional recess period to visit the Healthy Schools to check out *their* recess—and their healthier food options.

At the state level, RWJF is working with the National Governors Association (NGA) and the CDC to



catalyze efforts to prevent childhood obesity. Through the NGA's [Healthy Kids, Healthy America](#) program, governors in 15 states are creating and implementing plans to tackle the epidemic.

While each participating state is working hard, we're especially excited about what's happening in Mississippi. State leaders have embraced the cause of obesity prevention with a passion, despite a myriad of economic and social challenges, including restoring the Gulf Coast region battered by Hurricane Katrina. The Mississippi obesity-prevention effort may be the most integrated and collaborative in the nation, with education leaders, the public health community and philanthropies working hand in hand with government officials. Mississippi's decision to include private foundations as an equal partner is unique, and I believe it's a very smart approach.

Even outside the Healthy Kids, Healthy America program, there also has been tremendous momentum on state-level obesity-prevention efforts. In 2007:

- Twenty-five states either launched pilot projects, created task forces, or chartered commissions to improve nutrition and physical activity for children and/or prevent obesity.
- Lawmakers in 16 states enacted legislation to increase farm-to-school programs or improve the nutritional quality of school breakfasts, lunches, a la carte selections or vending machine offerings.
- Seven states enacted legislation to promote farmers' markets—and a growing number of states are working to increase access to fresh, affordable foods through grocery stores.
- Sixteen states supported policies to strengthen physical education classes or physical activity programs in schools.
- Eleven states enacted laws related to measuring body mass index and/or physical fitness among students.
- Policy-makers in 20 states considered legislation to promote safe physical activity, pedestrian and bicycle transportation, and/or efforts to design communities that support physical activity.

Advocating for Change

Despite this momentum, much remains to be done. Trust for America's Health (TFAH) is one of the organizations keeping up the drumbeat for change. According to TFAH's report [F as in Fat: How Obesity Policies are Failing in America, 2007](#), adult obesity rates rose in 31 states. Twenty-two states experienced increases for the second year in a row, and no state saw a decrease. The report called for a comprehensive federal plan to address the obesity epidemic. As TFAH's executive director, Jeff Levi, said, "There has been a breakthrough in terms of drawing attention to the obesity epidemic. Now, we need a breakthrough in terms of policies and results."

To help drive progress toward that breakthrough, and in response to repeated requests for guidance from policy-makers and community leaders, RWJF developed the Five Steps Framework. The evidence tells us these five things work to increase physical activity and healthy eating among children and adolescents, decrease sedentary behavior and—in some cases—even reduce obesity.

In every speech I give and every letter I write about this issue, I talk about the five steps and encourage communities to use them as a guide to developing their own policies and programs to prevent obesity. Everyone can help implement these five steps—an individual parent making changes at home; a principal, teacher or PTA member working through the school system; or a government leader at the community, state or federal level. And best of all, these approaches are based on the best available



evidence. If communities throughout the nation achieved all five goals, I am confident we would reverse the obesity epidemic.

1. Provide healthier foods to students at school.

All foods served and sold in schools should meet or exceed USDA guidelines, and schools should limit access to high-calorie snacks and drinks, whether sold in cafeterias, vending machines or school stores, given as rewards, or sold as fund-raisers.

2. Improve the availability of healthy foods at home.

To ensure that all families have access to affordable, nutritious food, we encourage efforts and incentives to bring new food sources, such as supermarkets and farmers' markets, to underserved communities. And when those new sources open for business, we need to encourage individuals to use them, because even the best markets will close if local communities fail to support them.

3. Increase the frequency, intensity and duration of physical activity at school.

The evidence is clear that increasing the amount of time that children spend in physical education (P.E.) and improving the quality of P.E. delivered can help to prevent childhood obesity. Schools and communities should always be on the lookout for innovative ways to increase physical activity before, during and after the school day.

4. Improve access to safe places where children can play.

Creating parks, athletic fields and other places to play is crucial, but it's only half the battle. Those places need to be accessible, safe and well-maintained.

5. Limit screen time.

Kids who spend less time in front of a TV, DVD or video game screen are less likely to be obese. Parents can control screen time by giving their children a limited TV allowance, and schools and communities can support their efforts by taking advantage of the many superb media literacy resources and school-based curricula, like the NIH's [We Can!](#) Web site, Stanford's [SMART](#) curriculum and the Power Down campaign that's part of Harvard's [Planet Health](#).

A Look Ahead to the Next 12 Months

As momentous as the past year has been, I'm even more eager about the coming year. We will continue our efforts to build the evidence base, coordinate among funders, and bring grantees and other stakeholders together (both in person and "virtually"), so they can share information and learn from each other. And we are launching a rapid-response funding mechanism to allow researchers to get in on the ground floor of promising policy changes to evaluate them in real time. This month, Active Living Research and Healthy Eating Research will issue a joint call for proposals that will provide funds to evaluate imminent policy changes. Researchers and policy-makers alike have told us that the capability to learn quickly from innovations taking place across the country is exactly what the field needs.

In addition, we plan to begin three essential new programs:

- **Healthy Kids, Healthy Communities** will provide direct support to communities working to reshape their environments in ways that promote healthy living and prevent childhood obesity. We expect Healthy Kids, Healthy Communities to grow into RWJF's largest obesity-focused community action program. We plan to fund 10 leading communities this summer and release a call for proposals by the end of this year to fund 90 more.



- To provide assistance for Healthy Kids, Healthy Communities grantees and others working to create healthier environments, we will launch the *Robert Wood Johnson Foundation Center to Prevent Childhood Obesity*. The Center will provide information and resources to RWJF grantees, as well as to policy-makers and community activists. I'm delighted to announce the Center will be located at the University of Arkansas for Medical Sciences (UAMS) and directed by Joseph W. Thompson, M.D., M.P.H., associate professor in the Department of Pediatrics of the College of Medicine. As director of the Arkansas Center for Health Improvement, Dr. Thompson helped to lead the state's remarkable school-based obesity prevention effort.

In order to better engage with and support communities around the nation working to prevent obesity, the Center will have a strategic partnership with PolicyLink, a national research and action institute that works to advance economic and social equity. Angela Glover Blackwell, J.D., founder and CEO of PolicyLink and a leading authority on community-based social movements, will lead this aspect of the Center's work.

The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity will be up and running by mid-September.

- To engage the communities most affected by childhood obesity in both promoting relevant solutions and monitoring the implementation and enforcement of effective policies in their communities, we also will launch a program to support experienced local advocates working with low-income communities of color. *Communities Creating Healthy Environments* will fund advocacy efforts in 20 communities.

These three programs will be flagship initiatives for RWJF, outstanding resources for policy-makers and community leaders nationwide, and—I predict—will make a meaningful difference in reversing this epidemic.

Looking Forward: How the Economic Environment Affects Childhood Obesity
As I close this letter, I want to raise an emerging challenge—our nation's increasingly difficult economic circumstances—and discuss why it affects childhood obesity and how it should affect our approach.

The squeeze on the American wallet literally hits home at the kitchen table. When it costs more to buy whole grains, lean protein, and fresh fruits and vegetables, the struggle to feed your family a healthful diet is even more difficult. This also is true in the school cafeteria. School food service can't operate at a loss. And if federal reimbursement for school meals remains static while the cost of food increases, it's our kids who suffer.

Tough times for the nation's economy create budget shortfalls at all levels of government that limit funding for new initiatives. And the reality is that some important childhood obesity interventions have an upfront cost. For example, more and better P.E. requires more and better-trained P.E. teachers. Of course, states that invest more in providing high-quality P.E. and healthy school meals ultimately will recoup their costs many times over in reduced Medicaid and Medicare expenditures and increased productivity. But future returns can be difficult to see in the midst of an immediate budget crunch. Over the next year, it will be especially important to keep policy-makers focused on the childhood obesity epidemic and the need for policy solutions.

As advocates for change, all of us need to be aware of how these challenging environments may alter the priorities of the people we're trying to reach. During these times, we must work harder to encourage our nation to *strengthen* its resolve to give children a better quality of life.

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- To **policy-makers** at all levels of government, I urge you to continue the progress we've begun to make together and, while fully recognizing the short-term challenges you face, think about the long-term impact of the decisions you make today.
- To the **food and beverage industry**, I urge you to expand your healthy product offerings, especially as rising food prices increase the difficulty of maintaining a balanced diet for many families. Industry can and should be a partner in our collaborative efforts to build healthier communities.
- To **parents and families**, I urge you to maintain your resolve to live healthier and advocate for change in your schools and communities. Remind your elected leaders, and yourselves, again and again: *nothing* is more important than the health of our children.

To our community of grantees and partners, be assured that RWJF's resolve remains rock solid. We stand by our goal of reversing the childhood obesity epidemic by 2015, we stand by our funding commitment, we stand together with the many individuals and organizations that have come together in common cause, and we call on others to join with us to address the greatest public health threat of the 21st century.

We can—and we will—reverse the epidemic of childhood obesity and leave our communities with a legacy of health that will be felt for generations to come.

Review Risa Lavizzo-Mourey's presentations, commentaries, interviews and media briefings at the President's Corner of the RWJF Web site at www.rwjf.org.